

Corruption affects Ugandan children

POLICY BRIEF

By National Child Protection Working Group

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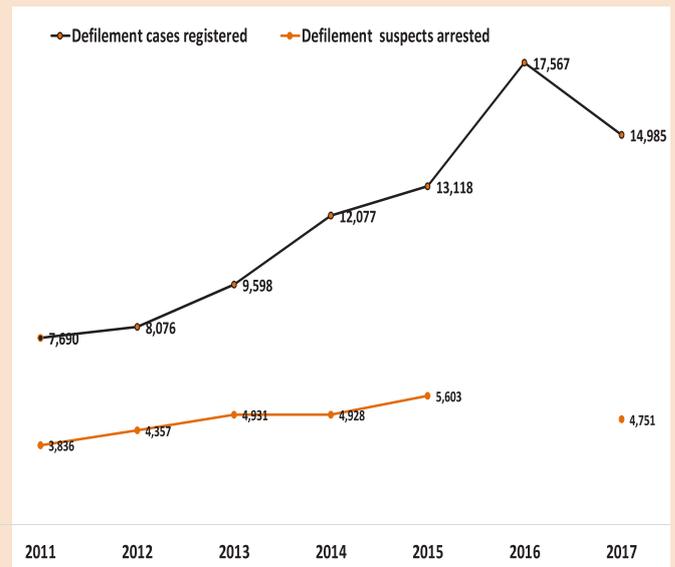
Brief 3

Introduction

Corruption - the abuse of entrusted power for private gain - is pervasive and presents a considerable development challenge in Uganda. Corruption manifests as bribery, financial leakages, conflicts of interest, embezzlement, fraud, theft of public funds or theft of public assets. Corruption can also manifest through "quiet corruption", which refers to acts such as the failure of public service providers to deliver goods and services to which members of the public are entitled because these service providers are absent without cause or otherwise unavailable; such corruption does not necessarily involve monetary exchange (World Bank, 2010).¹ Children are among the vulnerable groups most negatively affected by corrupt practices either directly, e.g., through requirements to pay bribes to receive services or indirectly, through services that are missed because resources have been plundered.

During the 2017 National Learning Event on Child Wellbeing, with the theme "Applying legal and policy frameworks for improved child wellbeing", the burden of corrupt practices on child wellbeing was highlighted by both children and adults. It is against this background that the National Child Protection Working Group (NCPWG) is producing this particular brief that examines the types of corrupt practices experienced by children in Uganda and what can be done to close the loop holes that allow such corrupt practices. The brief is based on a variety of sources that have previously examined how illegal payments and other leakages of public funds affect children; these sources include the annual crime reports by the Uganda Police Force (UPF), the 2018 *Violence Against Children Survey (VACS)* study report, the 2013 *Uganda Service Delivery Indicator (SDI)* survey and actual testimonies by children during the learning event.

Figure 1: Trends in Defilement-related crime statistics



Source: Uganda Police Force (2018)

Illegal payments to access justice in defilement cases

Defilement one of the worst forms of sexual violence experienced by children has been on the increase in Uganda. Figure 1 indicates that the number of reported defilement cases increased from 7,690 in 2011 to 17,567 in 2016 before decreasing to 14,985 in 2017. One way through which children experience corrupt practices relates to the handling of defilement cases by duty bearers. Additionally, as indicated in Figure 1, although the number of reported defilement cases has increased tremendously in the past 5 years, the number of suspects arrested has remained essentially constant. One reasons for this divergence is the illegal fees extorted from victims of sexual violence, including defilement.

When reporting a crime involving sexual violence, as provided for under the Penal Code Act of Uganda Cap 120 Laws of Uganda, survivors must have a medical examination form, also known as a Police Form 3 (PF3), completed by a health worker. The PF3 may be used to document physical or other injuries and is divided into two sections completed

by a police officer and a health worker. The PF3 is often critical to the successful prosecution of cases involving sexual violence, and the police usually do not pursue further investigation of cases without a PF3 form. When seeking justice in defilement cases, health workers or police officers may make requests for bribes from victims and their guardians to document evidence using the Police Form 3. The 2018 VACS report highlights the issue of informal payments requested by duty bearers as a reason that survivors do not report sexual violence. Specifically, children indicated that too often, key service providers such as health workers and police will only provide services if the survivor pays money up front.²

Requests for bribes to complete PF3 are further exacerbated by the non-availability of funding for health workers to provide medical-legal evidence in courts. As a result, health workers are reluctant to examine survivors, complete the PF3 and testify in court, which leads to many defilement cases being dismissed. With respect to the UPF, police officers may ask the victim for money to fuel the car that would be used to arrest perpetrators. Such corrupt practices significantly affect the chances of defilement victims receiving justice. For victims fortunate enough to have their cases heard in courts of law, illegal payments from the perpetrator can result in the case being dismissed. Overall, these charges and practices are illegal, and they discourage child care givers from reporting violence and reduce their access to necessary health, police, justice, and social welfare services. According to U-Report children’s poll, 20% of children perceived corruption as the reason why perpetrators do not face justice and this promotes impunity. Indeed, during the 2017 national learning event, a child said that

“In Bundibugyo, we have the problem of corrupt officials. You go and report your case of defilement, the person you have reported goes and gives a bribe to the officer, and your case is not followed.”

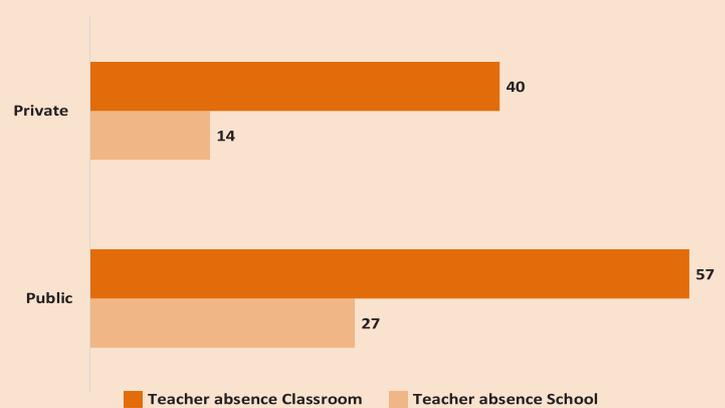
Furthermore, any attempts to request victims to subsidize state responsibility can also lead to issues of conflict of interest. For example, victims are not supposed to support or aid the police in effecting arrests or transporting exhibits.

Absenteeism by teachers and health workers

A quiet form of corruption that children experience results from teacher absenteeism from duty or private moonlighting during official working time. According to the World Bank,

due to both classroom and school absences of teachers, a primary school pupil in Uganda spends approximately 3 hours, 17 minutes, with her teacher instead of the official time of 7 hours and 20 minutes (World Bank, 2013).³ Figure 2 shows that teacher absenteeism rates in Uganda are highest among public schools. Furthermore, the gaps between public and private teachers are wider for classroom presence than for school presence. This is partly why public schools are perceived as having declined in quality, especially since the implementation of the Universal Primary Education (UPE) programmes (Deininger, 2003).⁴

Figure 2: Teacher absence rates at public and private schools (percent)



Source: SDI surveys.

A key result of the declining quality of the public school system is the increased number of parents enrolling their children in expensive private schools. Since the advent of the UPE in Uganda more than 20 years ago, the proportion of primary school pupils enrolled in private schools has increased at an exponential rate. Although the proportion of children attending private secondary schools has remained constant, at approximately 55 percent, the proportion attending private primary schools has more than doubled, from 17 percent in 2005/6 to 35 percent in 2016/17 (UBoS, 2018).⁵

Absenteeism is also prevalent among health workers. According to USDI surveys, at least 46% of health workers in Uganda are absent from the health facility at any given time. This has implications for child health, especially survival. Björkman and Svensson (2009) shows that in Uganda a 10% reduction in health worker absentee results into a 20% increase in utilization of services and consequently reduction in child mortality.⁶

Other forms of corruption in the health sector

Paying fees to induce or hasten access to health services is common. Children being frequent users of health services due to weak and developing immune system are worst affected by such payments. Based on the Afro-barometer surveys, incidences of paying bribes to access health services is very common in Uganda. At least for 31% of individuals who have had a contact with a public clinic or hospital indicate paying a bribe, giving a gift, or doing a favor for a health worker or clinic or hospital staff in order to get the medical care you needed.⁷ Indeed, there is evidence to show that health workers in Uganda make attempts to supplement meagre incomes with informal payments and bribes.⁸ Children whose parents are unable to make informal payments risk receiving inappropriate care. There have also been documented cases where the failure to pay informal fees has resulted into loss of lives –especially for mothers and babies who cannot afford the cost of informal payments for C-section births (e.g. Mityana Hospital).

Apart from paying bribes, theft of inputs such as drugs leading to frequent drug-stock outs in health facilities with consequences for children. Previous research shows that reduced use of health facilities was registered in Uganda due to perceived shortage of key inputs such as drugs due to pilferage.^{9 10} Finally, instances of misappropriation of funds or diversion of funds meant to pay for health services used by children have occurred in the past. For example, millions of dollars' worth of funds were diverted from the Global Alliance for Vaccines and Immunization in 2006 and from the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2005.

Birth Registration

According to the 2016 Uganda Demographic and Health Survey, only 32 percent of children aged less than 5 years have a birth certificate. The relatively low level of birth registration is partly linked to both the formal and informal fees charged for birth registration.¹ Children without birth certificate may only be allowed to register at schools provisionally. Failure to acquire birth certificate may affect a child's ability to register for primary leaving exams. In addition, birth registration may be a key requirement to access free health service, without which certain children may miss out. Most importantly, birth certificates are the

pre-requisite for establishing and enforcing child marriage and child labour laws. Indeed, in the past, there have been instances of falsifying birth histories of children to qualify for orphan status and consequently eligibility for international adoption.

Grand corruption

In addition to direct bribery payments, grand corruption in Uganda has implications for children, especially if they result in expenditure budget cuts. Grand corruption consists of *"acts committed at high levels of government that distort policies or the central functioning of the state, enabling leaders to benefit at the expense of the public good"*.¹¹ Previous grand corruption scandals have in some instances required the use of public funds to reimburse stolen donor funds. For example, in Uganda, teachers were promised a 15-percent salary increase during FY 2012/13. Midway through the year, a grand corruption scandal occurred involving the theft of donor relief funds managed by the Office of Prime Minister happened. The requirement to reimburse lost funds meant that the promised pay increase could not be provided.

Policy Recommendations

The expectation of professional conduct of duty bearers (e.g., teachers, health workers, police officers and court officials, etc.) needs to be popularized among the general public. The public needs to be alerted to the mandates of the above officials, the prescribed fees, if any, for accessing services and the mechanisms available for addressing complaints. For example, direct telephone numbers for duty bearer oversight institutions, such as the Police Professional Standards Unit, should be posted in all premises. Specifically, leaflets indicating where to report corrupt practices should be visible in police stations and courts of law. This would ensure the public's ability to lodge complaints against corrupt officers. Furthermore, there is need to have provision for reporting in private similar to the whistle blower approach so that the public has confidence to report without fear to suffer victimization from reports provided.

Justice providers can also exploit innovative awareness-raising mechanisms, such as providing information to litigants waiting in session. Such campaigns can feature paralegal information sessions or pre-recorded videos and audio recordings providing institution-related information, dos and don'ts, and expectations.

¹ A 2007 report on birth registration in Zimbabwe showed that individuals with resources who bribed the Registrar General officials, received birth certificates whereas those without similar means were turned away (Justice for Children Trust, 2007).

There are a number of ways to reduce the impact of quiet corruption on children through schools and health facilities in Uganda. It is possible to deploy smart technology to address the excesses of public servants who have routine contact with children. For example, technology can be used to monitor the drugs prescribed to patients or the text books sent to schools. Technology can also be used to track teacher presence in schools.

Endnotes

- 1 World Bank (2010) 'Silent and Lethal, How quiet corruption undermines Africa's development efforts', Africa Development Indicators 2010.
- 2 Uganda Ministry of Gender, Labour and Social Development, United Nations Children's Fund, The AfriChild Centre for Excellence, USAID, and the U.S Centers for Disease Control and Prevention (2018). Violence against Children in Uganda: Findings from a National Survey, 2015. Kampala, Uganda: UNICEF, 2015.
- 3 World Bank (2013). Education and Health services in Uganda: Data for results and Accountability.
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- 5 Uganda Bureau of Statistics (2018) Uganda National Household Survey 2016/17.
- 6 Björkman, M. and J. Svensson (2009) "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda". *The Quarterly Journal of Economics*, 2009, vol. 124, issue 2, 735-769.
- 7 (Chunga and Mazalale, 2017).
- 8 Hunt, J (2010). "Bribery in health care in Uganda," *Journal of Health Economics*, Vol. 29(5), pages 699-707.
- 9 McPake, B., Asiimwe, D., Mwesigye, F., et al (1999) "Informal economic activities of public health workers in Uganda: implications for quality and accessibility of care". *Social Science and Medicine* 49, 849–865.
- 10 Lindelow, M and P. Serneels (2006) "The performance of health workers in Ethiopia: Results from qualitative research" *Social Science and Medicine* Vol 62: pp 2225-2235.
- 11 Transparency International (2009) "The Anti-Corruption Plain Language Guide", Berlin Germany

About the National Child Protection Working Group

The National Child Protection Working Group (NCPWG) was established in September 2009 and it replaced the Inter agency Sub-committee (IASC) on Child Protection Sub-cluster1 under the humanitarian response in Northern Uganda. Since its inception, the NCPWG serves as the local initiative to address coordination gaps in child protection programming and service delivery. The broad mandate of the NCPWG is to coordinate the efforts of child protection actors, identify and respond to key national child protection issues and provide a platform for linking, sharing information and learning within and among actors. In 2012, the MGLSD with support from Child Protection oriented development partners established a secretariat of the NCPWG within the department of Youth and Children Affairs at MGLSD as a step towards strengthening and mainstreaming the role and mandate of MGLSD on strengthening the national child protection system in Uganda. The NCPWG has close linkages with the relevant sub-national child protection structures including the District OVC Committees (DOVCC), District Community-based services Departments and the office of Probation and Social Welfare.