



Kenyatta National Hospital

## KNH ANTI-CORRUPTION POLICY



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|--|-------------------------|
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| APPROVED BY                            | KNH BOARD OF MANAGEMENT |
| SIGNED BY:<br>CEO & SECRETARY TO BOARD |                         |

## VISION MISSION AND CORE VALUES

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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 experience through innovative, evidence based specialized healthcare; facilitate training and research; and participate in national health policy formulation

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### Core Values

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- Customer focus
- Accountability & Transparency
- Equity & Equality
- Professionalism & Integrity
- Security & Safety
- Teamwork & Team Spirit

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### Motto

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We Listen, We Care

## FOREWORD

The KNH Anti-Corruption Policy outlines a framework for working towards zero-tolerance to corruption in the Hospital. This Policy has been developed in line with the KNH Mandate, Vision, Mission, Core Values and prevailing laws of the country.

The Board of Management (BoM) has adopted the KNH Anti-Corruption Policy to supplement legal provisions and other government initiatives for fighting and preventing corruption in Kenya. This Policy seeks to provide a framework for efficient and effective detection and prevention of corruption at the workplace. Towards this, the BoM is committed to the implementation of this Policy.

Each individual is required to uphold high standards of integrity to protect the Hospital's reputation. Further, a commitment to enhancing transparency and accountability in the management of public resources shall be embraced by all stakeholders.

The benefits of this Anti-Corruption Policy cannot be overemphasized. The Hospital is destined to achieve her vision and mission through provision of efficient and quality healthcare services; improved infrastructure; fairness, justice and equity; respect for the rule of law; and improved personal safety and security of property.

It is therefore incumbent on Management and employees to fully implement this Policy and ensure adherence to it in order to create an environment of zero tolerance to corruption.

The Board of Management commits to avail the necessary resources and provide leadership for successful implementation of this Policy.



Mr. George O. Oeko

**CHAIRMAN - KNH BOARD OF MANAGEMENT**

## COMMITMENT BY THE CHIEF EXECUTIVE OFFICER

Kenyatta National Hospital is committed to high ethical standards in all its processes. The Hospital seeks to conduct its business with honesty and accountability to the interest of all our stakeholders. The Hospital has strategies aimed at building a resistance culture of Zero tolerance to corruption and unethical behavior.

In this respect, the commitment on the part of KNH Board and Management is as follows:

- a) Entrench integrity and transparency in the conduct of KNH affairs.
- b) Enforcement of anti-corruption programs in the pursuit of personal and corporate integrity in all activities.
- c) Provision of required resources for the effective implementation of this Policy and attendant programs and strategies.
- d) Review and revise the Policy in response to changes in law, reputational demands and business environment.
- e) Take responsibility for the implementation and monitoring of various anti-corruption programs and strategies.

I would like to affirm my commitment to the fight against corruption by ensuring that every employee has the responsibility to prevent corruption and provide quality and timely healthcare services to the public.

My office shall oversee the implementation of this Policy through the Corruption Prevention Committee (CPC).



Dr. Evanson Kamuri, EBS.

**CHIEF EXECUTIVE OFFICER**

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## ABBREVIATIONS AND ACRONYMS

|               |   |
|---------------|---|
| <b>AMREF</b>  | : African Medical and Research Foundation       |
| <b>BoM</b>    | : Board of Management.                          |
| <b>CEO</b>    | : Chief Executive Officer                       |
| <b>CPC</b>    | : Corruption Prevention Committee               |
| <b>CTC</b>    | : Cancer Treatment Centre                       |
| <b>DCPC</b>   | : Departmental Corruption Prevention Committees |
| <b>DNS</b>    | : Director Nursing Services                     |
| <b>EACC</b>   | : Ethics and Anti-Corruption Commission         |
| <b>HOD</b>    | : Head of Department                            |
| <b>HOU</b>    | : Head of Unit                                  |
| <b>IAD</b>    | : Internal Audit Division                       |
| <b>IAO</b>    | : Integrity Assurance Officer                   |
| <b>ICT</b>    | : Information Communication Technology          |
| <b>KEMRI</b>  | : Kenya Medical Training College                |
| <b>KNH</b>    | : Kenyatta National Hospital.                   |
| <b>MEAK</b>   | : Medical and Educational Aid to Kenya          |
| <b>MMUH</b>   | : Mama Margaret Uhuru Hospital                  |
| <b>MRI</b>    | : Magnetic Resonance Imaging                    |
| <b>NACC</b>   | : National AIDS Control Council                 |
| <b>NASCOP</b> | : National AIDS and STIs Control Programme      |
| <b>NBTS</b>   | : National Blood Transfusion Services           |
| <b>NP HLS</b> | : National Public Health Laboratories Services  |
| <b>SDAC</b>   | : Staff Disciplinary Advisory Committee         |
| <b>SOP</b>    | : Standard Operating Procedure                  |
| <b>VVF</b>    | : Vesicovaginal fistula                         |



## DEFINITION OF TERMS

|                   |  |
|-------------------|--|
| <b>Benefits</b>   | Any gift, loan, fee, reward, appointment, service, favour, forbearance, promises, or other consideration or advantage or inducement.   |
| <b>Bribe</b>      | An inducement whether, monetary or non-monetary, by one person to another person who holds a public or private office with the intention to influence them to act or forego to act as required of them in their official capacity.   |
| <b>Bribery</b>    | <p>For the purpose of this policy, bribery is defined as per the provisions of Section 6(1) of the Bribery Act, 2016 which provides that –</p> <ul style="list-style-type: none"><li>a) the person requests, agrees to receive or receives a financial or other advantage intending that, in consequence, a relevant function or activity should be performed improperly whether by that person receiving the bribe or by another person;</li><li>b) the recipient of the bribe requests for, agrees to receive or accepts a financial or other advantage and the request, agreement or acceptance itself constitutes the improper performance by the recipient of a bribe of a relevant function or activity;</li><li>c) in anticipation of or as a consequence of a person requesting for, agreeing to receive or accepting a financial or other advantage, a relevant function or activity is performed improperly by that person, or by another person at the recipients' request, assent or acquiescence.</li></ul> |
| <b>Corruption</b> | <p>The abuse of public office for private gain. The Anti-Corruption and Economics Crimes Act No.3 of 2003 outlines offences that constitute corruption as:</p> <ul style="list-style-type: none"><li>a) Bribery.</li><li>b) Fraud.</li><li>c) Embezzlement or misappropriation of public funds.</li><li>d) Abuse of office.</li><li>e) Breach of trust.</li><li>f) Secret inducement for advice.</li><li>g) Deceiving the principal (employer).</li></ul>  |

- h) Conflict of interest.
- i) Insider trading.
- j) Bid rigging.
- k) Dealing with suspect property.

**Economic Crimes**

A crime committed with the intention to obtain financial gain or a professional advantage. The Anti-Corruption and Economics Crimes Act No.3 of 2003 outlines Economic crimes constitutes the following:

- a. Illegal acquisition, mortgage and disposal of public property, service or benefit.
- b. Fraudulently makes payment or excessive payment from public revenues for –
  - i) Sub-standard or defective goods;
  - ii) Goods not supplied or not supplied in full; or
  - iii) Services not rendered or not adequately rendered.
- c. Failure to pay taxes, fees, levies or charges that are payable to a public body.
- d. Causing or obtaining the non-payment of taxes, fees, levies or charges that are due to a public body.

**Corruption Risk Assessment** Documented efforts and resources directed towards sealing loopholes that induce corruption.

**Corruption Risk Mitigation** The solution/ tool for preventing corruption in the work place.

**Gift** Something given voluntarily without payment in return, as to a gesture of assistance, present or honor an occasion or anything that confers a benefit to the recipient.

**Investigator** Means a person authorized by the KNH Board of Management or CEO to conduct an investigation on behalf of the Hospital.

**Private body** Any person or organization not being a public body and including a voluntary organization, charitable organization, and any other body or organization however constituted.

**Unexplained Assets** Assets in possession of a person acquired at or around a time the person was reasonably suspected of corruption or economic crime, or whose





value is disproportionate to his known source of income at or around that time and or which there is no satisfactory explanation.

**Whistle blower** Person who makes corruption disclosures whether openly or in secret.



## INTRODUCTION

### 1.1. Background

Corruption is a vice that impedes effective and efficient service delivery in an organization. This can be seen in lowering of standards, inflating prices for products and services and corroding morals and integrity of staff in an organization. Corruption can damage the ability of any health facility to provide high quality and effective care leading to deteriorated health especially among the most vulnerable groups. It is therefore important that a framework for minimizing corruption and unethical practice is put in place. Strict Mechanism and initiatives ought to be put in place to curb the spread and institutionalization of the vice.

The Hospital is committed to high ethical standards in all its processes. It seeks to conduct its business with honesty and accountability to the interest of all our stakeholders. This spans all activities that involve its staff, its key stakeholders and minority interests towards executing its core mandate. In the long run, this works positively towards building professionalism and enhancing corporate image for the hospital. The Hospital has strategies that are aimed at building a resistance culture of Zero tolerance to corruption and unethical behavior.

This policy provides a framework for conformity with legal requirements within the Hospital.

### 1.2. Policy Statement

The purpose of this policy is to ensure compliance by all patients, employees, service providers and stakeholders associated with the KNH in deterrence and eradication of any form of corruption and unethical practices.

The Hospital commits itself to the following:

- i) KNH, KNH-Othaya and MMUH shall endeavor to develop necessary capacities and institutional structures
- ii) All employees of KNH, KNH-Othaya and MMUH shall act transparently, honestly, fairly and ethically while carrying out their mandate.
- iii) KNH, KNH-Othaya and MMUH shall promote and uphold the principles of good governance while executing their mandates.
- iv) KNH, KNH-Othaya and MMUH shall endeavor to create institutional awareness of their commitment to prevent fraud and corrupt practices.

- v) All corruption related complaints shall receive due attention and expended as per the Anti-Corruption and Economic Crimes Act, 2003.
- vi) KNH, KNH-Othaya and MMUH shall establish formal mechanisms and procedures to investigate allegations of corruption.

### **1.3. Rationale**

Corruption is an offense under the provisions of the Anti-Corruption and Economic Crimes Act 2003; which includes bribing agent, secret inducement for advice, deceiving the principal, conflict of interest, improper benefits to trustees for appointment, bids rigging, abuse of office, professional malpractice and dealing with suspect property. In this respect, corruption shall be deemed to have occurred if any of the Hospital employees and stakeholders engages in any of the above illegitimate practices, directly or indirectly. The prevention, detection and reporting of all incidences of corruption and malpractices will help strengthen KNH systems and processes so as to enhance service delivery.

### **1.4. Objectives of the policy**

The objective of this policy is to provide a framework for mainstreaming integrity in the Hospital with a view to prevent corruption and ethical malpractices and enhance efficiency in service delivery.

The policy aims:

- i) To provide an administrative framework/structure for spearheading corruption prevention in the organization.
- ii) To provide Corruption Risks Assessment and Mitigation.
- iii) To provide a mechanism for monitoring and Evaluation of corruption prevention in the Hospital

### **1.5. Scope**

This Policy aims at providing guidelines to all employees, customers, service providers and stakeholders or bodies associated with KNH for combating corruption. This Policy shall apply to Kenyatta National Hospital Board of Management, the employees, suppliers, students, interns and other stakeholders interacting with the Hospital.

## 1.6. Guiding principles

The following principles shall guide the implementation of the policy:

- i) Security and Safety
- ii) Accountability and transparency
- iii) Professionalism and Integrity
- iv) Efficiency and effectiveness
- v) Equity and equality

## 1.7. Legislative and administrative framework

The following policies, laws and institutions were applicable in the formulation of this policy:

### a) Principal Anti-corruption Laws

- i) The Constitution of Kenya 2010.
- ii) Anti-Corruption and Economic Crimes Act, No. 3 of 2003.
- iii) Bribery Act, No. 47 of 2016.
- iv) Ethics and Anti-Corruption Commission Act, No. 22 of 2011.
- v) Leadership and Integrity Act, No. 19 of 2012.
- vi) Public Officer Ethics Act, No. 4 of 2003.

### b) Other Laws

- i) Access to Information Act, No. 31 of 2016.
- ii) Computer Misuse and Cyber Crime Act, No.5 of 2018
- iii) Employment Act, No.11 of 2017
- iv) Penal Code (Cap 63).
- v) Proceeds of Crime and Anti-Money Laundering (Amendment) Act, 2012
- vi) Public Audit Act, No 34 of 2015.
- vii) Public Finance Management Act, No. 18 of 2012 and Regulation, 2015
- viii) Public Procurement and Asset Disposal Act, No. 33 of 2015 and Regulations
- ix) The Health act, 2017

### c) Policies

- i) KNH Code of Conduct and Ethics.
- ii) KNH Whistle Blower Protection Policy.



- iii) KNH Human Resource Manual and Procedures.
- iv) KNH Finance Management Policy and Procedure Manual
- v) KNH Supply Chain Policy and Procedure Manual
- vi) KNH Security and Safety Policy
- vii) KNH Service Delivery Charter

**d) Collaborative Institutions**

- i) Ethics and Anti-Corruption Commission
- ii) Ministry of Health
- iii) The National Treasury
- iv) Commission on Administrative Justice
- v) The Witness Protection Agency
- vi) Office of the Auditor General
- vii) State Law Office



## POLICY FRAMEWORK

### 2.1 Prevention, Detection and Response

#### 2.1.1. Prevention

To enhance ethical culture and integrity, the following anti-corruption activities shall be institutionalized:

- i) Implementing and maintaining an integrity framework
- ii) Ensuring Senior Management commitment to controlling the risk of corruption
- iii) Managing line accountability for controlling corruption within their departments
- iv) Maintaining a strong control system and internal control culture
- v) Assessing and mitigation corruption risk
- vi) Improve on communication and awareness on corruption prevention
- vii) Establishing framework for corruption reporting and management

#### 2.1.2. Detection

The Hospital shall put in place mechanisms for detection of corruption. These mechanisms include:

- i) Corruption detection programs
- ii) Mechanisms for reporting suspected corruption incidences
- iii) Implementing a whistleblower protection program

#### 2.1.3. Response

The following measures will be established:

- i) Procedures for the investigation of detected or suspected incidents
- ii) Internal and external reporting and escalation
- iii) Disciplinary procedures
- iv) Civil proceedings to recover the proceeds of corruption
- v) Internal control review following discovery



## 2.2 Corruption Malpractices and Reporting

### 2.2.1. Corrupt practices

For the purpose of this Policy, the following acts will be construed as corruption practices if engaged in by employees, customers, interns, suppliers, including potential suppliers, or any member of the public dealing with KNH but not limited to: -

- i) Deceiving or knowingly making a false or misleading statement to KNH in favour of own private interest;
- ii) Receiving or soliciting, agreeing to receive or to solicit any benefits/property on account or divulging confidential information;
- iii) Engaging in bid rigging and other procurement malpractices;
- iv) Fraudulently making payment or excess payment for sub-standard or defective goods, untendered, inadequate services and/or for unsupplied goods;
- v) Hindering or obstructing fellow colleagues from performing their duties as per the service charter/performance contract;
- vi) Fraudulently altering accounts, withholding information, records and other documents;
- vii) Soliciting, receiving and/or demanding for an inducement in order to facilitate any products or services;
- viii) Canvassing for self or other person to be recruited;
- ix) Receiving or soliciting for sexual favors in return for any services including but not limited to as a condition for employment, training, salary increments and/or promotion;
- x) Engage in political activity that may compromise or be seen to compromise political neutrality of the office;
- xi) Facilitation fee or other payment made with a view to expediting the performance of public duty and/or fast tracking any payment, benefit, advantage, business or other authorization due or required by the organization for the conduct of its business;
- xii) Protection money is regarded as form of extortion and may involve threats or harm to employees or other agents. As a Policy, employees shall not give in to such demands and/or threats, instead the same shall be reported to the relevant law enforcement agencies for appropriate action; and
- xiii) Gifts and Hospitality aimed at influencing a decision or outcome of any matter and advanced to officers on duty are prohibited. Gifts include items such as wine,



confectionary, clothes, flowers, sports tickets or cultural events, and Hospitality in form of meals, reception, complimentary training or tickets among others.

#### **2.2.2. Handling of corruption complaints and investigations**

All corruption cases shall be handled promptly with fairness and in accordance with the law. Employees, students, interns, suppliers, or other stakeholders suspected of any contravention of this Policy shall be handled in the manner outlined in Appendix I.

#### **2.2.3. Sanctions/Penalties**

Any employee who is in breach of any of the provisions of this Policy shall be subject to disciplinary action as laid down in the KNH Terms and Conditions of Service and applicable laws. Some corruption cases may be referred to GoK agency for further investigations and actions.

#### **2.2.4. Protection of Whistle Blowers**

The Hospital is committed to the protection of whistle blowers, and assures confidentiality of information, identity, and their safety in line with the Whistle Blower Protection Policy.

#### **2.2.5. Capacity Building**

The Management shall ensure:

- i) Training of IAOs and CPC-members.
- ii) Sensitize employees on ethics and integrity.
- iii) Students suppliers and other stakeholders are sensitized on this Policy



## INSTITUTIONAL FRAMEWORK

### 3.1 Introduction

This section defines the structures to be put in place to facilitate mainstreaming of corruption prevention at KNH

The EACC Act 2011 obliges every public entity to constitute and operationalize a Corruption Prevention Committee and to appoint Integrity Assurance Officers. KNH has constituted CPCs both at the corporate and departmental levels and appointed Integrity Assurance Officers (IAOs) in compliance with the policy guidelines.

### 3.2 Roles and Responsibilities

#### 3.2.1. Board of Management

Ensure that the Policy is approved and avail the necessary resources required for successful implementation. In addition, the Board is vested with the overall responsibility of ensuring a high standard of Integrity within the Hospital.

#### 3.2.2. Chief Executive Officer

The CEO is responsible for implementation of this policy by providing leadership and promoting ethical behavior.

#### 3.2.3. Corruption Prevention Committee

KNH shall constitute a Corruption Prevention Committee to spearhead Corruption Prevention in the Hospital. The CEO shall Chair and appoint members of the CPC comprising of the following: -

- i) Clinical Services – Minimum 6
- ii) Corporate Services – Minimum 4
- iii) Internal Audit
- iv) Legal Services
- v) Secretary (Chairperson, IAO)

The tenure of office shall be for a period of three (3) years.

The quorum of every CPC meeting shall be two thirds of the membership. The Committee shall meet at least quarterly and maintain accurate minutes of the deliberations.

The specific roles and functions of the CPC include: -

- i) Prioritizing action in the prevention and elimination of corruption;
- ii) Develop Work Instructions, SOPs and guidelines within six months of approval of this reviewed Policy and roll out.
- iii) Planning and coordinating corruption prevention strategies;
- iv) integrating all corruption prevention initiatives in the Hospital's undertaking;
- v) Ensure that all business partners, contractors, and suppliers of KNH know and adhere to this Policy.
- vi) Receiving and reviewing reports on corruption prevention initiatives and recommending appropriate action;
- vii) Receiving and undertaking action on corruption reports made by employees and other stakeholders;
- viii) Spearheading Integrity, ethics and anti-corruption campaigns;
- ix) Monitoring and evaluating the impact of corruption prevention initiatives; and
- x) Preparing and submitting quarterly reports to the EACC and Performance Contracting Steering Committee.

#### **3.2.4. Corruption Prevention Committee Secretariat**

The Hospital shall establish a Corruption Prevention Committee Secretariat with the following functions:

- i) Monitor the implementation of this Policy.
- ii) Coordinate the preparation of the Annual Corruption Risk Assessment and Corruption Prevention, Detection and Response/Mitigation Plan.
- iii) Preparation of statutory reports for approval by CPC and onward transmission to relevant bodies.
- iv) Be responsible for control of access to corruption reports and related documents including gift and conflict of interest registers.
- v) Spearhead prevention, detection and investigation of corrupt practices within KNH.

- vi) Develop corruption prevention training and awareness programs.
- vii) Be responsible for the coordination and handling of corruption related activities including complaints.
- viii) Liaise with other agencies dealing with anti-corruption matters.

The Ethics and Integrity Office shall be established to undertake the functions.

### **3.2.5. Divisional/Departmental corruption prevention committees**

The Divisional/Departmental/Unit Corruption Prevention Committee shall comprise of a minimum of three members. The Head of Divisional/Departmental/Unit shall chair this committee, with an IAO as the Secretary.

The quorum of every DCPC meeting shall be two thirds of the membership.

### **3.2.6. Integrity Assurance Officers (IAOs)**

The IAO team shall provide technical assistance to the CPC. Members shall be identified from the various departments.

IAOs shall be responsible for:

- i) Enhancing good governance & positively shape the organizational culture
- ii) Contributing to and coordinate all activities towards implementation of Ethics and Integrity promotion activities.
- iii) Communicating the hospital's ethics and compliance procedures and ensuring the effectiveness of that communication.
- iv) Conducting a Corruption Risk Assessment, developing and implementing Corruption Prevention Plan.
- v) Developing and implementing organizational Code of Conduct and Ethics, Service Charters and other Governance Instruments.
- vi) Implementation of Anti-Corruption education and awareness programmes.
- vii) Opening, recording and presenting to the CPC reported cases of Corruption for analysis together with one member of CPC.
- viii) Monitoring, evaluating and reviewing the implementation of Public Sector Integrity Programme activities.
- ix) Compiling progress reports and presenting the reports to the CEO and CPC.

The IAOs will meet at least quarterly and maintain accurate minutes of the deliberations.

### 3.2.7. Employees

All employees shall:

- i) Co-operate with the Management to achieve the objectives of this Policy.
- ii) Participate in the Hospital wide initiatives to counter corruption.
- iii) Desist from accepting or offering any corrupt payment, gift, Hospitality, or any other form of inducement
- iv) Disclose any form of conflict of interest using the prescribed form.
- v) Uphold high standards of integrity at all times.

### 3.3 Communication and awareness on corruption prevention

This policy shall be communicated to staff and stakeholders through Corruption Prevention sensitizations, departmental meetings, integrity trainings, corruption prevention webinars, KNH Newline platform and CEOs open forum among others.

### 3.4 Corruption Reporting Channels

|   |   |                          |
|---|---|--------------------------|
| The Chair Corruption Prevention Committee,<br>Kenyatta National Hospital<br>P.O Box 20723—00202<br>NAIROBI<br><a href="mailto:cpc@knh.or.ke">cpc@knh.or.ke</a><br>Cell number 0702498808<br>KNH extension 43037 | Ethics & Anti-Corruption<br>Commission (EACC) Integrity<br>Centre<br>P.O Box 61130 - 00200<br>NAIROBI | Any<br>Police<br>Station |
|---|---|--------------------------|

#### Other corruption reporting channels include:

- a) Use of KNH Anonymous Corruption Reporting link  
(<https://kuh.or.ke/index.php/report-corruption/>).
- b) The Anticorruption reporting boxes.
- c) Report to any Integrity Assurance Officers.
- d) Reporting at the CPC Secretariat Office

## RISKS AND RISK MANAGEMENT

### 4.1 Bribery/Corruption Risk Assessment and Mitigation Plan

KNH shall undertake bribery/corruption risk assessment in all the functional areas to identify systemic weaknesses that may be exploited to perpetuate corruption and unethical practices. A CRMP outlining the strategies proposed to mitigate against the occurrence of the risks shall be developed and implemented. The programs indicated in the Bribery/Corruption Mitigation Plan shall be integrated with other KNH plans such as:

- a) Employment screening (pre-employment and on internal promotion or transfer)
- b) Policy on annual leave and job rotation
- c) Supplier and customer rating (*See annex II and annex III...*)



## MONITORING AND EVALUATION

### 5.1 Introduction

This section provides the Monitoring and Evaluation framework for the Anti – Corruption policy.

### 5.2 Roles and responsibilities

Compliance with this policy will be monitored periodically by reviewing practices against the standards outlined.

The Director Planning and Strategy shall:

- i) Develop an implementation matrix for this Policy within three months of approval;
- ii) Develop a results matrix for Monitoring and evaluation of outputs, outcomes and impact of the policy within three months of approval;
- iii) Develop tools for data collection and analysis;
- iv) Submit bi-annual status reports to the BoM;
- v) Conduct an impact assessment of the policy after one and half years of its implementation;
- vi) Recommend areas of improvement towards realization of the desired results

### 5.3 Implementation, Monitoring and Evaluation

#### 5.3.1. Implementation

- i) SOPs and work Instructions shall be developed within six months of approval of this Policy and rolled out;
- ii) The HoDs/HoUs/Heads of sections shall spearhead the implementation of the Policy

#### 5.3.2. Policy Monitoring & Evaluation Framework

The framework annexed below shall be used to assess the effectiveness of the Policy. The monitoring and evaluation framework will also ensure regular reviews and analysis on compliance taking into account the internal and external factors that may affect the Policy.

#### 5.3.3. Reporting

- i) Quarterly Reports: HoDs/HoUs will be required to submit quarterly reports to the Corruption Prevention Committee.



- ii) Annual and bi-annual Compliance Performance Report: An annual compliance performance report shall be prepared and presented to the Management.

**5.4 Review of the Policy**

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



## ANNEX I: PROCEDURE FOR HANDLING CORRUPTION COMPLAINTS

1. Upon receiving any corruption allegation, the matter shall first be addressed by the CPC secretariat who shall record the allegations/complaints in complaints register.
2. The CPC secretariat shall review the complaints supporting evidence and if possible, receive additional submission by the complainant, and will present the case to CPC for determination of validity or otherwise of the complainant.
3. In the absence of sufficient evidence to warrant any further action, the CPC shall dismiss the complaint and advise all the concerned parties accordingly where possible.
4. Where the evidence supplied by the complainant reasonably suggests that corruption may have occurred and that a staff, student, intern, supplier, or other stakeholder was involved, then the Committee shall set a sub-committee of at least three of its members to investigate the allegations and make recommendations to the Committee. The committee may refer due case to Security and Safety or Internal Audit for investigations.
5. The designated sub-committee shall then receive the alleged complaints, invite the complainant to make a written statement and adduce all material evidence in relation to the case. If necessary, the aggrieved party will also be summoned to appear personally before the sub-committee and provide further information to support the allegation.
6. Upon conclusion of the preliminary investigation, if it is established that any of the parties listed was involved in any corrupt practice, the Committee shall make a statement of the allegations and invite the staff or other party concerned to respond to them.
7. Upon receipt and evaluation of the response, the Committee shall either dismiss the case for lack of adequate and/ or relevant evidence or proceed to institute disciplinary proceedings against the suspect in case of a staff, or refer the matter to the Board in case of a Board Member.
8. After according all the concerned parties reasonable opportunity to be heard and considering each parties claims as well as the findings of the investigations, the Committee shall come up with a conclusion and final recommendations.
9. Where allegations are made against a member of the CPC or secretariat, the member shall be required to step aside from the Committee for the duration of the



investigation to allow independent investigations and determination of the case for a period not exceeding 3 months.

10. At the conclusion of the hearing of any case, decision of the committee shall be communicated in writing to the complainant (where applicable) and the suspect within seven (7) days of the determination of the proceedings.

11. In case the Committee establishes, after investigation that an employee or agent or supplier or customer or any other stakeholder is guilty of any corrupt practice, appropriate disciplinary measures shall be taken, or the matter shall be referred to the relevant body/ agency/ authority for appropriate action.

**ANNEX II: CORRUPTION RISK ASSESSMENT/MITIGATION PLAN**

| FUNCTIONAL AREA           | CORRUPTION LOOPHOLE /SYSTEMIC WEAKNESS                           | CORRUPTION RISK / UNETHICAL BEHAVIOR       | PREVENTION STRATEGIES   | SPECIFIC ACTIVITIES  | RESPONSIBLE PERSON        | BUDGET         | TIMEFRAME |     |     |     |
|---------------------------|--|--|---|--|---------------------------|----------------|-----------|-----|-----|-----|
|                           |  |  |   |  |                           |                | Q 1       | Q 2 | Q 3 | Q 4 |
| <b>CORE MANDATE</b>       |  |  |   |  |                           |                |           |     |     |     |
| <b>Nursing</b>            | Inefficient handing over of supplies                             | Theft of institutional supplies            | Enhance monitoring of ward stocks                                       | Introduction of handing over registers of ward stock supplies            | Director Nursing Services | Nil            |           |     |     |     |
|                           | Ineffective monitoring of duty Rota and clocking in/out register | Absenteeism                                | Conduct quarterly audit   | Quarterly audit reports on absenteeism                                   |                           |                |           |     |     |     |
| <b>Obs/gynaecology</b>    | Lack of clear criteria for prioritization of theatre cases       | Bribery                                    | Create awareness on prioritization of theatre cases                     | Staff sensitization on the criteria for theatre booking                  | HoDObs/Gynae              | Nil            |           |     |     |     |
| <b>Radiology</b>          | Diversion of patients outside KNH for investigations             | Loss of Hospital Revenue                   | Enhance control on diversion of Hospital clients                        | Develop referral policy  | HoD Radiology             | Administrative |           |     |     |     |
| <b>Health Information</b> | Registration of patients   | Bribery and favoritism in service delivery | Enhance adherence to work instructions, procedures and code of conduct. | Sensitization and training of staffs on work instructions and procedures | HoD Health Information    | Administrative |           |     |     |     |
|                           |  |  | Improve customer relations.   | Conduct customer care  |                           |                |           |     |     |     |



| FUNCTIONAL AREA | CORRUPTION LOOPHOLE /SYSTEMIC WEAKNESS           | CORRUPTION RISK / UNETHICAL BEHAVIOR              | PREVENTION STRATEGIES  | SPECIFIC ACTIVITIES   | RESPONSIBLE PERSON | BUDGET         | TIMEFRAME |     |     |     |
|-----------------|--|---|--|---|--------------------|----------------|-----------|-----|-----|-----|
|                 |  |   |  |   |                    |                | Q 1       | Q 2 | Q 3 | Q 4 |
|                 |  |   |  | sensitization   |                    |                |           |     |     |     |
|                 |  | Self-enrichment                                   | Promoting adherence to the code of conduct and ethics                                    | Sensitization of staffs on Code of Conduct and Ethics                           |                    |                |           |     |     |     |
|                 | Retrieval of files                               | Delay in service delivery and follow up           | Improve on outpatient clinic file retrieval  | Conduct quarterly audit on missing files  |                    |                |           |     |     |     |
| Public Health   | Disease Surveillance, controlling and prevention | Knowingly withholding information                 | Enhance use of standard operating procedures/ work instructions on disease surveillance. | Develop standard operating procedures work instructions on disease surveillance |                    |                |           |     |     |     |
|                 | Duty allocation                                  | Sexual favors                                     | Staff training   | Sensitization of staffs on sexual harassment                                    | HoU Public Health  | Administrative |           |     |     |     |
|                 | Vector and vermin prevention control             | Non response to complaints raised on infestations | Enhance supervision  | Develop monitoring tool to indicate time and completion of work                 |                    |                |           |     |     |     |
|                 | Waste management                                 | Theft and misuse of liner bags                    | Create awareness on Anti-Corruption  | Sensitization of staffs on Code of  |                    |                |           |     |     |     |



| FUNCTIONAL AREA   | CORRUPTION LOOPHOLE /SYSTEMIC WEAKNESS | CORRUPTION RISK / UNETHICAL BEHAVIOR       | PREVENTION STRATEGIES  | SPECIFIC ACTIVITIES   | RESPONSIBLE PERSON              | BUDGET | TIMEFRAME |     |     |     |
|-------------------|--|--|--|---|---------------------------------|--------|-----------|-----|-----|-----|
|                   |  |  |  |   |                                 |        | Q 1       | Q 2 | Q 3 | Q 4 |
|                   |  |  | n policy   | Conduct and Ethics  |                                 |        |           |     |     |     |
| Pharmacy          | Dispensing                             | Pilferage/theft of drugs                   | Enhance supervision  | Regular stock monitoring<br>Sensitization on Anti-Corruption                | HoD Pharmacy                    |        |           |     |     |     |
|                   | Time management                        | Use of official hours for private business | Monitoring of the clocking system<br>Enhancing adherence to the Code of Conduct and Ethics | Introduce automated system of clocking in/out                               |                                 |        |           |     |     |     |
| Security services | Entry control                          | Soliciting bribes                          | Effective monitoring of visitors passes  | Sensitization of staff on Code of Conduct and Ethics                        | HoD marketing and Communication | Nil    |           |     |     |     |
|                   |  |  | Adherence to work instructions   | Regular staff rotation  | HoD Security and safety         |        |           |     |     |     |
|                   | Investigation                          | Fraudulently altering records              | Enforcement of laws, rules and   | Review of security work instructions<br>Sensitization of staffs on existing |                                 | Nil    |           |     |     |     |



| FUNCTIONAL AREA     | CORRUPTION LOOPHOLE /SYSTEMIC WEAKNESS | CORRUPTION RISK / UNETHICAL BEHAVIOR                          | PREVENTION STRATEGIES               | SPECIFIC ACTIVITIES   | RESPONSIBLE PERSON      | BUDGET         | TIMEFRAME |     |     |     |
|---------------------|--|---|-------------------------------------|---|-------------------------|----------------|-----------|-----|-----|-----|
|                     |  |   |                                     |   |                         |                | Q 1       | Q 2 | Q 3 | Q 4 |
|                     |  |   | regulations.                        | laws, rules and regulations   |                         |                |           |     |     |     |
| Patient affairs     | Handling of medical errors             | Misreporting/ failure to report or address the medical errors | Adhere to work instructions         | Sensitize care givers on work instructions on reporting of medical errors | Hou patient affairs     | Nil            |           |     |     |     |
|                     |  |   |                                     | Develop a comprehensive record for all reported medical errors            |                         |                |           |     |     |     |
| Medical Social Work | Credit process                         | Deceiving the principal                                       | Adherence to hospital credit policy | Sensitization of staffs on credit policy                                  | HoU Medical Social Work | Nil            |           |     |     |     |
| Renal unit          | Dialysis of patients                   | Biased allocation of dialysis machines                        | Improve on the booking system       | Introduce dialysis booking register                                       | HoD renal               | Administrative |           |     |     |     |
|                     | Transplant                             | Delayed transplant ation                                      | Enhance patient assessment criteria | Develop a clear inclusion/exclusion criteria for transplant patients      |                         | Nil            |           |     |     |     |
| Farewell Home       | Body preservation and storage          | Bribery   | Adherence to allocation             | Prepare weekly duty Rota  | HoD Farewell Home       | Nil            |           |     |     |     |



| FUNCTIONAL AREA                                 | CORRUPTION LOOPHOLE /SYSTEMIC WEAKNESS | CORRUPTION RISK / UNETHICAL BEHAVIOR                               | PREVENTION STRATEGIES   | SPECIFIC ACTIVITIES                                       | RESPONSIBLE PERSON      | BUDGET         | TIMEFRAME |     |     |     |
|---|--|--|---|---|-------------------------|----------------|-----------|-----|-----|-----|
|   |  |  |   |   |                         |                | Q 1       | Q 2 | Q 3 | Q 4 |
|   |  |  | of duties   | sensitization on Code of Conduct and Ethics               |                         |                |           |     |     |     |
|   | Disposal of unclaimed bodies           | Deceiving the principal  | Enhance control of unclaimed bodies                             | Review of SOP on disposal of unclaimed bodies             |                         | Administrative |           |     |     |     |
| <b>INFORMATION AND COMMUNICATION TECHNOLOGY</b> |  |  |   |   |                         |                |           |     |     |     |
| <b>Procurement</b>                              | Stock controls                         | Skewed procurement planning  | Have a computerized stock level control                         | Do regular stock takes to establish operational equipment | HoD ICT                 | Administrative |           |     |     |     |
|   | Improper evaluation of items/assets    | Knowingly withholding information while receiving or issuing items | Members to evaluate items/assets as a team and not individually | Make a schedule for evaluation of items                   |                         | Nil            |           |     |     |     |
|   | Disposal                               | Wrong identification and undervaluation of assets for disposal     | Adherence to public procurement and disposal act                | Identify, document and value assets for disposal          |                         |                |           |     |     |     |
| <b>PAYROLL MANAGEMENT</b>                       |  |  |   |   |                         |                |           |     |     |     |
| <b>Payroll administration</b>                   | Rewards and compensation               | Payment of salaries to ghost workers                               | Frequent audit of the payroll                                   | Annual Audit of the payroll                               | Director Human Resource | Administrative |           |     |     |     |
|   |  |  | Frequent head counts at   | Head count biannual                                       |                         |                |           |     |     |     |



| FUNCTIONAL AREA                  | CORRUPTION LOOPHOLE /SYSTEMIC WEAKNESS                  | CORRUPTION RISK / UNETHICAL BEHAVIOR         | PREVENTION STRATEGIES  | SPECIFIC ACTIVITIES  | RESPONSIBLE PERSON      | BUDGET         | TIMEFRAME |     |     |     |  |
|----------------------------------|---|--|--|--|-------------------------|----------------|-----------|-----|-----|-----|--|
|                                  |   |  |  |  |                         |                | Q 1       | Q 2 | Q 3 | Q 4 |  |
| <b>HUMAN RESOURCE MANAGEMENT</b> |   |  |  |  |                         |                |           |     |     |     |  |
| Employee Resourcing              | Recruitment process                                     | Bribery and favoritism in recruitment        | Implementation of the recruitment policy                     | Sensitization and training of all stakeholders involved in recruitment on recruitment policy | Director Human Resource | Administrative |           |     |     |     |  |
| Staff appraisal                  | Performance management                                  | Undeserved rewarding of marks                | Develop objective and appropriate performance appraisal tool | Sensitization on target setting  |                         | Nil            |           |     |     |     |  |
|                                  |   | Rewarding of non-performers                  | Ensure transparency in appraisals                            | Develop and implement reward policy  |                         |                |           |     |     |     |  |
| Training and development         | Biased nomination in training and development of staffs | Favoritism and nepotism in staff development | Involvement and participation of stakeholders                | Sensitization and training of all stakeholders involved in training Committee                |                         | Administrative |           |     |     |     |  |
|                                  |   |  | Effective and  | Quarterly Audit of   |                         |                |           |     |     |     |  |



| FUNCTIONAL AREA                | CORRUPTION LOOPHOLE /SYSTEMIC WEAKNESS | CORRUPTION RISK / UNETHICAL BEHAVIOR                                 | PREVENTION STRATEGIES  | SPECIFIC ACTIVITIES  | RESPONSIBLE PERSON | BUDGET | TIMEFRAME |     |     |     |
|--------------------------------|--|--|--|--|--------------------|--------|-----------|-----|-----|-----|
|                                |  |  |  |  |                    |        | Q 1       | Q 2 | Q 3 | Q 4 |
|                                |  |  | efficient keeping of training record                           | training records   |                    |        |           |     |     |     |
| <b>Disciplinary committee</b>  | Employee relations                     | Biasness in handling disciplinary issues due to nepotism, favoritism | Enhance the integrity of members of the disciplinary committee | Sensitization of all stakeholders on disciplinary procedure                        |                    | Nil    |           |     |     |     |
| <b>SUPPLY CHAIN MANAGEMENT</b> |  |  |  |  |                    |        |           |     |     |     |
| <b>Warehousing</b>             | Inspection of goods                    | Delay in inspection of goods and services                            | Enhance timely inspection of goods and services                | Establishment of sample room<br>Notification of Inspection<br>Acceptance Committee |                    |        |           |     |     |     |
| <b>Purchasing</b>              | Procurement process                    | Delay in raising orders after getting purchase requisition           | Adherence to the PPADA and regulations                         | Develop and implement procurement plan   | DSCM               | Nil    |           |     |     |     |
| <b>Payment Office</b>          | Payment process                        | Delay in forwarding payment documents in finance                     | Monitoring of the payment process                              | Generate monthly report on payment and give progress on pending bills              |                    |        |           |     |     |     |





| FUNCTIONAL AREA             | CORRUPTION LOOPHOLE /SYSTEMIC WEAKNESS | CORRUPTION RISK / UNETHICAL BEHAVIOR                                    | PREVENTION STRATEGIES  | SPECIFIC ACTIVITIES   | RESPONSIBLE PERSON | BUDGET         | TIMEFRAME |     |     |     |
|-----------------------------|--|---|--|---|--------------------|----------------|-----------|-----|-----|-----|
|                             |  |   |  |   |                    |                | Q 1       | Q 2 | Q 3 | Q 4 |
| AID                         | Donations                              | Misappropriation of donations   | Enhance controls on donations  | Develop a policy on how donations are received in Hospital                        | D AID              | Administrative |           |     |     |     |
| <b>FINANCIAL MANAGEMENT</b> |  |   |  |   |                    |                |           |     |     |     |
| Patient Refunds Processing  | Unauthorized Refund                    | Deceiving the principal   | Sensitize service providers on Refund procedure as per KNH Finance Policy and Procedure Manual (3.1.9) | sensitization of staffs on Refund Voucher<br>Develop and implement refund voucher | Director Finance   |                |           |     |     |     |
| Accounts payable Management | Processing of payment of Suppliers     | alteration of supplier support documents                                | Enhance controls   | Countersigning of alterations and stamping by authorized person                   |                    | Nil            |           |     |     |     |
| Discharge Process           | NHIF Clearance                         | Discharging of patients using fake and/or inadequate NHIF documentation | Review internal control systems  | KNH-NHIF system integration   |                    |                |           |     |     |     |
| Malipo Center               | Lack of proper queuing systems         | Favoritism/Nepotism   | Install Queue Management   | Installation of a Queue management  |                    | Administrative |           |     |     |     |



| FUNCTIONAL AREA | CORRUPTION LOOPHOLE /SYSTEMIC WEAKNESS | CORRUPTION RISK / UNETHICAL BEHAVIOR | PREVENTION STRATEGIES | SPECIFIC ACTIVITIES | RESPONSIBLE PERSON | BUDGET | TIMEFRAME |     |     |     |
|-----------------|--|--------------------------------------|-----------------------|---------------------|--------------------|--------|-----------|-----|-----|-----|
|                 |  |                                      |                       |                     |                    |        | Q 1       | Q 2 | Q 3 | Q 4 |
|                 |  |                                      | System                | ent system          |                    |        |           |     |     |     |



### ANNEX III: POLICY IMPLEMENTATION FRAMEWORK

| <b>Policy</b><br>What is the policy to be implemented | <b>Actions</b><br>What actions must be completed to implement the policy? | <b>Responsible</b><br>Who is responsible for the action? | <b>Timeframe</b><br>When must the action be completed by? | <b>Budget</b><br>How much will it cost to implement the action? | <b>Budget Source</b><br>Where will the funding come from? | <b>Status</b><br>Is the action not started, in progress or completed? |
|---|---|--|---|---|---|---|
| KNH Anti-Corruption                                   | Approval of policy  | BoM  | 1 Month   | -   | -   | -   |
|   | Appointment of Anti-Corruption Committee                                  | CEO  | 1 Month   | -   | -   | -   |
| Policy implementation                                 | Allocation of resources to support implementation of the Policy           | CEO  | Annual  | -   | -   | -   |
|   | Development of SOPs & work instructions                                   | CPC  | Within 6months after policy approval                      | -   | -   | -   |
|   | Policy sensitization  | CPC  | 1 monthafter policy approval                              | -   | -   | -   |
|   | Policy Dissemination  | CPC  | 1 monthafter policy approval                              | -   | -   | -   |
|   | Development of KNH code of Conduct and Ethics                             | CPC  | 1 monthafter policy approval                              | -   | -   | -   |
| Monitoring & Evaluation                               | Monitor policy implementation   | Director P&S   | Monthly   | -   | -   | -   |
|   | Evaluate policy impact  | Director P&S   | Annually  | -   | -   | -   |
| Reporting   | Prepare quarterly policy reports and submit to CPC                        | HoDs/HoUs  | Quarterly   | -   | -   | -   |
|   | Prepare quarterly policy reports and present to EMC                       | CPC  | Quarterly   | -   | -   | -   |
|   | Annual and bi-annual Compliance Performance Report                        | Director P&S   | Bi-Annual<br>Annual                                       | -   | -   | -   |
| Review of policy                                      | Review of policy  | CPC  | After every 3 years                                       | -   | -   | -   |

## ANNEX IV: M&E FRAMEWORK

|                 | Indicator                              | KPI  | Baseline<br>What is the current value? | Target<br>What is the target value? | Data Source<br>How will it be measured? | Frequency<br>How often will it be measured? | Responsible<br>Who will measure it? | Reporting<br>Where will it be reported? |
|-----------------|--|--|--|-------------------------------------|---|---|-------------------------------------|---|
| <b>Goal</b>     | Optimize customer experience           | Customer satisfaction Index                  | 77.1                                   | 80                                  | Analysis report                         | Quarterly                                   | Director P&S                        | Executive Management Committee and EACC |
| <b>Outcomes</b> | Enhanced ethical culture and integrity | Reduced corruption complaints                | -                                      | 100                                 | Analysis report                         | Quarterly                                   | CPC                                 |   |
|                 | Enhanced hospital credibility          | Customer Satisfaction index                  | 81.5                                   | 0                                   | Analysis report                         | Quarterly                                   | HoD Marketing                       |   |
|                 | Reduce corruption malpractices         | Corruption perception index                  | 1.5                                    | -                                   | Analysis report                         | Annually                                    | HoD Marketing                       |   |
| <b>Outputs</b>  | Disseminated policy                    | % of departments with anti-corruption policy | -                                      | 100                                 | Dissemination report                    | Quarterly                                   | CPC                                 |   |
|                 | Sensitized staff                       | % of staff sensitized on Policy              | -                                      | 100                                 | Training registers                      | Quarterly                                   | CPC                                 |   |
|                 | Approved policy                        | No of approved policies                      | -                                      | 1                                   | Policy database                         | Quarterly                                   | CEO Office                          |   |

ANNEXV: COMMITMENT TO INTEGRITY AND TRANSPARENCY FORM (A)



**KENYATTA NATIONAL HOSPITAL**  
**COMMITMENT TO INTEGRITY AND TRANSPARENCY**

KNH is committed to conducting its business with highest standards of professionalism and integrity. All KNH employees are expected to read, understand and affirm their commitment to integrity and transparency in line with the provisions of this policy.

I.....

*(First Name)*

*(Middle Name)*

*(Surname)*

Personal No./Student No./ID No: .....

Designation: .....

Directorate/Division/Department/Unit:.....

Hereby commit myself to uphold integrity and transparency in the course of my duties at all times as stipulated in the Hospital's Anti – Corruption Policy.

**Signed:** ..... **this.....day of.....20.....**

**Witnessed by:** ..... **P/No:..... Date:.....**

*(To be signed and submitted to the Corruption Prevention Committee Secretariat. A copy will be filed in each employees personal files at Human Resource)*

ANNEX VI: COMMITMENT TO INTEGRITY AND TRANSPARENCY FORM (B)



KENYATTA NATIONAL HOSPITAL

**Commitment to Integrity and Transparency**

I.....  
(First Name) (Middle Name) (Surname)

Personal No./Student No./ID No: .....

Designation: .....

Division/Department/Unit: .....

Hereby commit myself to uphold integrity and transparency in the course of my duties at all times as stipulated in the Hospital's Anti-Corruption Policy.

**Signed:** ..... **this**.....**day of**.....**20**.....

**Witnessed by:** ..... **P/No:**..... **Date:**.....

*(To be signed and retained by the employee/student)*