



OPHID

Organization for Public Health
Interventions & Development

**ORGANIZATION FOR
PUBLIC
HEALTH
INTERVENTIONS AND
DEVELOPMENT**

VENDOR POLICY PACK

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INTRODUCTION TO THE OPHID VENDOR POLICY PACK

The Organization for Public Health Interventions and Development (OPHID) is a non-governmental organization funded by many donors. These donors include but are not limited to the United States Agency for International Development (USAID), United Nations Children's Fund (UNICEF), Australian Aid (AUSAID), Avert, University of California San Francisco (UCSF), London School of Hygiene and Tropical Medicine (LSHTM), and Harvard University/ Massachusetts General Hospital. As OPHID, we believe that our organization must set an example as a good citizen in the areas that we operate. Furthermore, we are mandated by our donors to pass down to vendors, partners, and associates some of the rules and regulations that govern how we use the funds. This means that our vendors, partners, and business associates must abide by these rules if they are receiving any donor funds from OPHID in the normal course of business.

The OPHID Vendor Policy Pack sets out the policies that vendors must operationalize within their companies to be eligible for forming a business relationship with OPHID. The policy pack consolidates the key policy provisions to make it easier for vendors to implement. Where vendors have their own policies, such policies must have all the provisions set out herein. This policy pack covers the following areas: -

1. Child safeguarding.
2. Sexual exploitation, abuse, and harassment.
3. Fraud and corruption control
4. Prohibited conduct and conducting business with debarred individuals
5. Whistleblowing.

OPHID wishes to do business with vendors that share our values and respect our donors' rules and regulations. This policy pack is an annex to ALL service level agreements and purchase agreements between OPHID and its vendors. Failure to implement the provisions in this policy pack may lead to termination of specific transactions and the business relationship.

We expect our vendors to exert significant influence within their own spheres of influence to ensure that the exemplary conduct in this policy pack is passed down. Working together across our supply chains, we will encourage and enable sustainability and long-term positive impacts.

The OPHID Vendor Policy Pack is reviewed periodically in response to donor rules and regulations. We welcome feedback from our vendors, and such feedback may be sent to the Executive Director via email on tchinyanga@ophid.co.zw.

A. CHILD SAFEGUARDING POLICY

1. Definitions and Terms

Child safeguarding - refers to all the actions an organization/entity/company takes to keep all children they come into contact with safe – and includes the proactive measures put in place to ensure children do not come to harm because of any direct or indirect contact with the organization. By ‘safe’, we mean ensuring our staff and partners do no harm to children. And ‘guarding’ means putting in place policies, procedures, and practices to ensure that our staff do no harm. Safeguarding encompasses the prevention of physical, sexual, and emotional abuse, neglect and maltreatment of children and vulnerable persons by employees and other persons whom the company is responsible for, including contractors, business partners, visitors to premises and volunteers.

Child – any person under the age of 18 years.

Child sexual exploitation – a form of sexual abuse that involves children being engaged in any sexual activity in exchange for money, gifts, food, accommodation, affection, status, or anything else that they or their family needs. It usually involves a child being manipulated or coerced, which may involve befriending children, gaining their trust, and subjecting them to drugs and alcohol. The abusive relationship between victim and perpetrator involves an imbalance of power where the victim’s options are limited. It is a form of abuse that can be misunderstood by children and adults as consensual. Child sexual exploitation manifests in different ways. It can involve an older perpetrator exercising financial, emotional, or physical control over a young person.

Commercial exploitation – exploiting a child in work or other activities for the benefit of others and to the detriment of the child’s physical or mental health, education, moral or social-emotional development. It includes, but is not limited to, child labour.

Emotional abuse – persistent emotional maltreatment that impacts on a child’s emotional development. Emotionally abusive acts include restriction of movement, degrading, humiliating, bullying (including cyber bullying), and threatening, scaring, discriminating, ridiculing or other non- physical forms of hostile or rejecting treatment.

Neglect and negligent treatment – allowing for context, resources and circumstances, neglect and negligent treatment refers to a persistent failure to meet a child’s basic physical and/or psychological needs, which is likely to result in serious impairment of a child’s healthy physical, spiritual, moral and mental development. It includes the failure to properly supervise and protect children from harm and provide for nutrition, shelter, and safe living/working conditions. It may also involve maternal neglect during pregnancy because of drug or alcohol misuse and the neglect and ill treatment of a disabled child.

Physical abuse – actual or potential physical harm perpetrated by another person, adult or child. It may involve hitting, shaking, poisoning, drowning, and burning. Physical harm may also be caused when a parent or caregiver fabricates the symptoms of or deliberately induces illness in a child.

Sexual abuse: is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. This may include, but is not limited to, rape, oral sex, penetration, or non-penetrative acts such as masturbation, kissing, rubbing and touching. It may also include involving children in looking at, or producing sexual images, watching sexual activities, and encouraging children to behave in sexually inappropriate ways.

2. Scope

The policy applies to all Vendor’s/Supplier’s staff and associates.

Staff includes - All staff, All volunteers, and interns

Associates include- All contractors, e.g., consultants, All Board Members, Guests, and Visitors

3. Authority

The Child Safeguarding Policy has been approved by OPHID's Executive Committee.

4. Prevention

The protection of children from abuse and protection of the rights of children will be addressed through the following steps.

4.1 Risk assessment/risk mitigation

1. A risk assessment of all the Vendor's operations and activities will be conducted to identify any areas where children may be exposed to risk.
2. Risk mitigation strategies will be developed, which minimise the risk to children, and incorporated into the normal course of operations and activities which involve or impact upon children.
3. The risk assessment/risk mitigation must be carried out at least once annually.
4. All initiatives to modify, remodel or revise business strategy or engaging new business partners/associates must be taken as opportunities to re-assess the risk to children posed by proposed activities.

4.2 Safe recruitment

1. The Vendor will ensure that it applies the highest standards in its recruitment and vetting policies across the company. Candidates are checked for their suitability for working with children and their understanding of child safeguarding.
2. Protection checks, such as disclosure of previous convictions or police checks (if disclosure is unavailable), are an important part of the recruitment policy and cover all those representatives that have an employment relationship with the vendor. If police checks are impossible, other checks are put into practice and noted. Checking evidence of identity and the authenticity of qualifications, requesting self-declarations about previous convictions, and a minimum requirement of at least two references are carried out in all cases.

4.3 Behaviour protocols/code of conduct

Behaviour Protocols are rules of appropriate and proper behaviour.

1. All Vendor's staff are required to acknowledge receipt and understanding of the Behaviour Protocols. These Protocols are designed to protect children but are also intended to protect staff from false accusations of inappropriate behaviour or abuse.
2. Where appropriate, individuals who are hired as independent contractors and visitors to the Vendor's offices and sites will be made aware that they are expected to follow the Behaviour Protocols.
3. All staff and associates including volunteers should agree to the Code of Conduct for Child Safeguarding. The Code of Conduct is a clear and concise guide of what is and what is not acceptable behaviour both at work and outside of work.

4.3.1 Code of conduct

The vendors' staff shall NOT engage in any behavior that can allow abuse to occur to children or engage in actions that could be misinterpreted by children, their families or other adults as constituting or leading to child abuse. The vendors' staff shall acknowledge in writing receipt and understanding of the Child Safeguarding Policy (including subsequent amendments). A breach in the Child Safeguarding Policy will lead to disciplinary proceedings being instituted against the perpetrator. The vendors' staff specifically agrees to be bound by the following conditions:

The Vendors' staff will

- Treat children with respect regardless of race, colour, gender, language, religion, political or other opinion, national, ethnic, or social origin, property, disability, birth, or other status
- Wherever possible, ensure that another adult is present when working in the proximity of children
- Use any computers, mobile phones, video cameras, cameras, or social media appropriately, and never to exploit or harass children or access child exploitation material through any medium
- Comply with all relevant Zimbabwe legislation, including labour laws in relation to child labour
- Immediately report concerns or allegations of child exploitation and abuse and policy non-compliance in accordance with vendors' procedures and relevant legislation
- Immediately disclose all charges, convictions, and other outcomes of an offence, which occurred before or occurs during association with the vendor that relates to child exploitation and abuse.

The vendors' staff will NOT

- Use language or behaviour towards children that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Engage children under the age of 18 in any form of sexual intercourse or sexual activity, including paying for sexual services or acts.
- Invite unaccompanied children into his/her home, unless they are at immediate risk of injury or in physical danger.
- Sleep close to unsupervised children unless necessary, in which case he/she must obtain the supervisor's permission, and ensure that another adult is present if possible.
- Hire children for domestic or other labour which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury.

When photographing or filming a child or using children's images for work-related purposes, the vendors' staff must:

- Assess and endeavour to comply with local traditions or restrictions for reproducing personal images before photographing or filming a child.
- Obtain informed consent from the child and parent or guardian of the child before photographing or filming a child and must explain how the photograph or film will be used.
- Ensure photographs, films, videos, and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
- Ensure images are honest representations of the context and the facts.
- Ensure file labels, meta data or text descriptions do not reveal identifying information about a child when sending images electronically or publishing images in any form.

4.4 Education/training

1. All vendors' staff and associates will receive child safeguarding training to help them understand why it is necessary to safeguard and protect children and to be fully aware of the procedures for reporting concerns.
2. Associates will be briefed on child safeguarding and their responsibilities upon engagement with the Vendor.
3. Children and families will be informed of the commitment to child safeguarding and what to do if they have concerns about a child.

4.5 Communications and social media - use of images and children's information

1. All the Vendors' communications regarding children will be undertaken in a safe manner.
2. The Vendor's use of information, reports, messaging, and visual images, both photographic, stills, and video, is done under the overriding principle of maintaining respect and dignity in the portrayal of children, families, and communities.
3. Consent must be sought from parents or guardians of minors to take photographs of children or interview children. The photographer/interviewer explains the consent form to the individual and asks them to sign the form once they have agreed to the photography or interview. The explanation should be done in the local language by the Vendor's partner/staff.

5. Making a Complaint

The Vendor should have in place effective reporting mechanisms available and accessible to everyone to enable filing of reports on child safeguarding violations. Any survivor child safeguarding violations should have the right to choose a channel of reporting they wish to use.

6. Handling of child safeguarding violation reports

- 6.2 An allegation of child safeguarding violation is serious and amounts to gross misconduct if proven.
- 6.3 Information about child safeguarding incidents is shared only with people on a 'need to know' basis. Anyone given information regarding the names, identities, allegations, and/or information regarding the child safeguarding violation allegations is always required to maintain confidentiality.
- 6.4 The vendor must have in place an officer designated to receive and handle all child safeguarding allegations violations
- 6.5 All child safeguarding violation allegations will be subjected to an assessment to determine whether such reports have adequate information, and whether the reported allegations warrant any investigations.
- 6.6 The assessment will focus on whether there is available information/knowledge to dispel or prove the allegations without further investigations, or if the allegations or some aspects thereof require an investigation beyond what is currently known.
- 6.7 The assessment of reports must take place within a reasonable time not longer than 48 hours
- 6.8 Where an investigation is warranted, such an investigation will be informed by the results of the assessment of the reported allegations. The investigation must be completed within a reasonable time not longer than two weeks.
- 6.9 The authority commissioning the investigation has the overall responsibility to consider the investigation reports and action any recommendations therein to remedy any anomalous situations.
- 6.10 An employee who is proven to have committed child safeguarding violations is liable for gross misconduct and will face disciplinary action with summary dismissal.

6.11 In the event an allegation is proven to be untrue, or even fabricated, appropriate steps are taken for follow-up with the person who has been accused, the alleged victim, and the person who did the reporting. A report made in bad faith shall constitute grounds for disciplinary action against the person making the report. A bad faith report is a report that is made with a conscious design to mislead or deceive, or with a malicious or fraudulent intent.

7. Assistance of survivors

7.2 The Vendor will strive to ensure that survivors of child safeguarding violations allegedly perpetrated by the vendors' staff receive immediate professional assistance, either by providing them with direct services or referring them to relevant service providers where consent is given. In doing so the Vendor shall:

- a. Ensure that survivors have access to assistance
- b. **Have an updated list of local service providers**, which should provide options for both children and adult survivors where relevant (e.g. medical care, psychosocial support, legal services, basic material support, support for children born as a result, etc).
- c. Have a set procedure to guide the referral process.
- d. **Always obtain informed and voluntary consent** before facilitating assistance
- e. In the case of children, always prioritise the best interest of the child
- f. Consider potential risks for survivors (and their families) and take safety precautions, as needed.

B. SEXUAL EXPLOITATION, ABUSE & HARASSMENT (SEAH)

The Vendor will NOT tolerate sexual exploitation, abuse, and harassment (SEAH) under any circumstances. Responsibility lies with every manager, supervisor, and staff/volunteer to ensure that SEAH does not occur. It is the obligation and responsibility of every staff, volunteer and every stakeholder associated with the Vendor to ensure that the workplace and its environs are free from SEAH.

1. Scope of the Policy

This policy applies to conduct that takes place in any work-related context, including conferences, work functions, social events, and business trips. This policy applies to:

- 1.2 Contractors, sub-contractors, and suppliers.
- 1.3 All aspects of employment, recruitment, and selection; conditions and benefits; training and promotion; task allocation; shifts; hours; leave arrangements; workload; equipment and transport.
- 1.4 On-site, off-site, or after-hours work; work-related social functions; conferences – wherever and whenever staff may be because of their work-related duties.

2. Statement of the Policy

- 2.2 No employee or volunteer at any level should subject any other employee, volunteer, client, supplier, visitor, or any other related stakeholder to any form of sexual harassment.
- 2.3 A breach of this policy will result in disciplinary action, up to and including termination of the contract.
- 2.4 Reports of sexual harassment will be treated promptly, seriously, and confidentially.
- 2.5 Complainants have the right to determine how a complaint will be treated in terms of this policy. They also have the right to have a supporter or representative chosen by them involved in the process and the option to stop the process at any time.
- 2.6 Employees or volunteers who feel they have been sexually, exploited, abused or harassed are encouraged to take immediate action.
- 2.7 No volunteer or paid staff member will be treated unfairly because of making a complaint of SEAH.
- 2.8 Immediate disciplinary action will be taken against anyone who victimises or retaliates against someone who has made a complaint of SEAH.

3. Definitions of terms

Sexual exploitation – is any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to profiting monetarily, socially, or politically from the sexual exploitation of another.

Sexual abuse – is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual harassment – means any unwelcome sexual advance, unwelcome request for sexual favours, or other unwelcome conduct of a sexual nature, which makes a person feel offended, humiliated, or intimidated, and where that reaction is reasonable in the circumstances. Examples of sexual harassment include, but are not limited to: -

- Staring, leering, or ogling
- unnecessary familiarity, such as deliberately brushing up against someone or unwelcome touching
- sexually suggestive/explicit comments, messaging, insults, taunts, or jokes
- intrusive questions or statements about your private life

- displaying posters, magazines, or screen savers of a sexual nature
- inappropriate advances on social networking sites
- direct or implied requests by a supervisor for sexual favours in exchange for actual or promised job benefit
- requests for sex or repeated unwanted requests to go out on dates
- an unwelcome sexual advance or a request for sexual favours
- unwelcome comments about someone's sex life or physical appearance
- behaviour that may also be an offence under criminal law, such as physical assault, indecent exposure, sexual assault, stalking or obscene communications

Sexual harassment can occur wherever employees interact with others in the context of their position in the organization, including field trips, work off site and social functions. Just because someone does not object to inappropriate behaviour in the workplace at the time, it does not mean that they are consenting to the behaviour. A single incident is enough to constitute sexual harassment – it does not have to be repeated. All incidents of sexual harassment and or exploitation, no matter how large or small or who is involved, require employees and managers to respond quickly and appropriately.

4. Principles applied

The Vendor should be committed to pursuing a survivor-centred approach for responding to SEAH. This approach seeks to empower survivors and promote their recovery by prioritising their rights, needs and wishes. Key standards for applying this approach include:

- 4.2 **Safety** – the safety and security of the survivor is the primary consideration, and all survivors will be afforded adequate safety.
- 4.3 **Confidentiality** – Survivors have the right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor.
- 4.4 **Respect** – for the choices, wishes, rights and dignity of the survivor should guide the decisions by organizations. The role of case managers is to provide the survivor with the information s/he needs to make informed decisions and to facilitate recovery.
- 4.5 **Non-discrimination** – survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation, or any other characteristics.

5. Preventative Measures

The Vendor shall take appropriate measures to prevent sexual exploitation and abuse by its employees, personnel, or sub-contractors. These measures include: -

- 5.2 Implementation of policies and procedures on SEAH
- 5.3 Training of and awareness raising among staff to build an organizational culture that does not tolerate SEAH.
- 5.4 A risk assessment of all the Vendor's operations and activities will be conducted at least once a quarter to identify any areas where staff may be exposed to SEAH.
- 5.5 Risk mitigation strategies for SEAH will be developed and shared with all staff for implementation.

6. Making a Complaint

The Vendor should have in place effective reporting mechanisms available and accessible to everyone to enable filing of SEAH complaints. Any survivor of sexual exploitation, abuse, or harassment should have the right to choose a channel of reporting they wish to use.

7. Handling of SEAH reports

- 7.2 An allegation of SEAH is serious and amounts to gross misconduct if proven.
- 7.3 Information about SEAH incident is shared only with people on a ‘need to know’ basis. Anyone given information regarding the names, identities, allegations, and/or information regarding the SEAH allegations is always required to maintain confidentiality.
- 7.4 The vendor must have in place an officer designated to receive and handle all SEAH allegations.
- 7.5 All SEA allegation reports will be subjected to an assessment to determine whether such reports have adequate information, and whether the reported allegations warrant any investigations.
- 7.6 The assessment will focus on whether there is available information/knowledge to dispel or prove the allegations without further investigations, or if the allegations or some aspects thereof require an investigation beyond what is currently known.
- 7.7 The assessment of reports must take place within a reasonable time not longer than 48 hours
- 7.8 Where an investigation is warranted, such an investigation will be informed by the results of the assessment of the SEA allegations. The investigation must be completed within a reasonable time not longer than two weeks.
- 7.9 The authority commissioning the investigation has the overall responsibility to consider the investigation reports and action any recommendations therein to remedy any anomalous situations.
- 7.10 An employee who is proven to have committed SEAH is liable for gross misconduct and will face disciplinary action with summary dismissal.
- 7.11 In the event an allegation is proven to be untrue, or even fabricated, appropriate steps are taken for follow-up with the person who has been accused, the alleged victim, and the person who did the reporting. A report made in bad faith shall constitute grounds for disciplinary action against the person making the report. A bad faith report is a report that is made with a conscious design to mislead or deceive, or with a malicious or fraudulent intent.

8. Assistance of survivors

- 8.2 The Vendor will strive to ensure that survivors of SEAH allegedly perpetrated by the vendors’ staff receive immediate professional assistance, either by providing them with direct services or referring them to relevant service providers where consent is given. In doing so the Vendor shall:
- g. Ensure that survivors have access to assistance
 - h. **Have an updated list of local service providers**, which should provide options for both children and adult survivors where relevant (e.g. medical care, psychosocial support, legal services, basic material support, support for children born as a result, etc).
 - i. Have a set procedure to guide the referral process.
 - j. **Always obtain informed and voluntary consent** before facilitating assistance
 - k. In the case of children, always prioritise the best interest of the child
 - l. Consider potential risks for survivors (and their families) and take safety precautions, as needed.

C. FRAUD AND CORRUPTION CONTROL POLICY

1. Background

The Vendor should establish a “Zero Tolerance” approach to fraudulent acts and must strive to maintain the highest standards of governance, personal and corporate ethics, following donor rules and regulations and country specific laws and principles. In addition, the vendor values integrity and honesty while dealing with all employees, customers, suppliers, and other stakeholders. The vendor should be committed to supporting government, law enforcement and international bodies to combat financial crime.

To adequately protect the organisation from financial and reputational risks posed by frauds, this framework has been put in place to prevent, identify, measure, manage, monitor, and report occurrences of fraud in the organisation.

2. Purpose

The purpose of the Fraud and Corruption Control Policy is to:

- Provide a framework for employees in the prevention, detection, reporting and management of fraud and corruption in the workplace.
- Provide a clear definition of fraud
- Provide a summary to staff of their responsibilities for identifying exposures to fraudulent activities
- Provide summary to staff on establishing controls and procedures for preventing fraudulent activity and/or detecting such fraudulent activity when it occurs,
- Provide guidance to employees on what to do when they suspect any fraudulent activity,
- Provide clear guidance on conducting investigations into fraud,
- Provide a framework for protection of employees in circumstances where they may be victimised because of reporting or being a witness to fraudulent activities.

3. Scope

This policy applies to any irregularity, or suspected irregularity, involving Consultants, vendors and/or any other parties with a business relationship with the Vendor.

Any investigative activity required will be conducted without regard to the suspected wrongdoer’s length of service, position/title, or relationship with the organisation.

4. Definition of terms

4.1 The term ‘fraud’ commonly includes activities such as theft, conspiracy, embezzlement, money laundering, corruption, bribery and extortion. Fraud essentially involves using deception to dishonestly make a personal gain for oneself and/or create a loss for another.

4.2 This policy focuses on fraud against businesses, typically by those internal to the organisation. According to the Association of Certified Fraud Examiners (ACFE), there are three main categories of fraud that affect organisations.

- a. The first of these is asset misappropriations, which involves the theft or misuse of an organisation’s assets. Examples include theft of equipment, inventory or cash.
- b. The second category of fraud is fraudulent statements. This is usually in the form of falsification of financial statements in order to obtain some form of improper benefit. It also includes falsifying documents such as employee credentials.

- c. The final of the three fraud categories is corruption. This includes activities such as the use of bribes or acceptance of ‘kickbacks’, improper use of confidential information, conflicts of interest and collusive tendering.

4.3 Examples of fraudulent activities include but are not limited to:

- a. Theft or misappropriation of assets owned and/or managed by the Vendor.
- b. False accounting or making false statements to obtain a benefit (for example, an employee falsely claiming an allowance, or a supplier presenting false invoices for payment.
- c. Accepting or offering a bribe or accepting gifts or other favours under circumstances where the gift or favour is intended to influence an employee’s decision making while serving the company.
- d. Blackmail or extortion
- e. Off the books accounting, or making false or fictitious entries
- f. Violation of the company’s procedures with the aim of personal gain or to the detriment of the organisation.

5. Fraud prevention

The Vendor will adopt methods that will decrease motive, restrict opportunity, and limit the ability of potential fraudsters to rationalise their actions. The aim of preventative controls is to reduce opportunity and remove temptation from potential offenders.

Fraud prevention and detection is the responsibility of including vendors. The commitment and dedication of vendors is a vital ingredient for improving protection.

The strategies and methods listed below will be used for purposes of preventing fraud:

5.1 Fraud awareness

- a. The Vendor shall raise awareness of the fraud policy and reiterate the duty of all stakeholders to report instances of fraud and corruption.
- b. The standard bidding documents that shall be signed by vendors shall have the relevant provisions from the OPHID fraud control policy.
- c. The fraud awareness will be reinforced through discussions in meetings with suppliers, vendors’ interviews and in routine communications.

5.2 Developing a sound ethical culture

The Vendor will strive to attract and recruit staff and volunteers who have a positive attitude to protecting and making best use of funds provided under contracts. This attitude is reinforced by the following:

- a. On-going fraud risk training and awareness for all employees and key business partners.
- b. Clear policy statements on business ethics and anti-fraud, with explanations about acceptable behaviour in risk-prone circumstances.
- c. Management which is seen to be committed through its actions.
- d. A process of reminders about ethical and fraud policies, for example annual letter and/or declarations.
- e. Periodic assessment of fraud risk
- f. Providing a route through which suspected fraud can be reported
- g. An aggressive audit and compliance review process which concentrates on fraud risk areas.

6. Roles and responsibilities in fraud risk management

All of the Vendor's staff members and stakeholders have critical roles and responsibilities in ensuring that fraud is prevented, detected and dealt with promptly. Vendors are responsible for safeguarding resources entrusted to the Vendor and for upholding and protecting its reputation. Similarly, all OPHID vendors shall be held to the highest ethical standards and should report to OPHID any acts of fraud and corruption. Actual and potential OPHID vendors and their employees, personnel and agents, have the duty to interact honestly and with integrity in the provision of goods and services to OPHID, and to report immediately allegations of fraud and corruption to OPHID. The following are the responsibilities of vendors in risk management:

- a. Vendors shall establish robust policies and procedures to combat fraud and corrupt practices and to cooperate with OPHID auditors and investigators.
- b. Whenever a vendor acts on behalf of OPHID, the vendor has a duty to ensure that funds are safeguarded and used for their intended purposes as authorised by OPHID.
- c. When allegations concerning possible involvement in fraud are deemed substantiated, OPHID shall take administrative actions available to it, including but not limited to terminating any contracts, and shall seek to recover fully any financial loss.
- d. In addition, OPHID may refer appropriate cases to national authorities for criminal investigation and prosecution, when applicable.

7. Fraud response plan

7.1 The Vendor should have a fraud response plan which gives guidance on process to follow in response to such suspicions.

7.2 The fraud response plan is a formal means of setting down clearly the arrangements which are in place for dealing with detected or suspected cases of fraud. It should include;

- a. Mechanisms for reporting suspicions
- b. Procedures for establishing an investigation team
- c. Investigation procedures
- d. Procedures for gathering and preserving evidence

8. Investigation of fraud cases

8.1 The objectives of the investigation should be clearly identified, as should the resources required the scope of the investigation, and the timescale.

8.2 The objectives of the investigation team will be driven by the vendor's attitude of zero tolerance to fraud.

8.3 An action plan shall be prepared, and roles and responsibilities shall be delegated in accordance with the skills and experience of the individuals involved.

8.4 The individual in overall control of the investigation should be clearly identified, as should the powers available to team members. Reporting procedures and procedures for handling and recording evidence should be clearly understood by all concerned.

9. Reporting to OPHID

The vendor's principal or director must inform OPHID of ALL instances of fraud and corruption that they become aware of regarding any transaction entered into with OPHID. In addition, the vendor's staff, agents of contractors may report fraud using mechanisms described under OPHID Whistleblower policy.

D. PROHIBITED CONDUCT AND CONDUCTING BUSINESS WITH DEBARRED INDIVIDUALS.

The Vendor must not engage in prohibited conduct as set out in this policy and must not conduct business with debarred individuals. The restrictions and prohibitions are put in place to provide protection of donor funds and accountability to community.

1. Definition of Terms

Sex trafficking – means the recruitment, harbouring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act

Commercial sex act – means any sex act on account of which anything of value is given to or received by any person.

Prostitution – means procuring or providing any commercial sex act and the “**practice of prostitution**” has the same meaning.

2. Prohibitions & Restrictions

The Vendor is obligated to uphold and respect the following prohibitions and restrictions in accordance with OPHID’s donor rules and regulations: -

2.1 The Vendor, or contractor, or its employees, labour recruiters, brokers, customers, or its agents must not engage in the following activities

- a. Trafficking in persons persons (as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime).
- b. Procurement of commercial sex act
- c. Use of forced labour in the performance of any of its operations
- d. Acts that directly support or advance trafficking in persons.

2.2 The Vendor must not transact or conduct business with any individual or entity that has an active exclusion as prescribed on any specified ‘list’ as provided by any of OPHID’s donors unless prior approval is received from the OPHID Executive Director. The list contains those individuals and entities that the U.S. Government and other donors has suspended or debarred based on misconduct or a determination by the U.S. Government or other donors that the person or entity cannot be trusted to safeguard U.S. Government or other donor funds. Vendors must make use of the following lists to ensure that individuals or entities are not debarred

- System for Awards Management www.sam.gov
- Office of Foreign Assets Control <https://sanctionssearch.ofac.treas.gov/>
- UN Security Council consolidated list <https://www.un.org/securitycouncil/content/un-sc-consolidated-list>

2.3 The Vendor must notify the OPHID Executive Director immediately upon learning that it or any of its principals, at any time prior to or during the duration of this contract are presently excluded or disqualified from doing business with any US Government entity or any of OPHID’s donors. Principal means

- An officer, director, owner, partner, principal investigator, or other person within the Vendor’s company with management or supervisory responsibilities related to transactions under this contract; or
- A consultant or other person, whether or not employed by the Vendor or paid with OPHID funds, who—
 - (i) Is in a position to handle OPHID funds;

- (ii) Is in a position to influence or control the use of those funds; or,
- (iii) Occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform this contract.

- 2.4 The Vendor or any of its employees, subrecipients, or contractors, brokers, labor recruiters, or its agents must not engage in drug trafficking, and the use/exposure to narcotics in the workplace.
- 2.5 The Vendor will not engage in transactions with or provide resources or support to individuals and organisations associated with terrorism.
- 2.6 The vendor or its employees will not engage in any form of discrimination against any individual based on race, colour, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, disability, age, genetic information, marital status, parental status, political affiliation, or veteran's status.
- 2.7 The Vendor must not provide funds or conduct business with any organization that has not stated in any contract, that it does not promote, support, or advocate for the practice of prostitution.

E. WHISTLEBLOWER POLICY

1. Background

To ensure transparency and accountability, OPHID has put in place mechanisms to enable stakeholders to communicate with the organization's decision makers any concerns about malpractice within the organization. This Whistle-blower Policy outlines the processes laid down to allow the mechanisms, and how such communications will be handled.

Whistleblowing is the disclosure of mismanagement, corruption, illegality, unethical behaviour, or some other wrongdoing by a concerned party to the public or to those in authority.

2. Purpose of the Policy

- 2.1** The whistleblowing policy is intended to allow individuals who believe they have information about malpractice, impropriety, mismanagement, corruption, illegality, or some other wrongdoing, to communicate such practice to the relevant decision makers.
- 2.2** Provide avenues for stakeholders to raise those concerns so that action is taken to restore integrity and trust.
- 2.3** Ensure that stakeholders are aware of how to pursue their concerns if they are not satisfied with corrective action taken.
- 2.4** Reassure stakeholders that they will be protected from possible reprisals or victimization if they have a reasonable belief that they have made any disclosure in good faith.

3. Scope of the Policy

The Policy applies to all consultants and vendors.

4. Disclosures covered by whistleblowing

Whistleblowing is defined as making a disclosure "that the disclosing party reasonably believes" is evidence of any of the following: -

- General malpractice such as, but not limited to, illegal conduct, unethical conduct, and health and safety misconduct
- Gross mismanagement of grant contracts or agreements
- Gross waste and abuse of organizational and donor funds
- Abuse of authority relating to donor contracts and grants, as well as the organization
- Harassment and exploitation
- Damage to the environment
- Corruption
- Conflict of interest
- Miscarriage of justice
- A violation of law, rule, or regulation related to a contract or grant (including the competition for, or negotiation of, a contract or grant).
- Deliberate concealment of information relating to any of the above

5. Safeguards

5.1 Protection of the whistle blower

- a. OPHID assures the safety of whistle blowers, and all whistle-blowing reports will be treated as confidential and anonymous. Any vendor or its staff may not be discharged, demoted, or otherwise discriminated against as a reprisal for whistle blowing.
- b. Harassment or victimisation of a whistle blower will not be tolerated (including informal pressures) and OPHID will take appropriate action to protect anyone who raise

a concern in good faith and will treat this as a serious disciplinary offence which will be dealt with under the disciplinary rules and procedure.

- c. If stakeholders honestly and reasonably believe what they are saying is true, they should have nothing to fear because they will be doing their goodwill duty.

5.2 Untrue Allegations

Stakeholders are expected to;

- a. conduct themselves in utmost good faith when making whistle blower reports,
- b. stick to facts when reporting their concerns, and
- c. desist from passing judgement, making conclusions, and denigrating or insulting the purported offender.

Where allegations by any vendor are made in “bad faith” or are determined to be “unreasonable beliefs”, false, frivolous, malicious, and for personal gain, this will be treated as gross misconduct. Malicious, false, and derogatory allegations will be investigated and may lead to termination of the business relationship.

5.3 Confidentiality of the whistle blower

The Vendor maintain whistle blower confidentiality. In this regard, two forms of whistleblowing may be utilized by those raising concerns.

- a. A whistle-blower may choose to reveal his or her identity when making a report or disclosure but wish their identity to be confidential. Should this be the case, there is need to respect and protect the confidentiality of the whistle-blower and give the assurance that it will not reveal the identity of the whistle-blower to any third party. The only exception to this assurance relates to an overriding legal obligation to breach confidentiality. Thus, confidential information relating to a whistle-blowing report will be revealed if ordered to do so by a court of law. The assurance of confidentiality can only be completely effective if the whistle-blower likewise maintains confidentiality.
- b. Alternative to confidential reporting, a whistle-blower may choose not to reveal his or her identity. With the reporter anonymity thus assured, the identity of the reporter cannot be ascertained by anyone. The anonymous whistle-blower should be careful not to reveal his or her identity to a third party.

6. Procedures for whistleblowing

The following mechanisms are available for whistleblowing. In all the mechanisms, the whistle-blower may remain anonymous if they wish to.

6.1 Whistleblowing through email

Any person wishing to make a report or disclosure may send an email to any two of the following: -

- Executive Committee Chair on ecchair@ophid.co.zw or frudd@zol.co.zw
- Executive Committee Treasurer on ectreasurer@ophid.co.zw or qmakina@gmail.com
- Executive Director on tchinyanga@ophid.co.zw
- Grants and Compliance Manager on ychinzou@ophid.co.zw

6.2 Whistleblowing through letters

1. An alternative available to whistleblowing reports is through writing letters.
2. Such letters must be addressed to The Executive Committee Chair, The Executive Committee Treasurer, The Executive Director or The Grants and Compliance Manager, and send to the organization’s current physical address.

3. Currently the address is 20 Cork Road, Belgravia, Harare.

6.3 Whistleblowing through in-person reports

1. Stakeholders are free to report their concerns in person to any of the following; The Executive Committee Chair, The Executive Committee Treasurer, The Executive Director or The Grants and Compliance Manager.
2. Stakeholders may wish to consider discussing their concern with a colleague first and may find it easier to raise the matter if there are two (or more) who have had the same experience or concerns.
3. Those who wish to report in person may invite a professional association representative or a friend to be present for support during any meetings or interviews in connection with the concerns raised.

7. Format of whistle blower reports

OPHID prescribes no format for whistle blower reports, and stakeholders may adapt their reports to different situations as they deem necessary. However, the report must provide enough information to allow a determination on the reasonableness of the allegation and an investigation to be made. The report must seek to provide answers to the following questions:

1. Who was involved in the alleged act?
2. When did the alleged act take place?
3. What transpired?
4. Were there other witnesses or co-conspirators to the alleged act? If so, who were they?

8. Assessment of whistleblower reports

All whistle blower reports will be subjected to an assessment to determine whether such reports have adequate information, and whether the reported allegations warrant any investigations. In some cases, management has information on acts of misconduct that may not be widely available to all stakeholders, and management may have already acted on the alleged acts of misconduct or impropriety.

9. Investigation of whistle blower reports

OPHID will investigate whistle-blower reports where the assessment has indicated that an investigation is warranted. Such investigations will be conducted in accordance with OPHID's policies and procedures, and any other applicable laws. OPHID anticipates that employees and stakeholders raise their concerns to strengthen the internal controls and overall standing of the organization, and that concerns will not be made for personal gain. Possible outcomes of the investigation may include, but not limited to: -

- a. No further action if there is no sufficient evidence
- b. Review of relevant policies to close any loopholes and gaps noted
- c. Training and development of staff on new elements of policy and implementation thereof
- d. Disciplinary action on any perpetrators who are found to have violated OPHID policies and procedures