Anti-Corruption Cameroon
Citizen Led Monitoring – Improving access to basic medication

Summary
Several reports including AC past investigations have gathered much information about the problem of corruption and ineffectiveness of distribution of subsidized healthcare mostly around the programs of mosquito nets distribution and ARV treatment for HIV patients. Among the problems identified in the global analysis of the health system in Cameroon are - the qualitative and quantitative inadequacy of basic medications and inadequacy of monitoring and evaluation of its distribution.

While more solutions are explored to increase effectiveness of distribution of subsidized basic medication and carry a better monitoring and evaluation of its program, complaints on denied subsidized medication arrive from beneficiaries to the AC corruption hotline on a weekly basis.

Using the award-winning Ushahidi opensource software, the project allows citizens to text reports into a centralized system that filters the "crowd's" voice into a reliable visual map thus using beneficiaries to monitor a development project, redefining indicators of success or failure for a development project. The project empowers development beneficiaries to reclaim development as their right rather than accept it passively as a charity handout. It introduces a fight against corruption led by citizens rather than the state or international community.

The project's final report is expected to improve Cameroonians' access to subsidized healthcare, as well as pioneer a new way to monitor development projects and improve their efficiency by applying available technology.

Background
Some of the major diseases that require free access to its medication to avoid major outbreaks are – Tuberculosis, the African human trypanosomiasis THA, the HIV / AIDS. Malaria remains a major endemic disease; it constitutes the first cause of morbidity and mortality for children less than five years of age and pregnant women, in particular. After malaria are respiratory infections, dermatosis, and gastroenteritis - intestinal diseases as main cause of morbidity in the general population. The cerebro-spinal meningitis rages in a cyclic way in the provinces of Far-North and the North. Homes of cholera appear periodically in the Northern part of the country, in Douala, in the South and in the West. Malnutrition rages in an endemic way in all the regions.

According to the Cameroonian Households Survey II, Households contribute 7.6% annually and directly to health spending, estimated incidence of household poverty is 40.2%. The inequitable financial accessibility to care and health services is marked by a high proportion of poor households, the lack of organization of care for indigent, poor allocation of state funds to the health sector, difficulties in mobilizing funds given by the state, the absence of a system of sharing illness' risk, the existence of a high proportion of vulnerable groups, higher costs of delivery, and finally the lack of coordination in the use of partner's contributions for development.

These last years, Cameroon has benefited from financing mechanisms linked to many international initiatives aimed at achieving the MDGs: Global Alliance for Vaccines and Immunization (GAVI), Global Fund fight against AIDS, Tuberculosis and Malaria (GFATM), etc. UNITAID. The relief of Cameroon's debt through the mechanisms of the HIPC initiative has provided additional resources to the sector (C2D, HIPC, and MDRI).

The type of support enjoyed by the sector is essentially technical and financial support. Multilateral cooperation is predominant and carried through the main specialized agencies of the UN System, the European Union, the World Bank, African Development Bank and Islamic Development Bank. Bilateral cooperation is still dominated by the French Development Agency and the German Cooperation (KFW, GTZ).

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Goal
To improve effectiveness of free access to medication subsidies by enabling beneficiaries to monitor corruption.

Objectives
1. Inform beneficiaries of their rights to free medications and establish a channel for the beneficiaries to inform when their right is upheld and the subsidies are denied from them, through text messages.
2. Establish and maintain a centralized IT system integrating all individual complaints into an online map.

3. Analyze the crowd-sourced data with possible obstacles to effectiveness of the program, to produce a comprehensive report
4. Establish the cost effective IT Beneficiaries' led monitoring system as an acceptable and standard tool for monitoring healthcare subsidies.

Activities

1.1 Producing 1,200 posters focusing on 4 basic medications that should be given for free in hospitals, informing beneficiaries of their right as well as advertising a phone number to text when this right has been denied.

1.2 Working with collaborators to paste the posters in 130 district hospitals as well as other clinics and relevant public places.

1.3 Inform the public through the radio and written press, both of their rights as well as the new channel of complaint if these rights are denied.

2.1 Setting up an Ushahidi IT system crowd-sourcing into a designated number.

2.2 Setting up a website presenting the crowd-sourced information on a national map.

2.3 Reviewing text messages daily and approving them to feed-in the Ushahidi system.

3.1 Analyzing crowd sourced data and locating hospitals that denied free access to subsidized medication.

3.2 Analyzing information on objective shortage of subsidized medications

3.3 Seeking responses and explanations from hospital officials, Ministry of Public Health (MINSANTE) and Global Fund.

3.4 Combining the different information to produce a comprehensive report on effectiveness of distribution of free medication and corruption obstacles with recommendations of remedy.

4.1 Consult with all stake holders in order to adopt the innovative monitoring system as a condition for any program subsidizing free medication.

Expected Results

1. Beneficiaries are informed of their rights to free medications and of their channel to inform when their right is upheld and the subsidies are denied from them.
2. An online map is up containing at least 500 complaints displaying crowd-sourced beneficiaries feedback for problems of effectiveness and corruption in subsidized free medication program.
3. Analysis of the crowd-sourced data with possible obstacles to effectiveness of the program is online and communicated to stake holders.
4. The cost effective IT Beneficiaries' led monitoring system is established as an acceptable and standard tool for monitoring healthcare subsidies, and integrated to future monitoring efforts of the program.

Innovative elements

1. Using beneficiaries to monitor a development project, redefining indicators of success or failure for a development project introducing a new IT tool.
2. Empowering development beneficiaries to reclaim development as their right rather than accept it passively as a charity handout.
3. Fight against corruption led by citizens rather than the state or international community.
4. Using IT to give communities a common voice and helping them discover the power of unity and collaboration.

Community impact

While the main intended impact of the project is on ensuring free access to basic medications for the entire population of Cameroon as an immediate and direct benefit to communities, the project offers communities a far larger sustained impact. It aims to empower development beneficiaries to reclaim development as their right rather than accept it passively as a charity handout. The project aims at giving communities a sense of responsibility on a Fight against corruption that is led by citizens rather than the state or international community. The project aims at giving communities a common voice and helping them discover the power of unity and collaboration. All these are realizations that are expected to stay with communities long after the project's life.

Sustainability

The technological solution is cost effective and can be used in the future without additional cost. AC would like to offer its expertise free of charge to any other project that wishes to apply the same technology and strategy in other sectors.

One of the aims of the project is to convince donors to integrate the innovative tool and the monitoring strategy into their program's "monitoring and evaluation" strategy rather than supporting such initiatives as an externally financed project.

Replication

The main value of this project is in its wide range of applicability:
CROSS SECTOR REPLICATION - The expected lesson from this project proving the cost effective tool is a success, can be valuable not only for the health sector but for any large development project.
GEOGRAPHICAL REPLICATION – AC is working with other countries in the sub-region and hope to use the lessons from this project, introducing the technological tools beyond Cameroon.
BEYOND MONITORING PROJECT'S EFFECTIVENESS AND GOOD GOVERNANCE - Development of the technological tool can assist other applications of citizen engagement outside of monitoring projects. AC is already working on a wide range of applications of the same tool from democracy to maintaining peace.

Strategies

During the Kenyan post elections violence in 2008, a group of programmers experimented in what they called crowdsourcing - allowing citizens to text reports into a centralized system that filters the "crowd's" voice into a reliable picture of reality. From that time that team, named Ushahidi (Swahili for "testimony"), worked on different uses of their program and approach.

The Ushahidi system works with the internet and mobile phones in order to receive text messages and internet postings sent from the general public and turn those messages into a real-time map with interactive reports which can be easily customized to meet user's needs. This hand-on-pulse information can be seen by any computer or phone linked to the internet and can be broadcast on television.

Ushahidi's technology, combined with an offline communication strategy of posters in hospitals and use of the mass media, is expected to engage citizens in fighting against corruption, mismanagement and ineffectiveness of a development program built for them as beneficiaries. The project will inform them of their rights while offering them a tool to use their individual text message feedback into a coherent united picture monitoring service delivery of subsidized medication.

Past Success -

While this is not an ongoing project, AC volunteers already prepared a prototype of the system that can be viewed at
www.health.ushahidi-cameroon.org

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Partner

AC is partnering with Positive Generation. Impressed by the activism of its Director Fogue Foguito, and the extent of their research and network on the issues of health in Cameroon, AC decided to partner up with Positive Generation. With their work for the past few years they have been able to develop a network that furnished them with information about the various problems that plague the Cameroon health system. Their network base runs through most of the hospitals in Cameroon both government and private. With sources in this hospital they are able to establish which drugs though subsidized have been able to reach the patients or have run out, they monitor the way patients are treated with people capacity in most of the provinces of Cameroon which monitor the services rendered to patients.

Positive Generation is currently holding investigations of similar issues in hospitals nationwide.

Monitoring & Evaluation

Since the project aims at suggesting a new way for project monitoring, it possesses a strong monitoring system of its own. Many of the project's activities can be monitored by the number of participants feeding the technological system. This quantified indicator is a testament for the effectiveness of the offline communication, the by-in from the beneficiaries side, the effective participation and the technical streamline of the system.

This indicator, not only is offered in real time for day-by-day hand-on-pulse monitoring of the project, but it is totally transparent, and open for the public.

The analysis reports of the system will be posted online as well, and opened for criticism and scrutiny. The acceptance of the new tool will be measured by its adoption into a health sector development program and execution by an NGO that is not AC.

The lack of measurable standards is one of the main obstacles for the Fight Against Corruption. Increased donors budgets do not correlate with the stagnant state of lack of tangible results. It becomes increasingly important to divide effective Anti Corruption action from ineffective easy-to-justify projects that are not results oriented, as workshops and seminars that may have fueled corruption more than prevented it.

Monitoring & Evaluation
(continued)

To correct this, AC will continually monitor its activities and produce monthly progress reports.
• The program has built-in procedures for determining the success or failure of the model. AC's case follow-up reports allow direct auditing.
• AC's financial reports are transparent and detailed. AC will use a unique financial system, developed as a response to corruption within NGO projects in Cameroon.
• The results of the project will be published on the AC website on a monthly basis and will be opened for public evaluation and monitoring.

The target for success of most of the project's objectives is the indicator of above 500 participants in the monitoring map, below this number the project is a failure.

The larger context objective will be achieved successfully if at least one program adopts the new technological tool, and finances it as a part of its monitoring and evaluation budget. It is integral that the executing NGO will be different than AC. If this is not achieved the project can be dubbed as a failure.

These are direct and quantified indicators that are offered with total transparency not just to donors but to the public at large.

Budget

Activity	Description	Item	quantity	times	Item cost	Total
1.1	field sensitization	posters printing A2	2000	1	$2	$4,000
1.1	field sensitization	leaflets printing	4000	1	$0.08	$320
1.2	Distribution	Local Transport	12	30	$3	$1,080
1.2	Distribution	Inter-city transport	10	2	$20	$400
1.2	Distribution	Lodging	10	2	$10	$200
1.2	Distribution	Phone	12	30	$5	$1,800
1.3	Media	Radio newsflash production	12	1	$10	$120
1.3	Media	Radio talkshow production	4	1	$60	$240
1.3	Media	Written Press production	10	1	$20	$200
2	Ushahidi+ Website	Internet	12	1	$40	$480
2.1	Ushahidi system	Technical settings	5	1	$0	$0
2.2	Website		1	1	$70	$70
2.3	Maintaining system	SMS sending back to participan	1000	1	$0.08	$80
All	Programmer/ project coo	Salary	12	1	$440	$5,280
	Total Project					**$14,270**