TRANSPARENCY INTERNATIONAL Rwanda

POLICY BRIEF

CORRUPTION AND HEALTHCARE INEQUITIES:

EVIDENCE FROM RWANDA'S FORTIFIED BLENDED FOOD PROGRAM AND CITIZEN EXPERIENCES

November, 2025

TRANSPARENCY INTERNATIONAL
the global coalition against corruption

In partnership with Canada

POLICY BRIEF

Corruption and healthcare inequities: Evidence from Rwanda's fortified blended food Program and citizen experiences.

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EXECUTIVE SUMMARY

This policy paper synthesizes evidence from two research findings:

I. Share the Flour: A Case Study of Rwanda's Fortified Blended Food Program

This study was conducted under the framework of the Inclusive Service Delivery in Africa (ISDA) project, which aims to expose and address discriminatory forms of corruption that impede equal access to essential services such as health.

II. Citizen surveys on the impact of corruption on the delivery of health services

This survey aimed to assess how Corruption threatens access to Healthcare for Women, Girls, and other Groups at Risk of Discrimination in Rwanda.

These findings offer significant policy insights regarding accountability systems, transparent aid distribution, inclusive service delivery, and gender-responsive governance. The evidence demonstrates that while Rwanda's FBF program has made significant strides in reducing malnutrition, persistent governance challenges such as discriminatory corruption (sextortion) targeting women, girls, and other groups at risk of discrimination, inconsistent selection of beneficiaries, and limited citizen reporting channels mirror broader health-sector vulnerabilities to corruption. Improving governance in nutrition and health systems requires increased community engagement, digital accountability tools, implementation of gender-sensitive anti-corruption policy/procedures, and cross-sector cooperation. This paper proposes a set of actionable policy recommendations.

INTRODUCTION

Nutrition interventions and health services are mutually reinforcing pillars of human development. In Rwanda, as in other countries across the region, malnutrition is a significant public health challenge, resulting in the impaired growth and development of children, what is commonly referred to as stunting. Stunting is largely irreversible, and has been identified as the "single biggest predictor of death" in younger children. The fortified blended foods (FBF) program, produces nutrient-dense that are distributed to key populations at risk of malnutrition, including pregnant women, breastfeeding mothers, and children under the age of two.

The FBF programme involves the distribution of nutrient-rich flour – Shisha Kibondo that is designed to meet the daily dietary requirements of mothers and children. The programme's beneficiaries are selected based on medical assessments that include age, weight, height, and mid-upper arm circumference (MUAC) measurements,

typically carried out by community health workers and double-checked by nutritionists at health centers. Once they have been assessed, eligible beneficiaries are provided with monthly allocations of fortified flour. These allocations vary depending on the specific needs of the individual, such as their stage of pregnancy or the child's level of malnutrition.

Despite its noble goals, research undertaken by Transparency International Rwanda in 2024 issues in the implementation of the scheme that may lead to the exclusion of, who are often amongst the poorest in society. Owing to the strong correlation between socio-economic and status-based inequalities; corruption in this area is likely to have long-term discriminatory impacts, preventing those affected from accessing the nutritional support they desperately need.

In the same vein, a survey conducted on the citizen Perceptions and Experiences on how Corruption threatens access to Healthcare for Women, Girls, and other Groups at Risk of Discrimination revealed corruption vulnerabilities that pose serious threats to adequate access to healthcare.

Findings indicate that favoritism in various healthcare facilities, particularly health centers and hospitals, is one of the barriers preventing vulnerable citizens from accessing healthcare. One of the other bad behaviors reported by respondents is discriminatory corruption targeting Women, Girls, and other vulnerable groups in health posts, health centers, and hospitals. Understanding how governance challenges arise in both a national nutrition program and the broader health sector provides critical insights for designing resilient, equitable, and citizen-centered systems.

POLICY OBJECTIVES

- Strengthen anti-corruption measures in healthcare delivery chain
- Protect women, girls, and other groups at the risk of discrimination from corruption and discrimination.
- Improve transparency, accountability, and governance of service providers.
- Increase public awareness of rights, entitlements, and reporting channels.
- Integrate gender and inclusion into anti-corruption strategies.

Key findings from share the flour: a case study of Rwanda's fortified blended food program

- Strengths of the FBF Program
  - Clear national mandate and institutional coordination led by the Ministry of Health, local governments, and implementing partners.
  - Despite challenges, the consistent consumption of FBF over the years and the statistically significant declines in chronic malnutrition and improvements in micronutrient status paint a promising picture for childhood nutrition in Rwanda
- Identified issues
  - Leakages and diversion of food commodities, affecting availability at distribution points.
  - Targeting inconsistencies, where beneficiaries sometimes do not meet eligibility criteria or eligible households are

- Limited citizen awareness of entitlements, contributing to under-reporting of misconduct.
- Administrative bottlenecks in storage, transportation, and last-mile delivery.
- Insufficient grievance mechanisms for beneficiaries to report issues anonymously.

Below testimonies illustrate prevalent corruption practices in the Fortified Blended Foods (FBF) program reported by respondents;

In our cell, a mother was supposed to receive flour for her child, but the community health worker and the cell executive secretary took it. ***Interview with a mother, from one of selected Districts***

I took my child, who was malnourished, to the health centre after getting a transfer from the community health worker. There was an old man there who examined my child, took my information, and gave me Flour Shisha Kibondo for that month. But in August, the community health worker told me that if I didn't give her 2,000 RWF, I wouldn't receive the Flour Shisha Kibondo again. I told her I couldn't give her the money and would rather buy corn. After the next check-up, I was given a report, but when I returned to collect the flour, I was told I was no longer on the list.

The elderly man at the health centre said there was nothing he could do because the community health worker didn't add me to the list. ***Interview with a mother, from one of selected Districts***

I asked the village leader (...) "what can you do to help?" He told me that wasn't the right way to ask for help. I told him, "I know you're distributing Shisha Kibondo porridge for free. If you can't help me, then just say so." Later, I approached (...) the community health worker, and she told me, "I'll put your name down, but when you get the Shisha Kibondo flour, we will share it." ***Interview with a mother, from one of selected Districts***

❖ Governance Implications

Findings show the importance of transparency in supply chains, community participation in monitoring, and robust accountability systems to prevent or detect misuse of resources in FBF program.

FINDINGS FROM CITIZEN SURVEYS ON CORRUPTION IN HEALTH SERVICE DELIVERY

❖ **Prevalence and Nature of Corruption**
Citizen surveys reveal corruption vulnerabilities:

- Informal payments and bribes for faster service, medicine access, or diagnostic procedures.

- Favoritism that leads to discrimination, particularly against women, low-income groups, and people with disabilities. Favoritism is common in various health facilities, particularly health centers, and hospitals, as indicated by respondents ranging from 21% to 26%. 18.7% respectively.

- Gender based corruption during maternal and reproductive health services, where women report being coerced for sexual favors in exchange for services and procedures that should be their rights
- A very low level of citizen awareness of channels for reporting corruption in healthcare facilities

❖ Gendered and Social Impacts

Women and girls face the following challenges:

- Higher vulnerability to gender-based corruption, especially in services related to pregnancy and childbirth.
- Perpetrators target women and other vulnerable groups, hindering their access to quality healthcare services.
- Groups at risk of discrimination face compounded barriers.
- Social stigma discourages women and girls from reporting sexual or discriminatory abuses.
- Discriminatory behavior toward unmarried pregnant women
- Limited awareness of entitlements and rights
- Women with disabilities or chronic diseases, as well as girls with disabilities, face compounded risks due to intersectional vulnerabilities.

The testimonies below reveal common forms of corruption reported across various healthcare facilities.

At health facilities, single mothers, widows, and teen/young mothers are most likely to experience sexual corruption. Most of the time when a doctor asks you if you have a husband and you respond that you don't, the doctor's behaviors change right away. Sometimes, they ask for a phone number. A single mother participant in an FGD from one of selected districts

A nurse in charge of NCDs at a Health Center: *In our health center, we once had a nurse reported by citizens accusing him of sexually assaulting them. While we were making an investigation, he actually sexually abused another young lady and she reported him to the health center administration. Unfortunately, he escaped before the arrest and he is no longer here.*

Widows are very vulnerable to sexual harassment and assault in the health facilities. This is because when you turn up, they ask you if you have a husband. When you don't, they start telling you nonsense words. I have a friend of mine who was about to

the hospital because his husband was not available to accompany her. Finally, she delayed going to hospital which could undoubtedly have a negative impact. A woman participant in FGDs from one of selected districts

❖ Systemic/institutional Consequences

- A growing erosion of trust in health facilities and government programs, which further discourages some citizens from seeking essential services.
- Declining participation in preventive services such as nutrition programs, which undermines overall community health.
- Exacerbating social and gender inequalities

CROSS-CUTTING ANALYSIS: LINKING FBF PROGRAM GOVERNANCE AND HEALTH-SECTOR INTEGRITY

The two research findings converge on several governance issues:

- Corruption vulnerabilities persist in both the FBF distribution procedures and in healthcare delivery.
- Leakages in FBF distribution parallel the issue of food stock-outs, commonly linked to mismanagement or corruption
- Lower ability of citizens to challenge mistreatment or corruption

❖ **Citizen Engagement**

Citizens lack:

- Clear knowledge of entitlements
- Accessible, trusted reporting mechanisms
- Representation in oversight structures

❖ Institutional Factors Enabling Corruption

- Weak or slow institutional response to reported cases
- Weak oversight mechanisms
- Cultural acceptance of "informal payments"
- Absence of confidential reporting systems
- Inadequate implementation and reinforcement of gender-sensitive policies and procedures

POLICY RECOMMENDATIONS

SN	Identified gaps	Recommended Solutions	Responsible institutions
1	Lack of transparency and integrity within the supply chain for FBF program	Introduce digital tracking of FBF commodities	NCDA, MoH, MINALOC, Healthcare facilities, Districts
		Integrate public dashboards showing stock levels, delivery schedules, and program entitlements.	
		Use community verification committees, including women's groups, to monitor distribution points.	
2	Limited citizen participation and weak grievance mechanisms.	Establish anonymous, multilingual reporting channels (SMS, WhatsApp, toll-free numbers).	NCDA, MoH, MINALOC, Healthcare facilities, Districts, GMO, OoO
		Embed gender-sensitive grievance systems in health facilities and community health workers networks.	
		Conduct regular social audits involving citizen groups, civil society, and local leaders.	

3	Unclear selection criteria for BFP beneficiaries that fail to ensure equity	Move toward digitized beneficiary registries linked to national ID system	NCDA, MoH, MINALOC, Healthcare facilities, Districts
		Periodically review selection criteria to avoid unintended exclusion or misclassification.	
		Strengthen capacity of local officials to ensure fair and transparent beneficiary selection.	
4	Weak anti-corruption measures in the health sector.	Establish health facility committees and patient feedback systems to report corruption safely	NCDA, MoH, MINALOC, Healthcare facilities, Districts, GMO, OoO, MIGEPROF
		Ensure that reported corruption cases are promptly investigated and sanctioned, with penalties clearly communicated to deter future misconduct.	
		Train health workers in ethics, gender responsiveness, and patient rights.	

5	A lack of reliable data documenting poor service delivery and corrupt practices.	Support routine perception surveys and facility scorecards to track client's experiences.	NCDA, MoH, MINALOC, Healthcare facilities, Districts, GMO, OoO, MIGEPROF
6	A lack of effective collaboration across sectors	Establish an inter-institutional task force between the National Child Development Agency and the Healthcare Facilities to align policies with the implementation of the FBF program	NCDA, MoH, MINALOC, Healthcare facilities, Districts, GMO, OoO, MIGEPROF
		Coordinate with civil society, women's networks, and community health workers to address grassroots issues.	

CONCLUSION

Research findings on Rwanda's FBF program and citizens' surveys on corruption in healthcare delivery highlight how governance, integrity, and inclusiveness are core determinants of health and nutrition outcomes. Therefore, strengthening accountability mechanisms, improving gender-responsive service delivery, and empowering citizens can significantly improve the equity and effectiveness of service delivery and outcomes of government programs. By reinforcing the established policies rooted in transparency, participation, and data-informed oversight, governments and partners can ensure that nutrition programs like "Shisha kibondo" and essential health services truly reach those who need them most, particularly women, girls, and vulnerable communities.

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