



Republic of Botswana

Ministry of Health **Anti Corruption Policy**



March 2013



MINISTRY OF HEALTH





Vision: Corrupt Free Health Services

Values: Transparency, Accountability,
Integrity, Ethics, Open
and Honest

Table of Contents

FOREWORD

ABBREVIATIONS

1.1 Definitions.....	1
----------------------	---

CHAPTER 1: Introduction

1.2 The need to develop the Ministry of Health Anti Corruption Policy.....	4
1.3 Brief Description of the Process of Policy Development.....	6
1.4 Scope/ Applicability.....	6
1.5 Brief outline of what the policy entails.....	6

CHAPTER 2: Situational Analysis


2.1 Corruption Risk Areas and practices observed within MOH Institutions in the past few years.....	8
--	---

CHAPTER 3: Strategic Foundations

3.1 Vision.....	10
3.2 Mission Statement.....	10
3.3 Values.....	10
3.4 Duration of the Policy.....	10

CHAPTER 4: Policy Thrusts/Principal Areas of action

4.1 Leadership & Governance.....	11
4.1.1 Goal.....	11
4.1.2 Objectives.....	11
4.1.3 Policy Statements.....	11
4.2 Education and Training.....	12
4.2.1 Goals.....	13
4.2.2 Objectives.....	13
4.2.3 Policy Statements.....	13
4.3 Whistle Blowing.....	14



4.4 Investigation and Law Enforcement.....	14
4.4.1 Goal.....	14
4.4.2 Objectives.....	14
4.4.3 Policy Statements.....	14


CHAPTER 5: Implementation Framework

5.1 Specific Roles and responsibilities for Implementation of the Policy.....	15
5.2 Organisation and Management of Anti Corruption.....	18

CHAPTER 6: Monitoring & Evaluation

CHAPTER 7: Conclusion

7.1 Statement of Intent.....	19
7.2 Effective Date.....	19





Foreword

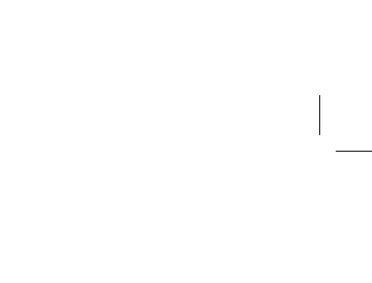
Corruption impedes and robs the organisation's ability to perform effectively and efficiently since it consumes and depletes the scarce resources. It affects the dignity and reputation of individuals, organisations and the nation at large. All individuals and organisations therefore need to commit to fighting this ill behaviour. Organisations have a responsibility to ensure that services are available and accessible to nationals in a transparent and equitable manner.


The Ministry of Health recognises that corruption is real, and it is a challenge that affects all sectors. Corruption is dynamic and requires multi pronged strategies that call for collective efforts to effectively deal with it.

The development of this Policy is a demonstration that the Ministry of Health has embraced the national anti corruption strategy, and commits to its successful implementation within the Ministry. The Policy intends to promote an organisational culture that is ethically upright and upholds the spirit of none tolerance to corruption. It is the Ministry's responsibility to protect itself, its resources and processes from unethical practices that may defraud health workers, the public and the nation their integrity and right to health services.

Through the implementation of this Policy, the Ministry aims to combat corruption, foster and maintain none tolerance to corrupt beliefs and practices. Appropriate measures shall also be employed on those who do not conform or take hid of this call by continuing to negate these efforts.

The Ministry of Health Anti Corruption Policy outlines the strategy adopted by the Ministry in preventing and combating corruption and thus stems on two fundamental pillars of prevention and law enforcement. The pillars therefore address three key focus areas, being Leadership and Governance; Education and Training; and Investigation and Law Enforcement in order to cultivate a morally upright culture within the Ministry of Health.





We commit to availing necessary resources and support for the effective implementation of this Policy. It is our utmost belief that once the policy has been effectively implemented, we shall see and enjoy an efficient and effective quality health services; as well as public confidence and trust in the health system.

Chairperson

K.C.S. Malefho
Permanent Secretary
Ministry of Health

Rev. Dr. John G. N. Seakgosing
Minister of Health



Abbreviations

ACU	Anti Corruption Unit
CEC (A)	Corruption and Economic Crime (Act)
CPC	Corruption Prevention Committee
DCEC	Directorate on Corruption and Economic Crime
CECA	Corruption and Economic Crime Act
DHMT	District Health Management Team
DPSM	Directorate of Public Service Management
MOH	Ministry Health
PPADB	Public Procurement and Asset Disposal Board
AG	Auditor General
AGC	Attorney General Chambers
BPS	Botswana Police Services

Definitions used in corruption

Corruption (as in Part IV of the CEC Act of 1994 - offences)

For the purpose of this policy and understanding the concept of corruption, and without prejudice to any existing legal provisions where it may be defined, corruption may be described as:

Soliciting or promising, giving or receiving, offering or accepting, as a public officer, a bribe (i.e. valuable consideration as describe in Section 23 of the CEC Act of 1994) for carrying out or not carrying out official duties and responsibilities because of being influenced by the bribe.

Influencing a public official or agents as in (I) above for a valuable consideration (any benefit).


Failure to declare conflict of interest

Account for property in one's possession

Cheating of public revenue:

The bribe or valuable consideration or benefit referred to above applies whether they benefit the concerned party directly or indirectly. This also applies to Agents in dealing with or deceiving their principal

Corruption prevention - The process of developing sound and effective anti- corruption strategies that would ensure compliance with legal and regulatory provisions, written procedures, guidelines and instructions, policies, national and internationally accepted best practices and ethical principles in order to promote corruption-free culture and effectiveness during the performance of daily public business and delivery of public service duties and responsibilities.



Theft - Taking without consent and with the intention of not returning any property belonging to the organisation, or which has been entrusted to the organisation

Government - Refers to the Government of the Republic of Botswana

Misconduct - Any inappropriate behaviour or conduct; or violation of any of the provisions of the Public Service Act, or Public Service Regulations, or General Orders or any other law or its subsidiary legislations, which is intended to guide public servants in conducting public business.


Public official - Any person holding a Public office, or an Agent of a Public institution including persons elected to positions under any law or its subsidiaries (i.e. Regulations or Instructions) and shall have the same interpretation as in Section 2 of the CEC Act of 1994.

The Ministry - Refers to the Ministry of Health including all its Departments and their District offices.

Whistle blower - Any person who reports any allegations or suspicious act of corruption or possible acts of corruption to the Ministry and/or DCEC or any law enforcement agency.

Conflict of Interest - Any form of dispute, direct or indirect, that a Public Official may encounter in making decisions on behalf of the Ministry

Ethics - The guiding principles by which we live or work.



Fraud - Deceiving or dishonest action in order to get goods, money, property, or any valuable consideration as defined in the Corruption and Economic Crime Act.

Stakeholders - Any persons involved in or affected by the services, works or supplies projects of the Ministry, whether as an employee, agent, beneficiary or sponsor of such projects

Employee - All persons paid or earning remuneration, engaged full time or part time, or in any manner whatsoever by the Ministry (cross ref with the public service act)

Protected disclosure - Information given in good faith, and as such the persons who gave such information deserving to be protected by the Accounting Officer from any harm of any kind including concealing of their identity.

Conflict of interest - Revealing any information which is known by any person involved in decision making on behalf of a public body, that in their knowledge may interfere with their decision making process. The information should be revealed in writing for the purpose of seeking advice as to whether the declarer should continue or be prevented from taking part in the decision making process

Maladministration - Any action that represent a deliberate breach of accounting principles, financial regulations or any of the governance arrangements. In short it may mean doing business in an unlawful or dishonest way.

Codes of Conduct - Sets of rules or guidelines an organisation may develop for its members which reflect its core values and describe how that organisation expects its members behave.

CHAPTER 1

Introduction

Botswana is signatory to a number of international conventions on combating corruption. Amongst these is “The United Nations Convention against Corruption”. As a nation Botswana has committed to rooting out systemic corruption, both nationally and internationally; and would like to maintain its good ratings in the Transparency International Corruption Index.

The Ministry of Health like any other public service organisation has embraced corruption prevention strategy in support of the DCEC’s effort to combat corruption in Botswana. This policy is therefore intended to stand as an overarching and governing document for MOH to effectively carry out anti corruption strategies, in particular focusing on Leadership and Governance; Education and Training; Investigations and Law Enforcement

The overall guiding document for national development in Botswana is Vision 2016, a broad based national approach adopted in 1996 focussing on the aspiration of Botswana as a nation. The principles and objectives of Vision 2016 guide the formulation and implementation of revolving 6-year National Development Plans (NDP).

In pursuit of the Vision 2016, corruption related goals are set which contribute to the national development of Botswana, mainly through the pillars “An Open, Democratic and Accountable Nation” as well as “A Moral and Tolerant Nation”. The pillar of “A Compassionate, Just and Caring Nation” is equally applicable since it forms the basis of primary and in depth thoughts that cultivate the principles of the other two pillars. From the perspective of healthcare, first, one must express care and compassion which calls for openness, accountability, transparency, and uprightness. These attributes do not go together with corrupt minds and actions, let alone unethical behaviours.


1.2 The need to develop the Ministry of Health Anti Corruption Policy

The Ministry of Health like most government organisations and parastatals has been a source of discourse on the rampant corruption bedevilling the public system. The Ministry has been inundated with allegations of inflated contracts, unsupervised and poor service delivery, and collusion to defraud government with significant public resources diverted for personal gain, to name but a few. This policy highlights necessary steps that need to be taken to ensure that Code of Conducts and other guidelines are followed by all staff in different positions and levels of responsibility, committing themselves to principles of incorruptibility, integrity, openness and respect

The Government of Botswana commissioned a number of investigations and studies aimed at assessing the level of corrupt practices within the country. The studies revealed corruption at different levels of the public service, and mismanagement of public resources. These led to enactment of the Corruption and Economic Crime Act (CECA) of 1994, the Ombudsman Act of 1995.

Through the CECA the Directorate on Corruption and Economic Crime (DCEC) has been mandated with investigating corruption, preventing corruption, training and educating the public on corruption. However, prevention interventions that have been put in place are not a deterrent as more corruption allegations and cases continue to be reported and encountered.

In realizing that the DCEC needed assistance in accelerating the strategy on corruption prevention and preliminary investigations, Government through DCEC mandated organizations to develop strategies that facilitate anti-corruption initiatives at their workplaces hence this policy which is specific to the health sector.



The policy will be implemented together with other existing legal and policy documents such as:

- a) Corruption and Economic Crime Act, 1994
- b) Public Procurement and Asset Disposal Act, 2002
- c) Public Audit Act, 2012
- d) Proceeds of Serious Crime Act, 2002
- e) General Orders, 1996
- f) Public Service Act, 2008
- g) Financial Intelligence Act
- h) Penal Code, 1986
- i) Public Finance Management Act, 2011
- j) Trade Dispute Act, 2004
- k) Employment Act, 2003
- l) Botswana Public Service Anti Corruption Strategy, 2010

There will be close liaison with agencies such as the DCEC, DPSM, Office of the Ombudsman, Attorney General's Chambers, Botswana Police Services, Auditor General, Public Procurement and Asset Disposal Board and Health Professional Councils/Associations for the effective implementation of this policy.

1.3 Brief Description of the Process of Policy Development

Taking into account the global, national and MOH context, the development of this policy followed a methodology of literature review and consultations to get the views on how best to tackle corruption issues within the Ministry of Health. This policy therefore emanated from the need to have a guiding document that contextualises the CEC Act into a road map adaptable to the health sector. This resonates well with the intentions of the Revised National Health Policy of 2012 bearing a slogan "Towards a Healthier Botswana", as well as the Ministry's vision "A Model of Excellence in Quality Health Care Services".



1.4 Scope/ Applicability

This policy shall apply to all MOH organs and sub-organs; all operational areas within the mandate of MOH; any corrupt activity, or suspected fraud or corruption activity, involving employees, consultants, vendors, contractors, outside agencies doing business with the Ministry and/or any other party with a business relationship with the Ministry.

1.5 Brief outline of what the policy entails

The policy focuses on the key areas that are perceived to be critical in preventing and combating corruption. Chapter 1 is the Introduction and Background outlining mainly the rationale for policy development, the process, scope and applicability. Chapter 2 is the situational analysis highlighting current achievement and challenges. Chapter 3 captures the policy's strategic foundations - Vision, Mission and Values. Chapter 4 is the policy thrusts, goals, objectives and statements covering three key focus areas of Leadership and Governance; Education and Training; and Investigation and Law Enforcement. Chapter 5 outlines the Implementation Framework with analysis of key role players, organisation and management of anti corruption initiatives. The concluding Chapter 6 is the Monitoring and Evaluation of the policy implementation.

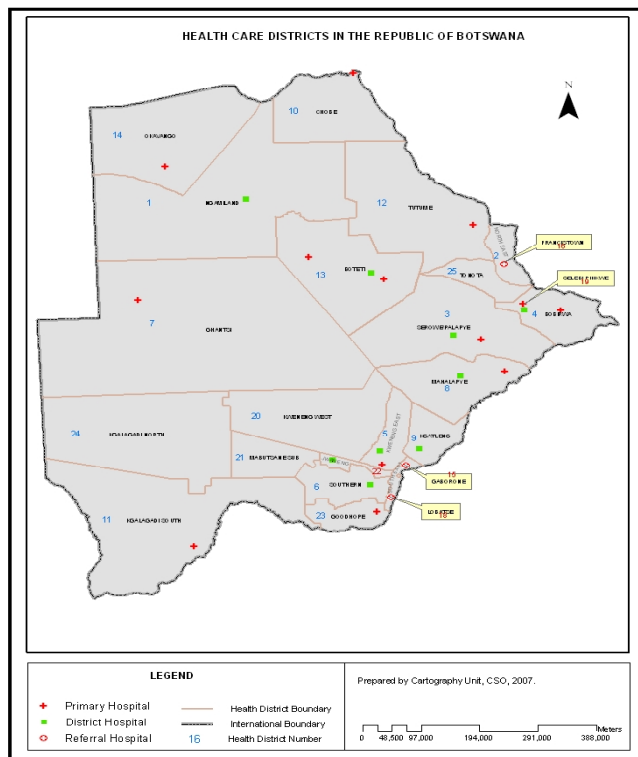
CHAPTER 2

Situational Analysis

The Ministry of Health carries an annual budget of approximately P4.3 billion and an establishment of close to 20,000 employees, making it the third largest government Ministry. MOH is classified under essential services, hence making its operations a basic necessity to the social well being of the people of Botswana. Acts of corruption if allowed to take place within the health sector are more likely to deprive Botswana their social benefit which may impact negatively to the economic performance of the country.

Figure 1: Distribution of health facilities within the country.

For the past few years MOH has made some strides in the fight against corruption. As a result a number of corrupt ills were identified and dealt



with accordingly. Cases tackled included, theft, fraud, misconduct, negligence, misuse of public assets and maladministration. That notwithstanding there continues to be challenges relating to increasing acts of corruption, some of which are complex and difficult to handle, such as those relating to people's behaviours and attitudes. The geographical layout of the health facilities as depicted in Figure A above also brings in elements of scope and coverage as a challenge.

Table 1 below shows corruption and maladministration statistics for the past three years in the MOH as a proportion of the entire Botswana Public Service.

Table 1: Reported Cases of corruption and maladministration in the past three years for MOH and entire Public Service

Year	Corruption			Maladministration		
	Government	MOH	%	Government	MOH	%
2009	1926	116	6	414	13	3
2010	1851	74	4	436	68	16
2011	770	46	6	438	34	8

Source: DCEC Annual Report

2.1 Corruption Risk Areas and practices observed within MOH Institutions in the past few years

The following list is not exhaustive but includes some of the more common examples of corruption and fraud:

- * **Abuse of position and power** for personal gain, such as:
 - Seeking and obtaining bribes or other gifts in exchange for favourable treatment
 - Nepotism in staff appointments
 - Favouritism e.g. promotions, transfers, disciplinary issues
 - Failure to declare interest and/or assets

- * **Theft** of assets, such as:
 - Equipment
 - Consumables or supplies
 - Revenue
 - Information

- * **Unauthorised or illegal use** of public assets, information or services for private purposes or gain, including:
 - Computers, including email and the internet
 - Transport
 - Health facility resources
 - Clerical and other support
 - Confidential information
 - Equipment, including photocopiers, telephones and fax machines

- * **Manipulation and misuse** of account payments, such as:
 - Fictitious/Ghost employees on the payroll
 - Ordering equipment for private and personal use
 - Favouring suppliers whose costs/products are not as competitive as other suppliers
 - Favouring suppliers who have a personal relationship with the employee

* **Falsification** of records, including;

- Timesheets
- Travel claims
- Purchase orders
- Revenue collection documents
- Sick leaves

* **Manipulation of information systems** for improper purposes such as:

- Unauthorised approval to pay
- Diversion of proceeds
- Writing off debts

This therefore calls on MOH to put in place clear strategies to deal effectively with these ills, which if left unattended may negate the Ministry's efforts towards been "A Model of Excellence in Quality Health Services" and consequently Botswana to become a destination of choice and an investment hub.

Table 2:

Guiding Value	Description
Transparency	Documenting all operations and sharing relevant information with employees and relevant stakeholders
Accountability	Taking responsibility of all actions Integrity
Integrity	Being simple, clear and truthful at all times
Open and honest	Being simple, clear and truthful at all times
Ethical	Respect for human dignity, rights, confidentiality

CHAPTER 3

Strategic Foundations

As stated in the Revised National Health Policy of 2012, Botswana recognises health as a basic necessity and the need to promote health as imperative for social justice. This is best clarified through the vision, mission, and values. In the quest to promote a healthy nation, MOH shall be professional, ethical, and accountable in the delivery of quality health services.

3.1 Vision

Zero tolerance to corruption

3.2 Mission Statement

MOH shall excel in transforming its organs into a corrupt free entities, as well as restoring integrity and trust to its clientele.

3.3 Values

The following principles will guide and govern the behaviours, MOH culture and environment in the quest for been a corruption free organisation:

3.4 Duration of the Policy

The Policy will guide the prevention and elimination of corruption within the health sector in Botswana for the next ten years. Continuous and rigorous monitoring and evaluation will be conducted on the implementation of the Policy to keep it abreast with to current and foreseen developments that may impact on its relevancy and responsiveness. The Corruption Prevention Committee may recommend to the Ministry of Health to revise its duration and review the policy depending on any changes in factors affecting corruption and economic crime.

CHAPTER 4

Policy Trust/Principal areas of action

In pursuing the vision and mission, and in line with the values set out in chapter 3, the following principal areas of action and policy thrusts are identified which collectively have the potential for prevention and/or elimination of corruption:

- * Leadership and Governance;
- * Education and Training;
- * Investigation and Law Enforcement

4.1 Leadership & Governance

The effective management of corruption is dependent on the quality leadership and governance of the organization. In the context of this policy, leadership includes the stewardship role; inter-sectoral collaboration and coordination; harmonization and alignment of structures and policies; transparency, responsiveness, accountability; and ethics while governance relates to setting a strategic vision; stakeholder participation and consensus around policy and implementation; controls, monitoring and evaluation

4.1.1 Goal

Ensuring that there is strategic guidance and oversight for the prevention and elimination of corruption within the health services.

4.1.2 Objectives

- To create a platform in the health sector for the provision of strategic guidance and oversight;
- To develop the plans to guide the implementation of the Policy;
- To clarify roles of stakeholders;
- To ensure functionality of all regulatory frameworks
- To provide necessary resources for the implementation of the policy

4.1.3 Policy Statements

The Ministry shall :

Constitute and put in place anti-corruption structures at the different levels of the organization as well as establishing strong and effective liaison with strategic departments such as the DCEC, Office of the Ombudsman and Botswana Police Services. The structures should address both prevention and enforcement strategies. These structures shall mainstream anti-corruption strategies and initiatives in the Ministry's corporate strategy and plans.

Develop and implement codes of conduct for both the employees and key stakeholders

Establish and maintain ethical policies, systems and procedures for all Ministry's operations


Ensure that human resources for health policies and practices are fair and transparent

Ensure that mechanisms for reporting and responding to potentially unethical circumstances are appropriate and effective.

Ensure that areas of work that are of inherently higher risk in terms of ethics and corruption are identified and that preventive strategies are put in place.

Periodically review and revise organisation and management structures to respond to new developments and challenges in order to gain and maintain high efficiency and effectiveness.

Allocate resources, both human and financial in a manner that shall promote equity, access and facilitate the effective implementation of anti-corruption initiatives



strategic linkages/networks for information sharing, exchange and benchmarks. Conduct regular audits and risk assessment for early detection of corruption hotspots and put in place appropriate measures

Conduct regular reviews or research in operational processes in order to ensure that there are no unnecessary delays that may result in creating corruption opportunities

4.2 Education and Training

The degree of corruption is perceived in how the employees and stakeholders conduct themselves both at the workplace and outside the work place. The key strategy here is to have an environment that promotes morally upright employees and stakeholders.

4.2.1 Goals

Ensuring that all employees and stakeholders are knowledgeable on issues of corruption and its impact on the social and economic wellbeing of individuals, organisations and the nation.


4.2.2 Objectives

- To promote a culture of good conduct
- To raise anti-corruption awareness amongst employees/stakeholders

4.2.3 Policy Statements

MOH shall:

- (a) Conduct anti-corruption awareness training for the entire staff and key stakeholders. Sensitise them on the causes and effects of corruption, as well as their responsibility in combating corruption.
- (b) Develop, disseminate and implement anti corruption publicity material and tools
- (c) Develop and implement guidelines/ policy on human resources management, handling of gifts and donations

- 
- (d) Develop and implement mechanisms aimed at encouraging reporting of corrupt practices
 - (e) Ensure that anti corruption training and development opportunities are available to employees in order to meet the defined competency levels
 - (f) Produce and publicise annual anti-corruption reports

4.3 Whistle Blowing

- 4.3.1 Develop and implement strategies and mechanism aimed at encouraging whistle blowing.
- 4.3.2 Ensure that Whistle Blowers are protected in terms of the CEC Act of 1994 and the Whistle Blowing Policy once approved.
- 4.3.3 Facilitate the establishment of proper feedback mechanisms to keep whistle blowers abreast with progress and new developments.

4.4 Investigation and Law Enforcement

While the main focus is to prevent corruption, this policy acknowledges that prevention alone is not the solution. It is therefore critical for the Ministry to also deter its employees and stakeholders from committing acts of corruption by carrying out prompt investigations and employing necessary disciplinary measures to perpetrators.

4.4.1 Goal

Ensure that all those who continue to defraud the system or engage on acts of corruption are wiped out of the system.

4.4.2 Objectives

4.4.2.1 To ensure that appropriate legal and/or disciplinary action is taken against perpetrators.

4.4.3 Policy Statements

MOH shall

4.4.3.1 Carry out rigorous and prompt investigations as and when corruption allegations are reported or suspected

4.4.3.2 Establish and capacitate Anti Corruption Unit

4.4.3.3 Promptly refer complex cases to DCEC for further investigations; criminal cases to Botswana Police Services; and maladministration cases to the Accounting Officer for administration action

4.4.3.4 Conduct regular transaction monitoring and audits in corruption prone areas



CHAPTER 5

Implementation Framework

The implementation of the Policy shall ensure harmony, efficiency, clarity of roles of relevant stakeholders and effective involvement of employees, communities, non-governmental organisations, and development partners.

5.1 Specific Roles and responsibilities for Implementation of the Policy

The roles specified in Table 5 below and the stakeholders outlined are not exhaustive. However, the implementation of the roles has a synergistic impact in improving both the health status of the people and the overall governance

Table 3: Roles of Stakeholder in the Anti Corruption Policy implementation

Sector /Body/ Stakeholder	Roles
<p>MOH: - Management</p>	<ul style="list-style-type: none"> • Clarifying and setting priorities of the Ministry of Health. • Ensuring the implementation of the corruption policy and strategy throughout the different levels. • Provide the necessary resources and capacity for combating corruption • Ensuring that adequate systems of internal controls, checks and supervision operate in such a way as to prevent or detect corrupt or related activity • Ensuring that all staff receive training in 'Corruption Awareness' • Reporting all instances of suspected, reported or detected unethical or corrupt practices via the establish mechanisms • Overseeing and accounting for the CPCs operations at HQ and DHMTs • Reporting progress regarding anti corruption initiatives being undertaken or planned by the Ministry at their respective levels.

Sector / Body/ Stakeholder	Roles
Staff	<ul style="list-style-type: none"> • Comply to the requirement of the Code of Conduct for public officers • Reporting all instances of suspected, reported or detected unethical or corrupt practices
Directorate on Corruption and Economic Crime	<ul style="list-style-type: none"> • Overseeing and providing technical leadership on matters related to corruption and economic crime. • Receive and conduct necessary investigations on reported corruption and ensure that the law is enforced on perpetrators. • Provide necessary training and publicity materials.
PPADB	<ul style="list-style-type: none"> • Providing technical support and guidance to the interpretation and implementation of the PPAD Act • Monitoring and taking appropriate action against non compliance to the PPAD Act. • Building necessary capacity in Ministries for the effective implementation of the PPAD Act.

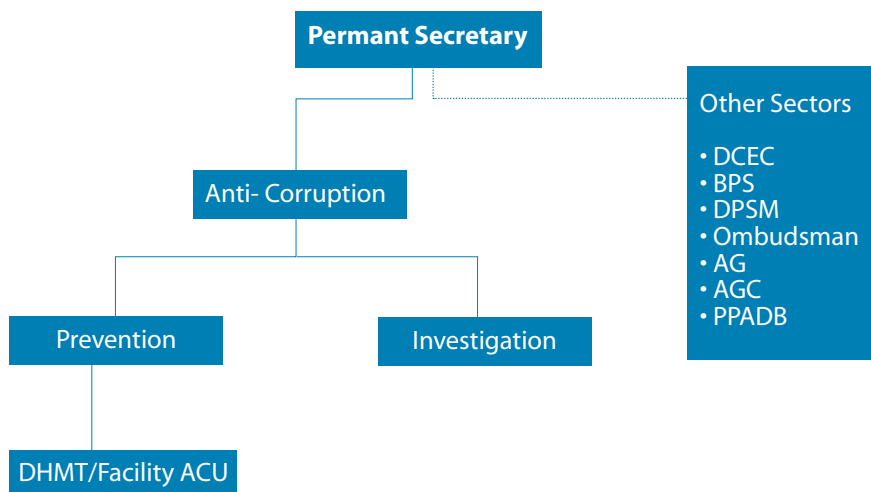
Sector / Body/ Stakeholder	Roles
DPSM and the Ombudsman	<ul style="list-style-type: none"> • Maintain transparent and good public standing reputation for the good of parties involved • Ensure that Ministries at all times observe and abide to all laid down government policies and uphold the laws of the Republic of Botswana.
Auditor General	<ul style="list-style-type: none"> • Sets and capacitates necessary structures within Ministries to conduct period audits • Assists Ministries in identifying corruption prone areas and do risk assessment to curb occurrence • Conducts spot checks to monitor adherence to standards
Attorney Generals Chambers	<ul style="list-style-type: none"> • Provides necessary legal advice to Ministries on dealing with matters of law enforcement related to corruption.

Sector / Body/ Stakeholder	Roles
Botswana Police Services	<ul style="list-style-type: none"> • Receives and conducts necessary investigations on reported crimes and ensures that the law is enforced on perpetrators.
General Public	<ul style="list-style-type: none"> • Report any suspicious acts of corruption such as abuse of Government assets or services.

5.2 Organisation and Management of Anti Corruption

The Corruption Prevention Committee will be the main coordinating body at national level. It will link anti corruption policy direction in all sectors impacting on health, in order to address all the social determinants of health concurrently. Other coordination and partnership structures will be established at national, district and facility levels to ensure effective collaboration and efficient use of available resources. At National level, the structures will facilitate coordination and collaboration between the Ministry of Health, other Public Sector Departments, Central Agencies, Development Partners, NGOs, and umbrella organisations for the Private sector and the civil society. The management structure is shown in figure 1.

Figure 2: Management Structure for Anti Corruption





CHAPTER 6

Monitoring and Evaluation

The Corruption Prevention Policy will be monitored using a comprehensive monitoring and evaluation framework based on the objectives as set out in the policy. Policy reviews will be conducted quarterly to assess performance and will involve all stakeholders.

There will be an interim policy review audits to make sure that it does not lose focus and that it keeps abreast with the ever-changing developments that may impact on corruption and corruption related practices.

An Anti Corruption Strategy which will translate the policy into an operational plan will be developed. The Strategy will among other things outline critical activities, timeframes, responsible persons, measures, indicators and targets for the successful implementation of the policy.



CHAPTER 7

Conclusion

7.1 Statement of Intent

The MOH is committed to the full implementation of this policy in its endeavour to fight corruption throughout its systems and sub systems. This shall be mainly through :

- Availing all critical resources and support for the successful implementation of all sections of the policy
- Facilitating the establishment of necessary structures, linkages and/or networks to maximise the impact

7.2 Effective Date

The implementation of this policy shall come into effect on the 1st April 2013.



MOH Vision:

Model of excellence in quality
health services.

MOH Values:

Customer Focus, Botho, Equity, Team Work,
Timeliness, Accountability

Produced by:
Ministry of Health
Botswana
Tel: (267) 317 0585

Design:
Communication & Media Production Unit

June 2013

