Kenyatta National Hospital

KNH ANTI-CORRUPTION POLICY

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APPROVED BY	**KNH BOARD OF MANAGEMENT**
SIGNED BY: **CHIEF EXECUTIVE OFFICER** **FOR ON BEHALF OF KNH BOARD OF DIRECTORS**	

VISION MISSION AND CORE VALUES

Vision

A world class patient-centered specialized care hospital

Mission

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

Core Values

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

Motto

We Listen, We Care

FOREWORD

The KNH Anti-Corruption Policy outlines a framework for working towards reducing corruption in the Hospital. This Policy was reviewed in 2025 to address new loopholes and emerging unethical practices in line with the KNH Mandate, Vision, Mission, Core Values and other prevailing laws of the country.

The Board of Management 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 Board of Management is committed to the implementation of this Policy.

Each individual is required to uphold high standards of integrity to protect our 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 its vision and mission through efficient and quality services; improved infrastructure; fairness, justice and equity; respect for the rule of law; and improved personal safety and security of property.

The hospital management and staff are committed to the full implementation of this Policy in order to promote transparency, accountability, and a zero-tolerance approach to corruption.

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

DR. ABBAS GULLET, OGW, MBS
CHAIRMAN, KNH BOARD OF DIRECTORS

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 and has strategies aimed at building a resistance culture to reduce corruption and unethical behavior.

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

1. Ensure integrity and transparency in the conduct of KNH's affairs.
2. Ensure efficient and effective service delivery.
3. Implementation of anti-corruption programs in the pursuit of personal and corporate integrity in all activities.
4. Provision of required resources for the effective implementation of this Policy and attendant programs and strategies.
5. Review and revise the Policy in response to changes in law, emerging trends in healthcare, reputational demands and business environment.
6. Responsible for the implementation and monitoring of various anti-corruption programs and strategies.

I affirm that every employee bears the responsibility to actively prevent corruption and to deliver high-quality, timely healthcare services to the public. Through collective dedication and ethical conduct, we aim to uphold the highest standards of transparency and excellence in our service delivery.

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

DR. RICHARD LESIYAMPE, CBS
CHIEF EXECUTIVE OFFICER

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ACRONYMS

BCRA : Bribery/ Corruption Risk Assessment
BCMP : Bribery/ Corruption Mitigation Plan
BoM : Board of Management.
CEO : Chief Executive Officer
CPC : Corruption Prevention Committee
DCPC : Departmental Corruption Prevention Committees
DNS : Director Nursing Services
EACC : Ethics and Anti-Corruption Commission
HOD : Head of Department
HOU : Head of Unit
IAO : Integrity Assurance Officer
KNH : Kenyatta National Hospital.
SOP : Standard Operating Procedure

DEFINITION OF TERMS

Bribe	An inducement whether, money or other means, 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.
Bribery	Is an act of offering, giving, receiving or asking for something of value to influence the actions or decisions of someone.
Corruption	The abuse of public office for private gain.
Economic Crimes	An illegal act committed with the intention to obtain financial gain or a professional advantage.
Corruption Risk Assessment	The process of identifying loopholes or weaknesses, which may present within a system for corruption to occur. The solution/ tool for preventing corruption in the work place.
Corruption Risk Mitigation	Something given voluntarily without payment in return, as to a gesture of assistance. In this respect, a gift can influence corrupt practice.
Gift	
Investigator	Means a person authorized by the 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, the value is not proportionate to their legitimate income.
Whistle blower	A person who makes corruption disclosure/report, unethical behavior and any other malpractice whether openly or in secret

INTRODUCTION

1.1. **Background**

Corruption significantly hinders the effectiveness and efficiency of service delivery within the hospital. It can be observed through lowered standards, increased prices for services and the cost of service delivery, as well as reduced morals and integrity among staff. Corruption undermines the Hospitals ability to provide high quality and effective healthcare services and may lead to poor health outcomes, particularly among vulnerable populations. It is essential to establish a framework to minimize corruption and unethical practices. The hospital is committed to maintaining high ethical standards and has strategies in place to promote a culture resistant to corruption and unethical behavior.

1.2. **Policy Statement**

The Board of Management, staff, and stakeholders of KNH are prohibited from participating in any form of corruption. The Hospital Management is committed to implement ongoing sensitization and training initiatives to promote ethical behavior and uphold integrity. This effort is designed to reduce corruption and promote a culture of transparency and accountability throughout the organization.

1.3. **Rationale**

This Policy is guided by the Constitution of Kenya, 2010, particularly Article 10 on national values and principles of governance, Chapter Six on Leadership and Integrity, and Article 232 on the values and principles of public service. Corruption is an offense under the provisions of the Anti-Corruption and Economic Crimes Act, CAP 65. In this respect, corruption shall be deemed to have occurred if any of the Hospital staff and stakeholders engages in any of the above illegitimate practices, directly or indirectly. This policy serves as a formal commitment of the hospital in mitigating corruption and unethical practices. The prevention, detection and reporting of all incidences of corruption and malpractices will help strengthen KNH systems and processes so as to promote ethics and build public trust.

1.4. **Objectives**

The objectives of this Policy are to:

i) Provide and implement a framework for prevention of corruption.
ii) Enhance stakeholder co-ordination for effective detection, reporting and responding to corruption incidences.
iii) Create awareness on ethical behavior and integrity by training and sensitization.
iv) Provide monitoring and Evaluation mechanism for an effective implementation of KNH Anti- corruption policy.

1.5. **Scope**

This Policy aims at providing guidelines to all staff, customers, service providers and stakeholders associated with KNH in reducing corruption. This shall apply to the Board of Management, staff and other stakeholders interacting with the Hospital.

1.6. **Legislative and Administrative Framework**

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

a) **Principal Anti-corruption Laws**
   i) The Constitution of Kenya, 2010.
   ii) Anti-Corruption and Economic Crimes Act, No. 3 of 2003,
   iii) Anti -Bribery Act, CAP 79B
   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, (Amendment) Act, 2019.
   vii) Conflict of interest Act, No. 11 of 2025

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 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
   x) National integrity strategic plan 2023-2028
   xi) National ethics and Anti-corruption policy 2018

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
   viii) National Police Service

POLICY FRAMEWORK

2.1. **Policy Provisions**

This policy establishes guidelines for the prevention of corruption by promoting integrity, transparency, and accountability in all activities that serve the public interest. It emphasizes the importance of upholding ethical standards and actively working to reduce corrupt practices and unethical conduct as outlined herein. These include but are not limited to: -

(a) Nepotism
(b) Tribalism
(c) Clannism
(d) Cronyism
(e) Grapevine and Gossip
(f) Tender manipulation
(g) Misuse of hospital property/resources
(h) Fraud, alteration of official records
(i) Irregular resource allocation
(j) Falsification of data
(k) Receive a bribe to divulge confidential Information
(l) Unprofessional behavior
(m) Irregularities in hiring and promotion of staff
(n) Engage in political activity
(o) Requesting for facilitation fee to expedite the performance of public duty
(p) Diversion of patient to other healthcare facilities for personal gain;
(q) Knowingly making a false or misleading statement to KNH for personal gain
(r) Canvassing for self or another person in recruitment;
(s) Demanding for sexual favors for work related benefits

2.2. **Prevention, Detection and Response**

2.2.1. **Prevention:**

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

i) Implement and maintain an integrity framework.
ii) Ensure Senior Management are committed to control the risk of corruption.
iii) Make department managers responsible for controlling corruption within their teams.
iv) Maintain a strong control system and internal control culture.
v) Assess and mitigate corruption risks.
vi) Improve on communication and awareness on corruption prevention.
vii) Establish a framework for corruption reporting and management.

2.2.2. **Detection**

The Hospital shall establish mechanisms for detection of corruption. These mechanisms include: -

i) Corruption detection programs.
ii) Mechanisms to report suspected corruption incidents.
iii) Implementation of a whistle blower protection program.

2.2.3. **Response**

The following measures will be established:

i) Procedures for investigating detected or suspected incidents
ii) Internal and external reporting and escalation mechanisms
iii) Disciplinary procedures
iv) Recommendations to pursue civil proceedings to recover proceeds of corruption
v) Internal control review following the discovery of corruption incidents

2.3. **Corruption Reporting**

The Board, Management, and staff have a duty to report any suspected or actual acts of bribery and corruption. This can be made in open or secret.

2.4. **Conflict of Interest**

A public officer is considered to be in a conflict of interest if:

i) They use their official authority, duties, or responsibilities to benefit their own private interests or those of someone else.
ii) Their private interests could be seen as influencing or affecting their ability to perform their official duties fairly and objectively.
iii) They have personal interests that might conflict with their responsibilities as a public officer in the future.

2.4.1. **Conflict of Interest in Decision Making**

The Board, Management, and staff shall not make or participate in any decisions that could be affected by a conflict of interest.

2.5. **Handling of Corruption, Complaints and Investigations**

All reports of corruption shall be addressed quickly, fairly, and in accordance with the law. Staff and other stakeholders suspected of violating this policy will be dealt with as outlined in Appendix I.

2.5.1. **Actions/Penalties**

Any staff found to be in violation of this Policy shall be subject to disciplinary measures in accordance with the KNH Human Resource Manual Procedures and applicable laws. Some corruption incidents may also be referred to the relevant Government of Kenya agencies for further investigation and action.

2.6. **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 Whistleblower Protection Policy.

2.7. **Capacity Building**

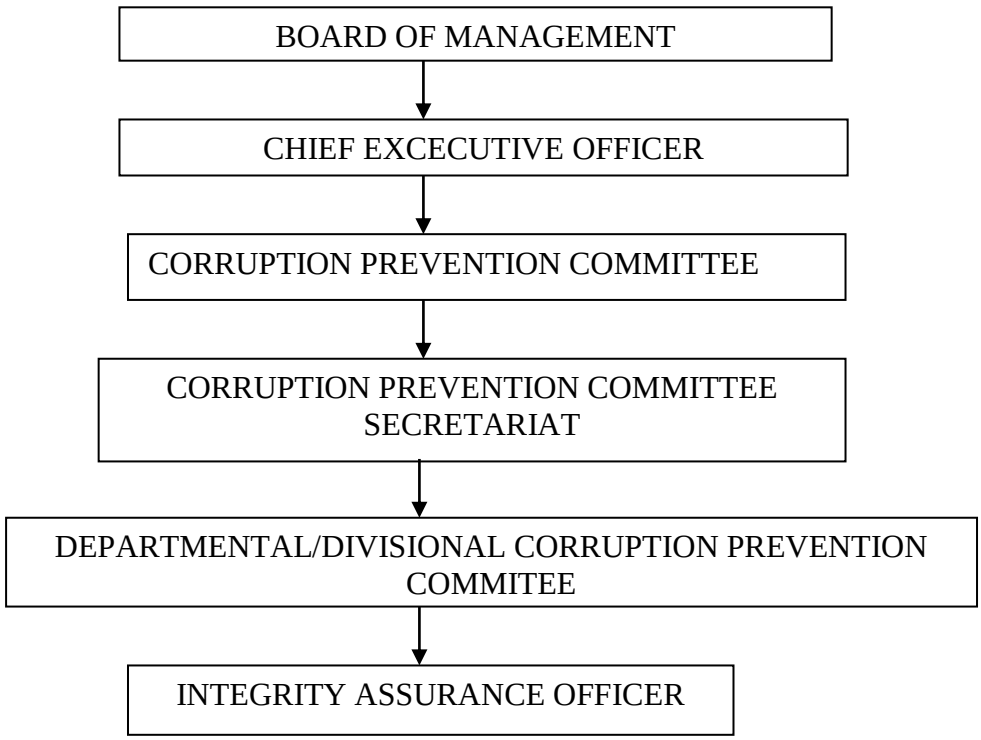
The Management shall ensure:

i) Training of IAOs and CPC members.
ii) Sensitize staff on ethics and integrity.
iii) Sensitize all other stakeholders on this Policy

INSTITUTIONAL FRAMEWORK

3.1. **Introduction**

The institutional framework is necessary for the implementation of this 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 whistle blowing policy. The roles and responsibilities for the different stakeholders in the implementation of this policy are as outlined below:



3.2. **Responsibilities**

3.2.1 **Board of Management (BoM):** The board has a responsibility to approve the Policy and ensure allocation of the required resources 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 provide leadership, promote whistle blowing and protect of the whistle blowers.

3.2.3 **Corruption Prevention Committee (CPC)**

3.2.3.1 **Composition**

(a) The CEO shall appoint and chair the Corruption Prevention Committee in the Hospital. The members shall comprise of the following;

i) Clinical Services - Minimum 8

ii) Corporate Services - Minimum 5

iii) Legal Services - 1
iv) Secretary/Chairperson, (IAO)-1
v) Secretariat-5

(b) Quorum of every CPC meeting shall be two thirds of the membership.

(c) The Committee shall meet at least quarterly and maintain minutes of the deliberations.

3.2.3.2 **Tenure of Office**

Members of the CPC shall hold office for three years.

3.2.3.3 **Specific Roles and Functions of the CPC**

i) Prioritize action in the prevention and elimination of corruption;
ii) Develop and implement Work Instructions, SOPs and guidelines within three months of approval of this reviewed Policy;
iii) Plan and coordinate corruption prevention strategies;
iv) Integrate corruption prevention initiatives with hospital operations;
v) Ensure that all business partners, contractors, and suppliers of KNH know and adhere to this Policy;
vi) Receive and review reports on corruption prevention initiatives and recommend appropriate action;
vii) Receive and undertake action on corruption reports made by staff and other stakeholders;
viii) Spearhead Integrity, ethics and anti-corruption campaigns;
ix) Monitor and evaluate the impact of corruption prevention initiatives; and
x) Prepare and submit quarterly reports to EACC and Performance Management Productivity Coordinating and Steering Committee.

3.2.3.4 **Tenure of Office**

Members of the CPC shall hold office for three years.

3.2.4 **CPC Secretariat:** The CPC secretariat shall:

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) 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) Coordinate corruption prevention training and awareness programs.

vii) Collaborate with EACC and other government agencies in handling corruption related incidents.

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:** The IAO team Members shall be secretary to various departmental committees and shall be responsible for:

i) Attend quarterly IAOs meetings.
ii) Providing technical assistance to the DCPC.
iii) Enhancing good governance & positively shape the organizational culture.
iv) Coordinate activities related to implementation of Ethics and Integrity initiatives.
v) Spearhead, Monitor, evaluate and review Corruption Risk Assessment.
vi) Development and implementation of Corruption Prevention Plan.
vii) Develop and implement Code of Conduct and Ethics.
viii) Open, record, analyze together with one member of CPC reported incidences of Corruption and present to the CPC.
ix) Compile DCPC progress report and submit to the CPC secretariat.
x) Attend quarterly DCPC meetings and maintain minutes of the deliberations.

3.2.7 **Staff:** All staff 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 bribery and participating in corruption practices.
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 Newsline platform and CEOs open forum among others.

3.3.1 **Method of Disclosures and Reporting**

The hospital has put in place the following methods for individuals to disclose and report corruption:

iv) Email: cpc@knh.or.ke
v) Cell phone number 0702498808 or KNH extension 43037

vi) Ethics & Anti-Corruption Commission (EACC) Integrity Centre P O Box 61130 - 00200 NAIROBI
vii) Any police station
viii) Use of KNH Anonymous Corruption Reporting link (***https://knh.or.ke/index.php/report-corruption/***).
ix) QR code
x) The Anticorruption reporting boxes.
xi) Report to any Integrity Assurance Officers.
xii) Reporting at the CPC Secretariat Office
xiii) Reporting to CEO direct
xiv) Reporting to HOD's/HOU's

MONITORING AND EVALUATION

4.1. Introduction

Monitoring and evaluation of this Policy will enable the review, analysis and understanding of policy execution in KNH. Compliance with this policy will be monitored periodically by reviewing practices against the standards outlined.

4.2. Roles and responsibilities

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; and
vi) Recommend areas of improvement towards realization of the desired results

4.3. Implementation, Monitoring and Evaluation

4.3.1 Implementation

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

4.3.2 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.

4.3.3 Reporting

i) Quarterly Reports: HoDs/HoUs will be required to submit quarterly reports to the Corruption Prevention Committee secretariat.
ii) Annual and bi-annual Compliance Performance Report: The CPC secretariat shall prepare an annual compliance performance report and submit to the Executive Council.

4.4. Review of the Policy

This Policy shall be reviewed every three (3) years or if need arises 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 where applicable request for additional submission by the complainant, and will present the allegation to CPC for determination of validity or otherwise of the complainant.
    a. In the absence of sufficient evidence to warrant any further action, the CPC shall dismiss the complaint and advice all the concerned parties accordingly where possible.
3. Where the evidence supplied by the complainant reasonably suggests that corruption may have occurred and that a staff or 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 the incidence to the relevant directorate for review and further action.
4. The designated sub-committee shall receive the alleged complaints, invite the complainant to make a written statement and adduce all material evidence in relation to the incidence. Where necessary, the aggrieved party will be invited before the sub-committee and provide further information to support the allegation.
5. Upon conclusion of the preliminary investigation, if it is established that any of the parties listed was involved in any corrupt practice, the sub-committee shall submit their findings to CPC.
6. Upon receipt of the report, the CPC shall either dismiss the incidence for lack of adequate and/ or relevant evidence to recommend disciplinary proceedings against the suspect in case of a staff, or refer the matter to the Board in case of a Board Member.
7. Where allegations are made against a member of the CPC or secretariat, the member shall be required to step aside from the CPC for the duration of the investigation to allow independent investigations and determination of the case for a period not exceeding 6 months.
8. At the conclusion of the proceedings, the CPC secretariat shall communicate in writing to the complainant (where applicable) and the suspect within seven (7) days.

ANNEX II: BRIBERY/CORRUPTION RISK ASSESSMENT AND MITIGATION PLAN

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
CORPORATE SERVICES												
FINANCE												
BRIBERY RISKS												
	Deliberate failure to charge for services rendered by staff	Absence of work instructions on billing process	4	4	16	Adherence to work instructions on the billing process	Develop and implement billing process work instructions	Increased revenue and reduced reported incidences of failure to charge	% increase in revenue	Director Finance	Nil	Quarterly
							Sensitize staff on code of conduct and ethics and billing procedures		% decrease in failure to charge			Q2,Q4
	Soliciting for favours by falsifying documentation for an individuals to benefit from unsecured patient credit	Compromised credit pre-assessment process	4	3	12	Adhere to the KNH credit policy	Audit the implementation of the credit policy	Reduced unsecured credits	Policy audit report			Q2,Q3,Q4
	Demanding and receiving bribes from clients to influence queue jumping	Inadequate controls	2	2	4	Automate the queueing process	sensitize staff on code of conduct and ethics linking the tickets with client phone numbers	Reduced customer complaints	Increase customer satisfaction index			Q4
							Enhance the queue management system by linking ticket to clients mobile number					
	Receiving kickbacks by staff to fast-track payments to suppliers	Lack of work instructions on supplier payment	3	2	6	Adherence to work instruction	Develop and implement work instructions	Improved supplier confidence	Work instruction implementation			Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							payment of suppliers					
CORRUPTION RISKS												
	Collusion to falsify the remittance amount	Weak internal controls and lack of System Administrator access rights	5	3	15	Review of the KAPS contract	Appoint joint KNH & KAPS administrators	Increased revenue accountability	Reconciliation report	Director Finance	Nil	Quarterly
							Generate monthly reconciliation report on revenue collected by KAPS					Quarterly
							Enforce penalties for Service Level Agreement (SLA) breaches		SLA report			Quarterly
	Collusion between staff and patients to process fraudulent refunds	Long refund process	2	1	2	Adhere to the service delivery charter (SDC)	Include the refund process in the SDC	Reduced complaints	SDC reports on refunds			Q2, Q3, Q4
							Audits of refund process					
	Falsification of receipts or non-surrender of imprest by staff	lack of accountability Bureaucratic surrender processes	2	3	6	Review the imprest process	Staff sensitization on surrender process for each surrender purpose	Improved surrender process Improved accountability			Nil	Q2
							Monitor imprest surrender by setting and enforcing clear deadlines	Improved timeliness of surrender and proper usage	% reduction in non-surrender % reduction in delayed surrender			Quarterly
							Initiate recovery process for non-surrender of imprests			Director Finance		
							Randomized payment scheduling					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							Rotation of payment officers					
	Unauthorized fund transfers by dishonest staff or collusion with banks to conduct fraudulent transfers	Weak internal controls in e-payment system	3	3	9	Enhance internal controls in e-payment system	Multi-level authorization on all transactions	Reduced unauthorized fund transfers	% reduction in number of cases reported			Quarterly
						Adherence to the Code of Conduct and Ethics	Staff sensitization on Code of Conduct and Ethics					Q2, Q4
							Review transaction logs weekly					
	Inflating/padding budget by staff or manipulation of figures for personal gain by staff	Lack of integrity and professionalism	3	2	6	Adherence to Public Finance Management act and other related laws	Enforcing adherence to the Public Finance Management act and other related laws	True and Fair budget allocation	% budget variance			Quarterly
							Staff sensitization on Public Finance Management act and other related laws					Q1, Q3
HUMAN RESOURCE												
BRIBERY RISK												
	Bribes paid to members of staff to influence hiring decisions or members of public offering to give a bribe to secure jobs	Lack of transparency	4	4	16	Enhance Controls	Adherence to the Recruitment processes	Decrease in reported cases of bribery	number of reported bribery incidents	Director Human Resource	NIL	Quarterly
							Establish transparent policies and procedures for Hr processes					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Staff paying bribes to influence promotion decisions or to secure career advancement opportunities	Lack of Integrity among staff	2	2	4	Regularly audit and Audit the HR processes	Conducting regular audit to detect and prevent bribery	Improved compliance to laid down procedures	Compliance audit scores			Q3
	Staff paying bribes to secure access to training or development opportunities	Limited training budgetary allocation	3	3	9	Enforcing Adherence to the Code of Conduct and Ethics	Staff sensitization on Code of Conduct and Ethics	Improved staff morale	Employee survey results			Q2,Q4
	Requesting and receiving bribes by staff to manipulate the disciplinary process	Weak internal controls	4	2	8	Adherence to human resources instrument	Administrative action on persons found culpable	Reduced litigation	No. of litigations % decrease in appeals and litigation			Quarterly
							Implement evidence-based disciplinary procedures					Quarterly
CORRUPTION RISKS												
	Unauthorized absence from duty by staff	Inadequate supervision	5	2	10	Enhance controls	Procure and implement biometric clocking register	Reduced rate of absenteeism and abscondment	% Reduced rate of absenteeism and abscondment	Director Human Resource	Nil	Quarterly
							Implement facial recognition function on the digital clocking system.	Increase productivity	% Reduced disciplinary cases			Q4
							Develop and implement spot check tool					Q3
							Implement the leave management					Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							system in the SAP HR Module					
	Staff Bias/favouritism and discrimination in employment leading to manipulation of the recruitment process	Inadequate controls	5	3	15	Enhance controls	Implement procurement e-recruitment	Improved productivity	Productivity index Employee satisfaction index			Q3
							Involvement of all stakeholders in the development of indent					Quarterly
						Adhere to career progression manual	Sensitization on whistle blowing policy	Awareness creation	Staff sensitization attendance list			Q2, Q4
						Enhance internal control systems in recruitment process	Declaration of conflict of interest	Reduced reported cases of bias and favouritism	Conflict of interest declaration form			Quarterly
						Adherence to recruitment timelines	Regular audit of recruitment process		Audit report			Q3
	Manipulation of Training process	Inadequate resources	4	3	12	Adherence to the training policy	Sensitize staff on training policy	Improved motivation and productivity	Employee satisfaction index % reduction in complaints Productivity index			Quarterly
						Undertake training needs assessment (TNA) and implement training committee	Hold monthly HTC meetings to approve trainings, develop and implement a tool for monitoring staff training, Implement a check list					
	Bias in processing of pension/retirement dues	Manual processes	1	2	2	Automation of HR Processes	Sensitize staff on pension payment guidelines	Enhanced pension processing	% reduction in turnaround time		Nil	Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
									for pension processing			
							Review SOP on pension management					Q3
							Remind potential retirees of documentation required four (4) months before retirement date					Q2,Q4
							Implementation of pension/dues payment tracking tool		% reduction in complaints			Quarterly
							Disciplinary measures to the staff culpable					
							Cash flow projection and management for the pension schemes					Q4
	Collusion to defraud the hospital by payment of ghost workers	Inadequate controls	2	3	6	Enhance controls	Regular headcounts	Increased revenue	Head counts reports			
						Automate Payslips	Develop and implement monitoring of pay slips,					Q4
							develop and implement tracer card					
SUPPLY CHAIN MANAGEMENT												
BRIBERY RISKS												

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Staff receiving bribes to influence purchasing decisions or members of the public offering bribes to secure a contract	Influence from suppliers	3	3	9	Enhance controls	Enforce adherence to the PPADA regulations Staff sensitization on the PPADA regulations	Decrease in reported cases of bribery	Number of reported bribery cases	DSCM	Nil	Quarterly
	Offering and receiving bribes by staff to influence contract terms or to secure contract extensions	Lack of integrity and professionalism amongst members of staff	3	2	6	Enhance controls and transparency	Conducting regular audits to detect and prevent bribery Staff sensitization on the Code of Conduct and Ethics	Improved compliance to contract management terms	Audit report			Q2,Q4
	Bribes paid to members of staff to influence supplier selection or Offering to give bribes to secure favourable treatment	Inadequate internal controls	3	4	12	Establish Policies and procedures for supply chain processes	Implementation of policies and procedures for supply chain processes	Increased adherence to the policies and procedures	Supplier compliance rate			Quarterly
CORRUPTION RISKS												
	Delay in raising and approval of purchase requisitions by staff	Manual processes	5	3	15	Set and maintain re-order levels(manual), Automate the re-order levels	Report on shortages	Optimal stock levels	Shortages report	DSCM	Nil	Quarterly
	Delay in inspection of goods, works and services by staff	Weak monitoring and enforcement systems	5	3	15	Strengthen the inspection monitoring system	Inspection and acceptance to be done within 60 hours	% reduction in delays % adherence to inspection timelines	Monitoring reports			Q4

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Staff receiving excess quantities in order to benefit the supplier	Inadequate controls on reorder quantities	3	2	6	No supplementary LPO for excess quantities	Receiving of goods as per LPOs/LSOs- administrative action to the person receiving Undertake quarterly stocktaking	% Reduction in over supply cases	Monitoring reports			Quarterly
	Delay in inspection of LPOs/LSOs	Weak monitoring and enforcement systems Personal interests	3	2	6	Fully implement the Supply Chain management module in the SAP	Monitoring of LPOs/LSOs and stock levels Generate monthly reports of performance bond for fresh awards	Turnaround time reports- Improved turnaround time, Improved supplier relationship	supplier rating index Supplier satisfaction index			Quarterly
	Delay in providing bid documents to evaluation committee after tender opening	Lack of integrity leading to vested interests	4	3	12	Prepare minutes for the tender opening committee with a day	Implement Electronic Government procurement system	Improved procurement process	% reduction in Time taken to forward tenders to evaluation team	Director supply chain		Q4
	Delay in dispatch of LPOs/LSOs to suppliers		4	3	12	Strengthen inspection monitoring system,	-Raising of orders after getting purchase requisition within 3 days	Improved turnaround time	Turnaround time for LPOs dispatch			Quarterly
	Tailoring specifications to a specific supplier by the user	Inadequate controls in procurement process	5	3	15	Strengthen the procurement process	Monitoring ongoing tenders for Financial Year 2025-2026 Implement the culture change strategy	Improved procurement process, Reduced litigation, Improved quality of supplies	% reduction in litigation No. of reports		Nil	

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Variations in the development/ implementation of projects	Weak oversight	4	3	12	Ensure adherence to the law	Appointment of multidisciplinary committee to develop technical specifications for all the needs procured	Improved accountability Reduced variation costs	% reduction in variations			
ICT												
BRIBERY RISKS												
	Bribes paid to staff to influence purchasing decisions for ICT equipment or services	Lack of accountability	3	3	9	Enforce Accountability	Disciplinary measures to the staff culpable	Enhanced accountability	Disciplinary reports	HOD ICT	Nil	Quarterly
	Staff receiving bribes to influence software licensing agreements	Lack of Professionalism	4	3	12	Adherence to the professional and KNH Code of Conduct and Ethics	Staff sensitization on the professional Code and KNH Code of Conduct and Ethics	Reduced reported cases of bribery	Staff sensitization attendance list			Q2
	Staff requesting to be given and receiving bribes to gain access to sensitive data/information	Inadequate controls in data management	2	3	6	Adherence to the Data protection Act	Staff sensitization on the Data protection Act	Enhanced data management	Staff sensitization attendance list			Q3
	Receiving and accepting gifts/favours to unfairly distribute ICT equipment to certain users	Inadequate resource allocation	4	3	12	Ensure fair distribution as per user request	Implement user requests approved by ICT	Reduced complaints Increased morale and productivity, improved accountability	% reduction in complaints Staff/employee satisfaction index			Quarterly
CORRUPTION RISKS												

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Unlawful disposal of ICT assets without proper authorization and documentation	Weak internal controls	2	3	6	Adherence to Public procurement and disposal Act	Implement the Public procurement and Disposal Act (PPDA)	Improved asset management, Reduced wastage	% reduction in wastages of functional equipment	HOD ICT	Nil	Quarterly
	Access to systems by circumventing security measures	Insecure networks	2	1	2	Enforce access controls	Apply multi-factor authentication (MFA).		Duty segregation report			
							Conduct periodic security awareness training.	Staff sensitized on security , Zero cases reported	% of targeted staff sensitized			
	Influence to access to systems rights	Non-compliant staff Policy enforcement	4	2	8	Implement ICT policy	Monitor adherence to systems rights procedures	Zero reported cases of unauthorised system access	No. of reported cases			
CORPORATION SECRETARY												
BRIBERY RISKS												
	Staff requesting to be given and receiving bribes to gain access to sensitive data/information	Inadequate controls in data management	2	3	6	Adherence to the Data protection Act	Staff sensitization on the Data protection Act	Enhanced data management	Staff sensitization attendance list	Corporation Secretary	Nil	Q3
	Staff offering and receiving bribes to influence meeting outcomes/ resolutions	Lack of integrity and professionalism	2	2	4	Adherence to the professional and KNH Code of Conduct and Ethics	Staff sensitization on the professional Code and KNH Code of Conduct and Ethics	Reduced reported cases of bribery	Staff sensitization attendance list			Q2
	Staff requesting to be given and receiving bribes to influence corporate	Lack of transparency in corporate governance	3	3	9	Conducting regular audit to detect and	Biannual audit on compliance to laid down guidelines	Improved compliance	Audit report			Q4

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	governance decisions					prevent bribery						
CORRUPTION RISKS												
	Conflict of interest where KNH Legal team represent staff or external party against the Hospital	Non-adherence to KNH Policies, Conflict of interest	2	3	6	Enforce KNH code of conduct and ethics	Staff sensitization on the KNH Code of Conduct and Ethics	Awareness creation	No. of cases reported	Corporation Secretary	Nil	Quarterly
							Outsource legal services in cases involving KNH staff/external party against the Hospital					
	Staff leaking information to bidding law firms to influence tender awards	Lack of professionalism	4	3	12	Enforce the law and KNH code of conduct and ethics,	Performance appraisal of Law firms	Improved compliance	No. of cases reported to PPRA			Bi annually
						Strengthen the tender evaluation process	Appoint multidisciplinary team in bid evaluations					
	Staff Colluding with aggrieved parties to defraud the hospital	Non-adherence to the work instructions	2	3	6	Enforce adherence to the work instructions	Review and implement work instructions	Improved adherence to the Code of Conduct and Ethics	No. of cases reported			Q4
							Adopt alternative dispute resolution mechanisms,					Quarterly
							Sensitization of staff on the work instructions					Q2

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Inflation of advocates fees by staff	Non-adherence to the PPADA Act and regulations	5	3	15	Adherence to the PPADA Act and its regulations	Staff sensitization on PPADA Act and its regulations	Competitive prices/offers	Reduced amount spent on legal fees			Q3
	Abuse of office leading to undue influence on the activities of the management	Non-adherence to the Mwongozo Code	5	3	15	Adherence to Mwongozo code of conduct	Induction of Board members and enforce Mwongozo code of conduct	Improved adherence to the Mwongozo Code	No. of cases reported			Q1
							Recording all disclosures in the meeting's minutes and conflict of interest register.					Quarterly
INTERNAL AUDIT												
BRIBERY RISKS												
	Accepting gifts or favours from management or clients	Lack of oversight controls	4	3	12	Adherence to professional Code of Conduct and Ethics	Conduct sensitization on Code of Conduct and Ethics	Reduced reported cases of bribery	No of cases reported	Director Audit	Nil	Quarterly
CORRUPTION RISKS												
	Failure to report potential fraud or misconduct	Lack of oversight controls	4	3	12	Adherence to the law and Code of Conduct and Ethics	Maintain and update a gift register	Improved gift declaration	No of cases reported	Director Audit	Nil	Quarterly
							Staff sensitization on Code of Conduct and Ethics					
	Pressure to alter audit findings in favour of management.	Weak controls	5	3	15	Enhance Controls	Adherence to audit independence through a clear reporting line to	Zero reported cases on gifts and favours	No of cases reported	Director Audit	Nil	Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							the Board Audit Committee.					
							Investigate all whistle blower reports thoroughly and confidentially.					
	An internal auditor performing both audit and operational tasks	Non-adherence to Internal Auditors guidelines	2	3	6	Adherence with the PFM Act 2015 and its regulations	Implement segregation of duties within the internal audit function and with other departments.	Compliance to duty segregation	Compliance report			
ADMINISTRATION												
BRIBERY RISKS												
	Accepting/Receiving gifts to allocate a house/commercial property	high demand against limited houses/commercial property	4	3	12	Adherence to housing & property management policy	Automate house /commercial property allocation process	Improved Compliance to the Housing and property policy	Staff sensitization attendance list	Chief Manager Administrative services	NIL	Quarterly
							use google docs to share real time information with internal audit					
							Staff sensitization on the housing and property policy					
CORRUPTION RISKS												
	Favouritism in allocation of staff houses/kiosks	Non-adherence to Housing and property policy	4	3	12	Ensure adherence to house allocation que system	Maintain a queue system	Zero on reported cases on gifts	No of reported cases	Chief Manager Administrative services	NIL	Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
						Monitor adherence to Housing & property mgmt. policy	Analysing on quarterly basis number of houses allocated					
	Collusion with fuel attendants to falsify fuel records	Weak internal controls	5	3	15	Adherence to road safety mainstreaming policy	Daily monitoring of fuel card and tracking	Efficient fuel consumption	No. of reported cases of fuel theft			Quarterly
							Maintain a register & record of all activities for hospital vehicles, Implement fleet management system					
AFFILIATION & INSTITUTIONAL DEVELOPMENT												
BRIBERY RISKS												
	Staff requesting to be given and receiving bribes to influence project approvals	Non-adherence to the project management guidelines	3	3	9	Enforce adherence to the project management guidelines	Sensitize PIT committee members on project implementation guidelines	Reduced reported cases of bribery	No. Of reported cases of bribery	Director AID	Nil	Q2
	Suppliers offering bribes to staff to secure favourable treatment	Inadequate internal controls	3	4	12	Enhance Controls	Staff sensitization on the KNH Code of Conduct and Ethics	Improved compliance	No. Of staff sensitized			Q3
CORRUPTION RISKS												
	Staff colluding with contractors to falsifying reports	Weak oversight	4	3	12	Enhance supervision of contracts	Introduce digital reporting systems	Enhanced supervision	Digital reporting report	Director AID		Quarterly
						Adherence to contract terms	Introduce a monitoring tool in contract	Improved adherence to contract terms	Monitoring tool reports			Quarterly
	Abuse of office leading to	Lack of professionalism	3	2	6	Adherence to MOU	Implement the MOU	Improved compliance	Compliance report			Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	disregarding donor restrictions on how their funds should be utilized											
	Donors or sponsors expecting favours in return	Non-adherence to donations guidelines	3	2	6	Adherence to the donations policy and guidelines	Review and implement donation policy	Reduced cases of favouritism	No. of reported cases of favouritism			Quarterly
	Conflict of interest/staff promoting funding for benefit	Non-adherence to resource mobilization guidelines	2	2	4	Adherence to resource mobilization guidelines	Monitor implementation of the resource mobilization guidelines	Reduced reported cases of conflict of interest in distribution of donations	No. of reported conflict of interest cases in distribution of donations			
							Implement clear framework for receiving and distribution of donations	Streamlined donation framework	Distribution list			Quarterly
						Declaration and disclosure	-Staff must declare any links before project planning/funding decisions					
SECURITY												
BRIBERY RISKS												
	Staff accepting/receiving gifts to facilitate access to the wards during non-visiting hours	Weak internal control	5	3	15	Adherence to security and safety policy	Installation of 260 additional CCTV cameras in current financial year	Reduced security incidences and breaches	No. of new CCTV installed	HOD Security & Safety	Nil	Q4
							Conduct security audits and implement recommendations		Audit report			Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							Sensitize security staff on security and safety policy		Staff sensitization attendance list			Q2
	Staff accepting/receiving gifts to allow motorists park at undesignated parking	Weak internal control	5	3	15	Adherence to KNH code of conduct and ethics	Sensitization to staff on adherence to KNH code of conduct & Ethics	Increase in parking revenue	% increase in revenue collection			Q3
							Regular staff rotation					Quarterly
						Adherence to work Instructions/ SOP	Staff sensitization on work instructions/SOP					
	Accepting/Receiving gifts to abet crimes	Weak internal controls	3	2	6	Adherence to security policy and code of conduct	Sensitization of staff on KNH rules and regulations, KNH Code of Ethics and KNH Security Policy	Reduced Security incidences reported	No. of security cases reported			Q4
CORRUPTION RISKS												
	Abuse of office by giving/executing unlawful instructions	Non-adherence to the rule of law	3	2	6	Adherence to code of conduct	Sensitization of staff on KNH rules and regulations, KNH Code of Ethics and KNH Security Policy	Zero abuse of offices case reported	No. of reported cases			Quarterly
	Late payment/remittance of security/poor remuneration to outsourced security staff	Inadequate internal controls	5	3	15	Adherence to contract terms	Implementation of monitoring & evaluation tool for outsourced services	Poor service delivery	No. of supplier evaluation reports	HOD Security & Safety	Nil	Quarterly
							Implement service evaluation recommendations by CIT					Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
PLANNING & STRATEGY												
BRIBERY RISKS												
	Bribes paid to staff to alter performance reports	Non achievement of targets	4	1	4	Develop and implement a performance management system	Develop and implement Scorecards, Objective commentaries, Implementation matrices, PC and PC work plans	Reduced reported cases of alteration of performance appraisal	Performance appraisal report	Director Planning & Strategy	Nil	Q4
							Undertake performance assessment					q4
							Implement culture change initiatives					Quarterly
							Set individual staff targets and conduct mid and end year appraisal					Quarterly
CORRUPTION RISKS												
	Breach of statutory reporting timelines by various departments	Weak internal controls	3	3	9	Adherence to performance management guidelines	Enforce compliance with reporting deadlines	Improved compliance to guidelines	Adherence to the reporting timelines	Director Planning & Strategy	Nil	Quarterly
							Staff sensitizations on the reporting deadlines					Q1
							Provide feedback to departments within 30 days					Quarterly
	Incomplete documentation/data entry leading to inaccurate reporting	Lack of commitments	3	2	6	Systems integration	Develop and implement monitoring tool	Improved documentation	No. of linked systems			Q2
							Collect and collate quarterly					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							documentary evidence on performance					
	Delayed execution of Hospital initiatives	Weak oversight	3	2	6	Ensure adherence to the strategic plan and contractual obligations	Monitor the implementation of strategic plan initiatives and contracts on quarterly basis	Improved implementation of the strategic plan Improved performance and accountability	% implementation of the strategic plan and Performance Contracts			Quarterly
FACILITIES & SERVICES												
BRIBERY RISKS												
	Receiving bribes to approve substandard/counterfeit spares from the supplies	Weak internal controls	4	2	8	Adhere to the law and SOPs when receiving	Use contract, sample and purchase order during receiving and acceptance of items	Improved marching of accepted items with specifications	% marching of specification requirements with received items	Director Facilities &Services	Nil	Quarterly
	Staff receiving bribes to secure contracts for goods and services or to secure contracts	Inadequate internal controls	3	3	9	Enhance Controls	Regular auditing of the contracts awarded	Decrease in reported cases of bribery	Number of reported bribery incidences			Q2, Q4
	Staff offering and receiving bribes to influence maintenance and repair works	Lack of transparency and accountability	2	3	6	Adherence to the Code of Conduct and Ethics	Staff sensitization on the Code of Conduct and Ethics	Increased adherence to the Code of Conduct and Ethics	Staff sensitization attendance list			Q1,Q3
CORRUPTION RISKS												
	Collusion to requisition excess items/materials by staff	Weak controls	5	3	15	Adherence to Code of Ethics and work instruction	Develop and implement Work instruction on the use of replacement method	Reduced expenditure in building materials	% reduction in expenditure	Director Facilities &Services	Nil	Q2

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							Sensitize the staff on the work instruction and Code of Conduct.					Q4
						Adherence to Engineering spare parts & materials management guidelines.	Implementation of the material management guidelines					Quarterly
							Appointment of multidisciplinary team to inspect, certify & receive engineering spare parts, services & materials.					Q1
BIOMEDICAL ENGINEERING												
BRIBERY RISKS												
	Receiving bribes to approve substandard/counterfeit spares from the supplies	Weak internal controls	4	2	8	Adhere to the law and SOPs when receiving	Use contract, sample and purchase order during receiving and acceptance of items	Improved marching of accepted items with specifications	% marching of specification requirements with received items	HOD BIOMEDICAL	Nil	Quarterly
	Staff receiving bribes to secure contracts for goods and services or to secure contracts	Inadequate internal controls	3	3	9	Enhance Controls	Regular auditing of the contracts awarded	Decrease in reported cases of bribery	Number of reported bribery incidences			Q2, Q4
	Staff offering and receiving bribes to influence maintenance and repair works	Lack of transparency and accountability	2	3	6	Adherence to the Code of Conduct and Ethics	Staff sensitization on the Code of Conduct and Ethics	Increased adherence to the Code of Conduct and Ethics	Staff sensitization attendance list			Q1,Q3
CORRUPTION RISKS												

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Service contract not meeting specific requirement leading to manipulation of contracts	weak oversight	4	3	12	Ensure adherence to the law	Sensitize staff on contract requirements	well maintained machines/equipment	No. of functional machines	HOD BIOMEDICAL	Nil	Quarterly
	Staff colluding to Inflate spare parts prices	weak internal controls	4	3	12	Ensure adherence to the law	carry out market survey before award, include requirement for life cycle of the equipment at tendering stage	procured spare parts at market prices	% reduction in medical equipment expenditure			Quarterly
	Manipulation of the Disposal process leading to disposal of functional equipment	Non-adherence to the PPADA Act and Regulations	4	3	12	Ensure adherence to the Public Procurement and Asset Disposal Act	Staff sensitization on the PPADA Act and Regulations	Reduction in disposal of functional equipment	technical assessment reports			Q2, Q4
MARKETING & COMMUNICATION												
BRIBERY RISKS												
	Media outlets requesting to be given and receiving bribes to influence favourable coverage	External sources	2	2	4	Enhance Controls	Develop and Implement guidelines on media coverage	Improved compliance to the guidelines	Media coverage guidelines	Chief Manager Marketing and Communication	Nil	Q3
CORRUPTION RISKS												
	Favouritism /Nepotism in management & Issuance of Hospital Entry Declaration Form(Gate Pass)	weak internal controls	4	2	8	Enhanced supervision	Automate the Issuance of Hospital Entry (Gate Pass)	Reduced irregular issuance of Hospital passes	No. of reported cases	Chief Manager Marketing and Communication	Nil	Quarterly
						Adherence to code of	Sensitize staff on code of conduct and ethics					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
						conduct and Ethics						
	Staff deleting official records from the hospital camera	weak supervision	2	2	4	Provision of Backup for the official records,	staff sensitization on Backing up of official records	Reduced deletion of official records	No. of deleted official records		Nil	Quarterly
CATERING												
BRIBERY RISKS												
	Staff receiving bribes to influence food safety and quality decisions	Lack of professionalism and accountability	3	3	9	Adherence to the quality control measures	Staff sensitization on quality control measures	enhanced food safety and quality	Food safety ratings	Catering Manager	Nil	Q2
CORRUPTION RISKS												
	Theft/pilferage/diversion of food	weak supervision	5	3	15	Enhanced security checks/ searches	sensitize staff on code of conduct and Ethics	Reduced cases of food theft	No .of cases reported	Catering Manager	Nil	Quarterly
						Enforce SOP and work instructions	Initiate installation of CCTV cameras					
	Serving inadequate portions to patients to sell the remaining to well people	weak supervision	5	3	15	Enhanced security checks/ searches, Enforce SOP and work instructions	sensitization of staff on work instruction, Random meal spot checks during serving	Reduced cases of serving inadequate portions	No. of cases reported			Quarterly
	Falsified inventory or meal records	Weak internal controls	4	3	12	Enforce delivery schedule and code of conduct	Fully implement SAP	Reduced cases of falsified records	No .of cases reported			Quarterly
QUALITY ASSURANCE												
BRIBERY RISKS												

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Staff receiving bribes to influence risk assessment decisions or to down play risks	Lack of professionalism	3	3	9	Adherence to risk assessment standards	Conducting independent reviews of risk assessment and quality assurance decisions	Improved compliance	Audit report	HOD Risk and Quality Assurance	Nil	Q3
CORRUPTION RISKS												
	Collusion with staff to Falsify Audit reports	Weak internal controls	2	3	6	Adherence to audit standards	Sensitize staff on audit standards and objectives	Reduced falsification of reports	No. of falsified reports	HOD Risk and Quality Assurance	Nil	Q2,Q4
	Bias/Unfairness in duty allocation	weak oversight and abuse of office	2	3	6	Adherence to code of conduct	Sensitize staff on code of conduct and Ethics	Fair distribution of duties	No. of cases reported			Quarterly
TELEPHONE EXCHANGE												
BRIBERY RISKS												
	Staff offering and receiving bribes to influence billing and payment of telephone bills	Lack of transparency	2	3	6	Adherence to the billing and payment criteria	Conducting regular audit to scrutinize bills paid	Improved Compliance	Audit report	HOU Telephone Services		
CORRUPTION RISKS												
	Exchange of duty that is not authorized by staff	weak supervision	4	2	8	Adherence to code of conduct and Ethics	Sensitize staff on KNH code of conduct and Ethics	Reduction in exchange of duty	No. of reported cases in exchange of duties	HOU Telephone Services	Nil	Q2
	Misuse of Exchange lines for non-official Telephone Calls and SMS	weak internal controls	4	3	12	Adherence SOP/Work instructions	Documenting of all call particulars of the caller, number and reason for calling	Reduction in misuse of Telephone services	No. of reported cases in the misuse of telephone services			Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Transmissions by staff						sensitize staff on SOP and work instructions					Q3
	Telephone Services staff not surrendering old Devices after replacement.	weak internal controls	4	3	12	Enforce Issuance of phones guidelines	Sensitize staff on issuance of phones guidelines	Reduction in the number of devices not surrendered	% of devices surrendered			Q1
	Failure to update inventory of purchased items by staff	weak supervision and internal controls	3	3	9	Strengthen inventory controls	sensitize staff on inventory management	Improved inventory records	% inventory catalogue updated			Q4
SCHOOL OF NURSING												
BRIBERY RISKS												
	Staff receiving bribes from students and members of the public to influence admissions	Non-Adherence to the admission criteria	2	3	6	Enforce adherence to the admission criteria	Staff sensitization on the admission criteria	Compliance to the admission criteria	Staff sensitization attendance list	HOU SON	Nil	Q2
							Conduct Compliance audit		Audit report			Q3,Q4
	Staff receiving bribes from students to influence grading and evaluation	Lack of professionalism	3	3	9	Adherence to the Professional Code	Staff sensitization on the Professional code	Reduced reported cases of bias in grading	Staff sensitization attendance list			Q3,
	Staff receiving bribes from students to secure favourable placements		4	4	16	Enforcing whistle blower mechanism	Staff sensitization on the KNH whistle blower protection policy	Streamlined placement processes	Staff sensitization attendance list			Q4
CORRUPTION RISKS												
	Leakage of examination	weak supervision and oversight	3	3	9	Strengthen controls and oversight	Review and implement examination guidelines	Fair exam process	% reduction in exam malpractice	HOU	Nil	Q2, Q4

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							Staff sensitization on the Examination guidelines					
CLINICAL SERVICES												
HEALTHCARE QUALITY												
BRIBERY RISKS												
	Receiving facilitation fee from the hospital clients to fast track resolution of a complain	Non-adherence to professional Code	3	3	9	Adherence to the Professional Code	Staff sensitization on the Professional code	Reduction of facilitation incidences and timely resolving of complaints	Customer satisfaction index	Director HCQ	Nil	Q2 Q4
CORRUPTION RISKS												
	Members of staff deceiving the principal (employer)	Staff Absenteeism	3	3	9	Enhanced Supervision	Implementation of the open time clocking	Reduction of absenteeism	Clock in and out report	Director HCQ	Nil	Q2
							Audit the Open clocking in and out					Q4
	Failure by staff to account for hospital property	Inadequate monitoring of inventory	4	3	12	Maintain an asset register/ inventory	Maintain and audit equipment inventory.	Enhanced Controls	Inventory register		nil	Quarterly
INFECTION PREVENTON UNIT												
BRIBERY RISKS												
	Requesting to be given bribes by stakeholders to influence specifications of IPC commodities	Non-adherence to the specifications	2	3	6	Develop generic specifications from the user point	Staff sensitization on the generic specification	Improved adherence to the generic specifications	Generic specifications	HOU IPC	Nil	Q2
CORRUPTION RISKS												
		Non-adherence to	3	3	9	Enforce adherence to	Strict implementation of	Enhanced Controls		HOU IPC	Nil	Q3,Q4

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Manipulation of IPC audit data by staff for personal gain	the Audit guidelines				Audit Guidelines	the audit guidelines		Customer satisfaction index reports			
						Enhanced Supervision	Implement audit work plans	Compromised data quality				
PUBLIC HEALTH												
BRIBERY RISKS												
	Offering or receiving bribes from members of staff and stakeholders to manipulate data.	Inadequate use of guidelines for monitoring disease surveillance.	3	2	6	Implement system for regular surveillance of disease reporting data.	Digitize the reporting system for the available surveillance data.	Enhanced disease control.	Disease surveillance report	HOU Public Health	NIL	Daily
		Inadequate implementation of the audit recommendations	3	2	6	Implement audit recommendations.	Sensitize staff involved in disease surveillance	Non-compliance to audit recommendation.	Improved compliance to audit recommendations	HOU Public Health	NIL	Quarterly
	Bribes or kickbacks received by staff in the selection of waste disposal vendors	Failure to adhere to the selection criteria/specifications.	5	3	15	Establish clear contract terms with penalties for non-compliance.	Adherence to the contract terms.	Non-compliance to the contract terms	No complaints received on kickbacks and bribes			Quarterly
						Appoint an inspection and acceptance ad hoc committee.	Sensitize the committee on the contract terms		Improved compliance to the contract terms			Q2
	Accepting kickbacks by staff to approve substandard insecticides/rodenticides.	Acceptance of substandard insecticides and rodenticides.	3	3	9	Adhere to the insecticides and rodenticides. Specifications.	Audit sanitation standards.	Non-compliance to sanitation standards	Enhanced sanitation standards.			Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
CORRUPTION RISKS												
BRIBERY RISKS	Favouritism by staff in acceptance of substandard food products.	Non-adherence to food products specification.	5	3	15	Adherence to the food products specifications	Audit the quality control process	Increased customer complaints.	Improved customer satisfaction index	HOU Public Health	Nil	Q4
	Lack of transparency by members of staff in data surveillance management.	Non-adherence to standardized protocols for data surveillance management.	3	2	6	Adhere to SOP/work instructions on Disease surveillance.	Conduct quarterly audits and inspection of surveillance activities.	improved adherence to data surveillance management	Data surveillance report			Quarterly
	Lack of professionalism by members of staff in enforcement of Public Health Laws	Non-adherence to public health laws	3	4	12	Enhance supervision on existing public health laws	Regular sensitization on Public health laws	Adherence to the stipulated laws	Staff sensitization attendance list			Quarterly
	Theft of cleaning supplies or equipment by members of staff	Inadequate tracking of cleaning supplies/equipment	5	4	20	Enhanced controls	Develop and implement tracking tool for cleaning supplies/equipment	Reduced cases of theft of cleaning supplies/ equipment	Tracking report			Quarterly
MEDICINE												
BRIBERY RISKS												
	Receiving bribes for favourable medical clinic appointment.	Non-adherence to Standard operating procedure	3	4	12	Enhance supervision	Sensitize staff on code of conduct.	Improved turnaround time	Staff sensitization attendance list	HOD Medicine	Nil	Quarterly
	Bribery to facilitate file retrieval.	Lack of commitment in file retrieval	3	3	9	Automate the file	Enhance online booking and file management.	Improved turnaround time	Improved turnaround time			Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
						management system						
	Receiving and accepting bribes to facilitate portering services	Inadequate tracking of portering services	3	3	9	Enhance supervision	Implement portering tracking tool in Enterprise Resource Planning system (ERP)	Improved tracking of portering services	tracking of portering services			Q3
CORRUPTION RISKS												
	Diversion for diagnostic services to other facilities	Non-Adherence to Standard operating procedure	4	4	16	Automate the tracking management system for diagnostic system	Develop and implement the diagnostic service process	Improved revenue generation	SOP guidelines			
	Deceiving the principal (employer)	Staff Absenteeism	3	3	9	Enhanced Supervision	Implementation of the open time clocking	reduction of absenteeism	Staff sensitization attendance list	HOD Medicine	Nil	Q2
						Adherence to the Code of Conduct	Staff sensitization on the KNH Code of conduct and Ethics.					
	Theft of hospital items.	Inadequate monitoring of inventory	4	3	12	Monitor asset register/ inventory	Maintain and audit equipment inventory.	Compliance to Hospital property management	Audit report			Quarterly
						Automate individualised orders	Implementations of individualised orders per patient	Reduced cases of theft of Hospital property				Q4
MEDICAL SOCIAL WORK												
BRIBERY RISKS												
	Soliciting bribes to facilitate a patient credit request	Non-adherence to the KEMSWA	5	4	20	Adherence to the KEMSWA code of conduct	Staff sensitization on the KEMSWA code of conduct	Increased Hospital revenue	Staff sensitization attendance list	HOU MSW	Nil	Q2

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
		code of conduct				Adherence to the KNH Credit Policy	Staff sensitization on the KNH Credit Policy					
							Audit the credit facility processes					
CORRUPTION RISKS												
	Colluding to facilitate credit for underserving clients	Non-adherence to the work instructions	4	4	16	Adhering to the Medical social work instruction on credit process	Implementation of Work instructions.	Improved public trust and confidence	No. Of complaints received			Quarterly
	Trading of duties	Nonadherence to the KNH Code of Conduct	3	2	6	Strictly adhering to the KNH code of conduct	Staff sensitization on the KNH code of conduct and enhanced supervision	Improved service delivery	Staff sensitization attendance list			
	Conflict of interest when handling a credit request	Failure to declare conflict of interest	3	2	6	Declare conflict of interest	Issue declaration of interest forms	Reduced cases of Bias in credit facilitation	No. Of complaints received			
CARDIOLOGY												
BRIBERY RISKS												
	Bribery to facilitate favourable ECHO bookings	Additional work load	2	2	4	Adherence to the Booking schedule	Diligently using booking list.	Reduced clients complaints	Booking list	HoD Cardiology	Nil	Q3
CORRUPTION RISKS												
	Collusion to compromise the booking schedule	Limited number of ECHO machines for ECHO(adults)	2	2	4	Enhanced Controls in booking of patients	Capacity Building on adherence on booking schedule	Improved customer satisfaction	Booking schedule	HoD Cardiology	Nil	Q2 Q4

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
		Lack of policy on cardiac intervention procedures	2	2	4	Develop of policy on cardiac intervention procedures	Implementation of the cardiac intervention policy					Q3
COMMPREHENSIVE CARE CENTRE												
BRIBERY RISKS												
	Demanding/Accepting bribery to facilitate weekend support group.	lack of guidelines on allocation for weekend support group facilitators	3	3	9	Develop a guideline for weekend facilitators.	Implement the guidelines for weekend facilitators	Adherence to the guidelines	Weekend coverage guidelines	HOU CCC	NIL	Q2
CORRUPTION RISKS												
	Failure to declare Gifts donated to staff	Lack of integrity and accountability among staff	2	2	4	Adhere to KNH code of conduct policy.	Sensitization staff on KNH code of conduct policy.	Increased accountability	Staff sensitization attendance list	HoU CCC	NIL	Nil
	Failure to account for hospital consumables	Inadequate monitoring of consumables	4	3	12	Maintain a consumable register.	Maintain and audit consumable register.	Enhanced accountability	Audit report		nil	Quarterly
PAIN AND PALLIATIVE CARE												
BRIBERY RISKS												
	Bribery in nominating staff for external training or exposure trips	Non-adherence to departmental training projections.	3	3	9	Adherence to the training projections.	Stakeholder involvement in developing the training projections.	Reduced cases of bias in training and exposure trips.	Training projections	HOU - Pain and Palliative	NIL	Q2,Q4
	Bribery to fast- track admission	Non-adherence to the admission criteria.	3	2	6	Adherence to admission criteria.	Standardize and monitor admission criteria	Reduced patients complaints				Quarterly
CORRUPTION RISKS												
	Manipulation of complaints to protect staff	Non-disclosure of client's	2	2	4	Develop online feedback	Resolve complaints within	Transparency in complaint resolution	Complaints register	HOU - Pain and Palliative	Nil	Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	involved in malpractice.	complaints as reported.				reporting mechanism	the stipulated time frame					
PAEDIATRICS												
BRIBERY RISKS												
	Bribery to fast- track admission	Non-adherence to the admission criteria.	3	2	6	Adherence to admission criteria.	Standardize and monitor admission criteria	Reduced patients complaints	Admission criteria	HOD Paediatric	Nil	Quarterly
						Adherence to KNH admission, transfer and discharge guidelines.	Sensitize staff on KNH admission, transfer and discharge guidelines.	Increased awareness	Staff sensitization attendance list		Nil	Q2,Q4
						Implementation of basic Paediatric and neonatal protocols.	Audit the implementation of paediatric neonatal protocols	Timely response in clinical interventions	Paediatrics neonatal protocols			Quarterly
CORRUPTION RISKS												
	Impersonation and Conning of patients.	Non-adherence to staff identification guidelines	2	2	4	Adherence to codes of conduct and Ethics.	Staff sensitization on Code of Conduct and Ethics	Increased awareness	Staff sensitization attendance list	HOD Paediatric	Nil	Q3
							Strict security and safety measures.	Reduced reported cases of conning of patients				Quarterly
MENTAL HEALTH												
BRIBERY RISKS												
	Soliciting and offering bribes to obtain false medical certification	Lack of professionalism	3	3	9	Employee training corruption prevention policy	Sensitize staff on corruption prevention policy	Increased number of compromised cases	Increased public trust and confidence	HOD Mental Health	Nil	Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Offering/receiving bribes for attachment opportunities	Non-Adherence to the KNH Code of Conduct and Ethics.	3	2	6	Adherence to KNH code of conduct	Staff sensitization on ethics & Code of conduct	Increased complaints of favouritism	Reduced cases of favouritism			Quarterly
CORRUPTION RISKS												
	Collusion to compromise triage system	Lack of professionalism and integrity.	2	2	4	Adherence to institutional code of conduct and departmental standard operating procedures	Staff sensitization on institutional code of conduct.	Improved customer satisfaction	Customer satisfaction index	HOD Mental Health	Nil	Q2
							Implement departmental standard operating procedures					Quarterly
	Theft of institutional time.	Lack of controls to supervise staff movement and allocation of duties	3	3	9	Develop client centered timelines	Implementation of the client centered timelines	improved work output				Q3
RESPIRATORY DISEASE UNIT												
BRIBERY RISKS												
	Preferential treatment in return for gifts or money	Lack of a queue system	3	3	9	Adherence to the Queue management system	Periodic audit of patient queues and service times	Improved customer satisfaction index	Audit report	HOU RDU	Nil	Quarterly
							Staff sensitization on KNH Code of Conduct and ethics policy					Q2, Q4
	Monetary extortion of patients/relatives for provision of clinical services	Lack of professional ethics	3	4	12	Promote accountability and patient empowerment	Staff sensitization on patient rights	Reduced reported cases of extortion	Staff sensitization attendance list			quarterly
							Develop and implement SOPs for referrals and reviews					Q2

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							Conduct regular ethics workshops					quarterly
CORRUPTION RISKS												
	Collusion between staff and patients to falsify diagnostic results for financial gain	Non-Adherence to Standard operating procedure	4	4	16	Automate the tracking management system for accountability in diagnostic services	Implement the tracking system	Reduced reported cases of falsification of results	Tracking report	HOU RDU	Nil	Q3
VCT												
BRIBERY RISKS												
	Offering/receiving bribes for internship opportunities	Non-Adherence to the KNH Code of Conduct and Ethics and HTS guidelines	3	2	6	Adherence to KNH code of conduct & HTS guidelines	Staff sensitization on ethics & Code of conduct and HTS guidelines	Reduced cases of favouritism	Staff sensitization attendance list	HOU - VCT	Nil	Quarterly
CORRUPTION RISKS												
	Deceiving the principal (employer)	Staff Absenteeism	3	3	9	Enhanced Supervision	Implementation of the open time clocking	Improved staff team work	Clocking in and out report	HOU - VCT	Nil	Q2
						Adherence to KNH code of conduct	Staff sensitization on code of conduct					Quarterly
	Use of testing commodities for self-gain	Lack of professionalism	3	3	9	Adherence to HTS guidelines and KNH code of conduct	Monitoring of testing commodities	Lack of accountability of testing commodities	Reduced loss of testing commodities			Quarterly
CANCER TREATMENT CENTRE												
BRIBERY RISKS												
	Offering and accepting bribes to	Non-adherence to	4	4	16	Adherence to standard	Implement Standard			HoD - CTC	NIL	Q2,Q3

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	circumvent the cancer treatment process	cancer treatment processes				operating procedure	Operating procedures Audit the treatment processes	Reduced patient complaints	Customer satisfaction index			 Q4
	Enticement from pharmaceutical companies to endorse products	Non-adherence to the KNH code of conduct and ethics	4	4	16	Adherence to KNH code of conduct	Staff sensitization on KNH code of conduct	adherence to the KNH pharmaceutical formulary	Staff sensitization attendance list			Q3
CORRUPTION RISKS												
	Diversion of patients to private facility	Non-adherence to the KNH admission and discharge policy	4	5	20	Adherence to the KNH admission and discharge policy	Sensitize staff on the KNH admission and discharge policy	Reduced incidences of patient diversion	Staff sensitization attendance list	HoD - CTC	NIL	Q2, Q4
	Collusion to provide services using fake receipts	Lack of professional ethics	3	3	9	Adhere to the KNH code of conduct and ethics	Sensitize staff on confirming receipts before procedure	Reduced incidences of offering services with fake receipts				Quarterly
RENAL UNIT												
BRIBERY RISKS												
	Bribery to facilitate organ transplant	Non-adherence to transplant protocols	3	3	9	Adherence to existing transplant protocols	Sensitize staff on the existing transplant protocols	Improved public trust and confidence	Staff sensitization attendance list	HOD - Renal	Nil	quarterly
	Offer and receive bribes to facilitate speedy dialysis services	Lack of transparency in patient appointment scheduling	2	2	4	Enhance the booking process	Audit implementation of the recommended guideline for dialysis services	reduced patient backlog	Customer satisfaction index			Q3

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							Sensitize staff on the inclusion and exclusion criteria					
							Introduce digital appointment booking.					Quarterly
CORRUPTION RISKS												
	Delay in issuance of dialysis items	Inadequate use of inventory management	3	2	6	Adherence to the insurance criteria	Sensitize staff on the criteria	Prompt issuance of dialysis items	Staff sensitization attendance list	HOD - Renal	Nil	
							Display the items available					
NURSING												
BRIBERY RISKS												
	Soliciting for bribes to issue birth notifications	Lack of professional ethics	4	4	16	Enhanced Controls	Adherence to the primary patient care	Loss of public trust and confidence	Streamlined issuance of birth notifications	Director Nursing Services	Nil	Quarterly
						Adherence to the Code of Conduct and ethics	Staff sensitization on the Code of Conduct and Ethics	Awareness creation	Staff sensitization attendance list			Q2, Q4
	Patient porter receiving and accepting bribes from clients to offer portering services	Inadequate supervision in portering services	4	3	12	Enhance supervision of porters	Implement porter movement register and monitor information entry	Effective and efficient portering services	Porter movement register			Quarterly
CORRUPTION RISKS												
	Collusion among staff to pilferage controlled drugs	Non-compliance to the existing drug controls	3	4	12	Adherence to ordering and issuing of controlled drugs	Monitor Controlled Drug - Class A register	Reduced cases of pilferage	Controlled drug register	DNS	Nil	Quarterly
	Delay in portering services	Lack of supervision in portering services				Monitoring of porter movement	Implement porter movement register and					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							monitor information entry					
NURSING STANDARDS												
BRIBERY RISKS												
	Nursing interns offering and staff receiving inducement during placement	Non-adherence to the placement guidelines	3	3	9	Adhere to the intern placement guidelines	Monitor and audit interns placement	Compromised placement of interns	Audit report	SPNO	Nil	Quarterly
CORRUPTION RISKS												
	Inconsistent allocation of Nursing Continuous Professional Development(CPD) points uniformly	Lack of credibility in coordination of Nursing CPD points	4	4	16	Automate CPD allocation process	Implement CPD allocation process	Credible allocation process	Report of allocated CPD	SPNO	Nil	Quarterly
CHAPLAINCY UNIT												
BRIBERY RISKS												
	Demanding and receiving inducement to allow visiting groups in the hospital	Non-adherence to the vetting procedure	4	2	8	Adherence to Vetting procedures	Enforce Vetting procedures	Reduced cases of inducement	Vetting reports	HOU - Chaplaincy	Nil	Quarterly
CORRUPTION RISKS												
	Bias distribution of Patients donations	Lack of accountability and transparency	3	3	9	Enforce existing distribution criteria	Conduct audit to detect potential bias	Fair distribution of donations	Distribution list	HoU-Chaplaincy	Nil	Quarterly
	Staff using donations for self-gain rather than the intended use	Lack of accountability	4	4	16	Enhance controls	Maintain gift register for received & list of issued donations					
MEDICAL RESEARCH												
BRIBERY RISKS												

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Staff inducement for venue allocation	Lack of professionalism	3	3	9	Enhance controls	Adherence to the booking requests Maintain bookings register	Increase revenue	Booking register	Director Medical Research and Training Centre	Nil	Quarterly
						Develop work instructions on venue booking	Implement work instructions on venue booking	Streamlined processes	Work Instructions			Q2
CORRUPTION RISKS												
	Deceiving employer by staff (Staff reporting to work late or leaving early)	Inadequate supervision	3	2	6	Enhance supervision	Spot checks	Poor service Delivery	Duty Rota	Director Medical Research and Training Centre	Nil	Quarterly
						Adherence to clocking register	Monitor clocking in and out through reports Audit clocking in and out register					
	Overstating study budgets by principal investigator	Lack of Integrity	3	3	9	Enhance controls on study budget allocation	Review the existing controls	Loss of credibility	Reviewed budget allocation controls			
INTERNATIONAL TRAUMA CENTRE												
BRIBERY RISKS												
	Soliciting for bribes for services rendered	Lack of professionalism	2	2	4	Adhere to KNH code of conduct and ethics	Sensitize staff on code of conduct and charging services	Reduced misconduct	Increased revenue	HoD A&E	NIL	Quarterly
							Implement the triage and admission standard operating procedure					Quarterly
	Accepting bribe to alter medical records/incidence reports	lack of integrity	2	2	4	Adhere to the standard operating procedure	Audit issued medical reports	Damaged hospital image	improved public trust and confidence			Q3

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
CORRUPTION RISKS												
	Collusion to defraud the hospital through incomplete charging	Weak supervision and poor staff accountability	2	2	4	Adherence to charging for services as per the SDC	Sensitize staff on SDC	Increased revenue	Service entry charging report	HoD A&E	NIL	Quarterly
						Create awareness on online charging (ECCIF/ SHIF)	Sensitize staff on the online charging processes					Quarterly
	Failure to declare patients belonging	Lack of professionalism	2	2	4	Ensure adherence to standard operating procedure on handling of patients belonging	Sensitize staff on standard operating procedure on handling of patients belonging	Reduced customer complaints	Timely declaration of patient belonging			Quarterly
REPRODUCTIVE HEALTH												
BRIBERY RISKS												
	Accepting bribe to circumvent the long waiting time for clinical services	Lack of integrity	3	3	9	Adherence to existing Standard Operating Procedures/policies	Implement existing Standard Operating Procedures to reduce time taken to offer services	Increased customer complaints	customer satisfaction index	HOD Obs/Gynae	Nil	Quarterly
	Soliciting for bribes to issue birth notifications		4	4	16	Enhanced Controls	Adherence to the primary patient care	Loss of public trust and confidence	Streamlined issuance of birth notifications			
CORRUPTION RISKS												
	Deceiving the employer by lateness and leaving work early	Lack of integrity	4	4	16	Adherence to the online Clocking	Implement online clocking	Adherence to the reporting timelines	Online clocking report	HOD Obs/Gynae		Quarterly
ANAESTHESIA AND THEATRE												
BRIBERY RISKS												

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Receiving bribes from relatives to allocate patient theatre space	Non-adherence to theatre allocation protocols	3	3	9	Enforce adherence to theatre allocation protocols	Monitoring of patient theatre allocation	Reduced patients complaints	Theatre matrix report	HOD - THEATRES	Nil	Quarterly
	Offering and receiving bribes between theatre team to allocate space to be utilized by private patients instead of scheduled general patients	Non-adherence to the theatre list	4	4	16	Strict adherence to the scheduled patients in the theatre list	Audit adherence to the theatre list	Decreased interchanging of order in the theatre list	Improved adherence to theatre list			Quarterly
CORRUPTION RISKS												
	Exchange of duties among staff without approval from the supervisors.	Inadequate supervision	4	3	12	Implement the Duty Rota effectively	Track and monitor adherence to the duty rota	Seamless provision of services as per job description	Duty rota audit report	HOD - THEATRES	nil	Quarterly
SURGERY												
BRIBERY RISKS												
	Receiving bribes from patient relatives for Preferential admissions of elective surgical patients.	Lack of tracking mechanism for elective patients	4	3	12	Develop tracking mechanisms for elective patients	Implementation of the tracking mechanism	Monitored tracking tool for elective patients	Improved interdepartmental and patient communication	HOD G/Surgery	-Nil	Quarterly
CORRUPTION RISKS												
	Collusion to deceive the principal by assigning duties to Senior House Officers(SHO) in the hospital	Lack of daily work plan for supervisors	4	4	16	Enhance supervision	Conduct spot checks and implement daily work plan report	Reduced patient medical errors and improved skills impartation	Root cause analysis report	HOD G/Surgery	Clocking register	

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
ENT												
BRIBERY RISKS												
	Receiving bribes from patients relatives to fast track for ENT tests bookings requiring specialized equipment	Lack of transparency in ENT tests bookings	3	3	9	Enhance adherence to ENT specialized tests bookings	Audit turnaround time for ENT specialized tests bookings	Improved turn around ENT specialized tests	Turnaround time Audit report	HOD - ENT	NIL	Quarterly
CORRUPTION RISKS												
	Diversion of patient requiring specialised ENT services	Lack of integrity	3	3	9	Adherence to Code of Conduct and Ethics	staff sensitization on Code of Conduct and ethics	Improved service delivery	Staff sensitization attendance list	HOD - ENT	Nil	Quarterly
	Failure to declare obsolete equipment for replacement leading to referral of patient to other institutions	Non-compliance to departmental planned preventive maintenance (PPM)	3	3	9	Enhance service delivery by timely planned preventive maintenance	Monitor PPM schedule	Timely delivery of services	PPM reports			Quarterly
OPTHALMOLOGY												
BRIBERY RISKS												
	Diversion of patient requiring specialised ophthalmology services	Lack of integrity	3	3	9	Adherence to Code of Conduct and Ethics	staff sensitization on Code of Conduct and ethics	Improved service delivery	Staff sensitization attendance list	HOD - Ophthalmology	Nil	Quarterly
						Adherence to code of conduct	Provision of OCT machine to serve the patients				Nil	Q1
CORRUPTION RISKS												
	Staff colluding with suppliers to influence specifications of the	Non-adherence to the specifications	2	3	6	Adhere to generic specifications from the user point	Staff sensitization on the generic specification	Compromised quality ophthalmology services	Compliance to the departmental procurement plan	HOD - Ophthalmology	Nil	Q2

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Ophthalmology equipment											
DENTAL												
BRIBERY RISKS												
	Staff soliciting bribes from patients to provide services without payment	Lack of professional ethics	3	3	9	Adhere to the KNH code of conduct and ethics	Sensitize staff on confirming receipts before procedure	Reduced incidences of offering services with fake receipts	Increased revenue	HoD - Dental	NIL	Quarterly
CORRUPTION RISKS												
	Acceptance team colluding with suppliers to accept dental commodities without meeting standard specifications	Non-adherence to the standard specifications	2	3	6	Adhere standard specifications from the user	Staff sensitization on the standard specification	Reduced complaints by the user due to compromised quality of commodities	Enhanced compliance to the departmental procurement plan	HoD - Dental	Nil	Quarterly
REHABILITATIVE SERVICES												
PHYSIOTHERAPY												
BRIBERY RISKS												
	Receiving and accepting bribes by members of staff to allocate new patients in the Out-Patient clinic	Non-adherence to the SOPS	3	2	6	Enforce adherence to patient allocation SOP	Monitor and audit patient allocation SOP	Improved compliance	compliance audit report	HoU - Physiotherapy	NIL	Quarterly
	Receiving and accepting bribes by staff from clients to offer preferential physiotherapy services	Inadequate monitoring and supervision	2	2	4	Enhance supervision	Review and audit the physiotherapy services	increased adherence	audit report			Q2,Q3,Q4
BRIBERY RISKS												
	Diversion of patients by staff to private	Inadequate controls and supervision	3	3	9	Review existing guidelines to	Implement the reviewed guidelines	Increased revenue	Revised guidelines	HoU - Physiotherapy	Nil	Q2,

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	clinics for personal gain					enforce controls						
	Sexual harassment by staff to patients during treatment	Professional misconduct	3	3	9	Adhere to KNH sexual harassment policy	Sensitize staffs and clients on sexual harassment policy	Reduced complaints	Attendance lists			Quarterly
OCCUPATIONAL THERAPY												
BRIBERY RISKS												
	Soliciting for bribes by staff from clients to offer specialized services	lack of integrity	3	3	9	Adherence to the Professional Code of Conduct and Ethics	Staff sensitization on Professional code of Conduct and Ethics	Loss of revenue	Staff sensitization attendance list	HOU - OCCUPATIONAL THERAPY	NIL	Quarterly
CORRUPTION RISKS												
	Colluding to influence appointments to TEC committee	Lack of compliance to PPADA guidelines	3	3	9	Adherence to the PPADA guidelines	Staff sensitization on the PPADA guidelines	Reduced complaints	Staff sensitization attendance list	HOU - OCCUPATIONAL THERAPY	Nil	Quarterly
ORTHOPAEDIC TECHNOLOGY												
BRIBERY RISKS												
	Soliciting for bribes by staff from clients to acquire movement aids without payment	lack of integrity	3	3	9	Streamline ordering and issuance of movement appliances	Monitor inventory of the appliances	Loss of revenue	Inventory audit report	HOU - ORTHOPAEDIC TECHNOOGY	NIL	Quarterly
CORRUPTION RISKS												
	Failure to charge for services rendered.	Lack of transparency and accountability	3	3	9	Enhance compliance to SOP for charging services	Enforcing compliance to SOP on charging	Increased revenue	Service entry report	HOU - ORTHOPAEDIC TECHNOOGY	Nil	Quarterly
ORTHOPAEDICS												
BRIBERY RISKS												

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Bribery to sway resolution of customer complaints	Lack of transparency and accountability	3	4	12	Automate the customer complaint resolution process	Audit on the customer complaint resolution process	Increased customer satisfaction	Customer feedback report	HOD - Orthopaedic	Nil	Quarterly
	Staff receiving bribes to aid patient abscondment	Breaching of Code of Conduct and Ethics	4	4	16	Enforcing Code of Conduct and Ethics	Staff sensitization on Code of Conduct and ethics	Loss of revenue	Staff attendance list			
	Inducements from clients to fast track theatre list	Professional misconduct	4	5	20	Compliance to schedules for surgery	Enforce implementation of theatre booking list	Reduced complaints of altering of theatre list	Theatre turnaround time report			
CORRUPTION RISKS												
	Diversion of clients to private clinic for personal gain	Lack of integrity	4	5	20	Create mechanisms to track patients for elective surgery	Implementation of the patient tracking list	Reduced complaints	Turnaround time report	HOD - Orthopaedic	Nil	Quarterly
	staff colluding with suppliers to acquire and avail orthopaedic implants	Inadequate controls in procurement of implants	3	3	9	Adherence to the implant availability process flow map	Enforce adherence to the implant availability process flow map	Reduced complaints	Implant process flow map report			Quarterly
PARMACEUTICAL SERVICES												
BRIBERY RISKS												
	Favouritism in selection of Pharmaceutical suppliers during technical evaluation	Non-adherence to Evaluation criteria during tendering process	4	4	16	Ensure adherence to evaluation criteria during tendering process	Sensitization of Technical evaluation committee (TEC) on tendering process.	reputational gain decreased supplier complaints Increased customer satisfaction	Customer complaints& compliments register/reports	Director Pharmaceuticals		Q1
						Automation of the	Reconstitute the technical					Q4

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
						tendering process	evaluation committees		Customer satisfaction index			
							Implement online tendering process					Quarterly
CORRUPTION RISKS												
	Pharmaceutical Stock pilferage	Inadequate monitoring of stocks	4	4	16	Enhance monitoring of stocks.	Mandatory verification of quantities issued by a second officer	Increased revenue	Financial performance report	Director Pharmaceuticals		Quarterly
							Sensitize staff on inventory management	Reduced customer complaints /improved customer satisfaction				Q2
							Sensitize staff on Integrity and code of conduct					Q2, Q4
		Lack of e-hospital and SAP module integration				Integration of SAP&ERP	Initiate a request to ICT for integration of SAP and ERP					Q3
	Hoarding of pharmaceutical products	Non-adherence to dispensing work instruction	2	2	4	Ensure adherence to dispensing work instructions	Sensitize staff on dispensing work instruction	Improved clinical outcomes				Q1,Q3
	Low e-prescribing uptake and enrolment	Resistance to change	1	1	1	Implementation of e-prescribing.	Sensitize and train staff on e-prescribing	Improved service delivery	e-prescribing Performance report			Q2
							Monitor implementation of e-prescribing					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Favouritism /unfair selection of training nominees	Failure to adhere to HR training guidelines	5	5	25	Adherence to training selection guidelines	Sensitize training committee on selection criteria process	Improved staff morale	Compliments and compliments register/report			
	Absenteeism / theft of hospital time	Inadequate monitoring of clocking system	3	3	9	Enhance clocking/duty rota management	Prepare and maintain duty rotas	Improved service delivery	Customer complaints/compliments register/report		Administrative	Quarterly
							Monitor clocking in/out at unit level	Reduced customer complaints				
	Inadequate access control in pharmacies and drug stores	Non-adherence to access controls	4	4	16	Enhance security measures	Implement mandatory double locking of pharmacies	Reduced stock-outs	Customer complaints& compliments register/reports			
							Increase physical patrols by safety and security	increased revenue	Financial performance report			
							Install CCTV surveillance in all pharmacies.					
NUTRITION												
BRIBERY RISKS												
	Pilferage of Nutritional Supplements	Inadequate monitoring of Nutraceutical commodities	3	3	9	Enhance monitoring of Nutraceutical commodities	Inventory management of nutraceutical commodities	Increased revenue	updated inventory	HOD-Nutrition	Nil	Quarterly
							Real time billing of Patient Nutraceutical for Prescriptions ordered, before dispensing					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
						Integration of SAP&ERP	Initiate a request to ICT for integration of SAP and ERP	Reduced stock outs	complaint and compliments register/reports			
	Abscondment and Absenteeism	Inadequate supervision	3	3	9	Enhance supervision	Prepare and maintain duty rotas	Improved service delivery	Shift management report			
							Monitor clocking in/out	Reduced customer complaints	Customer complaints/compliments register/report			
							Staff to complete leave/off forms during emergences -		Update duty rotas			
DIAGNOSTICS AND HEALTH INFORMATION												
HEALTH INFORMATION												
BRIBERY RISKS												
	Receive a bribe from the hospital clients to facilitate faster access to services	Non-adherence to service delivery charter	2	1	2	Ensure adherence to timelines in the service delivery charter	Conduct service delivery audits	Decreased customer complaints & Increased customer satisfaction	complaint and compliments reports	HOD-HI	Administrative	Quarterly
							Compile report on corruption and ethical malpractices		Customer satisfaction index report			Q3
						Enhance awareness	Sensitize staff on code of conduct & Ethics					Q2
							Sensitize patients on health information services					Q4

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Receive a bribe from researchers to retrieve research files	Non-adherence to work instruction for retrieval of research files	1	4	4	Enhance adherence to work instruction for retrieval of research files	Document all researches ,ethics approvals and payment receipts	Reduced customer complaints	complaint and compliments reports			Quarterly
							Prepare reports on research files retrieved					Quarterly
							Sensitize staff on work instructions					Q2,Q4
	Solicit bribes from the client to access services						Conduct annual internal self-assessment on work instructions	Decreased customer complaints	complaint and compliments reports			Quarterly
	Receive bribes from patients to assign a shorter appointments	Non-adherence to work instruction/sops	2	2	4	Enhance adherence to work instruction	Implement online clinic scheduling system	increased revenue				Quarterly
							Sensitize staff of appointment scheduling		Attendance list	HOD-HI	Nil	Q1,Q3
							Sensitize staff on anti-corruption policy and code of conduct	Improved service delivery				Q4
	Receive kickbacks from suppliers for accepting substandard items	Failure to adhere to the technical specifications	2	2	4	Adherence to PPDA	Appoint inspection and acceptance team	Improved service delivery	Complaint and compliments reports			Q1
							Develop technical specifications of items/equipment	Reputational gain				Q1
							Sensitize the inspection & acceptance committee on specifications					Q2, Q4
CORRUPTION RISKS												

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Undercharging of services	Non-adherence to code of conduct	2	3	6	Adherence to work instructions	Sensitize staff on work instructions/billing of services	Increased Revenue	Attendance list	HOD - HI	Nil	Q2
							Sensitize staff on code of conduct	Improved service delivery				Q4
RADIOLOGY												
BRIBERY RISKS												
	Receiving bribes from hospital clients to access faster services	Failure to adhere to service delivery charter	3	5	15	Ensure adherence to timelines in the service delivery charter	Conduct service delivery audits	Increased revenue	Performance reports	HOD-Radiology	Administrative	Quarterly
						Enhance staff awareness	Sensitize staff on code of conduct & Ethics	Increased customer complaints	complaints/compliments register			Q1
							Provide timely information to the hospital clients		customer satisfaction index report			Quarterly
							Timely resolution of customer complaints					Quarterly
						Enhance security measures	Conduct physical patrols by uniformed and non-uniformed safety and security officers					Quarterly
							CCTV surveillance					Quarterly
		Partial automation				Enhance system Integration	Integrate RIS/Medweb PACS to ERP					Q2,Q4
	Bribery in accepting substandard items from suppliers	Failure to adhere to the technical	3	3	9	Adhere to PPADA	Review Specifications and prepare	Improved service delivery				Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
		specifications and PPADA					procurement plan.					
							Reconstitution of Tender committees (Opening, evaluation and Inspection)	decreased complaints	complaint and compliments reports			Q1
						Enhance awareness	Sensitize the inspection & acceptance committee on specifications/PPADA	Reputational gain				Q2
CORRUPTION RISKS												
	Pilferage of hospital stocks by staff	Inadequate monitoring of stocks	2	3	6	Enhance monitoring of Radiology consumables	Inventory management of Radiology consumables	Reduced stock outs	Inventory reports	HOD-Radiology	Administrative	Quarterly
						Enhance staff awareness	Sensitize staff on inventory management	Increased revenue	Financial reports			Q2
							Sensitize staff on Integrity and code of conduct	Improved service delivery				Q1
						Integration of SAP&ERP	Initiate a request to ICT for integration of SAP and ERP					Q3
	Absenteeism and punctuality	Inadequate monitoring of clocking system	2	2	4	Enhance supervision	Prepare and maintain duty rotas	Improved service delivery	complaint and compliments reports			Quarterly
							Implement a structured reward and sanction system	Decrease complaints	Duty rota management report			Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							Monitor clocking in/out					Quarterly
							Staff to complete leave/off forms during emergences					Quarterly
						Enhance awareness	Sensitize staff on culture change					Q3
	Diversion of clients seeking services for kick backs	Non-adherence to work instructions/SOPs	3	3	9	Enhance adherence to Work Instructions/SOP	Sensitize staff on Work instruction	Reduced customer complaints	customer complaints & compliment register/report			Q2, Q4
						Enhance awareness to patients	Sensitize patients on health information services					Q1,Q3
		Equipment breakdown				Referral policy for diagnostic services	Implement referral policy for unavailable diagnostic services	Reputational gain	Customer satisfaction index report			Quarterly
						Ensure Service level agreement contracts are in place for all equipment	Timely renewal of Service level agreement	Revenue generation	Financial reports			Quarterly
LABORATORY MEDICINE												
BRIBERY RISKS												
	Bribery in accepting substandard items from suppliers	Failure to adhere to the technical specifications and PPADA	2	2	4	Enhance adherence to public officers' ethics act 2023 and	Reconstitution of Tender committees (Opening, evaluation and Inspection)	Improved service delivery	Appointment letters	HOD-Lab medicine	Administrative	Q1

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
						code of conduct	Review Specifications and prepare procurement plan.	decreased complaints	Procurement plan			Q2
						Enhance awareness among staff	Sensitize the inspection & acceptance committee on specifications/PPADA	Reputational gain	Attendance lists			Q2,Q4
	Diversion of collected patient specimens for processing in other facilities for personal gain	Manual collection and handling of specimens	2	2	4	Enhance referral policy for specimen processing	Implement the referral policy for specimen processing	Reputational gain				Quarterly
						Enhance staff awareness	Sensitization of staff on work instruction, procedure and code of conduct	Improved service delivery	Performance Analysis report			Q1,Q3
						Automation	Implement and sensitize staff on ERP/LIMS					Quarterly
CORRUPTION RISKS												
	Pilferage of laboratory reagents	Inadequate monitoring of stock	2	3	6	Enhance inventory management	Documentation of stock flow.	increase in revenue	Financial report	HoD- Lab Medicine	Nil	Quarterly
	Absenteeism/Lateness	Inadequate monitoring of clocking system	2	2	4	Enhance supervision	Prepare and maintain duty rotas	Improved service delivery/ reduced TAT	performance Analysis report			
							Implement a structured reward and sanction system	Decreased complaints				

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							Monitor clocking in/out		clocking in Analysis report			
							Staff to complete leave/off forms during emergences					
							Sensitize staff on culture change		Attendance lists			Q2
	Unauthorized processing of specimen	Failure to adhere to the work instructions/SOPS	2	2	4	Enhance adherence to work instruction /SOPs	sensitize staff on work instructions/SOPs	Increased revenue	Financial report			Q3
						Business process re-engineering	Implement the laboratory Information Management system	Improved service delivery/reduced TAT	customer complaints and compliments reports			
		Unitemized payment receipt					Implement itemization of services rendered on the receipts					Quarterly
FAREWELL HOME												
BRIBERY RISKS												
	Bribes offered and received from hospital clients in the body preservation and storage area	Non-adherence to work instruction/sops	3	3	9	Ensure adherence to SOP/work instruction	Sensitization of staff SOP /work instructions	Improved customer satisfaction	customer complaints and compliments register/report	Manager Farewell	Administrative	Quarterly
						Enhance supervision	periodic inspection					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
						Billing for all services	Verify and confirm payment of all services	Improved customer satisfaction	customer complaints and compliments register/report			
	Bribes offered by hospital clients in the viewing room	Non-adherence to work instruction/sops	3	3	9	Ensure adherence to SOP/work instruction	Sensitize staff on Work instructions/SOPs	Improved customer satisfaction	customer complaints and compliments register/report			
	Receiving of bribes from hospital clients for disposal of unconsented foetus	Non-adherence to work instruction/sops	3	3	9	Ensure adherence to SOP/work instruction	Implement mandatory Consent form for disposal before discharge in the ward	Increased revenue	Disposal report			
							sensitize staff on work instructions/SOPs		Attendance list			
	Receiving of bribes from hospital clients for post mortem cases	Non-adherence to work instruction/sops	3	3	9	Ensure adherence to SOP/work instruction	sensitize staff on work instructions/SOPs	Increased revenue	Financial report customer complaints and compliments register/report			
Procurement	Receiving bribes from suppliers for sub substandard goods	Failure to adhere to the technical specifications and PPADA	3	4	12	Enhance adherence to PPADA	Sensitize the inspection & acceptance committee on specifications/PPADA	improved service delivery	customer complaints and compliments register/report	Head of Procurement	Administrative	Quarterly
							Reconstitution of Tender committees (Opening,	Reputational gain	Appointment letters			Q1

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							evaluation and Inspection)					
						Enhance awareness	Review Specifications and prepare procurement plan.					Q3
Marketing & Communication	Receiving bribes from hospital clients in issuance of Hospital Gate pass during visitation	Non-adherence hospital guidelines	3	3	9	Enhance adherence to hospital guidelines	Sensitization of KNH/outsourced staff on KNH Code of Conduct & Ethics, KNH Whistle Blowing Policy& KNH HR Manual	Improved customer satisfaction	Complaints & compliments register/reports	Head of Marketing & Communication		Quarterly
COC	Receiving bribe from hospital clients for bed allocation and outpatient procedure management	Non-adherence to work instruction	3	3	9	Enhance adherence to work instruction/SOPs& admission Policy	Sensitize KNH and Outsourced staff on work instructions/SOPs and admission policy	Reduced customer complaints	Complaints & compliments register/reports	COC manager	Nil	Quarterly
						Enhance Automation	Centralize bed allocation by aligning the physical versus ERP beds					Quarterly
							Sensitize KNH and outsourced staff on Code of Ethics, Whistle blower policy and admission policy					
Finance	Receiving bribes from hospital clients to issue discharge clearance certificate without	Non-adherence to Work instruction/SOP	2	2	4	Enhance Adherence to SOP on billing and	Sensitize staff on SOPs of billing and insurance of clearance certificate ,	Increased Revenue	customer complaints and compliments register/report	Manager Finance	Nil	Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	evidence of payment					payment of Hospital bills						
						Enhance security measures	Confirm physical receipt is available before issuing a clearance certificate	Improved service delivery	CPC reports			
							serialize discharge clearance form					
Housekeeping	Overcharging clients for unrendered laundry services	Inadequate controls for laundered items	3	3	9	Enhance monitoring of laundered items	Monitor Laundry book data	Improved customer satisfaction	customer complaints and compliments register/report	Head of Housekeeping	Administrative	Daily
							undertake linen stock count					
Pharmacy	Pilferage of medicines	Inadequate monitoring of drug stocks	2	2	4	Enhance monitoring of stocks.	Mandatory verification of quantities issued by a second officer	Increased revenue	Financial reports	Head of Pharmacy	Nil	Quarterly
							Sensitize staff on inventory management	Reduced customer complaints /improved customer satisfaction	customer complaints and compliments register/report			
							Sensitize staff on Integrity and code of conduct	Improved clinical outcomes				
						Integration of SAP&ERP	Initiate a request to ICT for integration of SAP and ERP					
Laboratory	Failure to bill all services	Non-adherence to	1	1	1	Ensure all services	All bill numbers are indicated on	Increased revenue	performance Analysis report	Head of Laboratory	Nil	Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
		work instructions/SOPs				indicated on request form are billed	the request form and receipts attached					
	Pilferage of Reagents	Inadequate monitoring of stock	1	1	1	Enhance inventory management	Documentation of stock flow.	Increased revenue	Financial Analysis report			
							Conduct stock taking.					
							Monitoring reagents consumption	Improved clinical outcomes	customer complaints and compliments register/report			
						Enhance staff awareness	Sensitize staff on inventory management					
Nutrition	Pilferage of Nutrition Supplement	Inadequate monitoring of Nutraceutical commodities	1	1	2	Enhance monitoring of Nutraceutical commodities	Inventory management of nutraceutical commodities	Reduced of complaints		Head of nutrition	Nil	Quarterly
							Real time billing of Patient Nutraceutical for Prescriptions ordered, before dispensing	Increased revenue	Financial Analysis report			
							Initiate a request to ICT for integration of SAP and ERP					
Nursing	Undercharging or not charging outsourced services	Failure to adhere to the work instructions/SOPS	2	2	4	Ensure accurate and timely billing of all outsourced services	Update charge sheets and billing system with actual service costs	Increased revenue	Performance Analysis report	Head of Nursing	Nil	Quarterly
							Sensitize nursing staff on accurate and timely billing as well as					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
							compliance to surrender of procurement document timelines					
Procurement	Falsification of inventory records	failure to adhere to work instruction /code of conduct	1	1	1	Conduct Quarterly Stock taking	Integrate physical count to SAP materials management	Reputational gain	Complaints & compliments register/reports	Head of Supply Chain Management	Nil	Quarterly
	Conflict of Interest					Adhere to the standard operating procedures for procurement and code of conduct	Conduct quarterly sensitization on adherence to standard operating procedures		Audit report			
Public health	Pilferage cleaning materials and other public health supplies	Inadequate monitoring of stock register	1	1	4	Monitor the opening and closing stocks register	Implement stock control register Sensitize staff on importance of inventory management	Increased revenue Reduced stock outs	Register Inventory management reports.	Head of Public Health	Nil	Quarterly
Human Resource/ Administration	Favouritism/bias in performance appraisal	Failure to adhere to HR performance appraisal guideline	2	2	4	Awarding marks based on verified achievements and evidence	Ensure supervisors are trained on recommended/ approved appraisal process	Motivated Staff	Complaints & compliments register/reports	Human Resource Manager	Administrative	Quarterly
	Favouritism/bias in nomination for training opportunities	Lack of criteria for training nomination	1	1	1	Develop clear criteria for	Nominate officers based on identified training needs					

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
						nomination for training	Adherence to the KNH Training Policy					
	Interference of disciplinary process	Failure to adhere to disciplinary procedures.	2	2	4	Patronizing to reduce/water down disciplinary charges against an employee.	Adherence to Discipline Mgt. Policy	Motivated staff	declined in performance index			
Catering Unit	Pilferage of patients' cutlery and crockery	Weak inventory management	1	1	1	Implement strict inventory management measures	Maintain inventory registers in the ward with daily recording of cutlery and crockery numbers.	Improved service delivery	Complaints & compliments register/reports	Catering Officer	Nil	Quarterly
						Labelling of all cutlery and crockery	Conduct monthly sensitizations on Inventory Management and code of conduct adherence					
Rehabilitation	Pilferage of rehabilitation supplies	weak inventory management system	1	1	1	Implement strict inventory management measures	Daily Supplies monitoring register.	Increased revenue	Complaints & compliments register/reports	HOD-Rehabilitative	Nil	Quarterly
						Ensure close supervision of staff	S11 tracking file	Improved service delivery				
							Regular Inspection of supplies& aids received from the stores					
Finance		Failure to charge/ Under	2	2	1	Prompt billing for patients	Daily sales register monitoring.	Increased revenue target	Performance Analysis report	Manager Finance	Administrative	Quarterly

FUNCTIONAL AREA	IDENTIFIED CORRUPTION/ BRIBERY RISK	RISK SOURCE	RANKING			MITIGATION/ PREVENTION STRATEGY	MITIGATION ACTIONS/SPECIFIC ACTIVITIES	OUTPUTS	KEY PERFORMANCE INDICATORS	RESPONSIBLE PERSON	RESOURCES	TIMEFRAME
	Fraud in billing/unauthorized alterations	charging/ Overcharging for supplies sold and services rendered				Adherence to procurement procedures.						
						Counter check exact price before charging.	Quarter reconciliation of sales made					
						Designate bill alteration rights to specific officers.	Ensure compliance to allocation of duties					

ANNEX III: 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 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 secretariat	Within 3 months after policy approval	-	-	-
	Policy sensitization	CPC secretariat	1 month after policy approval	-	-	-
	Policy Dissemination	CPC secretariat	1 month after policy approval	-	-	-
	Development of KNH code of Conduct and Ethics	CPC secretariat	1 month after policy approval			
Monitoring & Evaluation	Monitor policy implementation	CPC secretariat	Monthly	-	-	-
	Evaluate policy impact	CPC secretariat	Annually	-	-	-
Reporting	Prepare quarterly policy reports and submit to CPC	HoDs /HoUs	Quarterly			
	Prepare quarterly policy reports and present to CEO	CPC secretariat	Quarterly	-	-	-
	Annual and bi-annual Compliance Performance Report	CPC secretariat	Bi-Annual Annual	-	-	-
Review of policy	Review of policy	CPC secretariat	After every 3 years	-	-	-

ANNEX IV: 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?
Goal	Optimize customer experience	Customer satisfaction Index	77.1	80	Analysis report	Quarterly	Director P&S	Executive Management Committee and EACC
Outcomes	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	Director P&S	
	Reduce corruption malpractices	Corruption perception index	1.3	-	Analysis report	Annually	Director P&S	
Outputs	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	

ANNEX V: 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 staff 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 staff 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)