



Kenyatta National Hospital

## KNH WHISTLEBLOWER PROTECTION POLICY



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APPROVED BY	KNH BOARD OF MANAGEMENT
SIGNED BY: 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 Hospital Management recognizes that whistleblowing enhances achievement of good governance practices as per provisions of the Constitution of Kenya 2010; it is an effective way of detecting corruption and other malpractices. KNH is committed to the highest possible standards of professionalism, fairness, transparency and accountability.

This Policy sets out the approach and obligation to the detection and prevention of corruption and other malpractices within the Hospital. It provides a procedure for making good faith disclosures, protection of whistleblowers from reprisal, and mechanism for investigations.

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

The Board of Management is committed to the full implementation of this Policy and shall provide the necessary support required.



George O. Ooko

**CHAIRMAN, KNH BOARD OF MANAGEMENT**



## PREAMBLE

The Whistle Blower Protection Policy provides a framework within which employees and other stakeholders with corruption or other malpractice concerns can report at the earliest opportunity for investigation and appropriate action. The Policy protects whistle blowers who report fraudulent and unethical matters in good faith; encourage employees and stakeholders to discuss ethical concerns internally; and create an environment within which employees and 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. This Policy is intended to encourage and enable employees and stakeholders to raise legitimate concerns through the established channels. Harassment or victimization for reporting concerns under this Policy will not be tolerated.

The Management is committed to implementation of this policy and compliance to the provisions herein.

All Directors, Heads of Departments and Units have a duty to ensure that staff are aware of this Policy, their roles and take appropriate action on reported concerns.



Dr. Evanson Kamuri, EBS

**CHIEF EXECUTIVE OFFICER**

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## ACRONYMS

EACC	: Ethics and Anti-Corruption Commission
CAJ	: Commission for Administrative Justice
DCI	: Directorate of Criminal Investigation
BoM	: Board of Management
CEO	: Chief Executive Officer
KNH	: Kenyatta National Hospital
SCAC	: State Corporation Advisory Committee
KENAO	: Kenya National Audit Office
CPC	: Corruption Prevention Committee



## DEFINITION OF TERMS

<b>Concern</b>	A matter that engages a person's attention, interest or care or that which affects a person's welfare or happiness and is in breach of existing legislation and institutional policies.
<b>Good faith'</b>	Making reports without malice or consideration of personal benefit with a reasonable basis to believe that the report is true.
<b>Malpractice</b>	Refers to but not limited to the following: <ul style="list-style-type: none"><li>a) Failure to comply with a legal obligation</li><li>b) Unprofessional act</li><li>c) Misuse or inappropriate use of hospital resources</li><li>d) A criminal offence</li><li>e) Endangering the health and safety of other persons.</li><li>f) Deliberate concealment of information relating to any of the above.</li></ul>
<b>Whistle blower</b>	A person who makes corruption disclosure whether openly or in secret
<b>Detrimental action</b>	Action causing injury, loss or damage, intimidation or harassment, discrimination, disadvantage or adverse treatment in relation to employment, career, profession, patient management, trade or business including taking disciplinary action.
<b>Responsible office</b>	The office to which reported concerns are analyzed and reported to management for further action. This is a function of the CPC secretariat (IAOs).
<b>Bad faith</b>	A malicious intent.
<b>Confidential Information'</b>	Any information whose access is controlled.



## INTRODUCTION

### 1.1. Background

The Hospital aims to foster a culture of integrity, responsibility, transparency and accountability. Whistleblowing allows for disclosure by any person, of information about misconduct while at the same time protecting the person against sanctions of all forms.

Staff and stakeholders have a right, and a duty, to raise any matters of concern they may have about service delivery issues associated with the Hospital. The policy is designed to provide a clear commitment to staff and stakeholders that their concerns will be taken seriously, and to encourage them to communicate through the appropriate channels.

### 1.2. Policy statement

The purpose of this policy is to create an enabling environment and a culture of disclosing corruption or other malpractices in good faith while at the same time offering protection to the whistleblower.

### 1.3. Rationale

This policy sets out the framework for the disclosure of information which is of public interest and in particular on corruption or any other malpractices. The Policy encourages employees and stakeholders to raise these concerns at an early stage and in an appropriate way in line with the procedure outlined herein.

The Policy outlines the types of corruption and malpractices, procedures for reporting and investigation of disclosures, protection, incentives and sanctions.

### 1.4. Objectives

The objectives of this Policy are to:

- i. Enhance disclosure handling procedures;
- ii. Enhance Protection of whistleblowers;
- iii. Promote a culture of transparency, accountability and integrity.

### 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**

This Policy is guided by the relevant legal and policy framework that include;

- a) The Constitution of Kenya 2010
- b) Anti-Corruption and Economic Crimes Act, 2003.
- c) Public Officer Ethics Act No. 4 of 2003.
- d) Leadership and Integrity Act No. 9 of 2012.
- e) Witness Protection Act, 2006.
- f) Bribery Act, 2016.
- g) KNH Code of Conduct and Ethics.
- h) Commission on Administrative Justice 2011
- i) Ethics and Anticorruption Commission Act 2011
- j) Fair Administrative Action Act 2015
- k) Official Secrets Act
- l) Penal Code (Cap 63)
- m) Public Officers Ethics Act 2003
- n) Public Procurement and Asset Disposal Act 2015
- o) Proceeds of Crime and Anti-Money Laundering Act 2009
- p) Public Audit Act 2015
- q) Public Finance Management Act 2012
- r) Mwongozo Code of Conduct

## POLICY FRAMEWORK

### 2.1 Policy Provisions

This policy covers the disclosure of information which is of public interest, and reveals one or more acts of corruption as defined herein. The types of corruption or malpractices covered in this policy include but not limited to: -

- i). Professional malpractice;
- ii). Obstruction of service or frustration of patients
- iii). Diversion of patient to other healthcare facilities for personal gain
- iv). Practicing nepotism, tribalism, clannism and cronyism
- v). Deceiving or knowingly making a false or misleading statement to KNH in favor of own private interests
- vi). Receiving or soliciting, agreeing to receive or to solicit any benefits or property on account or divulging confidential information;
- vii). Engaging in bid rigging and other procurement malpractices;
- viii). Hindering or obstructing fellow colleagues from performing their duties;
- ix). Fraudulently altering accounts, withholding information, records and other documents;
- x). Soliciting, receiving and/or demanding for an inducement in order to facilitate any services;
- xi). Canvassing for self or another person to be recruited;
- xii). Receiving or soliciting for sexual favours in return for any services including but not limited to conditions for employment, training, salary increments and/or promotion;
- xiii). Engage in political activity that may compromise or be seen to compromise political neutrality of the office;
- xiv). 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;

### 2.2 Procedures for Dealing with Disclosures

#### 2.2.1. Making a disclosure

Disclosures may emanate from employees and stakeholders who have a reasonable belief that there is corruption or malpractice.

Acts of corruption or malpractice may be disclosed orally, through phone, in writing, or through electronic media. All reports shall be sent directly to the responsible office.



The disclosure should contain the following details; the alleged corruption or malpractice, the identity of the perpetrator and significant dates, locations or events where applicable.

The concern should be raised as early as possible to facilitate immediate action.

**The Hospital has put in place the following channels for making disclosures**

The Chair Corruption Prevention Committee, KNH. P O Box 20723—00202 NAIROBI <a href="mailto:cpc@knh.or.ke">cpc@knh.or.ke</a> or Cell phone number 0702498808 orKNH extension 43037	Ethics & Anti-Corruption Commission (EACC) Integrity Centre P O Box 61130 - 00200 NAIROBI	Any Police Station
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**Other corruption reporting channels include:**

- a) Use of KNH Anonymous Corruption Reporting link (<https://knh.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

**2.2.2. Action following disclosure**

Upon receipt of disclosure the responsible office shall:

- a) Acknowledge receipt of the reported violation or suspected violation within 24 working hours except for anonymous disclosures;
- b) consider the disclosure, assess if it falls within the scope of this policy and determine whether to;
  - i). Conduct investigations if necessary and the form of investigations to be undertaken.
  - ii). Refer the matter to the relevant directorates under appropriate policies
  - iii). Refer the matter to the relevant professional bodies
  - iv). Refer the matter to National Police Service
  - v). Refer the matter to Ethics and Anti-Corruption Commission (EACC)
  - vi). Close the matter

The responsible office shall within 30 days notify the whistleblower about the action taken.



### **2.2.3. Investigation of disclosures**

Where the responsible office decides to investigate, the procedure should be as follows;

- i) An independent internal inquiry may be formed to investigate the matter.
- ii) One may be interviewed by the person(s) investigating the matter.
- iii) Some concerns may be resolved by agreed action without need for investigation.
- iv) If urgent action is required, this will take place before an investigation is undertaken.

The investigation report will be delivered to the CEO within two months from the date of commencement of the investigations.

### **2.2.4. Record of outcomes**

Records of any investigations relating to the concern under inquiry shall be kept in a separate secure file for at least seven years and in line with the Hospital Policy.

### **2.2.5. Disclosures to external agencies**

If having exhausted these procedures, the whistleblower is not satisfied with the Hospital response and reasonably believes that the information disclosed, and any allegation contained in it are substantially true, he/she is at liberty to take the matter further by raising the matter with the appropriate agency established by law such as;

- i) Ethics and Anti-Corruption Commission (EACC).
- ii) Commission for Administrative Justice (CAJ).
- iii) Directorate of Criminal Investigation (DCI).
- iv) State Corporation Advisory Committee (SCAC).
- v) Kenya National Audit Office (KENAO).
- vi) A relevant professional or regulatory body.

### **2.2.6. Anonymous Disclosures**

Whistleblowers making disclosures under this policy are encouraged to reveal their identity. Anonymous disclosures may prove difficult to investigate but will be considered at the discretion of the Hospital Management 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 sources.

## 2.3 Protection of Whistle Blowers

### 2.3.1. Protection of whistleblower

If a member of staff makes a disclosure in conformity with this policy, he/she shall not be;

- i) Dismissed from employment;
- ii) Denied salary increases or employment related benefits;
- iii) Transferred or reassigned other duties;
- iv) Denied a promotion that the employee otherwise would have received;
- v) Demoted; or Harassed and or discriminated against;

If a patient makes a disclosure in conformity with this policy, the patient shall not be;

- i) Prematurely discharged from the Hospital
- ii) Neglected, mistreated or mismanaged
- iii) Harassed by employees or Hospital management
- iv) Subjected to any other form of discrimination

If any other stakeholder makes a disclosure in conformity with this policy, the Hospital will not subject them to any detrimental action.

Any member of staff or stakeholder who takes the above detrimental action against a whistleblower will be subject to disciplinary action in accordance with the Human Resource Policy and procedure manual or as provided for in any other hospital policies.

Where a whistle blower requires further protection beyond this policy, the provisions of the Witness Protection Act 2006 shall apply.

### 2.3.2. Untrue allegations and withdrawal of protection

There will be no adverse consequences if one makes an allegation in good faith but is not confirmed by the investigations. 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, knowingly and intentionally made untrue allegations, then disciplinary action shall be taken against such a person and his/her protection withdrawn.

## **2.4 Confidentiality**

The Hospital shall treat disclosures made under this policy with utmost confidentiality. The substance of an investigation including the identities of the parties will remain confidential and may only be disclosed under the circumstances where:

- i) The law requires disclosure
- ii) The whistleblower has waived his/her right of confidentiality
- iii) The identity of the whistle blower or substance of disclosure is already publicly known and
- iv) The information is given on strictly confidential basis for the purpose of obtaining professional advice

In case of any breach of confidentiality the persons raising concerns may take the appropriate action provided for in the Human Resource Policy and Procedure Manual.

## **2.5 Rights of the Suspect**

In the interest of natural justice, the suspect will be presumed innocent and will be accorded the right to be heard. The suspect will be taken through a fair due process.

## **2.6 Incentives**

Incentives to the whistle blower shall be provided in accordance with the Human Resource Policy and Procedure Manual.

## **2.7 Sanctions**

A person who condones corruption or malpractices through willful suppression or concealment of relevant information or interferes with the investigations will be disciplined in accordance with the Human Resource Policy and Procedure Manual.



## INSTITUTIONAL FRAMEWORK

### 3.1 Preamble

An appropriate institutional framework is necessary for the implementation of the policy particularly with respect to human and financial resource management. This calls for a high level of commitment by KNH in terms of willingness and commitment to allocate adequate human and financial resources for the disability mainstreaming programme. This policy will be implemented by the following:

### 3.2 Responsibilities

#### 3.2.1. Board of Management (BoM)

Ensure that the Policy is approved and avail the necessary resources required for successful implementation. In addition, the Board is vested with the overall oversight responsibility of the policy.

#### 3.2.2. Chief Executive Officer (CEO)

The CEO is responsible for implementation of this policy by providing leadership and promoting whistle blowing.

#### 3.2.3. Directors, Head of Departments/Units

The above shall ensure that employees are sensitized on this Policy and take appropriate action when concerns are raised.

#### 3.2.4. Corruption Prevention Committee (CPC)

- i) Investigate disclosures
- ii) Recommend rewards and sanctions

#### 3.2.5. CPC Secretariat

The responsible office shall:

- i) Receive all disclosures
- ii) Maintain Confidentiality
- iii) Protect whistleblower who have made disclosure from any sanctions, retaliation or reprisals resulting from such disclosures

#### 3.2.6. Employees

Employees shall act in accordance with their Professional Codes of Conduct as well as the KNH Code of Conduct & Ethics. All staff shall:



- i) Co-operate with the management to achieve the objectives of this Policy.
- ii) In good faith, report to the appropriate office, concerns on corruption or any other malpractices.

## ANNEX I: POLICY IMPLEMENTATION FRAMEWORK

Policy What is the policy to be implemented	Actions What actions must be completed to implement the policy?	Responsible Who is responsible for the action?	Timeframe When must the action be completed by?	Budget How much will it cost to implement the action?	Budget Source Where will the funding come from?	Status Is the action not started, in progress or completed?
KNH Whistle Blowing Approval	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	Director P&S	Within 6 months after policy approval	-	-	-
	Policy sensitization	CPC secretariat	1 month after policy approval	-	-	-
	Policy Dissemination	CPC secretariat	1 month after policy approval	-	-	-
Monitoring & Evaluation	Monitor policy implementation	Director P&S	Monthly	-	-	-
	Evaluate policy impact	Director P&S	Annually	-	-	-
Reporting	Prepare quarterly policy reports and present to EMC	CPC Committee	Quarterly	-	-	-
	Annual and bi-annual Compliance Performance Report	Director P&S	Bi-Annual Annual	-	-	-
Review of policy	Review of policy	CPC Committee	After every 3 years	-	-	-



## ANNEX II: M&E FRAMEWORK

	Indicator	KPI	Baseline What is the current value?	Target What is the target value?	Data Source How will it be measured?	Frequency How often will it be measured?	Responsible Who will measure it?	Reporting 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	
	Enhance Protection of whistleblowers	increase in disclosure of corruption cases	-	10	Analysis report	Quarterly	HoD Marketing	
<b>Outputs</b>	Promote a culture of transparency, accountability and integrity.	Corruption perception index	1.5	-	Analysis report	Annually	HoD Marketing	
	Disseminated policy	% of departments with whistle-blowing 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	



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