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BY

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**IMPACT OF ANTI-CORRUPTION STRATEGIES IN COMBATING CORRUPTION
IN HEALTH INSTITUTIONS: A CASE STUDY OF KADOMA GENERAL
HOSPITAL**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS OF THE BACHELOR OF COMMERCE DEGREE IN
FINANCIAL INTELLIGENCE OF BINDURA UNIVERSITY OF SCIENCE
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DEDICATION

I dedicate this research to my mom and my aunt (Judith Kaunda) for their unwavering love, support and sacrifices throughout my life

ABSTRACT

Corruption in public health institutions remains a critical challenge in developing countries, undermining equitable service delivery and eroding public trust. This study examined the impact of anti-corruption strategies in combating corruption at Kadoma General Hospital in Zimbabwe. Four objectives guided the study: to identify forms of corruption prevalent at the institution; to assess the impact of anti-corruption interventions; to explore challenges encountered in implementing anti-corruption strategies; and to recommend measures to enhance their effectiveness. The study adopted a positivist philosophy and a deductive approach within a descriptive quantitative research design. Simple random sampling was used to select 40 respondents from a target population of 100 employees across five departments. Data were collected using structured questionnaires administered on a five-point Likert scale and analysed using SPSS Version 27 through descriptive statistics, Pearson correlation, regression analysis and ANOVA. Findings revealed that bribery was the most prevalent form of corruption (mean = 3.90), followed by nepotism and absenteeism. Pearson correlation established a statistically significant moderate relationship between anti-corruption strategies and corruption reduction ($r = .461$, $p = .001$). Regression analysis confirmed that anti-corruption strategies explain 21.2% of the variation in corruption levels ($R^2 = 0.212$, $p = .001$), with resource constraints (mean = 3.85) and weak enforcement identified as the principal barriers to implementation. The study concluded that whilst anti-corruption strategies at Kadoma General Hospital are partially effective, their full impact is constrained by inadequate resources, weak enforcement mechanisms and an institutional culture of silence. The study recommends strengthening internal audit systems, adopting e-procurement through PRAZ, enacting whistleblower protection legislation and increasing Ministry of Health budget allocations for compliance monitoring.

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LIST OF ACRONYMS

ANOVA	Analysis of Variance
BUSE	Bindura University of Science Education
CPI	Corruption Perceptions Index
FBI	Federal Bureau of Investigation
GCB	Global Corruption Barometer
ICT	Information and Communications Technology
NHIS	National Health Insurance Scheme
OECD	Organisation for Economic Co-operation and Development
PRAZ	Procurement Regulatory Authority of Zimbabwe
PSA	Public Service Act
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
TI	Transparency International
UNCAC	United Nations Convention against Corruption
UNDP	United Nations Development Programme
WHO	World Health Organization
ZACC	Zimbabwe Anti-Corruption Commission
ZIMSTAT	Zimbabwe National Statistics Agency

CHAPTER 1

INTRODUCTION

1.0 Introduction

This chapter provides an overview of the study focusing on the impact of anti-corruption strategies in combating corruption within health institutions. It introduces the growing concern of corruption in the health sector which undermines service delivery, wastes public resources and erodes trust in healthcare systems. It presents the background of the problem, the rationale of the study and the key research questions guiding the investigation. The chapter also outlines the objectives of the study, its significance to stakeholders such as policymakers, academia and healthcare managers. The scope and limitations of the study are also explored. By laying this foundation chapter one sets the stage for assessing how effective these strategies are in reducing corruption and improving accountability in health institutions.

1.1 Background of the study

Corruption in health institutions has emerged as one of the most pervasive and demanding governance challenges confronting health systems worldwide undermining the quality, accessibility and equity of healthcare delivery across both developed and developing nations, particularly in the public sector (Botha and Van Heerden, 2014). The nineteenth-century industrial revolution, according to Robb (1992) appears to have been the very first historical basis for the growth of corruption. He went on to explain that the industrial revolution spawned a complex economy marked by a greater reliance on money and investment, as well as massive banking networks, stocks and credit and a complicated legal structure.

The World Health Organization (2016) estimates that between 10% and 25% of global health spending is lost annually to corruption, fraud and waste representing hundreds of billions of dollars diverted away from patient care each year. In the United States the Federal Bureau of Investigation (FBI) 2018 estimated that health care fraud costs the country approximately \$272 billion annually manifesting through false billing, kickbacks, ghost patients and unnecessary medical procedure that drain public and private health financing systems. In European countries such as Greece, Hungary and Romania informal payments to health care workers

remain deeply entrenched with Transparency international (2013) reporting that up to 35% of patients in these countries made informal payments to secure better or faster treatment. In South and Southeast Asia, countries such as India, Bangladesh and Pakistan face rampant absenteeism among public health workers with Chaudhury, Hammer, Kremer, Muralidharan and Rogers (2006) estimating that up to 40% of public sector health workers in India are absent from their posts on any given working day costing governments millions in salaries for services never rendered to patients. In the Middle East, Siddiqi and Jama (2008) noted that weak regulatory environments in countries such as Pakistan and Afghanistan enable the widespread distribution of substandard and falsified medicines that directly endanger patients' lives. Globally, Vian (2020) further confirmed that corruption negatively affects the delivery, accessibility, affordability, efficiency and fairness of health services and can even prove fatal when fake or ineffective medications enter the supply chain. Collectively, these examples demonstrate that corruption in health institutions is a truly global crisis with catastrophic consequences for health outcomes, public trust and the efficient allocation of scarce health resources.

The African continent continues to experience a disproportionately high level of corruption within the health sector, largely driven by weak institutional systems, poor remuneration of healthcare workers, inadequate oversight mechanisms and fragile governance structures that together create an enabling environment for corrupt practices to thrive. According to Transparency International (2013), health institutions across sub-Saharan Africa are consistently perceived as some of the most corrupt public sector entities with citizens in countries such as Nigeria, Uganda, Kenya, Cameroon and Tanzania identifying hospitals and clinics as major centers of bribery, theft and professional misconduct. In Nigeria, the National Health Insurance Scheme has been significantly undermined by systemic fraud, as the Nigerian Senate (2017) reported the loss of billions of naira through practices such as ghost workers, procurement irregularities and the diversion of essential medical supplies meant for vulnerable populations. In Tanzania, Mackintosh and Tibandebage (2004) observed that informal payments in public health facilities had become so widespread that they effectively formed an unofficial parallel fee system, disproportionately disadvantaging poorer patients. In South Africa, Rispel, De Jager and Fonn (2016), through a nine-year mixed-methods study incorporating Auditor-General reports, interviews and media analysis concluded that corruption persisted due to weak detection systems and a failure to enforce sanctions with anti-corruption legislation yielding limited results in the absence of strong political will and public

accountability. Overall, these findings demonstrate that corruption in African health systems is systemic rather than incidental, significantly undermining the ability of already strained healthcare systems to deliver equitable and efficient services to vulnerable populations.

Zimbabwe's public health sector has faced a persistent and well-documented crisis of corruption that has significantly weakened its ability to provide effective and equitable healthcare services. This situation was exacerbated by the economic downturn of the 2000s, which eroded public sector wages and created an environment in which many health workers turned to informal and corrupt practices as coping mechanisms for survival. Evidence from the Transparency International Global Corruption Barometer (2013) indicates that 66% of Zimbabwean respondents perceived government health institutions as corrupt or highly corrupt, highlighting the depth of mistrust within the system. In addition, 22% of individuals who had interacted with public health services within the previous year reported paying bribes to access care, demonstrating that corruption is both systemic and directly experienced by patients (Transparency International, 2013). Supporting these findings, Afro barometer (2012) reported that 31% of Zimbabweans believed that the government was not making sufficient efforts to improve basic healthcare, reflecting widespread dissatisfaction with public service delivery.

Corruption within Zimbabwe's health sector occurs in multiple forms, including embezzlement of public funds, theft and diversion of medicines, and the solicitation of unofficial payments at the point of service delivery (Transparency International, 2013 and Vian, 2008). The prolonged economic challenges have left many healthcare workers earning salaries that are insufficient to meet basic living costs, thereby creating strong incentives for engaging in corrupt activities across different levels of the system, from procurement officials to frontline staff (Transparency International, 2013 and Lewis, 2006). Although the government has introduced various anti-corruption policies, legal frameworks, and institutional reforms aimed at curbing malpractice, existing evidence suggests that these measures have produced uneven and often minimal results in practice (Savedoff and Hussmann, 2006 and Transparency International, 2013). This gap between policy formulation and implementation underscores the need for context-specific assessments of anti-corruption strategies. Therefore, this study seeks to evaluate the effectiveness of anti-corruption strategies in addressing corruption within health institutions, focusing specifically on Kadoma General Hospital in Zimbabwe.

1.2 Statement of the problem

Corruption in health institutions continues to disrupt the equitable delivery of healthcare despite the introduction of numerous anti-corruption strategies. Ongoing corruption scandals from procurement irregularities to misuse of public funds illustrate persistent vulnerabilities in governance systems and highlight gaps in the implementation and effectiveness of anti-corruption reforms. This study seeks to evaluate the impact of anti-corruption strategies in mitigating corruption in health institutions with Kadoma General Hospital as a case study.

1.3 Research aim

The aim of this study is to evaluate the impact of anti-corruption strategies in combating corruption at Kadoma General Hospital.

1.4 Objectives

1. To identify common forms of corruption at Kadoma General Hospital.
2. To assess the impact of the anti-corruption interventions in curbing corruption at Kadoma General Hospital.
3. To explore the challenges faced in implementing anti-corruption strategies at Kadoma General Hospital.
4. To recommend measures to enhance effectiveness of anti-corruption strategies in preventing and detecting corruption in Zimbabwe's health sector.

1.5 Research questions

1. Which forms of corruption occur at Kadoma General Hospital?
2. How effective have these strategies been in reducing corruption at Kadoma General Hospital?
3. What are the challenges faced in implementing anti-corruption measures at Kadoma General Hospital?
4. What measures can boost anti-corruption efforts in Zimbabwe's health sector?

1.6 Significance of the Study

This study is significant for multiple stakeholders:

1.6.1 To policymakers

The study will help policy makers as it will provide evidence based insights into the effectiveness of various anti-corruption strategies with the health sector. By identifying the drivers of corruption and evaluating current policy gaps, the researcher offers guidance on how existing laws, regulations and institutional framework can be strengthened. The findings can

promote more targeted policies that promote transparency, accountability and ethical conduct in health care.

1.6.2 To health administrators

The study is valuable to health administrators because it offers practical recommendations aimed at improving transparency, accountability and efficiency in service delivery. The findings will highlight areas where administrative systems may be vulnerable to corrupt activities and suggest strategies for improving internal controls, monitoring mechanisms and the conduct of staff. By applying these insights administrator can foster a culture of integrity within health institutions.

1.6.3 To civil society and donors

The study is significant to civil society organizations and donors as it identifies critical areas where advocacy, funding and oversight can have the greatest impact. By shedding light on systemic weaknesses and corruption risks in the health sector, the research will enable these stakeholders to design targeted interventions, awareness campaigns and support programs. It will also strengthen their role in promoting accountability and transparency by providing credible evidence to influence policy.

1.6.4 To academia

The findings will contribute to academia by adding to the existing body of knowledge on governance and corruption in public health systems particularly in developing countries. It will provide empirical data that may enrich literature on governance in public health systems particularly in developing countries.

1.7 Assumptions of the study

The study assumes that respondents will provide honest, reliable and unbiased information. It also assumes that external factors such as political and economic conditions may influence the effectiveness of these strategies but will not invalidate the overall findings.

1.8 Delimitation of the study

This study focuses specifically on public health institutions examining anti-corruption strategies' impact in combating corruption. It is geographically limited to Kadoma General Hospital.

1.9 Limitations of the study

Data availability – limited access to recent or comprehensive corruption data due to confidentiality issues. In order to overcome this barrier, the researcher sought a permission

letter to assure the institution management that the data will solely be used for academic purposes.

Time – it was also a constraint as the researcher had to balance attending lecturers and also exams however, she overcame this by drafting a flexible timetable to that would ensure that she could carry out the research without compromising attendance of lectures and also the in classes.

Respondent bias- stakeholders may underreport corruption or overstate the success of interventions. To overcome this bias the researcher ensured anonymity and confidentiality of all responses assuring participants that their answers would be used solely for academic purposes and would not be traceable to any individual respondent.

1.10 Definition of terms

Corruption – the abuse of entrusted power by health workers, administrators and officials for private gain. It includes bribery of clinical staff by patients seeking priority treatment, fraud in management of medical supplies, embezzlement of hospital funds and favoritism and in health sector it includes practices that distort decision making and resource allocation (Transparency International, 2021).

Anti-corruption strategies- these are deliberate policy or institutional measures implemented to prevent, detect and address corrupt practices. Examples include digital reporting systems, procurement reforms, legal frameworks and public engagement mechanisms (WHO, 2020).

Health institutions- organizations public or private involved in the provision, regulation or financing of health services including hospitals, clinics, ministries of health and insurance bodies (WHO, 2018; OECD, 2021).

1.11 Chapter summary

This chapter introduced the research by outlining the background, the problem of corruption in health institutions and the increasing role of anti-corruption strategies especially digital tools in addressing this issue. The objectives and significance of the study were discussed alongside key research questions. The chapter also covered the assumptions, scope and limitations of the study while defining key terms relevant to the research. The next chapter will review existing literature to establish a theoretical and empirical foundations of the study.

CHAPTER II

LITERATURE REVIEW

2.0 Introduction

This chapter reviews existing literature on the nature of corruption in health institutions, the various anti-corruption strategies employed globally and locally and their documented impacts. It also discusses the theoretical frameworks that underpin anti-corruption interventions and identifies gaps in current research.

2.1 Conceptual framework

Conceptual framework represents a cornerstone in both theoretical research and practical applications guiding scholars and professionals in organizing ideas, identifying relationships and formulating strategies (Chris et al., 2024). In the context of this study, the conceptual framework illustrates the relationship between anti-corruption strategies as the independent variable and corruption forms as the dependent variable. The anti-corruption strategies examined include mobile health applications, legal frameworks and whistleblower mechanisms. These strategies are expected to reduce corruption forms such as bribery, extortion and nepotism within health institutions. The relationship between these two variable is mediated by transparency accountability and organizational ethical culture, which explain how the implementation of anti-corruption strategies ultimately leads to a reduction in corrupt practices .Therefore, when effective anti-corruption strategies are applied, they are expected to promote transparency and accountability, thereby reducing corruption at Kadoma General Hospital.

2.2 Concepts

2.2.1 Definition of Corruption

Transparency International (2024) defined corruption as the abuse of entrusted power for private gain. Corruption involves practices such as bribery, embezzlement, fraud, favoritism, and misuse of resources, and often undermines transparency, accountability and efficiency service delivery. It may manifest as informal payments, procurement fraud, theft of

medicines absenteeism and manipulation of patient records in health institutions, which negatively affect the quality and accessibility of health care services(Rose-Ackerman and Palifka, 2016; World Bank, 2020).

2.2.2 Types of corruption

Corruption in health institutions occurs in multiple interconnected forms, each with distinct characteristics and implications for service delivery. Robinson (1998) offers a comprehensive definition of systemic corruption, describing it as a form of corruption deeply embedded in the structures, processes and norms of an institution or a society, such that corrupt activities to become part of everyday operations, manifesting in health institutions through informal payments for medicine procurement fraud and favoritism in the hiring or promotion of health workers. At a smaller scale, petty corruption refers to everyday abuse of entrusted power by lower or mid-level officials, mainly involving small amounts of money or favors, such as when health workers solicit informal payments for faster transactions or bribes to access medication. (Transparency International 2019).At the highest levels political and grand corruption involve the abuse of power by political leaders or senior officials encompassing large scale embezzlement procurement fraud and the misuse of public funds including the manipulation of health budgets and the awarding of contracts to political connected companies (Rose-Ackerman and Palifka, 2016). Beyond legal classification moral corruption refers to behavior that violates ethical standards, professional values or societal norms regardless of its legality, reflecting a decline in integrity among individuals and institutions (Heywood, 2015). In health settings such moral failures include favoritism and acceptance of bribes, practices that erodes public trust in the healthcare system and compromise the quality and fairness of service delivery (Vian, 2008). Collectively these forms of corruption inform the present study's investigation into whether such corrupt practices exist at Kadoma General Hospital.

2.2.3 Forms of corruption

Bribery

Bribery is one of the most prevalent and extensively documented forms of corruption in health institution. It refers to the act of offering, giving, receiving or soliciting something of value such as money, gifts, favors or services with intention of influencing the action or decision of an individual in a position of authority (Transparency international, 2023). In health sector bribery undermines the principle of equitable access to care by converting public services into commodities that are accessible to those who can afford to pay illicit fee (Vian, 2008). Therefore this study checked if Kadoma General Hospital has same issues with bribes.

Extortion

Extortion is a serious and coercive form of corruption that is closely related to bribery yet distinctly different in its nature. While bribery typically involves a voluntary offer of payment to gain favor, extortion involve the use of threats, coercion and abuse of power to compel an individual to make payment or provide a benefit against their will (Transparency international, 2023). In health institutions extortion occurs when health workers or administrators use their gatekeeping position to demand payments from patient or suppliers as a precondition for receiving services, medicines or approvals that patients are legally entitled to receive free charge (Vian, 2008). Extortion is particularly harmful in health settings because it exploits the vulnerability of sick individuals who have little choice but to comply with demands in order to access lifesaving care. As a result the current study aimed to determine whether Kadoma General Hospital was prone to extortion as a form of corruption.

Absenteeism

The most common only recognized kind of corruption among healthcare personnel for example Kadoma General Hospital is absenteeism. This happens frequently because they have a higher paying work in private sector. In the cases of health services in low income and middle income countries, this is often because they are engaging in private practice during their regular public service working (Mackey et al. 2019). In one of the recent Afro barometer surveys, more than 50% of respondents across 25 countries reported absenteeism in a recent healthcare experience ranging from 23 percent in Burundi to as high 90 % in Morocco. In many cases absenteeism and the ghost worker phenomenon are prevalent where institutionalized corruption creates an environment that enables healthcare workers to be absent from duty in lieu of relinquishing a percentage of their salary which is then shared institutionally (National Academies of Sciences, 2018).

Fraud

Fraud is corruption through deliberate deception of personal gain often involving financial manipulation. Fraud is often classified as economic crime because it erodes trust and accountability in the institutions. Examples of this include fake billing inflated costs and diverting supplies for profits. According to Transparency International (2021) fraud include acts such falsification of documents, embezzlement and misappropriation of funds which all distort decision making processes and weaken governance systems. In health institutions fraud can happen in many ways such billing for fake services, diverting medical supplies for private

sale and inflating procurement cost. For example Hospital staff may create ghost patients to claim government funds or insurance money lining their pockets, thereby siphoning public resources for personal benefit reduces the availability of essential services and compromise patient care, ultimately undermining anti-corruption efforts within the health sector (Vian, 2008).As a result the current study aimed to determine whether Kadoma General Hospital was prone to fraud as a form of corruption.

Nepotism

Nepotism refers to a corruption form that involves favoritism that is based on family relationships or close personal ties rather than merit, qualifications or fairness. It occurs when those in position of authority use their influence to unfairly benefit family or friends with jobs, promotions, or contracts. This practice began when Catholic Popes and bishops appointed their nephews to high positions. Although nepotism is a corrupt practice, many businesses in developing countries hire on its basis. They approach their friends, colleagues, relatives, and ethnic groups to fill employment gaps, regardless of their knowledge, ability, or experience. In the health industry, favoritism in nurse recruitment has long been a problem. Various news outlets, including Bulawayo²⁴ and the Sunday Mail, have found and examined several occurrences. According to Transparency International (2021) nepotism is a type of abuse of entrusted power for private gain, as it prioritizes personal relationships over institutional rules and ethical standards. In health institutions nepotism can lead to less qualified individuals being hired or promoted due to family ties, undermining meritocracy and staff morale and ultimately compromising service delivery. For example, a hospital director may appoint a relative to a key administrative or clinical position despite lacking the required qualifications or experience. This not only reduces efficiency and service quality but can also demotivate qualified staff and weaken institutional performance. Such practices hinder the effectiveness of anti-corruption strategies, as they perpetuate unfair systems and reduce trust in healthcare delivery (Vian, 2008).As a result this study aims to see whether it's form of corruption exists at Kadoma General Hospital.

Embezzlement and theft

Embezzlement and theft are major corruption issues that involves misuse of resources often in the organization entrusted with public institutional funds. Embezzlement happens when someone who has authorized to access of funds like a manager or employee takes them for their own personal use. This distinguishes it from general theft, as embezzlement involves a

breach of trust and fiduciary responsibility (Rose-Ackerman & Palifka, 2016). In contrast, theft is when someone takes stuff without permission, regardless whether they had access or not. Both embezzlement and theft weaken accountability systems and are considered as abuses of power for private gain for organizations such as transparency International (Transparency International 2021). In health institutions embezzlement and theft can cripple service delivery. Hospitals of a low socioeconomic position have non-computerized systems. As a result, they are more susceptible to corruption (Mackey, Vian & Kohler, 2018).

2.2.4 Anti-corruption strategies

There are numerous anti-corruption strategies to eliminate corruption in health institutions and create environments that are less conducive to malpractice. Mobile health applications, E-procurement systems, whistleblowing, legislative reforms, training and education, block chains, establishment of a global health governance framework to combat corruption, adequate remuneration of healthcare employees are among the anti-corruption strategies.

Mobile Health Applications

Mobile Health Applications refers to the use of mobile devices and digital platforms to support healthcare care delivery and administration and they have become an effective anti-corruption strategy by boosting transparency, accountability and efficiency. They digitize process like patient registration, billing and drug. Mobile payments enables cashless, traceable transactions curbing informal payments and bribery. Mobile health can also enable real time monitoring of staff attendance and service delivery and supply chain detecting irregularities like absenteeism and theft. Overall Mobile Health reduces corruption risk, but its effectiveness depends on infrastructure, digital literacy and data protection (Mackey and Cuomo, 2019). As a result, the current study aimed to determine if mobile health applications can be adopted as an anti-corruption measure at Kadoma General Hospital

E-procurement

E-procurement refers to the use of digital platforms to automate procurement processes such as tendering, bidding, contract award and payment in health institutions making them a powerful anti-corruption tool. According to Vian (2020), E-procurement enhances transparency and accountability in public sector transactions by creating audit trails and standardizing procedures, thereby minimizing opportunities for corruption. These systems also minimize human discretion by automating key procurement stages limiting interactions between officials and suppliers where corruption often happens. As a result e-procurement improves

accountability, efficiency and value for money in the of acquisition medicines and medical equipment which are particularly vulnerable to corruption in health institutions (Cuomo,2019).Hence, current study was conducted to determine whether E-procurement can be an appropriate anti-corruption strategy to combat corruption at Kadoma General Hospital.

Whistleblowing

According to Near and Miceli (1985) whistleblowing is defined as the disclosure by organizations of illegal, immoral or illegitimate practices under the control of their employees to persons or organizations that may be able to effect actions. Whistleblowing is a powerful anti-corruption strategy tool in combating corruption. By reporting suspected wrong doing, employees and stakeholders can help detect issues on promoting transparency and accountability (Lewis, 2011). Secure anonymous reporting channel and strong legal protections against retaliation are crucial for encouraging staff and patients to speak without fear. Therefore, current study was established to determine if whistleblowing can be implemented as an anti-corruption strategy to combat corruption at Kadoma General Hospital

Block Chain

Block Chain technology has become an important strategic tool in combating corruption in health institutions because it creates a system where all records are stored openly, permanently or in way that no single person can secretly change. Nakamoto (2008) was the first to introduce block chain as a digital record-keeping system where information is shared across many computers simultaneously, established that because no central authority controls the data, it becomes difficult for every corrupt individual to alter records without everyone else in the network noticing. Mackey and Nayyar (2017) says that when block chain applied to medicine supply chains every drug can be tracked from the factory all the way to the patient, meaning that corrupt officials who previously change genuine medicines with fake ones can no longer do so without giving a permanent and visible trail. World Health Organisation (2020) recognize that in poorer countries where corruption in vaccine and medicine distribution is particularly damaging public health, block chain tracking systems can ensure that health commodities reach the intended communities rather than being diverted and sold illegally by corrupt middlemen. Therefore, the current study was established to determine if block chain systems be used to combat corruption at Kadoma General Hospital.

Review of Legislation / policies dealing with corruption

PSA (2001) stated that no one anti-corruption agency has the capacity to combat corruption; instead, more coordinated efforts from several agencies are required. To combat corruption in public hospitals, the health sector should link its policies with legislation dealing with crimes in Zimbabwe, such as the Serious Offences Act, Prevention of Corruption Act, and Criminal Procedures and Evidence Act. Hence, current study was conducted to determine whether a legislative review can be an appropriate anti-corruption strategy to combat corruption at Kadoma General Hospital.

Establishment of global health governance framework to combat corruption

According to Mackey & Liang (2012), a global framework can combat corruption by establishing universal standards, laws, and regulations. The international community as a whole, would have more resources and people to combat corruption multilaterally. Acting quickly is critical because health corruption not only wastes scarce resources but also has negative consequences for healthcare access, infrastructure, finance, and social determinants of health (Mackey & Liang, 2012). To combat corruption, a global health governance structure must be adopted rapidly and efficiently. Therefore, current research aimed to establish if the foregoing measure can be applicable at Kadoma General Hospital

2.3 Theoretical framework

This study on the impact of anti-corruption strategies in combating corruption in health institutions, with particular reference to Kadoma General Hospital in Kadoma Zimbabwe is grounded on several theories that explain the causes of corruption and the effectiveness of anti-corruption mechanisms. The theoretical framework provides a foundation for understanding how corruption occurs in public institutions and how strategies such as transparency, accountability, monitoring and institutional reforms can help reduce it. The key theories underpinning this study are the Principal-Agent Theory, Collective Action Theory, Institutional Theory and Rational Choice theory.

2.3.1 Principal-Agent based theory

The theory is one of the most commonly used theories in corruption studies. Principal-Agent Theory was originally developed by Ross (1973) in the field of economics, who first formally articulated the principal-agent relationship as a framework for understanding how one party delegates work to another whose actions and interests may not align. Jensen and Meckling

(1976) advanced the theory further by introducing the concept of agency costs, which they defined as the losses incurred by principals as a result of agents pursuing their own interests rather than those of the organisation. Rose-Ackerman (1999) extended the theory into a political economy framework, arguing that corruption in principal-agent relationships is sustained not only by information asymmetry but also by the political interests of principals themselves, who may deliberately tolerate or even encourage agent corruption when it serves their own political survival or financial interests. She argued that effective anti-corruption strategies must therefore address the incentives of principals as well as agents, since corrupt systems often involve collusion across multiple levels of the hierarchy. Principal-Agent Theory directly informs the first objective of this study, which seeks to identify the forms of corruption occurring at Kadoma General Hospital by providing a theoretical lens through which different corrupt practices can be understood as manifestations of agency failure at various levels of the hospital's organisational hierarchy.

2.3.2 Collective Action Theory

Collective Action Theory was developed by Olson (1965) in *The Logic of Collective Action* which posits that rational individuals will not contribute to a common good unless incentivized or compelled. Ostrom (1990) later showed that communities can create cooperative arrangements to resist harmful behavior when trust, shared norms and transparent rules exist. In corruption studies, Persson et al. (2013) reframed corruption as a collective action problem rather than a principal-agent issue. They argued that corruption endures because individuals expect others to remain corrupt, making honesty individually irrational even when it benefits the group. This creates a self-reinforcing cycle of corrupt normalisation that individual sanctions cannot break. The theory explains the first objective by showing how practices like bribery, absenteeism, medicine theft, and procurement fraud become normalised when staff see peers acting corruptly without penalty, making refusal socially and professionally costly. For the second objective, it demonstrates that anti-corruption measures focused only on individuals will have limited impact unless they also shift collective expectations and institutional norms across the workforce. For the third objective, Olson's (1965) free-rider problem explains resistance to reforms, as staff benefit from others' ethical conduct without bearing personal costs. For the fourth objective, Ostrom's (1990) work suggests that sustainable change requires locally owned rules, participatory monitoring, legitimate graduated sanctions, and governance that gives all staff a stake in upholding shared standards.

2.3.3 Institutional theory

Developed by North (1990), Institutional Theory defines institutions as the formal and informal rules, norms and constraints shaping behavior with institutional quality determining whether conduct serves collective or personal interests. Scott (1995, 2004) identifies three pillars regulative (laws and enforcement), normative (professional values) and cultural-cognitive (shared beliefs) arguing that corruption thrives when all three are weak or undermined. DiMaggio and Powell (1983) add that institutions tend toward isomorphism, so Kadoma General Hospital may mirror broader corrupt norms in Zimbabwe's health sector. Meyer and Rowan (1977) note a gap between formal policies and actual practice, where anti-corruption policies exist on paper but informal practices persist. Helmke and Levitsky (2004) stress that informal norms like codes of silence often override formal rules. Applied to Kadoma General Hospital, the theory frames corruption as a product of institutional deficiencies rather than individual failings and shows that effective interventions must reform formal rules alongside informal norms and culture. It also explains implementation challenges through decoupling of policy and practice and guides recommendations toward comprehensive reform that strengthens regulation, rebuilds professional ethics and displaces corrupt informal norms through transparency and accountability.

2.3.4 Rational theory

Developed by Becker (1968), Rational Choice Theory frames corruption as a rational cost benefit decision where individuals engage in corrupt acts when expected gains outweigh risks of detection and punishment. Clarke and Cornish (1985) expanded this to show offenders weigh effort, reward and risk while Rose-Ackerman (1999) applied it to public sector corruption as a rational exchange between parties. Klitgaard (1988) operationalised it through the formula $C = M + D - A$ arguing that corruption results from monopoly, discretion and low accountability and can be reduced by altering these variables. Gambetta (2002) added that corrupt networks are rationally organised with trust and signalling mechanisms and Moene (1990) showed that as corruption spreads, detection costs fall, creating a self-reinforcing equilibrium. Applied to Kadoma General Hospital, the theory explains why practices like bribery and medicine theft persist as rational responses to high rewards and weak enforcement, guides assessment of interventions by whether they raise detection probability, increase punishment, or reduce rewards. It also explains implementation resistance as rational protection of a corrupt equilibrium and informs recommendations to alter the utility of corruption through stronger monitoring, credible sanctions and reduced discretionary power.

2.4 EMPIRICAL REVIEW

2.4.1 To identify forms of corruption.

Vian (2008), conducted a seminal study in multiple low-and middle income countries across Sub-Saharan Africa and Asia with the aim of systematically identifying and categorizing the prevalent form of corruption occurring within Health sector institutions. The study employed on qualitative review methodology, drawing on case studies field reports and institutional assessments gathered from various health systems. The study found that the most pervasive forms of corruption in health institutions included absenteeism among health workers, theft and diversion of medicines and medical supplies. The researcher further found that these corrupt practices severely undermined health service delivery by reducing resource availability and eroding patient trust. The study recommended the strengthening of internal accountability system and also the introduction of independent oversight mechanism.

Saved off and Hussmann (2006), investigated a study across developing countries in Africa and Latin America to examine governance failures and corruption in public health systems. The study employed a qualitative methodology using institutional analysis and governance assessments. The findings revealed that corruption in health institutions includes bribery, misallocation of resources, payroll fraud (ghost workers) and political interference in staffing decisions. The study concluded that poor governance structures significantly contribute to corruption in healthcare delivery. It recommended strengthening institutional governance, improving transparency and implementing accountability frameworks to enhance integrity in health institutions.

In another study conducted by Transparency International (2006), on global analysis including case studies from several developing countries they identified sector-specific forms of corruption, including in the health sector. The study employed a qualitative approach using sectoral assessments, policy reviews, and field evidence. The findings indicated that corruption in health institutions manifests in multiple forms such as procurement fraud in the acquisition of drugs and medical equipment, embezzlement of health funds, informal payments and manipulation of supply chains leading to drug shortages. The study concluded that weak institutional controls and lack of transparency contribute significantly to these corrupt practices. It recommended strengthening procurement systems, enhancing transparency in financial management, and promoting citizen participation in monitoring health service delivery.

2.4.2 To assess the impact of anti-corruption interventions in curbing corruption in health institutions.

Mackey and Liang (2012), conduct a study to assess system-wide anti-corruption interventions in healthcare. The researchers employed a qualitative review of policy documents, global reports, and case studies. The studies found that system-level interventions such as regulatory reforms, digital health monitoring systems, and strengthened supply chain management significantly reduced corruption practices including counterfeit drugs, fraud, and bribery. The study emphasised that isolated interventions were less effective compared to integrated system-wide approaches. The study recommended adopting comprehensive anti-corruption strategies, improving regulatory oversight, and enhancing transparency across the healthcare system.

The researcher Vian (2011), conducted a study across several low- and middle-income countries in Sub-Saharan Africa and Asia. The researched aimed to assess the effectiveness of anti-corruption interventions in the health sector. The study employed a qualitative methodology using case studies, corruption diagnostic tools, and institutional assessments to analyse anti-corruption strategies. The research found that interventions such as strengthened financial controls, transparent procurement systems and community monitoring mechanisms significantly reduced corruption practices such as informal payments, theft of medical supplies, and absenteeism. The study further revealed that the use of monitoring tools improved accountability among health workers. The study recommended the adoption of integrated anti-corruption frameworks, strengthening internal audit systems and promoting community participation to enhance transparency and reduce corruption in health institutions.

2.4.3 To explore challenges faced in implementing anti-corruption strategies in health institutions

Tsupylo and Miniailo (2025), conducted a study aimed to examine anti- corruption control in the healthcare sector, identifying the challenges affecting the implementation of anti-corruption strategies and suggest solutions in Ukraine. The study used systematic analysis and review of regulatory documents as methodology. The researchers mainly followed a qualitative research approach. The study found that lack of qualified personnel, weak legislation and also limited funding also reduced the effectiveness of anti-corruption measures. The researchers also found that anti-corruption audits were affected by lack of cooperation from hospital management. The study recommended that training healthcare workers and auditors on anti-corruption practices may reduce corruption.

The researchers Hutchinson et al. (2020) conducted a study on the difficulties in implementing anticorruption measures in public health institutions in low and middle income countries. Their research aimed to understand why these interventions often do not succeed at the point of healthcare delivery. The research adopted a qualitative approach to explore the history of corruption research within the international and global sector. The study identified interconnected categories of challenges that undermines the implementation of anti-corruption strategies in health institutions. The categories relates to systemic and structured challenges .Corruption has seen as a heterogeneous mix of activity, extensive and expensive in terms of loss of productivity and increasing inequality and costs but with few examples of programs that tackled corruption in low-middle income countries and that a few bottom-up, community engaged interventions have been tested showing promising results , but the central challenge remains scaling up the successful ones for measurable and sustainable impact.

Lewis (2007), examined health systems in Eastern Europe and Central Asia with the aim of analysing challenges in reducing informal payments through anti-corruption interventions. The researcher employed a mixed-methods approach using household surveys, policy analysis and institutional reports. The study revealed that despite policy reforms, informal payments persisted due to weak enforcement, cultural acceptance of unofficial payments and inadequate salaries for health workers. The author found that lack of clear fee structures created confusion and opportunities for corruption. The study recommended strengthening enforcement mechanisms, improving health worker compensation, clarifying service charges, and increasing public awareness to address these challenges.

Mackey and Liang (2012), conducted a global study focusing on developing countries to examine systemic challenges affecting anti-corruption efforts in healthcare. The study employed a qualitative review of policy documents, case studies, and global health reports. The findings revealed that fragmented health systems, weak regulatory frameworks, lack of coordination among stakeholders, and inadequate technological infrastructure limited the success of anti-corruption strategies. The study emphasised that corruption is often deeply embedded within systems, making it difficult to eliminate through isolated interventions. The researchers recommended adopting integrated system-wide approaches, strengthening regulatory frameworks, improving coordination among stakeholders, and leveraging technology to enhance transparency.

2.4.4 To recommend measures to enhance effectiveness of anti-corruption strategies in preventing and detecting corruption in the health sector

Koller et al. (2020), examined a study on promoting anti-corruption transparency and accountability to achieve Universal Health Coverage. The study was global in nature and focused on multiple countries supported by the World Health Organisation. It also included examples from Arab countries and international health systems. The study aimed to promote anti-corruption transparency and accountability measures in the health sector in order to strengthen health sector in order to strengthen health systems sector in order to strengthen health systems, reduce corruption and improve accountability and achieve corruption in Universal Health Coverage. The study mainly followed a qualitative research approach and used critical review of previous studies and analysis of global health policies. The study found that corruption in health sector weakens healthcare systems and reduces quality service delivery. The study recommended introducing fraud risk assessment and monitoring systems. The research also recommended strengthening transparency and accountability systems in health institutions.

In a study conducted by Previtali and Cerchiello (2018), they explore the effectiveness of anti-corruption strategies implemented in healthcare organisations in Italy and to identify measures that can improve corruption prevention, transparency, accountability and sustainability in the health sector. The study used qualitative and quantitative research approach. The researchers used cluster analysis and k-means analysis to group healthcare organisations according to their anti-corruption practises. They found that many healthcare organisations were not fully complying with anti-corruption regulations. The study also found that effective anti-corruption measures identified included risk assessment, risk monitoring and staff rotation. The study recommended encouragement of healthcare institutions to move beyond tick box compliance and focus on effective implementation of anti-corruption measures.

Transparency International (2006), conducted a global study including 10 African countries with the aim of identifying effective anti-corruption measures across sectors including health. The study utilized qualitative case studies and sectoral analysis. The findings showed that interventions such as transparent procurement systems, independent oversight bodies, and citizen reporting mechanisms significantly improved detection and prevention of corruption in health institutions. The study further revealed that public participation enhanced accountability and reduced misuse of resources. The study recommended strengthening procurement

procedures, promoting transparency, establishing independent anti-corruption bodies and encouraging citizen engagement to improve the effectiveness of anti-corruption strategies.

2.5 Research Gap

The reviewed literature by Vian (2008; 2011), Savedoff and Hussmann (2006), Transparency International (2006), Mackey and Liang (2012) and Lewis (2007) highlights key forms of corruption governance failures and challenges in implementing anti-corruption interventions. Limited attention was given to assessing the actual impact of anti-corruption strategies in combating corruption within health institutions. Most reviewed studies are cross-country in nature, comparing trends across Sub-Saharan Africa, Asia, Latin America and Eastern Europe with little focus on individual hospitals. Very few studies focused specifically on Zimbabwean public health institutions. Since corruption challenges differ across countries and institutions due to social, economic and political factors findings from other countries may not fully apply to Zimbabwe at Kadoma General Hospital. Much of the research also identifies corruption and proposes theoretical solutions but offers limited empirical evidence on how anti-corruption strategies actually perform at facility level particularly in specific public hospitals. Additionally, while integrated frameworks are suggested, there is insufficient analysis of how these strategies are implemented and experienced in practice within local health institutions. Most of the studies mainly used qualitative approaches based on case studies, policy reviews and institutional assessments. Few studies used primary data collected directly from healthcare workers and patients within a specific hospital setting. In Zimbabwe and especially at Kadoma General Hospital, there is a lack of empirical evidence on the effectiveness of interventions such as financial controls, procurement regulations, reporting systems and accountability mechanisms in reducing corruption in day-to-day operations. This study therefore aims to address this gap by examining the impact of anti-corruption strategies at Kadoma General Hospital, providing facility-level evidence that links global recommendations to local practice.

2.6 Chapter summary

This chapter presented the study's supporting literature, including important theories, conceptual frameworks and empirical evidence on the anti-corruption strategies in combating corruption in health institutions. The chapter presented forms of corruption in health institutions, the types of corruption and the anti-corruption strategies in combating corruption

in health institutions. Lastly, the chapter provided a graphical presentation of conceptual framework. The next chapter will discuss the research methodology used during the research.

CHAPTER III

RESEARCH METHODOLOGY

3.0 Introduction

Research methodology as described by Goddard & Melville (2004), is a process for establishing the conclusion of a specific problem on a certain topic or problem, also known as a research problem. The purpose of this chapter is to describe the methods and procedures used to gather data, as well as how they will be evaluated, interpreted, and conclusions reached. The reliability of the conclusions is entirely dependent on the research design, data collection, and data analysis. To come up with a suitable approach to address our study challenge, the research had to specify data collection tools, as well as the target population, sampling, and data analysis methodologies. Furthermore, the data collection instruments' validity and reliability were discussed. Before closing with a chapter summary and ethical considerations were considered.

3.1 Research philosophy

Research philosophy comprises the fundamental beliefs and assumptions that underpin the processes of knowledge generation acquisition and comprehension within a study (Saunders, Lewis and Thornhill, 2019). On this study, a positivist research philosophy was employed which views reality as objective, observable and measurable and emphasizes the use of empirical evidence and scientific methods (Bryman and Bell 2015). The adoption of positivism was deemed suitable for this research due to its focus on quantifiable variable such as various manifestation of corruption, the efficacy of anti-corruption measures and the obstacles encountered during their implementation at Kadoma General Hospital. Data collection methods included the utilization of questionnaires and statistical analyses was employed. The philosophy also supported the production of the objective, value free and generalizable findings relevant to the wider Zimbabwean health sector while minimizing researcher bias through the use of verifiable empirical data (Creswell, 2014).

3.2 Research Approach

A research approach refers to the plan and procedures that guide the steps from broad assumptions to detailed methods of data collection, analysis and interpretation (Cresswell and Creswell, 2018). In this study the deductive research approach was utilized initiating with established theories and then substantiating them with empirical evidence. The deductive approach was also aligned with the quantitative research design through the use of structured questionnaires, Pearson correlation, regression analysis and objective quantification of relationships between variables. These methods ensured a methodical transparent and reproducible research process (Saunders et al., 2019).

3.3 Research design

A research design is a framework that includes the method and procedures that is used to collect, analyze and interpret data (Bouchrika, 2023). The study utilized a descriptive quantitative research design which entails the structured gathering and statistical analysis of numerical data with the aim of examining variable relationships. This approach is particularly effective for identifying patterns, evaluating the frequency of behaviors or phenomena and making generalization to a wider population (Bryman and Bell, 2015). The adoption of this methodological approach was further informed by the precedent set by Anim et al. (2020), whose successful application of quantitative techniques in a comparable research context demonstrated the suitability of this method for investigations of a similar nature.

3.4 Population

According to Bryman and Bell (2015) study population refers to the entire group about which the researcher seeks to generate knowledge and to whom the findings of the study are intended to apply. In this research the target population comprised 100 employees at Kadoma General Hospital who possessed relevant knowledge of research topic. To ensure informed insights the study focused on professional departments such as procurement, accounting, administration, environmental departments and the human resources team as these departments are most susceptible to corruption risks within health institutions (Vian, 2008). The target population employees was drawn from key five departments listed in table 3.1

3.5 Sample Size determination

Sampling is the process of selecting a subset of a population to represent the whole (Saunders et al., 2019). Due to time and budgetary restrictions, a sample was chosen rather than a survey

of the entire population. In this study, the researcher selected a sample of 40 respondents from a target population of 100 employees across five departments. This sample size represents 40% of the total population, which Mugenda and Mugenda (2003) consider adequate for a descriptive quantitative study. Furthermore, Mugenda (2008) stipulates that a sample size of 30 or more is sufficient for quantitative analysis, thereby affirming the adequacy of the 40-respondent sample adopted in this study.

3.6 Sampling technique

A sampling technique is the procedure used to select a representative subset from a population for research purposes (Kothari, 2004). In this study, the researcher employed simple random sampling to select respondents from the target population. Simple random sampling is a probability sampling technique in which every member of the population has an equal and independent chance of being selected to participate in the study (Bryman and Bell, 2015). This method was considered appropriate for this study because it eliminates selection bias and ensures that the sample is representative of the broader population at Kadoma General Hospital.

To implement simple random sampling, the researcher first obtained a complete list of all 100 eligible employees from the five targeted departments. Each employee was assigned a unique number from 1 to 100. Using a random number table, 40 numbers were randomly selected and the corresponding employees were invited to participate in the study. This procedure ensured that each employee had an equal probability of selection, thereby enhancing the objectivity and fairness of the sampling process (Saunders et al., 2019). The distribution of the selected sample across the five departments is presented in Table 3.1 below.

Table 3.1 Population and Sample Distribution

Department	Population	Sample size
Procurement staff	20	8
Accounting staff	30	12
Human resources staff	15	6
Administration	20	8
Environmental	15	6
Total	100	40

Source: Author 2026

As indicated in Table 3.1 a sample size of 40 participants was chosen randomly from the five departments. While simple random sampling does not mandate proportional allocation, the distribution among departments closely mirrored the respective sizes of each department within the overall population. This alignment further bolstered the representativeness of the sample.

3.7 Research instruments

Creswell (2018) defines research instruments as the tools researchers use to collect data, which may include questionnaire, interviews, guides, observation checklists or standardized tests. For data collection purposes, the researcher employed questionnaires as research instruments.

3.7.1 Questionnaires

According to Kothari (2004) a questionnaire is a document containing a series of questions and other prompts for the purpose of gathering information from respondents noting that it is particularly useful when the sample is large and geographically. Questionnaires were distributed to the employees of Kadoma General Hospital. Participants were provided with questionnaires that guided them in providing response regarding the impact of anti -corruption strategies in combating corruption in health institutions. This study employed both closed and open ended questions. The researcher designed questions that were straight forward, easy and evident to guarantee that respondents did not find ambiguity in the queries.

3.7.2 Advantages of Questionnaires

The use of questionnaires allowed the researcher to collect data at a relatively low cost. It did not require extensive resources or personnel making them cost effective method for data collection. It was less time consuming because most options were yes or no. The administration of questionnaires enabled the researcher to present identical questions to all participants in a uniform format thereby ensuring consistency throughout the data collection process and minimizing like likelihood for bias or response variability. The researcher found that questionnaires were an efficient way to collect data from a large number of participants. They could distribute the questionnaires to a wide audience simultaneously saving time and effort. Questionnaire design afforded participants a level of anonymity that fostered candid and unreserved responses which was particularly significant given the sensitive nature of the information being solicited. The researcher assured participants that their responses would be kept confidential.

3.7.3 Disadvantages

Designing questionnaires for usage takes a long period. To address this the researcher worked with the supervisor and other colleagues to prepare the questionnaires ahead of time for usage. The researcher faced challenges in interpreting the respond to open ended questionnaire. The lack of context or follow up discussions made it difficult in fully understand participant's intentions and motivation potentially leading to misinterpretation or incomplete analysis. Some respondents misinterpreted questions leading to inaccurate responses. To mitigate this the researcher used simple, clear terminology and provided clarification when participants requested it. Some respondents didn't think carefully about the questions, so important terms were bolded in the questionnaire to highlight them.

3.8 Data sources

3.8.1 Primary data

According to Creswell (2014) primary data refers to the original information that is collected directly by the researcher for a study rather than being obtained from existing sources. The data is gathered through methods such as surveys, interviews, observations and unique research questions at hand. In this study the research used primary data as a data source. Primary data is firsthand information it is likely to be current and reflective of the present situation. It provides opportunity to explore more insights or emerging issues that may not be captured in secondary sources (Bryman 2016). Primary data allows researchers to collect information that directly aligns with their objectives, ensuring greater accuracy and control over data quality (Saunders et al., 2019). However, one drawback of using this technology is the cost of collecting original data (Cerar, 2021).

3.8.2 Secondary data

It is information that has already been collected and analyzed for purpose other than the current research problem (Cohen et al, 2020). It can be source from both internal and external channels. One key advantage is that it is readily available and generally cheaper to obtain. However, a major limitation is that it can be hard to verify the accuracy of the data and it may not be fully relevant to the current issue.

3.9 Data collection procedures

Data collection procedure refers to the systematic and structured process through which researcher gathers relevant information from identified sources to answer research questions and meet study objectives (Creswell and Creswell, 2018). It specifies the who, what, how and

when of data gathering. Before data collection, the researcher obtained written authorization from the hospital administrator at Kadoma General Hospital, as well as ethical clearance from the University. Data collection was taken by the researcher through the distribution of questionnaires. A consent letter was included at the start of the questionnaire outlining the program, institution and research topic. Questionnaires were distributed at Kadoma General Hospital using drop and pick method. The researcher delivered them to Kadoma General Hospital for distribution to targeted respondent group including the finance and accounting, inventory management, human resources, administration departments and so on. Completed questionnaires were collected after five working days.

3.10 Data presentation and analysis procedures

In this study the researcher employed quantitative data analysis technique. To aid in the readers understanding and assessment of research findings were illustrated in various ways. Research data was presented in a variety of ways including tables with numerical figures. It is crucial that data be presented visually and graphs have been found to be useful tool for archiving this goal (Molde et. al, 2021).Analysing and evaluating data was made easier with the use of statistical representations using SPSS edition 27.

3.11 Validity

Validity refers to the extent to which instrument accurately measures what it is intended to measure (Kothari, 2004).According to Cooper and Schindler (2020), validity is the extent to which a study accurately assesses or captures what it designed to measure. In this study validity was ensured by designing questionnaires items that comprehensively cover all relevant aspects of the research aims and by phrasing them clearly in detail (Schindler and Cooper, 2020).

3.12 Reliability

Reliability Refers to how consistently a research tool measures a concept over time. According to Kumar and Bird (2019), data reliability is the degree to which a study tool creates reliably and trustworthy data. In this investigation Cronbach Alpha test was used to determine reliability of the questionnaire. This help the researcher determine whether the questions were clear, whether the response option were complete and whether the flow and timing of the questionnaires made sense. Ensuring reliability was key to collecting trustworthy data that could support valid summary.

3.13 Ethical Considerations

Ethical consideration are measures puts in place to protect the rights, dignity and confidentiality of research participants throughout the study (Creswell and Creswell 2018). In conducting this study on anti-corruption strategies at Kadoma General Hospital, the researcher first sought written permission from the hospital administration and the Ministry of Health and Child Care in Zimbabwe before approaching any participants .Informed consent was obtained from all participants after clearly explaining the purpose of the study, their role and their right to withdraw at any time. The researcher ensured that the study posed minimal risk to participants and that their wellbeing was prioritized. Researcher avoided asking questions that could cause emotional or psychological distress and remained attentive to participants comfort throughout the process. Respect for people was maintained by recognizing participants' autonomy. Confidentiality and anonymity were strictly ensured by avoiding the collection of personally identifiable information and by securely storing all responses with access restricted to the researcher. All data were used exclusively for academic purposes and will not be shared beyond of this study.

3.14 Chapter summary

This chapter outlined the research methodology, detailing research design, research philosophy research strategy sampling techniques and instruments as well a data presentation and analysis procedures and justifications were provided .Chapter 4 focuses on data analysis, presentation and discussion of findings.

CHAPTER IV

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction

Chapter 4 explore data collected and carry out an assessment of the data, highlights its importance. The research intended to find the impact of Anti-Corruption Strategies in Combating Corruption at Kadoma General Hospital. The data collected is depicted using graphical representations, charts and interpretation was done using SPSS 27.0.

4.1 Response rate

The investigator issued 40 questionnaires. The questionnaire response rate is given below:

Table 4.1: Response rate

Questionnaires issued	Questionnaire returned	Percentage of response rate %
40	40	100

Source: primary data (2026)

Table above illustrates that all 40 issued research tools were returned leading to a 100% engagement rate. Mugenda (2008) stipulates that a 60% rate of response is fine and a rate of 70% is remarkable.

4.2 Reliability test

Table 4.2: Reliability Statistics

Cronbach's Alpha	N of Items
.974	7

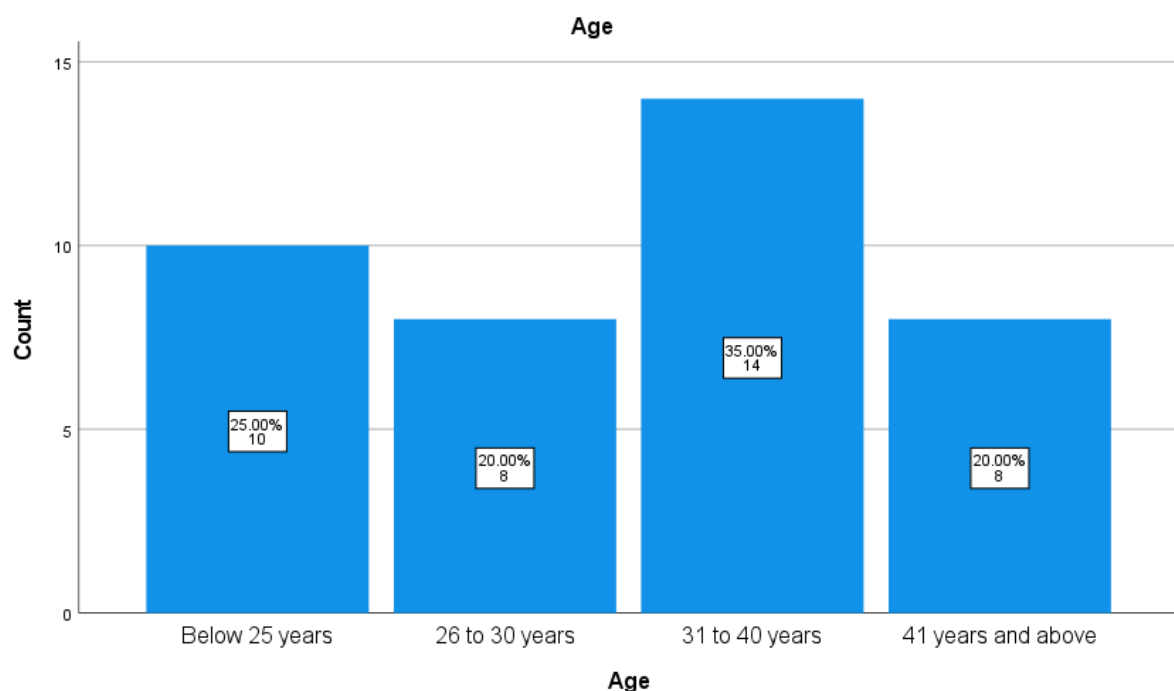
Source: primary data 2026

The researcher used SPSS version 27 to ensure calculation of reliability of data. The Cronbach alpha test was conducted and a Cronbach alpha of 0.974 was gotten. The outcome tally with those of Thomas (2020) & Charles (2019), which ranged from 0.7-0.9.

4.3 Demographics

The researcher must analyses demographic data provided participants since it can validate and support the study aims.

4.3.1 Age of respondent



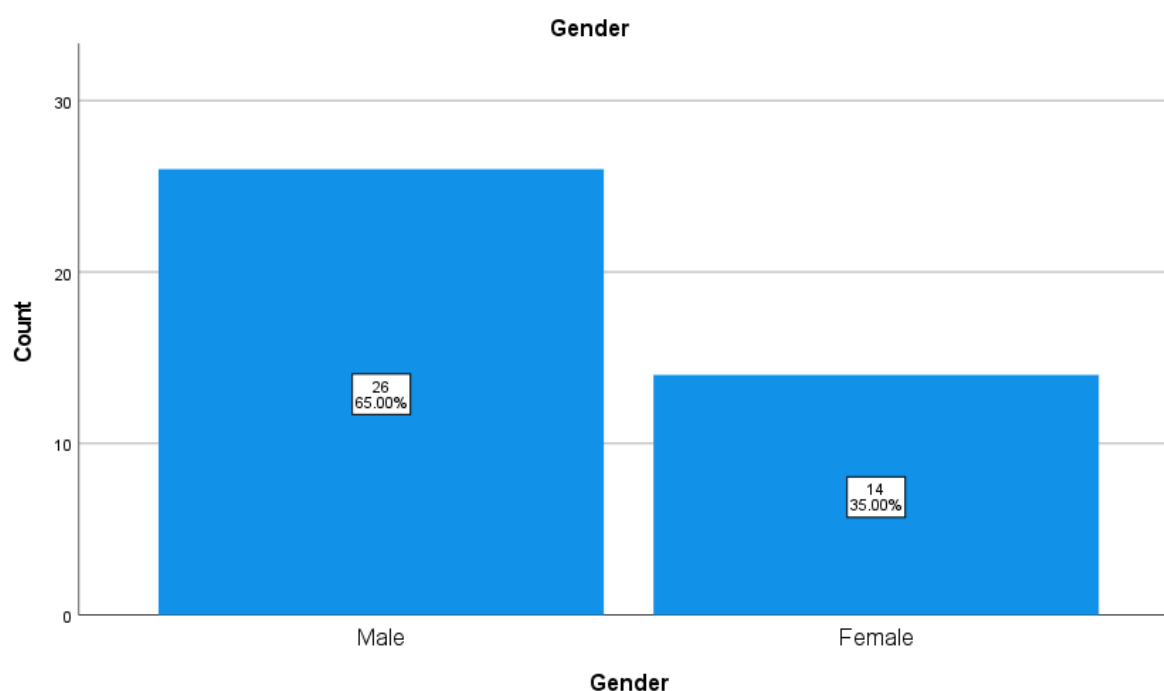
Source: primary data (2026)

Figure 4.1: Responses to age

The graph shows that the majority of the respondents were aged 31-40 years, representing 35% (14 respondents). Respondents below 25 years accounted for 25% (10 respondents), while those aged 26-30 and 41 years and above each represented 20 % (8 respondents). This indicates that most participants were mature and experienced individuals who are likely to have better knowledge and understanding of corruption issues and anti-corruption strategies at Kadoma General Hospital. The dominance of the 31-40 years age group suggests that the study captured responses from active and experienced workers who are directly involved in Hospital operations and administration. Findings agree with previous studies by Hechanova et al. (2008), who noted that middle-aged employees usually have greater exposure to organizational

systems and are better able to assess the effectiveness of accountability and transparency measures.

4.3.2 Gender of respondents

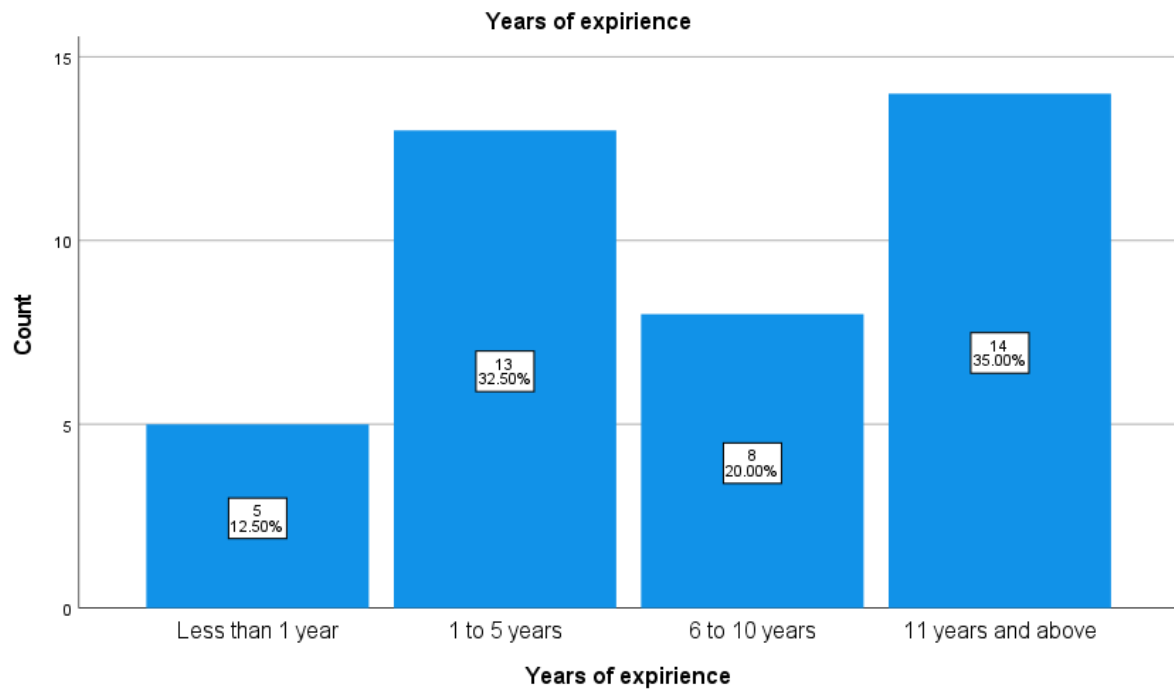


Source: Primary data (2026)

Figure 4.2: Gender respondents

Figure 3 above shows that 65% (26 respondents) of the participants were male, while 35% (14 respondents) were female. This indicates that males formed the majority of respondents in the study on the impact of anti- corruption strategies at Kadoma General Hospital. The Findings suggest that male employees may constitute a larger proportion of workers or decision makers within the hospital, giving them greater participation in issues relate to corruption and anti-corruption measures. However, the inclusion of female respondents also helped provide balanced views and experiences regarding corruption within the institution. Transparency International (2019) emphasized that gender representation is important in understanding corruption because employees experience corruption differently depending on their roles and responsibilities.

4.3.3 Years of experience

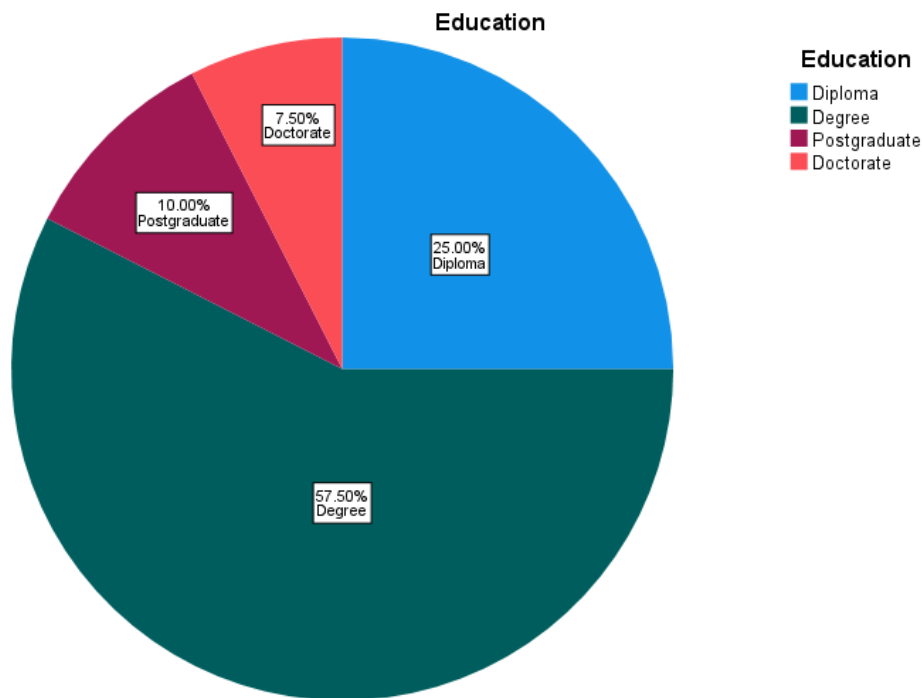


Source: Primary data (2026)

Figure 4.3: Responses to years of experience

The graph shows that the majority of respondents had 11 years and above of working experience representing 35% (14 respondents). This was followed by respondents with 1 to 5 years of experience at 32.5% (13 respondents), while those with 6 to 10 years accounted for 20% (8 respondents). Respondents with less than 1 year experience were the least representing 12.5% (5 respondents). The findings indicate that most participants were experienced employees who had adequate knowledge about the operations of Kadoma General Hospital and were therefore able to assess corruption issues and the effectiveness of anti-corruption strategies. Employees with many years of experience are more likely to understand weakness in accountability systems, procurement process and governance structure with in the hospital. These findings agree with Vian (2008), who found that experienced healthcare workers are better able to identify corruption risk and evaluate anti-corruption measures in health institutions.

4.3.4 Education

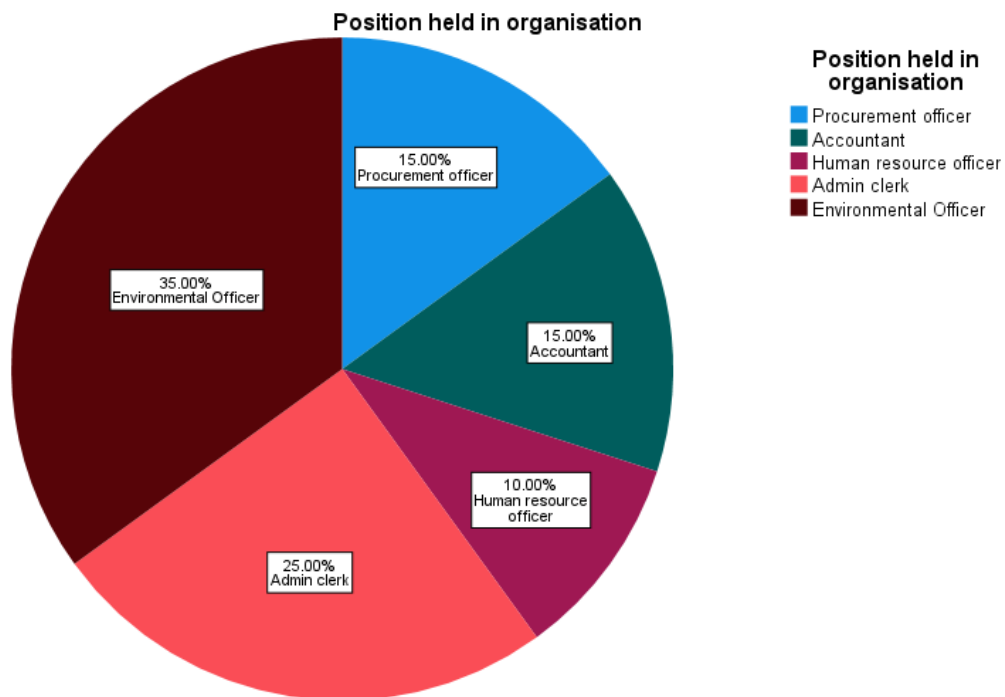


Source: Primary data (2026)

Figure 4.4: Responses to level of education

The above pie chart shows how the levels of education responses by participants were distributed. The majority of respondents hold degree level qualifications (57.50) suggesting that the sample largely comprises mid- level professionals and administrative staff. This is significant because educated respondents are generally better positioned to recognize, articulate and report corruption practices within health institutions. The finding supports Vian (2011), who argued that health workers with formal education are more likely to be aware of aware of institutional accountability mechanisms and more capable of identifying irregularities such as informal payments , procurement fraud and resource diversion

4.3.5 Position held in organisation



Source: Primary source (2026)

Figure 4.5: Response to position held

The data presented in the pie chart illustrates that environmental officers comprised the largest proportion of participants at 35% followed by admin clerk 25% with procurement officers and accountants each constituting 15% and human resource officers making up 10%. This distribution suggests that the survey targeted crucial departments directly engaged in administrative, procurement, financial and oversight functions where corruption vulnerabilities are prevalent within hospital settings. The inclusion of procurement officers and accountants holds significance as evidenced by prior research conducted by Vian (2008), which identified procurement and financial management as notable corruption hotspots within the healthcare sector. In a similar vein, Chivandire, Saruchera and Pillay (2023) highlighted that corruption within healthcare establishment is often associated with weak accountability and poor transparency in administrative and procurement systems. Therefore, the respondents chosen for the study were relevant because they provided informed views on the effectiveness of anti-corruption strategies at Kadoma General Hospital.

4.4 Forms of Corruption at Kadoma General Hospital

This section addresses the first research objective, which sought to identify the common forms of corruption occurring at Kadoma General Hospital. Descriptive statistics generated from SPSS version 27.0 are presented in Table 4.3 below.

Table 4.3: Descriptive Statistics –Forms of Corruption

	Corruption is a common problem at Kadoma General Hospital	Bribery is frequently practised in hospital operations	Favouritism or nepotism influences access to health services	Misuse of hospital resources is a significant issue
N Valid	40	40	40	40
Missing	0	0	0	0
Mean	2.45	3.90	3.08	2.83
Median	1.50	5.00	2.50	2.00
Mode	1	5	5	1
Std. Deviation	1.679	1.549	1.670	1.583
Minimum	1	1	1	1
Sum	98	156	123	113

Source: Primary data (2026)

The SPSS descriptive statistics presented in table above reveal that bribery was the most prevalent form of corruption at Kadoma General Hospital, recording the highest mean of 3.90 and a modal score of 5 indicating that the majority of respondents strongly agreed that bribery is frequently practised in hospital operations. Favoritism and nepotism followed with a mean of 3.08 while misuse of hospital resources recorded mean of 2.83. The general perception of

corruption as a common problem returned the lowest mean of 2.45 suggesting that respondents were less willing to make broad admissions of systemic corruption despite acknowledging specific corrupt acts pattern consistent with Brinkerhoff's (2004) Observation that institutional cultures of silence suppress open disclosure. These findings corroborate Klitgaard (1988), who argued that bribery thrives where monopoly and discretion are high but accountability is low and align with Transparency International Zimbabwe (2020) which identified bribery and nepotism as the dominant forms of corruption in Zimbabwe health institutions. The high standard deviations across all variable (1.549-1.679) indicate considerable variation in respondent's perceptions reflecting differences in departmental exposure and possible social desirability bias in responses.

4.5 Impact of Anti-Corruption Interventions at Kadoma General Hospital

This section addresses the second research objective, which sought to assess the impact of anti-corruption interventions in curbing corruption at Kadoma General Hospital. Descriptive statistics, Pearson correlation, regression Model Summary, ANOVA and regression Coefficients are presented in the sub-sections below.

Table 4.4: Descriptive Statistics — Anti-Corruption Strategies

	Anti-corruption measures are clearly communicated to staff and patients	Hospital management is committed to fighting corruption
N Valid	40	40
Missing	0	0
Mean	3.95	3.58
Median	5.00	4.00
Mode	5	5
Std. Deviation	1.431	1.567
Minimum	1	1
Sum	158	143

Source: Primary data (2026)

The table was derived from a sample of 40 respondents at Kadoma General Hospital, it reveals important insights into staff and patient perceptions of anti-corruption efforts within the institution. For the variable ‘anti-corruption measures are clearly communicated to staff and patients’, a mean of 3.95 median of 5 and mode of 5 on a 5 point Likert scale indicate that the majority of respondents agreed that communication of anti-corruption policies is occurring though the standard deviation of 1.431 signals uneven perception across the sample, suggesting that a minority remain either unaware or unconvinced. This aligns with findings by Transparency International Zimbabwe’s (2020) which noted that anti-corruption policy dissemination in Zimbabwean public health facilities remains fragmented and inconsistently implemented across institutional level. For the variable ‘Hospital management is committed to fighting corruption’, the slightly lower mean of 3.58 combined with a higher standard deviation of 1.567 reflects greater uncertainty and divergence of opinion regarding leadership commitment within institution. This diverge

4.5.2 Pearson Correlation Analysis

Table 4.5: Pearson Correlation — Anti-Corruption Strategies and Corruption

		Corruption	Anti-Corruption Strategies	Forms of Corruption
Corruption	Pearson Correlation	1	.461**	.389*
	Sig. (2-tailed)		.001	.013
Anti-Corruption Strategies	N	40	40	40
	Pearson Correlation	.461**	1	.412**
	Sig. (2-tailed)	.001		.008
	N	40	40	40

Source: Primary data (2026)

Correlation is significant at the 0.01 level (2-tailed).

Correlation is significant at the 0.05 level (2-tailed).

The Pearson correlation analysis presented in Table 4.5 reveals a statistically significant moderate positive correlation between anti-corruption strategies and the reduction of corruption at Kadoma General Hospital ($r = .461$, $p = .001$). This indicates that as anti-corruption strategies are strengthened and more effectively implemented, levels of corruption within the institution correspondingly decrease. The correlation between forms of corruption and anti-corruption strategies ($r = .412$, $p = .008$) further confirms that the specific corrupt practices identified, including bribery, nepotism and misuse of resources, are meaningfully associated with the adequacy of anti-corruption interventions in place. These findings are consistent with Vian (2008), who established that effective monitoring systems, transparency measures and accountability mechanisms are significantly correlated with reductions in corruption in health institutions. The results also support Rose-Ackerman and Palifka (2016),

who argued that the strength of institutional anti-corruption frameworks directly determines the extent to which corrupt conduct can be suppressed within public sector organisations.

4.5.3 Regression Model Summary

Table 4.6: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error	R Square Change	F Change	Sig. F Change
1	.461a	.212	.195	.447	.212	12.402	.001

Source: Primary data (2026)

a. Predictors: (Constant), Anti-corruption strategies

The model summary table indicates that anti-corruption strategies have a moderate positive relationship with combating corruption at Kadoma General Hospital. The correlation coefficient ($R=0.461$) shows that there is a meaningful association between anti-corruption strategies and the reduction of corruption within the hospital. The R Square value of 0.212 implies that approximately 21.1% of the changes in corruption levels can be explained by the anti-corruption strategies implemented at the institution while the remaining percentage may be influenced by other factors not covered in the study. Furthermore, the significance value ($p=0.001$), which is below the 0.05 threshold, indicates that the relationship is statistically significant, meaning that anti-corruption strategies, meaning that anti-corruption strategies have a real impact on combating corruption. These findings are consistent with previous studies by Vian (2008) who found that effective monitoring systems, transparency measures and accountability mechanisms help reduce corruption in health institutions.

4.5.4 Analysis of Variance (ANOVA)

Table 4.7: ANOVA

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	2.477	1	2.477	12.402	.001b
Residual	9.189	46	.200		
Total	11.667	47			

Source: Primary data (2026)

- a. Dependent Variable: Corruption
- b. Predictors: (Constant), Anti-corruption strategies

The ANOVA findings indicate that the regression model examining the impact of anti-corruption strategies on combating corruption at Kadoma General Hospital was statistically significant ($F=12.402$, $P=0.001$). Since the significance value is below the 0.05 threshold, the results demonstrate that anti-corruption strategies have a significant effect on reducing corruption within the hospital. The regression sum of squares value of 2.477 compared to the residual sum of squares value of 9.189 suggests that anti-corruption measures contributed meaningfully towards explaining variations in corruption levels within the institution. These findings imply that strategies such as transparency, monitoring systems, mobile health application, whistle-blowers and internal control controls play an important role in combating corruption and improving institutional integrity within health care institutions.

4.6 Regression Coefficients

Table 4.8 Regression coefficients

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.081	.199		10.437	.000
	Anti-corruption strategies	-.541	.153	-.461	-3.522	.001

a. Dependent Variable: Corruption

The regression coefficient findings indicate that anti-corruption strategies had a statistically significant negative effect on corruption at Kadoma General Hospital. The beta coefficient of -0.461 and a significance value of 0.001 show that as anti-corruption strategies increase, the level of corruption decreases within the institution. The negative coefficient suggests that measures such as transparency, accountability systems, internal audits and mobile health application are effective in reducing corrupt activities within the hospital. In addition, the t-value of -3.522 confirms that anti-corruption strategies are significant predictor in combating corruption. These findings imply that strengthening anti-corruption policies and enforcing ethical standards can improve governance, accountability and service delivery within public health institutions.

Table 4.9: Descriptive Statistics — Challenges in Implementing Anti-Corruption Strategies

	Lack of resources limits the effectiveness of anti-corruption strategies	Weak enforcement of anti-corruption policies is a major challenge	Staff resistance hinders the implementation of anti-corruption measures	Poor management commitment undermines anti-corruption efforts
N Valid	40	40	40	40
Missing	0	0	0	0
Mean	3.85	3.73	3.60	3.48
Median	4.00	4.00	4.00	4.00
Mode	5	5	4	4
Std. Deviation	1.312	1.389	1.421	1.456
Minimum	1	1	1	1
Sum	154	149	144	139

Source: Primary data (2026)

The SPSS descriptive statistics presented in Table 4.9 reveal that resource constraints constituted the most significant challenge in implementing anti-corruption strategies at Kadoma General Hospital, recording the highest mean of 3.85 and a modal score of 5, indicating that the majority of respondents strongly agreed that inadequate resources undermine the effectiveness of anti-corruption efforts within the institution. Weak enforcement of anti-corruption policies followed with a mean of 3.73, while staff resistance recorded a mean of 3.60 and poor management commitment returned the lowest mean of 3.48. The relatively high standard deviations across all variables (1.312 to 1.456) reflect considerable variation in respondents' perceptions, suggesting that experiences of these challenges differ across

departments depending on levels of exposure and institutional accountability. These findings are consistent with Hutchinson et al. (2020), who identified systemic and structural barriers, including inadequate resources and weak enforcement mechanisms, as the principal obstacles undermining the implementation of anti-corruption interventions in public health institutions in low- and middle-income countries. Furthermore, Lewis (2007) found that despite policy reforms in Eastern European health systems, corrupt practices persisted largely due to weak enforcement, cultural acceptance of corruption and inadequate compensation for health workers, challenges that closely mirror the institutional environment at Kadoma General Hospital. The findings also corroborate Tsupylo and Minaiilo (2025), who established that lack of qualified personnel, weak legislation and limited funding significantly reduce the effectiveness of anti-corruption measures in healthcare settings. Collectively, these results confirm that the implementation gap at Kadoma General Hospital is not solely attributable to policy deficiencies but is deeply rooted in structural, financial and human resource constraints that require systemic rather than piecemeal interventions.

4.7 Recommended Measures to Enhance the Effectiveness of Anti-Corruption Strategies

This section addresses the fourth research objective, which sought to recommend measures to enhance the effectiveness of anti-corruption strategies in preventing and detecting corruption at Kadoma General Hospital. Descriptive statistics are presented in Table 4.10 below.

Table 4.10: Descriptive Statistics — Recommended Measures to Enhance Anti-Corruption Strategies

	Strengthening internal audit systems would improve accountability	Adopting e-procurement systems would reduce procurement corruption	Whistleblower protection mechanisms would encourage reporting of corruption	Community participation and social accountability would enhance transparency
N Valid	40	40	40	40
Missing	0	0	0	0
Mean	4.10	3.98	3.88	3.75
Median	5.00	4.00	4.00	4.00
Mode	5	5	5	4
Std. Deviation	1.187	1.243	1.302	1.358
Minimum	1	1	1	1
Sum	164	159	155	150

Source: Primary data (2026)

The SPSS descriptive statistics presented in Table 4.10 indicate that strengthening internal audit systems was identified as the most highly recommended measure for enhancing anti-corruption effectiveness at Kadoma General Hospital, recording the highest mean of 4.10 and a modal score of 5, demonstrating strong agreement among respondents that robust internal audit mechanisms are central to improving institutional accountability and deterring corrupt conduct. The adoption of e-procurement systems followed with a mean of 3.98, while

whistleblower protection mechanisms recorded a mean of 3.88 and community participation and social accountability mechanisms returned a mean of 3.75. The relatively low standard deviations across all variables (1.187 to 1.358) indicate a higher degree of consensus among respondents compared to other objectives, suggesting broad agreement on the priority interventions required to combat corruption within the institution. These findings align with Transparency International (2006), which demonstrated through global case studies that transparent procurement systems, independent oversight bodies and citizen reporting mechanisms significantly improved the detection and prevention of corruption in health institutions. The strong endorsement of e-procurement is further supported by Mackey and Cuomo (2019), who established that digital platforms and mobile health applications enhance transparency and accountability by digitizing procurement and billing processes, thereby reducing opportunities for informal payments and bribery. The prioritisation of whistleblower protection corroborates Vian (2020), who argued that social accountability mechanisms and protected reporting channels are essential components of integrated anti-corruption frameworks in health institutions. Collectively, these findings suggest that Kadoma General Hospital requires a multi-layered reform agenda combining technological solutions, legislative protections, community engagement and strengthened internal controls in order to effectively prevent and detect corruption and improve governance and service delivery outcomes.

4.8 Chapter Summary

In this chapter discussion, presentation and analysis of the research statistics was conducted. SPSS version 27 was used to analyse the data, employing descriptive statistics, Pearson correlation and regression analysis as statistical methods. The results were then illustrated using tables and graphs constructed by SPSS version 27 in addressing all four research objectives relating to corruption at Kadoma General Hospital.

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter summarises findings from the research which investigated the impact of anti-corruption strategies in combating corruption in health institutions with a specific case study of Kadoma General Hospital. By interpreting the data collected, the researcher concluded that the adoption and implementation of effective anti-corruption strategies are essential in reducing corruption and improving governance and service delivery within Zimbabwe's public health sector.

5.2 Summary

The study conducted focused on identifying the impact of anti-corruption strategies in combating corruption at Kadoma General Hospital. The research employed a descriptive quantitative survey approach and questionnaires were distributed to 40 respondents to collect data. The results obtained from the research conducted yielded a 100% response rate.

5.2.1 Major Findings from the Study

- The study found that bribery was the most prevalent form of corruption at Kadoma General Hospital recording the highest mean of 3.90, followed by favouritism and nepotism (mean = 3.08) and misuse of hospital resources (mean = 2.83), confirming that corruption is concentrated in transactional and interpersonal practices within the institution.
- The research investigated the impact of anti-corruption interventions at Kadoma General Hospital. The regression analysis conducted revealed that there is a statistically significant negative relationship between anti-corruption strategies and corruption as shown by the beta coefficient of -0.461 and a p value of 0.001 as shown in the coefficients table, meaning that as anti-corruption strategies are strengthened, levels of corruption decrease.

- The study also revealed that anti-corruption measures are more effectively communicated than enforced. The variable on communication of anti-corruption measures recorded a higher mean of 3.95 compared to management commitment which returned a mean of 3.58, indicating that policy dissemination alone without genuine enforcement is insufficient to combat corruption effectively.
- The research further revealed that resource constraints were the most significant challenge in implementing anti-corruption strategies recording a mean of 3.85, followed by weak enforcement (mean = 3.73), staff resistance (mean = 3.60) and poor management commitment (mean = 3.48), confirming that structural and financial barriers are the primary obstacles to effective implementation.
- The study also established that strengthening internal audit systems was the most highly recommended measure with a mean of 4.10, followed by adoption of e-procurement systems (mean = 3.98), whistleblower protection mechanisms (mean = 3.88) and community participation and social accountability (mean = 3.75). This is further supported by the regression analysis which showed R square of 0.212, alluding that 21.2% of the variation in corruption levels is explained by anti-corruption strategies implemented at the institution.

5.3 Conclusion

The main objective of this study was to examine the impact of anti-corruption strategies in combating corruption at Kadoma General Hospital in Zimbabwe. It is reasonable to draw the conclusion from findings that anti-corruption strategies at Kadoma General Hospital are:

- Partially effective in reducing corruption, with regression results confirming a statistically significant negative relationship (Beta = -0.461, $p = 0.001$), though their full impact is constrained by weak enforcement, inadequate resources and insufficient management commitment.
- Undermined by deep-rooted structural challenges including resource constraints, staff resistance and a culture of silence that suppresses open disclosure of corruption, consistent with Brinkerhoff's (2000) Accountability Model and Klitgaard's (1988) Corruption Formula ($C = M + D - A$).
- In need of urgent multi-layered reform combining strengthened internal audits, e-procurement adoption, whistleblower protection and community engagement

mechanisms to meaningfully improve institutional integrity and service delivery at Kadoma General Hospital.

5.4 Recommendations

The study findings elaborate that anti-corruption strategies are significant in combating corruption at Kadoma General Hospital. The researcher recommends that:

Kadoma General Hospital management should enforce a comprehensive anti-bribery policy with clear penalties and conduct mandatory staff awareness sessions to address the dominant forms of corruption identified in this study.

- Hospital management should demonstrate genuine commitment to fighting corruption by taking visible disciplinary action against proven cases of corruption, moving beyond communication to active enforcement of anti-corruption policies.
- The Ministry of Health and Child Care should increase budgetary allocations for anti-corruption compliance activities, including resourcing internal audit departments and training dedicated anti-corruption officers at Kadoma General Hospital.
- The Procurement Regulatory Authority of Zimbabwe (PRAZ) should support the full adoption of e-procurement systems at Kadoma General Hospital to eliminate manual procurement processes and enhance transparency in supplier selection. The Government of Zimbabwe should enact and enforce comprehensive whistleblower protection legislation to encourage reporting of corruption and break the institutional culture of silence within public health institutions.

5.5 Areas for additional study

The study was limited to Kadoma General Hospital using quantitative methods. The researcher therefore recommends the following areas for further investigation. Further studies should extend research to other public health institutions in Zimbabwe, such as Harare Central Hospital and Mpilo Central Hospital to enable broader comparative analysis of anti-corruption strategies across different institutional settings. Researchers are also encouraged to employ qualitative or mixed –methods approaches including interviews and focus groups to capture the lived experiences and cultural dynamics underlying corruption that quantitative surveys

cannot fully reveal. Finally, future research should investigate the role of organizational leadership and institutional culture in shaping the success or failure of anti-corruption strategies in Zimbabwe`s public health sector.



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INTELLIGENCE AND SECURITY STUDIES DEPARTMENT

22 May 2026

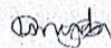
Kadoma General Hospital

RE: REQUEST FOR DATA COLLECTION

Please may you assist our student Kaunda Christine(B222193B) to carry her research in your organization on her topic on **“The impact of anti-corruption strategies in combating corruption in health institutions. A case study of Kadoma GeneralHospital.”** She is our final year student at Bindura University of Science Education in the Intelligence and Security Studies Department.

Your assistance to our student will be greatly appreciated.

Regards


Ms L Chinyoka
Chairperson



APPENDIX I

LETTER OF INFORMED CONSENT

Dear Respondent,

My name is Christine Kaunda, a student at Bindura University of Science Education, pursuing a Bachelor's Degree in Financial Intelligence. I am currently conducting a research project titled: "***The Impact of Anti-Corruption Strategies in Combating Corruption in Health Institutions: A Case Study of Kadoma General Hospital***". Corruption in public health institutions remains a critical governance challenge that undermines the quality, accessibility and equity of healthcare delivery. This study seeks to evaluate how effective anti-corruption strategies are in reducing corruption and improving accountability and service delivery at Kadoma General Hospital. The research is conducted purely for academic purposes under the supervision of Bindura University of Science Education.

You have been selected to participate through a simple random sampling procedure targeting employees within key departments including Procurement, Accounting, Human Resources, Administration and Environmental Health. Your insights and experience are invaluable to this study.

Please note the following:

This questionnaire will take approximately 15–20 minutes to complete.

Participation is entirely voluntary and you may withdraw at any time without penalty.

No personally identifiable information (name, employee number) will be recorded.

All responses will be treated with strict confidentiality and used solely for academic purposes.

No payment will be provided for participation.

This study has received ethical clearance from Bindura University of Science Education and written authorization from the hospital administration. Data will be stored securely and will not be shared beyond this academic study.

By signing below, you confirm that you have read and understood the information above and that you voluntarily agree to participate in this research.

Signature: _____

Date: _____

Department: _____

Thank you for your participation. Your contribution is greatly appreciated.

APPENDIX II

RESEARCH QUESTIONNAIRE

Scale: (1) SD = Strongly Disagree, (2) D = Disagree (3) N = Neutral (4) A = Agree (5) SA = Strongly Agree

SECTION A: DEMOGRAPHIC INFORMATION

Please tick (✓) the appropriate response.

1. Department

☐ Procurement ☐ Accounting ☐ Human Resources ☐ Administration ☐ Environmental Health

2. Age Group

☐ Below 25 years ☐ 26–30 years ☐ 31–40 years ☐ 41 years and above

3. Gender

☐ Male ☐ Female ☐ Prefer not to say

4. Highest Level of Education

☐ Certificate ☐ Diploma ☐ Degree ☐ Postgraduate

5. Years of Experience at Kadoma General Hospital

☐ Less than 1 year ☐ 1–5 years ☐ 6–10 years ☐ 11 years and above

6. Position Held

☐ Procurement Officer ☐ Accountant ☐ Human Resources Officer ☐ Admin Clerk ☐ Environmental Officer

SECTION B: FORMS OF CORRUPTION AT KADOMA GENERAL HOSPITAL

Please indicate your level of agreement with each statement using the scale provided.

Statement	SD	D	N	A	SA
1. Corruption is a common problem at Kadoma General Hospital.					

2. Bribery (informal payments) is frequently practiced in hospital operations.
3. Health workers solicit unofficial payments from patients to access services.
4. Favoritism or nepotism influences hiring, promotions and access to health services.
5. Misuse of hospital resources (medicines, equipment, funds) is a significant issue.
6. Ghost workers or payroll fraud occurs within the hospital.
7. Absenteeism among health workers is a recurring problem at this institution.
8. Procurement fraud (inflated costs, substandard supplies) occurs at this hospital.
9. Embezzlement or theft of hospital funds and medical supplies has been witnessed

SECTION C: IMPACT OF ANTI-CORRUPTION STRATEGIES

Please indicate your level of agreement with each statement using the scale provided.

Statement	SD	D	N	A	SA
1. Anti-corruption measures are clearly communicated to staff and patients.					
2. Hospital management is genuinely committed to fighting corruption.					
3. Mobile health applications have improved transparency in billing and patient registration.					
4. E-procurement systems have reduced irregularities in the procurement of medicines and equipment.					

5. Whistleblower mechanisms are available and effective in this institution.
6. Internal audit systems have helped detect and reduce corrupt practices.
7. Anti-corruption training and awareness programs have been conducted for staff.
8. Anti-corruption strategies have contributed to a reduction in bribery at this hospital.
9. Anti-corruption measures have improved accountability in the management of hospital resources.

SECTION D: CHALLENGES IN IMPLEMENTING ANTI-CORRUPTION STRATEGIES

Please indicate your level of agreement with each statement using the scale provided.

Statement	SD	D	N	A	SA
1. Lack of financial resources limits the effectiveness of anti-corruption strategies.					
2. Weak enforcement of anti-corruption policies is a major challenge at this hospital.					
3. Staff resistance hinders the successful implementation of anti-corruption measures.					
4. Poor management commitment undermines anti-corruption efforts.					
5. Fear of retaliation discourages staff from reporting corrupt practices.					

6. Cultural acceptance of informal payments makes it difficult to eliminate corruption.
7. Inadequate training of staff on anti-corruption policies reduces their effectiveness.
8. Weak legal frameworks limit the prosecution of corrupt individuals at this institution.
9. Limited use of technology (e.g., digital systems) creates opportunities for corruption.

SECTION E: RECOMMENDED MEASURES TO ENHANCE ANTI-CORRUPTION STRATEGIES

Please indicate your level of agreement with each statement using the scale provided.

Statement	SD	D	N	A	SA
1. Whistleblower protection legislation would encourage reporting of corrupt practices.					
2. Adoption of e-procurement systems would reduce procurement corruption.					
3. Community participation and social accountability mechanisms would enhance transparency.					
4. Adequate remuneration of health workers would reduce incentives for corrupt conduct.					
5. Regular anti-corruption training for all staff would improve ethical conduct.					
6. Stricter enforcement of existing anti-corruption policies would deter corruption.					

7. Block chain technology for supply chain tracking would reduce medicine diversion.
8. Establishment of an independent oversight body would improve hospital governance.

SECTION F: OPEN-ENDED QUESTIONS

Please provide brief written responses to the following questions.

1. In your view, what is the most prevalent form of corruption at Kadoma General Hospital? Please explain.

2. How effective have current anti-corruption strategies been in addressing corruption at this hospital? Provide specific examples where possible.

3. What are the major challenges your department faces in implementing anti-corruption measures?

4. What specific measures would you recommend to improve the effectiveness of anti-corruption strategies at Kadoma General Hospital?

Thank you very much for taking the time to complete this questionnaire. Your responses are highly valued and will contribute significantly to this academic research.

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