



**TRANSPARENCY
INTERNATIONAL
ZIMBABWE**

the coalition against corruption

ACCESS DENIED: CORRUPTION AND INEQUALITY IN ZIMBABWE'S SERVICE DELIVERY

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In partnership with

Canada

About Transparency International Zimbabwe

Transparency International Zimbabwe (TI Z) is a non-profit, non-partisan, systems-oriented local chapter of the international movement against corruption. Its broad mandate is to fight corruption and promote transparency, accountability, and integrity at all levels and across all sectors of society. TI Z believes corruption can only be sufficiently tackled by all citizens including people at grassroots level.

Acknowledgements

This report is part of a multi country study by Transparency International and the Equal Rights Trust that examines the intersections of corruption and discrimination. With the permission of the authors, parts of this report draw on and reproduce the content and wording used in Transparency’s [Barriers to Basics](#) Report, which in turn featured the two case studies that form part of this report. The document has been meticulously prepared by our staff, who have made every effort to verify the accuracy of the information contained within, including any allegations. All information was deemed correct as of the date of publication. While we strive for accuracy and completeness, we recognize that no report can guarantee absolute certainty. We therefore encourage readers to consider the context in which this information is used. Contributions from external authors are included to provide diverse perspectives but do not necessarily reflect the official views of Transparency International or its national chapter.

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Acronyms

ART	-	Antiretroviral Therapy
AU	-	African Union
BEAM	-	Basic Education Assistance Module
BMU	-	BEAM Management Unit
COVID-19	-	Coronavirus Disease of 2019
CRA	-	Corruption Risk Assessment
CSC	-	Community Selection Committee
DEO	-	District Education Officer
DRC	-	Democratic Republic of Congo
ISDA	-	Inclusive Service Delivery in Africa
LGBTQI+	-	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and intersex
NAC	-	National Aids Council
QUAPAZ	-	Quadriplegics and Paraplegics Association of Zimbabwe
TI Z	-	Transparency International Zimbabwe
UN	-	United Nations
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNICEF	-	United Nations Children's Fund
ZACC	-	Zimbabwe Anti-Corruption Commission

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PREFACE

Transparency International Zimbabwe (TI Z) joins other chapters of Transparency International in publishing case studies to illustrate how corruption and discrimination combine to restrict access to essential health and education services for disadvantaged groups. This initiative is part of a project by Transparency International entitled Inclusive Service Delivery in Africa (ISDA) project, which works to address the identified barriers and improve access to education and healthcare services for women, girls as well as other groups at risk of discrimination in the Democratic Republic of Congo, Ghana, Madagascar, Rwanda and Zimbabwe.

This publication, ***Access Denied: Corruption And Inequality In Zimbabwe's Service Delivery*** presents findings from case studies which expose how systemic abuse, petty corruption, and discrimination undermine the delivery of essential services in education and health. It brings forward the voices and experiences of those affected, in particular groups at risk of discrimination based on their demographic and other characteristics and offers evidence-based recommendations for action.

The data gathering for the education case study was carried out by TI Z in partnership with the Quadriplegics and Paraplegics Association of Zimbabwe (QUAPAZ). TI Z conducted a focus group discussion for this case study with 10 parents of children with disabilities, based in Mutare, in Manicaland, which is Zimbabwe's second most populous province.¹ TI Z also carried out key stakeholder interviews with disabilities champions – those working with and on behalf of persons with disabilities to advocate for improved human rights protections. As regards the health case study, three focus group discussions were conducted with key populations based in Mutare Urban and Mutasa Districts, involving a total of 23 respondents.² Both districts are also located in Manicaland. For reference to the broader methodology used by all chapters of Transparency International in the multi-country project, refer to pg. 10 of the [Barriers to Basics](#) report.

Zimbabwe has made several well-meaning commitments to ensure the delivery of quality education and health services, by Promulgating national strategies to deliver on key targets to ensure that no one is left behind in their delivery, in line with the overarching objective of the Sustainable Development Goals (SDGs). However TI Z is convinced that corruption is the most significant barrier for disadvantaged groups to the attainment of these commitments given that the impacts of corruption are felt more significantly by vulnerable and marginalised groups.

The publication starts with the conceptual background of the topic, followed by two case studies on the delivery of education and health services in Zimbabwe. Using the case studies, there is also an analysis connecting corruption and discrimination and its impacts. The booklet concludes with several carefully thought-out recommendations for the State, and organised Civil Society to mitigate the discriminatory impacts of corruption in health and education delivery. We sincerely hope the recommendations will inform policy reform, strengthen accountability, and inspire collective efforts between state and non-state actors under the banner ***#AccessDeniedZW*** to dismantle the barriers that stand between citizens and the services they deserve.

We thank Transparency International and the Equal Rights Trust for leading this crucial project which unites the voices of affected groups from Africa in raising awareness on the barriers they face when corruption hinders their enjoyment of basic services. We also acknowledge the civic groups who collaborated with us on the project and shared their knowledge, as well as the courageous communities who shared their testimonies.

We are especially grateful to Global Affairs Canada for providing the resources without which we could not have carried out this project.

Tafadzwa Chikumbu

TI Z Executive Director

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. They have 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.³

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

- + 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.⁴

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.

benefits (financial, material, political or social) that accrue to individuals or specific interest groups at the expense of society at large.⁵

Previous research published by Transparency International shows how corruption can negatively affect education and health outcomes.⁶ 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.⁷ 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.⁸

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.⁹ 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”.¹⁰ 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; disabilities; 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.¹¹ By contrast, indirect discrimination typically occurs when people in materially different situations are treated the same, without regard for their personal circumstances.¹² 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.¹³ 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.¹⁴ Other forms of discrimination have also been identified. These include, for example, sexual and ground-based harassment, victimisation (sometimes known as reprisal or retaliation)¹⁵ and segregation.¹⁶

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.¹⁷ 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.¹⁸

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”.¹⁹ 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”.²⁰ 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”.²¹

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.²²

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.²³ At the regional level, these rights are also established under the African Charter on Human and Peoples’ Rights.²⁴ 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,²⁵ and must use the maximum of their available resources to ensure the progressive realisation of the rights to education and health.²⁶ Corruption undermines this

guarantee by reducing the maximum resources at the disposal of the state.²⁷ The duty to eliminate discrimination and to take steps to promote equality are immediate in nature – they are not subject to progressive realisation.²⁸ 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.²⁹

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.³⁰ 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.³¹

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.³² 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.³³ In the health sector, corruption has been found to increase child mortality and lower life expectancy.³⁴ 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.³⁵

Since 2008, the Human Rights Council has issued a series of resolutions that consider the impacts of corruption on the enjoyment of human rights.³⁶ 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.”³⁷

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.³⁸ 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.³⁹

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.⁴⁰ The impacts of corruption are borne disproportionately by already disadvantaged groups, exacerbating “the discrimination and inequalities that prevail in societies throughout the world.”⁴¹ 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”.⁴² 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.⁴³

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.⁴⁴ 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.⁴⁵ 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.

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

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.⁴⁶ 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.⁴⁷ However, BEAM has not always lived up to its potential, suffering from delays in the disbursement of funds,⁴⁸ among other reported inefficiencies.⁴⁹ Allegations of impropriety have also been raised, with one teacher's union labelling the programme "a breeding ground for corruption".⁵⁰

This case study explores corruption in the implementation of BEAM and its impacts on children with disabilities.

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.⁵¹

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.⁵² 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 disabilities status. Other sections require the state to take proactive steps to fulfil the rights of persons with disabilities.⁵³ In 2020, the Education Act was amended, to "mandate inclusive education for all students, including children with disabilities".⁵⁴

A national disabilities policy was adopted the following year, while a new Zimbabwe Persons with Disabilities Bill was progressing through Parliament as of February 2025.⁵⁵ 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”.⁵⁶ Despite this, social protection regimes are rarely designed to meet their needs.⁵⁷ 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”.⁵⁸

Owing to additional (and often hidden) disabilities-related expenditures, some households cannot afford the basic costs of education.⁵⁹ 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.⁶⁰ Another critical barrier was a lack of assistive devices.⁶¹ While persons with disabilities may apply to the Disabilities 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.⁶² These and similar disabilities-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.⁶³ 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”.⁶⁴ 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.⁶⁵ 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.⁶⁶

The selection process is anchored in community participation, which is supposed to enhance programme transparency.⁶⁷ 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.⁶⁸ 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.⁶⁹ 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.⁷⁰

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.⁷¹ 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.⁷² 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 disabilities

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 disabilities 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.⁷³

“

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

A parent of a child with a disabilities

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,⁷⁴ rather than mainstream learning institutions.⁷⁵ 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.⁷⁶

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.⁷⁷ 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.⁷⁸ 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 an elderly 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 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.⁷⁹ However, many parents TI Z 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 local Social Welfare 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.⁸⁰ 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.⁸¹

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.⁸² 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 disabilities

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.⁸³ 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”.⁸⁴

“ 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 disabilities

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 disabilities 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. Disabilities 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.

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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.

Recent data indicates that around eight per cent of Zimbabwe's population lives with HIV.^{lxxxv} 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.^{lxxxvi} 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.^{lxxxvii} 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.^{lxxxviii}

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.^{lxxxix} 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.^{xc}

This new study carried out by TI Z 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.

"KNOCK-KNOCK" MONEY AND BANANAS

People living with HIV in Manicaland appear to be exposed to multiple 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*^{xcii} – meaning "knock knock" in the local Shona language – of around US\$6^{xcii} 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".^{xciii}

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.

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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^{xciv} 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.^{xcv} 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

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

health workers and their designated assistants for delivering a service which is supposed to be free.

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.^{xvii} These risks appear heightened when aspects of a person's identity are criminalised.^{xviii}



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.^{xcviii} 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.^{xcix} 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 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.^c However, patients with

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.

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^{ci} 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.^{cii}

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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 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

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.

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 (NAC) 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.

Case Study Analysis:

How Corruption Denies Access to Essential Services

TI Z's research initiative sought to investigate the links between corruption and discrimination in the education and health sectors. The case studies illustrate that corruption and discrimination mutually reinforce each other, denying disadvantaged groups access to essential public services and hindering their basic human rights. Discriminatory corruption is a systemic barrier to inclusive service delivery. The testimonies in this report highlight the widespread nature of this issue and its various impacts on education and health programs, hindering states' obligations under international law and the Sustainable Development Agenda's goal to "leave no one behind."

The direct causal relationship between corruption and discrimination in public service delivery are illustrated through the compelling evidence from the testimonies gathered for this report, and this can be seen to manifest in five overlapping, and mutually reinforcing ways:

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. Discrimination means that individuals may be required to pay to access rights that should already be available to them under the law. 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 specific subgroups 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.

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.

Examples of this dynamic were highlighted in the case studies, which include several accounts of sexual corruption. 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.

The parents or caregivers of children with disabilities also experience direct discrimination in their engagements with corrupt decision makers, when they undergo socio-economic profiling by officials who single them out for bribes when they try to enrol their children on BEAM.

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.

In Zimbabwe, children with disabilities enter the education system much later than other students due to corruption and discrimination in the BEAM programme. They also experience the specific challenge of loss of self-esteem and social withdrawal after failing to access BEAM. on the same basis as their counterparts.

The parents or caregivers of children with disabilities also share the disproportionate effects of corruption through the loss of dignity in their engagements with corrupt decision makers, manifest in the socio-economic profiling and sexist behaviours which they experience.

Corruption, discrimination and the role of poverty

Socio-economic disadvantage is recognised as a ground of discrimination under international law.^{ciii} 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.^{civ} 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. 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.^{cv} 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 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.^{cvi}

Both corruption and discrimination can result in the denial of justice

Power imbalances are central to corruption and discrimination, reflecting the abuse of power. Informational asymmetries and a lack of transparency in education and health systems heighten corruption risks and discourage complaints. Even when individuals know their rights, the fear of retaliation significantly hinders reporting.

Accused individuals often control resource allocation, social program admissions, and service delivery. This power can deter disadvantaged groups from complaining due to their reliance on these services, limited support networks, and financial constraints.

Discrimination creates obstacles to fighting corruption, while corruption can obstruct justice for discrimination victims. Testimonies in this report show that political and social marginalization faced by discriminated groups hinders their ability to challenge corrupt practices and address rights violations. One case study illustrates how an individual achieved redress through formal justice mechanisms. The research identifies various barriers—financial, geographical, communicative, and social—that can prevent individuals from pursuing legal action and enforcing their rights.

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. However, many parents TI Z 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.

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 (NAC) 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.

Corruption impedes the effectiveness of measures designed to advance equality

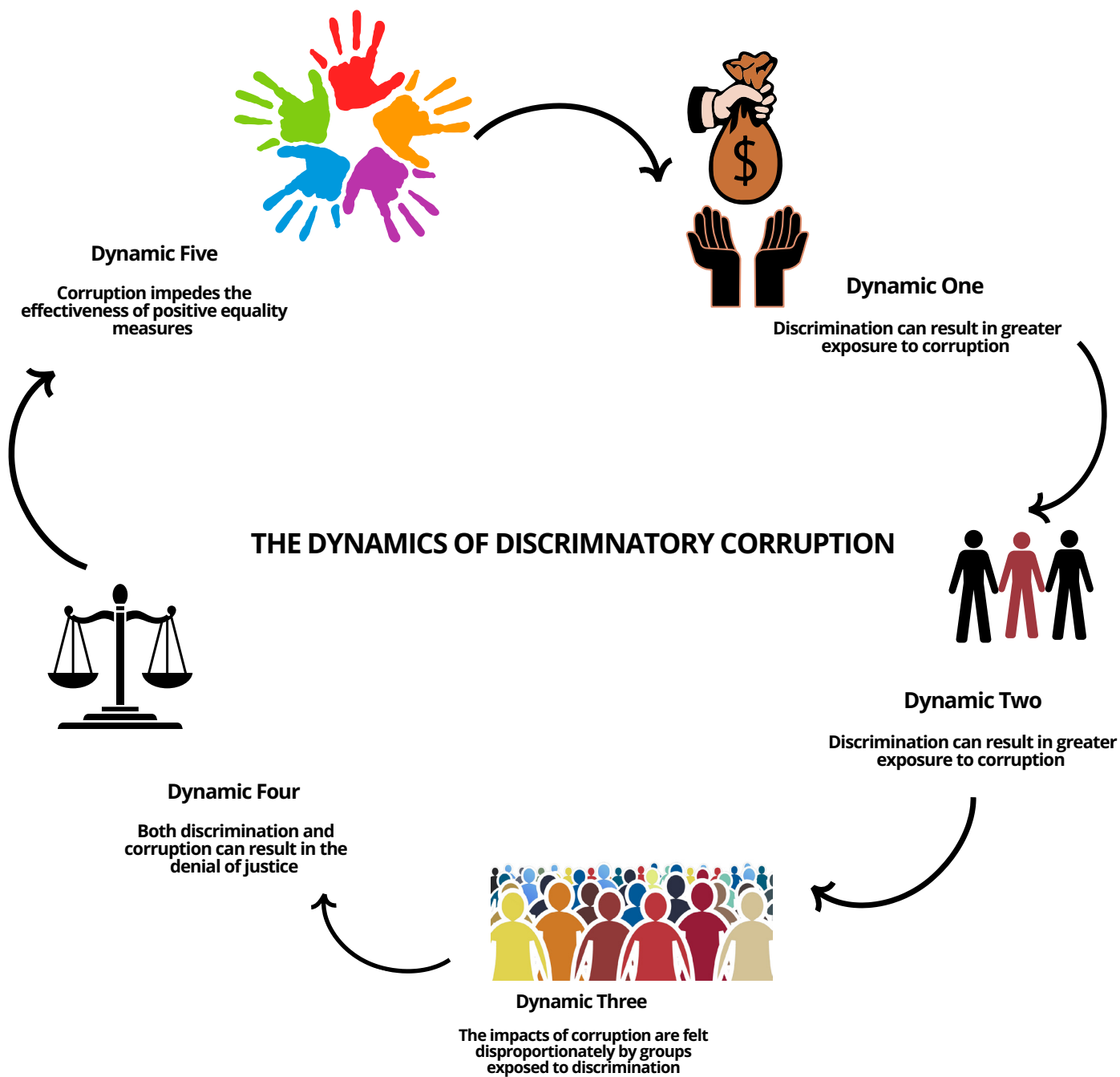
Historic discrimination means that some groups in society are uniquely exposed to the impacts of corruption. Besides those already discussed in this section, factors such as a person's place of residence, income level and relative levels of education were identified in different case studies as possible 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 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. 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 BEAM. 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 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.



A WAY FORWARD: WHAT NEEDS TO HAPPEN NEXT

The report shows how corruption and discrimination interact to worsen each other in education and health services. A comprehensive policy response is necessary, including both preventive and remedial measures. Proactive steps are needed to reduce discriminatory corruption and promote equality for affected groups. Additionally, responsive actions must address the harms caused by these issues and ensure victims have access to justice.

Recommendations for the State

Legislation and policy

- + The State 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.^{cvi}
 - The Government of Zimbabwe (GoZ) must enforce existing constitutional anti-discrimination guarantees, in particular Section 56 (3) which provides that every person has "the right not to be treated in an unfairly discriminatory manner on such grounds as their nationality, race, colour, tribe, place of birth, ethnic or social origin, language, class, religious belief, political affiliation, opinion, custom, culture, sex, gender, marital status, age, pregnancy, disabilities or economic or social status, or whether they were born in or out of wedlock."
- + The State 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.
- + The State should review existing anti-corruption and anti-discrimination laws and policies and amend or supplement them where necessary to bring them into line with international law standards. States should take measures to ensure the complimentary enforcement of these frameworks.

- The Ministry of Justice, Legal and Parliamentary Affairs should bring the Protected Disclosures (Whistle-blower Protection) Bill, and Witness Protection Bill to parliament for adoption to protect people reporting or campaigning against corruption in the delivery of education and health services
- + The State 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.
 - The GoZ should establish dedicated programmes in all service-oriented domains such as education and health, to address the specific needs of People with Disabilities
 - The MoHCC should ensure that public health facilities actively prevent the stigmatisation of key populations, thereby enabling them to access health services on equal terms with others
- + 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

- + The State 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:
 - The State 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.^{cvi} 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.

The Department of Social Welfare should conduct an impact assessment of the BEAM programme's assistance towards children with disabilities.

- States should require and support those responsible for delivering services to the public, including education and health care service providers, to undertake CRAs. In determining the likelihood and potential impacts of corruption, duty-bearers should consider the specific vulnerabilities to corruption of groups exposed to discrimination, and the differential effects of such corruption. Based on the CRAs, 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.
 - The Department of Social Welfare should conduct a CRA of the BEAM programme, which considers the particular risks faced by children with disabilities.

Reporting, remedy and justice

- + The State 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.
 - The Department of Social Welfare should conduct comprehensive public awareness on the operations of BEAM Grievance Handling Committees to encourage parents/guardians to bring forward cases of suspected corruption
- + The State should ensure the application of effective, dissuasive and proportionate sanctions against public officials and other duty-bearers found responsible for corruption or discrimination.
 - Regulatory authorities governing health professions should withdraw the practicing licenses of health workers who fail in their role of delivering free health services or perpetrate corruption
- + The State 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.
- + The State 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.^{cix}
- + The State 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.¹

¹ 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>

Anti-corruption, human rights and equality institutions

- + The State 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.
 - The Zimbabwe Anticorruption Commission (ZACC) should conduct regular spot checks at the facility level in education and health services
 - 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
 - The Ministry of Health and Child Care (MoHCC) should collaborate with anti-corruption, human rights and equality institutions on sensitisation
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programmes for health workers in the public sector on the specific needs of KPs, and the impacts of corruption on health delivery

- The Department of Social Welfare should collaborate with anti-corruption, human rights and equality institutions to conduct Disabilities Awareness Training of its staff at its regional offices including through the provision of sign language interpretation
- Develop code-of-practice templates for service providers on preventing and addressing discrimination and corruption in education, health and other sectors.
 - The MoHCC should review and enhance the structural integrity of the system that delivers ART to reduce or eliminate the need for key populations to move between departments, compromising their patient confidentiality
 - The MoHCC should rotate health workers in public health institutions so that they do not establish viable

networks and related mechanisms
for corrupt practices in delivering ART

Public resources

- + The State 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.
- + The State 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.
 - Publish information on the allocation of public resources for education and health services, including on areas of expenditure.
 - The Department of Social Welfare should produce and table an annual report to Parliament through the responsible Minister, that analyses the selection of beneficiaries at community levels
 - States should ensure that robust public participation and civic monitoring processes are integrated into oversight procedures for public resource allocation.
 - The Department of Social Welfare should ensure that persons with disabilities are represented on all CSCs
- + 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.
 - The Office of the Auditor General (OAG) should review the database of current BEAM beneficiaries to identify undeserving beneficiaries and look at the process of selection, to ensure that deserving beneficiaries are being listed
- + The Ministry of Finance, Economic Development and Investment Promotion must align the disbursements of resources with the operational needs of educational institutions, in order to eliminate the gap in resources causing prepayments

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.
 - The Department of Social Welfare should carry out capacity building of its staff on the types and levels of disabilities, to avoid assumptions on the learning abilities of children with disabilities
- + The State 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.
 - The Department of Social Welfare should conduct comprehensive public awareness for potential beneficiaries of BEAM to understand the operations of BEAM (thereby breaking the information asymmetry enabling officials to victimise them)
 - The MoHCC should conduct public education for citizens to understand their entitlements at the point of service delivery, with a focus on clarifying user fees and free entitlements
- + 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.

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 roll out a programme for community-led monitoring of the BEAM
 - CSOs should host regular interface platforms where all stakeholders, including KPs, health workers and public health officials can discuss and resolve their challenges
- + 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.
 - CSOs should collaborate under the banner **#AccessDeniedZW** for outreach to inform groups exposed to discrimination of their rights and awareness of redress mechanisms

Recommendations for civil society

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

Endnotes

¹ The discussion involved 10 participants – eight females and two males – including three persons with disabilities.

² 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.

³ 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.

⁴ 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.

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

⁶ 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>

⁷ 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>

⁸ 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>

⁹ 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

¹⁰ 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>

¹¹ UN Human Rights Office. (2023). pp. xiii and 30-33.

¹² 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.

¹³ 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>

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

¹⁵ Victimisation 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 "revictimised" 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.

¹⁶ 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.

¹⁷ 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

¹⁸ Equal Rights Trust. (2018). p. 4.

¹⁹ 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

²⁰ 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>

- ²¹ UNAIDS. (2024). Take the rights path – World AIDS Day 2024. Available at: <https://www.unaids.org/en/2024-world-aids-day>
- ²² 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.
- ²³ 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>
- ²⁴ African Charter on Human and Peoples' Rights. Articles 16 and 17. Available at: <https://au.int/en/treaties/african-charter-human-and-peoples-rights>
- ²⁵ 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>
- ²⁶ International Covenant on Economic, Social and Cultural Rights, Article 2(1).
- ²⁷ 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>
- ²⁸ 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.
- ²⁹ 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>
- ³⁰ 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>
- ³¹ 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>
- ³² 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
- ³³ Transparency International. (2013). *Global Corruption Report: Education*. Available at: <https://www.transparency.org/en/publications/global-corruption-report-education>
- ³⁴ Hussman, K. (2020). *Health sector corruption: Practical recommendations for donors*. Available at: <https://www.cmi.no/publications/7281-health-sector-corruption-practical-recommendations-fordonors#:~:text=Donors%20should%20support%20long%2Dterm,sector%20and%20different%20actors%20roles>
- ³⁵ Hussman. (2020).
- ³⁶ 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>

- ³⁷ 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>
- ³⁸ UN Treaty Bodies. (2021). paras. 6-7 and 17.
- ³⁹ UN Treaty Bodies. (2021) paras. 8-9.
- ⁴⁰ 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>
- ⁴¹ 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.
- ⁴² 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.
- ⁴³ 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>
- ⁴⁴ To a large extent, this is the approach followed by the Treaty Bodies in their 2021 joint statement.
- ⁴⁵ See, in particular, Transparency International and the Equal Rights Trust. (2024).
- ⁴⁶ Ministry of Public Service, Labour and Social Welfare, (MPSLSW) and the Ministry of Primary and Secondary Education (MoPSE). (2016). *BEAM Operational Manual*.
- ⁴⁷ 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 ; and MPSLSW and MoPSE. (2016).
- ⁴⁸ 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>
- ⁴⁹ 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/>
- ⁵⁰ 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>
- ⁵¹ 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>
- ⁵² 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>
- ⁵³ Constitution of Zimbabwe. Sections 22, 56 and 83. Available at: <https://www.zhrc.org.zw/wp-content/uploads/2020/11/Constitution-of-Zimbabwe.pdf>
- ⁵⁴ 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>
- ⁵⁵ 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
- ⁵⁶ 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/disabilities-inclusive-policies-2016>
- ⁵⁷ Report of the Special Rapporteur on the rights of persons with disabilities. (2015).

⁵⁸ Disabilities 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.

⁵⁹ Report of the Special Rapporteur on the rights of persons with disabilities. (2015). paras. 29-33.

⁶⁰ 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_1E_Zimbabwe.pdf

⁶¹ Deluca, Tramontano and Kett. (2014).

⁶² This point was raised by a disabilities champion engaged by TI Z 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.

⁶³ 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.

⁶⁴ MPSLSW and MoPSE. (2016).

⁶⁵ MPSLSW and MoPSE. (2016).

⁶⁶ Deluca, Tramontano and Kett. (2014).

⁶⁷ 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>

⁶⁸ Deluca, Tramontano and Kett. (2014).

⁶⁹ 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>

⁷⁰ Mutasa, F. (2015); and MPSLSW and MoPSE. (2016).

⁷¹ MPSLSW and MoPSE. (2016). p. 24.

⁷² On this point, see further, Transparency International and the Equal Rights Trust. (2024). pp. 113-117.

⁷³ Gata, A. in Parliament of Zimbabwe. (2024). *The Hansard*. 12th June 2024. p. 61. Available at: <https://t.co/aXMhKLtLp>

⁷⁴ 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)

⁷⁵ 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. 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>

⁷⁶ 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>

⁷⁷ MPSLSW and MoPSE. (2016). p.14.

⁷⁸ MPSLSW and MoPSE. (2016). p.14.

⁷⁹ MPSLSW and MoPSE. (2016). p. 27.

⁸⁰ In local colloquial speech, if you are “marked”, it means you are blacklisted, shunned or socially isolated.

⁸¹ 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.

⁸² Mutasa. (2015). p. 36.

⁸³ 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

⁸⁴ 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>

^{lxxxv} UNAIDS Zimbabwe Country Factsheet. (No date). Available at: <https://www.unaids.org/en/regionscountries/countries/Zimbabwe>

^{lxxxvi} UNAIDS. (2024). Key Populations. Available at: <https://www.unaids.org/en/topic/key-populations>

^{lxxxvii} Provincial Medical Director Manicaland. (2022). Ministry of Health and Child Care (MoHCC): Internal memo. Free Services in Our Health System.

^{lxxxviii} Centers for Disease Control and Prevention. (2022). HIV and TB Overview: Zimbabwe.

^{lxxxix} 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>

^{xc} 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-l/>

^{xci} 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.

^{xcii} US dollars are currently in wide circulation in Zimbabwe, given inflation challenges with the local currency.

^{xciii} 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”.

^{xciv} 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.

^{xcv} 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.

^{xcvi} Transparency International and the Equal Rights Trust. (2021).

^{xcvii} 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/>

^{xcviii} 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>

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

^c 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_Drivers_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

^{ci} 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.

^{cii} 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.

^{ciii} 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>

^{civ} "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>

^{cv} 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>

^{cvi} See *Report of the Special Rapporteur on extreme poverty and human rights*. (2022). paras. 41-45.

^{cvi} 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>

^{cvi} For more on the requirements of equality impact assessment, see UN Human Rights Office (2023). pp. 117-119.

^{cix} 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>



**TRANSPARENCY
INTERNATIONAL
ZIMBABWE**

the coalition against corruption

About Transparency International Zimbabwe (TI Z)

Transparency International Zimbabwe (TI Z) is a non-profit, non-partisan, systems-oriented local chapter of the international movement against corruption. Its broad mandate is to fight corruption and related vices through networks of integrity that are in line with the global strategy. TI Z believes corruption can only be sufficiently tackled by all citizens including people at the grassroots level.

Vision

A Zimbabwean society free from all forms of corruption and practices.

Mission

To combat corruption, hold power to account and promote transparency, accountability, and integrity in all sectors of society.

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