

ICAI Recommendation	Accept/ Partially Accept/ Reject	Original Management Response		March 2013 update
		Action	Target date	
<p>Recommendation 2: DFID should plan to address the risk of falling value for money if funding is scaled up further. This should include identifying the major value for money risks and specifying how they will be managed and monitored.</p>	Accept	<p>3. DFID will produce a detailed Value for Money Strategy which will enable it to effectively prevent falling value for money in any of its projects.</p> <p>4. Value for money will include agreeing measures to mitigate the risks of corruption taking into account those to be agreed by DFID in response to the ICAI review of DFID's approach to Anti-corruption.</p>	<p>April 2012</p> <p>June 2012</p>	<p><u>Already Completed.</u></p> <p>Complete. Risks of corruption are addressed fully in DFID Zimbabwe's <u>Anti-Corruption strategy</u>. The strategy was approved in December 2012 and a summary published in February 2013.</p>
<p>Recommendation 3: DFID should continue its effort to promote the removal of user fees for pregnant women</p>	Accept	<p>5. DFID officials will seek ministerial approval for financial support to the Implementation of the Health Transition Fund</p>	March 2012	<p><u>Already Completed.</u></p>

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and children under five and ensure that this is a core objective in future support to maternal health.		(HTF). 6. DFID will work with partners during implementation of the Health Transition Fund to continue to press for the removal of user fees as soon as possible.	Ongoing	Complete. Following extensive discussions and support from DFID and other partners, on 28 th February 2013 the Minister of Health announced that pregnant and lactating women, children under five years and people above 65 years of age will henceforth receive free medical treatment, starting with clinics in rural areas and moving to district hospitals and urban clinics.
Recommendation 4: DFID should ensure more comprehensive reporting across the delivery chains, with clearer linking of funds provided with performance delivered.	Accept	7. DFID will continue to support efforts to monitor and track user fee charges through the Vital Medicines and Health Survey (VMAHS) and will also monitor this through accountability initiatives currently being designed as part of DFID's Operational Plan for Zimbabwe.	Quarterly VMAHS reporting September 2013	On track. DFID continues to fund the VMAHS which gives health facility trend data including on user fees. The most recent report was received in February 2013. We will also spend around £2 million by 2015 to support an accountability initiative to help revitalise community health centre committees and support citizen engagement in health care delivery. The community accountability contract negotiations should be concluded by May 2013.

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		<p>8. DFID Zimbabwe's new Value for money Strategy will ensure a more consistent and systematic approach to collecting data on our projects which will strengthen monitoring of results delivered against funding provided.</p> <p>9. The focus of the Annual Review and Project Completion templates on Value for money will help support this process.</p>	<p>April 2012</p> <p>January 2012 onwards</p>	<p>Already Completed.</p> <p>On track. The first Annual Review of the Health Business Cases approved in 2012 is due to be completed by June 2013.</p>
<p>Recommendation 5: DFID should take the lead in the donor community to agree a common definition of administrative costs</p>	<p>Accept</p>	<p>10. DFID Zimbabwe will work with other bilateral agencies in Zimbabwe to seek to agree a common definition of administration costs and</p>	<p>March 2013</p>	<p>On track. DFID chaired a meeting with other bilateral agencies in November. Following that a questionnaire was commissioned whose results are now being analysed. The results will be discussed with other bilateral agencies in March 2013 to decide whether a common definition can be reached and if so how that</p>

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and require implementing partners to report administrative costs on that basis.		identify a suitable mechanism for regular reporting.		should be monitored.