



ANTI-CORRUPTION ORGANISATION APRIL ACTIVITY REPORT 2012

HIGHLIGHTS

- Health corruption project poster distribution commences this month in **4** regions
- AC hotline receives **100** complaints this month
- A total of **359** A2, **1072** A4 posters were pasted and **2430** A6 handbills distributed in **4** regions.
- **2** jurists on test this month

GENERAL

AC activities this month mostly centered on the Health corruption project which was launched in March, while main distribution of handbills and pasting of posters commenced this April, 2012. Collaboration with other NGOs was established and **5** meetings were held in **3** regions (Centre, Littoral and South West).

AC programmer accompanied by AC jurist on test visited these regions and held working sessions with them on modus operandi for the distribution of handbills and pasting of posters.

53 associations were contacted by AC to collaborate with in the project and **32** were able to attend the working sessions organized. . At the end of every working session, poster distribution was done: in the Centre, **110** A2 posters; **300** A4 posters **300** handbills and **145** stickers were distributed to by **11** associations. In the Littoral, **134** A2 posters, **390** A4 posters, **450** handbills and **270** stickers were distributed by **8** associations. In the South West, **115** A2 posters, **180** A4 posters, **160** handbills and **120** stickers were distributed by **5** associations. In the West region, **25** A2 posters, **160** A4 posters, **400** handbills and **60** stickers were distributed by **5** associations. And in the North West region, **225** A4 posters, and **150** stickers was given to an association (ACTWID) which has a network of associations. **600** A2 posters were equally given to Centralised technical group for the distribution of AIDS (GTC SIDA) and malaria (GTC PALU) making a total sum of **2441** A4/A2 posters; and **2430** handbills and stickers.

In Yaounde, most of the posters were pasted by AC around **11** hospitals and in markets, (Jamot hospital, sub-divisional medical centre of Elig Essono, district hospital of Nkoldongo, medical centre of Odza, centre de santé integer (CSI) meyo, district hospital of Biyemassi, CHU, Cite Verte hospital, integrated health centre of Tsinga, CSI Briqueterie, district hospital Effoulan; central market, mokolo market and Essos market)- **202** A4 posters, **150** handbills and **195** stickers.

Due to poor collaboration with lawyers on ACs various cases, (ekounou's case involving police officer against taxi driver; Mfoundi's case involving a police officer against a taxi driver, Brigade du lac's case concerning a medication vendor who was locked in the cell and a bribe solicited by a Gendarme), made the follow-up of cases difficult. Most of the lawyers because of their busy schedule were unreachable.

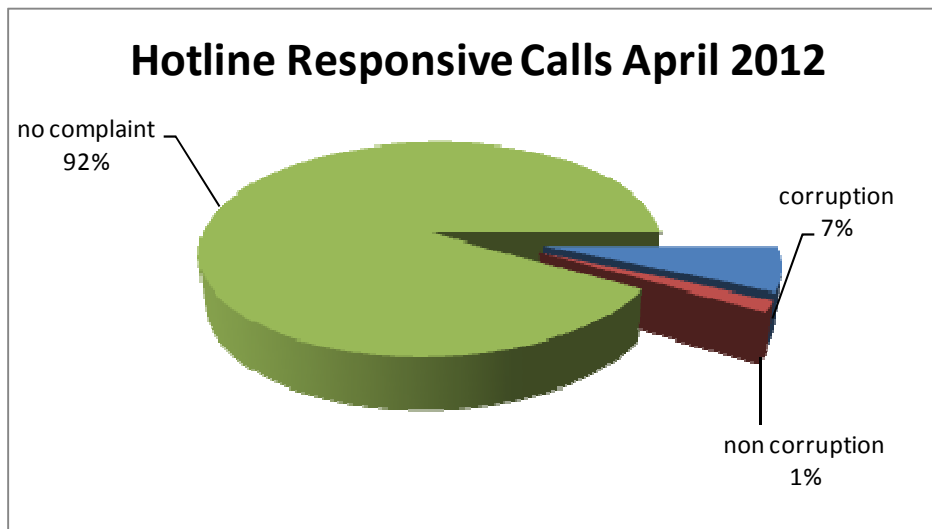
HOTLINE

Health corruption hotline was launched though no calls were received this month. A total of **100** calls were

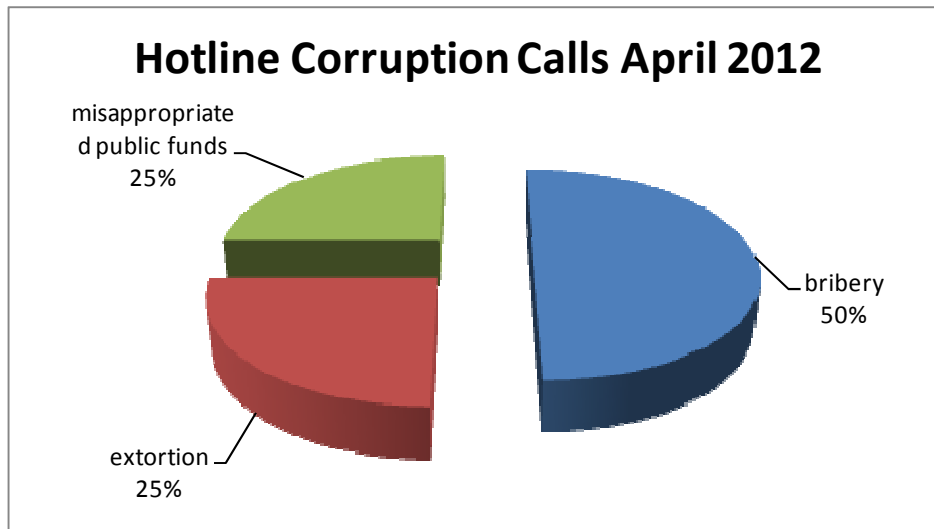
received through the AC hotline and are illustrated by the graphs under the various categories.



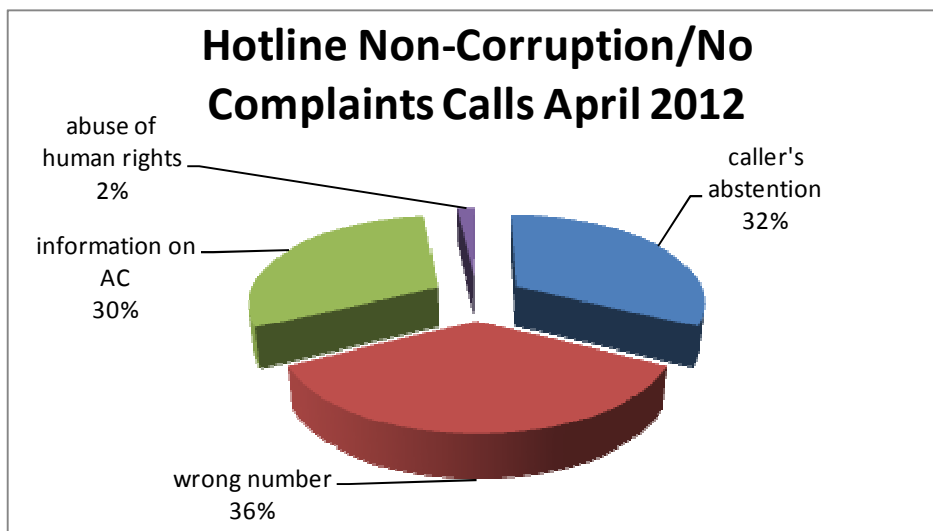
In the month of April 2012, a total of **40%** calls were non-responsive and **60%** of calls received were responsive calls though not all fall under corruption.



In April 2012 only **7%** of callers were corruption cases, **1%** was non-corruption calls. **92%** of callers issued no complaint. This is more than half the total number of calls this month compared to March which had just **40%**. The pattern though is similar as this group of people fall under those who are afraid to denounce corruption cases and most of the times claim to have dialled a wrong number.



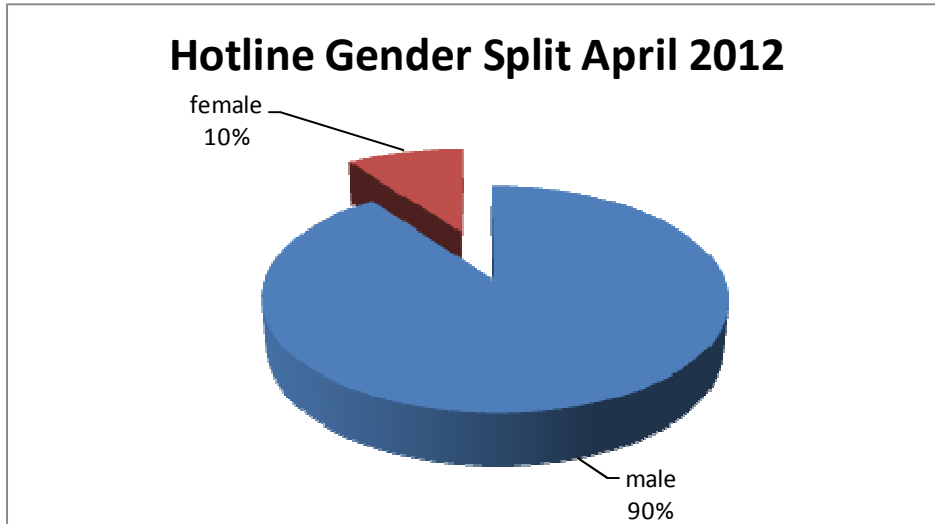
Like the other months bribery has always been higher than most of the other corruption cases. Callers denounced **50%** of bribery and **25%** each for misappropriated public funds and extortion.



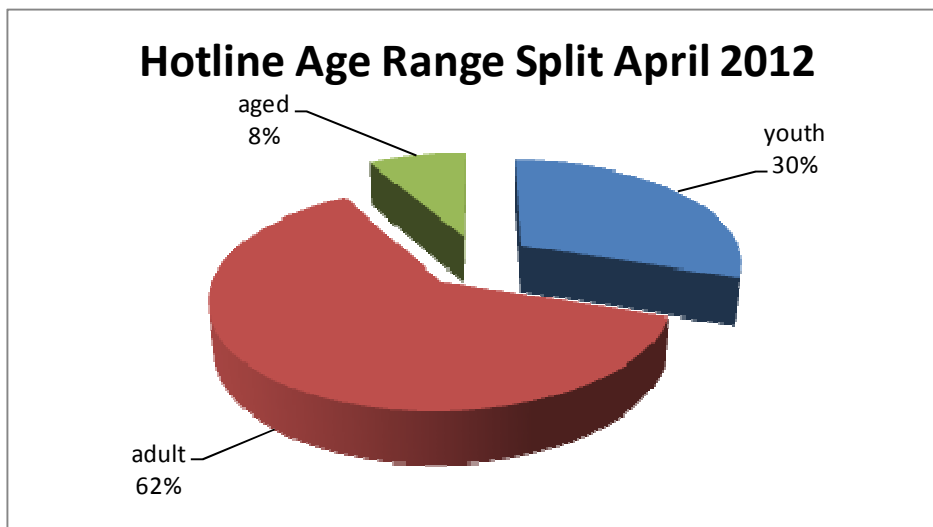
This month there is a change in the graph of non-corruption as it is made up of an addition of no complaints percentages. Only one caller culminating in **2%** from the graph, denounced non-corruption in the form of human rights abuse. This is the least percentage ever witnessed since 2012 for non-corruption calls. No complaints in April 2012 were represented by **36%** of callers claiming to have dialled the wrong number, who have issues to denounce but are afraid, **30%** demanded information on AC, **32%** were callers whom AC could not get in contact with them when they first called AC.

GENDER

10% of callers this month of April 2012 were female while **90%** of the callers were male. Male increase this month is more than half the percentage of last month. Reasons for the increase not quite clear.



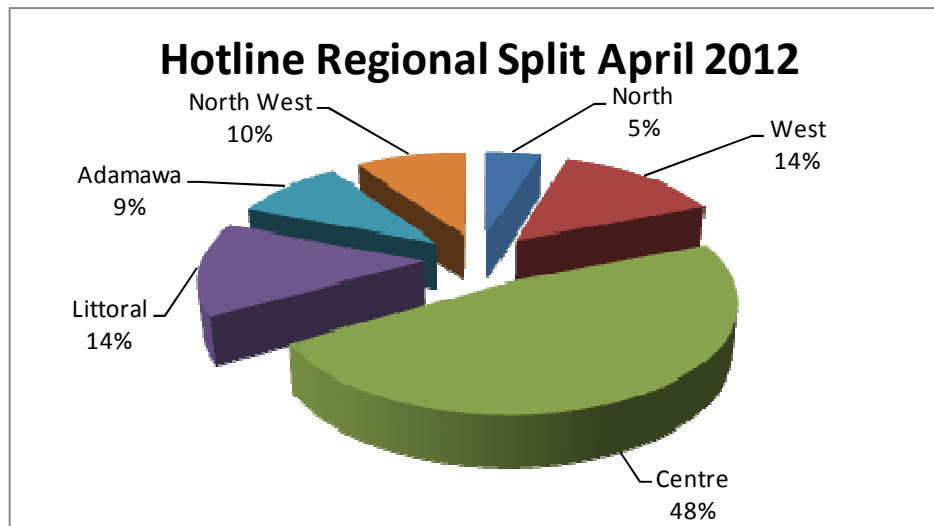
AGE RANGE OF CALLERS



The month of April 2012 had **62%** of calls came from adults (31-55years) and **30%** from the youths (0-30 years). **8%** calls were received from the elderly or aged (+55 years) this month.

REGIONAL DISTRIBUTION OF CALLS

In April 2012, **48%** of callers came from the Center region, **14%** from the Littoral and West regions, **10%** from the North West region, **9%** Adamawa region and **5%** from the North region. No calls were received from the South, South West, East, and Far North regions.



EMAIL/POSTAL ADDITION TO HOTLINE

No e-mail or letter received this month.

INVESTIGATION

No new case was opened this month and the old cases opened were not followed up. Most of the attention on work was focused on the health corruption project which as of this month has no case also opened yet.

Case of Yokadouma teachers against the mayor: No feedback has been received from the lawyer in charge of the case after the case file was sent to him. Follow-up on it shows some of his collaborators were sent to verify information at the council as to have a better view of the problem before engaging any action. There have been communication problems since then as AC has not been able to contact him after several phone calls. For the case to move forward AC will have to get another lawyer to follow-up the case in court.

Case of Nkolafamba, land owner against collaborator of the sub divisional officer: AC went to the field twice this month. First with the victim: During this trip, AC did not meet more victims but they met the collaborator of the sub divisional officer who openly solicited money from the victim. He added that without money nothing would be done. AC made a second descent where he had the number of a possible victim. If this victim collaborates, a combined action can be taken against the collaborator of the sub-divisional officer.

Case of medication vendors against a Gendarmerie du Lac named Atangana: A medication vendor arrested on the motive of retention and destruction of his colleague's goods was solicited the sum of 50 000fcfa by the gendarme Atangana of Brigade du Lac to be released from cell. A statement of offence was established against the gendarme. Due to constraints encountered with the first lawyer of this case, it has not moved forward according to procedure. AC is looking forward to getting another lawyer for the case.

LEGAL FOLLOW UP

This month, AC had a major problem with lawyers. Most of them were unreachable causing a serious lack

on the **3** cases followed-up this month.

MEDIA

This month, a total of **959** A2 posters, **1072** A4 posters and **1360** A6 handbills and **730** A6 stickers on health corruption were given out for pasting and distribution in **3** regions of Cameroon: Centre, Littoral and South West. **410** A2/A4 posters, 445 handbills in the Centre; **524** posters and **720** A6 handbills in the Littoral; **295** A2/A4 posters and **280** A6 handbills in the South West.

In Yaounde, **600** posters were distributed GTC (Groupe technique centralisée) PALU(malaria) and SIDA (AIDS). AC personally assured the pasting and the distribution of **202** A4 posters and **345** A6 handbills. The table below gives details of the distribution:

AC newsbars on CRTV was effective this month, with a periodicity of 3 to 4 days per week. An increase in the number of calls was noticed as a result.

AC brochures were not distributed this month.

MANAGEMENT

The project developer assisting with AC coordination was absent for a period of two weeks. Her duties were managed by AC jurist who is being trained to take on most of the management roles of AC.

Two jurists were interviewed and retained for testing this month.

EXTERNAL RELATIONS

- For the launching of the health corruption project, AC programmer had 3 meetings with associations in 3 regions (Centre, Littoral and South West). In the centre, the meeting took place in Yaoundé. 11 associations participated. In the littoral region, the meeting took place in Douala. 8 associations participated. In the South West region, the meeting took place in Buea with the presence of 5 associations. Hopefully, they will collaborate with AC for the realization of the project.
- AC programmer gave a presentation in GTC Palu and GTC sida. To present the health corruption project. The presentation also aimed to establish collaboration with them in the realization of the project. This can help us to get a better coverage of the national territory.

FINANCE

LAGA was AC's main sponsor this month.

April 2012 Financial Report:

Amount in FRS CFA	Use	Details	Amount in US D
30,000	Hotline	100 calls received	\$60.0
	Investigations	No brochures distributed	\$0.0
158,500	Legal	3 cases followed-up	\$317.0
80,000	Media	CRTV news bar	\$160.0
	Management		\$0.0
342,700	E-activism	Personnel	\$685.4
787,155	Office	office	\$1,574.3
1,398,355	TOTAL EXPENDITURE APRIL 2012		\$2,796.7

Donor Financial Report April 2012

Amount in FRS CFA	Donor	Month	Amount in US D
-370,660	Future for Nature	From December 2011	\$741.3
-200,000	From LAGA	Donated January 2012	\$400.0
-15,000	From Ofir	Donated January 2012	\$30.0
558,450	Future for Nature	Used January 2012	\$1,116.9
-650,000	From LAGA	Donated February 2012	\$1,300.0
604,975		Used February 2012	\$1,210.0
-850,000	From LAGA	Donated March 2012	\$1,700.0
923,325		Used March 2012	\$1,846.7
-1,583,350	From LAGA	Donated April 2012	\$3,166.7
1,398,355		Used April 2012	\$2,796.7
-183,905	From LAGA	passing to May 2012	\$367.8

HEALTH CORRUPTION SUMMARY

This month AC focused on health corruption project in the following regions; Centre, Littoral, South West and North West. A lot of ground work was done in contacting the various associations and having working sessions with them. AC programmer and jurist on test were on the field to hold these working sessions. From the different associations contacted in these regions the table below gives details of the distribution that took place of A2/A4 posters, A6 handbills and A6 stickers for cars and bikes. This was the beginning of the health corruption project with posters and flyers distribution.

Regions	A2 Posters	A4 Posters	Handbills	Stickers
Centre	110	300	300	145
Littoral	134	390	450	270
South West	115	180	160	120
North West		225		150
AC Cameroon		202	150	195
GTC PALU	200			
GTC SIDA	400			

53 associations were contacted by AC to collaborate with in the project and 32 were able to attend the working sessions organized. . At the end of every working session, poster distribution was done:

- In the Centre, **110** A2 posters; **300** A4 posters **300** handbills and **145** stickers were distributed to by 11 associations.
- In the Littoral, **134** A2 posters, **390** A4 posters, **450** handbills and **270** stickers were distributed by **8** associations.
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- In the North West region, **225** A4 posters, and **150** stickers was given to an association (ACTWID) which has a network of associations.
- **600** A2 posters were equally given to GTC SIDA and PALU making a total sum of **2441** A4/A2 posters; and **2430** handbills and stickers.

AC encountered the following problems during the launch of this project, summarized below:

- Difficulty in getting collaborative partners to work with in the field.
- Partners available were not willing to assist in the work and did not really paste posters

- Not enough posters in public places
- Beneficiary reactions focused primarily on how to get treatment for themselves and not on the problem of access to subsidized medication.

In the regions, AC encountered the following problems with the organizations they met with:

Meeting 1 (Yaounde)

A problem of leadership was noticed among the different organisations. The organisations also had divided views of the project, on one side those who fully supported the way the present government distribution of subsidized medication worked and the other group which was contrary to this view.

Meeting2 (Buea)

Logistics, distance and lack of finances were the main problems faced by organisations in the South West region.

Meeting 3 (Douala)

The organisations in the Littoral region though properly organised into a network had as exigency the need for financial compensation which according to AC was not possible.