



# BARRIERS TO BASICS

Corruption and discrimination  
in education and health services

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## **Barriers to Basics:**

Corruption and Discrimination in Education and Health Services

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This report forms part of a series of publications by Transparency International and the Equal Rights Trust that examine the intersections of corruption and discrimination. With the author's permission, parts of this report, particularly the background section, draw on the content and wording used in Transparency's Left Behind report, which documents the impacts of corruption on education and health services in Africa. We express thanks to the author for this permission.

Every effort has been made to verify the accuracy of the information in this report. All information was believed to be correct as of February 2025. Nonetheless, Transparency International and the Equal Rights Trust cannot accept responsibility for the consequences of its use for other purposes or in other contexts.

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# LIST OF ACRONYMS

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CSC	Community Selection Committee
CSO	Civil society organisation
DRC	The Democratic Republic of the Congo
GII	Ghana Integrity Initiative
ISDA	Inclusive Service Delivery in Africa
LGBTI+	Lesbian, gay, bisexual, transgender, queer and intersex
LICOCO	<i>Ligue Congolaise de Lutte Contre la Corruption</i> (the Congolese League to fight against Corruption)
SDG	Sustainable Development Goal
UHC	Universal health care coverage
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund

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# FOREWORD

**By Volker Türk, United Nations High Commissioner for Human Rights**

Corruption is a scourge that attacks the very foundations of our societies, deepening poverty, inequality and social division. In the public sector, it diverts scarce public resources away from essential services and erodes public trust. It can transform public institutions into tools for private gain, while harming citizens and hindering development.

Women die in childbirth because money is not spent on basic healthcare. Children suffer when resources are siphoned away from education. Sub-standard infrastructure crumbles after contracts are awarded through bribery. Corruption contributes directly to the erosion of the rule of law and environmental degradation. From petty bribes to the theft of public resources on a massive scale, the list goes on, across all sectors and around the world.

Corruption is both a cause and a consequence of discrimination. They feed each other and they deepen the divide between privileged groups on the one hand, and disadvantaged, vulnerable or marginalised communities on the other. Corruption and discrimination combine to deny human rights in multiple ways. However, our understanding of how these two dynamics interact, and how they play out in individual lives and communities, is limited. So too is the development of strategies to tackle them. Furthermore, anti-corruption and human rights policy discussions at the global level are disjointed. The importance of a human rights-based approach has not been widely recognised.

This new report, the latest in a series of investigations by Transparency International and the Equal Rights Trust, goes a long way towards filling that gap. This is an important step in our understanding of corruption and by extension in our efforts to tackle it. It builds on 50 years of combined experience working in these fields, and it provides critical insights into the lived experience of

those confronted with discrimination and corruption, illustrating how they undermine the rights to education and health.

It puts a human face on a pervasive and insidious problem.

Crucially, the report emphasises the importance of a human rights-based approach, a position championed by the UN Human Rights Office. A human rights lens can help to shift towards preventive initiatives that promote trust and strengthen relationships between individuals, institutions and decision makers, helping to bring about justice and redress for victims. Such initiatives must go far beyond law enforcement.

The report also highlights where the primary responsibility lies. States have an obligation to respect, protect and fulfil the rights to education and health, which should be provided to all on an equal and non-discriminatory basis. These are more than empty words. States must take concrete action to prevent and remedy the harms of corruption and discrimination in these crucial sectors and beyond.

But the responsibility does not end there. Those of us working in this field need to do more, both at international and national level, to ensure the complementarity of human rights and anti-corruption frameworks.

This report is an important contribution to these efforts. It will help to strengthen the global fight against corruption, uphold human rights, ensure victims' access to justice, and break the vicious cycle of discriminatory corruption once and for all.

**Volker Türk**

**United Nations High Commissioner for Human Rights**

1 April 2025

# EXECUTIVE SUMMARY

Corruption and discrimination are global threats that manifest in old and new forms across virtually all levels of society. Each comes at the cost of human dignity, and undermines the achievement of sustainable and inclusive development. Corruption and discrimination deny people access to essential services that they depend on for their future and wellbeing. However, the linkages between these phenomena remain underexplored. At best, policymakers treat them as societal ills in need of strong – but separate – policy responses. At worst, decision makers are complicit in perpetuating corrupt and discriminatory practices, and are indifferent to the harms they wreak.

In 2021, Transparency International and the Equal Rights Trust published [Defying Exclusion](#). Drawing on a selection of case studies from different global regions, the report sought to systematically chart the links between corruption and discrimination for the first time. Building on this analysis, the partners published [This Beautiful Land](#) in 2024. Based on an assessment of land frameworks in seven countries, the report described how corruption and discrimination combine to frustrate effective land governance in Sub-Saharan Africa.

Since 2024, Transparency International and the Equal Rights Trust have engaged groups exposed to discrimination and their representative organisations to better understand how corruption and discrimination can impact a person's access to quality education and health care services. This report – *Barriers to Basics* – presents their stories, experiences and insights captured as case studies authored by Transparency International Chapters:

Ghana Integrity Initiative (GII) spoke with members of the Fulani community, a highly marginalised ethnic minority group. The research shows how restrictive nationality laws and discrimination in administrative processes render Fulani vulnerable to extortionary corrupt practices, and impede their ability to access essential education and health services.

Transparency International Initiative Madagascar engaged women from the mostly rural and historically poorer southern regions of the country, to better understand their experiences of accessing maternal health services. The case study describes how the “hidden costs” of treatment, linked to the imposition of informal fees and a lack of transparency in billing practices, can inflate the cost of care, leading some women to avoid health facilities altogether. TI Madagascar also documented the experiences of children denied birth certificates owing to their non-registration at birth. The study shows how non-registration can lead to the discriminatory denial of the right to education, while creating opportunities for corrupt actors to exploit those in need.

Transparency International Rwanda reached out to beneficiaries of a social protection scheme that distributes nutrient-rich flour to populations at risk of malnutrition, including pregnant women, breastfeeding mothers and young children. The study explains how corruption can distort the selection of the scheme's beneficiaries and cause those in need to lose out. In a separate study, TI Rwanda interviewed victims of sexual corruption perpetrated by lecturers in universities. The study illustrates how entrenched gender power

imbalances contribute to an environment where abuses are left unaddressed.

The Congolese League to Fight against Corruption (LICOCO) met with members of the Batwa community, an Indigenous People whose displacement from their ancestral lands – partially driven by corruption in land governance and natural resource management – has forced community members to adopt more sedentary lifestyles. Deprived of their traditional livelihood, and facing significant socio-economic marginalisation as a result, the Batwa face challenges accessing basic education and health services, which can be exacerbated by the imposition of informal fees.

Transparency International Zimbabwe spoke with the parents of children with disabilities, who explained how corruption in an education grant programme is imperilling the future of their children. In a separate study, the Chapter spoke with key populations at risk of HIV. The findings demonstrate how corruption can undermine patient's access to essential medical treatment, a situation compounded and driven by high levels of stigma, prejudice and discrimination.

Based on the evidence collected, this report identifies five key dynamics – grouped under the umbrella term of “discriminatory corruption” – that deepen the understanding of how corruption and discrimination intersect:

**1. Discrimination results in greater exposure to corruption:** Discrimination can incentivise corrupt behaviour on the part of perpetrators to exploit the less powerful, while eroding the ordinary political, ethical and legal standards that work to constrain such behaviour.

**2. Certain acts of corruption are directly discriminatory:** In some cases, there is a direct causal link between a corrupt act or practice and the differential or unfavourable treatment of a person based on their protected status, identity or belief.

**3. The impacts of corruption are felt disproportionately by groups exposed to discrimination:** The impacts of corruption are felt differently by certain communities for reasons linked to their protected status, identity or beliefs. In some cases, there is a direct causal link between a corrupt act or practice and the particular disadvantage experienced by a group or an individual.

**4. Both corruption and discrimination result in the denial of justice:** Discrimination can prevent individuals affected by corruption from challenging

corrupt acts and practices. Similarly, corruption – and the perception of corruption in formal and informal justice mechanisms – can impede justice for victims of discrimination, and prevent them from achieving effective remedy and redress.

#### **5. Corruption impedes the effectiveness of measures designed to advance equality:**

Measures that aim to address inequalities, and promote the equal enjoyment of rights by groups exposed to discrimination, may be themselves be undermined by corruption. For example, measures that involve the management and distribution of public resources towards defined beneficiaries can be vulnerable to embezzlement and favouritism.

## RECOMMENDATIONS

Policy responses to the harms of discriminatory corruption must be developed based on an understanding of these dynamics. Nevertheless, given the overlapping nature of the linkages between corruption and discrimination, a system-wide, holistic and comprehensive approach is needed. This approach should:

- + Include the adoption and effective implementation of comprehensive anti-discrimination legislation. States should prohibit corruption, and should mainstream anti-corruption measures in all relevant laws, policies and regulations, including those relating to education and health.
- + Ensure that prevention efforts incorporate both an assessment of equality impacts and corruption risks. Duty-bearers should facilitate the meaningful engagement in the assessment process of groups exposed to discrimination.
- + Ensure that policy responses are tailored to address the specific harms of corruption on groups exposed to discrimination. This requires collaboration and coordination between public authorities, civil society organisations and other relevant stakeholders.
- + Establish pathways to justice for victims of corruption and discrimination, to ensure they are able to achieve effective remedy and redress. States should proactively identify and dismantle barriers to justice, and adopt inclusive, safe, localised and confidential anti-corruption reporting and whistleblowing mechanisms that are sensitive to the specific needs of groups and individuals exposed to discrimination.

- + Provide national human rights institutions, anti-corruption agencies and equality bodies with the necessary mandate, independence, resources and powers to discharge their proactive duties to promote equality, and to prevent corruption and discrimination.
- + Take concrete steps to integrate anti-corruption safeguards in positive action programmes, public resource allocation decisions, and other measures designed to advance the rights of groups exposed to discrimination. and to facilitate their equal access to education and health services.
- + Implement practical measures – including public information, awareness raising and data collection – to overcome information asymmetries, challenge discriminatory stereotypes, stigma and prejudice, and monitor the impacts of laws and policies on groups exposed to discrimination.
- + Undertake further research to build the evidence base on discriminatory corruption and tailored policy solutions, by working with directly affected communities – applying an equality-sensitive approach – and collecting disaggregated data.

States are responsible for respecting, protecting and fulfilling the rights to education and health, which should be provided to all on an equal and non-discriminatory basis. Accordingly, they are the primary duty bearers, responsible for preventing and remedying the harms of discriminatory corruption in these sectors. In line with a human rights-based approach, policy action should be grounded on the meaningful participation of groups exposed to discrimination, who should be engaged at every step of the policy formation process. Civil society organisations and international and regional actors can play an important role in enabling and supporting states to fulfil their legal duties, stimulating action against discriminatory corruption at the local, national, regional and global levels.

This report – and the testimonies bravely and compassionately shared by those who took part in the research – speaks to the urgent need for action. Individuals must be protected against the harms of discriminatory corruption. Barriers to basic services must be dismantled. Everyone should have their basic needs met.



# PART 1: BACKGROUND

Corruption damages the quality, availability and accessibility of essential public services, resulting in considerable human suffering. From children with disabilities, whose future is imperilled by corruption in a basic educational assistance programme, to women forced to give birth at home without medical assistance because of hidden fees in public health facilities, the costs of corruption are often shouldered by those least able to bear them. Corruption causes, fuels and exacerbates inequalities in access to public services, reduces the resources available to the public, and is a major obstacle to the proper allocation of funding for education and health care.

Since 2020, Transparency International and the Equal Rights Trust have been working together to document the relationship between corruption and discrimination. In 2021, the two organisations published *Defying Exclusion: Stories and Insights on the Links between Discrimination and Corruption*.<sup>1</sup> Through collating and analysing a selection of case studies drawn from across the globe, the report marked the first attempt to systematically explore the linkages between corruption and discrimination. In 2024, the two organisations published *This Beautiful Land: Corruption, Discrimination and Land Rights in Sub-Saharan Africa*.<sup>2</sup> Based on an assessment of land governance frameworks and practice in seven African countries, the report identified five key dynamics which it grouped under the umbrella term of “discriminatory corruption”:

- + Discrimination can result in greater exposure to corruption.

- + Certain acts of corruption are directly discriminatory.
- + The impacts of corruption are felt disproportionately by groups exposed to discrimination.<sup>3</sup>
- + Both corruption and discrimination can result in the denial of justice.
- + Corruption impedes the effectiveness of measures designed to advance equality.

The research for these two reports finds that the relationship between corruption and discrimination is not merely correlative, but causal. Discrimination produces societal conditions in which corruption thrives: people who are marginalised socially, economically and politically as a result of discrimination are at greater risk of exploitation by corrupt actors. Corruption, in turn, can give rise to discrimination, thereby deepening the marginalisation of already disadvantaged people.<sup>4</sup> It is only through a systematic assessment of the links between these phenomena that the harms of discriminatory corruption can be properly understood and addressed. To date, however, there has been little research on the interplay between corruption and discrimination in access to education and health services. By sharing the stories of directly affected communities, this report aims to fill the gap.

## WHAT IS CORRUPTION?

Transparency International has defined corruption as “the abuse of entrusted power for private gain”.

Here, “abuse” refers to misuse or mistreatment; “entrusted power” refers to the authority granted to duty bearers and decision makers on the premise that they act with integrity to advance the public good, and “private gain” refers to the self-serving benefits (financial, material, political or social) that accrue to individuals or specific interest groups at the expense of society at large.<sup>5</sup>

Previous research published by Transparency International shows how corruption can negatively affect education and health outcomes.<sup>6</sup> Corrupt individuals working for service providers exploit loopholes in education and health systems, or abuse their power to flout or circumvent rules, with serious human costs to victims. These costs are more than financial: corruption that results in poor-quality education and health services or the denial of access to these services has wide-ranging and long-term social, economic and psychological consequences.

Virtually all major forms of corruption have been recorded in the education and health sectors, occurring at different points in the service delivery chain, from the design of institutional policies to the delivery of services to beneficiaries. At the policymaking level, corruption can manifest as large-scale misappropriation of budget funds, and undue influence resulting in the misallocation of education and health expenditures. Corruption in the use of organisational resources – for example, collusion in public procurement or the embezzlement of supplies – contributes to shortages of essential materials, with trickle-down effects that ultimately limit the quality and availability of services. The most visible manifestations of corruption occur at the point of service delivery, where service providers and users interact, and demands for bribes or illicit fees are made.

In the education sector, typical corruption risks include bribery, nepotism and favouritism in the appointment of teachers; the diversion of funds, and forms of clientelism, patronage and bid-rigging in the awarding of contracts for school supplies.<sup>7</sup> Within the health sector, corruption may include demands for bribes to access treatment or medications; inflated pricing; collusion in the procurement of medical equipment; the diversion of drugs from the medical supply chain, and conflicts of interest in referring patients to other health providers, among other practices.<sup>8</sup>

## WHAT IS DISCRIMINATION?

Almost every state in the world – including each country featured in this report – has accepted obligations to eliminate discrimination and advance equality by ratifying human rights treaties.<sup>9</sup> In basic terms, discrimination involves unfavourable treatment or differential impacts that are linked to a person’s status, identity or beliefs – what are known as “grounds of discrimination”. Discrimination can occur based on a single ground, or two or more grounds in combination. This is referred to as “intersectional discrimination”.<sup>10</sup> Over 30 grounds of discrimination are recognised under international law.

### Grounds of discrimination

Discrimination is prohibited on the basis of age; birth; civil, family or carer status; colour; descent, including caste; disability; economic status; ethnicity; gender expression; gender identity; genetic or other predisposition towards illness; health status; Indigenous origin; language; marital status; maternity or paternity status; migrant status; minority status; national origin; nationality; place of residence; political or other opinion, including human rights defender status, trade union membership or political affiliation; pregnancy; property; race; refugee or asylum status; religion or belief; sex and gender; sex characteristics; sexual orientation; social origin; social situation, or any other status.

Discrimination can take a number of forms. Direct discrimination involves unfavourable or differential treatment.<sup>11</sup> By contrast, indirect discrimination typically occurs when people in materially different situations are treated the same, without regard for their personal circumstances.<sup>12</sup> Equality is not the same as uniformity, and does not seek to eliminate difference. Rather it aims to address the disadvantage that attaches to difference.<sup>13</sup> In some cases, adjustments are needed to ensure that everyone can participate equally with others. This is known as a reasonable accommodation. The denial of such accommodation is a form of discrimination.<sup>14</sup> Other forms of discrimination have also been identified. These include, for example, sexual and ground-based harassment, victimisation (sometimes known as reprisal or retaliation)<sup>15</sup> and segregation.<sup>16</sup>

Discrimination is a key barrier to education and health care. A report published by the Equal Rights Trust in 2017 found that globally, over 4 million more girls than boys were out of primary education.<sup>17</sup> Around 50 per cent of refugee children were out of school, five times higher than the rate for non-refugee children. Significant disparities were also identified in primary school completion rates between children with disabilities and children without disabilities.<sup>18</sup>

Similar patterns have been observed in the health sector, where discrimination results in denial of access to quality services, with a disproportionate impact on the “most marginalised and stigmatised populations”.<sup>19</sup> In 2022, the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health found that “racism is a key social determinant of health and a driver of health inequities”.<sup>20</sup> More recently, in 2024, UNAIDS reported that “[l]aws, policies and practices that punish, discriminate against or stigmatize people (...) obstruct access to HIV prevention, testing, treatment and care”.<sup>21</sup>

## THE RIGHTS TO EDUCATION AND HEALTH

The rights to education and to health are established under a wide range of international human rights instruments. Under Article 12 of the International Covenant on Economic, Social and Cultural Rights, for example, States Parties “recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” and agree to take measures necessary for its full realisation, including through the “creation of conditions which would assure to all medical service and medical attention in the event of sickness”. Under Article 13, States Parties “recognise the right of everyone to education”, and commit to ensuring that primary education is “compulsory and available free to all”, secondary education is “generally available and accessible to all by every appropriate means”, and that higher education is “made equally accessible to all”. States Parties to the Covenant undertake to ensure that all the rights it sets out can be exercised without discrimination of any kind.<sup>22</sup>

Beyond the Covenant, the rights to education and health are established under a range of human rights instruments based on specific grounds, including those focused on the rights of children, persons with disabilities, women, and ethnic and racial minorities.<sup>23</sup> At the regional level, these rights

are also established under the African Charter on Human and Peoples’ Rights.<sup>24</sup> As part of their obligations under international law, states are required to take measures to ensure the availability, accessibility, acceptability, adaptability and accountability of their education and health systems,<sup>25</sup> and must use the maximum of their available resources to ensure the progressive realisation of the rights to education and health.<sup>26</sup> Corruption undermines this guarantee by reducing the maximum resources at the disposal of the state.<sup>27</sup> The duty to eliminate discrimination and to take steps to promote equality are immediate in nature – they are not subject to progressive realisation.<sup>28</sup> Consequently, a failure to ensure equality of access on discriminatory grounds, or to establish a protective legal framework, places states in violation of their obligations under international law.<sup>29</sup>

Through global and regional processes, states have also made voluntary commitments to improve access to education and health care. The African Union’s Agenda 2063 recognises that education and health are central to achieving the aspiration to a “prosperous Africa, based on inclusive growth and sustainable development”. The UN’s 2030 Agenda for Sustainable Development builds its third and fourth goals around the rights to education and health, and, through the principle of “leave no one behind”, recognises that sustainable development must focus on addressing discrimination and inequalities. The anti-corruption and transparency targets contained in Goal 16 are essential to achieving this objective.

## CORRUPTION, DISCRIMINATION AND SERVICE DELIVERY

The term “public service delivery” refers to services provided by governments to their citizens. The state typically provides such services through dedicated public institutions, or outsources the duty to private actors who are made responsible for exercising aspects of the public function.<sup>30</sup> Local institutions such as schools, universities, hospitals and medical facilities then provide services to those who need them. Access to public services is a prerequisite for the fulfilment of many human rights, and stands at the heart of development goals. This is especially true for the education and health sectors, where a denial of access can be a violation of the right to education or health, and have wider, long-term, harmful consequences.<sup>31</sup>

However, in countries in every region of the world, corruption impedes equal access to essential services, rendering the provision of education or health care inadequate or entirely absent. Such corruption comes at a great cost. Various studies have demonstrated that corruption in the education sector tends to increase school dropout rates and poverty levels, while reducing public trust.<sup>32</sup> It has also been hypothesised that children exposed to corrupt behaviour in schools will be more likely to mimic such behaviour in their adult lives.<sup>33</sup> In the health sector, corruption has been found to increase child mortality and lower life expectancy.<sup>34</sup> Research has also found that corruption can lead to a loss of confidence in health services, leading some people to avoid formal health care provision altogether.<sup>35</sup>

Since 2008, the Human Rights Council has issued a series of resolutions that consider the impacts of corruption on the enjoyment of human rights.<sup>36</sup> In a political declaration made during the 2021 Special Session of the General Assembly against Corruption, Member States of the United Nations Convention against Corruption expressed concern regarding “the negative impact that all forms of corruption” have on public service delivery, which is often borne by “the most disadvantaged individuals in society.”<sup>37</sup>

Around the same time, a collection of UN treaty bodies issued a joint statement which acknowledged the detrimental impacts of corruption on the “availability, quality and accessibility of goods and services”, with examples drawn from the education and health sectors.<sup>38</sup> The joint statement describes how corruption can lead to national wealth being diverted into the hands of private actors, with a disproportionately negative impact on women, persons with disabilities, children, migrants, people living in poverty, and other marginalised communities, preventing their equal participation in society.<sup>39</sup>

In 2017, the UN Special Rapporteur on the right to health published a report exploring in detail the linkages between health, discrimination and corruption. The report notes how corruption operates to impede access to vital health services.<sup>40</sup> The impacts of corruption are borne disproportionately by already disadvantaged groups, exacerbating “the discrimination and inequalities that prevail in societies throughout the world.”<sup>41</sup> Health-sector corruption “has significant implications for equality and non-discrimination since it has a particularly marked impact on the health of populations in situations of vulnerability and social exclusion, in particular those living in poverty and children”.<sup>42</sup> In recent reports, the UN

Special Rapporteur on the right to education has similarly observed the detrimental impacts corruption can have on a person’s educational prospects.<sup>43</sup>

Despite this growing acknowledgement of the problem, the links between corruption and discrimination remain under-explored by human rights and anti-corruption bodies. Discrimination is often discussed as an inevitable consequence or outcome of corrupt practices, due to the long-term impacts which resource misallocation or misappropriation have on service users from marginalised and disadvantaged backgrounds.<sup>44</sup> While this is an important finding, it does not reflect or address the wider range of ways in which corruption and discrimination can interact to undermine the enjoyment of rights.<sup>45</sup> If these harms are to be understood – and their impact on access to education and health services is to be addressed – a closer examination of their relationship is needed.

## RESEARCH METHODOLOGY

This report was produced as part of “Inclusive Service Delivery in Africa”, a four-year project implemented by Transparency International in five countries: the Democratic Republic of the Congo (DRC), Ghana, Madagascar, Rwanda and Zimbabwe. The project aims to improve access to education and health care services for women, girls and other groups at risk of discrimination.

The research for the report was undertaken in four phases: 1) desk-based research and methodology development 2) stakeholder consultation 3) semi-structured interviews and focus group discussions with directly affected communities to develop case studies, and 4) drafting, editing and validation.

In the first phase of the research, the Equal Rights Trust, Transparency International Chapters and research consultants participated in a series of workshops to discuss and develop the research methodology and tools. These included a stakeholder identification and mapping toolkit; a semi-structured interview questionnaire; evaluation templates, and a case study development form. Using these tools, national research teams undertook a stakeholder mapping exercise, seeking to identify and engage with organisations working with and on behalf of groups exposed to discrimination to discuss their interests and needs, and identify barriers to participation.

The stakeholder mapping exercise formed the basis for the second phase of the project, which focused on consultation. Each research team sought to engage and interview public institutions, including national human rights institutions and anti-corruption agencies, to generate a broad overview of patterns of corruption and discrimination in access to education and health care. This was followed by interviews with organisations working with and on behalf of marginalised communities. Following an initial round of consultations, Chapters sought to fill identified research gaps by conducting further interviews with organisations representing groups and grounds of discrimination not previously covered, and by engaging with individuals and organisations with experience in the education and health care sectors. The process aimed to ensure the active participation of marginalised groups, who stood to be impacted by the research. Across the five target countries, over 50 individuals were consulted.

The interviews sought to build a broad profile of corruption and discrimination in education and health services, allowing the project team to identify potential case studies for more in-depth review. In the third phase, Transparency International Chapters proposed subjects for case studies. Case studies were selected and agreed in consultation with the Transparency International Secretariat and the Equal Rights Trust. The selection was made to reflect a range of protected characteristics – such as disability or ethnicity – which are protected under human rights law, in different areas of education and health services. Once case study subjects were agreed, Chapters conducted field visits to interview and consult members of directly affected communities. While the individuals interviewed for the case studies are not named in this report, for their safety and privacy, their experiences lie at the heart of the research. Further information on the precise methodologies developed and applied by each Chapter is provided in each of the case studies in Part Two, recognising that each study was developed differently in response to the local context.

In the final phase, the research teams wrote up their principal findings. The Equal Rights Trust and Transparency International Secretariat produced a first draft of the present report, compiling and editing the case studies and analysing the findings. The report was subsequently validated by in-house reviewers who provided written comments and overarching feedback on the draft. Based on the responses received, a second draft of the report was

produced and shared for further consultation, prior to finalisation.

An “equality by design” approach to project design and delivery was adopted and applied throughout the research for the report. This approach aims to ensure that projects are equality-sensitive in delivery and that they are appropriately equality-focused in their aims and objectives. In this research, the stakeholder mapping and consultation process laid the groundwork for an equality-sensitive approach by ensuring that the research team took an intentional, inclusive, intersectional approach to identifying, engaging and consulting marginalised groups. Consultations with these groups informed the identification and selection of specific case studies, as well as informing the approach and methodology adopted to gather information in each case. Each country team took different approaches to identify and engage affected communities, based on the research objectives and subject matter.

Testimonies taken from interviews and focus group discussions are reproduced in this report in the form of quotes. Some have been translated into English from various languages in which the research was originally conducted.

## REPORT STRUCTURE, SCOPE AND LIMITATIONS

This report is structured into four parts. Part one provides background information, introducing key concepts, explaining the context of the research, and setting out the methodology and approach. The bulk of the evidence is presented in Part two, which includes case studies authored by Transparency International Chapters and research consultants, that explore the intersections of corruption and discrimination experienced by specific communities in seeking to access and use education and health services. Part three draws together the various threads of the research, presenting observations on the dynamics of discriminatory corruption. Part four considers the implications of the analysis for states and those responsible for delivering education and health services, setting out a series of policy recommendations developed in response to the findings.

The case studies in this report presents stories from groups exposed to discrimination about their experiences of corruption in access to education and health care services.

The decision to use case studies as a methodology to investigate and document the links between corruption and discrimination was a deliberate one, reflecting the fact that these links are not widely understood. While this approach does not allow for estimates of frequency<sup>46</sup> and does not constitute a comprehensive assessment, it does allow for an in-depth examination of the ways in which the twin harms of corruption and discrimination fuel and exacerbate one another, and the impact this has on access to the most essential public services.

Through the dedicated work of a wide range of individuals and the brave testimonies of affected communities, the report offers a new window into the links between corruption and discrimination, and how these two harms fuel and exacerbate one another. These stories are taken from across borders, across grounds of discrimination and across areas of education and health care. For all their differences, the voices of affected communities speak to the remarkable similarity of the challenges people experience. By sharing these stories, this report seeks to draw attention to the harms of discriminatory corruption, and its impact on education and health outcomes, while stimulating action for change.

# **PART 2: DISCRIMINATORY CORRUPTION - STORIES AND INSIGHTS**

# WE ARE GHANAIS:

## Ethnicity, identity and access to education and health services

Longstanding patterns of discrimination affecting Ghana's Fulani people create unique corruption risks, with long term impacts on the community's education and health prospects.

*Authored by Ghana Integrity Initiative.*

The Fulani people are a traditionally pastoral community, and one of the largest ethnic groups in the West African Region.<sup>47</sup> Fulani began inhabiting the northern parts of Ghana in the early 20th century, having made the long journey across the Sahel through the modern-day territories of Burkina Faso, Mali, Niger and Nigeria in search of better pasture and water for their livestock.<sup>48</sup> As local conditions worsened, Fulani turned southward and eastward, and by the 1960s, the community had become widely dispersed across Ghana, most prominently in the Ashanti, Greater Accra, Eastern and Northern regions.<sup>49</sup> Over time, increased competition and contested claims over land and natural resources brought Fulani herders into conflict with local farmers.<sup>50</sup> Disagreements have sometimes culminated in violence, and on separate occasions since the 1980s, the government has responded through military and police campaigns seeking to "deport or expel" Fulani from the country.<sup>51</sup>

In 2024, Ghana Integrity Initiative (GII) – the Transparency International Chapter working to fight corruption in Ghana – published a report that explored the dynamics of land corruption and discrimination.<sup>52</sup> The research found that land tenure insecurity, combined with systemic inequalities and the perception of corruption in formal and informal dispute resolution mechanisms, fostered and exacerbated tensions between farmers and Fulani herders, heightening the risk of conflict.<sup>53</sup>

The Fulani people are often considered outsiders in the community, despite many having lived in Ghana all their lives.<sup>54</sup> Restrictive nationality laws and longstanding patterns of discrimination, including in identification procedures, reinforce this perception.<sup>55</sup> As a result of the challenges they face, Fulani are pushed to the margins of society, where many have limited access to basic services.<sup>56</sup>

In 2024, GII held six focus group discussions in Fulani communities located in the Upper West, Savanna and Greater Accra regions. These were accompanied by a set of key informant interviews, involving leading representatives and elders of Fulani communities, investigative journalists, researchers, staff of accountability and transparency organisations, and officials from human rights and advocacy institutions. The findings illuminate how discrimination against Fulani in administrative processes can increase their exposure to corruption, as well as hinder their access to education and health services. Broader patterns of corruption and discrimination in the education and health sectors reinforce the marginalisation of Fulani, preventing community members from exercising their rights on an equal basis with others.

### CITIZENSHIP AND THE GHANA CARD

The citizenship regime in Ghana is regulated by the Constitution and the Citizenship Act of 2000. The Act



foresees four ways of acquiring citizenship: birth, marriage, adoption or naturalisation. Many Fulani would qualify for citizenship by birth, although poor record keeping means some applicants face hurdles meeting the established documentation requirements, particularly in respect of birth certificates.<sup>57</sup> As many Fulani – including those interviewed for this report – have lived in Ghana all their lives, most would also meet the minimum conditions for naturalisation. However, the process is expensive, and vaguely defined criteria – including “good character” requirements – can present barriers to those who wish to formalise their legal status.<sup>58</sup> Those unable to claim or prove their citizenship status face obstacles in many areas of life. In addition, because some Fulani are unable to trace their ancestry to another country, they are at an increased risk of becoming stateless.<sup>59</sup>

**“ My father was born here. I was born here, and all these children here also. Regardless of this fact, we go somewhere and our documents state that we are non-Ghanaians. This is a difficult situation for us, because we don’t know where we are from.**

Testimony from an elder of the Fulani community

The Ghana Card is a form of identification issued by the National Identification Authority (NIA). While the card does not confer citizenship, it can serve as evidence of a person’s citizenship status. In recent years, the government has pushed the rollout of the card, which functions as a gateway to the enjoyment of a broad range of rights.<sup>60</sup> Without it, a person may be prevented from opening a bank account, obtaining legal title for a plot of land, receiving a driver’s licence, or even using a foreign exchange bureau.<sup>61</sup> Although the card is not generally needed to enrol in school or university, it can be used to obtain financial assistance for tertiary education.<sup>62</sup> Qualified graduates who lack the document may face difficulties evidencing their right to work, limiting their employment prospects and future career opportunities.<sup>63</sup> In 2021, it was announced that the Ghana Card was being integrated into the

national health insurance system.<sup>64</sup> As a result, patients who lack the card may be required to pay out of their own pockets to cover their medical expenses.

**“ We are told that without a Ghana Card, you cannot register for health insurance, or receive a birth certificate for your child. Our worry is that if you do not have a Ghana Card (...) you will be required to pay for treatment any time your child gets sick.**

Testimony from a focus group discussion with Fulani women

While non-national residents are also entitled to apply for the Ghana Card, this comes with additional fees, and the card must be renewed annually at a further cost, placing it beyond the reach of many socio-economically disadvantaged communities, including Fulani.<sup>65</sup> Applying for the non-national card automatically requires an applicant to relinquish their claim to Ghanaian citizenship, putting those who have only known life in Ghana, and who identify as Ghanaian, in an impossible situation.

## DISCRIMINATION IN ADMINISTRATIVE PROCESSES

The importance of the Ghana Card was discussed by respondents in each focus group discussion. To obtain a card, a person may be “vouched for” by their relatives and other people who have already been issued with the card.<sup>66</sup> In principle, this means that those without other forms of evidence (such as a national passport or birth certificate) should still be able to acquire the document. In this way, the card is designed to overcome documentation barriers typically faced by marginalised groups in formal identification processes.<sup>67</sup> However, while some interviewees had managed to obtain the card, others reported being denied it due to discrimination by administrative officials.

One participant explained that she had visited the NIA offices on four separate occasions. An official stated that they would be unable to register her application on account of her Fulani origin. Having pressed the matter, her name was eventually written down, and she was asked to return to the office in the near future. But when the time came, a separate official reportedly told a colleague: "She is a Fulani, so ignore her." While her siblings and father have each obtained a Ghana Card and are therefore able to vouch for her application, she is still waiting for the matter to be resolved. It "makes us feel like we are not Ghanaians", she explained. Other participants encountered similar difficulties.

**“ The Ghana Card is essential because it is always requested when one is travelling (...) We need the Ghana Card, but we’re discriminated against. That is a great worry to us.**

Testimony from a focus group discussion with Fulani men

Allegations that NIA staff are failing to issue Ghana Cards to eligible applicants have been made in the online media.<sup>68</sup> While the authorities have denied claims of discrimination, there was a strong perception among research participants that Fulani are singled out by officials and treated differently from non-Fulani applicants. Some have reported being denied the card without any request for supporting documentation, even though their family members have previously made successful applications.<sup>69</sup> In one case, reported online, a Fulani man described how officials confiscated his card when he appeared as part of the vouching process in support of his brother’s application.<sup>70</sup>

**“ Getting the Ghana Card is a challenge for us (...) When we go to centres, they shouldn’t treat us like non-Ghanaians. They should question us and request the necessary documentation. If the person has it, then it means they are Ghanaian, and they should make the card available.**

Testimony from a focus group discussion with Fulani men

Participants explained that the way Fulani present themselves to authorities may impact their experiences, with those deemed “non-Ghanaian” on account of their language, dress and other personal characteristics facing comparatively greater challenges. These issues do not appear to be confined to Ghana Card registration processes. One interviewee described her experience of applying to renew a passport. Despite possessing Ghanaian citizenship, and having previously been issued with the requested document, she was questioned for two hours by staff before finally being allowed to leave. “An officer will look at you and ask: Are you Ghanaian? Why do you have curly hair? Why do you have fair skin?” she explained. Even in cases where individuals were able to access identity documents, some stated that they continued to be questioned on their national origin.

**“ There are people who will see you holding a Ghana Card, and they will be like “how dare you hold a Ghana Card,” because you are a Fulani man. And these are all comments that are made out of ignorance and stereotypes.**

Testimony from a Fulani journalist

## THE ROLE OF CORRUPTION

With few other options available to them, one respondent observed that some Fulani resort to paying public officials. Corruption in this area appears widespread. A survey of 15,000 people published by the UN Office on Drugs and Crime in 2022 found that 21 per cent of those that had interacted with a public official had “relied on either nepotism, bribery or both” to obtain the Ghana Card.<sup>71</sup> While the survey was not specific to the Fulani community, those who are unable to access the card owing to discrimination by public officials, or an inability to meet the qualifying criteria, will be particularly exposed to demands for payment. However, even in these circumstances there is no guarantee of success, and the precarious status of Fulani leaves them open to abuse. What is more, those found guilty of paying bribes to public officials may be charged with committing a criminal offence.<sup>72</sup> Together, these factors are likely to operate as a significant barrier to reporting.

**“ They have to pay huge sums of money to these bureaucrats, and in turn they still don't give them the breaks. They will pay the money, and then, if they threaten that they are going to report them, they'll say, but you're not a Ghanaian. Even if you report it, nobody is going to believe your word against mine (...) So there are levels to the discrimination.**

Interview with a researcher working on citizenship and marginalization in Fulani communities

A lack of identity documents can also increase a person's exposure to extortive forms of corruption by law enforcement. Respondents from each of the focus groups provided examples of Fulani being detained by immigration officials at security checkpoints. In cases where they are unable to prove their residency status, those affected may be

required to pay illicit fees to continue with their journey. Those who cannot afford to pay risk being detained, or having their possessions confiscated by officials. It was noted that the drivers of passenger cars often require Fulani to make an advance payment, which is used to pay off officials at security barriers, to avoid disruption to the journey.

**“ Our major problem is the difficulty in getting a Ghana Card. I remember travelling for a funeral with some relatives. One of my relatives was forced to disembark, because she couldn't pay the 50 cedi [US\$3] she was asked to pay.”<sup>73</sup>**

Testimony from a focus group discussion with Fulani men

## BARRIERS TO PUBLIC SERVICES

Broader patterns of corruption and discrimination in health care settings were discussed in the focus groups. While several of those who had accessed public health facilities appeared satisfied with services they received, these views were not shared by all, and some relayed second-hand accounts of patients being treated poorly by health care workers. One participant explained that medical staff “spend less time” on Fulani patients, and comments were sometimes said to have been made relating to their personal hygiene or appearance. A nurse, interviewed as part of the research process, explained that some health care workers discriminate against patients based on their perceived ethnic origin. She described colleagues expressing sentiments such as, “They are foreigners, so why should I waste my time on such a person?” In a report by ODI Global published in 2022, one respondent was of the view that Fulani are “given less attention than other tribes” in hospitals, and may sometimes be required to “pay monies we are not supposed to pay.”<sup>74</sup>

Those interviewed for this report raised few direct allegations of corruption in health facilities. Nevertheless, a nurse interviewed by the GII team shared some concerns. She explained that she was



sometimes required to purchase medicines and equipment that were out of stock. These products were sold to patients at face value. However, some staff reportedly charge patients, and claim the money back through the national health insurance scheme. In some cases, she explained, patients may be charged higher prices than the official fees recorded. A lack of transparency in billing practices and the absence of paper receipts means some Fulani are unclear whether the sums they are requested to pay are legitimate, or are instead illegal fees demanded by staff.

**“ [Y]ou go to the hospital with the national health insurance, but still you are asked to go and buy medications and make some payments. We can’t tell if it is only we, the Fulani, who are asked to buy the medication, despite having the insurance.**

Testimony from a focus group discussion with Fulani women

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In the areas visited for the research, a majority of healthcare workers speak Akan (Twi) as the primary language of communication, which some Fulani patients cannot speak, heightening corruption and discrimination risks. One focus group discussion participant recounted the story of a woman being “charged a lot during childbirth”. However, as she was unable to communicate with staff, she was unsure whether the fees she paid were legitimate. Language barriers can have wider impacts on the quality of services a person receives. Where staff cannot communicate with patients, there is a risk that some are provided with the wrong medications or given unnecessary tests and procedures.<sup>75</sup>

As described elsewhere in this report, corruption in maternal health services can inflate the costs of treatment and push women beyond the reach of formal care.<sup>76</sup> Wider accessibility barriers, including the distant location of health centres, mean that some Fulani women give birth at home without professional medical support. In addition to the possible health impacts, a consequence is that some Fulani children are not registered at birth.<sup>77</sup> A birth certificate is listed as one form of documentary proof for citizenship and Ghana Card application procedures. As detailed above, without a birth certificate, children may face greater difficulties evidencing their citizenship status and obtaining a Ghana Card, limiting their access to essential public services.

Some participants explained that they faced discrimination when attempting to register the birth of their children in public health facilities. In some cases, health staff were said to have listed the wrong nationality on the registration form, stating that children were of Malian, Burkinabé or Nigerian origin. Names were misspelled on hospital documents or in some instances, omitted entirely, being replaced with the generic title “Fulani”. In one case, staff reportedly refused to provide a birth certificate to the parents of a Fulani child, despite their repeated follow-up. While a birth certificate is not generally needed to access primary and secondary education institutions in Ghana, universities often include separate fee schedules for non-national students.<sup>78</sup> Consequently, as one focus group participant described, without an accurate birth certificate, Fulani children may be required to pay higher fees than other learners.

**“ [A]utomatically it is assumed that you are a foreigner, because you cannot speak the Twi language, which is a problem (...) A number of my Dad’s hospital records do not have his surname. They simply write “Fulani.”**

Key informant Interview with a Fulani journalist

Increased school fees can exacerbate the barriers Fulani already face to accessing education. A majority of those interviewed for this report indicated that their children were currently enrolled in school, and some had gone on to pursue secondary and higher education. At the primary level – where Fulani children tend to be educated within the local community – few instances of discrimination were reported. However, as children move through the educational system, harassment from other students and teaching staff can prevent some from achieving their full learning potential. Sometimes, discriminatory depictions of Fulani in the national media make their way into the classroom.<sup>79</sup> One respondent recalled their own experiences at a public university. On multiple occasions, a lecturer described Fulani as a threat

and accused them of perpetrating acts of physical and sexual violence.

**“ Most of the people I have spoken to in university have told me that there was a point in time when they wanted to stop school because of how students would call them names, or how lecturers would apply negative stereotypes concerning the Fulani in class. There is a lot of mental trauma that comes with going to class and hearing a lecturer say “you are the villain” repeatedly. It takes a lot of courage to be able to complete school with such bullying.**

Interview with a researcher working on citizenship and marginalization in Fulani communities

## ETHNICITY, IDENTITY AND EXCLUSION

The Ghana Card was intended to break down barriers to service delivery. However, discrimination in the application process undermines the objectives of the scheme and increases the exposure of Fulani to the demands of corrupt public officials. Broader patterns of corruption and discrimination in the education and health sectors compound the challenges faced by community members. While discrimination against Fulani is often linked to their precarious citizenship status, it can occur irrespective of a person’s formal legal status, and bears a distinctly ethnic component.

**“ It is not about citizenship really. It is just discrimination on the basis of ethnicity (...) In their minds, the fact that you are Fulani bans you automatically from being a Ghanaian and so you are not entitled to any of these services (...) These are typically issues that come up as part of general discrimination that people have against an ethnic group, or minority ethnic group. Some may be doing it knowingly, and some unknowingly.**

Key informant Interview with a Fulani journalist

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Despite promises made by politicians to the Fulani community during election periods, those interviewed for this report discussed feeling isolated and abandoned by them when they were elected. “We are on our own,” one focus group participant said. Faced with systemic discrimination, and denied recognition of their Ghanaian identity, some Fulani reportedly exclude themselves from the wider community, and give up trying to access public services. Policy action is sorely needed to address the issues highlighted in this report. Without it, the education and health prospects of Fulani may worsen over time.

In Ghana, questions of citizenship, identity and ethnicity are intimately connected. This study questions what it means to belong to a country. For Fulani, however, the answer is simple: “We are Ghanaians.”

# THE HIDDEN COSTS:

## Gratitude payments and maternal healthcare in Madagascar

Informal fees in public health facilities risk the health of pregnant women, limiting the accessibility, availability and quality of services provided.

*Authored by Transparency International Initiative Madagascar.*

In Madagascar, the government has adopted a range of measures that aim to promote the prosperity, solidarity and wellbeing of the Malagasy population by ensuring access to quality health care services for all. Particular emphasis has been placed on improving both geographical and financial access to health care, as well as on enhancing medical infrastructure and the number of personnel. All these measures are intended to promote progress towards Universal Health Coverage (UHC). However, the health sector faces significant challenges. According to the statistics from Madagascar's National Statistics Institute (*l'Institut National de Statistique de Madagascar*) women's access to health services dropped from 45 per cent in 1992 to 39 per cent in 2021.<sup>80</sup>

Various factors contribute to this situation, including a lack of public awareness of health care rights, along with socio-economic and gender inequalities. Corruption has also been identified as a critical barrier to inclusive service delivery.<sup>81</sup> The national anti-corruption strategy, adopted in 2015, lists "reducing the risk of corruption in health services and access to medicines" as a priority area. Yet a recent review of the strategy's implementation found that there was "insufficient data" to measure progress against health sector targets, and the extent to which they have been achieved is unclear.<sup>82</sup>

Between 2023 and 2024, Transparency International Initiative Madagascar undertook a corruption risk

assessment focused on the health sector. Maternal care and prenatal consultation services were identified as being especially vulnerable to corruption, facing both a higher likelihood of occurrence, and comparatively greater impacts. These services are especially sensitive, as pregnant women depend on public health facilities to receive essential care and ensure their and their children's safety. The study indicated that patients may be treated differently based on their financial status. Women with sufficient resources may be better able to absorb the costs associated with corrupt practices, while those from less economically privileged backgrounds risk having to face reduced or lower-quality care.

Guided by these broader findings, TI Madagascar decided to undertake a deeper investigation. During August 2024, the Chapter held 12 focus group discussions in four communes in the former province of Fianarantsoa<sup>83</sup> and six communes in Toliara, located respectively in the Southeast and Southwest regions of Madagascar.<sup>84</sup> The focus groups included participants who had attended public health centres for their prenatal consultations or at the point of giving birth, as well as those who sought alternative forms of care (for instance, through hospitals, private clinics and traditional health practitioners). The results reveal a perilous situation, in which corruption and discrimination combine to deny women access to the services they

need, with long-term impacts on their own health, as well as that of their children.

## ACCESS TO REPRODUCTIVE AND MATERNAL HEALTH CARE

The costs associated with reproductive and maternal health care were discussed by participants in each of the 12 focus groups. While some understood that services such as family planning should be provided free of charge, in many cases it was reported that fees are being levied by health workers.<sup>85</sup> Child delivery services were generally considered to be free, except in the event of birth complications. But there was a high degree of variety in participants' responses, and some reported paying for injections, medical equipment and certain medications, which were either provided directly by staff, or could be purchased at the nearest pharmacy. Some of these discrepancies may be attributed to the different locations and settings in which treatment was sought (whether at a basic health facility or hospital, for instance), as well as the date on which the services were provided.<sup>86</sup> However, within and between the focus groups, it was clear that some confusion exists as to which goods and services require payment and which are free.

Participants explained that they were rarely provided with information on the cost of treatment. "We are not informed of the available medications and their prices," one commented. Medical staff "don't explain what the payment is for", another observed. "They don't provide details of the payment, but only ask patients to pay." Conflicting information from public notices and local radio stations, explaining that some services are provided free of charge, contributed to the confusion. "We don't know what is true, the information from the media or what is told at the Basic Health Centre," a participant from the Alakamisy Ambohimaha focus group discussion explained. A lack of transparency in pricing, and a failure to provide patients with an itemised invoice for services, creates room for corruption.



**They ask you to buy five injections, but only use three. They sell the remaining two when other people are looking for them (...) They don't provide a receipt, yet when they ask for money, they charge 60,000 ariary, even though you didn't use the serum.**

Testimony from a Toliara focus group discussion

## HASIN-TANANA AND INFORMAL SERVICE FEES

In addition to the formal costs of health care, it is customary in Madagascar to offer a gift – known colloquially as *hasin-tanana* – as a mark of appreciation to those who assist in the delivery of a child or treatment of a patient. The term has been traced back to at least the 19th century, when traditional health practitioners would offer their services to expectant mothers, nominally free of charge.<sup>87</sup> It was believed that by specifying a fee for their services, the powers granted to practitioners through their ancestors would be diminished, impeding the efficacy of their treatments. Instead, patients would offer *hasin-tanana* as a token of their gratitude, with payment usually taking the form of foodstuffs (such as rice, grain or chickens), or a monetary sum, decided by patients according to their means.<sup>88</sup>

Over time, demand for the services of traditional practitioners has diminished, as access to public health services has improved.<sup>89</sup> But the practice of *hasin-tanana* persists, and many of those TI Madagascar spoke to discussed making informal payments to staff attending to women's maternal health needs in public health facilities. In most cases, these payments were said to be voluntary and were offered according to Malagasy custom. "Midwives don't ask for service fees," one participant explained. Patients "give something because midwives work well". However, not everyone shared this view, and there were cases in which staff were





said to have actively demanded payment. “We paid 10,000 ariary (US\$2) to express our gratitude,” one respondent noted.<sup>90</sup> “It is not like what they promise – they ask for money even though they say it’s free.”<sup>91</sup>

The amounts women reported paying varied across the focus groups. In some health facilities, gratitude payments of 10,000 Malagasy ariary were said to be appropriate, while in others, fees of up to 80,000 ariary were discussed. In practice, a lack of transparency in pricing, and the combining of formal costs (associated with medical treatment) with informal fees (money paid in “gratitude”) mean that patients have difficulty understanding what is officially owed.<sup>92</sup> “There are no details – the price includes everything,” one respondent explained. “The total of the medicines is indicated in our pregnancy books along with the *hasin-tanana*, without detailed prices, and we cannot leave until we have paid everything.”

**“ It’s hard to tell the difference between the costs of medications and the money given to the doctor as gratitude.**

Testimony from the Saint Augustin focus group

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While many participants perceived gratitude payments to be discretionary, other responses indicate that the payment is expected, operating as an informal fee which is used to supplement the income of staff working in public health facilities. Although participants stated that there were few overt displays of favouritism by staff, it was also noted that the quality of services offered to women may differ depending on whether or not they are able to pay. Some of those TI Madagascar spoke with suggested that women from rural areas are treated worse in public hospitals, owing to the perception that they cannot afford the costs of treatment, either formal or informal. “We are afraid,” one participant stated solemnly. “You are not treated if you don’t pay anything.” Another stated, “When you don’t give them money, they

don't treat patients well. They are not paid well enough and they ask for money."

The high costs associated with health care mean that some women avoid public health facilities altogether. In addition to the potential impacts on their own health and wellbeing, the practice of making gratitude payments can have gender-discriminatory impacts. Many participants indicated that the size of the payment varies according to the sex of a child. The cost is "30,000 ariary if the newborn is a boy and 25,000 ariary if it's a girl," a participant from Soahazo explained. Greater disparities were reported in other municipalities. Owing to their scarce financial resources, mothers are often forced to make difficult decisions over when to attend public health facilities. "Sometimes, mothers don't have money to give to midwives, and they are afraid of not being well received in the future due to possible resentment," one respondent observed. Despite the relatively higher cost, the research revealed that women may still be more likely to seek professional health care when giving birth to a boy, as a result of gender-discriminatory social norms.

## BARRIERS TO PUBLIC HEALTH SERVICES

At the national level, it has been estimated that fewer than half of all child deliveries take place in health care facilities, overseen by trained medical staff. Most women (around 60 per cent, according to recent United Nations Population Fund data) give birth at home, owing to a lack of accessible maternal health services.<sup>93</sup> In the southern regions of the country, where a majority of the population live in poverty and access to health care is more limited due to the patchy distribution of health centres,<sup>94</sup> many women seek the services of traditional birth attendants – known as *Reninjaza* – as a low-cost form of support.<sup>95</sup> The *reninjaza* serve as a repository of traditional knowledge passed down through generations of Malagasy women.<sup>96</sup> Where access to public health services is limited, traditional birth attendants can help fill the gap, accompanying women at each stage of their journey towards childbirth.<sup>97</sup>

Yet the decision to give birth at home is not just a matter of personal choice. A survey of 245 pregnant women conducted in the Vakinankaratra region between 2016 and 2017 found that nine out of 10 women "expressed a preference for delivery at health care facilities", yet fewer than two thirds of births took place in such settings.<sup>98</sup> Many of those TI

Madagascar spoke with expressed a similar preference. However, a variety of factors, some linked to the costs of treatment, operated to impede their access.

**“ We'd like to go to the basic health centre to get better care, but we don't have the money.**

Testimony from the Saint Augustin focus group

According to World Bank Group data, the southern regions of Madagascar have among the lowest number of health facilities per woman and child under the age of five in the country.<sup>99</sup> The non-availability and non-accessibility of health services is a significant barrier to quality care. In some cases, participants were reportedly unable to afford the cost of transport to the nearest health centre, which was located a considerable distance from their homes. "It is quite far," a respondent from the Ankililaoky focus group noted. "The basic health centre is four kilometres from the commune and the cost to get there is 1,000 ariary (...) there are no rickshaws and cars cannot get there at night." Several participants expressed concern about the quality of services they received, explaining that patients were seen by trainees and interns, who lacked the requisite skills and training. In some of the municipalities, health centres are reportedly closed at weekends, or are only able to see patients at particular hours of the day. For one parent, this situation had devastating consequences.

**“ I gave birth at night, and I wasn't admitted because the basic health centre was closed. I lost the baby.**

Testimony from the Ankililaoky focus group

Corruption in maternal health care can inflate the costs of treatment, increasing the burden on families who are already struggling financially. "It's hard to find money to thank the midwives," one

participant explained. “I wanted to go to a traditional midwife because I was afraid and ashamed that others would talk and say that this lady couldn't pay fees of the hospital.” While many women interviewed for this report had accessed public health services, the perceived cost of receiving care, in combination with the distant location of health centres, high transportation costs, and the poor quality or non-availability of services, mean that some women stay at home. Although corruption cannot fully account for the exclusion of women from public health facilities, this research suggests that it is a contributing factor. Exclusion, in turn, can have profound consequences. Across the focus groups, many women shared concerns regarding the possibility of complications when giving birth at home, owing to a lack of equipment and medication.<sup>100</sup>

## THE HIDDEN COSTS OF CORRUPTION

The practice of *hasin-tanana* emerged as a reciprocal social arrangement that offered a form of remuneration to those who supplied their services free of charge. However, its persistence in public health settings is a cause for concern, and it is clear that in some parts of the country, the delivery of health services is viewed as a benevolent act, rather than an entitlement which people can demand from the state.<sup>101</sup>

Outside this study, research has found that expectations of gratitude payments can impede equitable access to health services, with those from poorer and marginalised backgrounds shouldering the heaviest burden.<sup>102</sup> Women are particularly affected by the practice, with those who cannot afford to pay sometimes avoiding maternal health services entirely, increasing the risk of “avoidable postnatal complications” and in the most serious cases “the death of the woman, the child or both.”<sup>103</sup> While maternal mortality rates in Madagascar are lower than the average for Sub-Saharan Africa, they remain high, and fall considerably short of the targets established as part of the Sustainable Development Agenda.<sup>104</sup> Most deaths are preventable. But delayed access to medical assistance, particularly following birth complications, means that some women do not receive the care they urgently need.<sup>105</sup>

While the Ministry of Health has implemented measures to address corruption, including the establishment of an anti-corruption committee and

the installation of complaint boxes in primary health care facilities, several participants stated that they felt unable to lodge complaints, for fear of possible consequences. “We can't complain to others,” one explained. When a person lodges a grievance medical staff “don't accept or treat you”. Patients depend on the care of medical personnel, but a lack of transparency in the cost of services means that some staff may feel empowered to abuse their position. One participant believed that those who raise complaints may be charged higher fees by health workers. “The more you complain, the more expensive the medications are,” they explained. “But if you don't complain, they lower the bill for the medications.” A participant from one of the Toliara focus group discussions also noted that a lack of alternative health care facilities can act as a powerful constraint on reporting.



**The power is in their hands. They are the ones who will treat you. Yet they don't care about you, not even a little.**

Testimony from the Manombo Focus Group

The net result of these dynamics is that many women are pushed outside of the formal health care system, and forced to make difficult decisions that may impact their own health, or that of their children. Those who do attend public health facilities face costs that many simply cannot afford. In the most extreme accounts, participants relayed stories of women being detained by health centre staff, or having their national identity cards confiscated to coerce them into making a payment. Although some health facilities have reportedly established systems allowing for deferred payments, these measures did not go far enough to address the financial difficulties faced by families.<sup>106</sup> Equally severe but less visible costs are also borne by children. As the following case study shows, corruption and discrimination in the health sector can have subsequent impacts, reproducing inequalities in broad areas of life, and over multiple generations.

# THE FUTURE OF OUR CHILDREN:

## Birth registration, corruption and discrimination in Madagascar

In Madagascar, the non-registration of children at birth results in the discriminatory denial of the right to education and creates opportunities for corrupt actors to exploit those in need.

*Authored by Transparency International Initiative Madagascar.*

Birth registration is an essential component of the right to equal recognition as a person before the law.<sup>107</sup> Where children are not registered at birth, many will face difficulties proving their citizenship status and accessing important identity documents, such as passports and national identity cards, in later life.<sup>108</sup> Not only can this limit their access to quality education and health services,<sup>109</sup> but it can also expose them to a risk of exploitation and abuse owing to their “invisibility” in national databases.<sup>110</sup>

As described below, some segments of the population are more likely to be unregistered, and may feel the impacts of non-registration differently from others.<sup>111</sup> However, comparatively little is known about the role of corruption in registration processes, and its interplay with discrimination.<sup>112</sup> To bridge the gap, in 2024 Transparency International Initiative Madagascar undertook seven key stakeholder interviews with participants based in the Analamanga and Boeny regions. Despite the limited sample size, the research shows how corruption and discrimination can reinforce one another, while also demonstrating the acute impacts of non-registration on children’s educational prospects.

### BIRTH REGISTRATION IN MADAGASCAR

Under the Convention on the Rights of the Child, states are required to adopt “all necessary measures to ensure that children are registered at birth” and to take steps to ensure that nobody is denied the right to acquire a nationality.<sup>113</sup> Unfortunately, many children are unregistered.<sup>114</sup> According to the Office of the UN High Commissioner for Human Rights, children from marginalised communities who are “subjected to discrimination and living in vulnerable situations” are disproportionately affected.<sup>115</sup> A range of UN treaty bodies has found that groups exposed to discrimination, including persons with disabilities,<sup>116</sup> Indigenous Peoples,<sup>117</sup> and ethnic and racial minorities,<sup>118</sup> are particularly impacted by non-registration and at a comparatively greater risk of being marginalised.<sup>119</sup>

Historically, gender discrimination in nationality laws meant that Malagasy women were prevented from conferring their nationality on their children on an equal basis with men. This led to an increased risk of statelessness, particularly among racial, ethnic and religious minorities.<sup>120</sup> Amendments to the 1960 Code on Nationality, effected in 2017, partially addressed this anomaly, although many historically stateless communities continue to face barriers, and some groups remain affected by a lack of birth certificates.<sup>121</sup> While birth registration per se does

not confer nationality,<sup>122</sup> the registration process often marks the first step in a process of obtaining recognition of one's citizenship status,<sup>123</sup> meaning its importance cannot be understated. Registration serves as the key to the enjoyment of a wide array of human rights.<sup>124</sup>

Without a valid birth certificate, individuals face multiple challenges. Some companies, for instance, may request to see a copy of a certificate as a form of identification for work. A person may be unable to prove their eligibility for social protection schemes, or to register for insurance.<sup>125</sup> Owing to their omission from national databases, the needs and experiences of those from marginalised communities may be ignored in the development of programmes designed to benefit them. Importantly and pertinent to this study, unregistered children face significant obstacles to accessing education, limiting their human potential and future career opportunities.

In recent years, Madagascar has undertaken a package of measures aimed at increasing birth registration rates. In 2018, new legislation was adopted which (among other things) extended the deadline for declaring a birth from 12 to 30 days, permitted community leaders in some remote *fokontany* (administrative areas) to receive birth declarations, and introduced new sanctions for non-compliance.<sup>126</sup> A survey conducted in 2013 found that the registration rate of children aged under five stood at 83 per cent – higher than the average for Sub-Saharan Africa.<sup>127</sup> However, the number of children with birth certificates fell considerably below this number,<sup>128</sup> and in its most recent concluding observations, the Committee on the Rights of the Child expressed concern regarding a “downward trend” in registrations.<sup>129</sup>

## NON-REGISTRATION AND ACCESS TO EDUCATION

Many factors can prevent a parent from declaring the birth of their child to public authorities. “Sarah” explained that her parents were occupied with farm work, and never viewed registration as a priority.<sup>130</sup> Living in poverty, they perceived the process of obtaining a birth certificate as expensive, and the procedure was overly complex and burdensome. While Sarah was eventually admitted to school, she started late and faced challenges obtaining her school records and leavers’ certificates. “Monica” had a similar experience. She explained that her

parents never registered her birth when she was born, because they did not realise its importance. While Monica was eventually able to acquire a birth certificate, she experienced difficulties enrolling in school, noting that many students in her situation faced similar challenges. For “Stephanie”, these obstacles proved insurmountable.

**“ Without a birth certificate, I couldn’t get an official school registration. Even if I wanted to go to school before, I couldn’t because they told me I needed this paper to prove I existed. In our village, many children don’t go to school for this reason, and that keeps us stuck in poverty. Unfortunately, my parents are thinking about marrying me off soon because they believe I am becoming a burden to the family. In our culture it is common for girls to be given in marriage without their consent (...) I feel my future is being decided for me. And it’s hard, because I don’t have any control over it.**

Interview with “Stephanie”

The law establishes certain mechanisms through which a person may retroactively apply for a birth certificate. However, interviewees explained that the process is complex, imposing costs that some families cannot afford. With the support of a civil society organisation working to advance the rights of persons with disabilities, “Jonathan” was eventually able to register his birth and access a private school. However, he encountered a number of obstacles along the way that complicated the process.

**“ The process of obtaining a birth certificate was very complicated. We had to gather a lot of documents, many of which we didn’t have; a person who must testify and so on. We needed proof of my birth, which was hard to provide since there was no official record. The local authorities required us to travel to the city, which was far away, and we didn’t have the money to cover transportation costs or the fees involved. It was a long and stressful process (...) Fortunately, I was still able to study in the end.**

Interview with “Jonathan”

## “CORRUPTION BECOMES ALMOST NORMAL”

The complexity of administrative procedures can create room for corruption as officials abuse their position of responsibility to exploit those in need. As one participant explained, “Civil servants know that people like me are in a tough spot, and that we are ready to pay to get things done.” This, they added, can create “an environment where corruption becomes almost normal.”

Two parents interviewed for this report were approached by civil servants with illicit demands for payment to obtain a birth certificate for their child. “Sylvie” explained that she was initially prevented from registering the birth of her son because she could not afford the cost of public health facilities. In the end, she gave birth at home, with the support of a traditional birth attendant. While her son was eventually able to enrol in school, Sylvie was later informed that a copy of his birth certificate would be needed to register for forthcoming examinations. With limited time available, a civil servant approached Sylvie, offering to help expedite the registration process. The official reportedly

requested 100,000 ariary for his services. Although Sylvie knew that she lacked some important documents evidencing a family connection, the official explained that he could help overcome this hurdle, provided that she could pay.

**“ It had a significant impact. Even though I received the birth certificate, I felt uneasy. I had to pay for something that should have been free. I also feel guilty. I’m worried that my child might encounter problems later, because the certificate was issued illegally.**

Interview with “Sylvie”

Like Sylvie, “Avotra” explained that he was approached by a public official to obtain a birth certificate for his daughter. Although Avotra’s daughter was born at a local health centre, he could only stay for a few hours, before having to return to work. While he later tried to have his child registered at the municipal office, there were issues with the documentation, and he was ultimately unsuccessful. When Avotra’s daughter was old enough, he tried to enrol her at the local school. However, without a birth certificate, the school refused to admit her. Avotra explained that without the certificate he also experienced challenges obtaining medical care for his child. A civil servant offered to “help” in exchange for 80,000 ariary. To speed up the process, he recommended changing the age of Avotra’s child on the registration form. Avotra explained that he now lives in fear that his child will be in trouble if her true age becomes known.



“ Many families are in a very difficult situation and are willing to do anything to quickly solve their problems (...) Some families sell their most valuable possessions (...) The civil servants know that we are vulnerable. And that is why they take advantage of the situation

Interview with “Avotra”

In cases like Sylvie’s and Avotra’s, corruption can provide a means to overcome administrative barriers to birth registration. However, its consequences are ultimately harmful, depriving already struggling families of their limited financial resources, while also placing parents in legal jeopardy, as the birth certificate was obtained by illicit means. If children knowingly rely on and use a false document, they may be at risk of being prosecuted under the law.<sup>131</sup> In light of the best interests of the child, UN Treaty Bodies have urged states to refrain from prosecution in such cases.<sup>132</sup>

## WIDER EXPERIENCES OF CORRUPTION AND DISCRIMINATION IN EDUCATION

Some children in Madagascar experience unique challenges accessing education on an equal and non-discriminatory basis. Existing corruption in the education sector can compound these challenges, depriving schools of vital resources needed to meet their students’ diverse needs.

“Anna” was diagnosed with epilepsy at the age of nine. Her birth was never registered, as her parents lacked knowledge of the registration process. While Anna was eventually able to access a private school, public schools refused to enrol her, and she later encountered difficulties proving her eligibility for exams. For reasons linked to her disability status, she felt that teachers and classmates treated her differently, and she worried about falling behind. Over time, as Anna struggled to complete her studies, she witnessed other students receiving preferential treatment from teachers, contributing to an ever-deepening sense of isolation. These students, she explained, were the ones that were able to pay.

**“ Some students were getting better treatment just because they could pay for extra lessons. I saw teachers asking for money to “help” students pass their exams or even to boost their grades. It felt that the students with money were given opportunities that others didn’t have.**

Interview with “Anna”

As described previously, Jonathan had difficulties accessing education because he lacked a birth certificate. However, even when his birth was officially registered, and he was finally able to enrol in school, he continued to face barriers due to a lack of accessible infrastructure. Unable to participate on an equal basis with his classmates, Jonathan felt increasingly detached from school life. While students with disabilities have particular access needs, Jonathan explained that only those students who could afford to pay staff members received additional assistance or support.<sup>133</sup>

**“ I’ve witnessed people paying to access to services that should be free for all (...) My physical disabilities have made me feel excluded and discriminated against. It’s as if I am being punished twice – not only because of my disability, but also because the corruption makes it harder for people like me to get a fair shot. When you’re already struggling to access basic rights like education or essential services, these additional obstacles only deepen the inequality.**

Interview with “Jonathan”

Several participants expressed concern regarding corruption in Malagasy schools, some of whom explained that they were unable to raise complaints when they suspected teachers of taking bribes from students, on account of their precarious status. “I am already vulnerable because of my condition, and I don’t think anyone would listen to me,” one participant noted. “The fact that I don’t have a birth certificate makes me even more invisible and voiceless.” A separate respondent explained that they were “afraid of the consequences of speaking out,” because “the people in charge were the ones responsible” for perpetrating corrupt practices.

Madagascar’s government has taken some measures to address allegations of impropriety in the education sector, particularly around examinations. An order from the Ministry of Education, published in 2019, prohibits the use of false documents, including birth certificates, as part of a broader range of anti-corruption safeguards.<sup>134</sup> While some schools will allow a child to enrol without a birth certificate,<sup>135</sup> students must provide their birth certificate to sit certain examinations. This requirement is ostensibly designed to ensure the integrity of the examination process. However, a failure to consider the impacts of these requirements on students who lack the necessary



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identity documents means that some are prevented from graduating and proving their qualifications.<sup>136</sup>

## **THE NEED FOR AN EQUALITY-BASED APPROACH**

Children in Madagascar who are not registered at birth face significant barriers to education. Discrimination means that some groups are more likely than others to be unregistered, increasing their risk of exclusion. Without a birth certificate, these children are not legally recognised, exposing them to further acts of discrimination and difficulties throughout their lives. Fear for their children's future left parents from two families with little alternative but to make illicit payments to unscrupulous local officials, stretching their limited financial resources.

An interesting dynamic emerged as this research was undertaken. Within the health sector study described in the previous section of this report, some of the research participants explained that they had been unable to register the birth of their children. While many women expressed a preference for giving birth in public health facilities, a combination of factors – including the non-availability and non-accessibility of health centres and the occurrence of corruption in health care service delivery – can push women outside the reach of the formal health system, increasing the risk that their children are denied birth certificates.<sup>137</sup> Research participants also indicated that women were more likely to attend public health facilities when they were due to give birth to a boy, despite the increased (informal) costs of gratitude payments.

The findings suggest that corruption in the health sector can contribute to children not obtaining a birth certificate, possession of which will later arise as a requirement for their completion of schooling. In addition, when resources are scarce, prevailing gender dynamics can play a decisive role in determining when women seek professional care, with a disproportionate impact on their daughters. Further research is needed to confirm these findings. If the issues highlighted in this study are to be addressed, it is crucial that action is taken to break the cycle of discriminatory corruption, and to ensure that all children – without distinction – can live and grow in an environment where their rights are respected, protected and fulfilled.

# SHARE THE FLOUR:

## Rwanda's fortified blended food programme

The Fortified Blended Food programme is a critical government social protection initiative. However, corruption in implementation of the scheme risks the health of those it is intended to benefit, with lasting and often irreversible impacts.

*Authored by Transparency International Rwanda.*

To combat chronic malnutrition, the Rwandan government, in collaboration with the Clinton Health Access Initiative and international partners, launched Africa Improved Foods (AIF) in 2016. AIF produces nutrient-dense fortified blended foods (FBF), which are distributed to key populations at risk of malnutrition, including pregnant women, breastfeeding mothers and children under the age of two.<sup>138</sup>

In Rwanda, as in other countries across Africa, malnutrition is a significant public health challenge, resulting in the impaired growth and development of children. This is commonly referred to as stunting. The condition is largely irreversible, and has been identified as the “single biggest predictor of death” in younger children.<sup>139</sup> In 2020, an “estimated 149 million children under the age of five” experienced stunting, with those from low- and middle-income countries at comparatively greater risk.<sup>140</sup>

The UN Special Rapporteur on the Right to Health has stated that marginalised communities carry “the greatest burdens of all forms of malnutrition.”<sup>141</sup> Discrimination based on a person’s race, ethnicity, sex, gender, disability status and other protected characteristics, can impede their access to education and employment, limiting their economic opportunities and constraining their choices in life, with the result that they exercise “less autonomy concerning their diets and health.”<sup>142</sup> Discrimination can also lead some to turn to “unhealthy coping

mechanisms” that contribute towards greater levels of malnutrition.<sup>143</sup>

The FBF programme aims to address socio-economic barriers to nutritious food and to promote improved health outcomes for key populations. In this respect, it is a critical equality enhancing measure. However, despite its important aims, previous research undertaken by Transparency International Rwanda raised concerns that corruption in implementation of the scheme may lead to the exclusion of legitimate beneficiaries.<sup>144</sup> Because of the close links between nutritional health, poverty and discrimination, corruption arising in such a scheme is likely to have wider discriminatory impacts.<sup>145</sup>

TI Rwanda decided to investigate further. This study draws on eight semi-structured interviews conducted in 2024 with mothers who reported challenges accessing or benefitting from the FBF programme in Kayonza and Musanze Districts. The Chapter held additional interviews and a focus group discussion with community health workers and other implementing actors.<sup>146</sup> Despite the small sample size, the findings show how corruption can impede effective implementation of the FBF programme, preventing it from realising its objectives.



## CORRUPTION IN THE FBF PROGRAMME

The FBF programme involves the distribution of nutrient-rich flour, branded as *Shisha Kibondo*, which is designed to meet the daily dietary requirements of recent and expectant mothers and young children.<sup>147</sup> Beneficiaries are selected from among the poorest households in Rwanda.<sup>148</sup> To qualify, they are required to undergo a basic medical assessment that includes age, weight, height and mid-upper arm circumference measurements. These are typically carried out by community health workers and confirmed by nutritionists at health centres.<sup>149</sup> Once they have been assessed, eligible candidates are provided with monthly allocations of fortified flour. These allocations vary depending on the specific needs of the individual, such as their stage of pregnancy or a child's level of malnutrition.

When the FBF programme was launched, it targeted families falling within the first (and later second) bands of Rwanda's *Ubudehe* social protection system.<sup>150</sup> Under this system, households were categorised into four bands according to their relative income level through a process overseen by local community leaders. The first band covered the country's poorest families, while the fourth band included households assessed as having comparatively greater financial resources.<sup>151</sup>

The *Ubudehe* system has been criticised on account of the broad discretion accorded to local leaders in the classification process. These leaders may be "susceptible to nepotism, taking bribes or colluding with community members to list them as eligible for support."<sup>152</sup> Among participants in this research, there was a common perception that individuals from "well-off" households were given allocations of *Shisha Kibondo*, to the detriment of those from poorer families. In 2024, it was announced that the government was replacing the *Ubudehe* categories with a new "*Imibereho* Social Registry System".<sup>153</sup> While still being implemented as of early 2025, these changes are intended to reduce the discretion of local leaders in classifying households, and may address some of the concerns raised by participants in this report.<sup>154</sup>

Despite these changes, research participants identified a wide range of corruption risks, ranging from collusion between health workers, doctors and beneficiaries, to coercive demands for payment or the sharing of flour allocations. Corruption in this area can also take place higher in the service delivery chain. For example, one participant reported that flour designated for children at early childhood development centres was diverted by community health workers and local officials.

**“ In our cell,<sup>155</sup> a mother was supposed to receive flour for her child, but the community health worker and the cell executive secretary took it.**

Interview with a mother, Kayonza District

Participants reported that some individuals use their wealth or personal connections to obtain FBF allocations, despite not qualifying for assistance. A district employee, responsible for coordinating the FBF programme, explained that there had been cases of health workers listing their family members or neighbours as beneficiaries, despite these individuals not meeting the eligibility criteria. Such corruption may lead to shortfalls in the availability of products, resulting ultimately in the exclusion of legitimate beneficiaries whose health and nutritional needs go unmet.

In some instances, those involved in registering individuals with the FBF programme were said to have demanded payment and other services to list women and their children among the beneficiaries. Recalling an incident from 2023, a community health worker described how a doctor had ignored the measurements provided for a mother to receive an allocation of Shisha Kibondo, despite her child showing signs of malnutrition. They raised the matter with the local administrative officer, but eventually decided to let it go, stating, “I felt like they had their own interests.”

The same interviewee shared a belief that some doctors may engage in acts of sexual corruption<sup>156</sup> in exchange for enabling women’s access to the FBF programme. Other services were also reportedly demanded. In an incident allegedly in 2020, the respondent described how one woman had been forced to work on a corrupt community health worker’s farm in order to receive Shisha Kibondo, although her efforts ultimately went unrewarded. A separate respondent recounted being asked to pay a bribe:

**“ I took my child, who was malnourished, to the health centre after getting a transfer from the community health worker. There was an older man there who examined my child, took my information and gave me Shisha Kibondo flour for that month. But in August, the community health worker told me that if I didn’t give her 2,000 Rwandan francs [US\$1.4], I wouldn’t receive the Shisha Kibondo flour again. I told her I couldn’t give her the money and would rather buy corn. After the next check-up, I was given a report, but when I returned to collect the flour, I was told I was no longer on the list. The man at the health centre said there was nothing he could do because the community health worker didn’t add me to the list.**

Interview with a mother, Musanze District

Due to a lack of financial resources, the intended beneficiaries of the FBF programme may be less able than others to meet the demands of corrupt actors. In this situation, the flour itself can become a valuable commodity. In the focus group discussion with community health workers, some participants explained that health officials have been caught demanding that mothers share their allocations of Shisha Kibondo in order to register with the programme. Other participants told similar stories. One interviewee began receiving FBF allocations for her grandchild, as the primary caregiver. However,

as the child grew older, the allocations stopped. She approached the village leader, asking if he would be able to assist, owing to her grandchild's poor state of health. She described:

**“ I asked the village leader (...) “What can you do to help?” He told me that wasn’t the right way to ask for help. I told him, “I know you’re distributing Shisha Kibondo porridge for free. If you can’t help me, then just say so.” Later, I approached (...) the community health worker, and she told me, “I’ll put your name down, but when you get the Shisha Kibondo flour, we will share it.”**

Interview with a grandmother,  
Kayonza District

## THE IMPACTS OF EXCLUSION

For victims of corruption, exclusion from the FBF programme can have profound physical and mental health impacts. One mother described how her child's weight began to decrease after she was removed from the list of beneficiaries owing to an inability to pay a bribe that had been demanded.

**“ Now, my child only gets porridge occasionally because I can’t afford it. My child’s weight also dropped. He was 8.3 kg before, but now he weighs only 7 kg. A child should weigh around 10 kg at eight months, but my child’s growth has slowed since we stopped receiving the flour. The programme is supposed to provide the flour until the child is two years old, but my child was removed after only one month.**

Interview with a mother, Musanze District

While some health workers have been dismissed following allegations of impropriety, others may continue to exploit their positions, knowing that beneficiaries are unlikely, or unable, to report them. Some respondents indicated that they were unaware of how to report corruption or that they were unsure whom to report it to. This lack of awareness can leave beneficiaries vulnerable to exploitation and prevent them from advocating for their rights when they are excluded from the programme.

**“ I didn’t think the local officials could help. I believed that if I reported the issue to them, they might shut the door on me. I was afraid to approach the sector because I gave birth at home and didn’t have a health insurance card.**

Interview with a mother, Musanze District

Even where a person believes they have been wronged, fear of reprisals may prevent them from raising complaints. This risk appears particularly acute when victims are requested to share their allocations of fortified flour with those responsible for admitting or denying eligibility to the programme. In these circumstances, fear for the health of their children, combined with the risk of being omitted from the scheme entirely, places victims in a challenging situation. Nonetheless, some have spoken out, and several respondents gave examples of cases where action was taken against those responsible. In one case, the local mayor was reportedly enlisted to resolve a complaint. While these testimonies are encouraging, the intervention may come too late for those denied access:

**“ Ordinary citizens often fear authorities and feel intimidated. They might say, "Let me leave it alone," because if they report someone, that person isn't immediately removed. Instead, once the person finds out who reported them, they retaliate even worse than before.**

Focus Group Discussion with community health workers, Kayonza District

exceeding initial targets.<sup>158</sup> While the rates of child stunting remain troubling, they have fallen substantially in recent years, even as global progress has plateaued.<sup>159</sup>

Yet for all these successes, this research indicates that some are being left behind. The testimonies of both victims and health workers show how corruption in implementation of the FBF programme can prevent its intended beneficiaries from accessing the support they need. Malnutrition disproportionately affects those from poorer and marginalised backgrounds.<sup>160</sup> In addition to its direct impacts on pregnant women, breastfeeding mothers and young children, corruption in this area is therefore likely to have broader, indirectly discriminatory impacts. When health care workers manipulate beneficiary lists or demand bribes, the programme's goal of reducing malnutrition is compromised, undermining the success of the scheme and its potential to enhance equality.

The research was based on a limited sample, and includes both first- and second-hand accounts of corruption that occurred in different years, and in different localities. The recent decision to replace the Ubudehe system may go a long way to addressing the concerns highlighted in this report. However, most participants agreed on the need for greater accountability and oversight within the FBF programme, as well as for strengthened reporting mechanisms, increased awareness raising and greater transparency in the selection of beneficiaries. By implementing these recommendations, Rwanda's government can ensure that the programme reaches all those in need.

## LEFT BEHIND: CORRUPTION AND HEALTH OUTCOMES

Rwanda has made notable strides to improve its health system, particularly in the areas of maternal and child health. The Fortified Blended Food programme is a crucial intervention in the fight against malnutrition, and its results have been remarkable. A recent assessment of the programme, covering the period 2017–2021, found an overall reduction in stunting among children aged two or under from Rwanda's poorest households.<sup>157</sup> For these children, the prevalence of stunting fell from 47 per cent to 35 per cent,

# AN IMPOSSIBLE CHOICE:

## Power plays and sexual corruption in Rwanda's higher education institutions

Several women describe facing sexual corruption in higher learning institutions in Rwanda – experiences that derailed their pursuit of education. What is more, their attempts to report it have often gone unanswered.

*Authored by Transparency International Rwanda.*

“ [M]ale students, fearing failure, could pay him money to pass the course. For female students, however, if the lecturer sought sexual favours,<sup>161</sup> there was no alternative – his demands centred on sex alone.

“Jovia” – a Rwandan university student

One of the most egregious forms of corruption can occur without any money changing hands. Sexual corruption (sometimes known as “sextortion”) is the abuse of entrusted power to demand or obtain sex or acts of a sexual nature.<sup>162</sup> This study explores the experiences of students in Rwandan universities, and highlights how sexual corruption is perpetrated, affects victims<sup>163</sup> and is responded to at an institutional level.

Sexual corruption can be considered a gendered form of corruption, as women appear to be disproportionately affected by the practice. Nevertheless, other groups, including men and members of the LGBTQI+ community are also at risk

of sexual corruption, and may face distinct forms of stigma and persecution that prevent them from disclosing their experiences. While all interviewees for this study were women, it is likely this does not fully reflect the extent of sexual corruption in Rwandan universities.

While Rwanda has made significant strides in terms of access to education and gender equality, women continue to face challenges accessing university. For example, women students represented on average only 34 per cent of the student body at the University of Kigali between 2013 and 2020.<sup>164</sup> One study attributed this discrepancy to the persistence of patriarchal norms, among other factors, as women are often expected to fulfil more household duties compared to men.<sup>165</sup>

Rwanda is one of the few countries to have adopted legal provisions that explicitly criminalise sexual corruption.<sup>166</sup> However, despite these provisions, the combination of entrenched gender-based discrimination and weak enforcement of the legal framework means that the threat of sexual corruption is very much alive. If unaddressed, this situation may exacerbate the challenges experienced by women who have already had to fight for their place at university.

The analysis below is based on confidential interviews conducted with victims and witnesses, as well as staff members and guild union

representatives from two public and two private higher learning institutions – three in the City of Kigali and one in the Northern Province. These actors were purposely selected due to their roles and responsibilities within their respective institutions. Pseudonyms are used to protect the confidentiality and safety of the women who shared their experiences.

## ACCOUNTS OF SEXUAL CORRUPTION

This section provides a description of five women's accounts of sexual corruption in Rwandan universities. In many cases, lecturers are not only made responsible for grading students' assessments, but also for entering those grades into the university system. A passing grade must be recorded in the electronic system for students to progress to the next stage of their studies. The high degree of power and autonomy accorded to lecturers can enable corrupt practices. In addition to reports of monetary bribes being extracted from students, some respondents explained that lecturers abuse their position and attempt to extort women into providing sex and other sexual acts in exchange for passing them.

"Sonia" explained how her lecturer had attempted to coerce her into providing a sexual act in exchange for a passing grade for a test. While Sonia was initially told that she had passed the examination, after refusing her lecturer's persistent sexual demands she was failed and forced to retake the module. Sonia explained that her lecturer unfairly failed her again on multiple subsequent occasions. This, ultimately, delayed her graduation and caused a great deal of stress and uncertainty in her life.

"Claudette" shared a similar story. She was invited to a lecturer's office under the guise of discussing her academic performance, only for the lecturer to make sexual advances. She reported feeling trapped, as her academic future depended on the person who was harassing her. Eventually, Claudette dropped out of university after the mental toll of repeated harassment and academic failures became too much to bear.

One interviewee described the experience of her niece "Grace", who encountered sexual corruption at a public university. After failing a paper, Grace sought a meeting with her lecturer to discuss her failed exam. Invited to his home, she refused a request to follow him into the bedroom and quickly left the house. This incident impacted her education, finances and mental health. Grace failed the test for

a required module three times over three years, which she attributed to the trauma and loss of confidence caused by her encounters. Each retake involved additional fees, which placed further strain on her already limited financial resources. The repeated failures delayed her graduation, and increased her financial burden. Emotionally, Grace continues to experience trauma and harbours a lasting distrust of men. This case illustrates how sexual corruption can not only hinder academic progression but also compound socio-economic vulnerabilities, with lasting psychological impacts.

"Jovia", who studied at a public university, shared her experience regarding a lecturer in her first-year course. The lecturer requested Jovia's phone number and subsequently began making inappropriate advances, repeatedly calling her and expressing a romantic interest. Feeling trapped and intimidated, she eventually blocked him, which led to the lecturer retaliating by publicly shaming her, ejecting her from his class, and denying her access to exams and continuous assessment tests, which put her academic career in jeopardy. Jovia said the lecturer had a reputation for such behaviour. For example, he had reportedly made sexual advances towards other women students, while promising to give them the questions of forthcoming exams.

"Teta" shared a distressing account of sexual corruption at a private university. During her studies, a head of department repeatedly harassed her, sending inappropriate messages and explicit images of himself. Despite Teta's attempts to evade him by rescheduling classes and avoiding interactions, the harassment escalated as he manipulated her grades, making them disappear from the system to pressure her into compliance. When she refused his advances, he claimed she had failed several courses, insisting that she would have to retake them or accept his conditions. Teta described the misery of feeling that her academic success depended on someone misusing their power. She also spoke about her fears that her husband would react negatively if he found out what had happened.





**“ Eventually, my grades were reduced, which impacted my future prospects and left me feeling traumatised, simply because I am a woman.**

“Teta” – a Rwandan university student

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## SEEKING JUSTICE

Each of the five women was aware that something deeply wrong had occurred, but not all felt able to report it. Perpetrators of sexual corruption often hold significant positions of power within universities and have close ties with the administration, making it risky for students to come forward. In Sonia's case, the lecturer held a senior position, which made it difficult for her to report his misconduct without fearing repercussions. Sonia also said that she thought university officials were worried about the reputational damage her allegations could cause to the institution.

Reluctance to report unlawful behaviour can be compounded if there is an absence of independent reporting mechanisms. When Teta sought help from

the university administration, she gathered evidence and presented it to the chancellor. However, the authorities dismissed her case, claiming the evidence was fabricated. She said that people warned her against challenging someone in a higher position and advised her to accept the situation and retake the exams the perpetrator had failed her for. Left with little support, she eventually retook the exams, even though she was confident she had passed them the first time around.

Teta contacted a journalist who attempted to publicise her ordeal. However, the university administration threatened to sue the journalist for libel, leading him to withdraw the article from publication. This left Teta feeling discouraged and socially isolated. Eventually, she decided to abandon her fight for justice.

**“ I then lost confidence in public institutions. I thought, since I got my degree, I'd just leave and ignore it.**

“Teta” – a Rwandan university student

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When Jovia filed a complaint, she similarly faced pushback from the university administration, which dismissed the issue as trivial and did not attempt to escalate it.

**“ They might tell you to write down your issue and place it on the authority’s desk, but they never actually respond.**

“Jovia” – a Rwandan university student

However, Jovia eventually confided in her father, who then involved Transparency International Rwanda. TI Rwanda engaged the Rwanda Investigation Bureau, leading to the prosecution and conviction of the implicated lecturer, who later received a five-year prison sentence under provisions of the 2018 Law on the Fight against Corruption that criminalise acts of sexual corruption.

## **A MANIFESTATION OF GENDER-BASED DISCRIMINATION**

These accounts of sexual corruption are multifaceted, but each can be analysed through the lens of gender-based discrimination. While the sample size is limited, the stories point to an unequal environment, within which women students face additional barriers to their academic progression, and pressure to conform to the sexual demands of those responsible for their education.

The impacts of sexual corruption extend beyond academic failure. Some students who fall victim to such corruption report experiencing mental health challenges, including depression, anxiety and trauma, which affect their personal lives in addition to their academic performance. The financial burden of retaking courses and exams or having to prolong their time in university compounds these impacts, particularly for students from socio-economically disadvantaged backgrounds. However, it was stated that universities rarely provide psychological support to students.

**“ I had to pay an additional 75,000 Rwandan francs [US\$53], which was difficult because I lack financial means. I couldn’t graduate that year, delaying my ability to work. My family, who paid my tuition, lost confidence in me, thinking I was to blame for the poor performance.**

“Sonia” – a Rwandan university student

Tertiary education in Rwanda already contends with a gender inequality problem. In addition to the finding that university places in Rwanda University are disproportionately occupied by men, the same report found that men comprised 75 per cent of all academic staff between 2013 and 2020.<sup>167</sup> If these statistics reflect the broader environment of tertiary-level education in Rwanda, they may point to the existence of power imbalances within universities, which in turn may create gendered vulnerabilities to sexual corruption.

In addition, the stigma attached to sexual corruption can discourage those affected from seeking justice. In Rwanda, as in many other cultural settings, this stigma originates from deeply rooted gender norms and rigid social expectations that frame discussions about forms of sexual harassment as shameful or taboo. In some cases, this can manifest in the form of victim-blaming, where the harmed individual may be viewed as responsible for “inviting” misconduct, thereby shifting the focus from the perpetrator’s wrongdoing to the victim’s perceived moral failings.<sup>168</sup> In many contexts, the prevalence of norms about female sexual behaviour can lead to sexual activity being viewed as shameful, stigmatised and “best kept secret”.<sup>169</sup> For example, religious or moral teachings, when interpreted narrowly, can also reinforce the view that sexual misconduct is better left undiscussed, isolating victims and normalising a culture of silence.<sup>170</sup> As a result, victims often feel compelled to remain quiet, fearing exclusion and reputational damage, contributing towards a state of impunity where offenders are left unchecked and victims remain unsupported.

## DUTY-BEARERS' RESPONSES TO SEXUAL CORRUPTION

Many of the women interviewed for this report who had experienced sexual corruption felt that the university administrations' responses were inadequate, which left them feeling discouraged. However, other participants in the research also described how student groups and youth councils had begun to mobilise around the issue to demand better accountability and stronger action.

In some universities, this appears to have borne fruit. For example, one university has adopted a dedicated policy on countering sexual harassment, which recognises the dangers of sexual corruption and the specific risks linked to grading. The university requires all staff and students to read and sign the policy, which additionally provides for orientation sessions on sexual harassment and the possibility of reporting it, as well as the establishment of disciplinary committees for reported cases.

One university official provided information about a case in which a student reported being harassed by a teacher through online "chats". That teacher's contract was immediately terminated, they explained.

However, the interviews also indicate that not all public and private Rwandan universities have adopted such policies yet. In this vein, participants identified a set of reforms that Rwandan universities should undertake in line with their duty of care towards students and broader legal obligations:

- + First, participants called for stronger preventative measures, including regular training sessions on sexual corruption for students and university officials.
- + Second, the responsibility for entering grades into the system should be taken away from lecturers and given to a neutral party who can perform checks.
- + Third, reporting mechanisms should be strengthened and made more accessible – for example, through the implementation of toll-free hotlines. All victims should receive confidential counselling and legal assistance services. If a report is raised, investigations should be carried out by an independent body, rather than the university administration.
- + Finally, where lecturers and staff are found guilty of sexual corruption, they should face

proportionate sanctions, including dismissal from their role and the possibility of prosecution under the 2018 Law on the Fight against Corruption.

While sexual corruption has been declared a criminal offence in Rwanda, in practice it appears that the law is rarely applied. The Office of the Ombudsman periodically publishes lists of convictions secured under the 2018 law and describes the nature of the offence in question. An analysis of these lists found that while monetary bribes and embezzlement were frequently cited as offences committed, soliciting, promising or offering sexual favours was not.<sup>171</sup> In previous research, TI Rwanda found that the enforcement of the law may be undermined by factors including stigma, which discourages reporting; institutional power imbalances that protect perpetrators, and the high burden of evidence required.<sup>172</sup>

The emergence of policies and legal frameworks in Rwanda to address sexual corruption is a promising trend, to which other countries should pay attention. Nevertheless, it should be cautioned that in the absence of sufficient investment in implementation and sensitisation around the issue, cases are likely to persist, to Rwandan women's cost. While each of the women interviewed for the study had refused the advances of their lecturers, the research also points to the strong social pressures that might compel a woman to comply with such coercive demands. In every case reported, lecturers had threatened women's grades or educational prospects as a means to compel compliance. Some women cannot afford to repeat classes, restart the year or drop out of university, owing to the financial costs involved. These women are left with an impossible choice. If the rights afforded to them are to be realised, stronger action is needed.

# FROM EXPULSION TO EXCLUSION:

## The unequal impacts of corruption on the Democratic Republic of the Congo's Indigenous Batwa people

In the Democratic Republic of the Congo, the Indigenous Batwa community faces numerous barriers to health care and education. Widespread discrimination against community members is exacerbated by corruption, placing their lives and future in jeopardy.

*Authored by La Ligue Congolaise de Lutte contre la Corruption (LICOCO).*

Batwa are an Indigenous People,<sup>173</sup> descendant from hunter-gatherer communities that have populated the territories of the Democratic Republic of the Congo (DRC) for tens of thousands of years.<sup>174</sup> Members of the community are sometimes referred to as “Pygmies” or *Peuples Autochtones Pygmées* – a wider social grouping that includes other forest-dwelling Indigenous groups. While some Batwa self-identify as Pygmies, the term is sometimes used pejoratively and is not universally accepted.<sup>175</sup> The exact number of Batwa in the DRC is unknown, but estimates of the number of Indigenous People vary from around 750,000 to 2 million, or approximately 1–3 per cent of the total population.<sup>176</sup>

Batwa are widely recognised as the first residents of the DRC's rainforests.<sup>177</sup> For many generations, Batwa have relied on these forests as a source of shelter, food and livelihood, allowing them to meet their basic needs.<sup>178</sup> However, intense competition over access to natural resources has seen many community members pushed from the land, jeopardising their health and wellbeing, and the future of the community. In recent years, civil society and international development organisations have published reports documenting

some of the challenges confronting Batwa. But while corruption is intermittently highlighted in the literature as a key challenge, there has been little discussion of its impacts on Batwa's access to education and health services. This study seeks to fill the gap.

The field research for the study was undertaken at 22 sites across five areas of the DRC, including the capital, Kinshasa, and the provinces of Équateur, Mai Ndombe, Tanganyika and South Kivu.<sup>179</sup> In each region, semi-structured interviews and focus group discussions were held with members of the Batwa community.<sup>180</sup> The field research focused on Batwa's access to education services. A literature review was undertaken to contextualise the primary research findings, which identified a broader set of corruption and discrimination risks linked to land governance and health care service delivery.

The study is divided into five sections. It begins by introducing the Batwa people. Like many Indigenous communities, the individual and collective rights of Batwa are closely connected to the land and natural resources.<sup>181</sup> However, conservation efforts, conflict and corruption in land governance are placing increased strain on forested areas, forcing many



Batwa to adopt more sedentary lifestyles. As described in section two, community members face a precarious existence. Deprived of their traditional livelihood, many struggle to earn a living in the face of systemic discrimination. Sedentarisation increases Batwa's reliance on the public education and health systems. However, as described in section three, the discrimination Batwa face means many have limited access to basic services. Section four presents the findings of the primary research. It shows how corruption in the education and health sectors, and in society more broadly, can fuel and amplify the struggles of Batwa people. The final part of the study looks to the future, considering the prospects of Batwa in light of recent legal and social developments.

## LAND CORRUPTION AND DISCRIMINATION

The presence of Batwa in the modern-day territories of the DRC dates back to the Stone Age.<sup>182</sup> These territories were gradually settled by other (principally Bantu) ethnic groups, pushing Batwa further into the forests.<sup>183</sup> Over the course of millennia, the community has acquired an "intimate knowledge" of the products of the forest, which provide the basis for hunting, gathering food and collecting medicinal plants that support the community's health and wellbeing.<sup>184</sup> For most of this time, Batwa have been able to practise their

traditional nomadic lifestyle relatively undisturbed.<sup>185</sup> But since the beginning of the 20th century, Batwa have experienced a range of shocks, from conflict-related displacement to a rise in the extractive industries, that increase competition for resources and place the community under threat.<sup>186</sup>

Historically, land-use patterns in the DRC centred on customary practice. However, legislation adopted in the colonial and post-independence eras foresaw a greater role for the state in land governance.<sup>187</sup> These laws facilitated the establishment of protected conservation areas, which have seen many Batwa displaced from their ancestral homes.<sup>188</sup> A notable example is the Kahuzi-Biega National Park, which was declared a protected area in 1970.<sup>189</sup> When the park boundaries were expanded in 1975, an estimated 6,000 Batwa were forcibly expelled from the forest, including through the threat and use of force.<sup>190</sup> In 2018, following a failed mediation process, some Batwa families began repopulating the park.<sup>191</sup> In successive waves between 2019 and 2022, a combination of park guards and Congolese army forces violently attacked the Batwa villages. Hundreds of Batwa were forcibly evicted, and many were killed and subjected to other gross violations of their rights.<sup>192</sup>

The displacement of Batwa and local communities from the forests has enabled state and non-state actors to exploit the land and profit from the DRC's abundant mineral wealth.<sup>193</sup> These patterns appear

particularly prevalent in the easternmost parts of the country, where armed groups contend to extract precious metals, which are sold illicitly into global supply chains.<sup>194</sup>

Land management and forest conservation projects in the DRC have been marred by persistent allegations of corruption.<sup>195</sup> Ruling elites reportedly collude with private actors and criminal networks to extract timber, wildlife products and minerals from ancestral Batwa lands, and hide their profits using offshore financing arrangements.<sup>196</sup> Since its establishment in 1968, serious concerns have been raised regarding the integrity of the Congolese Institute for Nature Conservation (ICCN) – the principal body charged with protecting conservation areas.<sup>197</sup> In 2005, for example, the country's president appointed a leading figure from one of the DRC's largest mining corporations to lead the organisation, despite the company's purported links to armed groups involved in illegal extraction activities.<sup>198</sup> In 2023, the US Department of State imposed anti-corruption sanctions on three officials, including the Director-General of the ICCN, following allegations that they had colluded with wildlife traffickers.<sup>199</sup>

Research on the DRC published by Land Portal has found that “community rights to land and forest resources remain under threat and vulnerable to land grabs often linked to mining and logging”.<sup>200</sup> Batwa may be particularly at risk of corrupt land deals, on account of their relative poverty, limited political connections and the historic non-recognition of their rights.<sup>201</sup> An investigation led by journalists alleged that in 2020, the Environment Minister transferred ancestral land of Batwa and other Indigenous communities to carbon credit projects, in apparent contravention of public consultation requirements.<sup>202</sup> An official from the relevant ministry shared their belief that the minister “knew he would lose his job in a cabinet reshuffle, and wanted to ‘eat’ as much as possible before he had to leave”.<sup>203</sup>

In 2024, the African Commission on Human and Peoples' Rights published a decision which found that the forced eviction of Batwa from the Kahuzi-Biega National Park violated the African Charter.<sup>204</sup> Evidence that non-Batwa people had been enabled by the authorities to access the park and illegally exploit its natural resources led to a finding of discrimination.<sup>205</sup> The Commission explained that the evictions had deprived Batwa of access to traditional knowledge and resources that were central to their survival as a community, undermining enjoyment of their rights to education

and health, in addition to other substantive provisions of the Charter.<sup>206</sup> The decision was welcomed by affected communities, who had long struggled to achieve recognition of the harms they had suffered.<sup>207</sup> However, just months after it was published, a provincial decree was adopted by the Government of South Kivu, prohibiting individuals from occupying and exploiting the resources of Kahuzi-Biega National Park. Human rights organisations have warned that the decree risks further “repression, violence and evictions” against the Batwa people.<sup>208</sup>

## SEDENTARISATION AND MARGINALISATION

Reduced access to forest areas deprives members of the Batwa community of their traditional means of subsistence, leading many to adopt more sedentary lifestyles.<sup>209</sup> Today, a majority of Batwa in DRC are semi-nomadic. Research published by the World Bank Group in 2009 estimated that fewer than 10 per cent of Batwa rely exclusively (or near-exclusively) on hunting and gathering to meet their basic needs.<sup>210</sup>

The shift from a principally forest-oriented economy, based on the collection and trade of forest resources, towards a monetised economic system increases Batwa's dependency on non-community members to obtain a livelihood.<sup>211</sup> This dependency, coupled with high levels of discrimination against Batwa and their subordination to the majority Bantu ethnic population,<sup>212</sup> creates room for exploitation and contributes to the extreme social and economic marginalisation of community members.<sup>213</sup>

Across the country, Batwa face challenges accessing land. While practices differ between locations, communities often live on the outskirts of Bantu villages, where they lack security of tenure and access to the most fertile agricultural ground.<sup>214</sup> Agricultural yields are often low, due to the small size and poor quality of plots. In addition, Batwa can be removed from the land at the discretion of traditional authorities, and some are only permitted to stay if they agree to make “tributes” to the customary landowners.<sup>215</sup> While recent legislation provides Batwa with rights to the land they occupy, their relative poverty and the unequal power dynamics mean they may face difficulties enforcing their rights through formal legal processes.<sup>216</sup>

With fewer economic opportunities open to them, some Batwa are forced into precarious employment in the informal economy – for instance, by working

as day labourers on Bantu plantations, or in the mining or logging industries.<sup>217</sup> Working conditions in these sectors are often tough, and many Batwa face discrimination in terms of remuneration. According to a World Bank Group report, members of the community may be paid “wages up to 50 per cent lower than Bantu workers”.<sup>218</sup>

## BARRIERS TO EDUCATION AND HEALTH SERVICES

Owing to their more limited political influence and lack of financial resources, members of the Batwa community face unique challenges in accessing public services.<sup>219</sup> One study, conducted in North and South Kivu in 2018, found that “only 11.4 per cent of Batwa school-aged children have access to primary education” – well below the national average.<sup>220</sup> A 2021 study conducted in Tanganyika province found that the school enrolment rate for Batwa children was 50 per cent, compared to 88 per cent for non-Batwa children.<sup>221</sup> This discrepancy was explained by several factors, including high rates of poverty among Batwa families, which can sometimes lead parents to pull their children out of school so that they can work and assist in finding food for the family.<sup>222</sup> Violence and conflict over land and natural resources – often fuelled by corruption – can also force Batwa to relocate, meaning their children must travel greater distances to attend school.<sup>223</sup>

Batwa who have been displaced from their ancestral lands face unique challenges accessing health care, owing to their historically more limited engagement with the public health system.<sup>224</sup> For many generations, Batwa have relied on medicinal plants, obtained from the forest, to meet their basic health needs. While these plants cannot treat more serious conditions, they play an important role in maintaining the physical and mental health of the community, and form part of Batwa’s protected customary health practices.<sup>225</sup> In a recent decision, the African Commission on Human and Peoples’ Rights found that the denial of access to these resources, combined with the failure of the state to ensure Batwa’s access to public health facilities, violated the health-related provisions of the African Charter.<sup>226</sup> The loss of traditional knowledge associated with the Batwa expulsion from the Kahuzi-Biega National Park also violated the right to education.<sup>227</sup>

The prohibitive cost of public health services has been highlighted as a critical barrier to entry for members of the Batwa community.<sup>228</sup> Related barriers include a lack of access to identity and civil status documents,<sup>229</sup> and poor transportation infrastructure, each of which can ultimately lead to the denial of services.<sup>230</sup> Several studies have found that geographic barriers to access – including the non-availability of schools, hospitals and roads – can prevent Batwa from accessing education and health care.<sup>231</sup> As part of the field research for this report, participants explained that the distant location of schools was a key barrier to educating their children. Similar findings have been made elsewhere. In the Tanganyika study cited above, Batwa children were on average required to travel for 40 minutes each day to attend classes, compared to less than 20 minutes for non-Batwa students, owing to the spatial segregation of schools.<sup>232</sup>

## THE DISPROPORTIONATE IMPACTS OF CORRUPTION

Corruption is pervasive in the DRC. In Transparency International’s *Global Corruption Barometer* of 2019, 43 per cent of individuals surveyed reported paying a bribe to access public clinics and health centres within the preceding 12 months. An even higher rate of corruption was recorded in the education sector, where 59 per cent of individuals reported paying a bribe to access public schools.<sup>233</sup> While this survey was not specifically concerned with Batwa, the first-hand testimony of interviewees, alongside evidence collected through the literature review, indicates that corruption can have disproportionate impacts on members of this group and contribute towards their greater marginalisation.

At the broadest level, corruption leads to the diversion of national resources into private hands, thereby preventing the state from fulfilling its obligations to promote access to education and health services to the maximum of its available resources.<sup>234</sup> Groups like Batwa are likely to be disproportionately affected by corruption, owing to the barriers they already face to accessing education and health services. Corruption can also take more collusive and coercive forms. The primary research conducted for this report identified two principal corruption risks. These were linked to the imposition of illegitimate school fees and the construction of new infrastructure.

While free public primary education has been enshrined in the DRC's Constitution since 2006, primary education was only declared free by the government in 2019.<sup>235</sup> However, evidence suggests that illegal fees continue to be imposed by schools, often to cover the costs of teacher salaries, but in a way that is fundamentally opaque and vulnerable to attempts at self-enrichment.<sup>236</sup> While this is an issue faced by most children in public schools, one study suggests that it has more far-reaching impacts on Batwa families, owing to their relative poverty.<sup>237</sup> In a separate study published in 2020, Batwa parents and community leaders explained that a lack of employment opportunities, combined with Batwa's limited access to land, prevented them from paying these fees.<sup>238</sup> This topic was raised by participants in each of the five provinces visited during the research.

Corruption in this area can have gender discriminatory impacts. A report published by Minority Rights Group International in 2010 found that Batwa girls were more likely than boys to drop out of school owing to economic pressures on the family – a situation exacerbated by requests for payment.<sup>239</sup> In the areas covered by the research, the highest disparity in enrolment rates was recorded in Kalonge, where “84 per cent of Batwa children at school were boys”.<sup>240</sup> The study shows how patriarchal social structures, combined with high levels of socio-economic disadvantage, can limit women's educational opportunities. When families are unable to meet the costs of education, gender can play a determining role in which children are permitted to attend school.<sup>241</sup>

A separate corruption risk relates to the construction of new school buildings.<sup>242</sup> According to participants, the selection of sites may be influenced by “political actors” in the local region, meaning that facilities are built far from Batwa villages, impeding their access to education. As described below, national legislation requires the state to take measures to promote access to public services for the country's Indigenous populations.<sup>243</sup> However, a lack of transparency in decision-making processes, and the failure to consult community members, can create an environment conducive to corruption.<sup>244</sup>

Previous research by Transparency International has found that high levels of ethnicity-based discrimination in a society can promote “clientelism or intragroup preferencing by dominant ethnic groups”, resulting in the uneven allocation of education and health infrastructure.<sup>245</sup> Owing to the inherent power imbalances that arise in such

contexts, minority ethnic groups may be less able to respond or object to corrupt procurement practices or decisions on the allocation or distribution of public services. Politicians can stand to benefit from decisions which favour ethnic groups that are in the majority – either in terms of their absolute number or level of participation in the electoral process – in a particular locality.<sup>246</sup> Batwa's almost complete exclusion from the political arena,<sup>247</sup> along with their traditionally horizontal social structures,<sup>248</sup> more limited social networks<sup>249</sup> and lack of confidence in the political system owing to longstanding patterns of discrimination,<sup>250</sup> heightens these risks within the DRC.

## THE FUTURE OF THE BATWA COMMUNITY

Although the plight of the Batwa community persists, there is reason for hope. Following years of sustained advocacy by Indigenous organisations, in 2022 a new Law on the Protection and Promotion of the Rights of Indigenous Pygmy Peoples was adopted by the Government of the DRC. The Law establishes the right of Batwa and other Indigenous communities to education, health and access to public services.<sup>251</sup> It also includes a discrete chapter on land and natural resources, preventing the relocation or resettlement of communities without their free, prior and informed consent.<sup>252</sup>

Although the Law is not without shortcomings,<sup>253</sup> its enactment represents a positive step forward, and in time it may help address some of the issues highlighted in this report.<sup>254</sup> But new threats are also emerging. As this study was being written, the security situation in DRC declined dramatically, with the city of Goma being captured by M23 rebels. These events are already having devastating human rights impacts, including on the DRC's Indigenous communities.<sup>255</sup>

This report shows how different social and economic factors are instigating changes within Batwa communities and how they live. These communities are increasingly dependent on the public education and health systems. But unless long-standing patterns of corruption and discrimination are addressed, Batwa will continue to face barriers that prevent them from accessing and exercising their rights on an equal basis with others.



# FAILED PROMISES:

## The impacts of corruption in an education access scheme on children with disabilities in Zimbabwe

In Zimbabwe, an education grant programme has become distorted by corruption, to the cost of its intended beneficiaries – including children with disabilities

*Authored by Transparency International Zimbabwe.*

The Basic Education Assistance Module (BEAM) is a social welfare programme introduced by Zimbabwe's government in 2001 as a key component of its Enhanced Social Protection Programme.<sup>256</sup> The module aims to support children from socio-economically disadvantaged backgrounds to access primary and secondary education, and to prevent early dropouts. Under BEAM, eligible children receive financial assistance to cover fees and levies relating to their enrolment, examinations and associated costs of education.<sup>257</sup> However, BEAM has not always lived up to its potential, suffering from delays in the disbursement of funds,<sup>258</sup> among other reported inefficiencies.<sup>259</sup> Allegations of impropriety have also been raised, with one teacher's union labelling the programme "a breeding ground for corruption".<sup>260</sup>

This case study explores corruption in the implementation of BEAM and its impacts on children with disabilities. In partnership with the Quadriplegics and Paraplegics Association of Zimbabwe (QAPAZ), Transparency International Zimbabwe conducted a focus group discussion with 10 parents of children with disabilities, based in Mutare, in the Eastern province of Manicaland.<sup>261</sup> TI Zimbabwe also carried out key stakeholder interviews and an additional focus group discussion with disability champions – those working with and

on behalf of persons with disabilities to advocate for improved human rights protections.

### ACCESS TO EDUCATION FOR CHILDREN WITH DISABILITIES

Around the world, persons with disabilities face barriers that prevent them from accessing and exercising their rights. Inaccessible infrastructure, a failure to make reasonable accommodations for individual needs, and broader patterns of discrimination mean that many children with disabilities are prevented from participating in the general education system on an equal basis with others. This can have detrimental effects on their future career prospects, compounding experiences of disadvantage, particularly in later life.<sup>262</sup>

The Convention on the Rights of Persons with Disabilities, adopted in 2006, is the first UN human rights treaty to establish an express right to inclusive education.<sup>263</sup> It requires all states to take measures to ensure that persons with disabilities are able to participate equally in the general education system.

Zimbabwe has taken several policy measures designed to promote the rights of persons with disabilities. Section 56 of the Constitution



establishes the right of everyone to equality before the law, and to freedom from discrimination, including on the basis of their disability status. Other sections require the state to take proactive steps to fulfil the rights of persons with disabilities.<sup>264</sup> In 2020, the Education Act was amended, to “mandate inclusive education for all students, including children with disabilities”.<sup>265</sup> A national disability policy was adopted the following year, while a new Zimbabwe Persons with Disabilities Bill was progressing through Parliament as of February 2025.<sup>266</sup> If enacted, the Bill will bring the national law framework into closer alignment with the Convention.

Despite these positive developments, many children with disabilities continue to face barriers that prevent their full and inclusive participation in society. Some of these barriers are financial. Persons with disabilities are “overrepresented among the poorest in the world, experiencing higher rates of poverty and deprivation, and lower levels of income than the general population”.<sup>267</sup> Despite this, social protection regimes are rarely designed to meet their needs.<sup>268</sup> Within Zimbabwe, the United Nations Children’s Fund (UNICEF) has estimated that just 26 per cent of persons with disabilities “have access to social welfare programmes”.<sup>269</sup>

Owing to additional (and often hidden) disability-related expenditures, some households cannot afford the basic costs of education.<sup>270</sup> In a survey carried out in the Mashonaland region of Zimbabwe in 2014, the direct and indirect costs of schooling were identified as one of the biggest challenges faced by parents of children with disabilities.<sup>271</sup> Another critical barrier was a lack of assistive devices.<sup>272</sup> While persons with disabilities may apply to the Disability Fund under the Department of Social Welfare to receive adaptive equipment, bureaucratic red tape complicates the process and impacts the quality of products, meaning that parents are often left to shoulder the costs.<sup>273</sup> These and similar disability-related expenses mean that children with disabilities are more likely than other groups to depend on the financial assistance provided by BEAM to access an education.<sup>274</sup> But this study indicates that corruption is impeding BEAM’s effectiveness and undermining its equality-enhancing benefits, with long-term discriminatory impacts.

## HOW SHOULD BEAM WORK?

BEAM is implemented by communities, “with administrative and technical support from the decentralised structures of the Ministries responsible for Social Welfare and Education”.<sup>275</sup> Funds are allocated to provinces, districts and

schools based on a poverty and vulnerability model which utilises the latest official poverty data from the Zimbabwe Statistics Agency. This means that districts accorded a higher “vulnerability” rating receive proportionally higher allocations under BEAM.<sup>276</sup> These funds are provided in the form of a lump-sum payment directly to schools, which then facilitate access to selected beneficiary children from the locality.<sup>277</sup>

The selection process is anchored in community participation, which is supposed to enhance programme transparency.<sup>278</sup> Local communities are tasked with electing the BEAM Community Selection Committees (CSCs) and nominating beneficiaries based on the selection criteria specified in the BEAM Operational Manual. Head teachers from schools also serve on these committees.<sup>279</sup> The names of the nominated children, along with necessary documentation, must be submitted to the CSC at the appropriate school, for its consideration. The process can include both mainstream and so-called “special” schools.<sup>280</sup> Once the beneficiaries have been selected, a list containing all chosen children’s names will be compiled and forwarded to the District Education Officer (DEO). The DEO has the primary responsibility to ensure that schools receive and manage BEAM assistance in compliance with the BEAM Operational Manual.<sup>281</sup>

A policy-level BEAM Programme Steering Committee exercises oversight over the initiative, with the BEAM Management Unit (BMU) in the Social Welfare Ministry acting as secretariat.<sup>282</sup> A comprehensive framework guiding the programme implementation cycle, institutional arrangements, BMU procedures, dispute settlement, and monitoring and evaluation is provided for in the Revised Operational Manual of 2016. This includes a comprehensive annual implementation calendar detailing the timelines for a range of processes, including the election of CSC members; the rollout of awareness campaigns; the distribution of application forms; the compilation of beneficiary lists, and verification of applications and payments to schools.

## CORRUPTION IMPEDING EQUALITY

Since its inception, BEAM has been beset by challenges linked to the unpredictable state of the Zimbabwean economy – challenges that continue to the present day.<sup>283</sup> Several parents who participated in the focus group discussions explained that the disbursement of funds from the government to schools is inconsistent, leading to short-term

funding gaps. When this happens, some school officials ask parents to make a prepayment to enrol their children, with the expectation that they will be reimbursed once the school receives its allocation. While the BEAM Operational Manual makes it clear that such payments are not permitted, a lack of clarity or written information on the process means that some parents feel obliged to pay. This situation engenders significant corruption risks.

**“ Schools can force a parent to pay some money whilst waiting for the government to disperse the BEAM funds.**

A parent of a child with a disability

Some parents are financially unable to meet these illegal demands for payment, while those who do pay may not be reimbursed as promised. One mother stated that she believed BEAM committee members and school heads may share prepayments clandestinely. Ultimately, a lack of clarity in the process opens doors for bribe-taking behaviour by those charged with administering the programme and interacting directly with applicants. “How can we help each other?” one participant was asked by a person involved in the selection process. This, she understood, was an attempt to solicit a bribe.

According to respondents, some schools refuse to admit children with disabilities, on the basis of the late disbursements from the central government. One participant explained that her child was sent home for school fee arrears, despite being a BEAM recipient, and even though her child was preparing for upcoming Grade 7 exams. In response to her appeals, a school official asked whether her child’s disability status was more important than the school fees she “owed”. While the Deputy Minister of Primary and Secondary Education has previously stated that schools are not permitted to deny the admission of children with disabilities, or require additional payments from their parents or guardians, it appears that these practices continue.<sup>284</sup>

**“ Some officials told me that my child has no learning ability due to the nature of his disability. They say ‘special’ children must pay school fees or go on the waiting list for places.**

A parent of a child with a disability

Several parents believed that CSC members exploit their position in the selection process, and that ineligible children are put on BEAM at the expense of deserving applicants due to bribery, favouritism and nepotism. Some said that they knew of cases in which the children and relatives of civil servants and other officials were placed on BEAM despite not qualifying for assistance. While a proportion of BEAM funds are supposed to be allocated towards children with disabilities, these funds tend to be distributed to “special” schools,<sup>285</sup> rather than mainstream learning institutions.<sup>286</sup> Different studies have concluded that children with disabilities, particularly those characterised as having “severe” impairments, are less likely than other children to be listed as BEAM beneficiaries.<sup>287</sup>

The BEAM Operational Manual stipulates that 50 per cent of CSC members should be women. The committee should also include a representative of people living with HIV, persons with disabilities, community childcare workers and the local Child Protection Committee.<sup>288</sup> However, participants explained that CSCs lack diversity, and that persons with disabilities are not included in their membership. While the manual makes clear that serving on the CSC is voluntary and does not entail any form of financial benefit, participants believed that some see their CSC membership as a means of self-enrichment.<sup>289</sup> Corruption in the selection of beneficiaries diverts funds away from those the scheme is intended to benefit, towards private pockets, and compromises the state’s ability to meet its obligations to fulfil the rights of persons with disabilities.

Because of the challenges children with disabilities face accessing education in Zimbabwe, the parents and caregivers of those admitted to BEAM may be particularly vulnerable to the threats and demands of corrupt officials. One of the most startling examples provided by participants concerned a

caregiver to three deaf children. School officials reportedly threatened to deny the enrolment of the children because the caregiver could not afford to make the prepayments demanded. After appealing to the relevant decision makers, she explained that she was asked to work odd jobs at the school every Friday so that the children could continue to receive an education.

## STIGMA, STEREOTYPES AND BARRIERS TO JUSTICE

The BEAM Operational Manual provides for Grievance Handling Committees (GHC) in each community to handle complaints, as well as a dedicated whistleblowing facility, which requires that all complaints are thoroughly investigated.<sup>290</sup> However, many parents TI Zimbabwe spoke with indicated that they do not know where to report their experiences of corruption, indicating that existing awareness-raising and public education campaigns are not working as envisaged by the manual.

They added that the DEO offices tend to allocate answering citizen queries to interns, despite their lack of training and experience, and the buildings are often not fully accessible to persons with disabilities. A lack of sign language skills among staff members exacerbates the challenges experienced by those with hearing impairments. Even where participants were able to speak with more senior staff members, they explained that they were addressed in stigmatising and discriminatory terms.

Some parents explained that they were deterred from making complaints, owing to a fear of reprisals. Interpersonal tensions at community level between CSC members or school officials and parents were also reported, creating a risk that children with disabilities would be excluded as BEAM beneficiaries after their parents were “marked” by those with authority as potential troublemakers.<sup>291</sup> One participant explained that she was accused of being a member of the political opposition, due to her persistent, outspoken stance in spotlighting challenges with BEAM, suggesting that a person’s perceived political affiliation may also act as a potential basis for discrimination.<sup>292</sup>

An interesting dimension of the research concerns the role played by stigma. Participants explained that those who are known to receive assistance through BEAM may be treated differently by teaching and administrative staff, as well as by

fellow learners. Existing research has found that some parents are concerned that the status of their children as BEAM recipients may become public knowledge.<sup>293</sup> To maintain their privacy, it is possible that these parents may be less likely to raise complaints when engaged by corrupt actors for the payment of illegitimate fees.

**“ I was told “You are a problem. Your child has no learning ability whatsoever. Find an alternative plan for your child.”**

A parent of a child with a disability

According to parents, some CSC members socio-economically profile parents to determine their child’s eligibility for BEAM assistance, but also to assess their vulnerability to corruption. A mother of two children with disabilities said that she felt pressured to present herself in “a certain way” when meeting with officials. In a remark she felt carried sexist connotations, a male school administrator told her she looked “too well off” to merit assistance under BEAM because of the way she dressed and presented herself, forcing her to dress down for subsequent visits to various offices.

## THE REAL COST OF BEAM CORRUPTION

The impacts of corruption in the implementation of BEAM are multifaceted, with the effects often also experienced by parents or caregivers, some of whom discussed feeling a loss of dignity in their engagement with corrupt decision makers.<sup>294</sup> Children with disabilities bear the biggest burden. Some parents explained that the situation had led their child to lose their self-esteem and become reclusive after failing to access BEAM on the same basis as their counterparts. They also said that children with disabilities applying to BEAM typically enter the education system much later than others, as a consequence of corruption and discrimination in the programme. One study suggested that children with disabilities may face additional challenges accessing BEAM because “society has negative attitudes towards these children and may consider registering them for BEAM as wasting resources”.<sup>295</sup>

**“ Sometimes I feel I have to appear in a certain way to qualify for BEAM (...) the school administrator said I look too ‘well off’ to apply for funds for my children.**

A parent of a child with a disability

Not a single parent participating in the focus group discussion was in doubt about the importance for BEAM for their children. Many highlighted measures they considered necessary to get the initiative back on track, based around the creation of a programme tailored to address their children’s specific needs. They wanted the government to create a special category of BEAM allocations for children with disabilities, because of the perception that their children are not prioritised in the selection process. According to participants, it is also important that the Department of Social Welfare and the CSCs administering the programme include persons with disabilities in the ranks of their staff, in addition to specialised officers to vet and admit children with disabilities. This, they said, would address the lack of understanding of disability issues.

Participants also expressed a desire for the support of civil society organisations to help them communicate to the authorities the numerous challenges they face in accessing BEAM funds. Disability champions engaged in the research saw a need for oversight institutions to audit the BEAM database and ensure only deserving beneficiaries are listed. In their view, this should be accompanied by an annual report providing information on how beneficiaries are being selected at community levels. They also want the Office of the Auditor General to ascertain how BEAM disbursements to children with disabilities are being handled, and the appropriate authorities to conduct a specific impact assessment of BEAM assistance towards persons with disabilities. Perhaps most critically, they called for an equality-sensitive national budget that addresses the needs of persons with disabilities.

# TRIPLE HARMS:

## Corruption, stigma and discrimination in Zimbabwe's health sector

This case of people living with HIV in the region of Manicaland in Zimbabwe shows how access to essential treatment is undermined by a combination of corruption, stigma and discrimination.

*Authored by Transparency International Zimbabwe.*

Recent data indicates that around eight per cent of Zimbabwe's population lives with HIV.<sup>296</sup> According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), a higher incidence of new HIV infections occurs among five so-called "key populations" compared to other segments of society.<sup>297</sup> Global health organisations such as UNAIDS define these key populations as sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs, and people in prisons or other closed settings.

Antiretroviral Therapy (ART) is the treatment given to people living with HIV, and involves daily medication that prevents the virus from progressing. In line with a directive of the Ministry of Health and Child Care, the provision of ART at public health facilities should be offered to key populations free of charge.<sup>298</sup> One study from 2021 indicated that around 90 per cent of people living with HIV in Zimbabwe were receiving ART treatment, one of the highest rates in Sub-Saharan Africa.<sup>299</sup>

However, reports suggest that this essential treatment can be undermined by corruption. A 2010 survey found that up to 73 per cent of HIV-positive respondents had been asked to pay bribes by health workers for ART and other HIV-related treatment.<sup>300</sup> This was followed by subsequent reports in 2020 of people living with HIV being asked to pay bribes to access ART amid challenges posed by the COVID-19 pandemic.<sup>301</sup>

This new study carried out by Transparency International Zimbabwe points to the continued existence of corruption in the provision of ART, while also exploring the crucial role played by stigma and discrimination in facilitating corrupt practices. Three focus group discussions were conducted with key populations based in Mutare Urban and Mutasa Districts, involving a total of 23 respondents.<sup>302</sup> Both districts are located in Manicaland, Zimbabwe's second most populous province.

### "KNOCK-KNOCK" MONEY AND BANANAS

People living with HIV in Manicaland appear to be exposed to multiple of forms of corruption when accessing ART. At least some participants in every focus group discussion reported that they were targeted with fake or illegal supplementary service charges by health workers to access ART, as well as required or pressured to pay bribes in cash or in kind, despite the stipulation that ART should be provided free of charge.

Participants highlighted that public ART clinics must contend with the instability of the Zimbabwean economy and therefore often face significant human resource limitations, which can drive health workers to engage in corruption. For example, health workers were reported to be charging key

populations “consultation fees” or *gogogoi*<sup>303</sup> – meaning “knock knock” in the local Shona language – of around US\$6<sup>304</sup> to receive stamped consultation cards. These consultation cards are used to record patients’ visits, diagnosis and prescriptions, and should be free. Those who cannot afford the US\$6 are required to pay a lower bribe of US\$2, or what is referred to as “bananas”.<sup>305</sup>

In some cases, members of key populations make these payments by placing money in their case files for health workers when they are seeking ART. Unfortunately, after parting with their money, they are often told that drugs are not available.

**“ If one pays a bribe, he/she can get six months of those drugs, whilst the rest get only 1-2 months. The situation is exacerbated by the shortage in the supply of second-line<sup>306</sup> drugs.**

A focus group participant

Participants also described cases in which public health workers operate a parallel service delivery channel for ART and other HIV-related medications. They explained that while medication comes packaged corresponding to the months in which it is supposed to be used, health workers sometimes open the packs to divert part of the contents for resale. Others expressed their belief that health workers then divert medication intended for public use to private pharmacies they have a stake in.

Participants in one focus group testified that health workers request that one individual (a so-called “representative”) collect medicines on behalf of several patients living in the same area using their database records. This gives the representatives access to files containing patients’ information, an arrangement with which the focus group participants expressed discomfort, and which may breach confidentiality rules.<sup>307</sup> In addition, they noted that sometimes representatives charge extra costs to patients – for example, under the pretence of a transport fee – even where no such transport cost is required to distribute the medication. Some of these representatives were alleged to be paying health workers bribes to jump the queue at health facilities. Others were also accused of collecting

more drugs than they were entitled to, which they subsequently channelled to the grey market for between US\$10 and US\$15. This creates a series of multiple payment demands charged to key populations by health workers and their designated assistants for delivering a service which is supposed to be free.

Besides monetary bribes, there were reports of sexual corruption, which suggest that some health workers exploit their knowledge of some key populations’ involvement with sex work. Female members of key populations involved in sex work alleged that male health workers may in some instances ask a patient for sexual acts if they lack the money to pay bribes or have missed the date for services such as testing or collection.

## STIGMA AND KEY POPULATIONS

Across the three focus group discussions, participants explained how stigma can fuel corruption, obstructing ART delivery. On one level, key populations are stigmatised based on their real or perceived HIV status, owing to disinformation about how the virus is transmitted. On another, they are stigmatised on account of their being a member of or associated with one of the specific subpopulations of the wider key population grouping. For example, several focus group participants explained that LGBTQI+ people face discrimination in public health facilities, making it more difficult for them to access ART. Previous research by Transparency International and the Equal Rights Trust has shown that high levels of discrimination based on a person’s sexual orientation or gender identity can increase their exposure to forms of coercive corruption.<sup>308</sup> These risks appear heightened when aspects of a person’s identity are criminalised.<sup>309</sup>



**It's difficult to access services from public clinics because of the approach to customer care of the staff. The staff do not know how to address us and sometimes they call others in the facility to jeer or stigmatise us.**

A focus group participant on the challenges faced by the LGBTQI+ community

Sex workers are also heavily stigmatised in Zimbabwe, including by religious figures.<sup>310</sup> One study found that sex workers are often blamed for the high HIV rates in the country and that health workers can withhold medical assistance from them.<sup>311</sup> Additionally, across the key populations, some face a different sort of experience from others on account of their perceived low socio-economic status. In this regard, focus group participants described a situation in which some individuals are stigmatised for their perceived “rurality” at health centres.

High levels of stigma mean that ART patients typically wish to remain anonymous. The manifestations of corruption described above are often facilitated through accompanying threats to compromise patient confidentiality, which is legally guaranteed for all people living with HIV receiving ART, but often not upheld in practice. Focus group participants gave numerous examples of health workers at the clinics addressing members of key populations loudly to patients in public areas about their health status, violating their right to privacy when accessing health services and ultimately creating a hostile environment. Testimonies also highlight the loss of dignity faced by people living with HIV, due to the combined effects of breaches or threatened breaches of patient confidentiality, and discrimination by health workers. Closely linked is the lasting psychological damage caused by discrimination.

The combined result is that some people are fearful of being publicly seen receiving ART at health facilities, so they seek medication through alternative, discreet means, such as under-the-counter payments to clinic staff. Others may feel they have no choice but to pay bribes to receive respectful and attentive care, despite this being a right and a standard aspect of health services. Respondents also added that some people who prefer to keep their health status private request that health workers provide certain services, such as testing for viral load, at their homes.



However, these coping mechanisms are only available to those with sufficient means. For example, focus group participants said that people such as truck drivers living with HIV can take advantage of the provision of treatment at home, due to their relatively higher income levels.<sup>312</sup> However, patients with fewer financial resources may not be able to cover the associated costs, and therefore be effectively denied treatment. In this way, socio-economic disadvantage is an intersectional factor informing the experience of corruption faced by people living with HIV. The costs

The focus group discussions brought to light the deep, multifaceted impacts of corruption in ART delivery. Most immediately, there are serious health risks. Corruption discourages people living with HIV from attending medical consultations, increasing the incidence of individuals defaulting<sup>313</sup> on their ART regimes and having to start all over again. This carries its own risks of drug resistance, side effects, an increased likelihood of transmission, and other related challenges. Focus group respondents also explained how corruption in clinics can push people living with HIV to access ART medication on the “grey market”, where the quality of the medication sold may be inferior.<sup>314</sup>

**“ A person is more likely to default if they don’t have money to pay bribes. Our migratory patterns mean that we are unable to go for viral load testing at the specified times. The individual’s health inevitably deteriorates.**

A focus group participant on the risks faced by sex workers

Corruption also increases financial costs for key populations. To access health care, people living with HIV are required to pay for services they need, which are supposed to be free.

As a coping strategy to deal with discrimination by health workers, some patients have resorted to commuting to health centres in other districts to enrol on the database under false identities. One interviewed sex worker now incurs additional costs

of commuting from peri-urban Zimunya to the city, due to frustrations with service delivery at their local clinic. Focus group participants said that some members of key populations register to be served from as many as three different service points, under different fake identities.

As well as imposing a personal burden, this can have wider ramifications. Public health facilities offering ART are required to maintain data on how many patients they treat and how much medicine is prescribed, to inform policymakers’ calculations of the national disease burden. However, if parallel services are not included in health databases and there is a multitude of fake identities, it creates a risk that accurate data will not be captured in the stock records at the facility level, contributing to unexplained shortages, as well as distorting planning for testing, treatment and coverage rates.

### “THEY CAN DO BETTER”

Focus group participants were unanimous in wanting greater accountability. However, in terms of reporting corruption in the delivery of ART to the competent authorities, they gave mixed responses. Some said they report their challenges to the National Aids Council when it carries out regular consultations, as well as non-governmental organisations which make representations on their behalf. However, others said they lack knowledge on where and how to report corruption, and fear having their identity leaked to the perpetrators. In this regard, participants in one focus group discussion highlighted that it is difficult for citizens to report wrongdoing if they do not know their entitlements or how the health system works at the facility level.

Participants identified a range of measures needed to tackle corruption and strengthen the ART system. They identified a need for the creation of safe spaces in public health facilities to ensure that patients are treated with respect, and to maintain their privacy. Participants called on the authorities to increase efforts to publicly clarify the level of consultation fees, including their free entitlements. They also felt accountability is currently low, and requires strong oversight bodies and safe, independent reporting mechanisms, enabling regular spot checks for malpractice. They suggested that the practising licenses of health workers should be withdrawn if they are found guilty of perpetrating corruption.

# **PART 3: BARRIERS TO BASICS - A COMPARATIVE ANALYSIS**

This research initiative sought to investigate the links between corruption and discrimination in the education and health sectors. While the case studies presented in the preceding sections cannot hope to account for the full range of harms caused by these phenomena, they show how corruption and discrimination reinforce one another to deny disadvantaged groups access to essential public services, preventing them from enjoying their basic human rights. Discriminatory corruption is a systemic barrier to inclusive service delivery. The testimonies collected for this report reveal both the breadth of this phenomenon and the diversity of ways in which it can undermine education and health programming, frustrating the realisation of states' obligations under international law and the global ambition of the Sustainable Development Agenda to "leave no one behind".

## **THE DYNAMICS OF DISCRIMINATORY CORRUPTION**

Expanding on the findings of our existing research publications, the testimonies gathered for this report present compelling evidence of a direct causal relationship between corruption and discrimination in public service delivery, which can be seen to manifest in five overlapping, and mutually reinforcing ways:



### DYNAMIC FIVE

Corruption impedes the effectiveness of positive equality measures



### DYNAMIC ONE

Discrimination can result in greater exposure to corruption



### DYNAMIC TWO

Certain acts of corruption are directly discriminatory



### DYNAMIC THREE

The impacts of corruption are felt disproportionately by groups exposed to discrimination



### DYNAMIC FOUR

Both discrimination and corruption can result in the denial of justice



# THE DYNAMICS OF DISCRIMINATORY CORRUPTION

## DISCRIMINATION CAN RESULT IN GREATER EXPOSURE TO CORRUPTION

Previous research by Transparency International and the Equal Rights Trust found that the relatively weak position of disadvantaged groups in society increases their exposure to corruption.

Discrimination can incentivise corrupt behaviour on the part of perpetrators to exploit the less powerful, while eroding the ordinary political, ethical and legal standards that work to constrain such behaviour. This is particularly true where aspects of a person's identity are stigmatised, stereotyped or criminalised. The case studies reaffirm these findings, while drawing new attention to the role played by stigma, prejudice and stereotypes in facilitating corruption.

These dynamics were clearly displayed in the Zimbabwe case. High levels of stigma that accompany HIV+ status mean that individuals receiving antiretroviral therapy typically wish to remain anonymous. However, the way that health workers handle patient confidentiality in practice can leave key populations particularly vulnerable to demands for illicit fees, even in the absence of explicit threats. The criminalisation of same-sex sexual relationships in Zimbabwe means that men who have sex with men may be particularly vulnerable to coercive demands for payment. A threat of reprisal by medical personnel, and the fear of having their status revealed, can prevent individuals from reporting corruption. Consequently, corrupt health workers are less likely to be held to account for their actions, and more likely to go undetected.

Discrimination means that individuals may be required to pay to access rights that should already be available to them under the law. In Ghana, members of the Fulani community face routine discrimination in administrative processes linked to the acquisition of the Ghana Card. This document is needed to access essential public services and is increasingly integrated into the education and health systems. With few other options open to them, some community members reportedly pay administrative officials to process their applications. Those who do pay have committed a criminal offence. The illegal nature of the transaction, coupled with the highly marginalised status of Fulani, renders the community vulnerable to exploitation. The perception that a person is unlikely or unable to challenge corruption when it occurs can embolden those who seek to do harm, increasing the risk of rights violations and

contributing towards a climate of impunity in which corruption thrives.

## CERTAIN ACTS OF CORRUPTION ARE DIRECTLY DISCRIMINATORY

In some cases, there is a direct causal link between a corrupt act or practice and the differential or unfavourable treatment of a person based on their protected status, identity or belief. The studies illustrate how individuals from disadvantaged communities may be targeted by corrupt actors who seek to exploit their comparatively weak social position, reliance on certain services, and limited access to support mechanisms.

Multiple examples of this dynamic were highlighted in the case studies, which include several accounts of sexual corruption. In Rwanda, gender and power imbalances create an environment in which lecturers feel enabled to abuse their position in an attempt to coerce women into providing sexual acts. Women who refuse to comply with these unlawful demands risk being denied a passing grade for examinations, limiting their academic progression, exhausting their financial resources and undermining their mental health and wellbeing. In Zimbabwe, it was reported that sex workers living with HIV may be coerced or threatened into providing sex in lieu of cash payments in order to gain access to testing and other health services. Denial of access to these services can have detrimental and potentially devastating health impacts.

Some acts of corruption only affect members of a particular community.<sup>315</sup> The Madagascar case shows how corruption can prevent women from accessing essential maternal care, owing to their inability to afford the hidden costs of treatment. While implicit or express demands for "gratitude payments" may affect other users of public health services, pregnant women are uniquely exposed to these demands on account of their pregnancy status. The threat of receiving substandard treatment or a denial of services, coupled with a risk of birth complications, creates an environment in which some feel compelled to pay, out of fear for their health and that of their child.

## THE IMPACTS OF CORRUPTION ARE FELT DISPROPORTIONATELY BY GROUPS EXPOSED TO DISCRIMINATION

The impacts of corruption are felt differently by certain communities, for reasons linked to their protected status, identity or beliefs. In some cases, there is a direct causal link between a corrupt act or practice and the particular disadvantage experienced by a group or an individual.

One of the clearest illustrations of this dynamic comes from the Democratic Republic of the Congo. Corruption in land governance is placing increased strain on forest resources, preventing members of the Indigenous Batwa community from maintaining their traditional livelihood. In settled areas, Batwa face systemic discrimination, meaning many community members cannot afford the basic costs of education and health services. Batwa's status as one of the most socially and economically marginalised communities in the DRC increases their vulnerability to coercive and collusive corrupt practices, which can reduce both the quality and quantity of public services they receive. While primary education has been declared free by the government, the imposition of illicit fees by schools has a disproportionate impact on Batwa, owing to their already weak socio-economic position. Those who cannot meet these costs risk being denied an education.

### Corruption, discrimination and the role of poverty

Socio-economic disadvantage is recognised as a ground of discrimination under international law.<sup>316</sup> However, owing to the strong correlation between status-based and socio-economic inequalities, acts of corruption that target or disproportionately affect "impoverished" groups are likely to have wider, indirectly discriminatory impacts.<sup>317</sup> Relative poverty or socio-economic disadvantage was highlighted as an intersectional, enabling or exacerbating factor in corrupt interactions in each of the eight case studies. Owing to their relative lack of resources, socio-economically disadvantaged groups may be less able to afford informal fees demanded by corrupt officials, as the case studies from Madagascar and the DRC demonstrate. In some cases, an inability

to pay monetary bribes can generate specific corruption risks. Threats of sexual corruption affecting sex workers living with HIV in Zimbabwe provide a relevant example.

Socio-economically disadvantaged communities tend to rely more on public education and health services than other segments of the population.<sup>318</sup> Without these services, groups exposed to discrimination may be prevented from exercising their rights. This dependency creates room for exploitation. The education and health sector studies from Zimbabwe and Rwanda, respectively, illuminate how socio-economically disadvantaged groups may be forced to pay to access programmes designed to benefit them. On account of their more limited resources and voice, these individuals face greater pressure to accede to the demands of corrupt officials, despite being least able to bear the costs. At the intersection of their protected characteristics, some individuals experience unique forms of disadvantage, are more likely to live in poverty, and consequently may be more exposed to corrupt acts and practices than others.<sup>319</sup>

The case studies authored by Transparency International Initiative Madagascar demonstrate how corruption in one area of life can have long-term discriminatory impacts. Corruption in public health facilities can push women beyond the reach of the formal health care system, meaning that their children are not registered at birth. When corruption creates strain in a family's financial resources, prevailing gender norms can play a decisive role in determining when to seek treatment. The research suggests that families are less likely to visit health facilities when expecting a girl than a boy. Those who lack birth certificates face tremendous challenges accessing an education. Worried for the future of their children, some parents resort to paying corrupt public officials to overcome administrative barriers in the school registration process and to give their children a fair chance in life.

## BOTH CORRUPTION AND DISCRIMINATION CAN RESULT IN THE DENIAL OF JUSTICE

Discrimination erects barriers to combatting corruption, while corruption can inhibit justice for victims of discrimination. The testimonies received

for this report illustrate how the political and social marginalisation that is a fact of life for groups who experience discrimination can impede their ability to challenge corrupt and discriminatory practices, and respond to rights violations when they occur. Just one of the case studies provides an example in which an individual was able to achieve redress through formal justice mechanisms. The research highlights a range of barriers – financial, geographical, communicative, social – that can prevent a person from initiating legal action and demanding the enforcement of their rights.

A common thread running through the case studies is power imbalances, which often play a central role in both corruption and discrimination, each of which can be seen as expressions of the abuse of power. Informational asymmetries, and a lack of transparency in how education and health systems are supposed to operate in practice, can increase corruption risks, while also deterring individuals from raising complaints. Even if individuals are aware of their rights, the threat of retaliation is a significant barrier to reporting. In many cases, those accused of perpetrating corrupt and discriminatory acts are also responsible for making decisions on resource allocation, admitting beneficiaries to social protection programmes, or delivering education and health services. The threat of denied or poor-quality services is likely to deter disadvantaged groups from raising complaints, owing to their greater reliance on these services, smaller support networks and more limited financial resources.

Discriminatory social norms can impede reporting, allowing perpetrators of corruption to operate with impunity. These dynamics are prominently displayed in the education sector study from TI Rwanda. The risk of retaliation by educators deterred some women who had been solicited for sexual acts from speaking out or making complaints through official channels. Even where complaints were made, students' concerns were reportedly ignored by those in positions of responsibility, who sought to hide behind their position and connections to conceal their behaviour. In some cases, threats made by lecturers were carried out, with long-term impacts on victims' educational and future career prospects. High levels of stigma surrounding sex and the risk of being accused of inviting unwanted and unlawful sexual conduct operates as a powerful constraint on action.

## **CORRUPTION IMPEDES THE EFFECTIVENESS OF MEASURES DESIGNED TO ADVANCE EQUALITY**

Historic discrimination means that some groups in society are uniquely exposed to the impacts of corruption. Besides those already discussed in this section, factors such as a person's place of residence, income level and relative levels of education were identified in different case studies as possible drivers of corrupt practices and barriers to effective redress. Grounds of discrimination can intersect, resulting in unique exposure to and experiences of disadvantage in some cases – for example, the role of language discrimination in facilitating corruption against ethnic minorities in Ghana, or stigma increasing the exposure of key populations living with HIV to corruption in Zimbabwe. Addressing these and related forms of inequality is essential to tackling the root causes and harms of discriminatory corruption.

Yet the research shows that corruption can undermine the effectiveness of measures designed to promote equality. In the Rwanda case, corruption in implementation of the Fortified Blended Food Programme has prevented its intended beneficiaries – key populations at risk of malnutrition – from accessing essential nutritional support needed to safeguard their health. To gain access to the scheme, some people have been forced to pay or even share the very product they are designated to receive. In other cases, local actors collude to list ineligible people as beneficiaries, who take the places of those most in need, as in the Zimbabwe case, where corruption impairs the proper functioning of the Basic Education Assistance Module. Despite its intended purpose – to facilitate access to education for socio-economically disadvantaged groups – the equality benefits of the programme are stymied by corruption and a lack of accountability in the beneficiary selection process. The net effect is that eligible children with disabilities face exclusion, placing their education in jeopardy.

The dynamics presented in this section are not static and should not be considered as isolated categories. They represent different phases in the lifecycle of the phenomena of discriminatory corruption. Inequalities create room for corruption to occur. Certain acts of corruption, in turn, are directed towards disadvantaged groups, who may be targeted on account of their status, and can also

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produce indirectly discriminatory impacts, both of which may serve to limit people's access to education and health services. Because of their position in society, those affected are less able to respond to corrupt and discriminatory practices, limiting the possibility of remedy and redress for rights violations, and contributing towards a general climate of impunity. Measures aimed at overcoming inequalities and the root causes of discrimination may themselves be undermined by corrupt practices. In this way, corruption and discrimination fuel one another, generating new harms in a pernicious, repeating and self-perpetuating cycle.

# PART 4: RECOMMENDATIONS

The evidence gathered for this report demonstrates the range of different ways in which corruption and discrimination interact to fuel, exacerbate and reinforce one another in the delivery of education and health services. Addressing these phenomena requires a comprehensive policy response, with both preventative and remedial components. Proactive and preventative measures are needed to mitigate the risks of discriminatory corruption and to advance equality for groups exposed to discrimination. Responsive and reactive measures are also required, to redress the harms of corruption and discrimination, and to ensure effective access to justice and remedy to victims. This section explains how an understanding of the dynamics of discriminatory corruption can inform policy action, before elaborating a set of specific recommendations addressed to states, civil society organisations (CSOs) and members of the international and regional community.

## BREAKING THE CYCLE OF DISCRIMINATORY CORRUPTION

If the issues identified in this report are to be addressed, policy responses should be sensitive to the dynamics of discriminatory corruption. For example, an understanding that groups exposed to discrimination can be at a greater risk of experiencing corruption should inform corruption risk assessments, while an understanding of the ways in which corruption and discrimination present barriers to justice should inform reporting procedures. However, given the mutually reinforcing

and overlapping nature of these dynamics, the necessary policy response must be systematic, holistic and comprehensive. States must put in place laws and policies to prohibit, prevent and redress acts of discrimination and corruption. While there are limits to what the law can achieve, the existence of these frameworks is a necessary, albeit insufficient, precondition for the equal enjoyment of rights. To this end, states should adopt and effectively implement comprehensive anti-discrimination legislation, in line with international standards. States should also prohibit corruption and mainstream anti-corruption measures in laws, policies, programmes and regulations, including those relevant to the education and health sectors.

### A human rights-based approach to anti-corruption

Corruption is a systemic barrier to the realisation of human rights, and as the evidence collected for this report attests, its impacts are felt differently and disproportionately by marginalised and disadvantaged groups. A human rights-based approach is needed to address the harms of discriminatory corruption. Such an approach requires “putting international human rights and claims of the people (the ‘rights-holders’) and the corresponding obligations of the State (the ‘duty bearer’) in the centre of the anti-corruption debate and efforts at all levels, and integrating international human rights principles, including non-discrimination, equality, participation,



inclusion, accountability, transparency, and the rule of law.”<sup>320</sup>

Historically, approaches to combatting corruption have been focused on the perpetrator. The human rights-based approach is victim-oriented. It places humans at the centre of anti-corruption efforts and responses.<sup>321</sup> At its core, a human rights-based approach is equality-focused. It requires duty-bearers to consider the impacts of corruption on groups exposed to discrimination, and these groups to play an active role in anti-corruption efforts.

The legal protections and remedies afforded to victims under human rights laws supplement the predominately criminal-law approach used in anti-corruption, allowing for a necessary focus on reparation.<sup>322</sup> Positive obligations are placed on duty bearers to rectify the harm caused to corruption victims.<sup>323</sup> Taking a human rights-based approach can open new pathways to justice.<sup>324</sup> Understanding the dynamics of discriminatory corruption is necessary to combat corrupt acts and practices, and to ensure that anti-corruption measures do not entrench or exacerbate existing patterns of disadvantage.<sup>325</sup> In each of these respects, the policy recommendations made in this report are rooted in the human rights-based approach. They underline the need for both proactive and reactive measures to address the harms of discriminatory corruption.

The research shows that discrimination can result in greater exposure to corruption and can amplify its impacts. Yet within the anti-corruption field, interventions are often applied in a standardised way, irrespective of sub-populations, thus failing to address the distinct experiences of groups exposed to discrimination – or missing these experiences entirely.<sup>326</sup> This highlights the importance of prevention approaches that incorporate an assessment of both equality impacts and corruption risks. To deliver on their mandate, all public decision makers, including private organisations responsible for exercising aspects of the public function, should assess the potential equality impacts of their policies, programmes and decisions. To ensure that the assessment is accurate and responsive to needs, states must take steps to ensure that groups exposed to discrimination are enabled to participate meaningfully in the process. Public institutions responsible for education and health care service delivery should undertake corruption risk assessments. An understanding of the dynamics of

discriminatory corruption should inform the assessment of the impacts of corruption and its likelihood of occurrence, as well as the design of potential mitigation measures.

Certain acts of corruption are directly discriminatory, and the impacts of corruption are felt disproportionately by groups exposed to discrimination. Yet policy responses to corruption rarely consider the specific experiences of disadvantaged communities. To address the harms of discriminatory corruption, policy responses must be tailored to addressing the harms of corruption experienced by groups exposed to discrimination. States should adopt social assistance measures, accompanied by anti-corruption safeguards, with a focus on promoting equal access to public services. The meaningful participation of groups exposed to discrimination, and their representative organisations, is essential. The findings also underline the need for coordinated action by public authorities working on anti-corruption and those working on anti-discrimination. These bodies should establish mechanisms for coordination with CSOs – for example, in the form of task forces – that enable each to contribute their expertise to issues arising at the intersection of their mandates.

Both corruption and discrimination can result in the denial of justice. Groups exposed to discrimination face significant barriers to reporting and challenging corrupt and discriminatory practices. Information asymmetries mean that these groups can lack the information they need to recognise the harms they have experienced or to understand how to challenge them. Power imbalances, relative poverty, stigma, discriminatory norms and a range of other consequences of discrimination act as barriers that can prevent individuals and groups from raising complaints. Even where a person is able to report their experiences, inaccessible or costly procedures, high requirements for evidence, a loss or lack of trust in the system – including owing to a perception of corruption in justice mechanisms – and related factors can make it difficult to secure effective remedy and sanction, particularly through formal legal processes.

States should establish effective pathways to justice which enable individuals and groups to report corruption and discrimination and achieve effective remedy and redress. Public information campaigns on corruption should be designed and delivered in ways to ensure that they reach marginalised and disadvantaged communities. States should adopt inclusive, safe, localised and confidential anti-

corruption reporting and whistleblowing mechanisms that are sensitive to the specific needs of groups and individuals exposed to discrimination. Those who wish to raise a complaint of discrimination or corruption should have access to legal aid and to enforcement procedures which are localised, accessible and safe.

Concerted action involving a wide range of stakeholders is needed to address the issues identified in this report. Beyond prohibiting discrimination, states must also ensure that national human rights institutions, anti-corruption agencies and independent equality bodies have capacity and are enabled to discharge their proactive duties to promote equality, and to prevent corruption and discrimination. These bodies must be made accessible and be guaranteed the independence, resources and powers needed to effectively deliver their mandate. While states are the primary duty-bearer under international law, CSOs play an important role in holding duty-bearers to account. However, their efforts are often impeded by state and non-state actors. States must create an enabling environment for civil society, and support its members in their efforts to identify, document and report on discrimination and corruption, including in cases involving state actors. All individuals who make or support a corruption or discrimination complaint should be protected against retaliation.

The findings show that corruption can impede the effectiveness of measures designed to advance equality. States are bound by international law to ensure equal access to education and health services, and to institute positive action measures to redress the impacts of past discrimination and promote equal participation in society. However, as with any other measures involving public resource allocation, such programmes are susceptible to corrupt acts and practices – for instance, linked to the embezzlement of funds, or collusion in the selection of beneficiaries. States should ensure that positive action programmes, public resource allocation decisions, and other measures designed to advance the rights of groups exposed to discrimination have built-in anti-corruption safeguards, including robust public financial management of funds, guarantees for transparency and oversight, and the communication of clear and objective criteria for the selection of beneficiaries. To overcome information asymmetries, challenge discriminatory stereotypes, stigma and prejudice, and monitor the impacts of laws and policies on groups exposed to discrimination, states must

implement practical measures, including public information, awareness raising and data collection initiatives.

Each of the dynamics described above are intimately connected and constantly at play. While an understanding of these dynamics can help to identify considerations for how laws and policies should be formulated, a system-wide response is needed. This, in turn, requires collaboration – between states, accountability mechanisms, CSOs and other institutional actors. Importantly, to break the cycle of discriminatory corruption, policy responses must ensure the full and effective participation of groups exposed to discrimination. These groups should be proactively engaged in identifying corruption and discrimination risks and crafting policy solutions. They should benefit directly from policy action and the distribution of public resources, including through the adoption and implementation of targeted equality measures.

## POLICY RECOMMENDATIONS

Under international law, states are responsible for respecting, protecting and fulfilling the rights to education and health, which should be provided to everyone on an equal and non-discriminatory basis. Accordingly, they bear the duty to identify, prevent and address the dynamics of discriminatory corruption identified in this report. The following recommendations are directed principally towards state actors. However, recommendations are also made to CSOs and members of the international and regional communities. These stakeholders play an important role in enabling and supporting states to fulfil their legal duties. Some of these recommendations focus on education and health service delivery specifically. However, many are of broader relevance. Specific national-level recommendations, aimed at addressing the discrete corruption and discrimination risks identified in this report, will be included in future country studies to be published by Transparency International Chapters involved in this project.

### Recommendations for states

#### Legislation and policy

- + States must establish, enforce and implement comprehensive anti-discrimination legislation. To be effective, such legislation must prohibit all forms of discrimination on all recognised

grounds of discrimination, and their intersections, in broad areas of life, including education and health care.<sup>327</sup>

- + States should adopt a wide range of anti-corruption measures. These should integrate a human rights-based approach, be mainstreamed in education and health programming, respond to the needs of groups exposed to discrimination, and recognise the particular risks they face.
- + States should review their existing anti-corruption and anti-discrimination laws and policies, and amend them where necessary to bring them into line with international law standards. States should take measures to ensure the complimentary enforcement of these frameworks.
- + States should develop a tailored policy on addressing the harms of discriminatory corruption. The rights of groups exposed to discrimination should be mainstreamed in all other laws, programmes and policies impacting them.
- + States should establish concrete mechanisms to ensure effective public participation in the development of legal and policy measures, including in the education and health sectors. States must take positive steps to ensure that groups exposed to discrimination are proactively engaged and enabled to participate in the law and policy development process.

### Proactive and preventative measures

- + States should ensure that all public bodies and organisations responsible for delivering services to the public – including education and health service providers – take a proactive, pre-emptory and participatory approach to identifying corruption and discrimination risks. In particular:
  - States should impose a legal duty on public decision makers to undertake equality impact assessments. These assessments should seek to ensure that proposed laws, policies and decisions do not result in discrimination. They should also aim to identify opportunities for advancing equality.<sup>328</sup> An assessment should incorporate both quantitative and qualitative data, ensuring the active participation of groups that stand to be affected. A separate assessment should be conducted after measures have been introduced, to ensure that they do not produce unanticipated adverse equality impacts.
- States should require and support those responsible for delivering services to the public, including education and health care service providers, to undertake corruption risk assessments. In determining the likelihood and potential impacts of corruption, duty-bearers should take into account the specific vulnerabilities to corruption of groups exposed to discrimination, and the differential effects of such corruption. Based on the corruption risk assessment, duty-bearers must design and implement mitigating measures. An understanding of equality impacts is needed to ensure that these measures do not generate new discrimination risks, or entrench existing patterns of disadvantage. Groups exposed to discrimination should be engaged in the risk assessment process.

### Reporting, remedy and justice

States should ensure that all individuals and groups who have experienced harm as a result of corruption or discrimination are able to receive effective remedy and redress, including measures of compensation, restitution and rehabilitation.

- + States should ensure the application of effective, dissuasive and proportionate sanctions against public officials and other duty-bearers found responsible for corruption or discrimination.
- + States should adopt remedies targeted at the societal and institutional levels to correct, deter and prevent corruption and discrimination, and to ensure non-repetition.
- + States must take measures to address barriers to justice for victims of corruption and discrimination – for instance, linked to the cost, complexity and duration of proceedings. States must ensure that all justice mechanisms are made accessible and available to all.
- + States should develop inclusive, safe, localised and confidential anti-corruption reporting and whistleblowing mechanisms that are sensitive to the specific needs of groups and individuals exposed to discrimination.<sup>329</sup>
- + States should create an enabling environment for CSOs working to address corruption and discrimination, and ensure they can operate

safely, without undue restrictions. Consideration should be given to the specific protection needs of those working on discriminatory corruption.<sup>330</sup>

## Anti-corruption, human rights and equality institutions

- + States should ensure that anti-corruption agencies, national human rights institutions and independent equality bodies work collaboratively to:
  - Develop coordinated responses to prevent and address the harms of discrimination and corruption.
  - Engage in programmes of mutual training and reciprocal learning on corruption, discrimination, and relevant legal and policy frameworks.
  - Develop and provide training to service providers on identifying and addressing the dynamics of discriminatory corruption.
  - Develop code-of-practice templates for service providers on preventing and addressing discrimination and corruption in education, health and other sectors.

## Public resources

- + States should adopt a wide range of implementing measures to ensure the equal and transparent distribution of public resources. These should include, for example, procedures for participatory budgeting, public expenditure tracking, gender budgeting, social audits and other social accountability mechanisms.
- + States should ensure that government departments, agencies and local authorities:
  - Ensure transparency in the allocation and disbursement of public funds for services in the education and health sectors.
  - Adopt positive action programmes to advance equality and overcome barriers to participation for historically disadvantaged groups. These should be accompanied by clear anti-corruption safeguards, to ensure transparency in the selection of beneficiaries.
  - Publish information on the allocation of public resources for education and health services, including on areas of expenditure.

- States should ensure that robust public participation and civic monitoring processes are integrated into oversight procedures for public resource allocation.

- + States should strengthen the mandate and resources of oversight entities, such as supreme audit institutions, to enable them to effectively audit public resource allocation procedures.

## Public information, awareness raising and data collection

- + States should institute public information campaigns, with the aim of increasing awareness and understanding of discriminatory corruption, and combatting stigma, stereotypes and prejudice.
- + States should ensure equal access to information, especially regarding education and health services and their costs, through transparency and awareness-raising measures, targeting groups exposed to discrimination.
- + States should adopt or adapt existing data collection tools, methods and processes to monitor the position of groups exposed to discrimination, and ensure that they can capture data on corruption and its impacts.

## Recommendations for civil society and the international and regional communities

### Civil society organisations

- + CSOs should undertake research and contribute to building the evidence base on discriminatory corruption. This could be achieved, for instance, by working with directly affected communities – applying an equality-sensitive approach – and collecting disaggregated data.
- + CSOs should campaign for recognition in international, regional and national legal and policy frameworks of the linkages between corruption and discrimination.
- + Equality and anti-corruption organisations should share best practices, and undertake collaborative research aimed at identifying tailored policy solutions to the harms caused by discriminatory corruption.
- + CSOs should establish mutual, reciprocal training and learning programmes to equip equality and

- anti-corruption activists with the knowledge, skills and resources they need to advocate effectively.
- + CSOs should promote the adoption of participatory mechanisms, and play a contributing role in such mechanisms, to enable service users from groups exposed to discrimination to demand transparency, accountability and integrity from education and health service providers.
- + CSOs should conduct outreach campaigns to groups exposed to discrimination, to inform them of their rights, and support them in seeking redress. CSOs should also advocate for the adoption of inclusive, safe, localised and confidential anti-corruption reporting and whistleblowing mechanisms, and take up leading roles in them, ensuring that they are sensitive to the specific needs of groups and individuals exposed to discrimination.
- + International and regional organisations should align their anti-corruption and equality programming, and establish mutual and reciprocal research, training and learning programmes.

### **The international and regional communities**

- + UN and regional human rights mechanisms should be at the forefront of efforts to build understanding of – and challenge – discriminatory corruption. To this end, the UN Human Rights Council should consider establishing a special rapporteur or working group on corruption and human rights, under whose mandate discriminatory corruption would fall.
- + UN and regional human rights mechanisms, such as the African Commission on Human and Peoples' Rights, should clarify and articulate states' human rights obligations to address corruption and discrimination, with a particular focus on the intersections between these phenomena.
- + Human rights mechanisms should provide states with technical assistance and guidance on the integration of a human rights-based approach to anti-corruption, that places marginalised and disadvantaged groups at the heart of policy action. To this end, the Committee on Economic, Social and Cultural Rights should adopt a general comment exploring the impacts of corruption on the enjoyment of economic, social and cultural rights (including to education and health), with a particular focus on the experiences of groups exposed to discrimination.

# ACKNOWLEDGMENTS

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## DEDICATION

We dedicate this report to our dear colleague, Dr. Pius Babuna (PhD), who played a leading role in its creation, before he sadly passed away after a period of illness. Our thoughts are with his family and loved ones.

# ENDNOTES

<sup>1</sup> Transparency International and the Equal Rights Trust. (2021). *Defying Exclusion: Stories and Insights on the Links Between Discrimination and Corruption*. Available at: <https://images.transparencycdn.org/images/2021-Defying-exclusion-Report-v2-EN.pdf>

<sup>2</sup> Transparency International and the Equal Rights Trust. (2024). *This Beautiful Land: Corruption, discrimination and land rights in Sub-Saharan Africa*, 2024. Available at: [https://images.transparencycdn.org/images/24.04.09\\_LO-RES-REV-THIS-BEAUTIFUL-LAND-LCD-REPORT.pdf](https://images.transparencycdn.org/images/24.04.09_LO-RES-REV-THIS-BEAUTIFUL-LAND-LCD-REPORT.pdf)

<sup>3</sup> The term "groups exposed to discrimination", as it is used in this report, refers to groups at risk of discrimination, as well as those who have experienced or are experiencing discrimination.

<sup>4</sup> In this report, reference to "disadvantaged" communities includes groups exposed to discrimination, and those that experience broader inequalities that prevent their full and effective participation in society.

<sup>5</sup> See Transparency International. (No date). What is Corruption? Available at: <https://www.transparency.org/en/what-is-corruption>

<sup>6</sup> Transparency International. (2024). *Left Behind: Corruption in Education and Health Services in Africa*. Available at: <https://images.transparencycdn.org/images/Left-Behind-Corruption-in-education-and-health-services-in-Africa.pdf>

<sup>7</sup> Kirya, M. (2019). *Education sector corruption: How to assess it and ways to address it*. U4. Available at: <https://www.u4.no/publications/education-sector-corruption-how-to-assess-it-and-ways-to-address-it.pdf>

<sup>8</sup> Albisu Ardigó, I. and Chêne, M. (2017). *Topic Guide: Corruption in Health Services*. Available at: <https://knowledgehub.transparency.org/guide/topic-guide-on-corruption-in-health-services/5688>. See also, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2017). UN Doc. A/72/137. Available at: <https://docs.un.org/A/72/137>

<sup>9</sup> Within the UN treaty body system, the UN Human Rights Office maintains a database of treaty ratification, which can be accessed at: [https://tbinternet.ohchr.org/\\_layouts/15/TreatyBodyExternal/treaty.aspx](https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/treaty.aspx)

<sup>10</sup> UN Human Rights Office. (2023). *Protecting Minority Rights: A Practical Guide to Developing Comprehensive Anti-Discrimination*. pp. xii and 27-28. Available at: <https://www.ohchr.org/en/publications/policy-and-methodological-publications/protecting-minority-rights-practical-guide>

<sup>11</sup> UN Human Rights Office. (2023). pp. xiii and 30-33.

<sup>12</sup> In this way, indirect discrimination centres on the differential – negative – impacts of provisions, criteria or practices on persons sharing a protected characteristic. See UN Human Rights Office. (2023). pp. xiii and 33-35.

<sup>13</sup> Fredman, S. (2016). Substantive Equality Revisited. *International Journal of Constitutional Law*, Vol. 14 (3). p. 720. Available at: <https://academic.oup.com/icon/article/14/3/712/2404476>

<sup>14</sup> Except to the extent that such an accommodation would impose an "undue burden". See Fredman. (2016). pp. xiii, 39-42 and 147-148.

<sup>15</sup> Victimization has been defined as occurring "when persons experience adverse treatment or consequences as a result of their involvement in a complaint of discrimination or in proceedings aimed at enforcing equality provisions". However, the term is sometimes used in a different sense, to refer to a person being treated differently, or targeted or exploited by others. In its ordinary meaning, a person may be "revictimized" when they are forced to engage with or confront a person responsible for violating their rights, or are subject to a similar rights violation. For these reasons, this report uses the terms "reprisal" and "retaliation" in place of "victimisation." See Fredman. (2016). p. xiii.

<sup>16</sup> Fredman. (2016). pp. xiii, 36-39 and 42-47. There is a degree of overlap between some of these concepts and forms of corruption. Sexual corruption, for example, shares many of the same elements as "quid pro quo" sexual harassment. This point is of particular relevance to the education sector study developed by TI Rwanda.

<sup>17</sup> Equal Rights Trust. (2018). *Learning Inequality: Executive Summary*. p.4. Available at: [https://www.equalrightstrust.org/sites/default/files/ertdocs/Learning%20InEquality%20ES\\_0.pdf](https://www.equalrightstrust.org/sites/default/files/ertdocs/Learning%20InEquality%20ES_0.pdf)

<sup>18</sup> Equal Rights Trust. (2018). p. 4.

<sup>19</sup> In 2017, a collection of UN bodies issued a joint statement on this theme. See Office of the United Nations High Commissioner for Human Rights (OHCHR). (2017). Joint United Nations Statement on Ending Discrimination in Health Care Settings. Available at: [www.ohchr.org/sites/default/files/Documents/Issues/ESCR/InterAgencyStatementDiscriminationHealthCare.pdf](http://www.ohchr.org/sites/default/files/Documents/Issues/ESCR/InterAgencyStatementDiscriminationHealthCare.pdf)

<sup>20</sup> UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2022). *Racism and the right to health*. UN A/77/197. Available at: <https://www.ohchr.org/en/documents/thematic-reports/a77197-report-special-rapporteur-right-everyone-enjoyment-highest>

<sup>21</sup> UNAIDS. (2024). Take the rights path – World AIDS Day 2024. Available at: <https://www.unaids.org/en/2024-world-aids-day>

<sup>22</sup> International Covenant on Economic, Social and Cultural Rights. Article 2(2). Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights> See further UN Human Rights Office. (2023). pp. 1-3.

<sup>23</sup> See International Convention on the Elimination of All Forms of Racial Discrimination. Article 5(e)(iv) and (v). Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-elimination-all-forms-racial> ; Convention on the Elimination of All Forms of Discrimination against Women. Articles 10 and 12. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women> ; Convention on the Rights of the Child. Articles 24 and 28. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child> ; and Convention on the Rights of Persons with Disabilities. Articles 24 and 25. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

<sup>24</sup> African Charter on Human and Peoples' Rights. Articles 16 and 17. Available at: <https://au.int/en/treaties/african-charter-human-and-peoples-rights>

<sup>25</sup> See broadly, African Commission on Human and Peoples' Rights. (2011). *Principles and Guidelines on the Implementation of Economic, Social and Cultural Rights in the African Charter on Human and Peoples' Rights*. para. 3. Available at: <https://achpr.au.int/index.php/en/node/871>. In the context of health and education, see Committee on Economic, Social and Cultural Rights. (2016). General Comment No. 22, UN Doc. E/C.12/GC/22. Paras. 12-2. Available at: <https://digitallibrary.un.org/record/832961?ln=en> ; Committee on Economic, Social and Cultural Rights. (1999). General Comment No. 13. para. 6. Available at: <https://www.refworld.org/legal/general/cescr/1999/en/37937> See also, Report of the Special Rapporteur on the right to education. (2023). UN Doc. A/HRC/53/27. para. 93. Available at: <https://docs.un.org/en/A/HRC/53/27>

<sup>26</sup> International Covenant on Economic, Social and Cultural Rights, Article 2(1).

<sup>27</sup> UN Treaty Bodies. (2021). *Joint Statement on Corruption and Human Rights*. para. 9. Available at: <https://www.ohchr.org/sites/default/files/Documents/HRBodies/TB/AnnualMeeting/JointStatementonCorruptionandHR20May2021.docx>

<sup>28</sup> See Committee on Economic, Social and Cultural Rights. (2009). General Comment No. 20, UN Doc. E/C.12/GC/20. paras. 7 and 8(b). Available at: <https://digitallibrary.un.org/record/659980?ln=en&v=pdf> ; Committee on the Rights of Persons with Disabilities (2018). General Comment No. 6, UN Doc. CRPD/C/GC/6. para. 12. Available at: <https://documents.un.org/doc/undoc/gen/g18/119/05/pdf/g1811905.pdf> ; African Commission on Human and Peoples' Rights. (2011). paras. 16-19.

<sup>29</sup> Committee on Economic, Social and Cultural Rights. (2009); Committee on the Rights of Persons with Disabilities. (2018); African Commission on Human and Peoples' Rights. (2011). See also, Committee on Economic, Social and Cultural Rights. (2006). General Comment No. 18, UN Doc. E/C.12/GC/18. para. 33. Available at: <https://www.refworld.org/legal/general/cescr/2006/en/32433>

<sup>30</sup> In this report, a majority of the collected testimonies relate to public education and health facilities. However, sometimes private bodies are responsible for exercising the public function. The state is the primary duty-bearer under international law and is responsible for ensuring that human rights are respected, protected and fulfilled. The term "state" encompasses all branches of government and other public bodies. Responsibility for the acts or omissions of private actors, may, however, be attributed to the state when they permit or fail "to take appropriate measures or to exercise due diligence to prevent, punish, investigate or redress the harm caused by such acts by private persons or entities". See further, Human Rights Committee. (2004). General Comment No. 31. UN Doc. CCPR/C/21/Rev.1/Add. 13. paras. 4-8. Available at: <https://docs.un.org/en/CCPR/C/21/Rev.1/Add.13>

<sup>31</sup> These services are increasingly recognised as important drivers of economic development in Africa. See Cerf, M.E. (2023). The social-education-economy-health nexus, development and sustainability: perspectives from low- and middle-income and



African countries. *Discover Sustainability*, 4(1). Available at: <https://link.springer.com/content/pdf/10.1007/s43621-023-00153-7.pdf>

<sup>32</sup> Trapnell, S., Jenkins, M. and Chêne, M. (2017). *Monitoring Corruption and Anti-Corruption in the Sustainable Development Goals*. Available at: [https://images.transparencycdn.org/images/2017\\_MonitoringCorruptionSDGs\\_EN.pdf](https://images.transparencycdn.org/images/2017_MonitoringCorruptionSDGs_EN.pdf)

<sup>33</sup> Transparency International. (2013). *Global Corruption Report: Education*. Available at: <https://www.transparency.org/en/publications/global-corruption-report-education>

<sup>34</sup> Hussman, K. (2020). *Health sector corruption: Practical recommendations for donors*. Available at: <https://www.cmi.no/publications/7281-health-sector-corruption-practical-recommendations-for-donors#:~:text=Donors%20should%20support%20long%2Dterm,sector%20and%20different%20actors'%20roles>

<sup>35</sup> Hussman. (2020).

<sup>36</sup> See Office of the UN High Commissioner for Human Rights. (No date). *OHCHR and Good Governance: Resolutions*. Available at: <https://www.ohchr.org/en/good-governance/resolutions>

<sup>37</sup> United Nations General Assembly. (2021). Resolution: S-32/1. Our common commitment to effectively addressing challenges and implementing measures to prevent and combat corruption and strengthen international cooperation. Available at: <https://documents.un.org/api/symbol/access?j=N2113474&t=pdf>

<sup>38</sup> UN Treaty Bodies. (2021). paras. 6-7 and 17.

<sup>39</sup> UN Treaty Bodies. (2021) paras. 8-9.

<sup>40</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2017). UN Doc. A/72/137, 2017. paras. 29-36. Available at: <https://digitallibrary.un.org/record/1298436?ln=en&v=pdf>

<sup>41</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2017). para. 37.

<sup>42</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2017). paras. 3 and 13.

<sup>43</sup> In their 2023 report, for example, the Special Rapporteur observed that “ending the hidden costs of corruption would help overcome inequalities and improve governance”. See Report of the Special Rapporteur on the right to education. (2023). A/HRC/53/27. para. 41. Available at: <https://docs.un.org/A/HRC/53/27>. The Special Rapporteur has made broader observations on the impacts of corruption on education, detailing specific anti-corruption measures and emphasising the important role of civil society in combatting corruption. See Report of the Special Rapporteur on the right to education. (2018). A/HRC/38/32. paras. 86 and 98-99. Available at: <https://docs.un.org/A/HRC/38/32> ; and Report of the Special Rapporteur on the right to education. (2019). A/HRC/41/37. paras. 71-73. Available at: <https://docs.un.org/A/HRC/41/37>

<sup>44</sup> To a large extent, this is the approach followed by the Treaty Bodies in their 2021 joint statement.

<sup>45</sup> See, in particular, Transparency International and the Equal Rights Trust. (2024).

<sup>46</sup> During the community consultations, members of different groups exposed to discrimination were interviewed. Some members reported experiences of corruption, while others did not. The following case studies focus largely on the experiences of members who reported corruption, with the acknowledgement that these are not necessarily representative of all the experiences of members of the wider groups.

<sup>47</sup> Nartey, M. and Ladegaard, H.J. (2021). Constructing undesirables: A critical discourse analysis of othering of Fulani nomads in the Ghanaian news media. *Discourse & Communication*, Vol. 15(2). pp. 184-199. Available at: <https://doi.org/10.1177/1750481320982095>

<sup>48</sup> Nartey and Ladegaard. (2021). For a brief historic account, see Boatemaa Setrana, M. (2018). I am Ghanaian and Fulani: Questions of citizenship in Ghana. *West Africa Insight*, Vol. 6, No. 4. pp. 16-20.

<sup>49</sup> Nartey and Ladegaard. (2021). See also Boatemaa Setrana, M. (2021). Citizenship, Indigeneity, and the Experiences of 1.5- and Second-Generation Fulani Herders in Ghana. *Africa Spectrum*, Vol. 56(1). pp. 81-99. Available at: <https://doi.org/10.1177/00020397211002940>

<sup>50</sup> Boatemaa Setrana, M. (2018). pp. 16-20.

<sup>51</sup> See further, Minority Rights Group International. (2020). *Ghana: Current Issues*. Available at: <https://minorityrights.org/country/ghana/>

- <sup>52</sup> Transparency International and the Equal Rights Trust. (2024). pp. 51-61.
- <sup>53</sup> Transparency International and the Equal Rights Trust. (2024). pp. 58-61. See also, Kobla Kugbega, S. and Young Aboagye, P. (2021). Farmer-herder conflicts, tenure insecurity and farmer's investment decisions in Agogo, Ghana. *Agric Econ*, Vol. 9 (19). Available at: <https://doi.org/10.1186/s40100-021-00186-4>
- <sup>54</sup> See further, Nsiah, I.O. (2023). *Ensuing Statelessness as (Post) Colonial Effect: Dynamics of Formal Identification Denial among the Fulani in Ghana*. Available at: <https://law.unimelb.edu.au/centres/statelessness/research/critical-statelessness-studies-blog/ensuing-statelessness-as-post-colonial-effect-dynamics-of-formal-identification-denial-among-the-fulani-in-ghana>
- <sup>55</sup> Boatemaa Setrana, M. (2021). pp. 81-99.
- <sup>56</sup> Transparency International and the Equal Rights Trust. (2024). pp. 58 and 60.
- <sup>57</sup> Boatemaa Setrana. (2018). pp. 16-20.
- <sup>58</sup> Boatemaa Setrana. (2018).
- <sup>59</sup> Boatemaa Setrana. (2018). For a comparative analysis of the human rights impacts of statelessness, see Equal Rights Trust. (2010). *Unravelling Anomaly: Detention, Discrimination, and the Protection Needs of Stateless Persons*. Available at: <https://www.equalrightstrust.org/content/unravelling-anomaly-detention-discrimination-and-protection-needs-stateless-persons>
- <sup>60</sup> See the discussion of national health insurance below. More recently, the Ghana Card has been linked to the process of birth registration at public health facilities. See Yada Lagba, C. (2025). Ghana: Identify At First Breath – Ghana Card At Birth". *Ghanaian Times*, 13 January 2025. Available at: <https://allafrica.com/stories/202501130309.html>
- <sup>61</sup> See further, National Identification Authority. (No date). Frequently Asked Questions. Available at: <https://nia.gov.gh/faqs/>. See also, Citi Newsroom. (2024). Bank of Ghana mandates Ghana Card for forex transactions. Available at: <https://citinewsroom.com/2024/07/bank-of-ghana-mandates-ghana-card-for-forex-transactions/>
- <sup>62</sup> Modern Ghana. (2022). Ghana card made 'no-guarantor' student loan scheme possible – Bawumia reveals. *Modern Ghana*. Available at: <https://www.modernghana.com/news/1174755/ghana-card-made-no-guarantor-student-loan-scheme.html>
- <sup>63</sup> "I have a son who completed university and is now doing his national service. It was very difficult for him to get his Card," one participant explained. "Imagine someone who was born here in Ghana; educated here (...) How would he have had access to certain services as a graduate without it?"
- <sup>64</sup> Modern Ghana. (2022). Ghana Card to replace NHIS card by January 2022 — NHIA. Available at: <https://www.modernghana.com/news/1120046/ghana-card-to-replace-nhis-card-by-january-2022.html>
- <sup>65</sup> According to the National Identification Authority website, the cost of registering for a non-national Ghana Card is US\$120, while an annual renewal costs US\$60. See National Identification Authority. (No date). Foreigner Identification Management Systems (FIMS). Available at: <https://nia.gov.gh/service/foreigner-identification-management-systems/>
- <sup>66</sup> See National Identification Authority. (2019). Vouching Process Policy Update. Available at: <https://fims.org.gh/wp-content/uploads/20240319-Vouching-Process-Policy-Update.pdf>
- <sup>67</sup> CitiNewsRoom. (2018). You Can Still Get Your Ghana Card Without Passports. *Modern Ghana*. Available at: <https://www.modernghana.com/news/860813/you-can-still-get-your-ghana-card-without-passports.html>
- <sup>68</sup> See, for example, Ayamga, E. (2019). Ghana Card: 'NIA officials are turning us away; help us' – Fulanis cry to Samira. *Pulse Ghana*. Available at: <https://www.ghanaweb.com/GhanaHomePage/NewsArchive/GH-Card-We-re-being-turned-away-help-us-Fulanis-cry-to-Samira-788180>
- <sup>69</sup> As described above, under the current system, "[p]rospective applicants who do not possess Birth Certificates or valid passports may be vouched for by a relative who possesses a Non-Citizen Ghana Card". See National Identification Authority. (2019). See also, Sarwar, M. B. et al. (2022). *Understanding Vulnerability and Exclusion in Ghana: ODI Advisory Report*. p. 44, Available at: [https://cisp.cachefly.net/assets/articles/attachments/88798\\_v\\_and\\_e\\_study\\_ghana\\_8.8.22.pdf](https://cisp.cachefly.net/assets/articles/attachments/88798_v_and_e_study_ghana_8.8.22.pdf)
- <sup>70</sup> Ayamga, E. (2019).
- <sup>71</sup> UNODC. (2022). *Corruption in Ghana: People's Experiences and Views*. p. 113. Available at: [https://www.unodc.org/documents/data-and-analysis/statistics/corruption/Ghana/UN\\_ghana\\_report\\_v4.pdf](https://www.unodc.org/documents/data-and-analysis/statistics/corruption/Ghana/UN_ghana_report_v4.pdf)
- <sup>72</sup> For one example, see Modern Ghana. (2023). NIA official convicted for registering Fulani herdsman for Ghana Card. Available at: <https://www.modernghana.com/news/1276968/nia-official-convicted-for-registering-fulani-herd.html>
- <sup>73</sup> At the time of writing, 50 Ghanaian cedi is approximately the equivalent of US\$3.21.

<sup>74</sup> Sarwar, M.B. et al. (2022). p. 62.

<sup>75</sup> A researcher interviewed for the report described how patriarchal social structures perpetuate the practice of child marriage within Fulani communities. In some cases, girls as young as 11 attended health facilities to give birth. Because some children were unable to communicate with staff, they were unable to understand the medications they were required to take. Owing to their age, these children face significant health complications, and may be required to undergo a caesarean section. This procedure, while medically necessary, carries its own health risks and can impose a significant financial burden on those affected.

<sup>76</sup> For a more detailed discussion, see the education and health case studies prepared by Transparency International Initiative Madagascar in this report.

<sup>77</sup> See Boatemaa Setrana, M. (2021). p. 89.

<sup>78</sup> See Atuguba, R. A. et. al. (2020). Statelessness in West Africa: An Assessment of Stateless Populations and Legal, Policy, and Administrative Frameworks in Ghana. *Journal on Migration and Human Security*, Vol. 8(1). pp. 14-31. Available at: <https://doi.org/10.1177/2331502419900771>

<sup>79</sup> A critical analysis of media coverage from 2021 found that the media often portray Fulani as “undesirables”, use biased and stigmatising language, and perpetuate discriminatory stereotypes of both herders and the Fulani ethnic group as a whole. Nartey, M. and Ladegaard, H.J. (2021). pp. 184-199.

<sup>80</sup> See Enquête Démographique et de Santé. (2021). *Rapport de synthèse*. Available at <https://dhsprogram.com/pubs/pdf/SR272/SR272.pdf>

<sup>81</sup> See Transparency International Initiative Madagascar. (2023). *Corruption Risk Assessment of the Health Sector in Madagascar 2023*; and Transparency International Initiative Madagascar. (2010). *Le Baromètre de la corruption dans le domaine de la santé à Madagascar 2019*. Both reports available at: <https://www.transparency.mg/rapports-d-etudes/>

<sup>82</sup> See Conseil Supérieur de Lutte Contre la Corruption. (2024). *National Anti-Corruption Strategy: Final Evaluation Report*. Available at: <https://www.csi.gov.mg/communiqué-de-presse-4/#>

<sup>83</sup> Madagascar was previously divided into six autonomous provinces, including Fianarantsoa. These were subsequently dissolved and replaced with 23 administrative regions. However, within Madagascar, locals often continue to use the former provincial classification system.

<sup>84</sup> Specifically, the focus group discussions were held in Andranovory; Ankililaoky; Manombo; Saint-Augustin and Soahazo for Toliara and Talatan’ Ampano; Ambalakely, Mahamanina Fianarantsoa; and Alakamisy Ambohimaha for Fianarantsoa. Three further discussions were held in Toliara.

<sup>85</sup> Contraceptive methods offered at public health facilities are widely publicised as being free. However, according to participants, free access was only effective in two of the municipalities visited. There are plausible explanations for this discrepancy. Some forms of contraceptives are not available at the local health facility, and separate orders must be placed by staff, outside the usual purchasing channels. In some cases, family planning services are only available free of charge on certain days of the week, when an independent health care provider supplies the necessary products. Patients are required to pay for contraceptives not available in the facilities’ regular stock.

<sup>86</sup> While all those TI Madagascar spoke with had given birth in the last five years, some described experiences relating to earlier pregnancies.

<sup>87</sup> The word *hasin* derives from the Malagasy *hasina*, which is loosely translated as “virtue” and signifies a spiritual or embodied power of healing. The word *tanana* literally translates as hands. *Hasin-tanana*, in this context, “refers to the customary gift given to (...) a healer”. See further, Nourse, E. K. (2014). Birth is our Spear Battle: Pregnancy, Childbirth and Religion in a Northern Malagasy Port City. *University of Virginia*. pp. 357-360. Available at: [https://libraetd.lib.virginia.edu/public\\_view/j96020845](https://libraetd.lib.virginia.edu/public_view/j96020845)

<sup>88</sup> Nourse. (2014) pp. 358-360.

<sup>89</sup> Nourse. (2014) p. 360. Several of those whom TI Madagascar spoke with indicated that traditional midwives continue to offer their services free of charge. While it remains common to offer *hasin-tanana*, the amounts paid were said to be less than in public health facilities, and payment was seen as genuinely voluntary in nature. In this context, the fees received by traditional midwives equated to remuneration for their services, with payment made according to a person’s means.

<sup>90</sup> At the time of writing, 10,000 Malagasy ariary is the equivalent of approximately US\$2.12. According to World Bank estimates, Madagascar has one of the highest rates of extreme poverty in the world, with more than 80 per cent of the population living on less than US\$2.15 per day. See World Bank, cited in UNICEF. (2023). Country Office Annual Report 2023: Madagascar. p. 1. Available at: <https://www.unicef.org/media/152261/file/Madagascar-2023-COAR.pdf>

<sup>91</sup> Another interviewee stated that a local doctor requested a “lot of money” from women using public health facilities. The doctor was reported to have warned patients to “be polite” when giving birth “and give money as gratitude”.

<sup>92</sup> This trend has been observed elsewhere. See further, Lewis, M. (2007). Informal Payments and the Financing of Health Care in Developing and Transition Countries. *Health Affairs*, Volume 26, July/August 2007, No. 4. p. 986. Available at: <https://pubmed.ncbi.nlm.nih.gov/17630441/>

<sup>93</sup> UNFPA East and Southern Africa Regional Office. (2022). Training midwives in Madagascar to bridge a dangerous gap in maternal health care. *UNFPA*. Available at: <https://www.unfpa.org/news/training-midwives-madagascar-bridge-dangerous-gap-maternal-health-care#:~:text=Fewer%20than%20half%20of%20all,afford%20quality%20maternal%20health%20care.&text=Every%20year%2C%20around%2030%20students.six%20public%20institutes%20in%20Madagascar>

<sup>94</sup> A recent report by the World Bank found that a “significant spatial variation in poverty and inequality persists, with Southern provinces showing vastly more acute poverty and deprivation levels”. In these areas, the costs associated with health care services are expected to exact a higher toll on local communities. See World Bank Group. (2024). *Navigating Two Decades of High Poverty and Charting a Course for Change in Madagascar*. p. 6. Available at: <https://documents.banquemoniale.org/fr/publication/documents-reports/documentdetail/099021424172020915>

<sup>95</sup> Across the focus group discussions, traditional midwives were generally viewed as a more affordable option than receiving professional care at public health facilities. “I paid according to my means, without her demanding,” a respondent from the Saint Augustin focus group explained.

<sup>96</sup> See Henderson, A. (2023). Introducing the Reninjaza: Understanding the role of traditional medicine during pregnancy in Fort Dauphin, Madagascar. *Seed Madagascar*. Available at: <https://madagascar.co.uk/blog/2023/06/introducing-reninjaza-pregnant>

<sup>97</sup> Henderson. (2023). Today, the once-rigid separation between traditional and biomedical health services has begun to dissolve. Some traditional birth attendants play a proactive role in encouraging women to visit health care facilities, both for prenatal appointments and for giving birth. See further, Roach, C., and Hodgson, L. (2024). Supporting Malagasy Women: The Role of Tradition and Culture in Pregnancy and Childbirth. *Seed Madagascar*. Available at: <https://madagascar.co.uk/blog/2024/09/supporting-malagasy-women-role-of-tradition-culture-pregnancy-childbirth#:~:text=Cultural%20traditions%20surrounding%20pregnancy%20and%20childbirth%20reflect%20a%20deep%20respect,active%20ensures%20an%20easier%20birth>.

<sup>98</sup> Andrianantoandro, V.T., Pourette, D., Rakotomalala, O. et al. (2021). Factors influencing maternal healthcare seeking in a highland region of Madagascar: a mixed methods analysis. *BMC Pregnancy Childbirth* 21, 428. Available at: <https://doi.org/10.1186/s12884-021-03930-2>

<sup>99</sup> World Bank Group. (2024). pp. 92-93.

<sup>100</sup> Women who do experience birth complications face significant financial challenges. A 2022 study, conducted in two faith-based hospitals in southern Madagascar, found that a majority of women who received surgical care owing to birth-related complications incurred “catastrophic health expenditure”, exceeding 10 per cent or more of their annual household income. See Franke M.A., Ranaivoson R.M., Rebalihia M., Rasoarimanana S., Bärnighausen T., Knauss S., Emmrich J.V. (2022). Direct patient costs of maternal care and birth-related complications at faith-based hospitals in Madagascar: a secondary analysis of programme data using patient invoices. *BMJ Open*. 2022 Apr 22;12(4). Available at: <https://bmjopen.bmj.com/content/12/4/e053823>

<sup>101</sup> When discussing the practice, one participant explained their reasons for making gratitude payments to medical staff. “They handle our waste,” they explained. “We give them this money as a gesture of apology.”

<sup>102</sup> United Nations Office on Drugs and Crime. (2023). *A Prescription for Health: Assessing and Managing Corruption Risks in Public Health System Organizations*. p. 46. Available at: [https://www.unodc.org/documents/corruption/Publications/2023/UNODC\\_A\\_Prescription\\_for\\_Health\\_2023.pdf](https://www.unodc.org/documents/corruption/Publications/2023/UNODC_A_Prescription_for_Health_2023.pdf)

<sup>103</sup> United Nations Office on Drugs and Crime. (2023) p. 46.

<sup>104</sup> World Bank Group. (No date, accessed 2024). Gender Data Portal: Madagascar. Available at: <https://genderdata.worldbank.org/en/economies/madagascar>. Target 3.1 of the Sustainable Development Goals aims to “reduce the global maternal mortality ratio to less than 70 per 100,000 live births” by 2030.

<sup>105</sup> Henderson, A. (2023).

<sup>106</sup> Some participants explained that they had been forced to sell their belongings and household goods, or borrow money from relatives, to meet the costs of treatment, placing strain on the family. “We argue because we don’t have the money to pay them back,” a respondent described.

- <sup>107</sup> See, for example, International Covenant on Civil and Political Rights, Article 16. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>
- <sup>108</sup> Report of the United Nations High Commissioner for Human Rights. (2018). Best practices and specific measures to ensure access to birth registration, particularly for those children most at risk. UN Doc. A/HRC/39/30, 2018, para. 67. Available at: <https://digitallibrary.un.org/record/1640589?ln=en>
- <sup>109</sup> See illustratively, Committee on the Rights of Persons with Disabilities. (2014). General Comment No. 1. UN Doc. CRPD/C/GC/1. para. 43. Available at: <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-1-article-12-equal-recognition-1> and Committee on the Rights of Persons with Disabilities. (2016). General Comment No.3. UN Doc. CRPD/C/GC/3. para. 35. Available at: <https://www.refworld.org/legal/general/crpd/2016/en/112078>
- <sup>110</sup> Report of the United Nations High Commissioner for Human Rights. (2018). para. 14.
- <sup>111</sup> These points are discussed further below.
- <sup>112</sup> In its 2018 report on best practices in birth registration processes, the Office of the UN High Commissioner for Human Rights makes no express reference to corruption. While previous reports by the UN Human Rights Office do reference corruption, the term only appears once, in both instances linked to capacity constraints. See Report of the United Nations High Commissioner for Human Rights. (2014). *Birth registration and the right of everyone to recognition everywhere as a person before the law*. A/HRC/27/22. para. 53. Available at: [https://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/27/22](https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/27/22); Report of the United Nations High Commissioner for Human Rights. (2016). *Strengthening policies and programmes for universal birth registration and vital statistics development*. A/HRC/33/22. para. 22. Available at: [https://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/33/22](https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/33/22)
- <sup>113</sup> Convention on the Rights of the Child. Article 7(1). See also, Committee on the Rights of the Child. (2006). General Comment No. 7. UN Doc. CRC/C/GC/7/Rev.1. para. 25. Available at: <https://www.refworld.org/legal/general/crc/2006/en/40994>
- <sup>114</sup> According to recent UNICEF data, one in five children aged under five remains unregistered at the global level. In Sub-Saharan Africa, this rate increases to around 50 per cent of children. See UNICEF. (2024). *The Right Start in Life: Global Levels and Trends in Birth Registration*. Available at: <https://news.un.org/en/story/2024/12/1158056>
- <sup>115</sup> Report of the United Nations High Commissioner for Human Rights. (2018). para. 12.
- <sup>116</sup> Committee on the Rights of the Child. (2006). paras. 35-36.
- <sup>117</sup> Committee on the Rights of the Child. (2009). *Indigenous children and their rights under the Convention [on the Rights of the Child]*. UN Doc. CRC/C/GC/11. paras. 41-43.
- <sup>118</sup> Committee on Economic, Social and Cultural Rights. (2009). UN Doc. E/C.12/GC/20. para. 10(b).
- <sup>119</sup> See further, Report of the United Nations High Commissioner for Human Rights. (2018). paras. 12-30.
- <sup>120</sup> See Equal Rights Trust. (2015). *My Children's Future: Ending Gender Discrimination in Nationality Laws*. pp. 7-9. Available at: <https://www.equalrightstrust.org/ertdocumentbank/My%20Children%27s%20Future%20Ending%20Gender%20Discrimination%20in%20Nationality%20Laws.pdf>. See also, d'Orsi, C. (2023). One Step Forward, Half Step Back: The Still Long Way to Go to End Statelessness in Madagascar. *African Human Mobility Review*, Vol. 9(3). pp. 33-55. Available at: <https://citizenshiprightsfrance.org/one-step-forward-half-step-back-the-still-long-way-to-go-to-end-statelessness-in-madagascar/>
- <sup>121</sup> d'Orsi. (2023). For a recent account of the situation of the Karana community, see Hierro, L. (2023). Minority Karanas in Madagascar lead clandestine lives with no citizenship. *El Pais*. Available at: <https://english.elpais.com/international/2023-08-08/minority-karanas-in-madagascar-lead-clandestine-lives-with-no-citizenship.html>
- <sup>122</sup> See Committee on the Elimination of Discrimination against Women. (2014). General Recommendation No. 32. UN Doc. CEDAW/C/GC/32. para. 63(m). Available at: <https://reliefweb.int/report/world/general-recommendation-no-32-gender-related-dimensions-refugee-status-asylum#:~:text=The%20General%20Recommendation%20suggests%20practical,of%20a%20family%20seeking%20asylum.>; and Committee on the Elimination of Discrimination against Women. (2016). Recommendation No. 34. UN Doc. CEDAW/C/GC/34. paras. 28-29. Available at: <https://digitallibrary.un.org/record/835897?ln=en&v=pdf>
- <sup>123</sup> Equal Rights Trust. (2015). p. 22.
- <sup>124</sup> See Committee on the Elimination of Discrimination against Women. (2014). para. 63(m); and Committee on the Elimination of Discrimination against Women. (2016). paras. 28-29.
- <sup>125</sup> World Bank Group. (2017). *ID4D Country Diagnostic: Madagascar*. p. 21. Available at: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/809191510763351833/id4d-country-diagnostic-madagascar>

<sup>126</sup> For an overview of these amendments, see Madagascar's most recent state party report to the Committee on the Rights of the Child. Combined fifth and sixth periodic reports submitted by Madagascar under article 44 of the Convention. (2020). UN Doc. CRC/C/MDG/5-6, 2020, para. 63. Available at: <https://docs.un.org/CRC/C/MDG/CO/5-6>

<sup>127</sup> See Madagascar's report to the Committee on the Rights of the Child. (2020). para. 69. On birth registration in Sub-Saharan Africa, see UNICEF. (2024).

<sup>128</sup> World Bank Group. (2017). p. 11.

<sup>129</sup> Committee on the Rights of the Child. (2022). Concluding Observations: Madagascar. UN doc. CRC/C/MDG/CO/5-6. para. 20. Available at: <https://digitallibrary.un.org/record/3964181?ln=en&v=pdf>

<sup>130</sup> To protect the privacy of participants, pseudonyms have been used throughout this case study.

<sup>131</sup> Article 139 of Law 2018-027 on Civil Status provides that "any person who knowingly makes use of a false civil status record is liable to imprisonment for between two and ten years." In principle, this provision could be applied against children who rely on birth certificates obtained irregularly.

<sup>132</sup> See Joint General Comment No. 4 of the Committee on the Protection of the Rights of All Migrant Workers and Members of their Families and No. 23 of the Committee on the Rights of the Child. (2017). UN Doc. CMW/C/GC/4-CRC/C/GC/23, 2017. para. 22. Available at: <https://digitallibrary.un.org/record/1323015?ln=en&v=pdf>

<sup>133</sup> "It became clear that the system was rigged," Jonathan explained. "The more I tried to get ahead, the more it felt like I was being held back, simply because I didn't have the right resources or influence (...) no matter how hard I worked, I was constantly reminded that the odds were stacked against me."

<sup>134</sup> For instance, where teachers share advanced copies of examination papers with students in exchange for bribes. See Order No. 8809/2019. The decree may be accessed at: [https://textes.lexxika.com/wp-content/uploads/2024/05/Arrete-8809-2019-29-Avril-2019-Reprimant-les-fraudes-commises-lors-de-la-preparation-et-du-deroulement-des-examens-CEPE\\_6e.pdf](https://textes.lexxika.com/wp-content/uploads/2024/05/Arrete-8809-2019-29-Avril-2019-Reprimant-les-fraudes-commises-lors-de-la-preparation-et-du-deroulement-des-examens-CEPE_6e.pdf)

<sup>135</sup> World Bank Group. (2017). p.21.

<sup>136</sup> In this vein, the Committee on Economic, Social and Cultural Rights has highlighted the potentially indirectly discriminatory impacts of requiring students to produce a birth registration certificate in the context of education. See Committee on Economic, Social and Cultural Rights. (2009). General Comment No. 20. UN Doc E/C.12/GC/20. para. 10(b). Available at: <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-20-2009-non-discrimination>

<sup>137</sup> In key informant interviews, undertaken as part of a 2021 study, research participants explained that their preference to give birth in public health facilities was linked directly to the process of obtaining a birth certificate for their child. See Andrianantoandro, V.T., Pourette, D., Rakotomalala, O. et al. (2021). Factors influencing maternal healthcare seeking in a highland region of Madagascar: a mixed methods analysis. *BMC Pregnancy Childbirth* 21, 428. Available at: <https://doi.org/10.1186/s12884-021-03930-2>

<sup>138</sup> See Hebert K.A, Nsengiyumva E., Kayitesi C., Hariharan K., Opondo C., Ferguson E., Allen E., Uwankunda I., Ufitinema A., Baribwira C. (2024). Before and after study of a national complementary and supplementary feeding programme in Rwanda 2017-2021. *Matern Child Nutr.* 2024 Jul;20(3). Available at: <https://onlinelibrary.wiley.com/doi/pdf/10.1111/mcn.13648>

<sup>139</sup> Interim report of the Special Rapporteur on the right to food. (2016). UN Doc. A/71/282. para. 6. Available at: <https://documents.un.org/doc/undoc/gen/n16/247/21/pdf/n1624721.pdf>. See also, Clinton Health Access Initiative. (2024). Rwanda's groundbreaking food supplement venture slashes child malnutrition, sets global benchmark. Available at: <https://www.clintonhealthaccess.org/research/chronic-malnutrition-declines-in-rwanda-thanks-to-fortified-blended-foods/>

<sup>140</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2023). UN Doc. A/78/185, 2023. para. 29. Available at: <https://docs.un.org/A/78/185>

<sup>141</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2023). para. 3.

<sup>142</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2023). paras. 16 and 40.

<sup>143</sup> Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2023). para. 16.

<sup>144</sup> See Transparency International Rwanda. (2024). *Corruption Risk Assessment of the Health Sector in Rwanda*. pp. 40-41 and 69-70. Available at: [http://tirwanda.org/IMG/pdf/corruption\\_risk\\_assessment\\_-\\_health.pdf](http://tirwanda.org/IMG/pdf/corruption_risk_assessment_-_health.pdf)

<sup>145</sup> It should also be noted that under international law, age, sex, pregnancy status and socio-economic disadvantage are each recognised as grounds of discrimination. See further, UN Human Rights Office. (2023). pp. xii and 19-28; and Report of the Special Rapporteur on extreme poverty and human rights. (2022). UN Doc. A/77/157. paras. 17-20. Available at: <https://docs.un.org/A/77/157>

<sup>146</sup> One of the individuals interviewed worked within a government agency, while another was responsible for coordinating the FBF programme at the local level.

<sup>147</sup> In English, *Shisha Kibondo* translates from Kinyarwanda as “healthy baby”.

<sup>148</sup> World Bank Group. (2021). *Diagnostic Note: Behavioural Insights to Prevent and Reduce Stunting in Rwanda*. p. 4. Available at: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099062923172030174/p16998800dbbd00fa0a4380cd1211e73aa6>

<sup>149</sup> For more on the different actors involved, see World Bank Group. (2021).

<sup>150</sup> Hebert et al. (2024).

<sup>151</sup> A person's band can inform their entitlement to access certain government programmes, as well as the social security contributions they are asked to make — for instance, in respect of community-based health insurance. For detail on the emergence and development of the Ubudehe system, see Alexis, H. (2023). The Challenges and Examination of New Programme Ubudehe 2020 in Rwanda. *American Journal of Industrial and Business Management*, 13, 287-311. Available at: <https://www.scirp.org/journal/paperinformation?paperid=124771>

<sup>152</sup> Transparency International. (2024). *Left Behind: Corruption in Education and Health Services in Africa*. p. 30.

<sup>153</sup> See Transparency International. (2024). p. 30 and in particular footnote 51.

<sup>154</sup> Similar concerns have been reported elsewhere. In a policy document published in 2023, the Ministry of Health observed that the “revamping of the old system of categorization will allow room for accuracy” and will “ensure that the FBF is being given to the right person.” See Ministry of Health. (2023). *Stunting Prevention and Reduction Project: Resettlement Policy Framework*. p. 89. Available at: [https://rbc.gov.rw/fileadmin/user\\_upload/report\\_2024/Resettlement\\_Policy\\_Framework-SPRP-AF-FINAL-22-April-2024.pdf](https://rbc.gov.rw/fileadmin/user_upload/report_2024/Resettlement_Policy_Framework-SPRP-AF-FINAL-22-April-2024.pdf)

<sup>155</sup> In Rwanda, the local government system under the Ministry of Local Government operates across four tiers: districts, sectors, cells and villages. There are approximately 2,500 cells in Rwanda. See Commonwealth Local Government Forum. (No Date). The Local Government System in Rwanda. Available at: <https://www.commonwealthgovernance.org/countries/africa/rwanda/local-government/#:~:text=Local%20Government%20of%20Rwanda&text=The%20Ministry%20of%20Local%20Government,are%20held%20every%20five%20years>

<sup>156</sup> The offence of sexual corruption is explained and explored in greater detail in the following case study.

<sup>157</sup> The review covered households categorised as “Ubudehe 1.” For a description of the classification system, see Saint Germain, M. (2019). *Ubudehe: Prevention, Intervention, and Social Stratification*. Peace Corps. Available at: <https://www.peacecorps.gov/rwanda/stories/ubudehe-prevention-intervention-and-social-stratification/>

<sup>158</sup> Hebert et al. (2024); and Clinton Health Access Initiative. (2024). Rwanda's groundbreaking food supplement venture slashes child malnutrition, sets global benchmark. Available at: <https://www.clintonhealthaccess.org/blog/chronic-malnutrition-declines-in-rwanda-thanks-to-fortified-blended-foods/>

<sup>159</sup> For the global picture with most recent data as of May 2023, see UNICEF. (2023). *Child Malnutrition*. Available at: <https://data.unicef.org/topic/nutrition/malnutrition/>

<sup>160</sup> See further, the findings of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (2023). UN Doc. A/78/185. paras. 3, 16, 21, and 29. Available at: <https://docs.un.org/en/A/78/185>

<sup>161</sup> The term “sexual favour” is often colloquially employed in the context of sexual corruption. Nevertheless, for many it does not capture the gravity of the offence as experienced by victims, and in cases where sexual corruption takes a coercive form, the term may be fundamentally unsuitable.

<sup>162</sup> Lundgren, S, Bjarnegård, E, Eldén and Calvo. (2024). What is sexual corruption? Challenges of raising awareness and legislating in the absence of recognition. *Forum on Crime & Society* 11. Available at: <https://www.diva-portal.org/smash/record.jsf?pid=diva2%3A1868585&dswid=-6347>

<sup>163</sup> It is worth noting that people who have experienced sexual corruption may identify as “victims”, but many identify as “survivors” or use other appellations. This report uses the term “victim” but acknowledges that it may not be viewed as applicable in all cases.

<sup>164</sup> It should be noted, however, that this still marks an improvement on earlier periods. See University of Rwanda. (2020). *7 Years Thematic Statistical Report*. Available at: [https://ur.ac.rw/IMG/pdf/ff-2020-final\\_version\\_b-2.pdf](https://ur.ac.rw/IMG/pdf/ff-2020-final_version_b-2.pdf)

<sup>165</sup> Reilly, E. C. (2021). Rwandan women in higher education: Progress, successes, and challenges. In *Frontiers in Education* (Vol. 6, p. 561508). Available at: <https://www.frontiersin.org/journals/education/articles/10.3389/educ.2021.561508/full>

<sup>166</sup> Law N° 54/2018 of 13/08/2018 on fighting against corruption, Articles 2(2) and 6. Available at: <https://www.fic.gov.rw/index.php?eID=dumpFile&t=f&f=57700&token=91aa38b3cd8373987a085647c7d41669f81315c8>

<sup>167</sup> University of Rwanda. (2020).

<sup>168</sup> See further on these points, Committee on the Elimination of Discrimination against Women. (2017). General Recommendation No. 36. UN Doc. CEDAW/C/GC/36. paras. 64-69. Available at: <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-recommendation-no-36-2017-right-girls-and>

<sup>169</sup> Bjarnegård, E, Calvo, D, Eldén, A and Lundgren, S. (2022). Chapter 13: Sextortion: Corruption Shaped by Gender Norms. In Ina Kubbe, I. and Merkle, O. (Eds). *Norms, Gender and Corruption*.

<sup>170</sup> See ODI Global. (2009). *Sexual Violence: Breaking a Culture of Silence*. Available at: <https://odi.org/en/insights/sexual-violence-breaking-a-culture-of-silence/>

<sup>171</sup> Urwego rw'Umuvunyi - Repubulika y'U. (No Date). Urutonde rw'Abahamwe burundu na ruswa. Available at: <https://www.ombudsman.gov.rw/ruswa/urutonde-rwabahamwe-burundu-na-ruswa>

<sup>172</sup> Transparency International Rwanda. (2018). *Gender-based corruption in the public workplace in Rwanda*. Available at: [https://www.tirwanda.org/IMG/pdf/gender\\_based\\_corruption\\_1\\_.pdf](https://www.tirwanda.org/IMG/pdf/gender_based_corruption_1_.pdf); Transparency International Rwanda (2022). *Gender-based corruption at the workplace in Rwanda*. Available at: [https://www.tirwanda.org/IMG/pdf/gbc\\_report.pdf](https://www.tirwanda.org/IMG/pdf/gbc_report.pdf)

<sup>173</sup> The lack of a common definition of “Indigenous Peoples” has contributed to the historic non-recognition of Indigenous Peoples’ rights. However, the situation is changing. As described in the following sections of this report, in recent legal developments, Batwa have been recognised as an Indigenous community, both by the African Commission on Human and People’s Rights, and under national legislation.

<sup>174</sup> Oakland Institute. (2024). *From Abuse to Power: Ending Fortress Conservation in the Democratic Republic of Congo*. p. 17. Available at: <https://www.oaklandinstitute.org/abuse-power-ending-fortress-conservation-democratic-republic-congo>

<sup>175</sup> Minority Rights Group International. (2022). *Fortress Conservation and International Accountability for Human Rights Violations against Batwa in Kahuzi-Biega National Park*. p. 13. Available at: <https://minorityrights.org/resources/fortress-conservation-and-international-accountability-for-human-rights-violations-against-batwa-in-kahuzi-biega-national-park/>

<sup>176</sup> The International Work Group for Indigenous Affairs. (2024). *The Indigenous World 2024: Democratic Republic of the Congo*. Available at: <https://iwgia.org/en/democratic-republic-of-congo/5350-iw-2024-drc.html>

<sup>177</sup> The International Work Group for Indigenous Affairs. (2024). See also, Rainforest Foundation UK. (2025). Democratic Republic of the Congo. Available at: <https://www.rainforestfoundationuk.org/our-projects/where-we-work/drc/>

<sup>178</sup> Minority Rights Group International. (2022). *To Purge the Forest by Force: Organized violence against Batwa in Kahuzi-Biega National Park*. p. 11. Available at: <https://minorityrights.org/resources/to-purge-the-forest-by-force-organized-violence-against-batwa-in-kahuzi-biega-national-park/>

<sup>179</sup> These areas were selected on account of the presence of Batwa communities and to ensure a broad geographic range of responses. On the distribution of Batwa in DRC, see World Bank Group. (2009). *Democratic Republic of Congo Strategic Framework for the Preparation of a Pygmy Development Program*. p. 20. Available at: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/327611468235752303/congo-democratic-republic-of-strategic-framework-for-the-preparation-of-a-pygmy-development-program>

<sup>180</sup> Interviews were conducted with 25 Batwa households in Kinshasha, 20 in Équateur, 15 in Mai Ndombe, 30 in Tanganyika and 18 in South Kivu. These interviews were conducted in the local language of community members, and subsequently translated into French. The key findings were written up, before translation into English.

<sup>181</sup> On the individual and collective rights of Indigenous communities, see Transparency International and the Equal Rights Trust. (2024). Chapters 3-4.

<sup>182</sup> World Bank Group. (2009). p. 11.



<sup>183</sup> World Bank Group. (2009). p. 12.

<sup>184</sup> Minority Rights Group International. (2022). p. 11.

<sup>185</sup> Oakland Institute (2024). p. 17.

<sup>186</sup> Broadly, see Oakland Institute. (2024). For a deeper exploration of these issues see Minority Rights Group International. (2022). *Batwa and Bambuti in the Democratic Republic of the Congo*. Available at: <https://minorityrights.org/communities/batwa-and-bambuti>

<sup>187</sup> Oakland Institute. (2024). pp. 8-9.

<sup>188</sup> Oakland Institute. (2024). pp. 8-9.

<sup>189</sup> In this publication, we use the English "Kahuzi-Biega National Park", translated from the *French Parc national de Kahuzi-Biega*. The park is recognised as a world heritage site. See further, UNESCO. (No date). Kahuzi-Biega National Park. Available at: <https://whc.unesco.org/en/list/137>.

<sup>190</sup> See Minority Rights Group International. (2022). p. 14-15.

<sup>191</sup> Minority Rights Group International. (2022). pp. 20-21. See also, the Oakland Institute. (2024). p. 18.

<sup>192</sup> This includes reported acts of rape and sexual violence. See Minority Rights Group International. (2022).

<sup>193</sup> "By removing the protective shield of human presence on lands earmarked as a protected area, the political vacuum gets filled by outside commercial actors, seeking to exploit its natural resources." See Oakland Institute. (2024). p. 6.

<sup>194</sup> Oakland Institute. (2024). The presence of armed groups in DRC, hundreds of which are believed to be in operation – some with the apparent backing of foreign state actors – is a source of continued concern. An investigation by the International Criminal Court into allegations of war crimes and crimes against humanity in the Ituri region and the North and South Kivu Provinces is currently underway. In 2024, the mandate of the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) was renewed, in light of the declining security situation. See further, United Nations. (2024). Security Council hears of ongoing imperative to end violence in eastern DR Congo. Available at: <https://news.un.org/en/story/2024/12/1157971>

<sup>195</sup> At the time the PNKB was established, there was a reported "proliferation of informal, illicit, or illegal activities" centred on the exploitation of natural resources. See Oakland Institute. (2024). pp. 9-10.

<sup>196</sup> Initiative for Equality. (2022). We should be learning from the Batwa, not destroying them. Available at: <https://www.initiativeforequality.org/learning-batwa-not-destroying/>

<sup>197</sup> In the 2000s, these concerns led the European Commission to abstain from partnering with the ICCN on future projects. See Oakland Institute. (2024). p. 13.

<sup>198</sup> Rogers, D. (2022). What went wrong with conservation at Kahuzi-Biega National Park and how to transform it (commentary). *Mongabay*. Available at: <https://news.mongabay.com/2022/01/what-went-wrong-with-conservation-at-kahuzi-biega-national-park-and-how-to-transform-it-commentary/>

<sup>199</sup> Kabemba, S. (2023). RDC : ex-chef de protection de la nature cité dans une affaire de trafic d'espèces sauvages. *Mongabay*. Available at: <https://fr.mongabay.com/2023/10/rdc-ex-chef-de-protection-de-la-nature-cite-dans-une-affaire-de-traffic-despeces-sauvages/>

<sup>200</sup> de Satgé, R. (2022). Democratic Republic of the Congo – Context and Land Governance. *Land Portal*. Available at: <https://landportal.org/book/narratives/2022/democratic-republic-congo>

<sup>201</sup> For detail on the links between land grabbing, corruption and discrimination, see Transparency International and the Equal Rights Trust. (2024). p. 39.

<sup>202</sup> Pallares, G. (2022). Exclusif : Un géant du bois convertit discrètement des sites d'exploitation forestière du Congo en programmes de crédits carbone. *Mongabay*. Available at: <https://fr.mongabay.com/2022/03/exclusif-un-geant-du-bois-convertit-discretement-des-sites-dexploitation-forestiere-du-congo-en-programmes-de-credits-carbone/>

<sup>203</sup> Pallares, G. (2022). The minister was also reportedly connected with a decision to award a logging concession to two Chinese companies, in apparent violation of a moratorium on using protected land. See Schneider, V. (2020). Poor governance fuels 'horrible dynamic' of deforestation in DRC. *Mongabay*. Available at: [https://news.mongabay.com/2020/12/poor-governance-fuels-horrible-dynamic-of-deforestation-in-drc/#:~:text=Experts%20agree%20that%20poor%20governance,REDD%2B\)%2C%20adopted%20in%202012.](https://news.mongabay.com/2020/12/poor-governance-fuels-horrible-dynamic-of-deforestation-in-drc/#:~:text=Experts%20agree%20that%20poor%20governance,REDD%2B)%2C%20adopted%20in%202012.)

- <sup>204</sup> African Commission on Human and Peoples' Rights. (2022). *Communication 588/15, Minority Rights Group International and Environnement Ressources Naturelles et Développement (on behalf of the Batwa of Kahuzi-Biefa National Park, DRC) v. Democratic Republic of Congo (DRC)*. Available at: <https://www.escri-net.org/caselaw/2024/communication588-15/>
- <sup>205</sup> African Commission on Human and Peoples' Rights. (2022). paras. 125-133.
- <sup>206</sup> African Commission on Human and Peoples' Rights. (2022). paras. 162-174, and 230.
- <sup>207</sup> Amnesty International. (2024). Democratic Republic of the Congo: The African Commission sets a significant precedent for Indigenous Peoples' land rights in the context of conservation. Available at: <https://www.amnesty.org/en/documents/afr62/8391/2024/en/>
- <sup>208</sup> See Forest Peoples Programme, et al. (2024). Joint Statement: DRC Provincial Decree may legitimize violence against the Batwa Indigenous Peoples. Available at: [https://www.forestpeoples.org/sites/default/files/documents/Joint\\_Declaration\\_Provincial%20Decree\\_DRC\\_Batwa\\_en.pdf](https://www.forestpeoples.org/sites/default/files/documents/Joint_Declaration_Provincial%20Decree_DRC_Batwa_en.pdf)
- <sup>209</sup> The World Bank Group has identified a range of factors that promote sedentarisation among the Batwa community, including the rise of extractive industries, conservation, conflict and broader social and demographic changes. See World Bank Group. (2009). pp. 5-6 and 16.
- <sup>210</sup> Some Batwa have broken their ties to the forest altogether. See World Bank Group. (2009). pp. 6 and 20-21.
- <sup>211</sup> See Oakland Institute. (2024). p. 17; and Minority Rights Group International. (2022). *Batwa and Bambuti in the Democratic Republic of the Congo*.
- <sup>212</sup> In some parts of the country, longstanding patterns of discrimination against Batwa, compounded by intense competition for access to forest resources, have been identified as a source of inter-ethnic conflict. See Minority Rights Group International. (2022). *Batwa and Bambuti in the Democratic Republic of the Congo*.
- <sup>213</sup> World Bank Group. (2009). pp. 5-6 and 16.
- <sup>214</sup> The World Bank Group has linked this to the process of sedentarisation. See World Bank Group. (2009). pp. 14-15, 25 and 51; and Minority Rights Group International. (2022). *Report to the Committee on Economic, Social and Cultural Rights*. para. 11. Available at: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCESCR%2FCSS%2FCOD%2F47696&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCESCR%2FCSS%2FCOD%2F47696&Lang=en)
- <sup>215</sup> Minority Rights Group International. (2022). para. 11; and World Bank Group. (2009). pp. 7 and 15.
- <sup>216</sup> World Bank Group. (2009). p. 15. The new legislation is discussed further in the final section of this report.
- <sup>217</sup> World Bank Group. (2009). p. 15.
- <sup>218</sup> World Bank Group. (2009). p. 15. See also Minority Rights Group International. (2022). *Report to the Committee on Economic, Social and Cultural Rights*. para. 12.
- <sup>219</sup> Minority Rights Group International. (2022). *Report to the Committee on Economic, Social and Cultural Rights*. para. 22; World Bank Group. (2009). p. 16.
- <sup>220</sup> Minority Rights Group International (2022). *Report to the Committee on Economic, Social and Cultural Rights*. para. 22.
- <sup>221</sup> Marchais, G. et al. (2021). Marginalisation from Education in Conflict-Affected Contexts: Learning from Tanganyika and Ituri in the DR Congo. *Institute of Development Working Paper*. No. 544. pp. 44-48. Available at: <https://www.ids.ac.uk/publications/marginalisation-from-education-in-conflict-affected-contexts-learning-from-tanganyika-and-ituri-in-the-dr-congo/>
- <sup>222</sup> According to the Tanganyika study “the proportion of children who work is 6 percentage points higher among the Twa than the Non-Twa. These differences are statistically significant.” See Marchais, et al. (2021). See also Warrilow, F. (2008). *The Right to Learn: Batwa Education in the Great Lakes Region of Africa*. p. 14. Available at: <https://minorityrights.org/app/uploads/2024/01/download-591-the-right-to-learn-batwa-education-in-the-great-lakes-region-of-africa.pdf>
- <sup>223</sup> Warrilow. (2008). See also, Brandt, C. (2020). *Technical Briefs Education in the Democratic Republic of Congo: What works?* p. 4. Available at: [https://www.academia.edu/49284261/Education\\_in\\_the\\_Democratic\\_Republic\\_of\\_Congo\\_What\\_works](https://www.academia.edu/49284261/Education_in_the_Democratic_Republic_of_Congo_What_works). In some cases, the impacts are more direct. Within the Kahuzi-Biega National Park, violence against Batwa perpetrated by park guards and Congolese army forces included the burning of a local school. See Minority Rights Group International. (2022). p. 36.
- <sup>224</sup> As the Oakland Institute has found, “Given their strong connection to the forest (...) Batwa barely used the formal medical system and instead relied on the forest as their traditional pharmacy”. Displacement has also been linked to worse health

outcomes. Within the DRC, evidence suggests that the separation of Indigenous Peoples from their ancestral lands contributes to higher rates of malnutrition and infant mortality. See further, Oakland Institute. (2024). *From Abuse to Power: Ending Fortress Conservation in the Democratic Republic of Congo*. p. 17; Cultural Survival. (2019). Observations on the state of indigenous human rights in the Democratic Republic of Congo. Prepared for the 33rd Session of the United Nations Human Rights Council Universal Periodic Review. Available at: [https://www.culturalsurvival.org/sites/default/files/UPR\\_DRC\\_2018.pdf](https://www.culturalsurvival.org/sites/default/files/UPR_DRC_2018.pdf)

<sup>225</sup> United Nations Declaration on the Rights of Indigenous Peoples, Article 24(1). Available at: [https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)

<sup>226</sup> Specifically, Article 16. See African Commission on Human and Peoples' Rights. (2022) *Communication 588/15, Minority Rights Group International and Environnement Ressources Naturelles et Développement (on behalf of the Batwa of Kahuzi-Biefa National Park, DRC) v. Democratic Republic of Congo (DRC)*. paras. 166-167.

<sup>227</sup> African Commission on Human and Peoples' Rights. (2022) paras. 168-164.

<sup>228</sup> World Bank Group. (2009). 28; Minority Rights Group International. (2022). *Report to the Committee on Economic, Social and Cultural Rights*. para. 16.

<sup>229</sup> Minority Rights Group International. (2022). Batwa and Bambuti in the Democratic Republic of the Congo.

<sup>230</sup> Minority Rights Group International. (2022). *Report to the Committee on Economic, Social and Cultural Rights*. paras. 13-14.

<sup>231</sup> Minority Rights Group International. (2022). *Report to the Committee on Economic, Social and Cultural Rights*, para. 14.

<sup>232</sup> Gauthier Marchais, et al. (2021). Marginalisation from Education in Conflict-Affected Contexts: Learning from Tanganyika and Ituri in the DR Congo. *Institute of Development Working Paper*, No. 544. pp. 52 and 54.

<sup>233</sup> Transparency International. (2019). *Global Corruption Barometer 10th Edition: Africa*. Available at: <https://files.transparencycdn.org/images/Africa-GCB-Country-Cards-2019.pdf>

<sup>234</sup> UN Treaty Bodies. (2021). paras. 7-9.

<sup>235</sup> This point is reinforced by legislation adopted in 2022. Under Article 23 of Law No. 22/030 of 15 July 2022 on the protection and promotion of the rights of indigenous Pygmy peoples, access to primary and secondary education and vocational training is declared free for Indigenous Peoples, including the Batwa community.

<sup>236</sup> Transparency International. (2024). *Left Behind*, pp. 22-23.

<sup>237</sup> Ramsay, P. K. (2010). *Uncounted: The Hidden Lives of Batwa Women*. pp. 6-7. Available at: <https://minorityrights.org/app/uploads/2023/12/mrg-brief-twa2010-fre.pdf>

<sup>238</sup> See USAID. (2020). *Monitoring, Evaluation, and Coordination Contract (MECC): Literacy Landscape Assessment in the Democratic Republic of Congo: Assessment Report*. pp. 12-13.

<sup>239</sup> Ramsay, P. K. (2010). pp. 6-7.

<sup>240</sup> Ramsay, P. K. (2010).

<sup>241</sup> Ramsay, P. K. (2010). In some cases, girls were said to have been sent to work as maids for more economically advantaged families.

<sup>242</sup> While the field research focused on access to education, the risks highlighted below may be equally applicable to health care service provision.

<sup>243</sup> Law No. 22/030 of July 15, 2022 on the protection and promotion of the rights of indigenous Pygmy peoples, Article 14.

<sup>244</sup> Adam, I. and Fazekas, M. (2023). *Overview of corruption and anti-corruption in infrastructure development*. pp. 7, 14 and 16. Available at: [https://knowledgehub.transparency.org/assets/uploads/helpdesk/Overview-of-corruption-in-the-infrastructure-sector\\_PR\\_2023.pdf](https://knowledgehub.transparency.org/assets/uploads/helpdesk/Overview-of-corruption-in-the-infrastructure-sector_PR_2023.pdf)

<sup>245</sup> See Transparency International and the Equal Rights Trust, *Defying Exclusion: Stories and Insights on the Links Between Discrimination and Corruption*, 2021, pp. 41-43. Available at: <https://www.transparency.org/en/publications/defying-exclusion-corruption-discrimination>; and Adam and Fazekas. (2023).

<sup>246</sup> Adam and Fazekas. (2023).

<sup>247</sup> In a recent report, Freedom House observed that "ethnic-minority and Indigenous groups are effectively missing in the political sphere." See Freedom House. (2023). *Freedom in the World: Democratic Republic of the Congo*. Available at <https://freedomhouse.org/country/democratic-republic-congo/freedom-world/2024>

- <sup>248</sup> Minority Rights Group International. (2022). *Report to the Committee on Economic, Social and Cultural Rights*. para. 9.
- <sup>249</sup> Marchais et al. (2021). p. 45.
- <sup>250</sup> See USAID. (2024). *Democratic Republic of the Congo (DRC) Inclusive Development Analysis*. pp. 22, 25 and 66-67.
- <sup>251</sup> Law No. 22/030 of July 15, 2022 on the protection and promotion of the rights of indigenous Pygmy people. Articles 22-24, 25-27, and 14 respectively.
- <sup>252</sup> Law No. 22/030 of July 15, 2022, Article 44.
- <sup>253</sup> Notably, Article 44 applies “without prejudice to the State's property rights over the soil and subsoil”.
- <sup>254</sup> See, for example, Gauthier, M. (2022). New legislation to protect the rights of the Indigenous Pygmy Peoples in the DRC. IUCN. Available at: <https://iucn.org/story/202208/new-legislation-protect-rights-indigenous-pygmy-peoples-drc>
- <sup>255</sup> See Minority Rights Group International. (2025). DRC: Indigenous peoples must not be forgotten in conflict. Available at: <https://minorityrights.org/drc-2025/#:~:text=Minority%20Rights%20Group%20is%20gravely,Kalehe%20territory%20since%20last%20Saturday>
- <sup>256</sup> Ministry of Public Service, Labour and Social Welfare, (MPSLSW) and the Ministry of Primary and Secondary Education (MoPSE). (2016). *BEAM Operational Manual*.
- <sup>257</sup> Mutasa, F. (2015). The initial years of the implementation of the Basic Education Assistance Module in Zimbabwe: 2001-2005”, *Journal of Public Administration and Governance* Vol. 5, No.2. Available at: [https://www.researchgate.net/publication/276154543\\_The\\_initial\\_years\\_of\\_the\\_implementation\\_of\\_the\\_Basic\\_Education\\_Assistance\\_Module\\_in\\_Zimbabwe\\_2001-2005](https://www.researchgate.net/publication/276154543_The_initial_years_of_the_implementation_of_the_Basic_Education_Assistance_Module_in_Zimbabwe_2001-2005); and MPMSLW and MoPSE. (2016).
- <sup>258</sup> NewsDay. (2024.) Govt admits delays in Beam disbursements. Available at: <https://www.newsday.co.zw/local-news/article/200024278/govt-admits-delays-in-beam-disbursements>
- <sup>259</sup> New Zimbabwe. (2024). ZW\$10m basic education funds lying idle, losing value due to outdated manual— AG report. Available at: <https://www.newzimbabwe.com/zw10m-basic-education-funds-lying-idle-losing-value-due-to-outdated-manual-ag-report/>
- <sup>260</sup> Zimbabwe Situation. (2013). Beam a breeding ground for corruption. Available at: <https://www.newsday.co.zw/theindependent/local-news/article/200010953/beam-a-breeding-ground-for-corruption>
- <sup>261</sup> The discussion involved 10 participants – eight females and two males – including three persons with disabilities.
- <sup>262</sup> See Office of the United Nations High Commissioner for Human Rights. (2013). *Thematic Study on the right of persons with disabilities to education*. UN Doc. A/HRC/25/29. para. 9. Available at: <https://www.ohchr.org/en/disabilities/thematic-report-right-persons-disabilities-education>
- <sup>263</sup> See Convention on the Rights of Persons with Disabilities. Article 24; Committee on the Rights of Persons with Disabilities. (2016). General Comment No. 4. UN Doc. CRPD/C/GC/4. para. 2. Available at: <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-4-article-24-right-inclusive>
- <sup>264</sup> Constitution of Zimbabwe. Sections 22, 56 and 83. Available at: <https://www.zhrc.org.zw/wp-content/uploads/2020/11/Constitution-of-Zimbabwe.pdf>
- <sup>265</sup> However, contrary to the requirements of the CRPD, this is made subject to available resources. See Bamhare, R. (2024). A Dream School for Inclusive Education: The power of assistive devices. *UNICEF*. Available at: <https://www.unicef.org/zimbabwe/stories/dream-school-inclusive-education-power-assistive-devices>; and Universal Periodic Review. (2021). Summary of Stakeholders Information. UN Doc. A/HRC/WG.6/40/ZWE/3. para. 92. Available at: <https://digitallibrary.un.org/record/3949255>
- <sup>266</sup> UN Partnership on the Rights of Persons with Disabilities. (2022). *Situational Analysis of The Rights Of Persons With Disabilities: Zimbabwe*. Available at: [https://unprpd.org/new/wp-content/uploads/2023/12/Situation\\_Analysis\\_CountryBrief\\_Zimbabwe-d62.pdf](https://unprpd.org/new/wp-content/uploads/2023/12/Situation_Analysis_CountryBrief_Zimbabwe-d62.pdf)
- <sup>267</sup> Report of the Special Rapporteur on the rights of persons with disabilities. (2015). UN Doc. A/70/297\*. paras. 25 and 28. Available at: <https://www.institut-fuer-menschenrechte.de/menschenrechtsschutz/datenbanken/datenbank-fuer-menschenrechte-und-behinderung/detail/disability-inclusive-policies-2016>
- <sup>268</sup> Report of the Special Rapporteur on the rights of persons with disabilities. (2015).
- <sup>269</sup> Disability champions who participated in the research argued that the social welfare allocations made under the national budget are bunched together and fail to adequately address diversity in society, meaning that persons with disabilities risk

being left behind. They called for an equality-sensitive budget that is responsive to the needs of persons with disabilities, including, among others, the need for assistive devices, deployment of teaching staff with inclusive education qualifications, training and employment of sign language interpreters in service delivery channels, and accessible buildings and facilities.

<sup>270</sup> Report of the Special Rapporteur on the rights of persons with disabilities. (2015). paras. 29-33.

<sup>271</sup> According to the survey, 83.3 per cent of respondents stated that the direct costs of education (such as for school supplies) were too high, while 76 per cent reported that the indirect costs of schooling (such as transportation costs) were too high. See further, Deluca, M. Tramontano, C. and Kett, M. (2014). *Including children with disabilities in primary school: The case of Mashonaland, Zimbabwe*. Available at: [https://www.eenet.org.uk/resources/docs/WP26\\_IE\\_Zimbabwe.pdf](https://www.eenet.org.uk/resources/docs/WP26_IE_Zimbabwe.pdf)

<sup>272</sup> Deluca, Tramontano and Kett. (2014).

<sup>273</sup> This point was raised by a disability champion engaged by TI Zimbabwe as part of this report. They explained that the Department of Social Welfare requires three quotations for the procurement of assistive devices. However, the department ultimately prioritises its preferred suppliers, regardless of the quotations submitted by applicants. As a result, children with disabilities often receive substandard devices.

<sup>274</sup> According to the UN Special Rapporteur on the Rights of Persons with Disabilities, these expenditures can “amount to almost 50 per cent of an individual’s income.” Consequently, the families of children with disabilities are less likely to afford the cost of schooling their children than other groups. See Report of the Special Rapporteur on the rights of persons with disabilities. (2015). paras. 31 and 35.

<sup>275</sup> MPSSW and MoPSE. (2016).

<sup>276</sup> MPSSW and MoPSE. (2016).

<sup>277</sup> Deluca, Tramontano and Kett. (2014).

<sup>278</sup> Kanengoni, J and Pretorius, E. (2023). Perspectives of stakeholders on the implementation of the Basic Education Assistance Module in Zimbabwe. Available at <https://wiredspace.wits.ac.za/items/96385850-cf41-4566-b6c4-2b591d309e3f>

<sup>279</sup> Deluca, Tramontano and Kett. (2014).

<sup>280</sup> UNESCO Regional Office for Southern Africa. (2021). *Comprehensive situational analysis on persons with disabilities in Zimbabwe*. Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000381967>

<sup>281</sup> Mutasa, F. (2015); and MPSSW and MoPSE. (2016).

<sup>282</sup> MPSSW and MoPSE. (2016). p. 24.

<sup>283</sup> On this point, see further, Transparency International and the Equal Rights Trust. (2024). pp. 113-117.

<sup>284</sup> Gata, A. in Parliament of Zimbabwe. (2024). *The Hansard*. 12th June 2024. p. 61. Available at: <https://t.co/aXMhkLlLp>

<sup>285</sup> Smith, H., Chiroro, P. and Musker, P. (2012). *Process and Impact Evaluation of the Basic Education Assistance Module (BEAM) in Zimbabwe*. p. 54. Available at: [https://search.worldcat.org/title/Process-and-impact-evaluation-of-the-Basic-Education-Assistance-Module-\(BEAM\)-in-Zimbabwe/oclc/888023178](https://search.worldcat.org/title/Process-and-impact-evaluation-of-the-Basic-Education-Assistance-Module-(BEAM)-in-Zimbabwe/oclc/888023178)

<sup>286</sup> According to Zimbabwe’s most recent report to the Committee on the Rights of Persons with Disabilities (CRPD/C/ZWE/1), “10% of the Basic Education Assistance Module (BEAM) allocation should be channelled to children with disabilities” and “to schools that educate Children with Disabilities.” Available at: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2FZWE%2F1&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2FZWE%2F1&Lang=en). While the Committee has not yet issued its concluding observations, in its General Comments it has expressed concern regarding the maintenance of “special/segregated” schools, which contravene the requirement of inclusive education. On this, see Committee on the Rights of Persons with Disabilities. (2016). General Comment No. 4. UN Doc. CRPD/C/GC/4. para. 40. Available at: <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-4-article-24-right-inclusive>

<sup>287</sup> See Deluca, M, Tramontano, C and Kett, M, (2014); Dube, T, Ncube, SB, Mapuvire, CC, Ndlovu, S, Ncube, C and Mlotshwa, S. (2021). Interventions to reduce the exclusion of children with disabilities from education: A Zimbabwean perspective from the field. *Cogent Social Sciences*. Available at: <https://www.tandfonline.com/doi/full/10.1080/23311886.2021.1913848>

<sup>288</sup> MPSSW and MoPSE. (2016). p.14.

<sup>289</sup> MPSSW and MoPSE. (2016). p.14.

<sup>290</sup> MPSSW and MoPSE. (2016). p. 27.

- <sup>291</sup> In local colloquial speech, if you are “marked”, it means you are blacklisted, shunned or socially isolated.
- <sup>292</sup> For more on the links between political opinion, discrimination and corruption in Zimbabwe, see Transparency International and the Equal Rights Trust. (2024). pp. 113-121.
- <sup>293</sup> Mutasa. (2015). p. 36.
- <sup>294</sup> The Committee on the Rights of Persons with Disabilities has explained that discrimination on the basis of association is prohibited under the CRPD. See *MSB v. Italy*. (2022). UN Doc. CRPD/C/27/ D/51/2018. paras. 7.9 – 7.10. Available at: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2F27%2FD%2F51%2F2018&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2F27%2FD%2F51%2F2018&Lang=en)
- <sup>295</sup> See Ncube, M. and Sedibe, M. (2022). Exploring Challenges to Inclusion of Children with Intellectual Disabilities in Early Childhood Development in Mutoko District, Zimbabwe. *International Journal of Learning, Teaching and Educational Research*, Vol. 21, No. 10. p. 208. Available at: <https://www.ijlter.org/index.php/ijlter/article/view/5696>
- <sup>296</sup> UNAIDS Zimbabwe Country Factsheet. (No date). Available at: <https://www.unaids.org/en/regionscountries/countries/Zimbabwe>
- <sup>297</sup> UNAIDS. (2024). Key Populations. Available at: <https://www.unaids.org/en/topic/key-populations>
- <sup>298</sup> Provincial Medical Director Manicaland. (2022). Ministry of Health and Child Care (MoHCC); Internal memo. Free Services in Our Health System.
- <sup>299</sup> Centers for Disease Control and Prevention. (2022). HIV and TB Overview: Zimbabwe.
- <sup>300</sup> PlusNews. (2010). ZIMBABWE: HIV patients forced to pay up or go without. Available at: <https://reliefweb.int/report/zimbabwe/zimbabwe-hiv-patients-forced-pay-or-go-without>
- <sup>301</sup> Gwarisa, M. (2020). Young People Living with HIV Forced To Bribe Hospital Staff To Get Second Line Drugs, Told To Produce Empty ARVs Containers At Security Checkpoints To Prove They Are HIV+ During Early Stages Of Lockdown. *The Health Times*. Available at: <https://healthtimes.co.zw/2020/09/23/zim-young-people-living-with-hiv-forced-to-bribe-hospital-staff-to-get-second-line-drugs-told-to-produce-empty-arvs-containers-at-security-checkpoints-to-prove-they-are-hiv-during-early-stages-of-/>
- <sup>302</sup> The focus group discussions were held at three Direct Information Centres where key populations receive assistance from various independent organisations. The participants represented these populations in urban, peri-urban and rural parts of Manicaland Province. The meetings proceeded with informed consent and full disclosure of the objectives of the exercise.
- <sup>303</sup> In the Shona language, *gogogoi* means “knock knock”. The term in this context is being used to describe facilitation payments imposed on patients seeking health services.
- <sup>304</sup> US dollars are currently in wide circulation in Zimbabwe, given inflation challenges with the local currency.
- <sup>305</sup> This response was recorded in a focus group discussion in the rural area of Honde Valley Honde in Mutasa District. Due to its favourable climate and geography, among other factors, the Honde Valley District is well known for agricultural produce, especially bananas, which are a major source of income in the district. This may explain their use in colloquial language, associated with bribes or “tips”.
- <sup>306</sup> A key informant interviewed for this study stated that second-line drugs are stronger, more complex combinations of drugs that need more monitoring due to their possible side effects and drug interactions, unlike first-line drugs which require minimal monitoring. The first line are typically cheaper and most are procured by donors, while the second line are more expensive and procured by National AIDS trust funds. The second line are more impacted by procurement challenges and delayed payments by the Ministry of Finance and Economic Development. Source: key informant interview with an expert on the care of key populations, 25 November 2024.
- <sup>307</sup> Institutions involved in the delivery of ART sometimes enlist members of key populations as community workers, expert patients or peer educators, to extend their reach and effectiveness in service delivery. Source: key informant interview with an expert on the care of key populations, 25 November 2024.
- <sup>308</sup> Transparency International and the Equal Rights Trust. (2021).
- <sup>309</sup> Transparency International and the Equal Rights Trust. (2021). In Zimbabwe, same-sex sexual activity between men is de facto criminalised, under anti-sodomy provisions of the Criminal Law Act of 2006. While there appear to have been no or few successful prosecutions under the law, there have been reports of LGBT+ people being arrested and extorted. See Human Dignity Trust. (2024). *Country Profile: Zimbabwe*. Available at: <https://www.humandignitytrust.org/country-profile/zimbabwe/>
- <sup>310</sup> Sokomondo Denya, T. (2024). Zimbabwe seen struggling against discrimination of sex workers. Available at: <https://www.developmentaid.org/news-stream/post/184612/zimbabwe-sex-workers>

<sup>311</sup> Nyasulu, B. J. (2020). Coercion and Agency in Zimbabwean Sex Work. Available at: <https://www.kukulacoaching.com/writing/coercion-agency-zimbabwe-sex-work>

<sup>312</sup> Different studies have been conducted on the transmission of HIV in the transport sector in Sub-Saharan Africa. Factors cited for the high prevalence rate among truck drivers include “the migratory nature of their job and their prolonged absence from home”. See: Lee, M. et al. (2002). The Effect of the HIV / AIDS Epidemic on the Population of Truck Drivers in South Africa and its Economic Impact. Available at: [https://www.researchgate.net/publication/233928474\\_The\\_Effect\\_of\\_the\\_HIVAIDS\\_Epidemic\\_on\\_the\\_Population\\_of\\_Truck\\_Driver\\_s\\_in\\_South\\_Africa\\_and\\_its\\_Economic\\_Impact](https://www.researchgate.net/publication/233928474_The_Effect_of_the_HIVAIDS_Epidemic_on_the_Population_of_Truck_Driver_s_in_South_Africa_and_its_Economic_Impact). See also, International Labour Organization. (2005). *HIV/AIDS in the Transport Sector of Southern African Countries*. p. 5. Available at: [https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed\\_protect/@protrav/@ilo\\_aids/documents/publication/wcms\\_116343.pdf](https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/publication/wcms_116343.pdf)

<sup>313</sup> The term “defaulting” refers to the situation where a person living with HIV stops taking their antiretroviral therapy (ART) medication as prescribed. This could mean missing doses, stopping treatment altogether or not adhering to the prescribed schedule. The consequences are numerous, including viral rebound, drug resistance, deterioration in health or increased transmission risk.

<sup>314</sup> The diversion of medical supplies to the grey market can impact the quality of medications – for instance, owing to supplies being stored in unsanitary or substandard conditions, which leads to their deterioration.

<sup>315</sup> In many jurisdictions, a “comparator” is required in direct discrimination cases. However, UN treaty bodies have clarified that direct discrimination can occur even when “there is no comparable similar situation.” This is particularly important in the case of pregnant women, owing to the lack of a clear comparator group. See Committee on the Rights of Persons with Disabilities. (2018). General Comment No. 6, para. 18(a).

<sup>316</sup> For further detail, see *Report of the Special Rapporteur on extreme poverty and human rights*. (2022). UN Doc. A/77/157. paras. 41-45. Available at: <https://docs.un.org/A/77/157>

<sup>317</sup> “People living in poverty are typically victims of discrimination (...) Patterns of discrimination keep people in poverty, which in turn serves to perpetuate discriminatory attitudes and practices against them. In other words, discrimination causes poverty, but poverty also causes discrimination. As a result, promoting equality and non-discrimination is central to tackling extreme poverty and promoting inclusion.” See Report of the independent expert on the question of human rights and extreme poverty. (2008). UN Doc. A/63/274. paras. 29-30. Available at: <https://docs.un.org/A/63/274>

<sup>318</sup> In respect of the education and health sectors, see further, Bullock, J. and Jenkins, M. (2020). *Corruption and marginalisation*. pp. 9-10. Available at: <https://knowledgehub.transparency.org/assets/uploads/helpdesk/Corruption-and-marginalisation.pdf>

<sup>319</sup> See *Report of the Special Rapporteur on extreme poverty and human rights*. (2022). paras. 41-45.

<sup>320</sup> See Office of the UN High Commissioner for Human Rights. (2023). *The Negative Impact of Corruption on the Enjoyment of Human Rights*. pp. 2-3. Available at: <https://www.ohchr.org/sites/default/files/Documents/HRBodies/HRCouncil/AdvisoryCom/Corruption/OHCHR.pdf>

<sup>321</sup> Office of the UN High Commissioner for Human Rights. (2023).

<sup>322</sup> Peters, A. (2024). Human rights and corruption: Problems and potential of individualizing a systemic problem. Available at: [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4553701](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4553701)

<sup>323</sup> GIZ. (2023). *Interlinking Anti-Corruption and Human Rights in Development Cooperation*. Available at: <https://www.giz.de/de/downloads/giz2023-en-factsheet-nexus-AK.pdf>

<sup>324</sup> <sup>324</sup> In particular, anti-discrimination law has developed unique modalities to overcome procedural and evidentiary barriers to justice. Anti-corruption approaches can also support victims of discrimination to evidence their claims. See Transparency International and the Equal Rights Trust. (2024). p. 48.

<sup>325</sup> For relevant examples, see the discussion of birth registration in Madagascar, discussed in Part 2 of this report.

<sup>326</sup> For example, on the underutilisation of gender-transformative approaches in the anti-corruption field as compared to other development sectors, see Maslen, C. (2024). *Gender transformative approaches to anti-corruption*. Available at: <https://www.u4.no/publications/gender-transformative-approaches-to-anti-corruption>

<sup>327</sup> For more on the broader requirements of comprehensive anti-discrimination law, see UN Human Rights Office. (2022). *Protecting Minority Rights: A Practical Guide to Developing Comprehensive Anti-Discrimination Legislation*. Available at: <https://www.ohchr.org/en/publications/policy-and-methodological-publications/protecting-minority-rights-practical-guide>

<sup>328</sup> For more on the requirements of equality impact assessment, see UN Human Rights Office (2023). pp. 117-119.

<sup>329</sup> For more on the components of a sensitive reporting mechanism, see Transparency International and the Equal Rights Trust. (2021). Available at: <https://images.transparencycdn.org/images/2021-Defying-exclusion-Report-v2-EN.pdf>

<sup>330</sup> See Special Rapporteur on the situation of human rights defenders. (2021). *At the heart of the struggle: human rights defenders working against corruption*. UN Doc. A/HRC/49/49. para. 117(L). Available at: <https://www.ohchr.org/en/documents/thematic-reports/ahrc4949-heart-struggle-human-rights-defenders-working-against>



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