



Kenyatta National Hospital

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## **KNH WHISTLE BLOWING POLICY**

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<b>APPROVED BY</b>	<b>KNH BOARD OF MANAGEMENT</b>
<b>SIGNED BY: CEO &amp; SECRETARY TO BOARD</b>	

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**VISION**

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A world class patient centered specialized care Hospital.

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**MISSION**

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To optimize patient experiences through innovative evidence based specialized healthcare, facilitate training, research and participate in national health Policy formulation.

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**MOTTO**

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We listen, We care

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**CORE VALUES**

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- Customer focus
- Professionalism & Integrity
- Teamwork
- Equity and Equality
- Teamwork and Team Spirit
- Safety



**FOREWORD**

Kenyatta National Hospital is undergoing a transformation process that necessitates effective and efficient use of resources in order to achieve its mandate. KNH is committed to the highest possible standards of openness, probity and accountability. In this regard KNH whistle blowing Policy has been developed to ensure that concerns regarding unethical, unlawful or improper conduct within the Hospital precincts can be raised without fear of victimization, subsequent discrimination or disadvantage.

Noting that the Witness protection Act No. 2 of 2010 was enacted to protect Whistle Blowers, the KNH Whistle Blowing Policy provides a framework within which those who become aware of wrong doing within the Hospital can report their concerns at the earliest opportunity so that the concern can be properly investigated and appropriate action taken.

The Board of Management and Hospital employees are expected to read, understand this Policy and comply with procedures set herein in order to allow ease of reporting and protection of the whistle blower.

The Hospital Board of Management is committed to the full implementation of this Policy and shall take all necessary measures to ensure that it's enforced.

MARK K. BOR, CBS  
**CHAIRMAN**  
**KNH BOARD OF MANAGEMENT**



**PREAMBLE**

This Policy is a commitment of KNH Management to prevent retaliation against whistle blowers; encourage employees/stakeholders with ethical concerns to discuss them internally rather than externally; and create an environment within which employees/stakeholders have the opportunity and desire to behave ethically and responsibly.

The Hospital Management recognizes the difficulties one may face in voicing concerns and thus assures them of support and confidentiality during the investigation process. Harassment or victimization for reporting concerns under this Policy will not be tolerated since due protection would be accorded to an individual who raise concern in good faith.

The Policy is designed to provide a clear commitment to staff that concerns will be taken seriously and to encourage staff to communicate their concerns through appropriate channels. All Directors, Deputy Directors, Heads of Departments and Heads of Units have a duty to ensure that staff are provided with the opportunity to express their concerns.

LILY KOROS TARE  
**CHIEF EXECUTIVE OFFICER**

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**ACRONYMS**

**BoM** : Board of Management

**CEO** : Chief Executive Officer

**KNH** : Kenyatta National Hospital



**1. POLICY STATEMENT**

The KNH Board of Management and the entire staff are committed to the highest possible standards of openness, probity and accountability. The Whistle blowing Policy has been established to ensure that all cases of suspected wrong doing are reported and managed in a timely and appropriate manner.

**2. IMPLEMENTATION**

The Hospital Management encourages a culture of openness and constructive criticism where staff can raise concerns regarding any wrong doing or malpractice without fear of victimization. However, this must be done reasonably and with proper regard to the Hospital Policies.

The KNH Whistle blowing Policy has been developed to protect Whistle blowers from unfair treatment as a result of their reporting and permits the Hospital to address such reports by taking appropriate administrative action which may include dismissal or legal action.

**3. DEFINITIONS**

In this Policy, unless otherwise requires: -

- (a) **‘Concern’** means a matter that engages a person’s attention, interest or care or that affects a person’s welfare or happiness.
- (b) **‘Good faith’** means making reports without malice or consideration of personal benefit with a reasonable basis to believe that the report is true.
- (c) **‘Malpractice’** in the context of this Policy this may refer to but not limited to the following:
  - Failure to comply with a legal obligation.
  - Unprofessional act.
  - Misuse or inappropriate use of hospital funds or resources.
  - A criminal offence.
  - Endangering the health and safety of persons.
  - Deliberate concealment of information relating to any of the above.
- (d) **‘Whistleblower’** means a person who makes corruption disclosure whether openly or in secret. For purposes of this Policy, a person shall be deemed to be a whistleblower when he/she discloses and is

in possession of records, property, information or any other thing that is his/her control that can lead to detection of a corrupt activity within KNH.

**4. SCOPE**

This Policy governs the reporting and investigations of improper or illegal activities at KNH as well as the protection offered to “whistleblowers”. It outlines ways in which all employees/stakeholders can express concerns where, due to malpractice, fraud, abuse or other inappropriate acts/omissions, the interest of others or the organization itself is at risk. The Policy encourages employees/stakeholders to raise these at an early stage and in an appropriate way in line with the procedure outlined herein.

This Policy applies to the Board of Management, all staff and stakeholders of Kenyatta National Hospital.

**5. OBJECTIVES**

- i) Encourage employees/stakeholders, to report any fraud or unethical matter of which they are aware or become aware of
- ii) Provide employees/stakeholders with a confidential mechanism for reporting any fraudulent, unethical or corrupt practice.
- iii) Protect employees/stakeholders who report fraudulent and unethical matters in good faith.
- iv) Promote free communication and transparency.

**6. RESPONSIBILITIES**

**6.1. Board of Management**

Ensure that the Whistle Blowing Policy is fully implemented and avail the necessary resources required for successful implementation.

**6.2. Chief Executive Officer**

Ensure implementation, monitoring, evaluation, and compliance to the Policy.

**6.3. Directors, Deputy Directors & Head of Departments**



Take appropriate action when concerns are raised and for ensuring that staff are aware of this Policy and their duty within it.

#### **6.4. Employees**

Ensure that the best possible standards of care are achieved and to act in accordance with their professional codes of conducts and the KNH Code of Conduct and Ethics. All staff are advised to:

- i) Co-operate with the management to achieve the objectives of this Policy.
- ii) Report to the appropriate concerns on malpractice.
- iii) Not raise concern with any malicious intent or vexatious nature.

### **7. REPORTING**

Staff Members, stakeholders and customers may report suspected cases of corruption or malpractice to any of the following:

- i) KNH Board Management.
- ii) The Chief Executive Officer.
- iii) Directors, Deputy Directors, Heads of Departments and Units.
- iv) The Corruption Prevention Committee.
- v) Integrity Assurance Officers.
- vi) Security and Safety Department
- vii) Risk & Internal Audit Department.

If one prefers to remain anonymous he/she may report through the anonymous reporting email [knhanticorruption@knh.or.ke](mailto:knhanticorruption@knh.or.ke) or Cell phone number 0702498808 or KNH extension 43037.

### **8. CONFIDENTIALITY**

8.1 KNH will protect the confidentiality of all matters raised by concerned employees/stakeholders, stakeholders and customers. All correspondence entered into the Whistle Blowing process is absolutely confidential whether a person making disclosure wishes to remain anonymous or not.

8.2 In case of any breach of confidentiality the persons raising concerns may take the appropriate action provided by in the KNH Terms and Condition of Service.

**9. ANONYMOUS ALLEGATIONS**

This Policy encourages members of staff to put their names to the allegations wherever possible. To the extent possible any complaint should be factual other than speculative and should contain as much information as possible to allow for proper assessment. Anonymous allegations will be considered based on the following factors: -

- i) Seriousness of the issue raised.
- ii) Credibility of the concern.
- iii) The likelihood of confirming the allegation from attributable source

**10. UNTRUE ALLEGATIONS**

There will be no adverse consequences if one makes an allegation in good faith but is not confirmed by the investigation. No action will be taken against such a person. However, If an employee is found to have maliciously or in bad faith or for personal gain to have knowingly and intentionally made untrue allegations, then disciplinary action shall be taken against such a person.

**11. PROCEDURE FOR HANDLING WHISTLE BLOWING CONCERNS**

11.1. This procedure is meant to give employee/stakeholders an effective way to raise a concern within KNH if possible resolve it internally.

11.2. The concern should be raised as early as possible to facilitate quick action. If more than one staff member has a similar concern, they can raise it jointly as long as they are willing to support the allegation.

11.3. The complainant should give as much information as possible including:

- i) The nature of the alleged incident.
- ii) The background information.
- iii) The section or location of the alleged behaviour.
- iv) People involved in the alleged behaviour.
- v) The time period over which the alleged incident has occurred (where applicable).

- vi) An estimate of the monetary value, if appropriate, associated with the alleged incident (where applicable).
  - vii) Documentary evidence in support of the alleged incidence (where applicable).
- 11.4. The person(s) receiving the concerns will be required to investigate the allegations thoroughly.
- 11.5. The complainant will receive an initial response within fourteen (14) days, including details of any further action to be taken and full written response within seven (7) working days of the completion of the investigation where appropriate.
- 11.6. **Response to Concerns:** One of those named in 3.2 will first decide whether to carry out an investigation and determine which procedures are appropriate to use. An independent inquiry, internally or externally may be formed to investigate the matter. One may be interviewed by the person(s) investigating the matter. Some concerns may be resolved by agreed action without need for investigation. If urgent action is required, this will take place before an investigation is undertaken.
- 11.7. **Possible outcomes:** The following actions may be taken after investigations of the concern/complaint.
- i) Disciplinary action (including dismissal) against the wrong doer dependent of the results of the investigations; or
  - ii) No action if the allegation proves unfounded; or
  - iii) Referral to external Agencies.
- 11.8. **Not Satisfied:** If one is not satisfied with the outcome of the investigations, he or she is entitled to consider forwarding the concern to the following: -
- i) Ethics and Anti Corruption Commission (EACC).
  - ii) Commission for administrative Justice (CAJ).
  - iii) Efficiency Monitoring Unit (EMU).
  - iv) Directorate of Criminal Investigation (DCI).
  - v) State Corporation Advisory Committee (SCAC).

- vi) Kenya National Audit Office (KENAO).
- vii) A relevant professional or regulatory body.
- viii) A relevant voluntary organization.

## **12. RECORDS**

Records of (written statements along with the results) any investigations relating thereto shall be kept on separate secure file for at least seven years and in line with the Hospital Policy.

## **13. IMPLEMENTATION**

- 13.1 The KNH Board of Management is responsible for approving this Policy and is fully committed to playing an oversight role in implementing and enforcing the Policy.
- 13.2 The Chief Executive Officer is responsible for the day-to-day implementation of the Policy within the Hospital and its respective divisions/departments.
- 13.3 It is the duty of the line managers to ensure that employees carry out their duties efficiently, honestly and to the best of their ability and knowledge within the confines of this Policy.

## **14. LEGISLATIVE AND ADMINISTRATIVE FRAMEWORK**

The applicable legislations are:

- i) The Constitution of Kenya.
- ii) Anti-Corruption and Economic Crimes Act, 2003.
- iii) Public Officer Ethics Act No. 4 of 2003.
- iv) Leadership and Integrity Act No. 9 of 2012.
- v) Witness Protection Act, 2012.
- vi) Bribery Act, 2016.
- vii) KNH Board of Management Performance Contract.
- viii) KNH Code of Conduct and Ethics.

## **15. REVIEW**

This Policy shall be reviewed every three (3) years unless circumstances dictate for an earlier review.