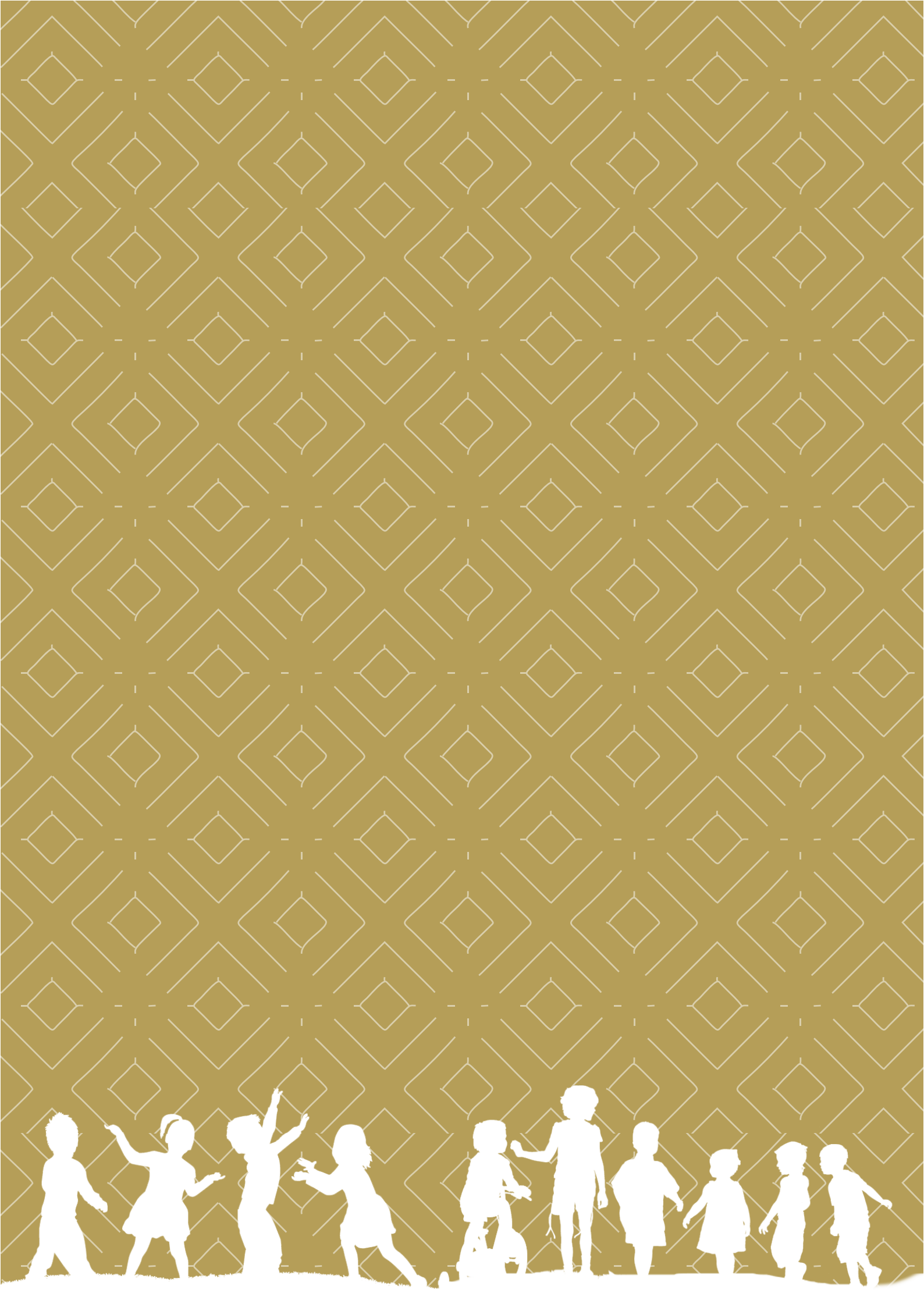
STOLEN FUTURES

THE IMPACT OF CORRUPTION ON CHILDREN IN AFRICA

African Union



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GROUP OF CHILD-FOCUSED AGENCIES

The group of Child-Focused Agencies (CFAs) working with the African Union was established in March 2016 to strengthen collaboration and coordination between agencies working on children's issues, and to ensure that children's rights and welfare are central to the policies, programmes and processes of the African Union. CFA members include the African Child Policy Forum (ACPF), ChildFund, International Community of the Red Cross (ICRC), International Council of Voluntary Agencies Network (ICVA), International Planned Parenthood Federation (IPPF), Norwegian Refugee Council (NRC), Plan International, Save the Children (SCI), SOS Children's Villages, United Nations International Children's Emergency Fund (UNICEF) and World Vision International.

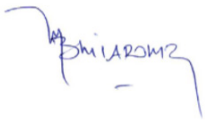
FOREWORD

Children are an integral part of our society. They are the foundations of future generations. Corruption is one of the greatest evils of our time in the words of H.E Muhamadu Buhari, President of the Federal Republic of Nigeria and Champion of the African Anti-Corruption Year corruption "deprives our young citizens of the opportunity to develop meaningful livelihoods." This statement was made by President Buhari on January 29, 2018, on the occasion of the launch of the African Anti-Corruption Year at the AU Summit.

The conceptualization of this study follows the declaration of 2018 as the African AntiCorruption Year on the theme "Wining the Fight Against Corruption: A Sustainable Path to Africa's Transformation." It addresses the need to assess the impact of corruption on children from a uniquely African lens.

It is my hope that governments, policy-makers, researchers and child-rights campaigners will utilize the study and its policy recommendations in their work.

I would like to thank the African Committee of Experts on the Rights and Welfare of the Child, the nongovernmental organisation Plan International and other child focused agencies working with the African Union for their invaluable support in realizing this study. Let us all ensure we create a safer and more prosperous future that is free of corruption for our children.



Hon. Bégoto MIAROM Chairperson
African Union Advisory Board on Corruption

ACRONYMS

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACPF	African Child Policy Forum
AU	African Union
AUCPCC	African Union Convention on Preventing and Combating Corruption
AU-ABC	African Union Advisory Board on Corruption
CFA	Child Focused Agencies based
CRC	The United Nations Committee on the Rights of the Child
CSOs	Civil Society Organizations
IBP	The international budget partnership
IFFs	Illicit Financial Flows
GDP	Gross Domestic Product
MDGs	Millennium Development Goals
OBI	Open Budget Index
PPP	Public-Private Partnership
SDI	Service Delivery Indicator
UNECA	The United Nations Economic Commission for Africa
UNESCO	The United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
WGI	Worldwide Governance Indicators

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EXECUTIVE SUMMARY

Corruption – the abuse of entrusted power for private gain – is pervasive and one of the biggest barriers to Africa's development and the full realization of children's rights.

Children bear a disproportionate burden of the discriminatory effects of corruption due to their reliance on public services and reduced capacity to challenge corrupt practices. Children can be affected directly by corruption, for example through a requirement to pay bribes or informal fees to receive services, or indirectly through missed services because government resources have been plundered through grand corruption and illicit financial flows.

All forms of corruption reduce the availability of household and public resources to spend on critical services for children. Combating corruption is therefore an important step for increasing the funds available for families and governments to invest in children. Reducing corruption is necessary for improving development outcomes for children in Africa and it is also a human rights obligation highlighted in the African Charter on the Rights and Welfare of the Child and UN Convention on the Rights of the Child.

There is little available literature on how corrupt practices directly impact children in Africa. Additionally, until recently, children's views on the impact of corruption on their own lives have largely been absent from the discourse on corruption in Africa. The objectives of this report are therefore to amplify the voices of children, build evidence on how corruption hinders the realisation of children's rights in Africa, and to generate recommendations for action by African Union member states and other stakeholders to address the impact of corruption on children.

KEY FINDINGS OF THE REPORT

The analytical framework adopted for this report considers three major pathways through which corruption may affect children. The report gives particular attention to the impact of corruption on two key sectors for children: education and health. Both sectors require additional investment if Africa is to fully realize the rights of children and harness the potential of its growing child and youth population.

First, the report looks at some of the corrupt behaviours of service providers in the health and education sectors that can directly impact children and their families. Teacher/health worker absenteeism and the practice of charging informal fees for supposedly free services lead to the provision of fewer services for children and increase the propensity for public sector workers to be less productive and provide poor quality services.

The second pathway examines attempts by the consumers of public services (i.e. patients and students) to access privileged care through paying bribes. A large proportion of Africans pay bribes to access 'free' social services or to hasten access to services. In the education sector, bribes are a common way to secure higher grades. Bribery increases inequalities in access to essential services for children and reduces the quality of services offered.

Finally, the report highlights the impact of illicit financial flows and grand corruption on children. As the biggest source of finance available to any country, government budgets offer the largest scope for investment in children if they are properly managed. Grand corruption typically results in loses of large amounts of money, resources that could otherwise be invested in better infrastructure, systems and services for children.

The number of children impacted – directly and indirectly – by corrupt practices in Africa is alarming. Analysis for this report estimates that at least 25 million children in primary school are affected by corruption in Africa. Whilst it is beyond the scope of this report to estimate the full 'cost' of corruption on children in Africa, our analysis suggests a strong association between high levels of corruption and poor education and health outcomes for children. Conversely, countries that have been able to reduce corruption tend to have better child health and education indicators.

RECOMMENDATIONS FOR ACTION

The 30th African Union Summit unanimously endorsed the 2018 theme, Winning the fight against corruption: A sustainable path to Africa's transformation. Given that Africa's children are key to the continent's future transformation it is imperative that investment in children is not undermined by corruption. The AU's theme for 2018 provides a unique opportunity to highlight the negative impact of corruption on children and remind member states of their obligations to prevent and halt corrupt practices that hinder the realization of children's rights. There are many best practices and good examples highlighted in this report that member states can adapt and replicate.

Alongside accelerating efforts to stamp out grand corruption and illicit financial flows which divert the largest amounts of money from key sectors for children, the group of CFAs calls upon AU member states – supported by the African Union, United Nations, development partners and civil society – to take the follow actions:

1. Prioritise addressing corruption within key sectors for children
2. Increase budget transparency
3. Use child rights mechanisms to report on actions taken to end corruption
4. Educate children about corruption and empower them to help stop it
5. Share and scale-up good practices in fighting corruption
6. Increase the evidence base on how corruption impacts children
7. Ratify and fully implement the 2003 African Union Convention on Preventing and Combating Corruption

INTRODUCTION

Corruption – the abuse of entrusted power for private gain – is pervasive and one of the biggest barriers to Africa's development and the full realization of children's rights. Corruption manifests itself in many ways: as bribery, financial leakage, conflict of interest, embezzlement, false accounting, fraud, influence peddling, nepotism, grand corruption, and illicit financial flows (UNPAN, 2002).

Corruption is a major limitation to development and therefore reducing corruption has been identified as a key target for the both Agenda 2063 (aspiration 3) and the Sustainable Development Goals (goal 16). Corruption has cost Africa a significant proportion of its economic output and disproportionately affected the poor by reducing the availability of public resources for critical social services. Combating corruption is therefore an important step for increasing the resources available for governments to invest in children and other vulnerable groups.

During the 1990s, corruption cost African countries US$148 billion per year on average, or 25 per cent of total output (Wickberg, 2013). It is estimated that paying for bribes accounts for 2-3 per cent of poor households' income on average (Kimenyi and Mbaku, 2011). More recent estimates suggest that approximately seven per cent of the continent's gross domestic product (GDP) is lost through illicit flows, and this significantly reduced public spending (Astorga et al., 2012). The High-Level Panel on Illicit Financial Flows from Africa (The Mbeki Report) indicated that Africa loses US$50 billion every year through illicit financial flows. This amounts to US$1 trillion lost in the last 50 years. Projections indicate that the overall economic cost of corruption in some African countries could become much worse: rising from US$1,000 per person per year to US$2,000 per person per year by 2030 (Price Water House, 2016).

African countries have continued to fare poorly in international rankings which measure perceptions of corruption, such as the annual Corruption Perception Index by Transparency International. Even where measures are being taken to tackle corruption, perceptions of corruption continue to affect people's trust in public services and justice systems. Many Africans, including children, feel that their governments are not doing enough to tackle corruption. The majority of Africans surveyed for the 2013 Afrobarometer survey perceived that corruption is getting worse, and public efforts to deter corruption were not working. Specifically, 56 per cent of the surveyed citizens felt that African governments are doing a poor job at curbing corruption – an increase of more than eight percentage points compared to 2002 (Afrobarometer, 2013).

CORRUPTION AND CHILDREN

Children bear a disproportionate burden of the discriminatory effects of corrupt practices. It is imperative that policymakers consider how to reduce the impact of corruption on children. In addition to comprising almost half of Africa's population (UNICEF, 2017), children are more reliant on public services than adults. Children also lack the power to challenge instances of corruption and the independence to search for alternative providers. They have fewer prospects to influence the design and delivery of public social services.

Children can be affected directly by corruption, such as through a requirement to pay bribes to receive services, or indirectly through missed services because resources have been plundered. The number of children impacted – directly and indirectly – by corrupt practices in Africa is alarming. For example, in the education sector, it is estimated that at least 25 million children in primary school are affected by corruption[1].

Reducing corruption is necessary for improving development outcomes for children in Africa and it is also a human rights obligation. Under Article 1 of the African Charter on the Rights and Welfare of the Child, member states are obliged to take "all necessary measures to implement the Charter". In their recent General Comment 5 on state party obligations under Article 1, the African Committee of Experts on the Rights and Welfare of the Child remind states parties that "They are expected to demonstrate that they have mobilized, allocated and spent budgets to maximise the fulfilment of all children's rights". The Committee notes that "resources for the fulfilment of children's rights are frequently diluted or even diverted" and that corruption "dissipates resources that could be available for the fulfilment of children's rights" (ACERWC, 2018).

Similarly, under Article 4 of the UN Convention on the Rights of the Child, which is ratified by all AU member states, states parties have agreed to "undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention…to the maximum extent of their available resources". In General Comment 19 further guidance is provided to states parties on their obligation to end corruption and mismanagement of public resources, and to increase budget transparency so that sufficient resources are made available to spend on the rights of the child.

1 This is estimated using the rate of paying bribes to access education services in 33 African countries as reported in the Afrobarometer surveys and number of children enrolled in primary school in 2015 for the respective country (based on UNESCO statistics).

Despite clear global and regional guidance that corruption is a major barrier to the realisation of children's rights, there is little available literature on how corrupt practices directly impact children in Africa, apart from some evidence on how corruption manifests in some public services used by children. Additionally, until recently, children's views on the impact of corruption on their own lives have largely been absent from the discourse on corruption in Africa. As indicated in Box 1, African children experience corruption in various forms and are very concerned about the negative impact of corruption on their lives.

An objective of this report is therefore to build evidence on how corruption hinders the realisation of children's rights in Africa and to generate recommendations for action by African Union member states and other stakeholders to address the impact of corruption on children.

Box 1: African Children's Perceptions of Corruption

In collaboration with the African Union Commission, the group of Child-Focused Agencies (CFAs) used a U-Report survey to find out what African children think about corruption and how it can be tackled. Almost 33,000 girls and boys from three countries shared their thoughts and views:

Many children have experienced corruption in their daily lives

- 63 per cent of respondents said that either they, or a family member, had been affected by corruption.Many children and young people shared stories of having to pay bribes to access public services such as education and healthcare.
- Some girls even said that they had been asked to trade sex for good grades.

Children are very concerned about the negative impact of corruption

- 94 per cent of children said that corruption is having a negative effect on their lives.
- Half of the girls and boys identified education as the top area of concern, believing that corruption reduces the quality of their education.
- The second area of concern was justice for children: 20 per cent of children believe that corruption stops people who harm children from being brought to justice.
- Children also believe that corruption impacts their access to healthcare and reduces their trust in government.

Source: U-Report (2018)

2018: A UNIQUE OPPORTUNITY TO HIGHLIGHT THE NEGATIVE IMPACT OF CORRUPTION ON CHILDREN

The 30th African Union Summit unanimously endorsed the 2018 theme, Winning the fight against corruption: A sustainable path to Africa's transformation. Given that Africa's children are key to the continent's future transformation it is imperative that investment in children is not undermined by corruption. Governments are duty bound to prevent and halt corrupt practices that hinder the realization of children's rights.

It is against this background that the Group of Child Focused Agencies (CFAs) working with the African Union, with guidance from the African Union Advisory Board on Corruption (AUABC) and the Secretariat of the African Committee of Experts on the Rights and Welfare of the Child, undertook a continent-wide study on the impact of corruption on children in Africa. The study gives particular attention to two key sectors for children: education and health which both require additional investment if Africa is to fully harness the potential of its growing child and youth population. For example, according to UNICEF, Africa needs an additional 5.6 million more frontline health workers and more than 5.8 million additional teachers by 2030 (UNICEF, 2017). The estimated annual cost for the additional health workers and teachers is US$51.9 billion and US$37.2 billion per annum respectively. The aggregate figure of US$89.1 billion is only 60 per cent of the annual amount lost to corruption in Africa (US$148 billion). As such, if African governments could reduce the amount of money lost to corruption, they would be able to recruit and pay all the health workers and teachers required to meet African and global development targets.

LIMITATIONS OF THE STUDY

This study is limited in a number of respects. Firstly, there is a shortage of evidence and literature that examines corruption on the African continent from a child rights perspective[2]. Secondly, the available evidence does not consider whether different groups of children are impacted differently by corruption, i.e. whether gender, ethnicity, poverty level, geographic location or other dimensions increase a child's likelihood of being affected by corruption. The only exception is with respect to sexual exploitation in schools where some evidence on the impacts of corruption on girls is available (Plan International, 2006 and Leach et al., 2003). Finally, for the majority of African countries there is generally very limited published official information on the impacts of corruption on key sectors for children such as child protection. Due to these limitations, an estimate on the true economic 'cost' of corruption on children was beyond the scope of this current exercise. Nevertheless, the contextual and qualitative information gathered in this study adds to the evidence base on the impact of corruption on children in Africa and highlights areas for further research and analysis.

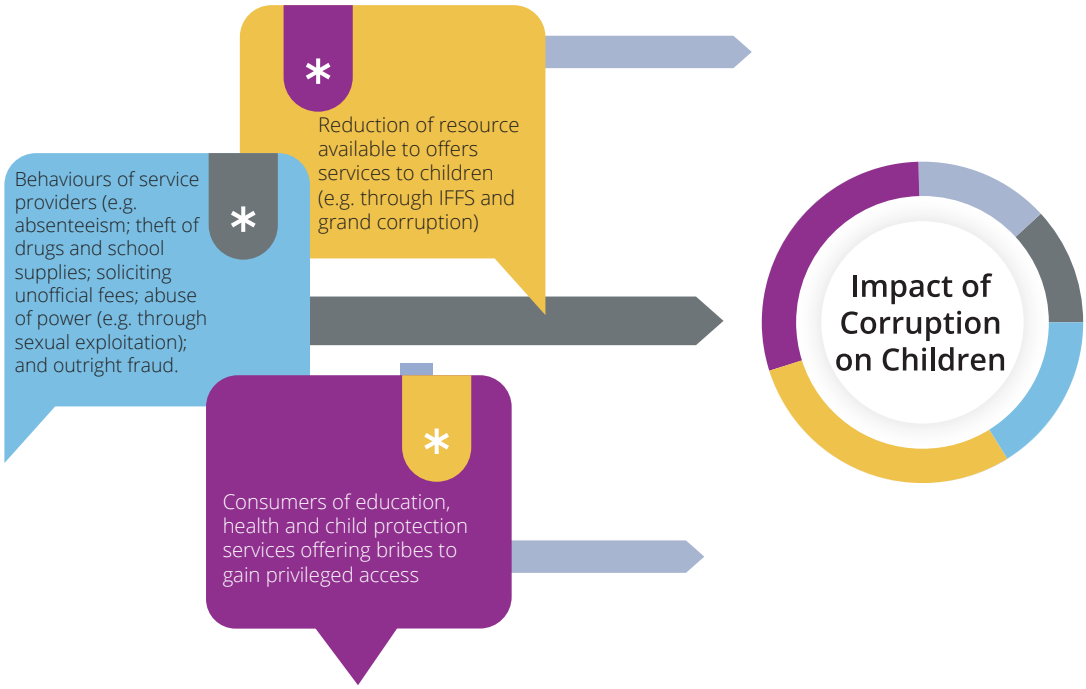
2 Although studies exist on the impact of corruption on children in other regions such as Latin America and South East Asia, no attempt is made to include such literature in the current study.

METHODS

ANALYTICAL FRAMEWORK

Following Savedoff (2007), who examined corruption in the health sector in Latin America, the analytical framework adopted for this study considers three major pathways through which corruption may affect children. First, corrupt practices such as illicit financial flows and grand corruption which can reduce the overall amount of resources available to offer services to children. Second, various behaviours of service providers (i.e. doctors, nurses, teachers and school administrators) which can lead to the provision of fewer services than required or increase the propensity to be less productive and as such provide poor quality services. Third, through attempts by the consumers of public services (e.g. patients and students) to access privileged care. This is illustrated in a simple diagram below; however, as noted in the section on the limitations of the study, the pathways are not costed.

Figure 1: Illustration of analytical framework



Source: Adapted from Savedoff (2007)

FOCUS ON HEALTH AND EDUCATION SECTORS

Due to the limited availability of data, this report has not been able to examine the impact of corruption on all dimensions of children's rights. This report focuses on the impact of corruption on two key sectors for children – health and education – for which more information and evidence was available. As noted in both the African Charter on the Rights and Welfare of the Child and UN Convention on the Rights of the Child, all children have the right to an education and the right to the best attainable state of physical, mental and spiritual health. This study analyses the impact of corruption on the ability of duty bearers to realize these rights to health and education as a proxy for analysing the impact on all child rights.

DATA SOURCES

The desk review is based on published academic literature and a variety publicly available of reports and surveys produced by civil society organizations. The desk review is complemented by a secondary data analysis of associations between corruption and selected health and education outcomes in Africa. The associations between corruption and child-related indicators are analysed through graphical correlations. The sources of data used in the correlation analysis are the 2017 Worldwide Governance Indicators (WGI) by the World Bank (which capture measures for control of corruption)[3] , the 2017 World Health Statistics by the World Health Organization and the 2017/18 Global Education Monitoring Report by UNESCO. The above data sources were augmented with UNICEF data on birth registration and rounds six and seven of the Afrobarometer surveys, which capture information on the extent of paying bribes in the education and health sectors[4]. The above information is also used to derive estimates for children exposed to corruption, such as in the education sector[5].

In addition, the study analyses different forms of corruption using the World Bank's Service Delivery Indicator (SDI) surveys. These SDI surveys capture detailed information on the delivery of education and health surveys in eight African countries, notably Kenya, Madagascar, Mozambique, Senegal, Tanzania, Togo and Uganda. Specifically, the surveys capture information on teacher and health worker absenteeism and effort. This information is used to gauge the extent and impact of 'quiet' corruption. This form of corruption refers to acts such as the failure of public service providers to deliver goods and services to which members of the public are entitled because these service providers are absent without cause or otherwise unavailable; this corruption does not necessarily involve monetary exchange (World Bank, 2010).

3 *As desribed in the 2016 UNECA report on measuring corruption in Africa, the use of governance indicators is preffered to perception indices since the governance indicators focus on the effectiveness of existing anti-corruption safeguards (UNECA, 2016).*

CASE STUDY COUNTRIES

The study highlights some salient issues on how corruption affecting children manifest itself in different regions of Africa. Five case study countries – Cameroon, Egypt, Kenya, Senegal and Zambia – were selected based on a number of criteria. In addition to geographical balance, (each country represents one of the five major sub regions of the African Union), the choice of focus countries was guided by (i) the availability of a recent Afrobarometer survey report[6] and (ii) the implementation and availability of the (SDI) survey. Nonetheless, the individual coverage of these selected countries varies due to data availability.

4 The Afrobarometer surveys are nationally representative surveys capturing individual information on bribery occurrence and perception. The surveys cover between 1,600 and 2,400 individuals in each survey round and collect information on citizens' perception on corruption and how often (if ever) citizens have had to pay a bribe, give a gift, or do a favour to government officials to receive a service or avoid a problem. These surveys have been conducted in 30 African countries since 1999. Specific to the education and health sectors, the Afrobarometer survey collects information on whether citizens have had contact with a school or health facility during the past 12 months and how often, if ever, they had to pay a bribe, give a gift, or do a favour for a teacher/health worker or other officials to receive services required from such public facilities.

5 This is undertaken specifically for primary education by linking information on the extent of paying bribes for school services from Round 6 and 7 of the Afrobarometer surveys and primary school enrolment.

6 All five selected case studies countries selected have at least one survey conducted in 2013 or after. These surveys will be a source of information on how children may be affected by corruption and bribery.

BEHAVIOURS OF SERVICE PROVIDERS

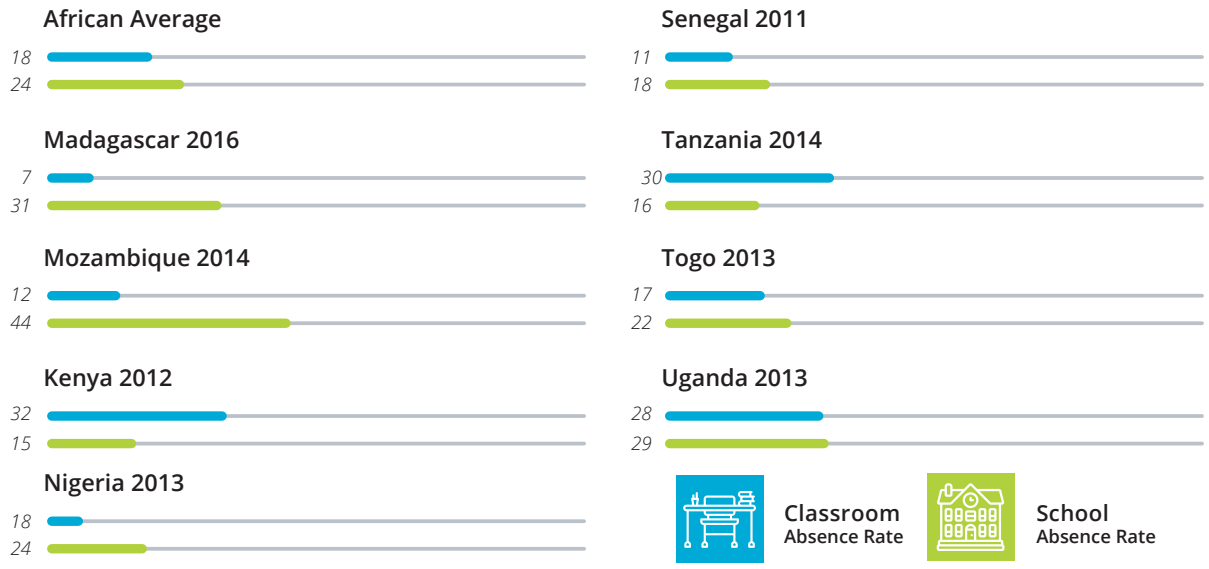
QUIET CORRUPTION

As previously mentioned, the 2010 African Development Indicators report defined quiet corruption as "when public servants fail to deliver services or inputs that have been paid for by the government". The most prominent manifestation of this form of corruption is through either teacher or health staff absenteeism which both have a negative impact on children's rights. Figure 2 shows the extent of absenteeism among primary school teachers either through school or classroom absence in eight sub-Saharan African countries covered by the SDI surveys during 2011-2016. The SDI surveys establish absence rates based on unannounced visits to sampled facilities.

TEACHER

The SDI surveys indicated that teacher absenteeism is very pervasive; absence rates are more than 30 per cent for most countries, with the exception of Senegal, among the case study countries. Overall, Figure 2 shows that on average, approximately 24 per cent of teachers were not in school during unannounced visits, while 18 per cent were at school but not teaching a scheduled class. There are wide variations by country; Mozambique and Madagascar have the highest school absence rates of 45 and 31 per cent respectively, while Kenya and Tanzania have the highest rates of classroom absence at 32 and 30 per cent, respectively (it should be noted that the five focus countries selected for this study are not covered in the SDI surveys but nonetheless the SDI surveys offer very useful information regarding this particular type of corruption).

Figure 2: Absence rates among teachers in selected African Countries (%)



Source: Wane and Rakotoarivony (2017).

The above absence rates severely impact children, especially through an unfair reduction in the amount of learning received per day and consequently the effective learning days in a school year. Combining the absence from both the school and classroom with the time engaged in non-teaching activities, the above results indicate that 116 days out of the 190 days in the country's school year are lost in Mozambique. Similarly, two out of every five teachers are not attending to pupils in class in Madagascar.

It is not only prudent that a teacher is in school, but it is also important that the teacher is in class during a scheduled lesson. Figure 2 also shows that classroom absence is particularly high in some countries, especially Tanzania and Kenya. Due to absence from school or absence from the classroom when at school, or presence in classroom but not teaching, pupils in Tanzania lost cumulatively 2 hours and 46 minutes of teaching per day instead of receiving the 5-hour and 56-minute school day (REPOA, 2016). Other countries where absence rates cost nearly half of the schooling day include Uganda. Specifically, a primary school pupil in Uganda spends approximately 3 hours, 17 minutes with her teacher instead of the official time of 7 hours and 20 minutes (World Bank, 2013). One can extrapolate that nearly one out of every three classrooms in sub-Saharan African is orphaned, i.e., with student presence but no teachers, due to the above severe teacher absence rates in the eight countries (Bold et al., 2017)[7]. Consequently, a substantial proportion of African children are in school but not learning. Such a loss of potential learning time can impact overall education attainment during adulthood and affect overall cognitive development. (Das et al, 2007).

Beyond being denied an education, teacher absenteeism can also create demand for remedial teaching. Based on the Southern and Eastern Africa Consortium for Monitoring Education Quality (SACMEQ) surveys, there is evidence to show that at least 45 per cent of all grade 6 pupils in Kenya, Malawi, Mauritius, Namibia, Zambia and Zanzibar were receiving extra lessons (Paviot et al., 2008). Such lessons normally are at an extra cost and add to the financial burden faced by parents. Beyond the financial costs, such remedial lessons can compromise teacher effort by creating an incentive to teach certain topics only during private lessons. This disadvantages those pupils who cannot pay.

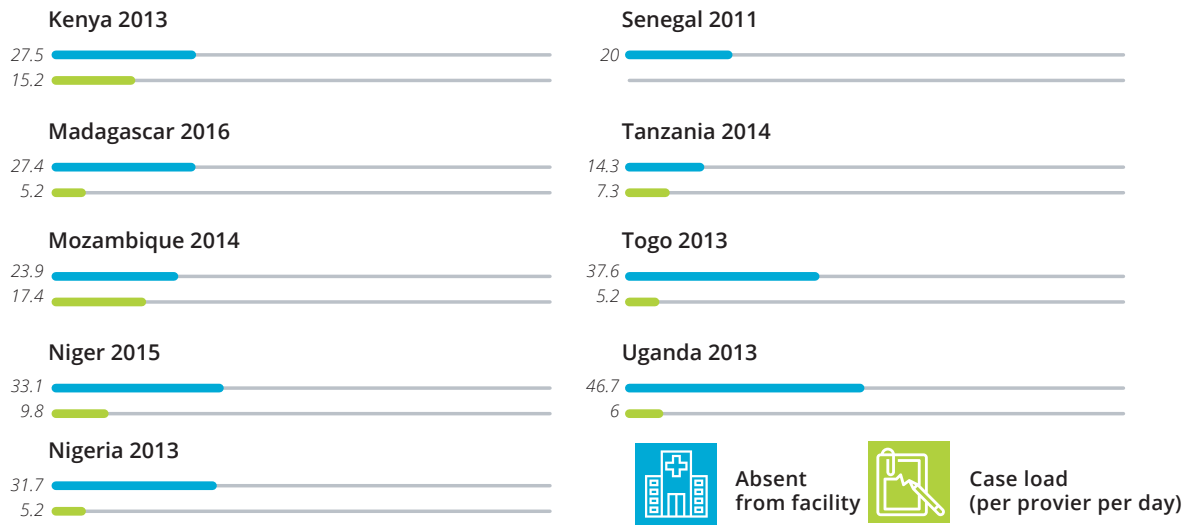
7 *The least orphaned classrooms are in Togo (24 per cent), while the highest are in Uganda (45 per cent).*

HEALTH WORKER ABSENTEEISM

The presence of personnel is of equal importance to the health sector. The delivery of health services is impossible without health staff, given the limited possibilities of self-diagnosis or self-treatment. Similar to the case of teachers, there are significant absences from the facility by health workers, and health sector absence rates are most acute among highly skilled health workers, most notably doctors. Figure 3 shows that absence rates range from a low of 14 per cent in Tanzania to a high of 46 per cent in Uganda. It is also worth noting that unlike the case of schools, most absences from health facilities are not duly authorised by personnel in charge of the facility. There is evidence to show that absences are highest among doctors compared to any other category of health staff, and among higher category health facilities[8], e.g., hospitals, and remote facilities. This evidence suggests that health facilities mainly are operated by lower cadre health staff with limited or no supervision.

The same figure shows varying rates of caseloads – the number of outpatient visits per clinician per day – as a measure of health care provider effort. Countries with relatively higher rates of health staff absence rates are characterized by very low caseloads, e.g., less than 8 outpatient cases per provider per day in Madagascar, Nigeria Tanzania, Togo and Uganda. This finding indicates a low level of health staff productivity in the above countries and suggests that the quality of healthcare can be improved in these countries without necessarily increasing the number of available staff per facility.

Figure 3: Healthcare provider effort in selected African countries



Sources: World Bank (2017) and REPOA (2016)

8 Health provider absence rates far outweigh teacher absence rates for some of the countries. For instance, health workers are more than twice more likely to be absent in Niger compared to teachers (World Bank, 2017).

The most immediate impact of health worker absence is poor-quality or even lack of healthcare, and this can have long term effects on children. Studies have shown that episodes of irregular health staff presence can lead to poor antenatal care, which in turn can lead to children with low birth weights; such children may experience growth delays with serious impacts on long-term health status (World Bank, 2010). Insufficient health workers are also a barrier to the safe delivery of babies and to children receiving immunisations and care for childhood illnesses.

Furthermore, health worker absenteeism compromises the quality of healthcare through reducing the operating hours for health facilities. For Uganda, it has been shown that a reduction in the quality of healthcare led to reduced demand for services, and a lack of demand lowered both staff presence and opening hours for health facilities (McPake et al., 2000). Furthermore, due to absenteeism, health facilities may be forced to rely more on un-trained personnel without adequate supervision (Narayan et al., 2000).

There are huge payoffs for reducing teacher and health worker absenteeism, even beyond increased utilization of services. Based on a random controlled trial in Uganda, evidence shows that reducing absence rates by 10 per cent is associated with a 20 per cent increase in the utilization of health services and consequent reduction in child death during infancy (Bjorkman and Svensson, 2009).

INFORMAL PAYMENTS

One of the ways through which corruptions manifests itself in African countries is through informal payments. These payments can take the form of outright bribes, gratitude payments or off-the-books fees. In cases where user fees for services are legal, informal payments can take the form of fees beyond the prescribed official fees. Informal payments may be requested to benefit an individual service provider or may be requested on behalf of others and later shared. These may be payments requested for by service providers or may be gifts induced in return for free health, education and other social services. Informal payments may arise due to an inadequate supply of social services, including created shortages of services and poor remuneration of service providers.

NATURE AND STRUCTURE OF ILLEGAL PAYMENTS

Informal payments may not be necessarily requested but can be forced. For instance, public service providers can create 'artificial shortages' to induce payments. As a result of shortages, individuals may be forced to pay bribes for expedited services. A South African study found that service providers created longer waiting times, and thus, a delay for health services to induce unofficial payments (Parades-Solis et al., 2011). Apart from artificial shortages, there generally is an inadequate supply of education and health services in Africa when compared to the need. As such, the payment serves as an incentive for service providers to meet the demands for either health or education services. Indeed, cross-country evidence from Africa shows that bribes are a conduit through which access to scarce education and health services are acquired (Peiffer and Rose, 2017). Other drivers of bribes/informal payments include abysmal salaries paid to frontline service providers. Consequently, health workers, for example, may attempt to supplement meagre incomes with informal payments and bribes (Hunt, 2010). Furthermore, for healthcare, informal payments may result from patients attempting to procure either a faster service or perceived better-quality healthcare.

IMPACT OF ILLEGAL PAYMENTS ON CHILDREN'S RIGHT TO EDUCATION AND HEALTH

Informal payments threaten children's rights and welfare in a number of ways. Whilst many essential services for children, such as primary healthcare and education, are supposed to be provided for free, corrupt practices result in children and their families having to pay for services. For example, in Tanzania, children under five years old who are exempted from co-payments under the national insurance scheme are routinely charged informal fees purportedly for registration in order to receive health care services (Camargo et al., 2017). In Sierra Leone during the 2014 Ebola outbreak, women and children routinely were forced to pay for usually-free health services (Pieterse and Lodge, 2015).

A cross-country study of 18 African countries shows that informal payments increase the financial burden to persons who look after children and poor households are the most affected (Justesen and Bjørnskov, 2014). An earlier study on Uganda and Peru demonstrated similar results (Hunt and Laszlo, 2012). Children whose parents/carers are unable to make informal payments risk receiving inappropriate care or no care at all for their children (Lindelow and Serneels, 2006).

Evidence based on Afrobarometer surveys from 33 African countries shows that an increase in corruption is significantly associated with an increase in the population receiving poor social services (Konte, 2017). Indeed, beyond the financial burden, some of the bribe payers believe that they have received inferior services. For example, Paredes-Solis et al., (2011) found that for Uganda, bribe payers

report lower satisfaction for received health services. A study in Tanzania – where informal payments may be shared among health workers – found that those who do not charge informal payments end up reducing the quality of services provided as a form of protest (Maestad and Mwisongo, 2011). The provision of poor-quality healthcare significantly affects children who are the dominant users of many health facilities.

Informal payments can also have serious impacts on reproductive health, especially on the decision of whether or not to give birth in a health facility. In 2013, only 55 per cent of all births in sub-Saharan Africa were assisted by qualified health care providers, with majority of the other births taking place at home with limited or no assistance for women. At least 7 per cent of women cite costs as the reason for not giving birth in a health facility (Montagu et al., 2011). A significant proportion of the perinatal deaths in Africa can be averted if women gave birth in health facilities rather than in homes (Chinkhumba et al., 2014). Consequently, the existence of informal payments can lead to higher likelihood of maternal and infant deaths, especially when mothers chose to avoid giving births at health facilities due to corrupt practices.

Informal payments also reduce children's access to quality education. For example, informal charges by teachers for teaching, and for additional items such as school meals, books, uniforms or exams can drive poorer students in particular to miss school. A large proportion of African children have no birth certificates due to both the formal and informal fees charged for birth registration[9]. Failure to acquire a birth certificate may affect a child's ability to register for school and for leaving exams. In addition, birth registration is often a key requirement to access free health services, without which certain children may miss out. It is also a prerequisite for establishing and enforcing child labour laws and preventing harmful practices such as child marriage (UNICEF, 2012).

Informal payments and bribes are frequently requested when applying for or collecting birth certificates. For example, the Kenya National Ethics and Corruption Survey of 2015 revealed that payment for birth certificate was the third most common type of bribe demanded, behind seeking health services and national identification card (Ethics and Anti-Corruption Commission, 2016). Beyond informal fees, inadequate provision of birth registration services has serious impacts on children. For instance, fewer than required officials assigned to birth registration can lead to inaccurate records with disastrous consequences, including inflating the costs of providing key services to children. In South Africa, there is evidence to show that improper birth registration opened avenues for multiple claims for social benefits (Habtemichael, 2009).

9 *A 2007 report on birth registration in Zimbabwe showed that individuals with resources who bribed the Registrar General Officials received birth certificates, whereas those without similar means were turned away (Justice for Children Trust, 2007).*

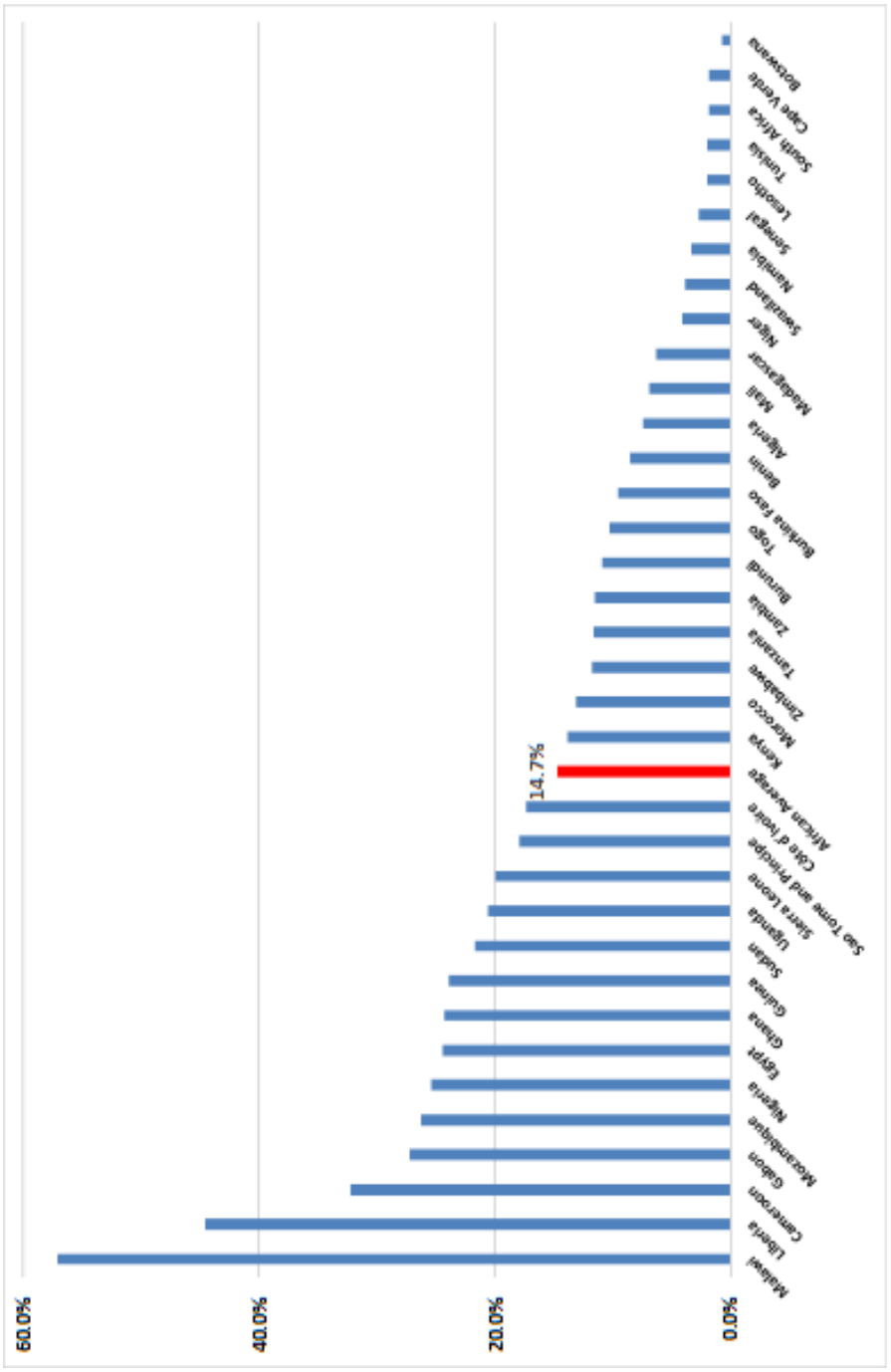
CONSUMERS OF PUBLIC SERVICES OFFERING BRIBES TO ACCESS PRIVILEGED CARE

PAYING BRIBES FOR EDUCATION SERVICES

A considerable proportion of Africans pay bribes. Based on the Afrobarometer surveys, at least 29 per cent of Africans reported paying a bribe to access various services (Peiffer and Rose, 2017). The poor are more likely to pay bribes and such corrupt practices would deny children whose families cannot afford to pay bribes to access education or other services.

With respect to services with critical importance to children, a large proportion of Africans pay bribes to access free social services or hasten access to services. Based on Round 6 and 7 of the Afrobarometer surveys, Figure 4 shows that on average, 14.7 per cent of individuals who make contact with schools have paid a bribe. The highest proportion of people paying bribes are in Malawi (57 per cent), Liberia (45 per cent) and Cameroon (32 per cent). The countries where citizens offer bribes less frequently for school services are Cape Verde, Botswana and Mauritius. Earlier assessments (yet based on fewer African countries) indicated much higher levels of corruption in the African education sector. For example, based on a cross-country study of seven African countries, the World Bank (2010) shows that at least four out of seven parents had to pay unlawful fees to access education services.

Figure 4: Percent of people paying birbes in the education sector in selected African Countries



Source: Afrobarometer data (2017)

Figure 4: Percent of people paying bribes in the education sector in selected African countries

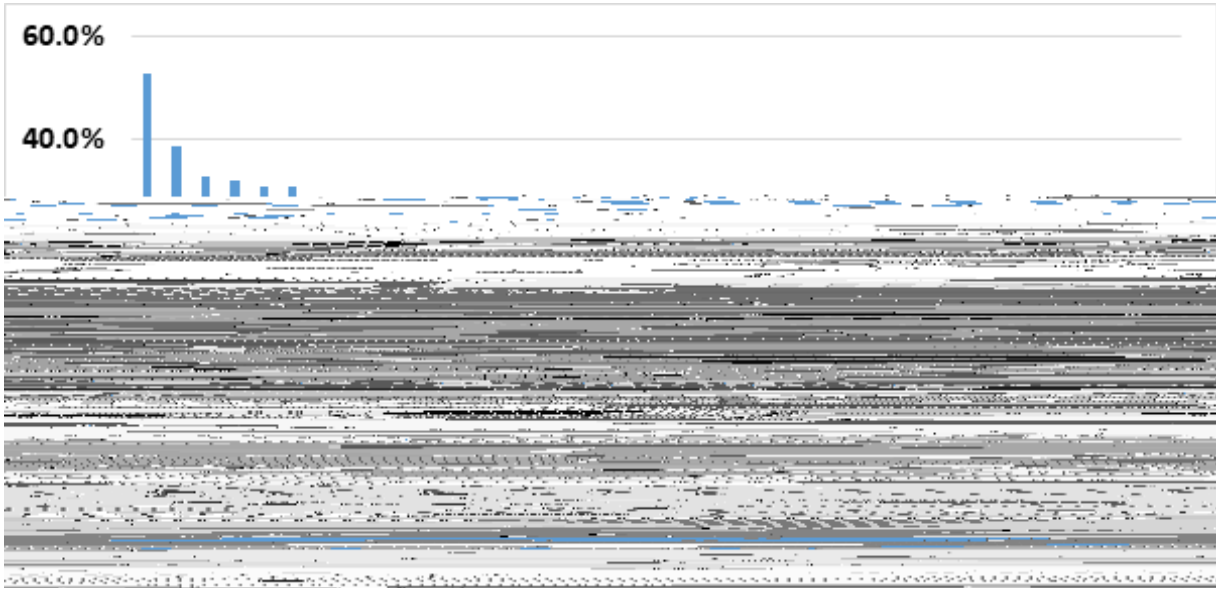
For the countries covered by the Afrobarometer surveys, at least 133 million children are enrolled in primary school (UNESCO, 2018). Based on the above average rate of paying bribes for school services and the population of children enrolled in primary school, we estimate that at least 25 million children enrolled in primary schools are exposed to corruption. There are immediate impacts on children by such forms of corruption. Evidence from children in Africa indicates that schooling is of poor quality due to corruption (U-Report, 2018). Beyond payment of bribes to access education services, there are documented cases of bribes to teachers to improve children's grades (Camargo et al., 2017).

There are a number of documented instances where petty corruption can affect outcomes for children, either directly or indirectly. For example, the acquisition of fake or fraudulent qualifications can impact the learning outcomes of children. In Niger, it has been shown that the incentive regime – which rewards teachers with higher academic qualifications – created a market for fake diplomas. A teacher salary could be doubled upon the presentation of higher academic qualifications, regardless of whether they are genuine.

PAYING BRIBES FOR HEALTHCARE

The observed average rate of paying bribes to access health services is relatively similar to that observed for accessing school services. Figure 5, based on the Afrobarometer surveys, shows that at least 14.4 per cent of individuals who have had contact with a public clinic or hospital indicate paying a bribe. Liberia, Sudan and Uganda lead the continent with rates of 53 per cent, 39 per cent and 33 per cent, respectively.

Figure 5: Proportion of people who pay bribes among users of health facilities in African countries



Source: Afro barometer data (2017)

IMPACTS OF GRAND CORRUPTION ON CHILDREN'S RIGHT TO EDUCATION AND HEALTH

Grand corruption has multiple negative effects on vulnerable groups including children. The loss of large amounts of public resources significantly reduces funds available to provide basic services including health, education and child protection. Indeed, the amount of public funds available to invest in civil registration systems and critical infrastructure such as waster, sanitation and hospitals is affected with the loss of colossal amounts of public funds. Beyond reduced spending on social services, grand corruption can also lead to the failure to build institutions as well as suppressing the growth of public servant's salaries. Low wages imply less money for households and increased temptation to seek bribes. Conversely, studies should that increasing public sector wages in low income countries was associated with significant reduction in corruption index Van Rijkenghem and Weder (2001).

One of the consequences of insufficient public resources for social services include a failure to prevent early infant deaths (Abed and Gupta, 2004). There have been documented instances of lost opportunities to meet health-related Millennium Development Goals (MDGs) due to grand corruption. For example, it has been shown that the US$ 616 million lost due to grand corruption cases in Tanzania during 2005-2015 could have been used to reduce preventable maternal and child deaths and attain the health MDGs (Mpambije and Magesa, 2017).

With respect to education, the diversion of funds and consequent unavailability of schooling resources prevent children from enrolling in school and lead to poor quality education for those who enrol. Previous estimates indicate that an increased score in the index of corruption by one point decreases school enrolment by about 5 per cent (Dreher and Herzfeld, 2005). Children's own views on the way corruption impacts them indicate that the greatest impact is on the quality of education. Specifically, based on U-report poll of 34,000 children on how corruption is affecting their lives, reducing the quality of education is the most frequently cited impact at 58 per cent (See Box 1).

For children who are enrolled in public schools, a substantial proportion do not have access to desks, chairs, textbooks and pens due to the very low capitation grants received by schools. In addition, limited available public funds can lead to poor infrastructure which forces pupils to study under trees or makeshift structures and as such end up fully exposed to weather changes. Lack of proper toilets and sanitation facilities at schools are a major barrier to girls' attendance at school. Limited resources also imply a lack of basic housing for teachers. Table 1 shows the extent of school input deficits in public schools in selected African countries based on the SDI surveys. It is indicated that a number of countries notably Niger, Tanzania, Kenya and Uganda lack a sufficient number of teachers and as such are characterised with very large pupil to teacher ratios. Secondly, in Uganda, Madagascar, and Niger, less than 10 per cent of the students have textbooks. The above countries are ranked poorly with regard to corruption—i.e. score 13, 16, and 31 out of 100 respectively on the control of corruption.

Finally, the table shows wide variation in availability of minimum equipment or infrastructures—schools in Niger, Togo and Nigeria are deficient in both teaching equipment and infrastructure. Nigeria and Togo both score below the African average for the control of corruption index (30.74) and Nigeria has the sixth highest rate of bribe payment to access education services in Africa (Afrobarometer, 2017).

Table 1: Availability of inputs in public schools for selected African countries

	Observed pupil-teacher ratio	Share of pupils with textbooks (%)	Minimum equipment (%)	Minimum infrastructure (%)
Niger-2015	38.1	8.7	23.4	19.7
Madagascar-2016	16.9	6.8	65.1	16
Tanzania-2014	43.5	25.3	61.4	40.4
Kenya_2012	39.3	44.5	74.3	60.2
Mozambique-2014	21.4	68.1	76.8	29.1
Nigeria-2013	21.5	33.7	48.2	13.2
Togo-2013	31.4	76	24.3	14.4
Uganda-2013	53.9	6	79.5	57.2
Senegal-2011	27.2	18	n/c	n/c
Average SDI	42.1	37.2	57.8	36.2

Source: World Bank (2017)

Notes: Minimum equipment availability is defined as the proportion of schools with the following available: functioning blackboard with chalk, pencils and notebooks. Minimum teaching resources is assigned 0-1 capturing availability of (i) whether a Primary 4 classroom has a functioning blackboard and chalk, (ii) the share of students with pens, and (iii) the share of students with notebooks. Minimum infrastructure resources is a binary 0-1 capturing availability of: (i) functioning toilets operationalized as being clean, private, and accessible; and (ii) sufficient light to read the blackboard from the back of the classroom. The abbreviation "n/c" means not comparable.

Finally, grand corruption and diversion of public resources can mean the lack of important public services to regulate and monitor the quality of services, such as having regular school inspections. A study in four African countries namely Madagascar, Tanzania, Togo, and Uganda found that 70 per cent of the schools had not received a school inspector during the past year (Postlethwaite, 1998). Without regular and frequent school inspections, it cannot be easily established whether children are receiving a good quality education.

Apart from school inputs, a number of services cannot be extended to children due to lack of public funds. For example, many African countries could have had the means to finance school meals if there was no corruption. As a result, millions of children on the continent attend school on empty stomachs and this compromises their cognitive development and learning outcomes (Kremer et al., 2004). Indeed, it is only countries that score highly on controlling corruption – with ratings of more than 65 on the Control of Corruption Index (e.g. Botswana and Namibia) that are able to provide nationwide school feeding (World Food Programme, 2013). Other African countries offer school meals on a pilot scale—mainly to populations affected by conflict.

Indirect impacts of grand corruption with implications for children include expenditure budget cuts to address corruption scandals and the potential radicalization of the youth. Specifically, grand corruption can have a double cost if the funds lost were contributed by donors. For Kenya, in response to embezzlement of funds earmarked for universal primary education, the Government of Kenya had to refund a total of Ksh7 billion (US$78.5 million) to the UK's Department for International Development (DFID) (Transparency International Kenya, 2014). The use of public funds to reimburse stolen donor funds often leads to budget cuts as government attempt to re-balance the budget as illustrated in Box 7 below. For example, in Uganda, teachers were promised a 15 per cent salary increment during the financial year 2012/13. Midway through the year, a grand corruption scandal involving the theft of donor relief funds managed by the Office of the Prime Minster broke out. The requirement to reimburse lost funds meant that the promised increment could not be met (Black Monday, 2014). With respect to marginalization, Cachalia, et al, (2016) shows that 70 per cent of young Nigerians cite corruption as the reason for radicalization and extremism in the country.

Box 7: Sanctions for payment of ghost pensioners in Uganda

In 2012, about UGX165 billion (equivalent to US$66 million) was lost in the Ministry of Public Service due to payment of ghost pensioners. The office of the auditor general (OAG) established that this loss was the result of a syndicate by officials from both the Ministry of Public Service and Ministry of Finance. Irregularities included making pension payments to non-existent pensioners; multiple payments to non-existent pensioners; and doubtful payments to foreign pensioners (Office of the Auditor General, 2013). As a result of the audit findings, donors suspended aid to the government of Uganda and this resulted into budget cuts for different sectors.

Source: Economic Policy Research Centre (2014)

Lost resources lead to understaffing which compromises children's learning and quality of health care. Health and education systems are characterised with frequent industrial actions due to inadequate remuneration. With respect to health, the failure to recruit and motivate health workers leads to unnecessary maternal and child deaths. There is evidence to show that at least 20 per cent of children who lose mothers during childbirth do not celebrate their first birth day.

Without corruption, African government would be able to meet the promised salary increments to teachers and health workers. The established stance is normally that there is no money to increase the pay for teachers. Teachers are the least paid public servants in most African countries to the extent that the lowest denomination airtime scratch card is commonly referred to as 'Teachers' airtime'. For example, estimates by the Black Monday newsletter in Uganda showed that the amount of funds lost in grand corruption cases in Uganda in 2012 was enough to offer teachers a 50 per cent salary increment during the financial year 2012/13.

Apart from the impact on the amounts of public funds available for basic social services, susceptibility to grand corruption can also alter spending patterns in favour of certain kinds of public expenditures. For example, it has been shown that corruption can lead to a shift in spending on infrastructure and construction which offer more and easier prospects for corruption, and less spending on education and health with fewer opportunities (Mauro, 2002). On the other hand, within the health sector, public investments could favour construction of health facilities and purchase of expense equipment instead of public health e.g. immunization and family planning services.

LEAKAGE OF PUBLIC FUNDS

ILLICIT FINANCIAL FLOWS

Another issue that is partly a consequence of thriving corrupt practices is illicit financial flows (IFFs). The African Union's Report of the High Level Panel on Illicit Financial Flows from Africa considers IFFs to be "money that is illegally earned, transferred or utilized originating from activities including bribery and theft by corrupt government officials." (AU/ECA, 2015). IFFs can be a result of grand corruption practices, attempts at tax evasion or trade miss-invoicing or money laundering (Global Financial Integrity, 2016). Annually, it is estimated that US$80 billion is lost annually in Africa due to IFFs (OECD, 2018) and this negatively affects development outcomes (AU/ECA, 2015). This amount exceeds the value of aid received by African countries. Although IFFs have traditionally existed in developing countries, the amounts lost increased substantially during the 1990s and 2000, especially as African countries have become increasingly dependent on extractives for exports. Global Financial Integrity estimates that IFFs in Africa as a share of total trade averaged about 10 per cent per annum between 2004 and 2013. Specifically, US$675 billion was lost in IFFs during 2004-2013 (Global Financial Integrity, 2015).

The bulk of these outflows were estimated for Nigeria (US$178 billion). Nonetheless, Egypt, Zambia, Senegal and Cameroon registered substantial losses equivalent to US$39.8 billion, US$28.8 billion, US$8.0 billion and US$7.5 billion respectively. For Zambia, the outflows were significantly very high in proportion to the size of the economy. On the other hand, Egypt accounts for 32 per cent of IFFs registered in North Africa.

Finally, IFFs – especially financial outflows – also imply reduced household incomes and most of the funds are invested in developed countries. Household incomes greatly determine poverty levels as well as expenditures on education of children. For example, previous assessments show that whereas national output more than doubled for Zambia during 2000-2010, due to high IFFs, income poverty has stagnated at 60 per cent. Related, IFFs and associated grand corruption reduce the overall level of FDI realised by developing countries and this further constrains household incomes. Estimates also shows that Africa would have been able to raise more resources in tax revenue than ODA if the region effectively addressed IFFs. Or better still, in the absence of IFFs, O'Hare et al., (2013) shows that for at least 16 African countries would have been able to meet the MDG 5 of reducing child deaths by two thirds by 2015.

DIRECT LEAKAGE OF PUBLIC FUNDS

Apart from grand corruption cases and IFFs, there is also direct leakage of public funds meant for services that benefit children. This includes pilferage of drugs in health facilities that leads to frequent drug stock outs. Beyond drug theft, fraud may be manifested through procurement of fake or counterfeit drugs. Such drugs can have side effects including drug resistance.

Box 8: Procurement of expiring drugs and theft of supplies in Zambia

According to Zambia's Auditor General's office, in 2015, the Ministry of Health in Zambia Government procured Anti-retroviral Drugs (ARVs) and other drugs that had a short shelf lifespan worth K13.75 million (about US$2 million). These drugs eventually expired while in store. Apart from the potential damage to human health if expired drugs are used, this was a significant loss of meagre health resources. Beyond procurement of expiring drugs, massive drug theft has also been reported in Zambia. An audit of the Global Funds which revealed massive theft of its drugs and health products at Medical Stores Limited of about US$1 million. The supplies stolen included HIV test kits, bottle of ARVs, artemisinin-based combination therapy packs (ACTs) and malaria rapid diagnostic test kits. All the above supplies are critical for the treatment of children.

Source: Office of the Auditor General (2016)

Box 9: Loss and diversion of funds for maternal health and HIV care in Kenya

During the financial year 2015/16, at least US$49 million (equivalent to 21 per cent of the budget allocation to the Ministry of Health of Kenya) was lost. The funds were lost through illegal over-expenditures, double payments for goods, diversion of funds for the AIDS control programme, expenditures on portable clinics that were never delivered, diversion of funds meant for devolved units (counties) to provide free maternal, and manipulation of the Integrated Financial Management System (IFMS).

Source: Transparency International Kenya (2017).

THE IMPACT OF LEAKAGE OF FUNDS ON CHILDREN'S RIGHT TO EDUCATION AND HEALTH

Estimates by global studies also point to large impacts of IFFs – especially on the ability of developing countries to offer basic health services such as vaccinations. A cross-country study has demonstrated that a one percentage point increase in the ratio of IFFs to total trade reduced vaccination coverage by 0.19 per cent (Ortega et al., 2018). In this particular study, at least 20 of the 56 countries covered were African Union member states. An earlier study estimated the costs of IFFs on specific African countries – notably Central African Republic, Mauritania and Republic of Congo, and showed that the flows significantly reduced the fiscal space for health expenditures (O'Hare et al., 2013) and significantly increased the timeframe for countries to achieve global health-related goals. For Zambia, the amount of funds lost due IFFs 2010 and 2012 (US$1.9 billion) was equivalent to 9 per cent of the country's GDP in 2011 and was more than twice the amount the country spent on both education and health in 2011 (Save the Children and Tax Justice Network—Africa, 2015).

Such levels of outflows have significant impacts not only on realized tax revenues and ultimately the financing of basic social services but also on household incomes. Due to the large informal sector and inefficient tax administration, African governments depend on taxing cooperation to realise revenues as opposed to taxing incomes of individuals. As such, activities such as trade miss-invoicing led to substantial loss of revenue. Potential tax revenues that have been lost through IFFs could have had a transformative impact on the lives of African children, especially if sufficient resources had been invested in the health sector. Estimates by Save the Children (2015) show that the potential tax lost in Africa (US$15 billion per annum) is enough to hire 1.8 million health workers. For specific African countries, the lost revenue would be sufficient to cover substantial health care costs. For example, estimates by O'Hare and Curtis (2014) for Malawi show that in 2013/14, the country lost US$275 million through IFFs and was equivalent to 75 per cent of the US$358 million required to fill the financing gap for the provision of a minimum health care package. Similarly, for Kenya, the amount of tax revenues lost due to IFFs is enough to reduce child death by more than one half as illustrated below.

Box 10: Kenya: Lost tax revenues from illicit financial flows could cover the health financing gap

Estimates by Save the Children in 2015 showed that Kenya lost on average US$435 million per year in tax revenues due to IFFs – especially trade miss-invoicing. These lost tax revenues were equivalent to 8.3 per cent of average government revenue during 2002-2011. Furthermore, the amount lost was more than the share of health spending in the national budget—which averaged 7.1 per cent during 2002-2011. The lost tax revenue could cover the financing gap identified in the 2014-2018 Kenya Health Sector Strategic Plan. Such additional health care spending could reduce child mortality by more than 50 per cent and result in 50,000 child lives saved per year.

Source: Save the Children (2015).

Apart from leakage of inputs, there is fraud relating to overstating beneficiary for social services or human resources required to deliver health and education services. For example, this can be manifested through overstating enrolments numbers in public schools to boost the amount of capitation grants received or overstating the number of out-patients attending health facilities to justify drug shortages. As illustrated in Box 7, overstating staff numbers or having 'ghost workers' on the public payroll is a common method used to leak education resources. This entails paying teachers who do not teach but receive salaries at the end of the month. Other examples of corruption in the education sector with particular consequences for children include text book procurement fraud – which reduces the number of textbook available for children. Diversion of funds meant to pay for education (e.g. text books, classroom construction) and health services (e.g. vaccines) is also common in African countries. There is extensive evidence – especially in the education sector to show that a significant proportion of resources released by central governments do not reach the intended beneficiaries (see e.g. Reinikka and Svensson, 2004 for education capitation grant in Uganda; Khemani, 2006 for health worker salaries in Nigeria; Dizon-Ross et al., 2017 for bed-nets in Ghana, Kenya, and Uganda).

THE RELATIONSHIP BETWEEN CORRUPTION AND CHILD HEALTH AND EDUCATION OUTCOMES

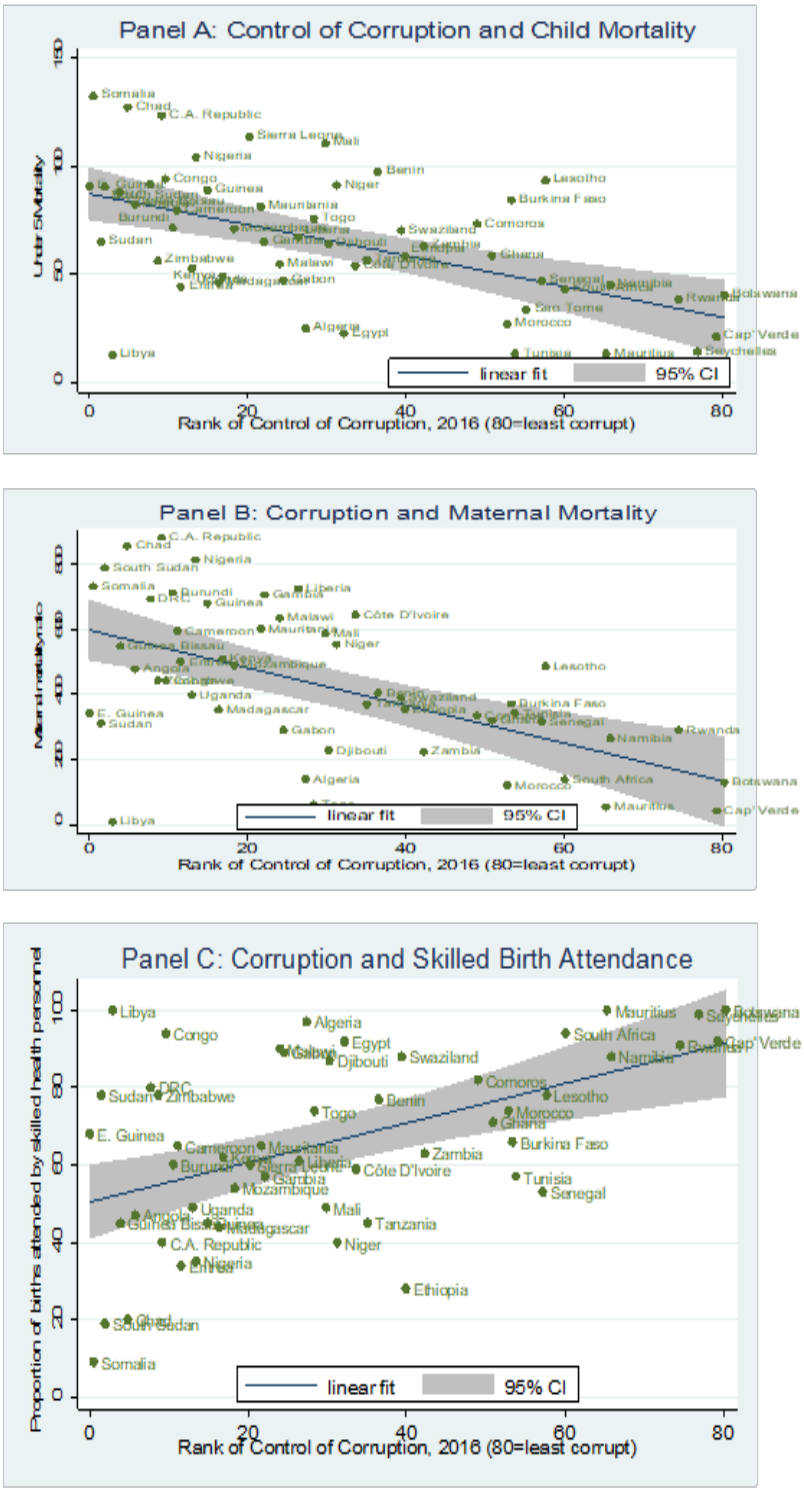
Based on a country's ranking regarding the control of corruption, it is possible to examine how corruption relates with various health and education outcomes at the macro level. Figure 6 shows how the control of corruption in Africa relates to three key health outcomes – child mortality, maternal mortality and the number of births attended by a skilled attendant. Control of corruption is measured based on the Worldwide Governance Indicators' (WGI) percentile ranking on the control of corruption. This captures the perceived level of public sector theft including petty and grand corruption as well as elite capture of the state (Kaufmann et al., 2010). The percentile ranking for all countries ranges between 0 and 100 with a lower score indicating high prevalence of corruption and higher score indicating a low level of corruption.

For the 2016 WGI, the average percentile rank among AU member states is 30.7 while Botswana had highest score at 80 and Equatorial Guinea had the lowest score of 0. Panel A and B of Figure 7 shows that corruption is associated with higher rates of both child mortality and maternal mortality.

Specifically, Panel A shows that countries with under five mortality rates of more than 90 deaths per 1000 live births generally score below 30 on the control of corruption index (the only exception is Lesotho and Burkina Faso which have higher rates for control of corruption as well as high rates of child deaths). The three African countries with the largest number of under-five child deaths in 2016 namely Nigeria, DRC Congo and Ethiopia have control of corruption scores of 13, 8, and 40 respectively[14].

14 *In 2016, these three African countries accounted for 41 percent of the estimated 2,965,000 child deaths on the continent (UNICEF, 2017).*

Figure 6: Corruption and health outcomes



Similarly, countries with high maternal mortality rates above 600 deaths per 100,000 live births have control of corruption scores of 26 out 100 or below (the only outlier is Côte d'Ivoire with a corruption score of 33 but a MMR of 645 deaths per 100,000 live births)[15]. Globally, there is evidence to show that corruption indirectly accounts for 1.6 per cent of all child deaths before the age of 5 years (Hanf et al., 2011). There is also evidence to show that corruption significantly reduces life expectancy and immunization rates (Li et al., 2018).

Apart from reducing the available public services to fund basic health discussed earlier, corruption can affect child and maternal death through unaffordability of informal payments and use of alternative, but potentially dangerous, methods of healthcare e.g. giving birth unattended or using traditional healers. It could also result in diversion of funds from services that are complimentary to heath care such as water and sanitation which are critical in preventing childhood illnesses.

With respect to birth assistance, Panel C shows that control of corruption is associated with increasing proportion of births attended by skilled health personnel. Countries with low levels of control of corruption (with scores less than 25) have lower rates of attended births – generally less than 50 per cent. Indeed, three out of the four African countries with universal skilled birth attendance (Botswana, Libya, Mauritius and Seychelles) have very low levels of corruption – with control of corruption scores of 65 or more[16].

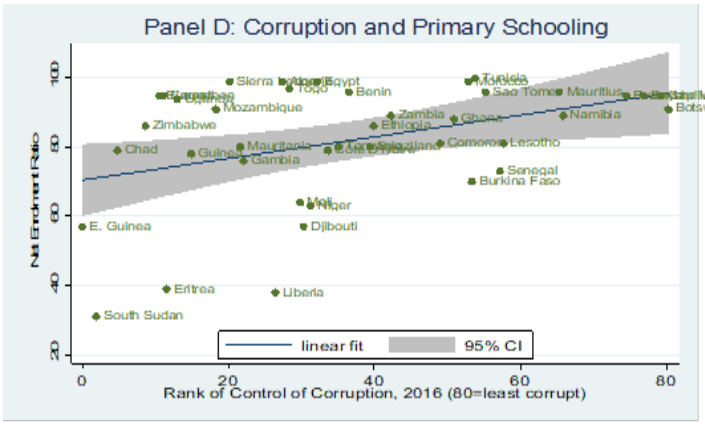
Similar to the case for health outcomes, corruption is associated with reduced school enrolment and progression. Figure 7 shows the relationship between the control of corruption and three education indicators – net primary school enrolment, transition rate from primary to secondary school and gross secondary school enrolment (for African countries with education data). Panel D indicates that the countries with the lowest net enrolment rates (NERs) (less than 60 per cent) have very low corruption scores of 26 and below. Put another way, in less corrupt countries, more children are enrolled at the appropriate age for grade. Panel F shows that countries with relative high primary to secondary transition rates also rank low on corruption. Finally, Panel F shows that corruption is associated with very low gross secondary school enrolments. Furthermore, the gradient of slopes in panel D and E shows that the corruption relationship is much stronger for secondary than primary education.

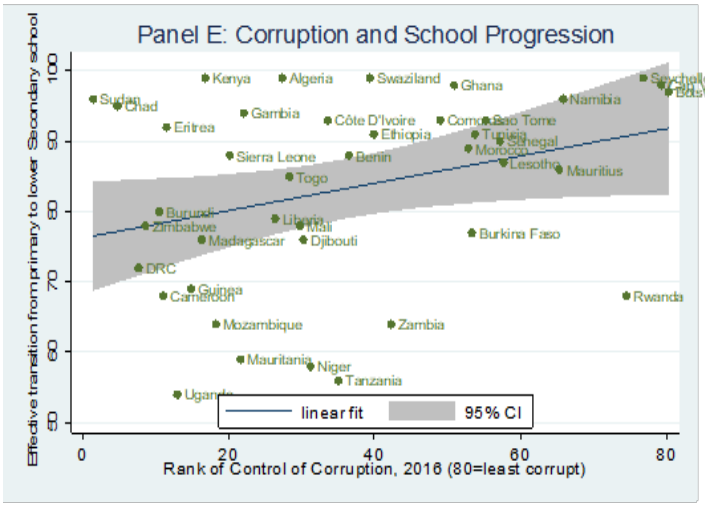
Overall, the charts show that in corrupt African countries, even when children are able to enrol in primary school, they are less likely to progress to secondary school or if they join secondary school remain enrolled in secondary school. Nonetheless, the above findings should be interpreted in the context of various other factors that lead to drop out and low enrolment in Africa.

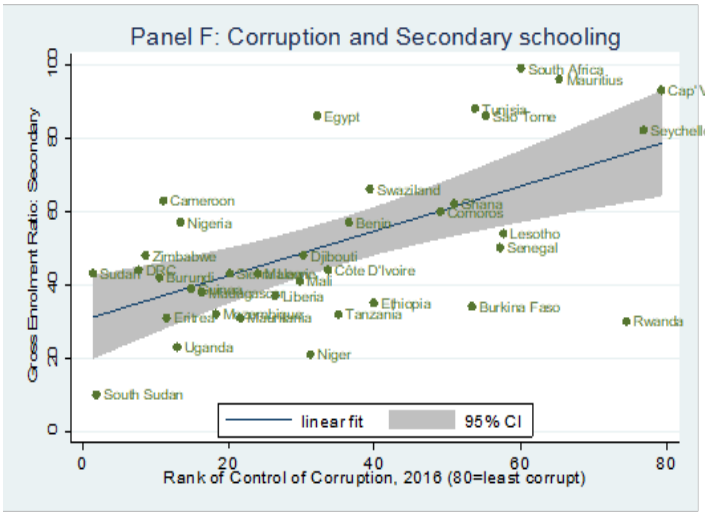
15 *IMaternal deaths in relating to child births have been historically high in Côte d'Ivoire partly due to very high rates of abortion and the inability of the health system to adequately deal with unsafe abortions (Kassebaum et al., 2014).*

16 *The only exception is of Libya with 100 percent birth attendance but with a corruption score of 3 out of 100. The statistics for Libya should be interpreted with caution since there are mainly extrapolations from the averages registered during 2008-2012. Since the start of the second Libyan civil war in 2014, no reliable statistics have been produced for the country.*

Figure 7: Corruption and education outcomes







BEST PRACTICES IN TACKLING CORRUPTION

BUDGET TRANSPARENCY

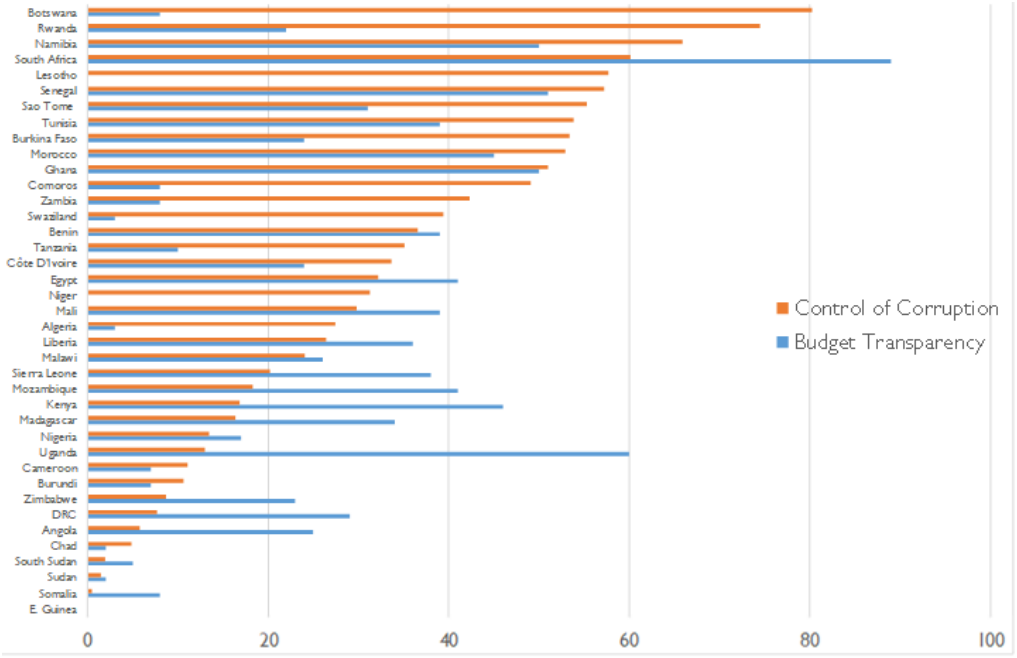
A potential contributing factor to corruption in African countries is the extent to which citizens know and participate in budget discussions. Opaque budgets hide the true picture of actual allocations made for services that benefit children and are foundational to institutionalizing and perpetuating the abuse of public funds. Conversely, high-quality and timely budget data help government officials plan and implement policies to improve the lives of children. As noted by the Committee on the Rights of the Child, lack of transparency in resource mobilization systems "can lead to inefficiencies, mismanagement of public finances and corruption. This in turn can lead to insufficient resources being available to spend on the rights of the child." (CRC, 2016)[17]. The majority of children in Africa live in countries where governments do not provide enough budget information for the public to understand fully or to monitor how public funds are raised and spent[18].

The international budget partnership (IBP) has since 2006 published an Open Budget Index (OBI) which tracks budget accountability with respect to transparency, participation and oversight. Figure 8 shows the distribution of budget transparency scores for 39 African countries covered by the OBS in 2017. The average budget transparency score is 25. Countries that score below this threshold are classified as having minimal budget transparency on the IBP classification i.e. their respective government discloses limited and low-quality information about budget formulation, executions and audits. Only one African country, South Africa, has a transparency score of more than 80 – classified by IBP as sufficient and extensive provisions of budget information to enable public engagement in budget discussions. Furthermore, at least 75 per cent of the African countries on the list score in the low budget transparency range, i.e. score less than 40, while at least 40 per cent of the countries on the list score between 0-20. For countries with transparency scores in range of 0-20, this indicates that they provide scant or no budget information on how they raise and spend public finances. It is worth noting that most of the African countries that are ranked highly on budget transparency also score highly on the control of corruption; as such low levels of budget transparency may encourage corruption. The exception to this rule is for Botswana and Lesotho which provide scant or no budget information but are nonetheless ranked highly for control of corruption.

17 General comment No. 19, CRC, Paragraph 76

18 International Budget Partnership and UNICEF (2017) Financing Development for Children in Africa: The State of Budget Transparency and Accountability in the Continent

Figure 8: Open Budget Index and Control of Corruption Rankings for African Countries, 2017



Source: International Budget Partnership (2017) and World Bank (2017a)

Table 2 shows the three budget accountability measures for the five case study countries during 2010-2017. Among the five countries, Cameroon and Zambia score the least in budget transparency in 2017; the two countries provide scant or no information. With regard to trends, there is a huge variation in country performance over the eight years that surveys were conducted. Only Kenya appears to have maintained its budget transparency performance over the eight years, with scores in the range of 46-49. Senegal shows a consistent increase in budget transparency, moving from 4 in 2010 to 51 by 2017. Other countries e.g. Egypt and Zambia exhibit an uneven progress, i.e. starting from relatively high scores in 2010 but decline during 2012-2015 before recovering in 2017. Countries such as Senegal that exhibit increased transparency also show improved outcomes for children. For example, the proportion of children who have received all basic vaccinations in Senegal increased 62.8 per cent in 2010/11 to 74.7 per cent by 2017. Similarly, the proportion of children under 5 years who slept under a mosquito net nearly doubled from 34.5 per cent to 60.7 per cent during the same period (National Agency of Statistics and Demography and ICF, 2018).

Table 2: Open Budget Index Scores for case study countries (out of 100)

	Cameroon	Egypt	Kenya	Senegal	Zambi
Transparency					
2017	7	41	46	51	8
2015	44	16	48	44	39
2012	10	14	49	10	4
2010	2	49	49	4	36
Public Participation (2017)	7	11	15	2	15
Budget Oversight (2017)	22	39	50	39	48
Legislative Oversight					
Formulation/ approval	38	38	62	48	28
Exceution/ audit	0	40	13	33	47
Oversight by supreme audit instituition	22	39	67	33	72

Source: Open Budget Index 2017

Beyond transparency, the OBI also captures other indicators with implications for the fight against corruption, notably public participation and budget oversight. The lower part of Table 2 shows the 2017 scores for these two broad indicators. Most of the countries score very low on public participation, with Senegal scoring the lowest i.e. 2 out of 100 and Zambia and Kenya scoring the highest at 15 out of 100. It worth noting that the above scores are within range of the global average which stands at 12 out 100. On the third indicator of budget oversight, scores range from 22 to 59 out of 100; however, the reasons behind the individual country budget oversight score vary. For example, whereas the budget oversight scores for Zambia and Kenya are influenced by the strength of the country's respective supreme audit institution, for Egypt and Senegal, it is the legislative oversight drives the overall budget oversight score.

Among the case study countries, only Egypt and Senegal appear to have budget transparency scores that are in line with country rankings on control of corruption. Cameroon scores very low on both budget transparency and control of corruption. On the other hand, Kenya scores better on budget transparency but is weak on the control of corruption while the reverse is true for Zambia. Although budget transparency may not effectively control corruption, it may nonetheless offer avenues to more quickly detect corrupt practices.

Overall, the extent of budget transparency has implications for the improvement of child rights through both participation as well as safe guarding available public resources for children. Specifically, with limited budget information, non-state actors like civil society organizations are denied the opportunity to question, review, as well as propose alternative spending to advance child rights. Secondly, the publication of limited budget information "creates opportunities for corruption or the mismanagement of public funds" (International Budget Partnership and UNICEF, 2017).

EXAMPLES OF SUCCESS STORIES IN THE CONTROL OF CORRUPTION

Although the prevalence of corruption in Africa remains high, there are numerous good examples of initiatives to tackle corruption across the continent. Many countries are making use of smart technologies to deal with the excesses of public servants that are in routine contact with children. For example, as highlighted among the below success stories, biometric identifications have been used in some countries to reduce the number of ghost teachers and health workers. Adopting such technology can go some way in reducing the leakage of public funds. Beyond biometric identification, African countries are using online platforms and apps to publicize government expenditure releases or information regarding public procurement.

Technology is also being used to monitor drugs prescribed to patients or text books sent to schools. Technology can also be used to track teacher presence in schools. More countries could adopt new technologies to support the reporting of corruption since this can support the anonymity of persons and ensures that children and young people can report instances of corruption without fear of consequent reprisals. There are examples of such initiatives such the Tell-it-True initiative in Liberia. This confidential, anonymous SMS suggestions box is placed throughout academic campuses in Monrovia. Information submitted through the TELL system is deliberated on a regular basis within the academic administration. Such schemes offer an opportunity for children as well as citizens in general to report corrupt practices anonymously.

Initiatives to educate and engage children on the ills of corruption are important for stopping the culture of corruption from blighting the next generation. A number of African countries have established anti-corruption clubs in schools. For example, the Office of Ombudsman in Rwanda has supported anti-corruption clubs in high schools. Beyond, anti-corruption clubs, provision of information, education and communication materials by civil society organizations could also help raise awareness of the dangers of corruption in schools. For examples, movies such as Not to corruption in my school, by Alexise Ouédraogo in Côte d'Ivoire have been used to depict how corruption manifests in community and its consequences on individuals.

Boxes 11 to 15 provide further examples of good practices that can be adapted and replicated across Africa to reduce corruption and its impact on children.

Box 11: Use of biometric identification to address ghost teachers

The Liberian civil war (1989-2003) led to deaths of 300,000 people and displacement more than 3 million people. Teachers were among the worst affected groups. The death and displacement of teachers led to emergency measures such as allowing unqualified community members to work in schools to fill the void left by the departed teachers. The government created a supplementary payroll to cater for latter category of teachers and personnel on the supplementary payroll earned less than teachers on the regular and general payroll (in November 2016, at least 31 per cent of teachers on the public payroll were unqualified). Over time, these payrolls became characterised by corrupt practices such as duplication of the same teacher on the multiple payrolls and irregular replacement of dead teachers on the general payroll through takeover of an identity of a deceased teacher. As such, the government of Liberia was unaware of how many teachers were on the public payroll and their true identity. In 2015, Liberia began implementation of a teacher workforce reform project, which required all teachers to be re-tested for competency and issued with biometric cards to certify identity. By February 2018, 83 per cent of the 2,046 ghost teachers had been eliminated from the teaching payroll leading to a saving of US$2.3 million.

It is not only Liberia that has implemented teacher payroll reform, other African countries such as Nigeria, Tanzania and Uganda have implemented similar schemes to weed out ghost teachers. For example, using biometric IDs, Nigeria was able to identify 43,000 ghost teachers in 2011 saving US$75 million.

Source: Schreiber (2018).

Box 12: Increased public access to information on public expenditure releases

In the education sector, a significant proportion of resources released by central governments do not reach the intended beneficiaries. Starting in the 1990s, the Uganda Ministry of Finance initiated a scheme to publicize quarterly releases to districts in the print media as well as requiring the display of such information at the premises of the implementing agencies e.g. district education office and schools notice boards. There is evidence to show that the publication of these transfers by the government helped to reduce the extent of leakage of public resources in the education sector. Prior to implementation of the universal primary education initiative and an information campaign to publicize resources released to local government, only 13 per cent of funds released for school ever reached the intended beneficiaries.

Source: Reinikka and Svensson (2004)

Box 13: Using victims of corruption as drivers of change for reporting corruption in schools

Using the Alliance for Rebuilding Governance in Africa (ZENU) network, Cameroon instituted 'corruption observatories' in schools in the western part of the country. The project targeted victims of corruption and offered a whistleblowing mechanism as well as enforcement of sanctions for corrupt behaviour. Through this scheme students could report indecent behaviour by teachers. By 2013, over 100 claims of corrupt behaviour had been reported and this led to the sacking of four staff members while 15 teachers faced administration sanctions due to the reported cases.

Source: Barnerji (2015)

Box 14: Internet based platforms for whistleblowing and transparency in school admission

Given the proliferation of smart phones in Africa, Transparency International and CSOs have partnered to introduce the use of mobile apps in a number of countries to report corrupt practices in schools and health facilities. For example, in Tanzania, Jamii Forums is used by over 28 million mobile phone subscribers and which has proved very popular for whistleblowing. Other schemes include the Mamdawrinch—translated as "we will not bribe" in Morroco which enables citizens to report corruption allegations that can be discussed online using social media platforms. Finally, in Uganda, through the Action for Transparency" (A4T) app, citizens are able to establish the amount and reasons for funds released to health facilities. As consequence, citizens can relay information regarding drug stock out via the app and CSOs can follow up.

Countries such as Zimbabwe have adopted an online process of receiving applications for boarding schools in order to deal with the rampant favouritism in school placement. Furthermore, Cameroon adopted a digital payment solution in order to address corruption in school fees payment.

Source: Transparency International (2013)

Box 15: Using an integrated pharmacy system to control drug theft

In Lesotho, the government adopted a Public-Private Partnership (PPP) model to run a public hospital. Under the PPP arrangement, a newly built Hospital in Maseru which replaced a government-run hospital installed an integrated pharmacy system that enabled tracking of individual patient medicine and allowed query of stock levels remotely in real time. The system offered opportunities for detection of drug misuse and theft. In addition, the hospital moved away from procuring drugs on quarterly basis to weekly and monthly purchasing. This meant that the shelves were not stocked with large amounts of drugs and consequently reduced the temptation to steal medicine.

Source: Vian et al., (2017)

CONCLUSIONS

Corruption significantly reduces the resources available to governments and households to invest in children. Mismanagement and deliberate diversion of public resources is preventing African children from realising their rights – even the right to survival – and holding the continent back from full social and economic development.

African Union member states should take all necessary measures to tackle corruption and invest in children to the maximum extent of their available resources. Ending corruption in all its forms is a prerequisite for the achievement of the AU's Agenda 2063 and Agenda for Children 2040, as well as for achieving the Sustainable Development Goals. It is also essential if countries are to harness the potential of Africa's growing child and youth population and fulfil their child rights obligations.

The African Union and AU Advisory Board on Corruption are taking measures to end grand corruption and illicit financial flows on the continent. However, the AU should encourage greater ratification of the 2003 African Union Convention on Preventing and Combating Corruption (AUCPCC) and establishment of national anti-corruption agencies. Presently, only 38 of the 54 AU member states have ratified the AUCPCC. In addition, for the states that have ratified the AUCPCC, only a few report publicly on the status of implementation. With respect to illicit financial flows, the AU should encourage member states to enforce anti-corruption legislation especially relating to financial crimes and money laundering. More efforts are required nationally to freeze, confiscate and seizure the proceeds of corruption. In addition, member states should adopt legislation which enables the identification of 'beneficial owners' of foreign corporations undertaking commercial activities in Africa.

At the same time, there are a number of steps that the African Union, member states and other stakeholders can take to safeguard children from the worst impacts of corruption.

RECOMMENDATIONS

1. PRIORITISE ADDRESSING CORRUPTION WITHIN KEY SECTORS FOR CHILDREN

Alongside efforts to stamp out grand corruption and illicit financial flows which divert the largest amounts of money from key sectors for children, AU member states should proactively identify and stop all forms of corruption which deprive children from fulfilling their rights, including their rights to education, health and protection. This should also include paying frontline service providers adequately. Without a sufficient remuneration, teachers and health workers will continue to search for alternative and addition means of supplementing meagre incomes.

2. INCREASE BUDGET TRANSPARENCY

AU member states should regularly publish budgets as a key step to make national budgets more effective and efficient for children. This should involve strengthening public financial management systems; embedding transparency in national laws and policies; and enabling children to participate in the budgeting process.

3. USE CHILD RIGHTS MECHANISMS TO REPORT ON ACTIONS TAKEN TO END CORRUPTION

AU member states should submit timely reports to the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) and UN Committee on the Rights of the Child (CRC). These reports should include information on levels of domestic investment in essential sectors for children, as well as the actions taking to reduce the impact of corruption on children. As required, the ACERWC and CRC should revise guidance to states parties to encourage better reporting on measures on these issues.

4. EDUCATE CHILDREN ABOUT CORRUPTION AND EMPOWER THEM TO HELP STOP IT

Ministries of Education, supported by teachers, civil society, the United Nations and other partners should raise awareness of the ills of corruption among children through schools, clubs and the media. Children should also be empowered and supported to raise the alarm and report corrupt practices to authorities without fear of reprisal.

5. SHARE AND SCALE-UP GOOD PRACTICES IN FIGHTING CORRUPTION

AU member states, with support from organizations such as the AU Advisory Board on Corruption, should be encouraged to share more examples of what is working well to stop corruption and hold perpetrators to account. Use of new technologies that have proven successful in reducing leakage of public funds and increase transparency should be further scaled up.

6. INCREASE THE EVIDENCE BASE ON HOW CORRUPTION IMPACTS CHILDREN

Further evidence is needed to calculate the true cost of corruption on children. A more comprehensive review would also be valuable to understand what has worked to stop corruption and its worst impacts on children and why. The African Union, United Nations, civil society, academia and other partners should therefore undertake additional research to build the evidence base on children and corruption.

7. RATIFY AND IMPLEMENT THE 2003 AFRICAN UNION CONVENTION ON PREVENTING AND COMBATING CORRUPTION

To date, only 38 member states have ratified the 2003 African Union Convention on Preventing and Combating Corruption (AUCPCC). Furthermore, among the 49 countries that have signed the convention, only 38 have established national anti-corruption agencies (NACAs). Consequently, there is need for the AU and partners to support the remaining countries to ratify the AUCPCC as well as to support the establishment of NACAs. All AU members states should put in place the required legislative measures to implement the AUCPCC and regularly report to the AU on progress made.

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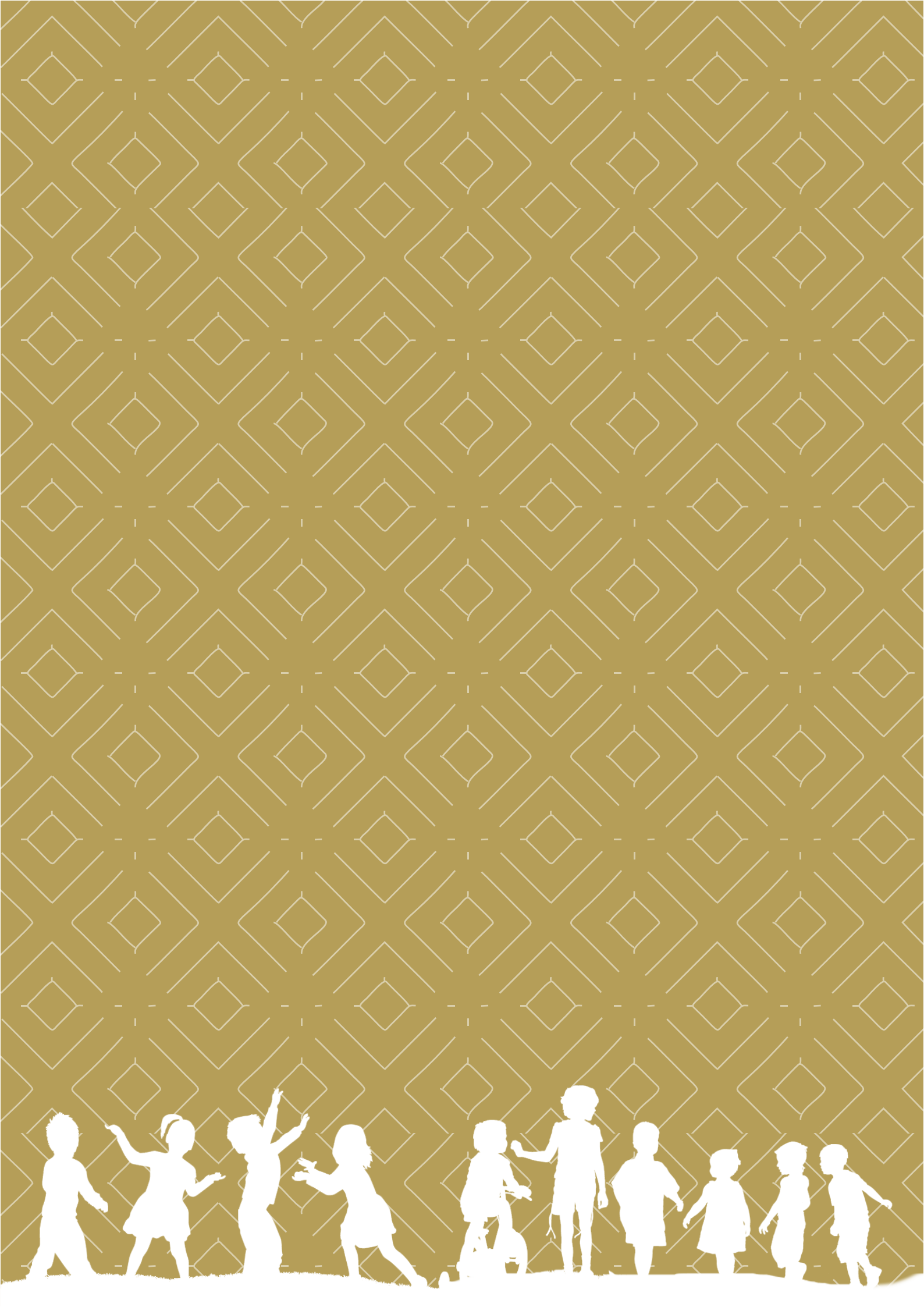
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