United Nations Development Programme

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Summary Report: Initial findings for the application of managing risks of corruption in the health sector in Zimbabwe.

Background

Globally, systemic/chronic corruption in both health system functions and health programs continues to undermine health outcomes and the realization of Sustainable Development Goal number 3 (SDG#3 - promoting healthy lives and well-being for all) and the achievement of Universal Health Coverage. There have been significant efforts to tackle corruption over the past years, however, based on practical experiences in several countries, these efforts have not reached the aspirations to significantly minimize corruption in the health sector. This has called for the need for innovative approaches to tackle corruption.

UNDP is developing an integrated methodology for managing risks of corruption in the health sector which breaks down the system into concrete decision/action points and allows the assessment of risks based on "impact" and "likelihood". The assessment is conducted through national and participatory multi-stakeholder teams, after building their capacities on this topic, and is followed by prioritization and development of action plans for risk treatment and mitigation measures. UNDP has applied this approach in a number of countries, one of which completed the risk management exercise from assessment to mitigation of some of the identified risks. One significant advantage of this approach is that it helps to align and coordinate efforts of donor agencies and health systems along the continuum of service delivery, thereby tackling corruption at every stage, while promoting sustainability after donors exit. Additional benefits include creation of a common language among stakeholders between and within sectors, integration of health system strengthening efforts with specific program needs and promotion of country ownership.

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As a step forward to consolidate global anticorruption efforts, the first consultation for the establishment of a proposed Anti-Corruption, Transparency and Accountability (ACTA) Network (ACTA) was held in Geneva, 26-28 February 2019, led by World Health Organization (WHO), United Nations Development Programme (UNDP) and the Global Fund (GF). During the consultation of 130+ academics, government representatives, civil society reps and technical partners, corruption risk management was highlighted as one of the valid and effective approaches to tackle corruption in the health sector. A delegation from Zimbabwe (UNDP-Zimbabwe, Office of the Auditor General and Civil Society representative) participated in the event.

Based on the above, managing risks of corruption methodology in the health sector emerged as an effective applicable approach that would support Zimbabwe in its efforts to realizing healthcare priorities according to the national health strategy. Accordingly, the UNDP has initiated the process of supporting Zimbabwe to build national capacity in the area of corruption risk management in the health sector. Two lines of activities were initiated as follows:

(a) Desktop research and interviews with key stakeholders

In order to inform the assessment process and ensure the efficient application of the managing risks of corruption methodology, a research plan was drafted for the data collection process. The research activities aimed to:

- Understand the socio-economic context and political economy of the country.
- Understand and collect data on the Zimbabwean health sector functions, actors and the relationship between them.
- Understand the engagement of the UNDP and the Global Fund in the country.
- Identify and agree on potential areas and entry points for engagement from the perspectives of both the health community and the anti-corruption community.

The research activities entailed desk research on the key actors and functions of the health system in Zimbabwe, review of the organizational structures of the MOH, National Pharmaceutical Company (Natpharm), procurement Regulatory Authority of Zimbabwe (PRAZ), relevant regulatory authority bodies, Country Coordination Mechanism (CCM) and others. In addition, the research activities also included one-to-one interviews with five key stakeholders representing different functions of the health sector, funders and anticorruption agencies to support planning and implementation of the capacity development process and application of the methodology in Zimbabwe. A list of the interviewees is listed in Annex III.

(b) Two scoping and consultation workshops from 4-8 November 2019

The scoping and consultations aimed to introduce a managing risks of corruption framework, train participants on the methodology, engage the participants into practical applications in the Zimbabwean context and generate insights on the health system in the country. The

workshops were preceded with bilateral meetings and consultations with the Auditor General (AG) and other senior officials from the AG office in addition to stakeholders from the UNDP country office. The workshops included 2-day training for capacity building, scoping and consultation with stakeholders from the public sector including the Ministry of Health and Child Care, Central Hospitals, Academia, Ministry of Finance and Economic Development, NatPharm), Regulatory Authorities (e.g. Procurement Regulatory Authority of Zimbabwe (PRAZ), Medicine Control Authority of Zimbabwe (MCAZ), etc.), The Office of the Auditor General (OAG), , the Office of the President and Cabinet, Zimbabwe Anti-Corruption Commission (ZACC), The Union, Health Services Board (HSB), GF Programme Coordination Unit (PCU) and others.

The participation was at highest level with senior officials and managers. In addition, another 2-day training, scoping and consultation with stakeholders representing civil society organizations was held with senior level representatives from a diverse set of civil society actors in Health and HIV. Based on the outcomes of the scoping mission, an initial plan for engagement is proposed in collaboration with the national counterparts and to be resourced accordingly.

Objectives of the workshops

The workshops were aimed at introducing the proposed methodology on managing risks of corruption in the health sector to a multi-stakeholder group from the public sector and civil society organizations. Specific objectives were to:

- Generate understanding of the context of the Zimbabwean health system, health system processes and reach consensus around initial priority areas, which would undergo further in depth analysis;
- Create a nucleus for a national team to build a platform for further capacity development and to conduct the assessment;
- Discuss the way forward for drafting an initial plan of action;
- Generate understanding on the role the civil society can play in fostering integrity in the health system, engaging communities in the response to promote transparency and accountability and support corruption risk management; and
- Generate inputs on potential activities that can be implemented to advance anticorruption efforts in the health sector.

Proceedings of the workshops

1- For the public sector

The first day introduced participants to governance and corruption related risks, the definition of corruption and how to differentiate other related crimes and the potential impact of governance and corruption risks on achieving health outcomes and the SDGs. This was

followed by presentations from the office of the Auditor General, the Zimbabwe Anticorruption Commission and the MOHCC. The presentations introduced corruption risks in health within the context of Zimbabwe from the perspectives of the relevant stakeholders and the current efforts done to address them. The next session introduced the participants to the proposed UNDP methodology on managing risks of corruption and explaining how to navigate through the complex actors and functions of the health sector and how to generate the potential decision points as units of analysis. The first day was closed by an interactive session where the participants were divided into five working groups to start the application of the methodology through process mapping of the selected priority areas. The exercise concluded the decision points across five areas and a prioritization exercise was conducted to select two priority decision points to be taken for further assessment the following day.

The second day started with an interactive session where each of the groups presented results of the mapping exercise conducted the previous day for discussion and consultation with other groups. This was followed by a session on how to conduct a risk assessment exercise around the concluded decision points through assessing likelihood and impact and how to add the decision points on the risk heat map. Afterwards, the participants were divided to continue the group work and evaluate the risk around two priority decision points in each function and present the findings of the risk assessment for discussion with other groups. The second day was concluded with an interactive session to discuss the next steps towards the in-depth assessment and follow up activities to prepare for drafting a national action plan for Zimbabwe.

2- **For the Civil Society Organizations**

Similar to the public sector, the first day introduced the participants to governance and corruption related risks, the definition of corruption and how to differentiate other related crimes and the potential impact of governance and corruption risks on achieving health outcomes and the SDGs. This was followed by presentations from the office of the Auditor General, the Zimbabwe Anticorruption Committee, Zimbabwe AIDS Network (ZAN) and the MOHCC. The presentations introduced corruption risks in health within the context of Zimbabwe from the perspectives of the relevant stakeholders and the current efforts to address them followed by open discussions. The next session entailed discussions and consultations with the participants on the role of CSOs in the health sector in Zimbabwe and the challenges for their engagement in different governance and anticorruption activities in health. This was followed by a session that introduced the participants to the proposed UNDP methodology on managing risks of corruption and explaining how to navigate through the complex actors and functions of the health sector and how to generate the potential decision points as units of analysis. The first day was concluded by an interactive session where the participants were divided into five working groups to start the application of the methodology through process mapping of the selected priority areas. The exercise concluded the decision points across the five areas and a

prioritization exercise was conducted to select two priority decision points to be taken for further assessment the following day.

The second day started with a session that presented examples of process mapping on the functions of supply of medicines and provision of clinical services. The next session entailed presentation of the results of the mapping exercise conducted the previous day for discussion and consultation with other groups. This was followed by a session on how to conduct a risk assessment exercise around the concluded decision points through assessing likelihood and impact and how to add the decision points on the risk heat map. Afterwards, the participants were divided to continue the group work and evaluate the risk around two priority decision points in each function and present the findings of the risk assessment for discussion and with other groups. The second day was concluded with an interactive session to discuss the next steps on how to engage the CSOs in the application of the risk management methodology and the follow up activities for engagement.

It is worth mentioning that each area was assigned to a diverse group of 6-7 participants to map the process, generate decision points and place the identified points on the heat map. The concluded priority areas for the public sector were: Procurement and supply of medicines, procurement and supply of medical equipment, clinical service provision in public hospitals, recruitment of medical staff, and program implementation cycle. For the CSOs the five priority areas entailed: Procurement and supply of medicines, clinical service provision in public hospitals, recruitment of medical staff, program implementation cycle and oversight of program implementation. The agenda of the workshops and the list of participants are outlined in Annexes I and II respectively.

The following sections aim to compile the findings of the data collection process that occurred during and prior to the workshops and lay the foundation for the development of an initial plan of action. Specific objectives are:

- Summarize the findings for each of the selected priority areas based on of the 4-day workshops and prior consultations.
- Conclude potential areas that will be subject to further assessment.
- Suggest a number of action points to be considered for future engagement.

Overview on key findings

The five-day mission in Zimbabwe and the work preceding it included a set of activities aimed at understanding the health sector functions such as service provision, the pharmaceutical supply systems, payment mechanisms and the regulatory environment. This

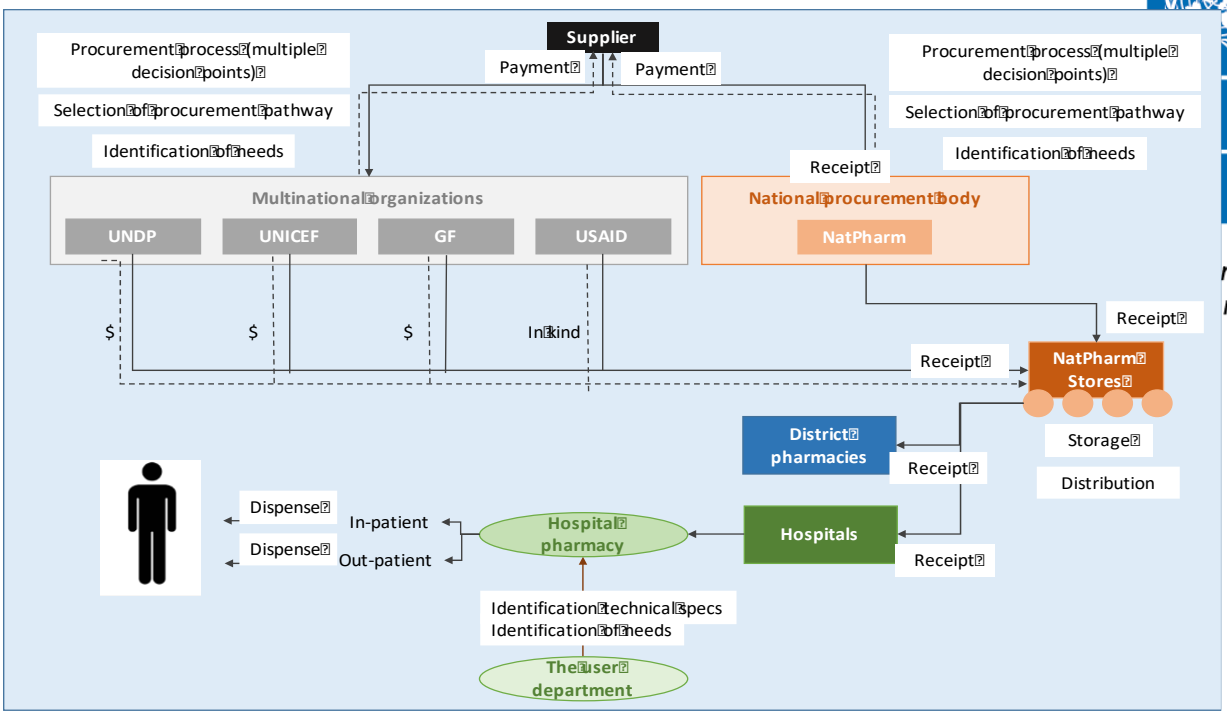
included generating information from the perspectives of the different stakeholders from the public sector and civil society. The activities included the following:

- Meeting with the Auditor General, ZACC, MOHCC, NAC, OPC, and key decision makers from the Auditor General Office.
- Research activities and knowledge management prior and during the workshops
- Data collection and compilation from discussions and group works during the workshops.

The key findings resulted from the above-mentioned activities are clustered under five main areas that appeared as priority areas for further assessment (Annex I shows a summary).

1- Procurement and supply chain management of medicines.

Issues related to procurement and supply cycle of medicines were highlighted as top priority areas that are vulnerable to corruption according to discussions held during the workshop and the stakeholder interviews conducted prior to the workshop. Generally, procurement in Zimbabwe is done by five actors; four multinational organizations, including UNDP, UNICEF, The Global Fund and USAID, in addition to NatPharm. All medicines purchased by the four multinational organizations are stored and distributed by NatPharm as the responsible body for inventory management and distribution using national systems to all public health facilities. Health facilities receive the medicine supplies and store them until dispensed to the final users. The procurement process starts at user department at the hospital level which is responsible for the identification of needs and identifies the technical specifications and quantification. This is submitted to the district hospital pharmacy level which either responds to the need or, in case of unavailability of the medicine, requests NatPharm for further supply. Participants recognized that the current system in place to track medicines down to the patient level needs strengthening in the areas of forecasting and planning. The risks cited include the potential for stock outs as well as expiration of drugs. The national procurement is supervised by a separate entity, the Procurement Regulatory Authority of Zimbabwe (PRAZ).



2- Procurement and supply of medical devices

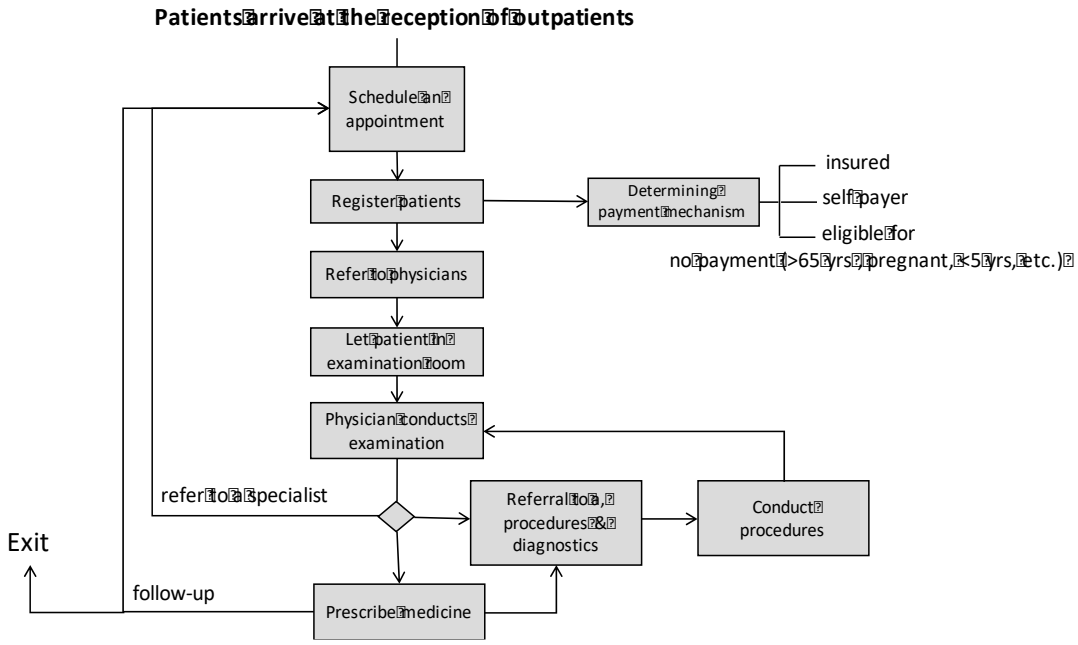
The procurement and supply of medical equipment follows a similar process to that of medicines. The process of equipment procurement entails several decision points with associated risks as follows: (a) the identification of equipment needs which is at risk of identifying inappropriate or unneeded equipment, (b) identification of the equipment's technical specification (type, size, processing speed, version, etc.) with the risk of tailoring the specs or putting a higher price quota for substandard equipment, (c) budget provision/ allocation, the risks include diversion of the budgeted funds to other activities where there are personal interests, (d) soliciting of suppliers, this action point entails the risk of leaking confidential information to certain suppliers to win the tender, (e) evaluation of proposals, this entails the risk of biased evaluation for a specific supplier, (f) selection of winning supplier, this includes the risk of manipulating the proposals in favor of a certain supplier, (g) identification of terms and conditions of the contract, this includes the risks of tailoring the terms for personal gain and/or fast tracking of the payment against the set regulations, (h) receipt of equipment, this includes the risks of accepting equipment that does not match the agreed upon specs, (i) payment for purchased equipment, the associated risks include extra payment/installment and accelerating the payment. The identified priority decision points were identification of needs and identification of technical specs.

3- Clinical service provision at the hospital level.

Putting the patient in the center, clinical service provision emerged as another priority area that is highly vulnerable to corruption. Zimbabwe has 6 central public hospitals, 8 provincial

hospitals and 44 district hospitals in 2015. All hospitals are affiliated with the Ministry of Health and Child Care. Issues related to governance of public hospitals were raised as precursors for corruption risks. These issues include hospital operations without appointed boards and conducting few irregular board meetings, leading to major governance risks, which impacts accountability around the whole process of service delivery.

Following the patients' pathway to map the process first comes the registration point where the patients sign up and get classified for payment eligibility, afterwards the patients make payment (if required) for entry and make an appointment. The patient then shows up at the appointment for medical examination by the physician. After examination, the patient is either referred to lab/radiology testing, inpatient admission, surgery or the pharmacy for dispensing the prescription. Issues were raised regarding the use of a manual system for payment which may create risks of corruption at the payment point, where patients could be over and/or undercharged for specific procedures. Areas that were identified as vulnerable to corruption included: (a) scheduling the appointment with the risk of bribery to provide more convenient dates, (b) referral to other medical procedures and/or lab testing associated with risks such as referrals to private labs or clinics (c) examination and delivery of medical procedures as some physicians may use public facilities to treat private patients (d) prescription of medicine with the risk of prescribing a more expensive alternative unnecessarily. The identified priority decision points included registration of patients and examination and delivery of medical procedures.



4- Recruitment of human resources for health (HRH).

As part of the medical workforce development function, the recruitment of medical staff process was highlighted as a priority area that is vulnerable to corruption. Generally, the recruitment process is initiated through advertisement, which may be subject to specifying tailored job description and restricting the circulation time and audience. Second, applications are received by the respective recruitment committee with the associated risks of biased recording process where some of the applications are eliminated at the expense of others. This is followed by shortlisting the applicants, with the risks of manipulating the review results and shortlisting unqualified candidates. Afterwards, the applicants are invited to an interview during which there are risks of bribery where the applicants are requested to pay to get the interview. During the interview, there are the risks of leaking confidential interview questions to a certain candidate, posing subjective questions and finally manipulating the results of the interview. Following the interview process, the candidate gets approved by the respective authority which could be manipulated due to a bribes and other forms of corruption. The successful candidate then should receive a notification where there is a risk of demanding a bribe. Finally, at the assumption of duty, there is a risk for bias during locating the candidate due to different forms of corruption. The identified priority decision points by the participants included: recording of the applications and shortlisting of the participants.

5- Programme implementation

The area of programme implementation was identified as a priority area by the participants during the workshop. The programme implementation process entailed the following decision points as outlined by the participants: (a) selection of consultants, this might be associated with the risk of biased and/or targeted selection to unqualified parties, (b) selection of implementation partners including principle recipients, sub-recipients and sub-sub-recipients, this includes another set of decision points that are vulnerable to many forms of corruption with the risk of selecting inappropriate partners. (c) selection of medical workforce, this also entails a set of decision points related to recruitment, the associated risk is selecting unqualified working staff, (d) selection of benefiting district, this entails the risk of biased selection, (e) distribution of commodities purchased by the implementation programme, this entails the risk of unfair and biased distribution and embezzlement of supplies, (f) monitoring and evaluation activities, this includes a set of decision points related to conducting field visits and the drafting the reports, this is associated with the risk of manipulating the results of the M&E process, (g) conductance of capacity building activities, there's a set of decision points related to the selection of the participants and the training activities with the risk of conducting irrelevant capacity building activities and selection of undeserving people to attend. The priority decision points highlighted by the participants included the selection of consultants and decision points related to conducting M&E activities.

Conclusions

For the public sector

- Based on the stakeholder's consultations conducted prior to the workshop and participatory group discussions during the workshop, it can be concluded that procurement of medicines, provision of clinical services in public hospitals and recruitment of human resources are priority areas for assessment.
- Priority decision points were identified for the three areas as follows: For the procurement of medicines: identification of needs at the NatPharm level, inventory management at NatPharm level, prescription and dispensing of medicines at hospital levels. For clinical service provision at the hospital level: registration of patients and examination and delivery of medical procedures. For recruitment of human resources recording of the applications and shortlisting of the participants. However, it is important to note that these are the results of initial assessment and further in-depth assessment is still needed to thoroughly identify the risk level of each decision point.
- In addition to concrete decision points, issues related to accountability gaps and governance of public hospitals emerged as precursors for a highly vulnerable sector to corruption.
- For the further engagement, it is suggested to continue the work through two parallel approaches as follows:
    1. Direct implementation: this entails scoping the work for the three identified priority areas to include specific facilities, areas or products that will act as a prototype for implementation. For example, selecting a hospital for implementation around the clinical service provision function.
    2. Addressing the issue of governance and corruption risks on the strategic national level through building the required capacities in respective institutions. First to build certain capacities in conducting risk assessments of corruption and designing mitigation measures. Certain capacity building activities in certain priority areas can be initiated as for example capacity building for applying principles and guidelines for governance in hospitals, building the capacities of the regulatory authorities and procurement agencies.

For civil society

- There are coordination and communication gaps between the different civil society organizations in Zimbabwe, leading to fragmentation of efforts and lack a common of strategic vision.
- From the civil society perspective, health is a top priority sector for tackling governance and corruption risks.
- There is a need for more coordination and communication between the civil society organizations and the Zimbabwe Anticorruption Commission to agree on common strategies for better health outcomes.

- The role of civil society organizations in fighting corruption in health sector needs to be strengthened, where the CSOs can be partners with the national taskforce to further enrich the assessment process.
- Priority areas concluded by the civil society organizations for further assessment were similar to that of the public sector and included: provision of clinical services and procurement of medicines.
- Special focus has been highlighted for developing the capacities of CSOs acting to improve their capacity in grant management.

The way forward

- For the MOH to take the lead on the risk management process, with the support of the Auditor General office and the Zimbabwe Anticorruption Commission (ZACC) and the Office of the President and Cabinet.
- For the group to be formally assigned as the national taskforce and to receive further capacity building and technical support to conduct further in-depth assessment.
- For the national taskforce to meet regularly and follow up with the results of the meetings with UNDP experts.
- For the UNDP and MOHCC to liaise with other national experts and consultants to support the assessment and implementation process.
- For the UNDP and the national counterparts to initiate some direct assessments in priority areas.
- For the UNDP to conduct follow-up meetings and workshops to share the progress with the participants and other partners.
- For the Auditor General office and UNDP to discuss the expansion of implementing the risk management methodology in other sectors.

Proposed action points

The following table entails the proposed activities for the year 2020.

Outcomes	Outputs	Activities
1- Engagement initiated to enhance governance and conduct in depth assessment in two selected public	1.1 Governance capacities strengthened in the selected public hospital/s	Train on good practices and lessons learned in public hospital governance
		Assess the governance frameworks of the selected public hospitals
		Formulate initial recommendations to enhance governance in the selected public hospitals

hospitals (one central hospital and one district hospital)	1.2 In-depth assessment for corruption risks is conducted along the clinical service provision process and a risk heat map is produced	Conduct site visits to the selected hospitals to map the service provision process
		Conduct in-depth assessment for the identified decision points and follow up with the national team
		Provide technical support in drafting the initial recommendations for mitigation
		Organize a workshop to share and discuss the findings of the assessment
	1.3 In-depth assessment for corruption risks is conducted along the supply of medical products process and a risk heat map is produced	Conduct site visits to the selected hospitals to map the process of supplying medical equipment
		Conduct in-depth assessment for the identified decision points and follow up with the national team
		Provide technical support in drafting the initial recommendations for mitigation
		Organize a workshop to share and discuss the findings of the assessment
2. In-depth assessment and capacity building for the supply of medicines at the NatPharm level.	2.1 in-depth assessment for priority decision points is conducted and a risk heat map is produced	Conduct in depth assessment in the procurement and distribution of medicines by NatPharm
		Provide technical support to formulate recommendations to mitigate corruption risks in the procurement and distribution of medicines by NatPharm
		Organize a workshop to share and discuss the findings of the

		assessment
3. Capacity development and integration of corruption risks methodology in the Ministry of Health	3.1 Capacities strengthened for corruption risk assessment in the health sector	Formally set up and train national multi-stakeholder task-force
		Provide advisory services and technical support to the task-force to conduct the corruption risk management in the health sector
		Organize a series of consultations on the findings of the task-force
		Formulate recommendations to mitigate corruption risks in the health sector
		Organize a national workshop to discuss the formulated recommendations and inform their implementation
		Communicate with the Audit committee in the MOHCC to integrate corruption risks within their portfolio
4. Specific capacity development within the with the AGO and ZACC on managing risks of corruption with potential of expansion in other sectors	4.1 Capacities strengthened for managing risks of corruption	
		Conduct training to the AG and ZACC on the application of the methodology in other sectors

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Annex I: Summary of results

Area	Decision points	Risk
Procurement and supply chain management of medicines	Identification of needs at the NatPharm level	Identification of unneeded qualities and/or quantities of medicines.
	Inventory management at NatPharm level	Embezzlement of medicines
	Prescription and dispensing of medicines at hospital levels	Prescription of unneeded medicines and/or Embezzlement of medicines
Procurement and supply of medical devices	Identification of needs	Identification of unneeded qualities and/or quantities of medicines.
	Identification of technical specs	Tailoring the specs
Clinical service provision at the hospital level.	Registration of patients	Registration of ineligible patients Accelerating and/or delaying the registration of patients
	Examination and delivery of medical procedures.	Referral to private practice or procedures or to unneeded diagnostics
Recruitment of human resources for health (HRH).	Recording of the applications	Recording ineligible applicants
	Shortlisting of the participants.	Shortlisting ineligible applicants
Programme implementation	Selection of consultants	Selection of unqualified participants
	Decision points related to conducting M&E activities.	Falsifying the results of the M&E activities

Annex II: Agenda of the workshop

(a) Public sector

Day One	
9:30 - 9:30	**Registration and welcome remarks**

9:30 - 10:15	**Understanding governance related risks: definitions and impact on achieving health outcomes and SDGs.** *This session aims to introduce the definitions of governance related terms including corruption, fraud and other issues that can be linked to governance deficits and explain the difference between corruption and other relevant crimes. It also aims to outline the wider impact on health outcomes and the SDGs.*
10:15 -11:00	**Inputs on the health sector in Zimbabwe: understanding the country context.** *This session aims to introduce and discuss inputs on the health sector from the perspective of the following national actors:* • *OAG* • *ZAC* • *MOHCC*
11:00 - 11:30	**Coffee Break**
11:30 - 1:00	**Introduction to UNDP methodology for managing risks of corruption in the health sector- Process mapping and generation of decision/action points.** *This session aims to introduce the participants to the methodology newly developed by UNDP. The session will explain how to navigate within the complexity of the health sector to map decision points and respective actors.*
1:00 - 2:00	**Lunch Break**
2:00 - 3:30	**Group exercise: Application of the methodology using case studies.** *This session will recap on the previous one. The participants will be divided into groups to engage in the application of the managing risks to corruption methodology, understand it and use some case examples on it.*
3:30 – 4:00	**Coffee Break**
4:00 - 5:00	**Cont.: Group exercise: Application of the methodology using case studies.** *This session aims to continue the group exercise initiated in the previous session. .*
Day two	
9:00 - 10:00	**Presentation of the findings from each group work.** *This session aims to present and discuss the findings of the exercises conducted during day 1 by each group work.*

10:00 - 11:00	**Introduction to UNDP methodology for managing risks of corruption in the health sector- Assessing the impact and likelihood** *This session aims to explain how to conduct risk assessment on each point through evaluating the impact and likelihood and concluding that in a risk heat map.*
11:00 - 11:30	**Coffee Break**
11:30 - 1:00	**Group exercise: Application of managing risks of corruption methodology in the context of Zimbabwe.** *This exercise aims to allow the participants to conduct the corruption risk assessment and present the findings on a risk heat map. Participants are divided into groups each working on a specific priority area identified within the context of Zimbabwe and further use the methodology.*
1:00-2:00	**Lunch**
2:00 - 3:30	**Cont. Group exercise: Application of managing risks of corruption methodology in the context of Zimbabwe.** *This exercise aims to allow the participants to conduct the corruption risk assessment and present the findings on a risk heat map. Participants are divided into groups each working on a specific priority area identified within the context of Zimbabwe and further use the methodology.*
3:30 – 4:00	**Coffee Break**
4:00-5:00	**Presentation and discussions of the group work findings.** *This session aims to present and discuss the findings of the risk assessment conducted by each group work and conclude the risk level of each decision point on the risk heat map.*
5:00 - 6:00	**The way forward** *This session aims to discuss the next steps towards the following:* – *In-depth risk assessment for the identified priority areas.* – *Future follow-up activities and drafting the initial plan of action.* – *Proposed timeline for the agreed upon activities.* – *Paving the way for a national plan for Zimbabwe*

(b) Civil Society Organizations

Day One	

9:00 - 9:30	**Registration and welcome remarks**
9:30 - 10:15	**Understanding governance related risks: definitions and impact on achieving health outcomes and SDGs.** *This session aims to introduce the definitions of governance related terms including corruption, fraud and other issues that can be linked to governance deficits and explain the difference between corruption and other relevant crimes. It also aims to outline the wider impact on health outcomes and the SDGs.*
10:15 -11:00	**Inputs on the health sector in Zimbabwe: understanding the country context.** *This session aims to introduce and discuss inputs on the health sector from the perspective of the following national actors:* • *OAG* • *ZAC* • *MOHCC*
11:00 - 11:30	**Coffee Break**
11:30 - 1:00	**Discussions on the role of Civil Society Organizations in the health sector in Zimbabwe.** *This session aims to provide a platform for discussions between participants from the civil society organizations, the Auditor General office and the Zimbabwe Anticorruption Commission (ZACC) on how to work together to promote integrity and fight corruption in the health sector.*
1:00 - 2:00	**Lunch Break**
2:00 - 3:30	**Introduction to UNDP methodology for managing risks of corruption in the health sector- Process mapping and generation of decision/action points.** *This session aims to introduce the participants to the methodology newly developed by UNDP. The session will explain how to navigate within the complexity of the health sector to map decision points and respective actors.*
3:30 – 4:00	**Coffee Break**
4:00 - 5:00	**Group exercise: Application of the methodology using case studies.** *This session will recap on the previous one. The participants will be divided into groups to engage in the application of the managing risks to corruption methodology, understand it and use some case examples on it.*

Day two	
9:00 - 10:00	**Introduction to process mapping and generation of potential decision points for the supply of medicines and provision of clinical services functions.** *This session aims to present examples on how to extract the potential decision and action points along the two processes.*
10:00 - 11:00	**Presentation of the findings from each group work.** *This session aims to present and discuss the findings of the exercises conducted during day 1 by each group work.*
11:00 - 11:30	**Coffee Break**
11:30 - 1:00	**Introduction to UNDP methodology for managing risks of corruption in the health sector- Assessing the impact and likelihood** *This session aims to explain how to conduct risk assessment on each point through evaluating the impact and likelihood and concluding that in a risk heat map.*
1:00-2:00	**Lunch**
200 - 3:30	**Group exercise: Application of managing risks of corruption methodology in the context of Zimbabwe.** *This exercise aims to allow the participants to conduct the corruption risk assessment and present the findings on a risk heat map. Participants are divided into groups each working on a specific priority area identified within the context of Zimbabwe and further use the methodology.*
3:30 – 4:00	**Coffee Break**
4:00 - 5:00	**The way forward** *This session aims to discuss the next steps towards the the role of the civil society organizations in application of the risk management methodology and the future follow-up activities for the following year.*

Annex III: List of participants

(A) Public sector

Name of Participant	Organization
Ruth Labode	POZ
Simbarashe Rusakaniko	University of Zimbabwe

Owen Mugurungi	MoHCC
Brain Mutseyami	Natpharm
Florence Ziyambi	Office of The President and Cabinet
Sibongile Zimuto	ZINQAP
Gillian Zinhu	MCAZ
Mercy Chaka	Nurses Council of Zimbabwe
Abigail Caroline Gwekwerere	MoHCC
Enittah R Matenda	Ministry of Finance
Nornah Zhou	Health Service Board
George Goma	Ministry of Foreign Affairs
Charles M Gombiro	PRAZ
Moses Nyachiya	Office of the Auditor General
William Wekwete	MCAZ
Fungai Chivaura	MoHCC
Ravai Rushwaya	Belvedere Teachers College
Kuda Chiguma	ZACC
Agnes F W Dembetembe	MoHCC
Clara Nyakotyo	ZACC
Sydney Makarawo	MoHCC
Thomas Chidavaenzi	Office of the Auditor General
Mildred Chiri	Office of the Auditor General
Eddington Munatsi	Office of the Auditor General
Talent Kachambwa	Office of the Auditor General
Tinashe Dhobbie	MoHCC
Isaac Magaya	Pharmacists Council of Zimbabwe
Daniel Somane	MoHCC
Thomas Nyikadzino	MoHCC
Paidamoyo Magaya	The Union Harare
Celestino Basera	MoHCC- PCU

(b) Civil Society Organizations

Name of Participant	Organization
Fambai Ngirande	ZCC
Gumisayi Bonzo	Transsmart
Norlex N Chabata	Hands of Hope
Donald D Tobaiwa	Jointed Hands Welfare Organization
Tafara Pesanai	CCCAMB
Tapiwa Yemeke	SALT AFRICA
Sipho Mhlanga	CCM REP
Casper Pound	FASO
Charles Siwela	Youth Engage
Emsipa Nare	Nehemiah Project
Potipher Guta	Face Zim
Ephraim Murendo	LDGA Guruve
Ivy Gavumende	Building Bridges Zimbabwe Trust
Francisca B Matsanga	Simukai Child Protection
Mildred Mushunje	SAT
Barbra Ncube	Pangea Zimbabwe
Bekezela Maduma Fuzwayo	Gwanda Residents Trust
Isabella Dzvova	PAPWC-ZIM
Shupikayi Nyanhongo	Musasa
Jabulani Tshabalala	Umguza AIDS Foundation
Bruce Nyoni	Albino Trust Zimbabwe
Moses Nyachiya	Office Of Auditor General
Sikhangele Ngwenya	YWA
Meck Sibanda	CYVAT
Sibusiso Bhebhe	DOT Youth
Tatenda Makoni	ZNNP+
Maria Chiweta	WAG
Dr Phoebe T Ruwende	ZCBC
Peter Martin Fusire	Zimbabwe Interfaith Network
Morgen Chinoona	Family AIDS Caring Trust (FACT ZIM)

Clara Nyakotyo	ZACC H.Q
Tafadzwa Chakanyuka	ZICHIRE
Simbarashe Mahaso	BHASO
Chrispen Albert Moyo	SWRGN
Phillimon Simwaba	DHAT
Anna-Colletor Penduka	WASN
Talent Jumo	Katswe Sistahood
Jonathan Thebe	Sexual Rights Centre
Mildred Chiri	Office Of Auditor General
Talent Kachambwa	Office Of Auditor General
Eddington Munatsi	Office Of Auditor General
Calvin Fambirai	ZADHR
Taurayi Nyandoro	Zimbabwe AIDS Network
Kuda Chiguma	ZACC H.Q
Sandra Ropafadzo Shoko	PATAM
Talent Maposa	ZAN
Godfrey Magaramombe	FCTZ

(c) UNDP staff

Name	**Title**
Madelena Monoja	Deputy Resident Representative Programme
Emmanuel Boadi	Global Fund Head and Manager
Nokuthula Mujuru	Capacity Development Programme Officer
Bekezela Marime	Capacity Development Assistant Officer
Keane Ramodimoosi	Compliance Specialist

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Annex III: List of interviewees

Name	Title
Talent Jumo	ZAN Board Chair
Taurayi Nyandoro	ZAN National Coordinator
Mildred Chiri	Auditor General
Angelica Broman,	First Secretary, Embassy of Sweden
Raymond Yekeye	Operation Manager