SEMA Impact Measurement

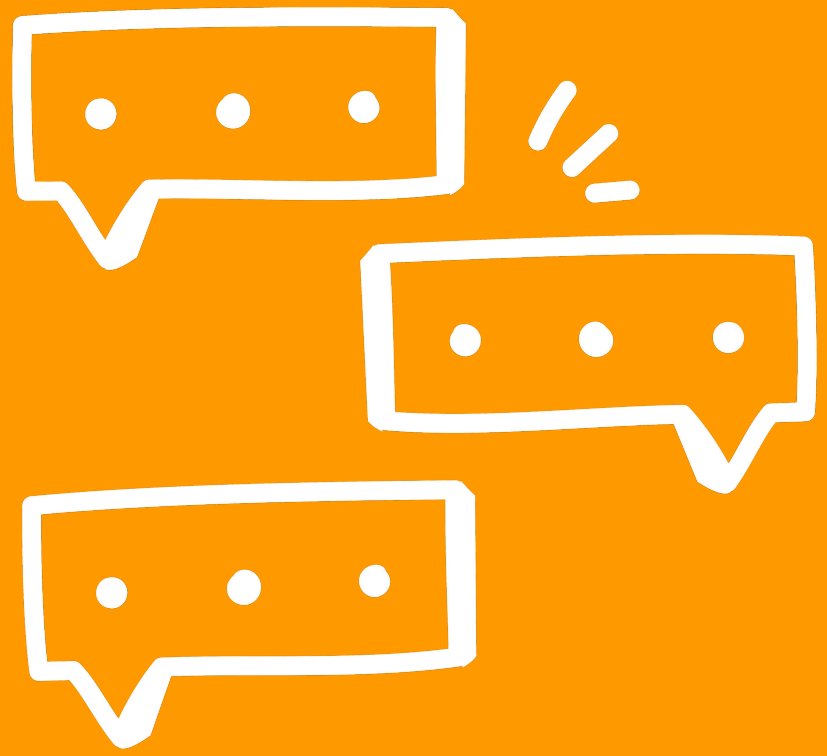
Insights Report

November 2025

Busara

SEMA

Executive Summary



Executive Summary (1)

- Busara and SEMA have a long standing collaboration aimed at enhancing SEMA's work through the application of behavioral science. Past efforts refined SEMA's Theory of Change, mapped impact pathways, built research capacity, and developed an Impact Measurement Framework. To advance this work, SEMA has engaged Busara to develop a research strategy starting with a comprehensive impact assessment of SEMA's activities to date.
- Using a mixed-methods approach, this impact measurement focused on five key indicators: efficiency, inclusivity, productivity, accessibility and accountability. Data was drawn from qualitative interviews with key stakeholders (community members, frontline staff, and institutional administrators) as well as SEMA's community feedback survey data across multiple public service institutions.
- Importantly, this assessment does not include a baseline or control group and therefore does not seek to establish causal attribution. Findings are based primarily on self-reported perceptions and experiences shared by stakeholders, and should be interpreted as indicative of perceived influence and emerging trends rather than definitive evidence of impact attributable solely to SEMA.
- Across stakeholder groups, many participants reported that SEMA's feedback mechanisms were associated with perceived improvements in service delivery. These perceptions were commonly linked to shifts in staff attitudes, improved communication with service users, and practical, low-cost responses to issues raised by community members.

Executive Summary (2)

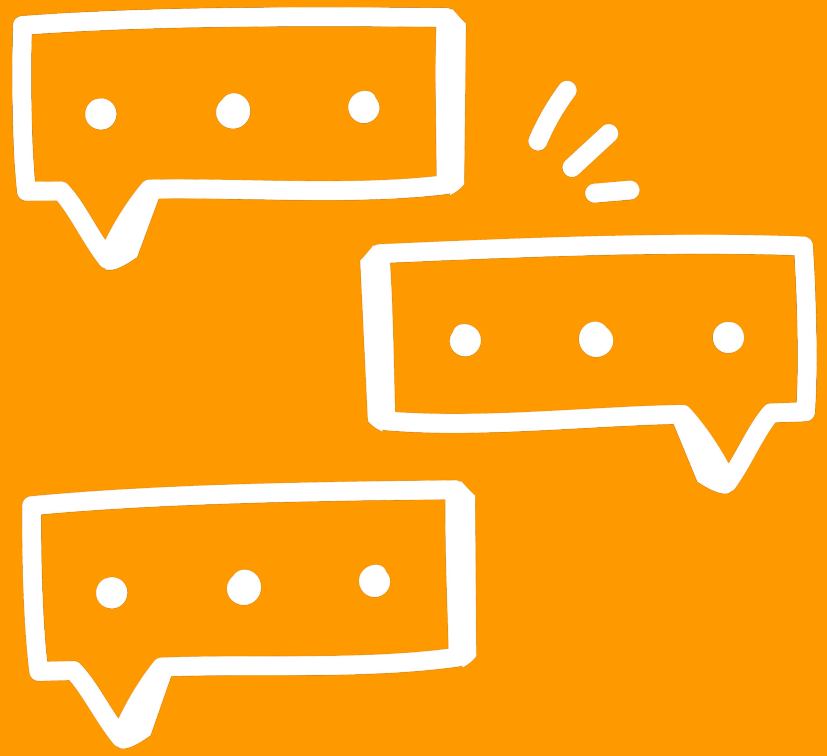
- However, most improvements were one-off solutions and localized; there was limited evidence of systems-level change or sustained impact once feedback mechanisms were removed. Structural barriers to accessibility also remained largely unaddressed.

To build on these gains, four key recommendations emerged:

1. Develop best practice guidelines for institutions on processing, responding to, and communicating actions taken on community feedback.
2. Invest in systems building to help public institutions translate community feedback into long-term, structural reforms rather than isolated fixes.
3. Integrate impact evaluation from the outset of initiatives to ensure robust data collection and stronger attribution of results to SEMA's interventions.
4. Revisit the current Theory of Change to critically examine and refine the assumptions about how SEMA's feedback model drives service-delivery improvements.

These steps will enable SEMA to move from driving short-term improvements to embedding lasting, systemic change in public service delivery while strengthening the evidence base for its impact.

Introduction



Background

- Since November 2019, Busara has collaborated with SEMA to strengthen its efforts toward becoming a research- and evidence-led organization. Busara has sought to do this through the application of behavioral science. This partnership marks a significant step in reinforcing SEMA's commitment to rigorous research methodologies and evidence-based practices.
- Previous collaborations have focused on refining SEMA's Theory of Change to capture its impact model for community feedback mechanisms, mapping key pathways of impact, strengthening research capacity, and developing a comprehensive Impact Measurement Framework.
- Building on this foundation, the current engagement aims to generate deeper insights into the effectiveness of SEMA's programs and guide future improvements. To achieve this, Busara will support SEMA in developing a tailored research strategy, beginning with a comprehensive impact assessment of SEMA's activities to date.

Impact Measurement Objectives

The impact measurement has three main objectives:

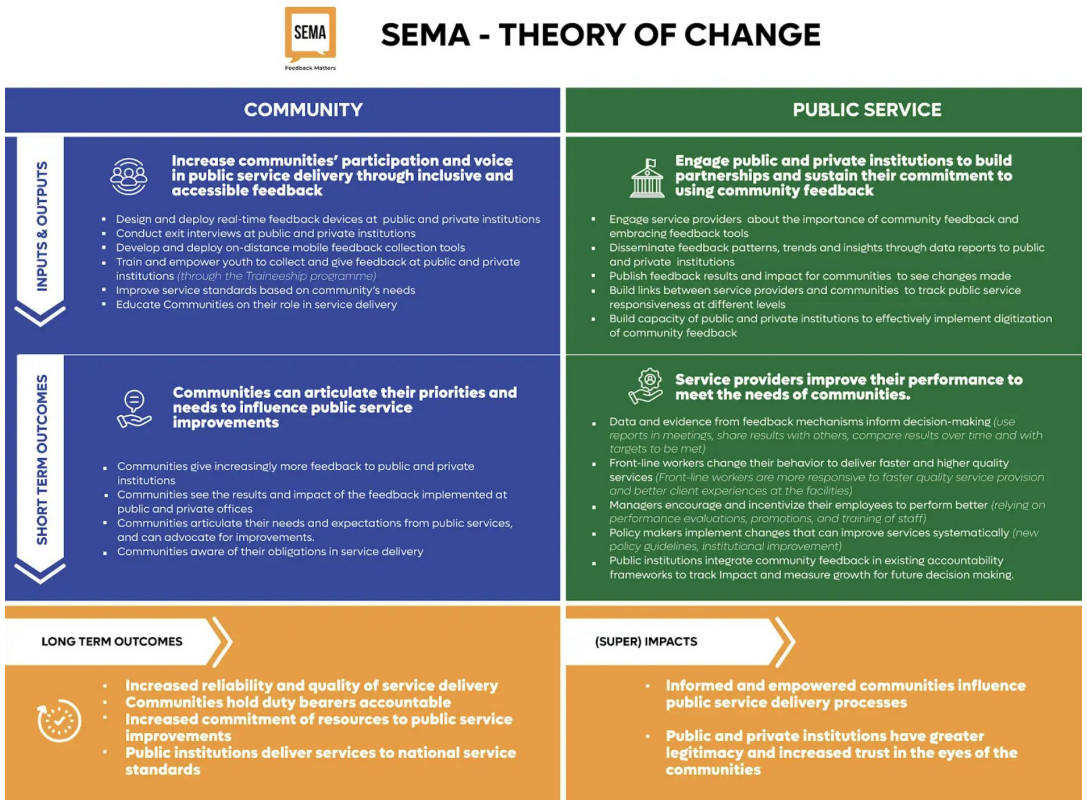
1. **Understand** what has been improving over time and what is yet to change in relation to five key impact measurement indicators (i.e. efficiency, inclusivity, productivity, accessibility and accountability).

2. **Demonstrate** the effectiveness of SEMA's approach to a range of stakeholders, including donors and public service leadership.

3. **Learn** together how Busara and SEMA can design and conduct robust research whilst converting findings into narratives and insights.

SEMA's Theory of Change (ToC)

- SEMA and Busara jointly developed a ToC to describe how SEMA's activities lead to short- and long-term outcomes.
- Since then, Busara has reviewed external literature to identify widely recognised indicators of public service delivery quality.
- Drawing on this evidence, SEMA and Busara agreed on five key indicators to guide measurement of SEMA's impact.
- Several of these indicators align with short term outcomes already captured in the original ToC, while others highlight important dimensions of service delivery that were not explicitly included and may require updates to the ToC.



Source: SEMA Theory of Change

Key Indicators of Public Service Delivery Quality

The five key indicators of effective public service delivery are:

- **Efficiency:** The extent to which public service institutions respond more quickly, clearly, and with better organization as a result of community feedback.
- **Inclusivity:** The degree to which feedback systems and institutions reflect and include the voices of marginalized groups by gender, age, location, ability, and socioeconomic status.
- **Productivity:** The degree to which institutions take action on feedback, both short-term fixes and long-term integration into their systems.
- **Accessibility:** The ease with which community members can access services and feedback systems - physically, digitally, and socially.
- **Accountability:** The degree to which public service institutions become more open in their operations and directly answerable to community members.

Source: Review: Indicators of Public Service Delivery Quality

Alignment of SEMA's ToC with Key Indicators of Public Service Quality (1)

- To assess alignment between SEMA's original Theory of Change (ToC) and the five agreed indicators of public service delivery quality, we mapped each indicator to the ToC's short-term outcomes.
- This comparison highlights where the ToC already captures key dimensions of service delivery and where important elements are missing.

Indicator	SEMA ToC short term outcomes - Community	SEMA ToC short term outcomes - Public Services
Efficiency: The extent to which public service institutions respond more quickly, clearly, and with better organization as a result of community feedback.	• Communities aware of their obligations in service delivery	• Front-line workers change their behavior to deliver faster and higher quality services (front-line workers are more responsive to faster quality service provision and better client experiences at the facilities) • Managers encourage and incentivize their employees to perform better (relying on performance evaluations, promotions, and training of staff)

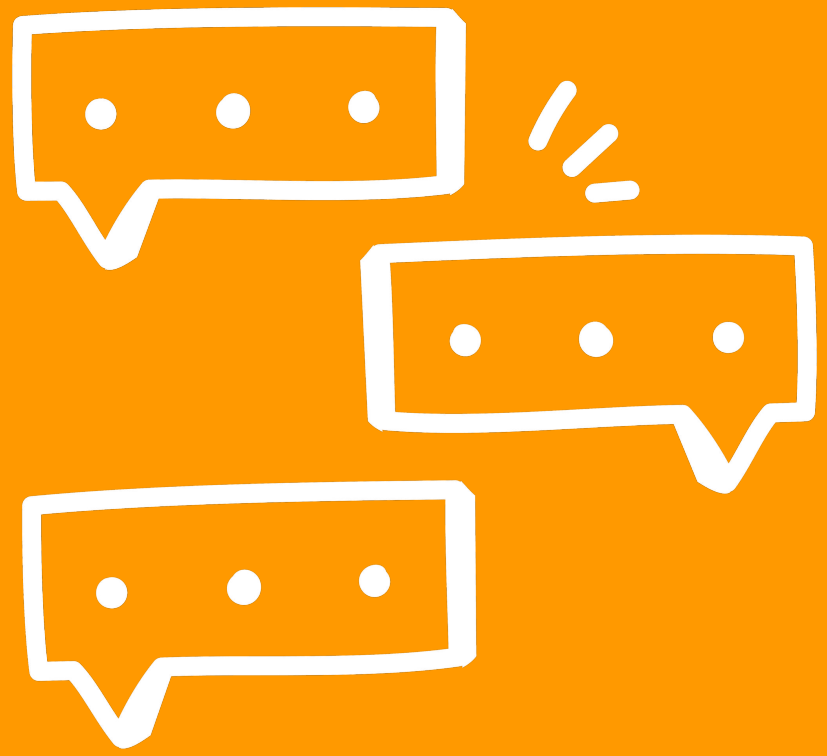
Alignment of SEMA's ToC with Key Indicators of Public Service Quality (2)

Indicator	SEMA ToC short term outcomes - community	SEMA ToC short term outcomes - public service
Inclusivity: The degree to which feedback systems and institutions reflect and include the voices of marginalized groups by gender, age, location, ability, and socioeconomic status.	*SEMA's ToC does not currently include short term community or public service outcomes that relate to the inclusivity of public services*	
Productivity: The degree to which institutions take action on feedback, both short-term fixes and long-term integration into their systems.	• Communities articulate their needs and expectations from public services, and can advocate for improvements • Communities give increasingly more feedback to public and private institutions	• Data and evidence from feedback mechanisms inform decision-making (use reports in meetings, share results with others, compare results over time and with targets to be met) • Policy makers implement changes that can improve services systematically (new policy guidelines, institutional improvement

Alignment of SEMA's ToC with Key Indicators of Public Service Quality (3)

Indicator	SEMA ToC short term outcomes - community	SEMA ToC short term outcomes - public service
Accessibility: The ease with which community members can access services and feedback systems - physically, digitally, and socially.	*SEMA's ToC does not currently include short term community or public service outcomes that relate to the accessibility of public services*	
Accountability: The degree to which public service institutions become more open in their operations and directly answerable to community members.	• Communities see the results and impact of the feedback implemented at public and private offices	• Public institutions integrate community feedback in existing accountability frameworks to track impact and measure growth for future decision making

Methodology



Approach (1)

The impact measurement was conducted using a mixed-methods approach:

Qualitative first:

- In-Depth Interviews (IDI's):
  - Citizens: members of the public who recently accessed services of interest
  - Frontline Staff: Government officers managing daily service delivery
  - Pre-SEMA Personnel: Individuals who worked at service points before SEMA partnership began, providing baseline comparisons of past practices, attitudes, and response systems.
- Key Informant Interviews (KIIs):
  - Public Institution Leadership: Senior officials and M&E experts in police, immigration, and justice sectors, offering system-level insights into feedback integration, policy, and resource allocation.
  - Non-Governmental Experts: SEMA Partners involved in developing the feedback tools to understand what considerations are taken when collecting community feedback.

Approach (2)

Quantitatively supported

- Analysis of previously collected community feedback by SEMA, specifically focused on our five key indicators.
- The analysis primarily focused on health centre sand police stations, since they are the two institutions with complete datasets for the time period of interest (Q3 2021- Q1 2025).
- Efficiency and Accessibility indexes were created using binary variables (Yes/No responses) and adjusted scales .
- We analysed indicators over time (from Q3 2021 to Q1 2025) to identify any notable shifts or observable trends.
- We have also conducted a more detailed analysis incorporating the incomplete data sets for judiciary and DCIC. This will be shared as a supplementary document.

Sampling (1)

Study locations: Working together with the SEMA team, we identified a set of criteria which could narrow our selection of public service delivery points (e.g., health centers, police stations) The aim was to collect data from institutions offering varied services to diverse groups of community members.

The institution inclusion criteria included:

- Number of community members served by the institution
- Diversity within community members accessing the institution
- Degree of involvement with SEMA
- Typical use case of the institution
- Diversity of services offered

At each site, we interviewed community members and frontline staff.

Source: Sampling - Impact Measurement

Sampling (2)

Demographics: We recruited adult community members who had recently accessed a service and had previously accessed the same service.

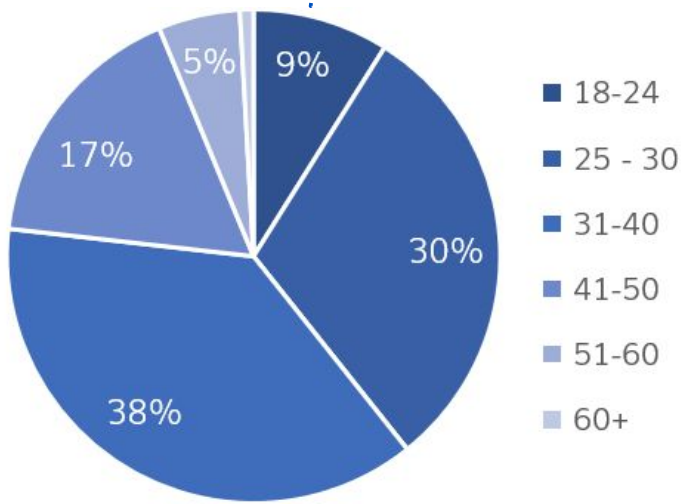
Religion	%
Roman Catholic	33.0%
Church of Uganda	18.8%
Pentecostal	21.4%
Other Christian	7.1%
Muslim	19.6%

Income(UGX)	%
Less than 200,000	19.6%
200,001-500,000	43.8%
500,001-1,000,000	22.3%
1,000,001-3,000,000	12.5%
3,000,001+	1.8%

42.9%
Female

58.9%
Married

Citizens in our sample were most commonly between 25-40 years of age



Education	%
No formal Education	5.4%
Primary Education	16.1%
Secondary Education	37.5%
Tertiary Education	1.8%
University	38.4%
Masters/PhD	0.9%

7.1% **Some form of Disability**

Ethical considerations for qualitative data collection

- Informed consent: all participants briefed on purpose, risks, and rights.
- Privacy & anonymization: minimal Personally Identifiable Information (PII) collected, potential identifiers stripped from transcripts and datasets.
- Data management: minimal PII collected stored securely with access only to members of the research team.
- Training: SEMA field teams received many rounds of ethics training, and any deviations were swiftly corrected.

Limitations (1)

The approach taken to this impact measurement has three main limitations:

1. **No baseline:** there was no data collection prior to the introduction of SEMA's feedback tools therefore we are unable to accurately measure any changes in service delivery since the start of SEMA's activities. To help mitigate this we are specifically targeting frontline staff who were present within institutions prior to SEMA's activities. This will help us track any self-reported changes in attitude or behaviours over time.

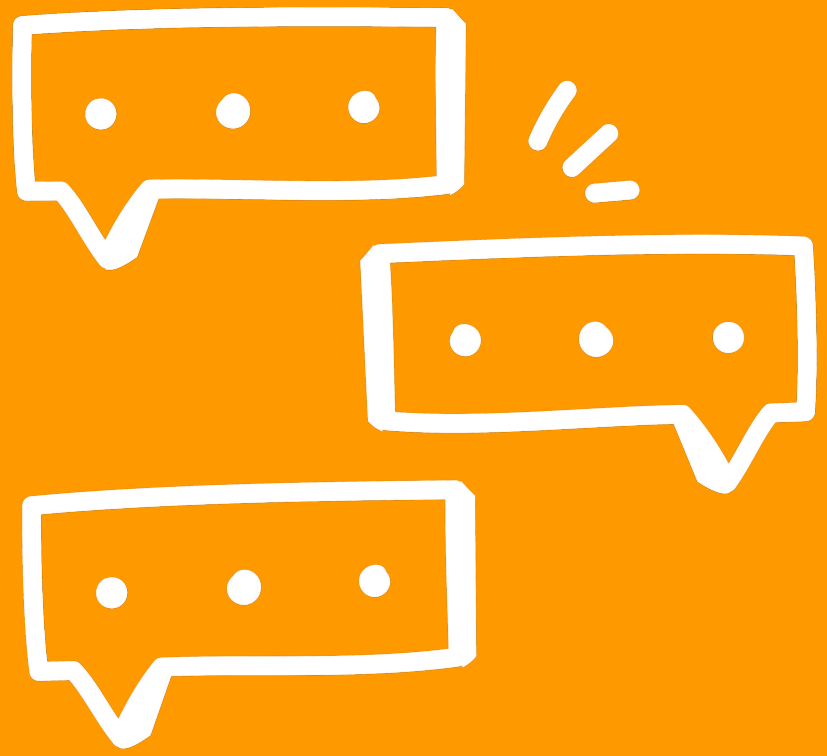
2. **Use of qualitative methods:** although qualitative data gives us rich insights into core themes and comparisons across institutions. It does not allow us to accurately pinpoint whether any changes in service delivery can be attributed to SEMA's interventions. For example, some changes observed in service delivery could be attributable to other, unrelated, organisational reforms. To help mitigate this we have also used quantitative data to supplement the qualiativate insights.

Limitations (2)

3. **Recall or desirability biases:** respondents could find it hard to accurately recall their experiences if it had occurred a long time ago. There could have also been an element of social desirability where respondents give answers based on what they think the interviewer wants to hear rather than their actual thoughts or experiences. We tried to mitigate this by conducting interviews with a range of stakeholder groups (e.g. community members, frontline workers, leadership, NGOs) to triangulate perspectives. We have also used quantitative data to supplement the qualitative responses.

4. **Participant inclusion limitation:** Interviews with community members were conducted at service points to efficiently capture data from community members that had recently used the service. Only community members who had accessed services at institutions of interest at least twice were eligible for participation. This was intentional, given the focus on understanding SEMA's impact through user experiences with services and feedback devices, if applicable. However, this approach naturally excludes community members that were unable to access services on days we conducted interviews, whose perspectives would likely reveal additional barriers to access. Future studies aimed at better understanding accessibility issues could involve entering communities and speaking to community members there - especially communities where we suspect members face barriers to access (eg: frontline staff can point to common complaints and which groups they tend to come from).

Findings



Overview

The qualitative and quantitative data has been collected and analysed in line with the five key indicators of public service delivery

- **Efficiency:** The extent to which public service institutions respond more quickly, clearly, and with better organization as a result of community feedback.
- **Inclusivity:** The degree to which feedback systems and institutions reflect and include the voices of marginalized groups by gender, age, location, ability, and socioeconomic status.
- **Productivity:** The degree to which institutions take action on feedback, both short-term fixes and long-term integration into their systems.
- **Accessibility:** The ease with which community members can access services and feedback systems - physically, digitally, and socially.
- **Accountability:** The degree to which public service institutions become more open in their operations and directly answerable to community members.

Efficiency

Efficiency: Summary

- Respondents reported that **SEMA feedback has improved service delivery and staff behavior** at the operational level, with community members experiencing more responsive interactions and frontline staff noting efficiency gains and practical improvements. Administrators highlighted horizontal learning and micro-level accountability, showing feedback drives tangible local improvements and fosters a culture of responsiveness. Baseline accounts from former staff suggest these efficiency challenges have been long-standing, and that SEMA's partnerships might have improved the efficiency of public service delivery.
- However, **systemic challenges limit broader impact.** Resource constraints, inconsistent use of feedback, limited policy-level influence, and gaps in monitoring and coverage mean that improvements are often site-specific and not institutionalized. This is reflected in the quantitative data, which shows a relatively modest improvement over time.

Citizen experiences with waiting times, procedure clarity, and service timeliness

Service delivery experiences varied, with professionalism and clear procedures improving efficiency, while delays and poor organization limited access.

- Participants reported mixed experiences with service delivery. Despite staff being professional, respectful, and courteous - **bureaucratic delays, unclear processes, and poor infrastructure reduced the efficiency and accessibility of services for community members.** This underscores the need to focus on improving processes rather than just outcomes. The inconsistency in service provision further highlights the importance of reviewing underlying factors, such as decentralization of services, lack of accountability to community members, or informal practices like requesting tips from clients.
- Across institutions, **smoother and faster service was largely driven by staff professionalism, friendliness, and clear instructions.** Improving service delivery across institutions largely depends on clarity, organization, and staff conduct, as reflected in the findings. Clear instructions, especially in local languages, help reduce confusion and delays, while well-structured systems minimize client congestion and enhance efficiency. Therefore, investing in staff training, effective communication, and streamlined service flows can strengthen community members' satisfaction and trust in public institutions.
- Service delivery **challenges vary across institutions**. Police and health facilities face the highest inefficiencies, largely due to internal management issues such as absent staff and overcrowding, which directly slow down service. Fewer delays at DCIC suggest better organization, although congestion and communication remain barriers. The judiciary shows an equal split, highlighting inconsistent service. Overall, improving staffing and communication can help reduce delays and enhance service delivery across institutions.

> *"Generally to me all was good but they have an issue of time management, they are very poor at it. They have never kept time."*
>
> *Female, Judiciary, Wakiso*

> *"A staff meeting and parade which delayed and covered the time caused delays as I had to wait for them to sum their meeting before."*
>
> *Male, Police, Kampala*

Citizen feedback, staff performance, and structural constraints

Strengthening feedback mechanisms can improve service efficiency and community-staff relations, but lasting impact requires addressing structural constraints like insufficient budgets

Frontline Staff

- Frontline staff **clearly recognize the benefits of improved feedback mechanisms** and frequently cite specific examples from their day-to-day work. Most improvements relate to **service efficiency and timeliness,** with positive spillover effects such as more friendly and responsive interactions between staff and community members. Notably, there appears to be no pushback or negative sentiment from frontline workers regarding enhanced community feedback. This suggests that strengthening feedback mechanisms could be a low-resistance, high-impact strategy for improving both service efficiency and community-staff relationships, providing a strong foundation for broader institutional reforms.
- Most frontline workers felt that **allocated budgets were insufficient for effective service delivery,** citing impacts such as delayed salaries, limited medical supplies, and unmet institutional needs. A few who viewed the budget as adequate tended to highlight isolated successes, like timely salary payments or funding for community feedback activities, suggesting that while resource efficiency exists in pockets, it is not widespread. This underscores structural constraints that limit service improvements, suggesting that even with enhanced community feedback, frontline workers and services may be unable to fully address issues without increased resources.

"This device has made work easier for example when we decided to reduce waiting times, it saved us from seeing long ques and we could also see that working on people very fast saved us time and reduced experiencing frustrated clients"

Male, Police, Jinja

"To some extent this budget has only very few things it attends to but most of the key things we need they are never attended to"

Female, Judiciary, Wakiso

Varying levels of efficiency in public service delivery

Former staff described work environments where efficiency depended heavily on individual supervisors, informal oversight, and manual processes rather than structured systems.

Former Staff

- Former staff reported limited internal monitoring or accountability structures in place to improve service delivery or the experiences of community members. Instead, the degree of efficiency in institutions delivering public services tended to depend on initiatives of mid-level supervisors or informal channels of communication.
- While most institutions offered a variety of public services to community members, the processes supporting the delivery of these services were often ad hoc or haphazard. According to staff, community members faced long waiting times due to understaffing or operational delays, and once again had to rely on individual staff members' willingness to help. Those that succeeded in navigating services often did so through persistence.
    - **Health**: Staff at health centers reported limited formal systems to track how services were delivered; staff relyon personal oversight and informal monitoring.
    - **Judiciary:** While courts had some case management and performance tracking systems, though mostly focused on administrative efficiency rather than community-centered metrics.
    - **Police:** Police relied on stakeholder coordination and ad hoc reporting, but no systematic tracking of service delivery efficiency existed.
    - **DCIC:** Immigration offices struggled with tracking progress on applications, especially if the process was physical and not online (eg: paper forms). This meant community members often had to return to the office multiple times a week just to check on the status of their application..

"previously, it was a manual thing. You would wait maybe for a week. And you say, I will go and check. And you come and present your certificate. They say, this one is not here. And you go back. We are not sending messages when the basket is ready. So, to its owner, you come here, check. By chance it is already you pick it. If it is not ready, you keep checking. So, it was not really a good experience. It was not a good experience. But with automation now, I think we are going somewhere. "

DCIC, Kyambogo

Reflections on system-wide improvements

SEMA feedback boosts operational efficiency locally, but effects are mostly limited to individual sites, with feedback loops inconsistent across institutions.

Administrators/NGOs

- Administrators at police stations and DCIC noted that **SEMA feedback revealed operational gaps, prompting stations to address delays, misconduct, and improve service, with communities noticing visible changes** such as staff reshuffling and better counter services. This demonstrates that community feedback can drive tangible operational improvements and create behavioral incentives for frontline staff, while also influencing sector-level actors to adopt evidence-based approaches to service quality. The findings imply that embedding systematic feedback loops and institutionalizing the use of community feedback can enhance efficiency and service consistency across institutions.
- Administrators also stated that SEMA has **fostered horizontal learning among police stations and vertical accountability across institutions**, but impacts remain largely at the local (station/division) level. Expanding coverage beyond Kampala and implementing structured, data-driven cross-departmental reviews could help translate these micro-level improvements into broader, systemic reforms.
    - Former staff confirm this, noting that improvements were usually decided internally through departmental meetings or informal supervision, with little systematic use of data to compare performance over time or across sites.

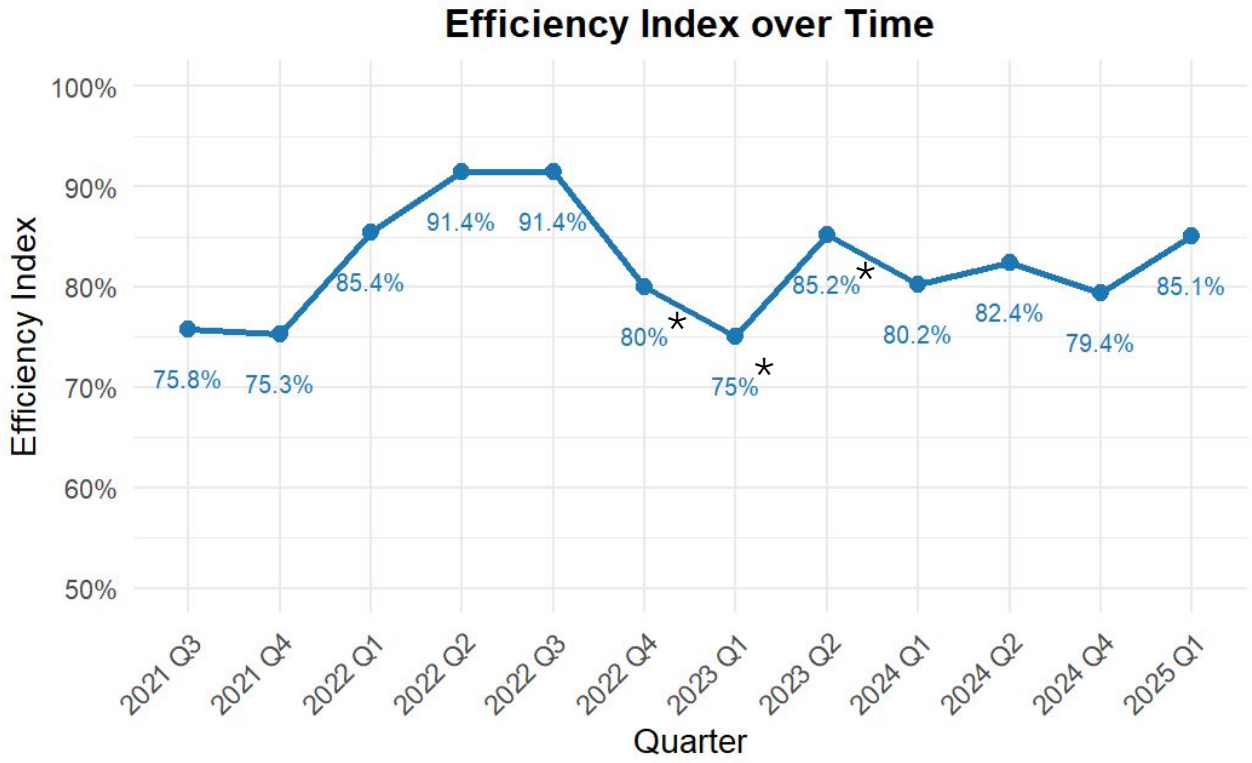
"So now if so many people complain, it means we need to check ourselves. So that's why getting their [SEMA] reports is very key for us. It's very important."

Male, UPF, Kampala

"It creates an end to end loop between data collection and then providing the feedback as well, and then getting to know the root cause from the people you share with these data points."

Male, NGO, Kampala

Quantitative Analysis: Efficiency Index



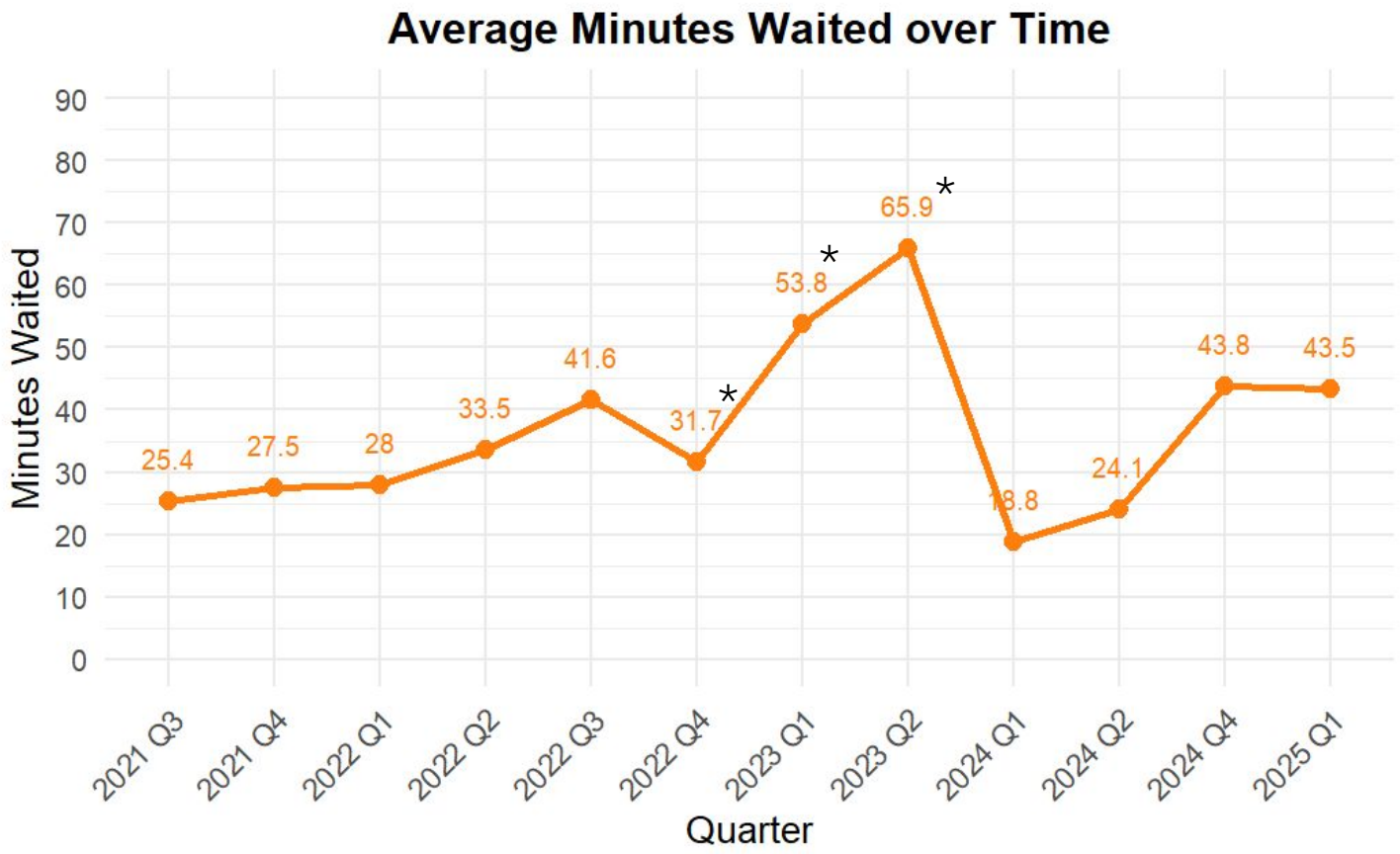
- Efficiency remained high (between 75% to 91%), dipped to its lowest in 2023 Q1 and recovered steadily back to 85% over time.
- While we see a shift over time, it is modest. This supports the qualitative findings regarding community members' experiences of service efficiency, where they can perceive some improvements but issues remain.

Efficiency Index: Mean (average) of

- (**Health & Police) Staff Friendliness:** Whether staff treated the respondent in a courteous or respectful manner.
- (**Police) Help Received:** Whether they felt as if they received adequate assistance
- **(Police) Issue Resolved:** Whether the respondent's issue was resolved during this visit
- **(Health) Health Visit Rating:** Respondent satisfaction with the triage/clinician at health facilities.
- **(Health) Lab Services Rating:** Respondent satisfaction with laboratory services at health facilities.

* Limited number of observations during this period (n= 3; n=4; n=51 respectively)

Quantitative Analysis: Average Wait Times



- Average wait times across police and health fluctuated between 25-65 minutes, peaking in mid-2023.
- Interestingly, there is an increase in waiting times over time of 18 minutes on average.
  - This supports our qualitative findings that, despite staff friendliness, additional bottlenecks or increased bureaucracy still impact community members' waiting times.

* Limited number of observations during this period (n= 3; n=4; n=51 respectively)

Inclusivity

Inclusivity: Summary

- The findings indicate that while services are generally perceived as fair and **SEMA feedback tools have improved community access to reporting, gaps in inclusivity remain.** Vulnerable groups, such as women, people with disabilities, the elderly, refugees, and rural communities, are underrepresented in feedback and may face barriers due to technology, literacy, or cultural norms.
- Baseline evidence from former staff supports this, confirming that these gaps are rooted in a pre-existing pattern of informal, ad hoc support for specific groups. They do not report witnessing deliberate, policy-driven inclusivity aimed at better including the variety of marginalised community members with the greatest potential to be adversely affected by service delivery.
- Staff diversity and professionalism positively influence community members' experiences, but inconsistent implementation of inclusive practices can limit trust and equitable service delivery.
- Respondents noted that SEMA tools are largely gender- and language-inclusive, but **targeted adaptations and proactive outreach are needed** to ensure marginalized populations can fully participate.

Perceptions of inclusion among community members and staff at institutions

Services are mostly fair, but gaps for vulnerable groups remain; staff diversity and professionalism affect experiences, highlighting the need for inclusive staffing and accountability.

Citizens

- Most respondents said services are generally fair, prioritizing pregnant women, children, and emergencies, but gaps remain for people with disabilities, refugees, and the elderly. Favoritism or bribery can undermine trust, highlighting the need for stronger accountability, inclusive practices, and staff training. Overall, **institutions must ensure that formal fairness policies translate into actual equitable treatment** for all community members to maintain legitimacy, accessibility, and efficiency. Former staff support this, echoing that individuals with poor literacy faced the greatest challenges in accessing services and had limited provisions or accommodations made for them, **showing how structural barriers exclude certain groups.**

- Findings indicate that community members do notice and value diversity within institutions, particularly in terms of staff gender, age, and local or regional background. They perceive that diversity can impact their experience, for example, female staff are often seen as more caring in reception roles, while local staff may communicate more effectively. At the same time, **professionalism generally overrides demographic differences, but when biases or gaps in experience occur, they can affect perceptions of fairness and quality of service. This matters because inclusive staff representation can shape who feels welcome and able to engage with services.** This suggests that promoting gender balance, local representation, and mixed-age teams, alongside professionalism, can enhance community trust and inclusivity.

> *"People with disabilities may also struggle due to lack of accessibility or special assistance. There's still a need for more inclusive and respectful treatment."*
>
> *Male, Police, Kampala*

> *"In terms of gender, there is a fairly balanced mix of both male and female staff, although women seem to be more present in roles like nursing and reception."*
>
> *Male, Health facility. Wakiso*

Perceptions of inclusion in feedback participation and hiring

SEMA tools improve community feedback access, but marginalized groups face barriers, and uneven staff awareness and fears around sensitive issues limit full inclusivity and equitable participation

Frontline Staff

- Most community members stated that they can use SEMA tools easily, especially with clear instructions or staff support, though elderly, illiterate, disabled, or less tech-savvy users may need guidance to submit feedback successfully. **SEMA feedback tools have improved overall accessibility for community feedback, but barriers faced by marginalized groups highlight gaps in inclusivity. These barriers explain why feedback could be less representative of groups who face more complex access needs.** Without targeted support, like simpler interfaces, alternative channels, or active assistance, these groups risk being left out, limiting the representativeness and equity of feedback data and undermining accountability efforts.

- Findings suggest that **while many institutions appear to include marginalized groups in hiring, the lack of clarity among a significant portion of staff, and explicit absence of such efforts in some offices, points to uneven implementation.** This means that SEMA's impact on promoting inclusivity within institutions may be limited if staff are unaware of, or unclear about, diversity practices. For accountability and equitable service delivery, institutions need not only formal policies but also transparent communication and monitoring of staff composition to ensure marginalized voices are represented both among employees and in decision-making.

- Frontline staff noted that while most community members feel comfortable giving feedback through SEMA tools, **fear around sensitive issues such as bribery or corruption can still limit full participation.** To ensure inclusivity and accountability, SEMA together with the public institutions need to train staff on sensitive engagement, and actively reassure community members that their concerns will be handled safely and fairly.

> *"Most of us, including me, were got from the village before we were brought here and these jobs are published in news papers, we were after trained for nine months."*
>
> *Male, Police, Kampala*

> *"Yes people do not want to talk about issues of bribery because they have accepted giving bribe is part of receiving public services."*
>
> *Female, DCIC, Jinja*

Inclusivity in offices without or prior to SEMA partnerships

Former staff described limited accommodations made for different types of community members; efforts were concentrated around individuals with visible difficulties - mothers, pregnant women, individuals with disabilities

Former Staff

- Similarly to efficiency in delivery of public services, **the level of inclusivity (the degree to which organizations respect and serve the needs of varied community members) was inconsistent across institutions, and offices within institutions.**
- Most institutions made no special provisions or considerations for marginalized groups that might be facing additional barriers to accessing services or require tailored assistance or support. **The most common accommodation was not requiring individuals belonging to visible groups - pregnant women, mothers, people with physical disabilities - to wait in long lines**, and fast-tracking them through the process instead. However, this depended on frontline staff being willing and able to make accommodations in an ad hoc manner. Staff also acknowledge that while these accommodations could benefit some people, l**iterate individuals are able to navigate processes with ease while those with limited levels of literacy really struggle.** There seem to be limited provisions to address this. This helps explains why certain groups remain excluded even when services are generally functional.
- Staff from judiciary and DCIC confirm that organisational policy was to treat all community members equally. While this is good in theory, it could lead to inequitable outcomes or experiences. One former immigration frontline staff commented that **SEMAs involvement has changed this** - they now don't require elderly/pregnant community members to line up to access services and fast-track them.

> *"We did not have time to think of those special interest groups. We did not take any responsibility for those special interest groups. So, we did not take any responsibility for those groups...with your [SEMA] coming, we realized that there is need for treatment of such a type."*
>
> *Male, DCIC, Kyambogo*

Perceptions of inclusion in feedback participation

SEMA feedback tools are generally gender- and language-inclusive, but women, people with disabilities, and rural communities remain underrepresented

Administrators/NGOs

- One administrator noted that **men dominate police feedback, while women and people with disabilities are underrepresented**, a gap linked to cultural norms and limited disability-focused outreach; another confirmed that feedback reports are not systematically disaggregated. DCIC reported that most feedback comes from women and youth, accounting for roughly 80% of submissions. Without deliberate targeting and inclusive design, feedback mechanisms risk systematically excluding marginalized groups, limiting the representativeness of community input and potentially reducing the effectiveness and fairness of service improvements.
- Police administrators also mentioned that **SEMA's feedback collection is largely urban-focused, reaching mostly community members already visiting police stations, which limits input from rural and vulnerable groups**, reducing visibility into the challenges faced by women, people with disabilities, and remote communities. DCIC noted that the department prioritizes elderly, pregnant women, and clients with young children to ensure quicker service. For impact, SEMA may need proactive outreach, for instance, integrating feedback mechanisms into community policing efforts or mobile services in rural areas. Without this, data risks reflecting only urban experiences, weakening its policy relevance for equity-focused reforms.
- The NGO respondent highlighted that the AI-driven speech option on the SEMA feedback device allows it to capture inputs in multiple languages, including those used by refugees. **For persons with disabilities, accessibility depends on speech and motor abilities**, though features like button inputs are already available. The tools seem gender- and language-inclusive, but disability inclusion might require more targeted adaptations (e.g., visual or haptic interfaces). **These limitations help explain why some groups still struggle to use the tool even when technology is available.**

> *"People who are vulnerable, most of them you cannot easily interact with unless you look for them. Where will you find him? If we go to the police station, you will not see them."*
>
> *Male, UPF, Kampala*

> *"As long as someone can talk, they can actually be able to provide feedback. And also, if they can use their limbs to maybe press a button, someone can just press a button, they can be able to give feedback..."*
>
> *Male, NGO, Kampala*

Disaggregation of Inclusivity Gaps

Who is Left Behind: Perspectives from Participants

Gender

- Women underrepresented in police feedback, which could be due to cultural norms and fear around reporting sensitive issues.
- In some departments (e.g., DCIC), women and youth dominate feedback, which shows sector variation.

Disability

- Persons with disabilities face barriers with literacy, mobility, and motor skills.
- Existing button-based tools help but require improved visual, audio, and haptic accessibility.
- Limited disability-focused outreach reduces participation.

Refugee Status

- AI speech function makes it possible to collect feedback in various languages, including those spoken by refugees.
- Feedback rarely disaggregated by refugee status, limits visibility of their issues.

Rural vs Urban

- Feedback systems remain mostly urban-focused.
- Rural users face barriers (distance, literacy, digital access) and are largely missing from datasets.

Productivity

Productivity: Summary

- Respondents felt that **SEMA feedback has driven tangible productivity improvements,** particularly at the local or operational level. Citizens noted visible changes in staff behavior, communication, and minor infrastructure. Frontline staff reported practical improvements in customer care, punctuality, waiting times, and small infrastructure adjustments, although these were **mostly one-off solutions rather than sustained organizational or policy shifts.** Former staff reiterated that individual or isolated feedback from community members was acted on somewhat regularly, however **feedback collection mechanisms and leadership buy-in was limited**.
- **Uptake of feedback tools is uneven,** and **broken feedback loops,** where community members are not updated on actions, limit trust and long-term impact.
- At the institutional level, administrators highlighted that **headquarters often miss insights from frontline behavior,** underscoring the need for systematic sharing of feedback to guide consistent service improvements. While micro-level productivity gains are evident, such as improved reception areas and child centers, policy-level influence remains limited.

Perceived feedback and institutional responsiveness

Feedback drives visible improvements, but mixed institutional responsiveness and uneven use of SEMA tools reduce the overall impact

Citizens

- **Citizens felt that feedback drove tangible improvements**, particularly in visible, low-cost areas such as staff behavior, communication, and minor infrastructural changes. Health facilities were seen as most responsive in practice, police showed mixed responsiveness, and courts were largely unresponsive. DCIC offices, however, were perceived to have the most noticeable cumulative improvements, likely due to systematic use of feedback and clearer communication of actions taken. Perceptions of responsiveness are therefore shaped more by the visibility of changes than their volume.
- While respondents noted that **SEMA tools are largely accessible and easy to use, uptake is uneven, highlighting gaps in awareness and guidance.** This suggests that without active sensitization and support, uptake remains incomplete. Additionally, many community members do not follow up or receive updates, creating broken feedback loops that undermine trust and accountability. Overall, feedback has the potential to improve service quality and motivate staff, but its impact is limited unless institutions act consistently, communicate outcomes clearly, and embed feedback mechanisms as a routine part of service delivery.

> *"No, the police have never communicated to me about the feedback they receive. I have given feedback before, but I don't know if it was considered or led to any changes."*
>
> *Male, Police station, Kampala*

> *"Yes, I have personally used the SEMA tool, specifically the touchscreen, to provide feedback. My experience was quite positive. The touchscreen was easy to use, It made me feel like my like my voice mattered."*
>
> *Female, Health facility, Wakiso*

Views on the effectiveness of SEMA feedback

Frontline Staff

SEMA feedback prompted visible improvements, but most changes were one-off, with limited evidence of lasting culture or policy shifts

- Frontline staff workers noted that **SEMA feedback has prompted institutions to make visible, practical changes**, especially around customer care, staff punctuality, waiting times, and small infrastructure upgrades like adding chairs or clearing parking areas. However, **most of the examples relate to one-off solutions to address issues raised** and there there is less obvious examples of sustained organisational culture shifts or policy changes. While SEMA created momentum for improvements, there is a concern that without the external feedback mechanism, these changes might not last because long-term institutional culture or policy shifts were less evident. SEMA's feedback system may have been effective at identifying improvements which were seen as simple or easy to implement, but does not provide enough of an impetus to make the more difficult or costly changes required for lasting change.

- **Frontline workers reported taking SEMA feedback seriously** and recognised its benefits. This seems to be **motivated partly by the "big brother" effect of being monitored**, but variations in how feedback is processed and used limit its impact. Tailoring feedback use to organizational culture and establishing systemic changes could help sustain improvements even if the mechanism were removed.

- Most respondents suggested that SEMA could improve the use of feedback through staff and public training, maintaining tools, timely reporting, community engagement, and technical improvements. Across institutions, these opportunities take different forms, for example, police stations emphasized regular station visits and real-time dashboards, health centers requested additional indicators and consistent machine functionality; and courts highlighted the need for clearer communication of feedback outcomes to decision-makers. Tailored guidance on report cycles, indicators, and structured use of feedback was also recommended to strengthen its impact on service improvement.

> *"There was a time when the reports talked about lacking of waiting area. Through the DPC all the cars and bodabodas which were in the station were taken away to create space for our people and up to now we still have space"*
>
> *Male, Police station, Kampala*

> *"I think we need staff to have real time access to the feedback dashboards so that urgent issues can be raised in real time. We also need to have training for staff of how to effectively use community feedback "*
>
> *Male, Health facility, Jinja*

Limited channels for or perceived value of community feedback

Citizen feedback was primarily used to make improvements or address immediate concerns, but were not part of most institutions' higher level decision-making.

Former Staff

- Across institutions, major service changes were usually determined internally through departmental meetings and strategic planning, with **community feedback rarely cited as a primary driver of longer-term policy or organisational reform.**
- While offices and institutions did respond to complaints regularly, **these responses were usually local, reactive, and focused on immediate operational fixes** rather than sustained changes to systems, staffing, or policy: resolving missing files, discipling rude staff, or handling acute moments of high congestion. Courts seemed to have the best existing formal mechanisms for feedback. Through complaint forms, suggestion boxes, and court user committees, they were able to receive feedback and act on it (eg: implementing better signage or extending hours of operation). Health facilities and police stations occasionally adjusted operations in response to complaints - for example, redistributing clinic days or changing how medicines were dispensed - but these **changes depended heavily on initiatives by individual leaders.**
- In essence, former staff described a culture where **problems were addressed only once they became severe** rather than through routine, data-driven monitoring or proactive utilization of community feedback.

> *"We had complaints and suggestion boxes in almost all the court, clients feedback forms which were simple for all the clients to fill and court user committees."*
>
> *Female, Judiciary, Makindye*

> *" Maybe the scenario I can give is the time when we had clients complaining, that they were facing issues at the gate when entering in. Through the checkpoints, and normally the police officers were giving them a hard time to access inside. And like I said, I think they went through our commissioner, and the supervisor got to know, and then when we were having a meeting, it was brought up, and we had to find a solution to that."*
>
> *DCIC, Entebbe*

Perceived effects of SEMA feedback on behavior and decision-making

SEMA feedback-driven behavior changes are most visible at the facility level, showing micro-level productivity gains, though policy-level influence remains limited

Administrators/NGOs

- One police administrator admitted that **headquarters staff have little direct interaction with community members, so changes in behavior are more visible at the station level**. This implies that **headquarters staff risk missing important insights about frontline behavior**, limiting their ability to support improvements. Feedback from stations should be systematically shared so leadership can track changes, recognize good practices, and guide consistent service improvements.
- As previously noted in the efficiency section, at police stations, SEMA has driven improvements at the local level, and administrators further highlighted that these micro-level changes, such as upgraded infrastructure for persons with disabilities, demonstrate tangible productivity gains. However, its **influence on policy-level decisions remains limited due to small sample sizes and site-specific reports.** Similarly, JLOs noted that **SEMA shapes narratives and strategic priorities at the policy level, while tangible service improvements depend on station or court-level actors.** To support broader reforms, SEMA would need to aggregate data across multiple sites and develop policy briefs that highlight systemic issues, not just site-level findings.
- An NGO staff noted that **regular use of feedback tools depends on deployment duration**; longer deployments (6-12 months) foster habit formation and routine use, while short deployments (1-3 months) limit adoption and lasting behavioral change. This echoes behavioral evidence that habit formation and institutionalization require time. Short pilots may raise awareness but rarely embed lasting behavioral change among community members or staff.

"Here the interaction is more like a follow-up, a few things. The headquarters cannot handle client cases. It's very rare to find a case and it has not been managed at a district level, region level. That's why here it's more of planning, guide the policy."

Male, UPF, Kampala

"Obviously, when you introduce a new feature, people have to interact with the device, maybe for longer than a month or two to get fully accustomed to it."

Male, NGO, Kampala

Accessibility

Accessibility: Summary

- **Travel distances, informal payments and lack of prior experience still act as major accessibility barriers for many community members.** Those most in need of public services (e.g. the bottom of the pyramid, rural communities and people with disabilities) often find it hardest to access them. When community members face barriers to accessing public services they lose confidence in these institutions.

- SEMA's feedback reports were praised for being **simple and easy to understand.** However accessibility of the feedback could be improved by **tailoring reports for different audiences** and making sure feedback can be **submitted across different modes, languages and device types.**

- Because both the quantitative and qualitative respondents were people who had recently accessed a service and used a SEMA feedback device, their views on institutional accessibility may be positively biased. The findings do not reflect the experiences of community members who faced barriers so significant that they could not obtain services at all. Including non-users in future research could help identify the barriers that prevent some community members from using the devices.

Citizens experiences of service accessibility

Barriers such as travel distances, informal payments and lack of prior experience limit the accessibility of public services to many community members

- From community members' experience of accessing these services, it seemed that **most institutions follow a structured, predictable process for service delivery**. Health facilities and DCIC generally provide smoother and more efficient experiences, while judiciary and police services face bottlenecks such as long waits, absent staff, and multiple redirections.

- While community members felt institutions are broadly accessible, there was a small consistent minority that reported difficulties - highlighting systemic inequities. **These barriers can discourage service seeking, delay in health care and justice and increase reliance on informal systems**. This suggests that there is need for interventions such as improving communication on procedures, decentralisation and targeted interventions for people with disabilities that can reduce the difficult proportion.

- The costs, travel distances and waiting times **disproportionately affect the poor, rural or disabled community members potentially excluding them from services.** When community members face bribes, delays or repeated visits, they may be less likely engage and lose confidence in these institutions.

- For community members, the clarity of the steps required to access a service is strongly influenced by prior knowledge or guidance. **First-time or uninformed visitors face confusion, delays, or rely on others for help,** especially at the police stations - where unclear procedures were commonly reported.

"I came to this police station to be helped but officers instead of helping me, they are fooling me around because I have no money."

Male, Police station, Kampala

"The steps were not clear to me, so I had to ask other people who came for services at this police station to help me explain the steps."

Male, Police station, Kampala

Frontline staff perceptions of service accessibility

Frontline Staff

Frontline staff recognised that community members had varying levels of knowledge of public services and what they could offer

- A majority of respondents noted that some community members are aware of the services offered, while many arrive without full knowledge and require guidance. Staff across police stations, health centers, and courts reported that front-desk staff, reception areas, and community policing or public engagements are key ways community members are oriented when they visit. Several emphasized that misinformed or misdirected visitors are routinely referred to the appropriate office or department.

- A smaller group of respondents stated that most community members clearly know the services provided, often attributing this to proactive outreach such as community meetings, open-court sessions, or media engagements. Conversely, another small set reported that most community members do not know the services at all, highlighting a continuing need for sensitization and communication.

- Overall, frontline staff felt that community members' knowledge of service delivery systems is mixed with most people having basic awareness and understanding but requiring guidance to access the support required. It is not clear if introducing feedback mechanisms has changed community members' awareness and understanding of public services.

"Surely not all of them know about our services here and those are the majority percentage of people though as part of my work I have to explain to them where they can receive these services they have come for."

Male, Judiciary, Kampala

"To some extent most of them know these services very well but definitely there are a few who really don't know anything and we normally teach them all these through the engagement we normally have with them out there when we go to meet them"

Male, Police, Kampala

Former frontline staff describe accessibility issues faced by community members

Former staff described work environments where efficiency depended heavily on individual supervisors, informal oversight, and manual processes rather than structured systems.

Former Staff

- Accessing public services, and/or the institutions themselves, was sometimes **challenging, particularly for community members facing geographic, financial, or social constraints.** While most institutions were nominally open and provided core services, former staff report that community members frequently encountered long travel distances, high costs, unclear procedures, and long waiting times. And, as discussed earlier, formal accommodations for people with disabilities or low literacy were limited, and community members often had to rely on their own initiative to navigate complex systems.
- **Institutions relied on informal work-arounds when identifying and addressing perceived barriers to accessing services.** There seemed to be a limited understanding of how these issues could be addressed (or by whom).

"Like in any other place users face distance and transportation costs when courts are far, financial costs as in paying fees and lawyers, language barriers, and sometimes long waiting time and corruption"

Male, OS Court of Appeals

"The police is open 24/7 and no one stops anyone from saying anything but the citizens just get afraid for no reason. The reception and officers are always available at a free cost.."

Male, Police, Kasangati

Perceptions on clarity of information presented in SEMA feedback reports

SEMA reports are clear, but audience-specific versions and multi-year analyses could improve impact

Administrators/NGOs

- Administrators praised the **clarity and simplicity of SEMA reports**, valuing visuals and short summaries, while recommending multi-year policy briefs for decision-makers and accessible language, visuals to support low-literacy audiences, quick follow-up at facilities and gathering qualitative feedback from community members. While SEMA reports already provide basic accessibility and usability, tailoring versions for different audiences (e.g., policy briefs vs. facility-level summaries) could maximize their utility. Time-series analyses across years could also reveal persistent issues and inform strategic reforms.
- The NGO respondent emphasized that **multiple modes of data collection (QR codes, buttons, voice) were essential** because some users lacked smartphones for QR codes and voice systems supported multiple languages, enhancing accessibility. The multi-channel feedback design is critical in contexts with digital divides. Reducing these points of friction (e.g., language barriers, device access) can increase participation rates. DCIC recommended increasing the number of feedback machines and assigning staff to guide applicants, strengthening both accessibility and accountability.

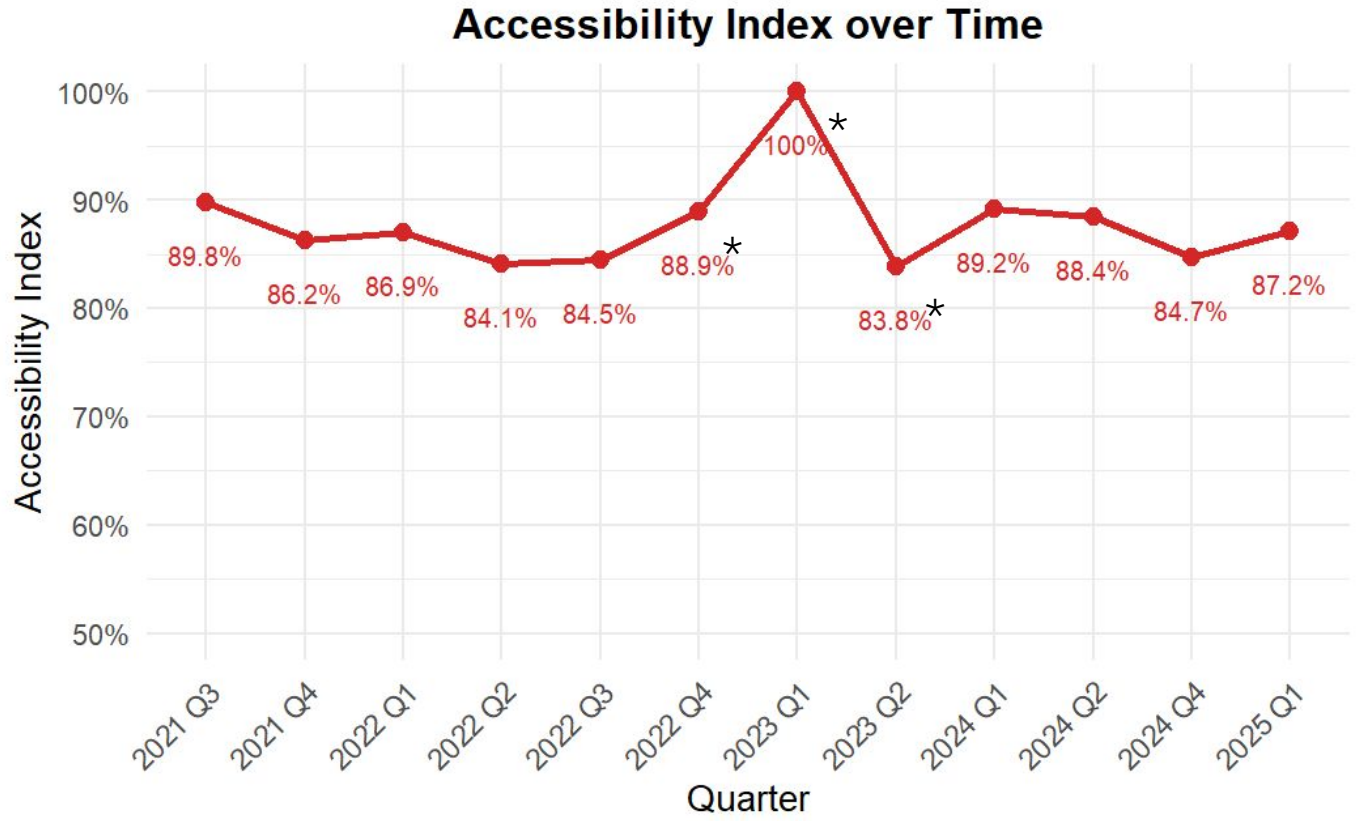
"They are clear, very precise and it's brief. It is easy to read and interpret. Maybe my only suggestion is instead of looking at the quantitative bit, I would also like to see SEMA interact directly with the applicants to get their qualitative views. That one will help us to improve more or better."

Male, DCIC, Kampala

"QR codes required people with smartphones to scan, which sometimes, I think some of the people at these locations where they go for services, a bunch of them have feature phones which cannot be able to do that."

Male, NGO, Kampala

Quantitative Analysis: Accessibility Index



- The accessibility index is consistently high (84%-89%) and has remained stable over time, supporting our findings that community members find public institutions broadly accessible.
- However, since the data is from community members at the point of service it may exclude community members with severe access issues (who were never able to reach the institution in the first place).

* Limited number of observations during this period (n= 3; n=4; n=51 respectively)

Accessibility Index: Mean (Average) of

- **(Health & Police) Usability**: Whether the institution is safe, clean, and useable by community members
- **(Health) Informed:** Information is clearly provided to the respondent and understandable by them
- **(Health) Pharmacy Access:** Whether the respondent was able to access the pharmacy
- **(Health) Medicinest**: Whether the respondent was able to access all recommended medicines
- **(Police) Bribe Probed:** Whether the respondent was openly asked for a bribe
- **(Police) Bribe Necessary:** Whether a bribe was needed in order to access services

Accountability

Accountability: Summary

- From the interviews conducted, **there appears to be a disconnect within the expectations of community members and frontline staff regarding accountability.** Many frontline staff believe their institutions demonstrate good accountability yet community members identified factors such as poor service quality, poor communication and unfair treatment as undermining accountability and trust in public services.

- SEMA tools appear to have **improved accountability but inconsistent and unstructured methods for processing and actioning feedback limit their impact.** For change to last, improvements need to be built into everyday systems and not just be driven by SEMA.

- SEMA's main contribution so far appears to be shaping attitudes toward accountability and community engagement, rather than directly triggering systemic reforms.

Citizens perceived accountability of public institutions

There is moderate public trust in institutions but challenges in service quality, poor communication and perceptions of unfair treatment can undermine it.

Citizens

- Citizens felt that **institutions rarely admit mistakes** and when they do the accountability is inconsistent.

- Respondents suggest that the police, health facilities and the judiciary are not good at providing updates on delays or improvements to its service. **When people are not kept informed, they assume that nothing is being done to address problems.** DCIC stood out as having better communication and used methods such as SMS, emails, website and social media updates to inform the public. This demonstrates that proactive communication is possible and their model could be adopted by other institutions to reduce uncertainty and improve satisfaction.

- All institutions have demonstrated a commitment to their primary roles but **public trust is shaped by perceptions of fairness, accountability and accessibility.** Challenges such as selective enforcement by police, and unofficial charges at health facilities and judiciary undermine confidence. Overall, community members judge institutional performance and priorities by how equitably and transparently services are delivered not just by fulfilling core mandates.

"They justified their actions instead of owning their mistake."

Male, Judiciary, Mukono

"No, even you don't find the officer on your case, waiting is the only solution."

Female, Police station, Kampala

Frontline staff perceived accountability of their institutions (1)

Frontline staff felt their institutions demonstrate good accountability to community members. However, many of the accountability mechanisms mentioned lack structure, consistency and a systematic process.

Frontline Staff

- Most frontline staff said that their institution takes responsibility for issues or mistakes. SEMA feedback tools were suggested to support this by making complaints visible and actionable, helping institutions respond systematically. However, in some cases where responses are less formal or internally focused, community members may not always see outcomes. Standardizing follow-up and ensuring visible resolution are key to strengthening accountability. **SEMA's impact on accountability depends on institutions consistently taking responsibility and communicating resolutions,** ensuring community members perceive that their concerns lead to concrete action.

- Most frontline staff suggested they demonstrate a commitment to transparency by communicating changes and improvements to communities. However, reliance on event-based or informal channels, coupled with resource and capacity constraints, means some community members may still remain uninformed. This weakens the perceived responsiveness of the institution. To enhance accountability, **institutions need more systematic, consistent, and inclusive communication strategies that ensure all community groups can see how their feedback informs tangible changes.**

- Across all institutions, frontline staff were able to clearly identify the priority of their institutions. The variation in priorities across institutions highlights how accountability mechanisms like **SEMA's must align with each sector's focus to ensure feedback drives improvements in the areas communities care about most**, whether it's faster justice delivery, safer communities, or better healthcare access.

"We don't normally do anything much at that moment. We don't communicate anything to the citizens but we normally do apologize and make changes in our staff members."

Female, Judiciary, Mukono

"Our communications are normally very effective through citizens engagements we normally ask the local leaders to organize for us and we use this platform to communicate everything."

Male, Police station, Kampala

Frontline staff perceived accountability of their institutions (2)

Frontline staff felt that SEMA tools had helped to improve their institutions accountability to community members. However, lasting improvements need to be built into everyday systems and not just driven by SEMA.

Frontline Staff

- Frontline staff felt that **feedback tools have clearly increased awareness of community members' right to provide feedback.** However, their impact depends on both human and infrastructural factors (e.g., lack of visible signage and functional tools, limited outreach due to understaffing and illiteracy and fear of consequences).

- Frontline staff suggest that most institutions actively encourage community members to provide both positive and negative feedback, demonstrating a willingness to be held accountable and improve services. However, inconsistent practices and operational gaps mean some groups, especially vulnerable or hesitant community members, may not share their views, limiting the accountability that feedback can generate. **Ensuring functional systems, standardizing engagement, and maintaining confidentiality are critical to fully realize the role of feedback in promoting institutional accountability**.

- Frontline staff often mentioned that their institution had a system for reviewing SEMA feedback reports (e.g. departmental meetings, regular staff meetings). This highlights that **institutions are willing to reflect on performance and act on community feedback, reinforcing accountability.** Where participation is limited, feedback risks not driving meaningful change, indicating that structured, inclusive review processes are critical to ensure that community input consistently informs improvements.

- Frontline staff felt that SEMA has had a broad and mostly positive effect on engagement from community members, particularly in fostering trust, responsiveness, and service-oriented behavior across institutions. However, the fact that some institutions reported only temporary or limited improvements shows that **lasting improvements need to be built into everyday systems, not just driven by SEMA.**

"Yes and we always show them the machine, although now it's not working."

Female, Police, Kampala

"These shifts in how we used to engage with citizens were there by that time when SEMA was still here working with us, but now almost most of the things went back to normal."

Female, Judiciary, Mukono

Frontline staff perceived accountability of their institutions (3)

Institutions seem reluctant to publish targets or performance data, regardless of feedback from community members.

Frontline Staff

- Most respondents reported that their institutions do not publicly publish their service targets or results. Many police stations and courts explained that sharing such information is restricted by regulations or controlled by headquarters, meaning results are only shared internally or through higher-level channels like the PMO. Some institutions reported that they share results indirectly with citizens, for example during community engagements, barazas, or staff briefings, rather than posting them publicly. A smaller number of institutions indicated that they do make results or targets visible to the public, primarily through notice boards, social media, or media outlets (TV/radio). Some health centers reported that they use notice boards, while some courts and police stations use TV or public engagement sessions.

- Limited public access to service data weakens accountability because community members cannot easily track performance or hold institutions responsible. While SEMA's tools partly bridge this gap by creating forums where feedback is shared, the lack of systematic, transparent reporting means many community members remain unaware of service standards or improvements. **To fully strengthen accountability, institutions need consistent and accessible ways to share service data with the public** so that community members can clearly see how their feedback connects to tangible results and use this information to demand better performance.

"No, not at all and it's not allowed; these targets are only talked about by us and we normally get these people unaware and after we don't tell them our results. This is done by the PMO at the HQ."

Male, Police, Kampala

"We don't publish like on notice boards but we share updates on the WhatsApp groups (internally)
We also share during the health education at the triage."

Male, Health, Jinja

Institutions were inconsistent in perceived accountability

Low levels of accountability felt toward community members, largely as a result of systems which did not prioritise the voices of community members.

Former Staff

- Prior to SEMA's involvement, staff described patchy accountability toward community members. Instead, accountability was felt toward supervisors and leadership. As discussed in the productivity section, community feedback informally drove decision-making at institutions, meaning offices were incentivized to formally focus on internal performance metrics which might not be fully aligned with community concerns.
- Furthermore, institutions rarely communicated back to community members after any action was taken or changes were made, meaning community members had limited visibility into whether their complaints were addressed or even whether institutions were making efforts to improve or not.
- Unlike all other institutions which relied primarily on indirect feedback and rarely published targets, former staff highlighted that courts published public facing strategic plans and annual reports. Remember, courts were also the only institution with existing formal feedback channels for community members (even if their efficacy was limited). This suggests that formalizing community feedback is the most efficient way to also build internal accountability toward community members, partially validating SEMA's approach.

"We know we are here at their [community members'] service. Not that they are here to look.

They are our kings. And we emphasize it. These are our bosses.

If they are not there, we wouldn't be. Previously, there was no such. That's what I talked about, customer care has improved."

DCIC, Kyambogo

"Yes, they were very much answerable to citizens like their performance appraisals like evaluating on their services and customer care, code of conduct and complaints procedures."

Female, Judiciary, Makindye

Evidence of SEMA Feedback on service culture and institutional accountability

SEMA feedback has influenced attitudes and service culture, but gaps in follow-up, limited data scope, and institutional constraints restrict its wider impact.

Administrators/NGOs

- An administrator noted that, although their department **did not actively gather feedback**, they observed improvements in community members' experiences, particularly for mothers and children using child centers, which also enabled female officers to attend trainings, an unintended gender equity benefit. JLOs also noted that it does not conduct independent follow-ups with community members. This reveals a gap in accountability loops, while SEMA tracks satisfaction trends, institutions lack mechanisms to attribute changes to specific reforms. Collaborative impact studies or before-and-after evaluations could strengthen evidence for policy learning and resource allocation.

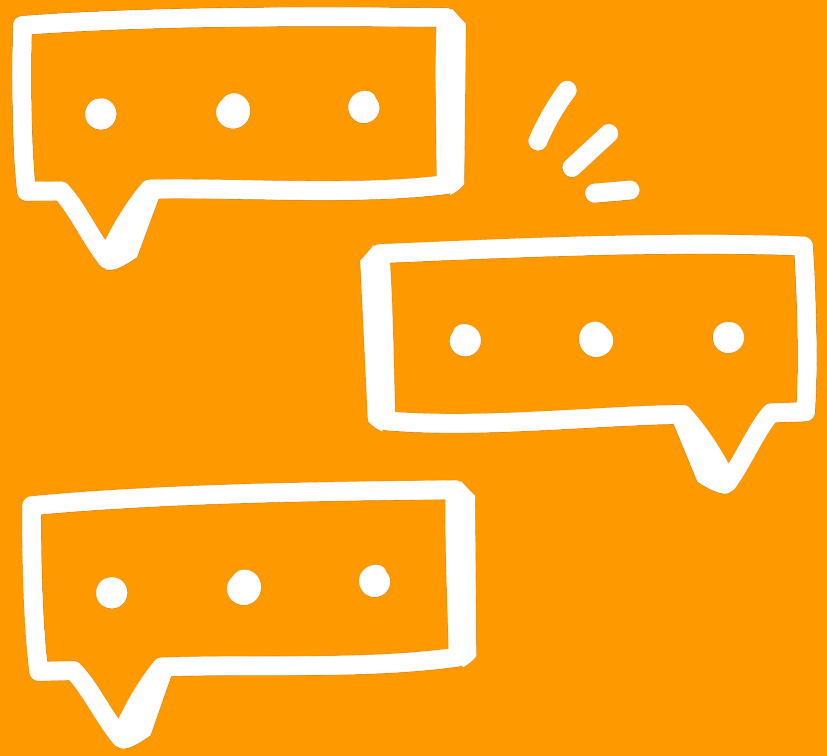
- Police administrators **emphasized mindset change rather than structural reforms** as the key impact of SEMA feedback. Separately, DCIC noted the introduction of the smart gate system and digital workflows as the most significant improvement, though these were not directly attributed to SEMA feedback. SEMA's main contribution so far appears to be shaping attitudes toward accountability and community engagement, rather than directly triggering systemic reforms. However, one administrator hinted at the untapped potential of time-series data to inform larger policy changes if systematically analyzed.

- JLOs identified several barriers to effectively using SEMA feedback, reflecting broader institutional capacity and political-economy challenges. Limited political will, restricted coverage, and gaps in technical expertise reduce its impact. At DCIC, low visibility and availability of feedback machines constrain response volume and quality. Another limitation raised is that SEMA's system primarily captures in-person feedback, overlooking online interactions, which risks incomplete insights. As more processes move online, quick on-site ratings fail to capture deeper experiences, such as interactions with digital platforms. Strengthening internal data champions and expanding feedback coverage could help address these constraints.

> *"We don't do independent follow-ups with citizens. Instead, we rely on SEMA's continuous feedback collection to monitor changes over time."*
>
> *Male, JLOs, Kampala*

> "The biggest change has been in attitude. Officers have become less passive and more customer-focused. That shift in mindset is very important because it's not about lacking knowledge, it's about being willing to engage and serve people better."
>
> Male, UPF, Kampala

Conclusions



Conclusions

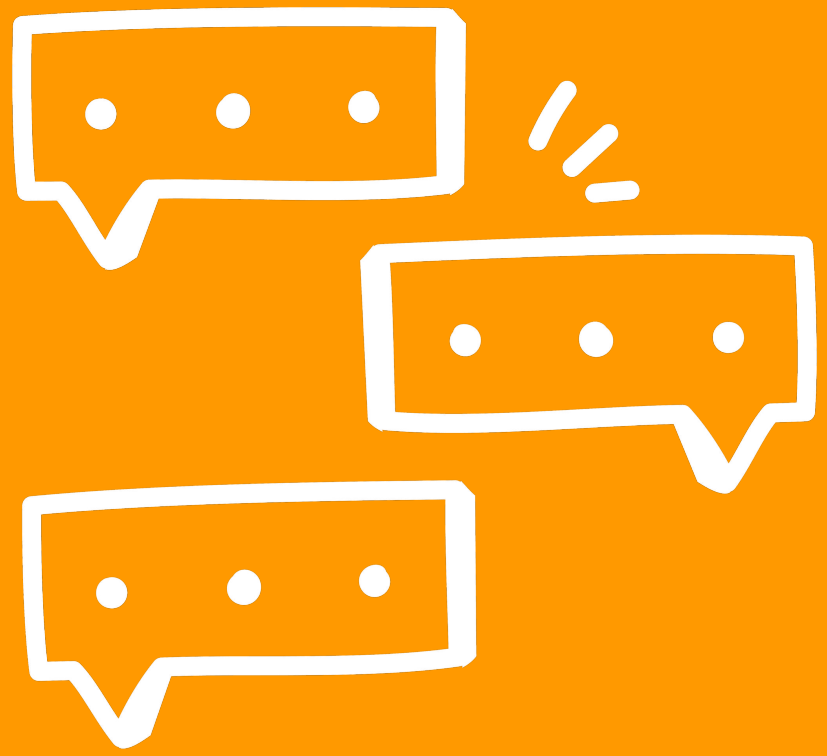
- Citizens, frontline staff and other stakeholders all identified noticeable improvements in efficiency, inclusivity, productivity and accountability of public service attributable to SEMA's feedback mechanisms.

- Many of the improvements were linked to attitude changes in staff or one-off solutions to issues raised via community feedback which were seen as low cost or easy to implement.

- There was less evidence of structural and systemic improvements and some mention of regression to old patterns of behaviour once feedback mechanisms were removed. Without systems change the impact of community feedback is likely to be short lived.
    - Indeed, these systems are what enabled lower quality of service delivery prior to SEMA's partnerships with institutions delivery public services.

- There was less recognition of improvement to public service accessibility. This is likely due to many accessibility barriers being more structural than attitudinal.

Recommendations and Implications



Recommendations and implications (1)

Based on the findings of this impact measurement, there are some clear recommendations for SEMA's work:

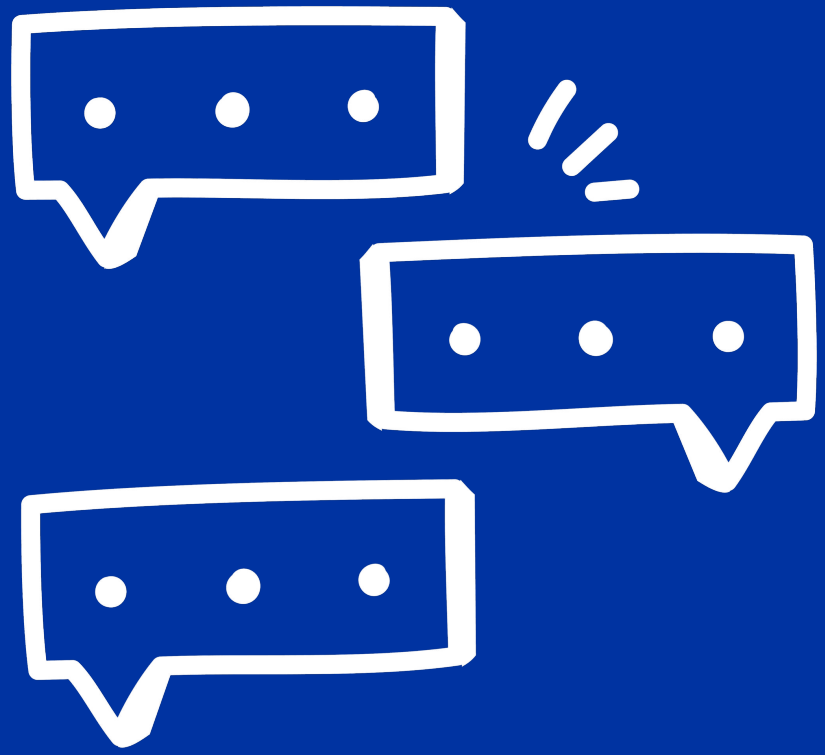
1. **Produce best practice for processing and responding to community feedback:** Although many institutions were receptive to community feedback, there were inconsistencies in how it was processed and actioned which often limited its potential impact. SEMA could produce best practice guidelines on how public services should process community feedback, decide how they are going to action it and communicate that to community members. This may require additional monitoring to ensure the best practice guidelines are being adhered to.

2. **Systems building:** The community feedback appeared effective in changing the attitudes of frontline staff and allowing services to address isolated issues. However, the public service institutions would benefit from closer guidance and support with building and maintaining internal systems that address long term structural issues raised by community feedback. SEMA is uniquely placed to use its expertise in community satisfaction to guide and support public and private institutions on the best structures and processes to to improve service delivery.

Recommendations and implications (2)

3. **Build impact evaluation into implementation:** Plan and resource rigorous impact measurement from the outset of each initiative. Establish credible baselines and a detailed data-collection and analysis plan to support future experimental or quasi-experimental evaluations. Randomized Controlled Trials (RCTs) - the gold standard for causal inference - can help demonstrate clear links between community-sourced feedback, public service delivery, and broader development outcomes. Using diverse data sources (e.g., in-depth and key-informant interviews, respondent surveys, administrative records, and in-context observations) in any future impact measurement will strengthen attribution of service improvements to SEMA's interventions.

4. **Update and test the Theory of Change**: Revisit the current Theory of Change (ToC) to critically examine and refine the assumptions about how SEMA's feedback model drives service-delivery improvements. The current ToC does not explicitly include outcomes related to accessibility and inclusivity of public institutions. Some recommendations for additional items to the IMF are included in the research policy. SEMA could also use insights from the wider literature, ongoing data collection, baseline studies, and stakeholder consultations to validate or adjust key pathways, ensuring the ToC accurately reflects real-world mechanisms of change and informs future evaluation design.



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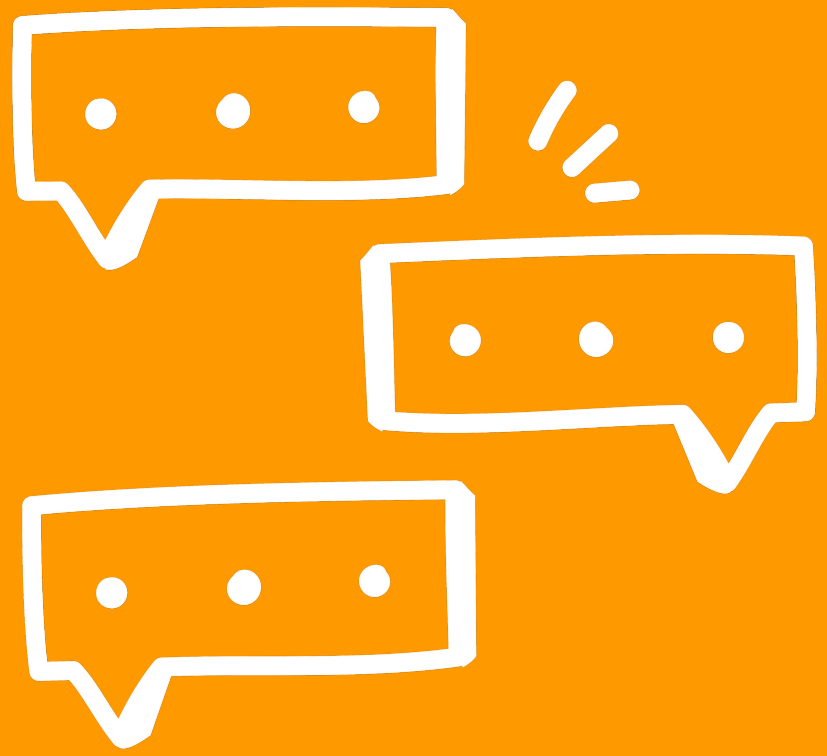
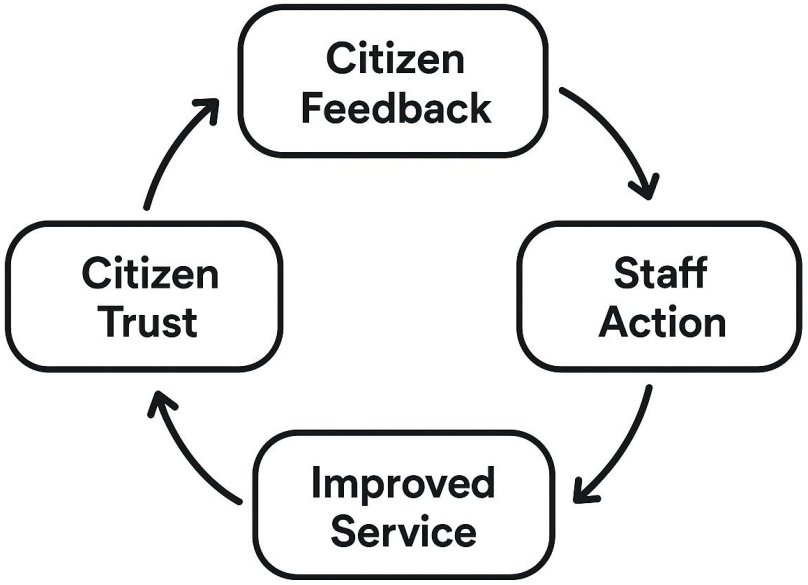


Impact Highlights

Police - Building Trust and Institutional Change

Select staff from police stations describe the importance of SEMA feedback tools in strengthening trust with community members; the relationship between police and the communities they are meant to serve has the potential to be very tenuous for a variety of reasons. Community members will provide honest feedback only if it feels safe to do so, and they do not foresee any direct repercussions or consequences - something SEMA tools have helped mitigate. Feedback tools seem to have led to better service delivery and relationships with communities when feedback is taken seriously and actioned: such as reducing unnecessary detentions or improving customer care at reception. However, deeper systemic changes arising from feedback are still pending.



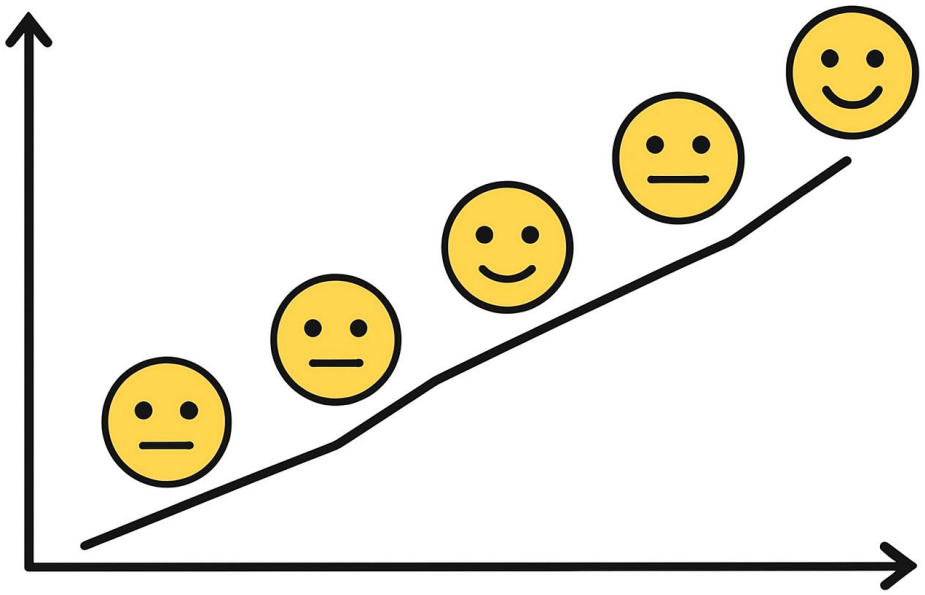
> *There was a time we used to arrest people and detain them more than 48 hours but it was through these reports when we knew it was too much... Up to now, this practice has stopped.*
> *~ Police Officer, Kampala*

> *Before SEMA, we didn't always know where the gaps were. Now, we see patterns, long waits at certain offices, unclear instructions, and we can act.*
> *~ Police Officer, Kampala*

> *People are very free with us because almost all their issues are well handled.*
> *~ Police Officer, Kampala*

Health - Improved Patient Care and Responsiveness

Select staff from health facilities describe how community feedback provided by SEMA has helped them become responsive to the actual needs of community members as result of feedback. Staff report adopting a calmer, more respectful approach toward patients likely resulting in improved patient satisfaction. Feedback also improved management decisions, such as installing fingerprint machines to track staff attendance and or addressing road accessibility issues. However, health clinics must do better at informing community members about these changes, as subtle differences or adjustments might go unnoticed.



> *We changed the way we treat our clients; for example, we knew being harsh on pregnant mothers was wrong. These days we talk to them calmly.*
> *~ Health Centre, Kampala*

> *Sometimes people also directly appreciating us and sometimes bring their friends to be helped here.*
> *~ Health Centre, Jinja*

> *Issues of nurses asking for money reduced… Staff always tell them to give feedback and people feel interested in giving feedback.*
> *~ Health Centre, Kampala*

Judiciary - Operational and Policy Improvements

Staff from judiciary offices said the expansion from existing feedback mechanisms to SEMA's tools have positively impacted service timeliness and accessibility. By understanding specific pain points through community-sourced feedback provided by SEMA, staff described making changes to office opening hours, court delays, and entry procedures were addressed. They hope that these result in smoother operations and higher community participation in court processes.

- ✓ *Opening Time*
- ✓ *Entry Procedures*
- ✓ *Staff Accountability*

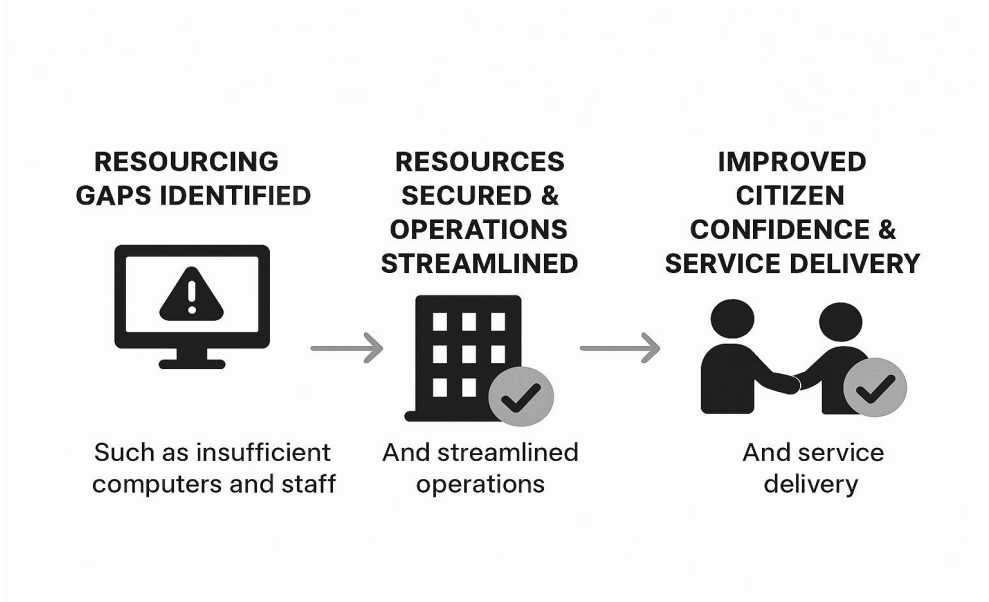
> *We had very many reports having complaints on the time of starting criminal courts... we had to change it to 10:00 a.m. in the morning.*
> ~ Magistrate Court, Kampala

> *They used not to let people inside... now they are always allowed in and out of the court.*
> ~ Magistrate Court, Kampala

> *It helped us to get clearly what we need to change to improve our services... people complained about a staff member delaying processes and they changed him based on the feedback.*
> ~ Magistrate Court, Mukono

DCIC/Immigration - Resourcing and Efficiency

Community feedback collected by SEMA spotlights issues in service delivery related to resourcing gaps, such as insufficient computers and staff. Following reports, some DCIC offices secured additional resources and streamlined operations, leading to better service delivery. In fact, citizens from rural areas reported more confidence engaging with staff due to visible improvements. This indicates that citizen feedback has the power to shift outcomes when it leads to systemic changes rather than individual- or office-level reactions to feedback.



> *During SEMA we had an issue where the computer systems were not enough. They were able to give us more computer systems and more staff; this was a commitment based on the feedback reports.*
> *~ DCIC, Jinja*

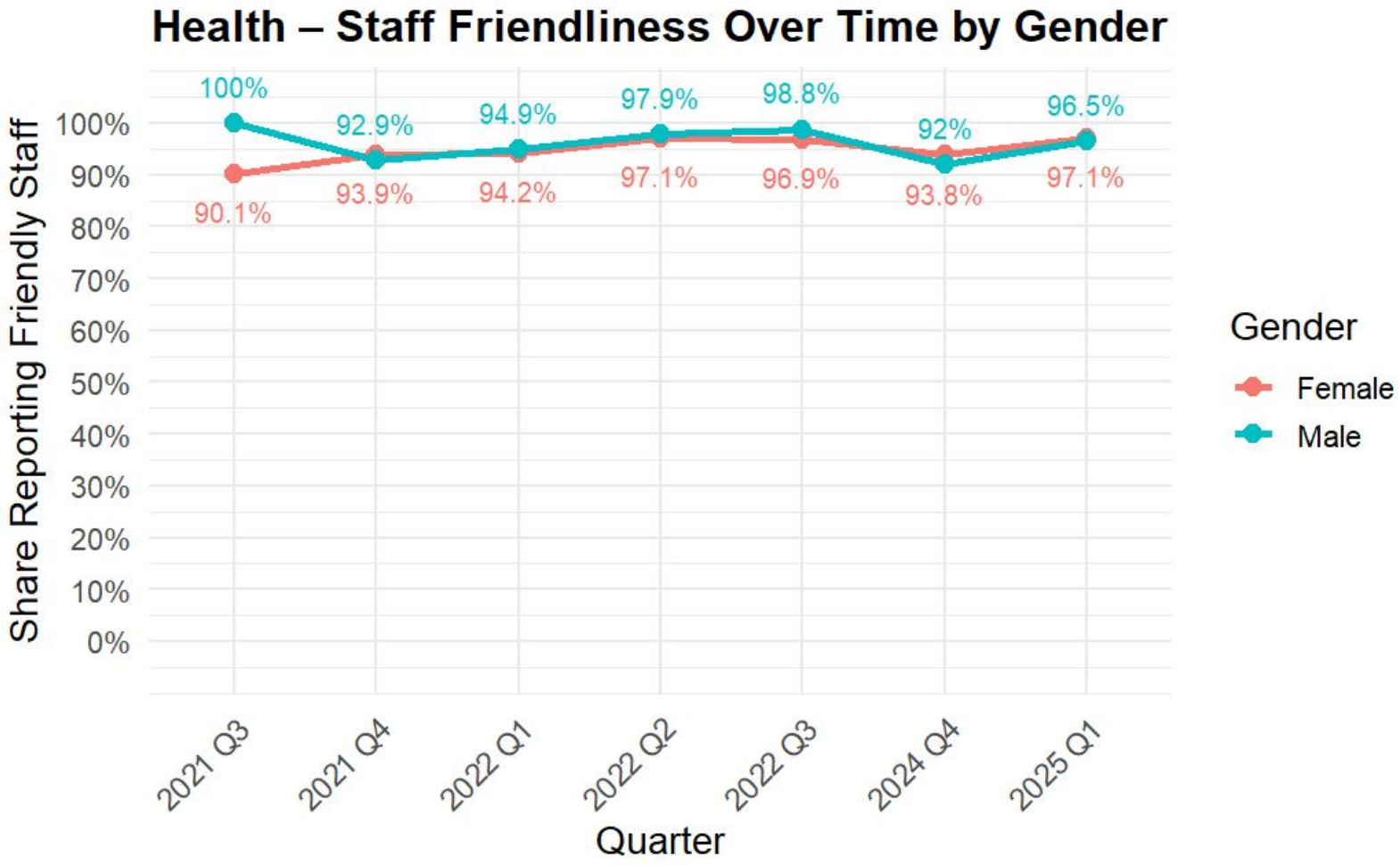
> It changed the attitudes of staff because their actions would be monitored in efforts to improve service delivery.
> ~ DCIC, Jinja

> *It has helped us to improve because for example if it's about the waiting time, we make sure we send appointments to the applicants. Now we get direct feedback through this survey we get how clients feel about us.*
> *~ DCIC, Kampala*

Additional Quantitative Indicators of Quality

Health: Staff Friendliness

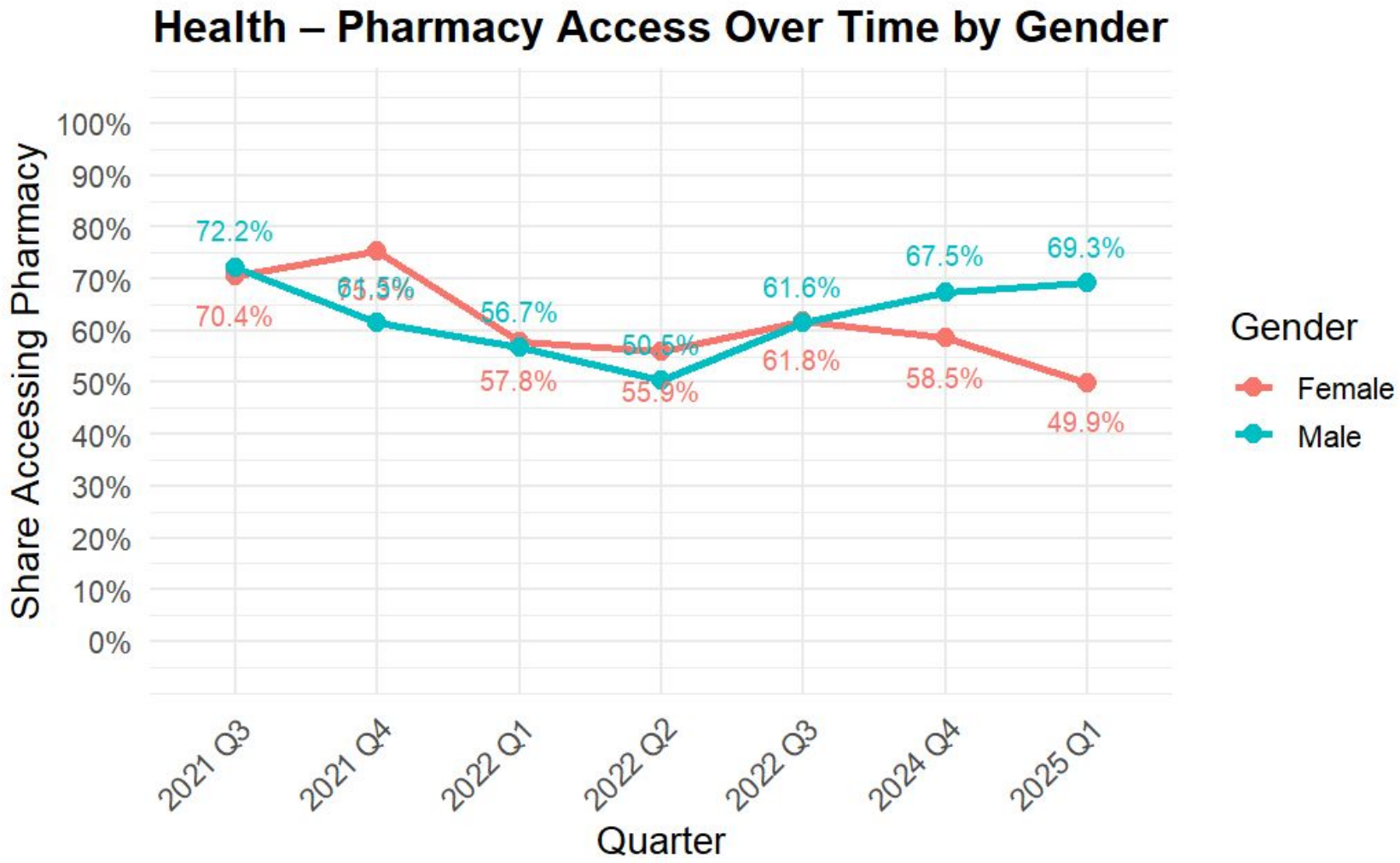
Staff friendliness remained consistently high across time and across genders



Note: Low/Missing observations from 2022 Q4 - 2024 Q3

Health: Community Pharmacy Access

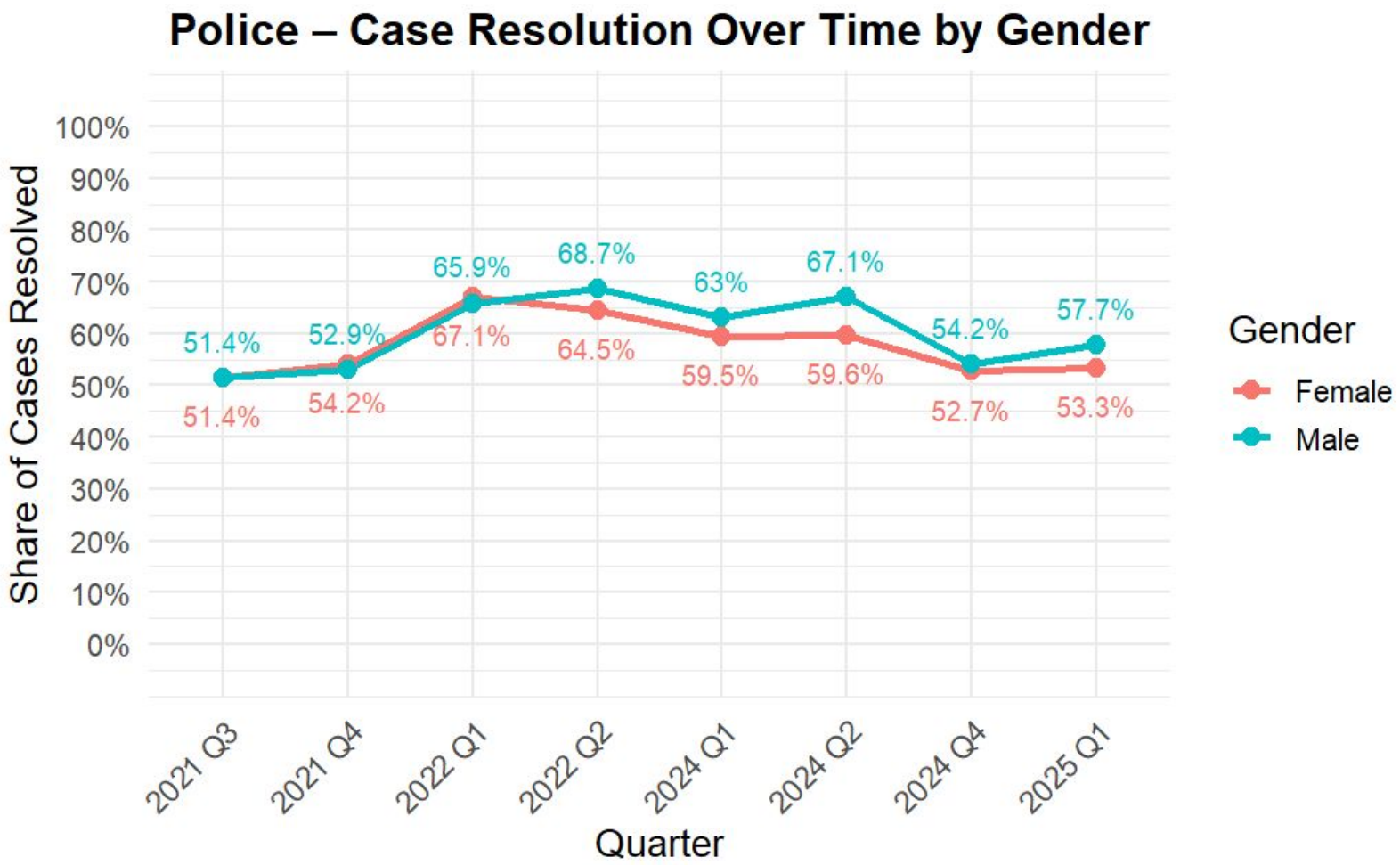
The share of community members accessing the pharmacy to receive medications decreased over time, especially for women.



Note: Low/Missing observations from 2022 Q4 - 2024 Q3

Police: Case Resolution Rates

Case resolution rates seem to have hovered around 51-69% for both genders, nominally increasing over this period



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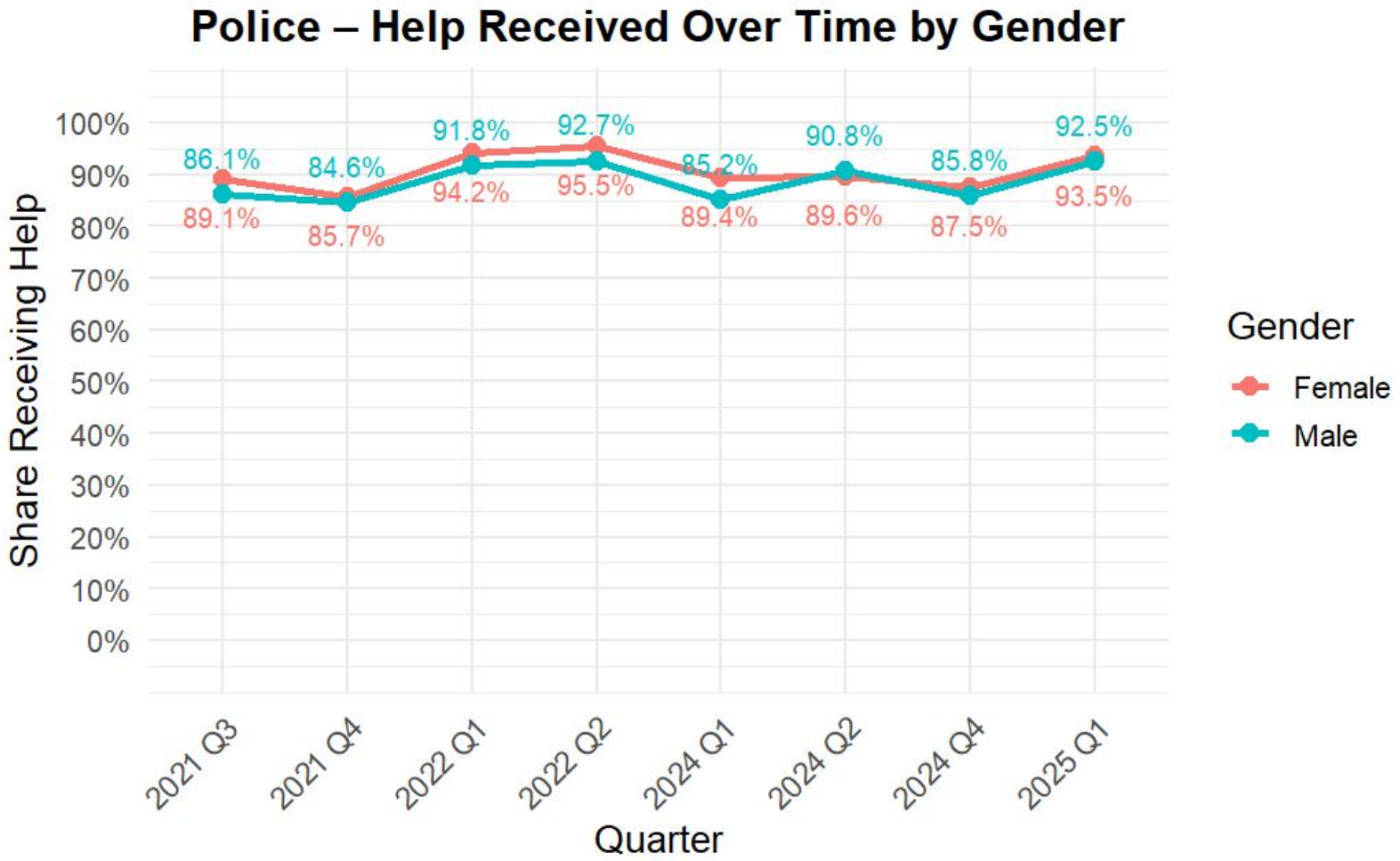
Note: Low/Missing observations from 2022 Q3 - 2023 Q4 & 2024 Q3

Police: Community Members Receiving Assistance

Almost all community members (85.7% - 92.7%), across genders, consistently mentioned feeling/being helped by police officers



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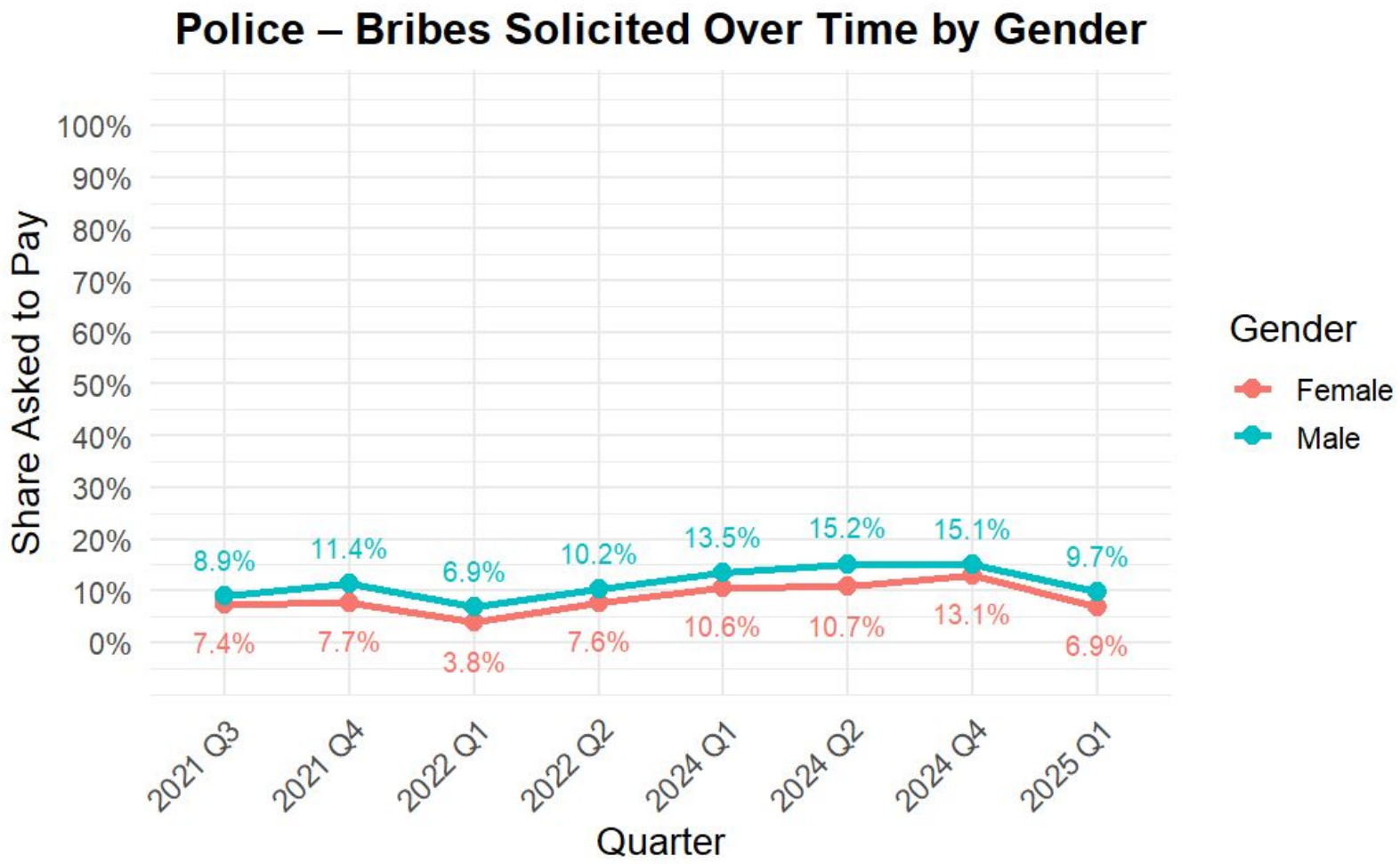
Note: Low/Missing observations from 2022 Q3 - 2023 Q4 & 2024 Q3

Police: Community Members Being Asked for Bribes

Shares of bribes paid remained relatively low across time (6.9% - 15.2%), and consistent across genders.

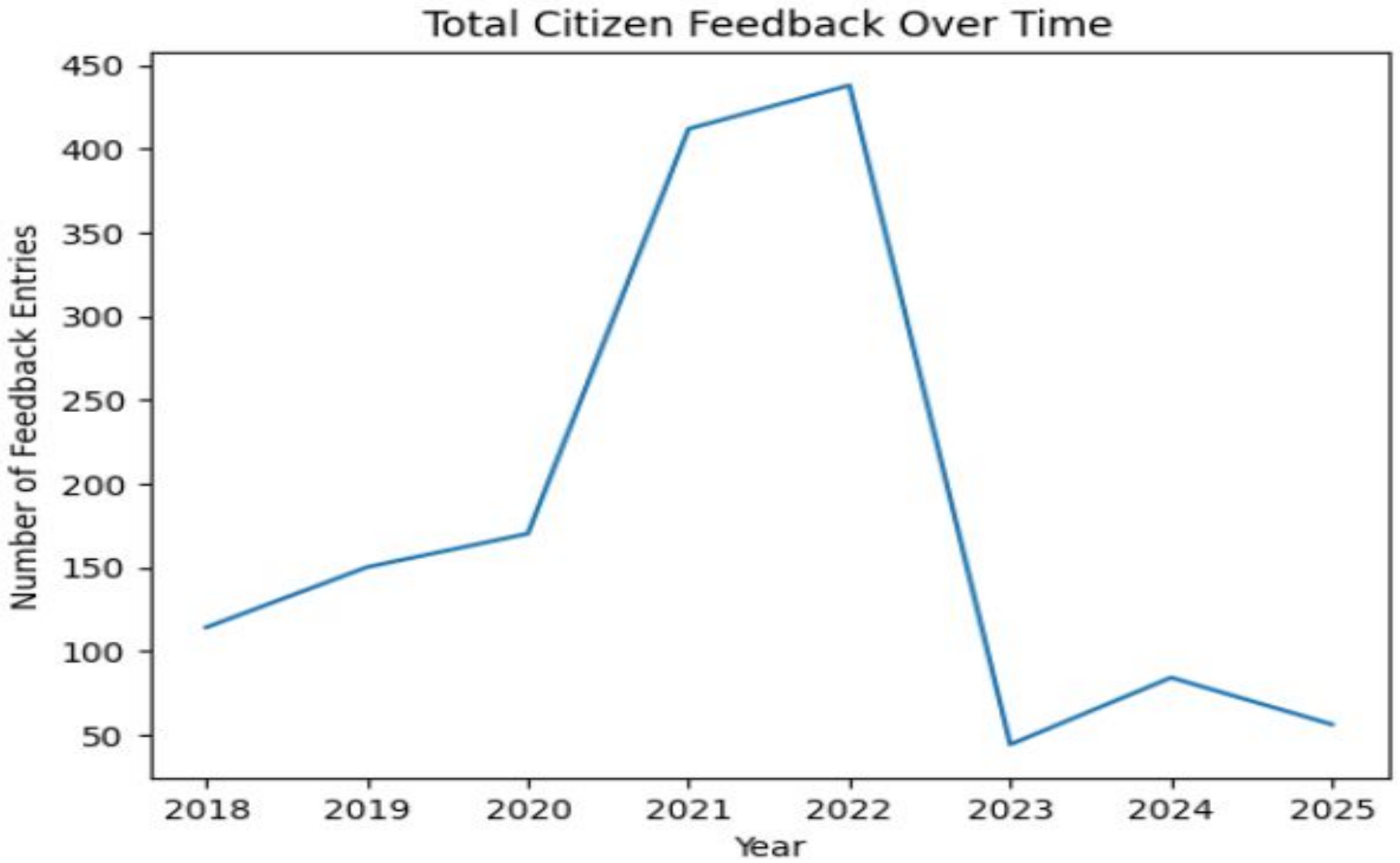


Note: Low/Missing observations from 2022 Q3 - 2023 Q4 & 2024 Q3

Frequency of Feedback Provision

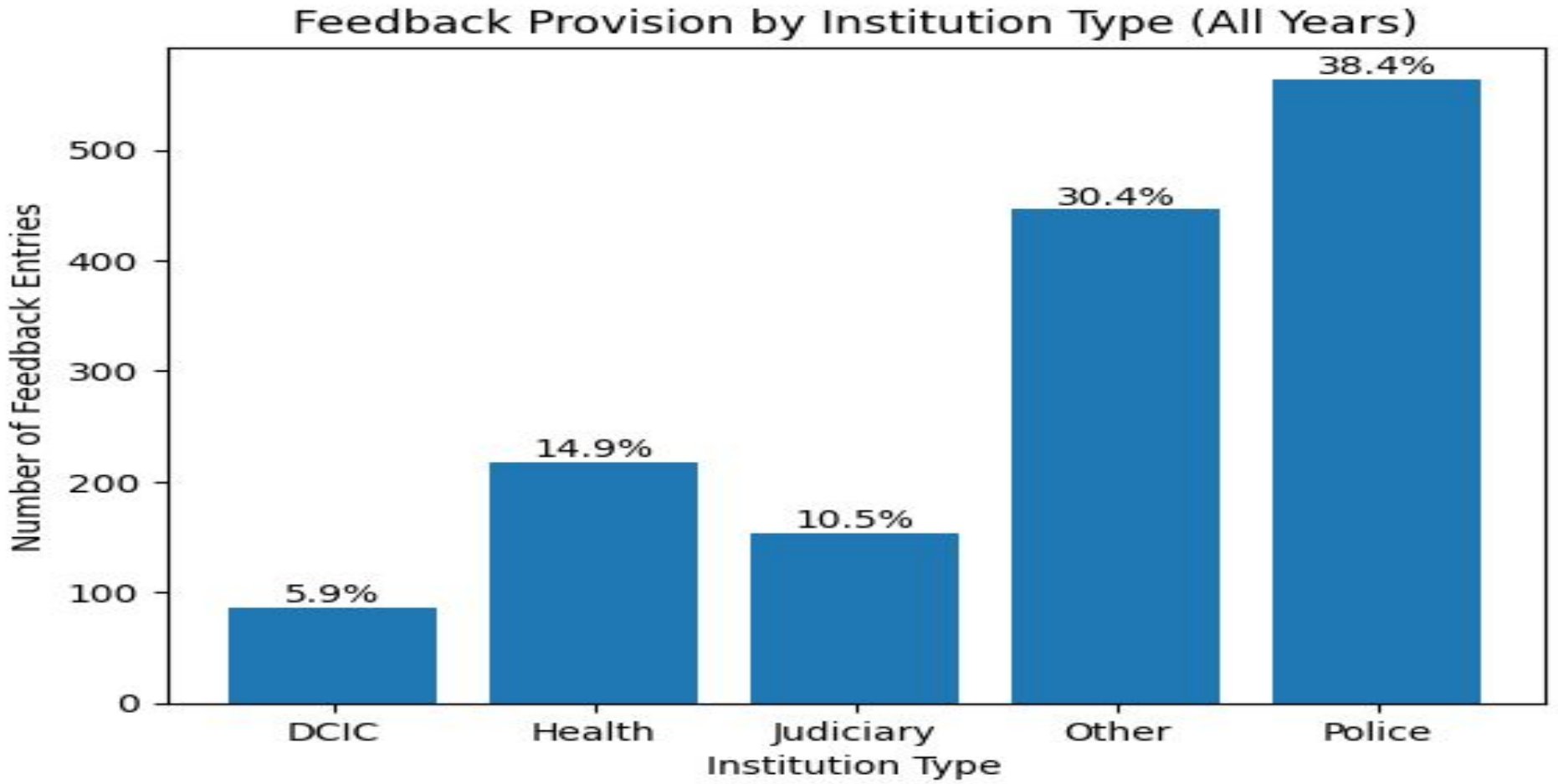
Number of citizens giving feedback over time

Citizen feedback increased strongly between 2018 and 2022, before declining sharply from 2023 onwards



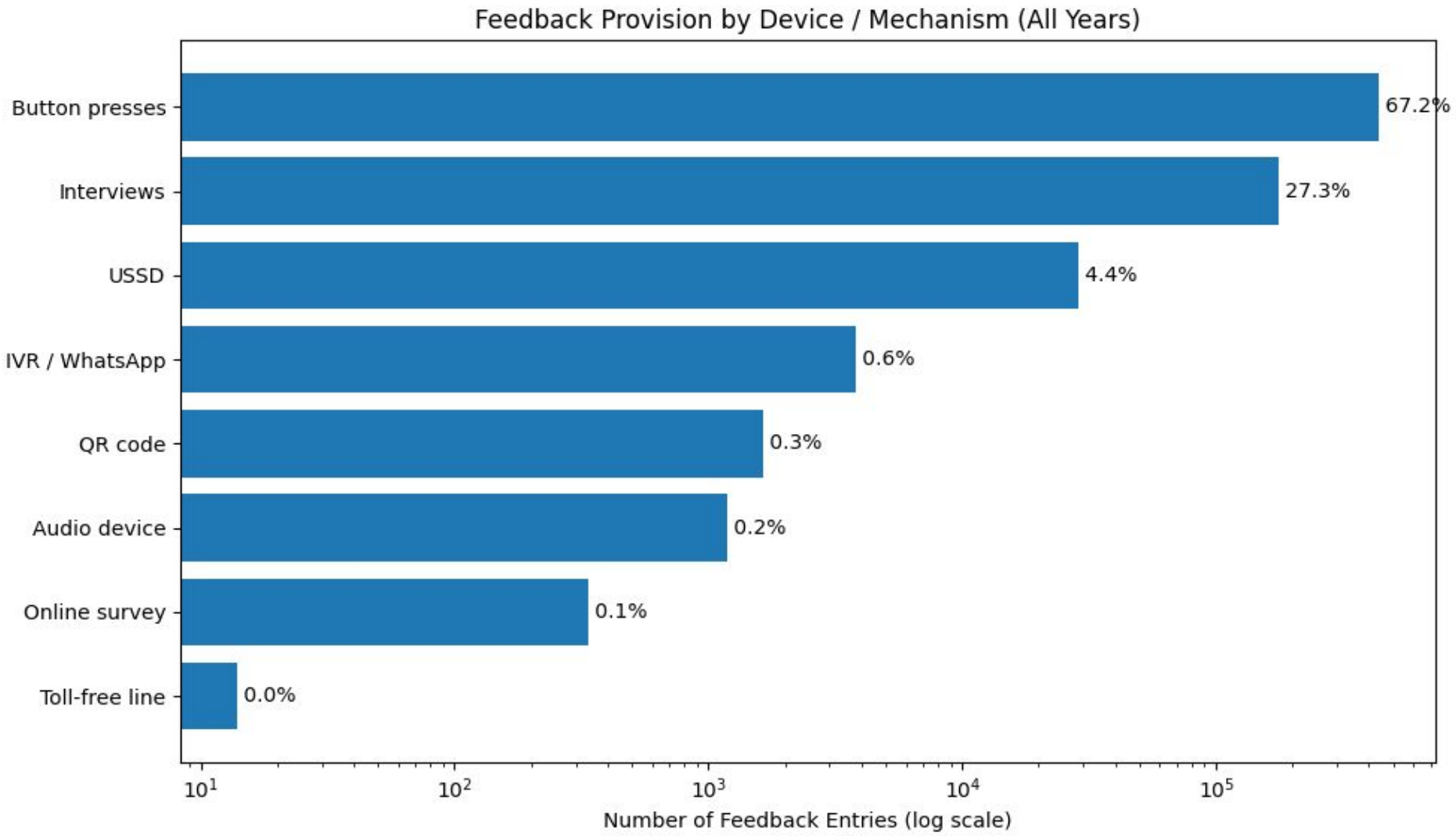
Feedback by institutions (2018 - 2025)

Shares of citizen feedback were highest for police institutions (38.4%), followed by other public institutions (30.4%), with health (14.9%) and judiciary (10.5%) accounting for moderate shares, and DCIC remaining comparatively low (5.9%).



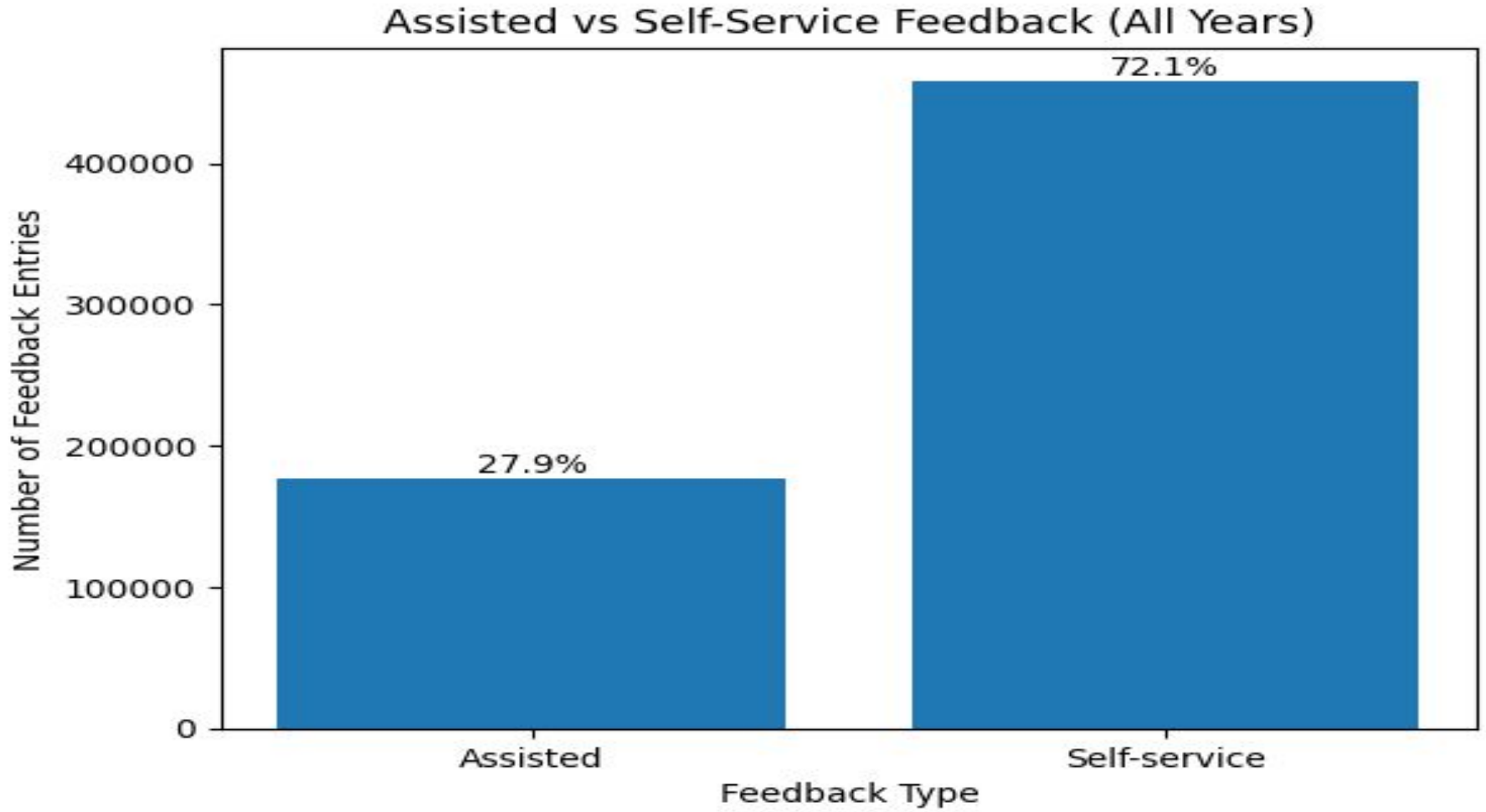
Feedback provision by device mechanism

Button presses account for 67% of all feedback, followed by interviews at 27%. While digital and remote channels such as USSD and IVR contribute smaller shares



Assisted feedback vs self-service feedback

Self-service mechanisms account for over 72% of all citizen feedback, while assisted channels contribute nearly 28%



Feedback by sector

Over half of feedback (54.7%) is directed to justice institutions, with **45.3% focused on social services**