

U4 Expert Answer



Zimbabwe: Overview of corruption in the health and education sectors and in local governments

Query

Please provide an overview of corruption in Zimbabwe, specifically focused in the areas of health, education and local government.

Purpose

Our agency is currently updating its anti-corruption and counter fraud strategy. We make large investments in health and education and would like to better understand the corruption challenges facing these sectors. We are also interested in local government as part of a possible future support programme for these sectors.

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Remark

This is a follow-up query to the Helpdesk answer providing an overview of corruption and anti-corruption in Zimbabwe that can be accessed [here](#).

Summary

There are few studies that focus specifically on corruption in the health and education sectors in Zimbabwe. Most studies discuss the daunting challenges faced by these sectors in the past decade, which, although not directly related to corruption, may be a consequence of high levels of corruption permeating the country. Both sectors have been severely hit by the hyperinflationary economic crisis that the country has suffered since the beginning of the 2000s. The results of this crisis are wide-ranging: massive cuts in budgets allocated to health and education, brain drain and a shortage of skilled staff, as well as obsolete equipment and infrastructure. Local governments are also plagued by a lack of resources and skilled staff, and inadequate financial management systems, all of which provides incentives and opportunities for corruption.

The major forms of corruption affecting health, education and local government in developing countries (such as bribery, nepotism, embezzlement, theft, mismanagement and absenteeism) are prevalent in Zimbabwe, however further research would be needed to

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U4 is a resource centre for development practitioners who wish to effectively address corruption challenges in their work. Expert Answers are produced by the U4 Helpdesk – operated by Transparency International – as quick responses to operational and policy questions from U4 Partner Agency staff.

assess their scale and explore possible anti-corruption strategies.

1. Overview of corruption in Zimbabwe's health sector

Background

Zimbabwe's health sector was one of the best in sub-Saharan Africa in the 1980s. The government invested significant amounts of money to improve health services following independence, which resulted in the steady improvement of health indicators (Sithole 2013). After the economic crisis hit the country in 2000, economic decline, hyperinflation and political instability led to the significant reduction of healthcare budgets. The health sector nearly collapsed, which caused a significant drop in healthcare coverage and a sharp decline in the quantity and quality of health services. Several hospitals, clinics and health centres across the country were closed due to a shortage of doctors and nurses, obsolete equipment and a scarcity of medicine (Makochekanwa et al 2010).

This resulted in a deterioration of health indicators such as child and maternal mortality. More than one third of the country's children suffer from chronic malnutrition, while preventable diseases such as HIV infection and AIDS, malaria, tuberculosis and other vaccine-preventable diseases and diarrhoeal diseases take a heavy toll on the Zimbabwean population, particularly the poor. One in every 11 children in Zimbabwe dies before his or her fifth birthday (The Zimbabwe Network for Health 2012).

The public health system remains the largest provider of healthcare services, complemented by mission hospitals and services delivered by non-governmental organisations (NGOs). It faces numerous challenges such as (Makochekanwa et al 2010):

- shortage of skilled professionals and healthcare staff: It is estimated that more than 80 per cent of doctors and nurses left work or the country between 1999 and 2008. This was mostly due to low salaries, HIV/AIDS risks among healthcare staff, as well as lack of equipment and medicines, which meant they were unable to care for their patients.

- unavailability of essential medicines and commodities
- obsolete or unavailable equipment: In public general hospitals, most equipment repairs or replacements had been performed until 2001. After that, the government failed to carry out repairs due to a shortage of foreign currency.
- lack of specialised medical services: Treatments such as radiography and heart surgery became only available in a few private health facilities.

This steady deterioration of Zimbabwe's healthcare services coincided with a decline in demand for health services, after a system of user fees was introduced. For many Zimbabweans, especially the most vulnerable, user fees act as a barrier to healthcare services, while wealthy Zimbabweans are able to seek treatment in private clinics or neighbouring countries. User fees represent the main income for many health providers, so in the absence of substantial financial support from the government, healthcare facilities find it difficult to implement government policy to provide free-of-charge health services for pregnant and lactating mothers, children under five and those aged 60 years and over (The Zimbabwe Network for Health 2012).

As a consequence, the Zimbabwean healthcare system is heavily dependent on donor funding. The government is often criticised for allocating too little for health in its national budget, and actual spending is often much lower than the planned budget (USAID 2011). For example, according to some figures, the cabinet allocated about 8 per cent of the 2014 budget to health, which dropped to 6 in the 2015 budget, instead of the recommended 15 per cent (Muperi 2014). As a result, the public health sector receives most of its funding from the donor community through the Health Transition Fund (HTF), a multi-donor pooled fund established in 2011 to improve maternal and child health and nutrition, as well as ensure the provision of essential medicines, vaccines and basic medical equipment. The fund is set to expire in 2015 (IRIN News 2014).

Extent and forms of corruption

Aside from a few media reports, there are very few studies and figures focusing on corruption in the health sector in Zimbabwe. This makes it difficult to assess the extent and forms of corruption affecting this sector. Most studies on the health sector discuss major challenges that

are not necessarily or directly related to corruption, but which corruption is likely to exacerbate and may in turn create fertile grounds for corruption to flourish. For example, the Bertelsmann Foundation refers to the irrational management of public funds, pointing out that Zimbabwean President Robert Mugabe and former prime minister Morgan Tsvangirai spent more on travel than the total expenses allocated to the health and education sectors (Bertelsmann Foundation 2014).

According to Transparency International's 2013 Global Corruption Barometer, 65 per cent of the respondents perceived the health sector to be corrupt or extremely corrupt, while 22 per cent of those who came in contact with health services in the 12 months preceding the survey reported having paid a bribe. Data from the 2012 Afro-barometer revealed that 31 per cent of the respondents believed the government is performing badly in terms of improving basic health services in the country.

Corruption in the health sector can take many forms and ranges from undue influence on health policies, embezzlement of funds, theft and mismanagement of resources, to absenteeism and the solicitation of bribes and under-the-counter payments at the point of service delivery. All major forms of corruption are likely to be present in Zimbabwe, as medical staff struggle to make ends meet. However there is little publically available information to assess the scale of the problem.

Informal payments

Informal payments are cash or in-kind payments made for medicine and/or services that are meant to be available at no or low cost. Given the sector's low salaries, this is likely to be common practice in Zimbabwe. For example, a report commissioned by the Zimbabwe Lawyers for Human Rights (ZLHR) revealed rampant corruption in the provision of life-prolonging antiretroviral (ARV) drugs and other HIV services (Zimbabwe Lawyers for Human Rights 2010). 73 per cent of HIV-positive respondents had been asked by health workers to pay a bribe. In some instances, HIV patients were told that certain drugs were unavailable or that diagnostic equipment was broken until they paid a bribe.

According to Transparency International, many patients are also asked to pay for services that they are supposed to receive for free, such as

pregnant women or children under five being asked to pay a "consultation fee" even though they are entitled to be treated for free. Other patients reported that HIV drugs meant for free distribution were being sold at a fee by local nurses. There is other anecdotal evidence of corruption in health. For example, nurses in a local hospital were reportedly charging women US\$5 every time they screamed while giving birth, as a penalty for raising a false alarm (Transparency International, 2015).

Corruption in procurement of medical supplies

A media report refers to an investigation that revealed massive corruption affecting the procurement of medical supplies and hospital maintenance works (The Zimbabwe Independent 2013). The investigation revealed irregularities in the procurement processes of several hospitals, including inflation of prices, provision of sub-standard products and services, flouting of procurement regulations and abuse of sole source procurement, etc. Similar practices were revealed by a special Ministry of Health and Child Care audit at Chivhu General Hospital involving US\$2.5 million, where officials were flouting tender procedures, inflating quotes and also creating fictitious ones (The Herald 2013).

Theft of medical supplies and misuse of public resources

Theft of medical supplies and budget leakages lead to drug shortages and poor quality services. There are some reports that drugs are stolen in hospitals, exacerbating further challenges of drug shortages, but the Helpdesk hasn't found a report quantifying the scale of the problem (Zimbabwe Standard 2014). A report by the Zimbabwe Human Rights Lawyers (ZLHR) revealed that antiviral medication in public hospitals was being diverted to the black market through covert fraud or the use of ghost patients (ZLHR 2010).

The theft of drugs/supplies for personal use or resale in the private sector is considered common practice in public hospitals. Some drugs that are supposed to be given to the patients for free are being sold to them at high prices, leading to lower utilisation of drugs amongst the patients as some cannot afford them (Tizora 2009).

Public resources are also commonly used for personal use, such as ambulances being used as taxis (Tizora 2009).

Absenteeism, illegal referrals and moonlighting

In many developing countries, the quality of public service delivery is also seriously undermined by high rates of absenteeism among medical staff. Due to low salaries, doctors and nurses develop coping strategies to top-up their income, including moonlighting or running private practices while on the public health system payroll. Doctors running private practices are likely to refer their public patients to their own private clinics, depriving the poorer clients of access to quality healthcare. This is likely to be the case in Zimbabwe, due to the poor salaries and working conditions facing medical staff, but the Helpdesk found no reports documenting the problem.

2. Overview of corruption in Zimbabwe's education sector

Background

Similar to the health sector, Zimbabwe's education system used to be highly regarded in Africa, but has been severely affected by the economic crisis that has ravaged the country since the beginning of the 2000s. This crisis has resulted in drastic cuts in the education budget, a shortage of teachers and textbooks, as well as a rapid deterioration of physical infrastructure. All of these developments undermine the country's ability to reach the education-related Millennium Development Goals (Makochekanawa et al 2010):

- migration of teachers: Zimbabwe has lost around 70,000 teachers and by the end of 2010, the country was estimated to have only 80,000 working teachers instead of the 140,000 needed. Universities, technical and teachers' colleges were affected by similar trends. This brain drain also affects research and development.
- shortages of textbooks and school supplies further contributed to the deterioration of the education sector
- deterioration of the school infrastructure, especially in rural areas, as previously buildings were often maintained by white farmers as part of their social responsibility
- reduced government spending on education
- deterioration of examination standards

In 2008 and 2009 schools failed to open, and when and where they did open, there were often no teachers, as remaining teachers were protesting for better working conditions and wages.

The deterioration of the education system has caused literacy rates in primary schools to decline over time, with just 45 per cent of primary school students passing their final year (according to 2011 data) (Bertelsmann Foundation 2014).

Extent of corruption and forms of corruption in the education sector

According to Transparency International's 2013 Global Corruption Barometer, 67 per cent of respondents in Zimbabwe perceived the education system to be corrupt or extremely corrupt, while 27 per cent of those who came in contact with education services in the 12 months preceding the survey reported paying bribes. 28 per cent of Afro-barometer 2012 respondents believe the government is performing badly in addressing the country's educational needs.

A recently published study explored the intensity of corruption by asking respondents to rank the intensity on a scale of 1 (lowest) to 5 (highest). The education sector was given a corruption intensity rate of 3 (Bonga et al 2015).

Besides common forms of corruption, such as bribery in admissions and examinations, the main forms of corruption identified in the country's education sector include nepotism in the recruitment process, deployment and transfers of teachers, corruption in procurement, high rates of teacher absenteeism, misuse of private tuition and sexual exploitation in schools and universities. Economic hardship is perceived to be a major driver of corruption in the education sector, as poorly paid civil servants need to develop coping strategies to survive, to the detriment of professional integrity (Mapira and Makitiki 2012)

Bribery

Bribery is widespread in Zimbabwe's education sector. It is not uncommon for parents to make informal payments to access education services that are supposed to be free of charge (Tizora 2009).

Selling entrance exams in advance is also mentioned in some reports as a form of corruption occurring in the education sector. This practice

contributes to the deterioration of learning and examination standards (Mambo 2012). Another practice involves paying teachers and headmasters fees as high as US\$200 to write examinations on behalf of other people to secure employment.

At the school administration level, bribery affects the recruitment, deployment and transfer of teachers. For example, staffing officers in the Ministry of Education, Sport, Arts and Culture who interview temporary teachers to cover vacancies are demanding bribes, ranging from US\$5 for application forms that are supposed to be freely available, to an additional \$10 bribe for the interview. Those who appear unwilling to make the payments are turned away. Officers are also demanding an additional US\$300 in kickbacks to secure job placements in developed areas with better infrastructure (Togongara 2013).

Media reports confirm the findings of a 2012 study looking at corrupt practices within the Ministry of Education, Sport, Arts and Culture (Mapira and Matikiti 2012). Bribes are not always paid in cash – other types of currency include beer, cattle, mobile phones, suits and sex. In some provinces, staffing officers collude with other officials such as headmasters and provincial education officers and share the proceeds of bribery.

Favouritism, nepotism and patronage

Favouritism and nepotism in the deployment and transfer of teachers has also been identified as a widespread practice within the Ministry of Education, Sport, Arts and Culture (Mapira and Matikiti 2012). Staffing officers reserve vacancies in urban and peri-urban schools for people who are not on the waiting list or in exchange for bribes. Those who are well-connected receive preferential treatment and better positions, and are often deployed to better equipped schools close to cities.

Grants and loans are rare and scholarships are given to just a few privileged students – often to supporters of the Zimbabwe African National Union Patriotic Front (ZANU-PF) (Bertelsmann Foundation 2014). Corruption is also evident in relation to opportunities to study abroad. Information regarding the available scholarships is not made public, but reserved for a select few who are closely linked to the chairpersons of the various departments. In some cases, high-ranking government officials may even issue a directive

regarding who will be awarded a scholarship (Tizora 2009).

In tertiary education, there have been some instances of political interference regarding the admission of students, with army commanders, politicians or influential individuals close to the ruling elite accessing higher education through the backdoor, thereby further compromising education standards. For example, a former vice-chancellor of the University of Zimbabwe was forced to resign in 2002 when it was revealed that he had facilitated the enrolment of a ZANU-PF governor of Manicaland for a post-graduate programme he did not qualify for (Mambo 2012).

Absenteeism and misuse of school resources

Due to education budget restrictions, salaries have become so low that teachers cannot even afford the transportation costs to travel to work for the whole month. To address this situation, the government has recommended they take on additional projects to supplement their income. This leads to high rates of absenteeism, with teachers taking regular vacations or skipping school to do cross-border trading. Some of them even “employ” their students and ask them to sell products like sweets, juice or popcorn for them during the breaks (Tizora 2009).

School resources may also be misused for personal use. For example, there are instances of teachers who have retired or been fired, but are still living in government housing. The retired teachers bribing district education officials to allow them to continue staying in the subsidised accommodation (The Standard 2013).

Private tuition

Given the under-resourced Zimbabwe schooling system and high rates of absenteeism, parents who can afford it are often forced to hire private tutors to ensure their children pass exams or be admitted in secondary or tertiary education. This tuition supplements their children’s lessons, which are interrupted by incessant teachers’ strikes, as well as teaching staff and textbook shortages (Sithole 2008). While such practices are not corrupt per se, they entail a high risk of manipulation, when for example regular teachers provide supplementary tutoring after school hours, sometimes teaching only half of the curricula during regular hours. This is a concern expressed by officials at the Ministry of Education. They fear that teachers are concentrating on pupils who pay for extra lessons and are thus a source of

additional income, while disadvantaged pupils from poor families are discriminated against as they cannot afford to pay (The Standard 2013b).

Theft and corruption in the procurement of goods and services in the education sector

Some reports indicate that corruption is rife in the procurement of goods and services for schools, with allegations of headmasters inflating amounts when buying school property and receiving kickbacks from suppliers. In one incident, a headmaster in Harare bought a second-hand bus for about US\$70,000, while independent investigations revealed that its actual value was approximately US\$45,000. There are also reports of headmasters and school officials stealing or producing false invoices for repairs of school property and pocketing the difference (The Standard 2013b).

Sexual exploitation in the education sector

Sex can be used as a form of currency to get good grades, pass an exam or be admitted to a university programme (Mapira and Matikiti 2012). While there are few recent reports documenting the scale of the phenomenon, there have been some reports of sexual exploitation across the country's education sector.

A case study of secondary schools in the Masvingo district confirmed that teachers sexually abuse their students and there are frequent media reports of pupils being raped across the country (Magwa 2014). The study surveyed all the teachers and headmasters of four schools in the district and 83.3 per cent of respondents reported that some teachers sexually abuse students in schools.

3. Overview of corruption in Zimbabwe's local governments

Background

Zimbabwe's local governments have historically played a subservient role to the central government. The local authorities are comprised of 30 urban and 60 rural district councils. They are essentially deconcentrated entities of the central government and derive their administrative authority from the Ministry of Local Government, Public Works and Urban Development (MLG). The main institutions at this level are Urban Councils (UCs) and Rural District Councils

(RDCs). Although local officials – councillors, mayors, chairpersons – are directly elected, their autonomy is restricted in many ways by local government legislation (RTI International and the Institute for a Democratic Alternative in Zimbabwe 2010).

Since independence in 1980, almost all local authorities have struggled to raise sufficient funding to ensure effective service delivery. These challenges have been exacerbated in the past decade due to a lack of financial resources caused by hyperinflation and economic collapse, inadequate financial management systems, ineffective cost recovery on essential services, a lack of skilled and qualified staff caused by skills flight to the private sector and other countries, and generally poor financial accounting systems (De Vuisser, Steytler, Machingauta 2010). The experience and qualifications of elected officials and administrative staff is also an area of concern, with nearly four out of five councillors and nearly 60 per cent of mayors in their first term of office, while administrative staff had far more experience, thereby putting elected officials at a considerable disadvantage in their efforts to manage local affairs. (RTI International and the Institute for a Democratic Alternative in Zimbabwe 2010).

The financial crisis facing local authorities over the past decade has been severe. Fiscal transfers from the central government have essentially dried up or are insufficient, thereby eroding the capacity of local authorities to maintain infrastructure, equipment and deliver public services. The main sources of revenue are locally generated, such as property taxes, licences and public service fees. While Zimbabwe's local authorities have a strong tradition of local service delivery, this situation has severely reduced their capacity to deliver basic services and further undermined the local population's willingness to pay for services they do not receive (RTI International and the Institute for a Democratic Alternative in Zimbabwe 2010).

The relationship between the central and local governments in Zimbabwe is hierarchical by nature, with the country's legislation allowing the ministry to interfere with the day-to-day running of local authorities (Sithole 2013). The central government supervises local governments by monitoring and periodically assessing local government compliance with legislation and national government policies. It also issues ministerial directives, overturns council resolutions

and decisions and occasionally dismisses councillors (De Vuisser, Steytler, Machingauta 2010).

Local politics and inter-governmental relations are therefore complex and driven by political affiliations. Over the past decade, the Movement for Democratic Change (MDC) – the major opponent of Robert Mugabe’s ruling party ZANU-PF – has gained strength at the local level, especially in major cities, dominating the urban areas in past elections and making gains in rural areas as well. The ZANU-PF controls the Ministry of Local Government (MLG) and has control over local power at the national level, while the opposition controls most of the local authorities. In many cases, the MLG interventions have been perceived as political interference to neutralise the powers of the MDC in urban areas. For instance, it has removed MDC mayors supposedly in the interests of effective administration (RTI International and the Institute for a Democratic Alternative in Zimbabwe 2010).

Extent and forms of corruption in local governments

There are very few resources analysing corruption at the local level in Zimbabwe. However, a few case studies in specific municipalities can be used to gain a better understanding of the challenges and corruption risks at the local level.

Bribery

Scarcity of public services, low salaries, inefficiency and lack of financial resources all create fertile ground for corruption. Citizens can be asked for bribes to circumvent complex processes or secure access to services. Some research found that over a period of six months, 64 per cent of those who had applied and paid for new water connections had not yet been connected, with waiting lists dating back to the year 2000 (Mahlo 2007). The bribing of local councillors for illegal water connections is also widespread (Sithole 2013).

In the cities of Harare and Masvingo, residents complained about rampant corruption in the housing departments, claiming that those on the waiting lists had to pay bribes in order to receive preferential treatment in the allocation of houses (Murimoga and Musingafi 2014).

Clientelism and patronage

Local governance in Zimbabwe is characterised by high levels of patronage and clientelism. Working in a highly politicised environment, local officials report that they are routinely approached and expected to address all types of individual requests and petitions, and distribute favours in an environment of scarcity to gain political support (RTI International and the Institute for a Democratic Alternative in Zimbabwe 2010). This situation illustrates the persistence of political patronage at the local level, with ZANU-PF and MDC leaders using scarce public resources to secure their political survival (Sithole 2013).

Embezzlement and misuse of local government assets

There are many forms of mismanagement and misuse of public resources at the local level in Zimbabwe. Some MPs and councillors exploit their positions as much as they can while they can, as there is no guarantee they will retain their positions if a new government comes to power at the next elections (Sithole 2013).

In the city of Gweru, the district administrator announced that there was widespread mismanagement of council funds and assets, including the sale of council assets such as vehicles to local councillors at very low prices, embezzlement, etc. (Sithole 2013).

In the Chitungwiza municipality, the most common forms of corruption included the illegal sale of commercial stands, illegal allocation of residential infill stands, illegal conversion of land earmarked for community development projects such as recreational facilities, schools and business to residential stands, and preferential treatment of firms with political connections during procurement processes. For example, tenders for repairing the municipality’s vehicle fleet were awarded to high-ranking political officials in the municipality (Munyaradzi Mukonza 2013).

Anti-corruption efforts at the local level

There are mechanisms in place to fight corruption at the local level, including internal and external auditing, enforcement of local government legislation and investigations by the Anti-Corruption Commission of Zimbabwe and other special committees from the Ministry of Local Government.

In addition to the national legal and institutional frameworks, such as the Prevention of Corruption Act and the Anti-Corruption Commission that were discussed in a previous Helpdesk answer, there are also some relevant local level instruments that can be used to prevent and detect corruption and mismanagement.

The Urban Council Act is a crucial piece of legislation which appears to be fairly comprehensive in terms of governance. It includes safeguards such as the establishment of several bodies to manage municipal assets, standing committees to oversee the work of councils, a finance committee regulating the councils' financial affairs, and provisions for regulating conflicts of interest. While this act establishes mechanisms to deal with key assets such as finance and land, it also puts overriding powers in the hands of the Minister of Local Government, which at times undermines the checks and balances established at the local level (Munyaradzi Mukonza 2013).

In terms of local institutions, the Urban Council Act requires all urban councils to appoint an audit committee. The auditor conducts audits and reports to the audit committee. The Ministry of Local Government also exerts direct control over local government authorities, with the power to intervene and overturn council decisions. However, as already mentioned, the ministry's interference at the local level is often perceived as being politically motivated, especially in areas dominated by MDC elected officials (Munyaradzi Mukonza 2013).

4. References

Afrobarometer, 2012.

<http://www.afrobarometer-online-analysis.com/aj/AJBrowerAB.jsp#>

Bertelsmann Foundation. 2014. *Bertelsmann Foundation Transformation Index: Zimbabwe country report*.

<http://www.bti-project.org/reports/country-reports/esa/zwe/index.nc>

Bonga W. G., Chiminya J., Mudzingiri C. 2015. An empirical investigation of the nature of corruption in Zimbabwe. *Social Science Research Network*.

http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2520419

De Visser J., Steytler N., Machingauta N. 2010. Local reform in Zimbabwe: a policy dialogue. *Community Law Centre*, University of the Western Cape.

<http://repository.uwc.ac.za/xmlui/bitstream/handle/10566/208/DeVisserLocalGovtZimbabwe2010.pdf?sequence=4>

IRIN News. 2014. Zimbabwe's health system in crisis.

<http://www.irinnews.org/report/100474/zimbabwe-apos-s-health-system-in-crisis>

Magwa S., 2014. Managing sexual abuse of students by teachers: a case study of Masvingo district secondary schools in Zimbabwe.

<http://www.eajournals.org/wp-content/uploads/Managing-sexual-abuse-of-students-by-teachers.-a-case-study-of-masvingo-district-secondary-schools-in-Zimbabwe..pdf>

Mahlo S. R. 2007. Assessment of urban governance in Zimbabwe: case of the city of Gweru, *African Journals Online*.

<http://www.ajol.info/index.php/eassrr/article/view/22742>

Makochehanwa A. Kwaramba M. 2010. Dwindling access to basic services in Zimbabwe, *Munich Personal RePEc Archive*.

http://mpra.ub.uni-muenchen.de/28271/1/MPRA_paper_28271.pdf

Mambo, E. 2012. Education: putting the cart before the horse Education: Putting the cart before the horse, *The Zimbabwe Independent*.

<http://www.theindependent.co.zw/2012/09/28/education-putting-the-cart-before-the-horse/>

Mapira J., Matikiti R. 2012. Love, sex, money, cell phones, beer or beast for a job: corrupt practices within Zimbabwe's education sector: implications for sustainable development, *Journal of Sustainable Development in Africa*, Vol. 14, No. 7.

<http://www.jsd-africa.com/Jsda/Vol14N7-Winter2012A/PDF/Love,%20Sex,%20Money,%20Cell%20Phone.Jemiti%20Mapira.pdf>

Moyo, S. 2014. Corruption in Zimbabwe: an examination of the roles of the state and civil society in combating corruption.

[http://clok.uclan.ac.uk/10965/1/Moyo%20Stephen%20Final%20e-Thesis%20\(Master%20Copy\).pdf](http://clok.uclan.ac.uk/10965/1/Moyo%20Stephen%20Final%20e-Thesis%20(Master%20Copy).pdf)

Munyaradzi Mukonza R. 2013. Anti-corruption and local governance in Zimbabwe: a case of Chitungwiza municipality, *Journal of US-China Public Administration*, Vol. 10, No. 1, 39-48

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Muperi W. 2014. Zimbabwe slashes healthcare budget, *Daily News*. <http://www.dailynews.co.zw/articles/2014/12/13/zim-slashes-healthcare-budget>

Murimoga R., Musingafi M. 2014. Local governance and service delivery in Zimbabwean local authorities: the case of Harare and Masvingo urban municipalities, *International Journal of Public Policy and Administration Research*, 1(3): 94-107

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RTI International and the Institute for a Democratic Alternative in Zimbabwe. 2010. Local governance in transition: Zimbabwe's local authorities during the inclusive government. https://www.rti.org/pubs/zimbabwe_local_governance_report.pdf

Sithole, A. 2013. Results Based Financing in Zimbabwe: Any Changes in the Health Delivery System? *Social Science Research Network*. http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2399560

Sithole, A. 2013. Corruption in Zimbabwean urban local authorities: a case of Gweru city council, *Asian Journal of Social Sciences & Humanities*, Vol. 2, No. 3. [http://www.ajssh.leena-luna.co.jp/AJSSHPDFs/Vol.2\(3\)/AJSSH2013\(2.3-04\).pdf](http://www.ajssh.leena-luna.co.jp/AJSSHPDFs/Vol.2(3)/AJSSH2013(2.3-04).pdf)

Sithole D. 2008. Zimbabwe: Parents Opt for Private Tuition, *AllAfrica*. <http://allafrica.com/stories/200805010337.html>

Tizora R. 2009. Bureaucratic corruption in Zimbabwe. https://www.duo.uio.no/bitstream/handle/10852/17563/Rumbi_xsxThesis.pdf?sequence=1&isAllowed=y

Togongara C. 2013. Zimbabwe: corruption has hit the education sector, *ZimEye*. <http://www.zimeye.com/zimbabwe-corruption-has-hit-the-education-sector/#sthash.LbdyWYYW.dpuf>

The Herald. 2013. US\$2.5m health scam exposed. http://www.zimbabwesituation.com/news/zimsit_us25m-health-scam-exposed-the-herald/.

The Standard. 2013a. Corruption rife in school examinations. <http://www.thestandard.co.zw/2013/10/13/corruption-rife-school-examinations/>

The Standard. 2013b. Start corruption fight in schools. <http://www.thestandard.co.zw/2013/10/06/start-corruption-fight-schools/>

The Zimbabwe Independent. 2013. Corruption at government hospitals. http://www.zimbabwesituation.com/old/jan19a_2013.html#.VUDP9HZBtaQ

The Zimbabwe Network for Health. 2012. Health in Zimbabwe. <http://zimhealth.org/news/health-in-zimbabwe/>

Transparency International. 2013. Global Corruption Barometer. <http://www.transparency.org/gcb2013/country/?country=zimbabwe>

Transparency International. Accessed 2015. Corruption Clinic, *True Stories*. http://www.transparency.org/news/story/corruption_clinic

USAID. 2011. Zimbabwe health system assessment 2010. https://www.hfgproject.org/wp-content/uploads/2015/02/Zimbabwe_Health_System_Assessment20101.pdf

Zimbabwe Lawyers for Human Rights. 2010. Corruption burns universal access: report on corruption and access to treatment. http://archive.kubatana.net/docs/hr/zlhr_corruption_burns_universal_access_1010.pdf

Zhangazha, W. 2014. Maternal health woes derail MDGs target, *The Zimbabwe Independent*. <http://www.theindependent.co.zw/2014/05/09/maternal-health-woes-derail-mdgs-target/>