Kenyatta National Hospital

KNH WHISTLEBLOWER PROTECTION POLICY

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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 Hospital Management's policy on whistleblowing is a key component of its commitment to good governance, transparency, and accountability, as mandated by the Constitution of Kenya, 2010. This policy serves as a crucial mechanism and Framework for detecting and preventing Unethical behavior and other malpractices within the hospital.

The Policy outlines clear procedures for individuals to make good faith disclosures/report, provides protection for whistleblowers from reprisal, and sets out the mechanism for conducting investigations.

The Board, Management, and staffs are expected to read, understand, and adhere to these procedures to ensure a streamlined process for reporting and to effectively protect whistleblowers.

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

DR. ABBAS GULLET, OGW, MBS

CHAIRMAN, KNH BOARD OF MANAGEMENT

PREAMBLE

This Whistleblower Protection Policy provides a clear framework for staffs and other stakeholders to report concerns about Unethical behaviors or other malpractices. This encourages the prompt reporting of fraudulent and unethical matters, ensures protection for individuals who make good-faith disclosures, and fosters an environment where ethical and responsible behavior is valued and encouraged.

The Hospital Management recognizes the challenges that individuals may face when voicing concerns and assures them of full support and confidentiality. This policy is designed to empower staffs and stakeholders to confidently report legitimate concerns through official channels, as any form of harassment or victimization for doing so will not be tolerated.

The Management is committed to the full implementation and compliance to the provisions herein.

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

DR. RICHARD LESIYAMPE, CBS
CHIEF EXECUTIVE OFFICER

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ACRONYMS

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

DEFINITION OF TERMS

Concern	A matter that engages a person's attention, interest or care or that which affects a person's welfare or happiness and is in breach of existing legislation and institutional policies.
Good faith'	Making reports without malice or consideration of personal benefit with a reasonable basis to believe that the report is true.
Malpractice	Refers to illegal practice
Whistle blower	A person who makes corruption disclosure/report, unethical behavior and any other malpractice whether openly or in secret
Unfavorable	A negative action against someone
Responsible office	The office to which reported concerns are analyzed and reported to management for further action. This is a function of the CPC secretariat (IAOs).
Bad faith	A malicious intent.
Confidential Information'	Any information whose access is controlled.

INTRODUCTION

1.1. **Background**

The Hospital is committed to promote a culture of integrity, responsibility, transparency, and accountability. In achieving this, the hospital developed a whistle blower policy that protects individuals who report unethical behaviors and malpractices. Staff and stakeholders have the right and duty to raise concerns regarding service delivery at the Hospital.

1.2. **Policy Statement**

The Hospital is committed to providing a secure, transparent, and legally compliant framework for reporting wrongdoing. This Policy establishes procedures for disclosure, investigation, and protection of whistleblowers in accordance with applicable Kenyan law.

1.3. **Rationale**

This policy establishes a framework for making reports that are of public interest, particularly concerning unethical conduct or other malpractices. This provides confidence to staff and stakeholders to raise their concerns promptly and through the appropriate methods as outlined in this document.

1.4. **Objectives**

The objectives of this Policy are to:

i) Facilitate the identification and correction of unethical behavior and malpractices.
ii) Promote a culture of transparency, accountability and integrity.
iii) Enhance disclosure and reporting of alleged unethical behaviors.
iv) Provide a structure of Protecting whistleblowers.

1.5. **Scope**

This Policy applies to:

- Members of the Board of Management;
- All employees (permanent, contract, interns);
- Patients and their representatives;
- Contractors, suppliers, and consultants; and
- Any other stakeholders interacting with KNH.

1.6. **Legislative and Administrative Framework**

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

i) The Constitution of Kenya ,2010
ii) Anti-Corruption and Economic Crimes Act, 2003.
iii) Public Officer Ethics Act No. 4 of 2003.
iv) Leadership and Integrity Act No. 9 of 2012.
v) Witness Protection Act, 2006
vi) Bribery Act, 2016.

vii) Commission on Administrative Justice, 2011
viii) Ethics and Anticorruption Commission Act, 2011
ix) Fair Administrative Action Act ,2015
x) Official Secrets Act Cap 187 of the laws of Kenya
xi) Penal Code (Cap 63)
xii) Public Officers Ethics Act 2003
xiii) Public Procurement and Asset Disposal Act 2015
xiv) Proceeds of Crime and Anti-Money Laundering Act 2009
xv) Public Audit Act 2015
xvi) Public Finance Management Act 2012
xvii) Mwongozo Code of Governance for state Corporations,2015
xviii) Access to information Act, Cap 7M
xix) Data protection Act 2019
xx) KNH Code of Conduct and Ethics,2025

POLICY FRAMEWORK

2.1. **Policy Provisions**

This Policy shall be interpreted in accordance with the Constitution of Kenya 2010 (Articles 10, 35, and 232), the Bribery Act 2016 (Section 21 on protection of informants), and the Data Protection Act 2019 regarding handling of personal data.

This policy covers the disclosure of information which is of public interest, specifically acts of corruption and unethical conduct as defined herein. These include but are not limited to: -

(a) Nepotism
(b) Tribalism
(c) Clannism
(d) Cronyism
(e) Tender manipulation
(f) Misuse of hospital property/resources
(g) Fraud, alteration of official records
(h) Irregular resource allocation
(i) Falsification of data
(j) Receive a bribe to divulge confidential Information
(k) Gross misconduct under HR policies
(l) Irregularities in hiring and promotion of staff
(m) Engage in political activity
(n) Requesting for facilitation fee to expedite the performance of public duty
(o) Diversion of patient to other healthcare facilities for personal gain
(p) Knowingly making a false or misleading statement to KNH for personal gain
(q) Canvassing for self or another person in recruitment
(r) Demanding for sexual favors for work related benefits
(s) Retaliation against whistle blowers
(t) Sexual harassment (as defined in the law)
(u) Breach of patient safety and standards

2.2. **Procedures for Dealing with Disclosures and Reporting**

2.2.1. **Making a disclosure and report**

i) A report may arise from staff and stakeholders who have a reasonable belief that there is unethical behavior or malpractice.
ii) Acts of unethical behavior or malpractice may be revealed orally, through phone, in writing, or through electronic media.
iii) All reports shall be sent directly to the responsible CPC office.
iv) The report may contain the following details; the alleged unethical behavior or malpractice, the identity of the alleged accused person and significant dates, locations or events where applicable.

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

2.2.2. **Methods of Disclosures and Reporting**

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

i) Email: cpc@knh.or.ke
ii) Cell phone number 0702498808 or KNH extension 43037
iii) Ethics & Anti-Corruption Commission (EACC) Integrity Centre P O Box 61130 - 00200 NAIROBI
iv) Any police station
v) Use of KNH Anonymous Corruption Reporting link (***https://knh.or.ke/index.php/report-corruption/***).
vi) QR code
vii) The Anticorruption reporting boxes.
viii) Report to any Integrity Assurance Officers.
ix) Reporting at the CPC Secretariat Office
x) Reporting to CEO direct
xi) Reporting to HOD's/HOU's

2.2.3. **Preliminary Assessment**

Upon receipt of a report the CPC Secretariat shall:

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

The CPC secretariat shall within 30 days notify the whistleblower about the action taken.

2.2.4. **Investigation of Disclosures and Reports**

Where the CPC secretariat decides to investigate, the procedure should be as follows;

i) An independent internal team may be formed to investigate the matter.
ii) The whistleblower and relevant witnesses may be interviewed by the person(s) investigating the matter.
iii) All parties shall be accorded a fair hearing;
iv) Evidence shall be collected, documented, and securely stored;

v) Confidentiality shall be maintained.
vi) If urgent action is required, this will take place before an investigation is undertaken.

The investigation report shall be submitted to the CEO within two months from the date of commencement of the investigations. Where it is not feasible to be submitted within this period an extension may be sought from the CEO.

2.2.5. **Record of Outcome**

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

2.2.6. **Making Disclosures and Reports to External Agencies**

Upon completion of these procedures, the whistleblower is not satisfied with the Hospital's response and reasonably believes that the information reported, and any allegation contained in it are substantially true, he/she is at liberty to take the matter further by raising the concerns with the appropriate agency established by law such as;

i) Ethics and Anti-Corruption Commission (EACC).
ii) Office of the Auditor General (AG)
iii) Witness Protection Agency (WPA)
iv) Commission for Administrative Justice (CAJ).
v) National Police Service (NPS.
vi) State Corporation Advisory Committee (SCAC).
vii) Kenya National Audit Office (KENAO).
viii) Any relevant professional or regulatory body.
ix) Making Disclosures and Reports to external agencies

2.2.7. **Anonymous Disclosures and Reporting**

Whistleblowers reporting under this policy are encouraged to reveal their identity. Anonymous disclosures shall be assessed based on the quality and credibility of information provided. Lack of identity shall not, by itself, invalidate a report

2.3. **Protection of Whistle Blower**

2.3.1 **Protection of whistleblower**

a. If a member of staff makes a report in conformity with this policy, they shall not be;
    i) Dismissed from employment;
    ii) Denied salary increments or employment related benefits;
    iii) Transferred or reassigned other duties;
    iv) Denied a promotion that the staff otherwise would have received;
    v) Demoted; or
    vi) Harassed and or discriminated against in any other form.

b. If a patient makes a report in conformity with this policy, they shall not be;
    i) Prematurely discharged from the Hospital
    ii) Neglected, mistreated or mismanaged
    iii) Harassed by staffs or Hospital management
    iv) Subjected to any other form of discrimination
c. If any other stakeholder makes a report in conformity with this policy, the Hospital will not subject them to any adverse action.

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

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

2.3.2 **False or malicious reporting**

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

If a whistleblower is found to have made a report with reckless regard to the truth, resulting in defamation, the Hospital may take disciplinary action, including termination and may support the affected party's right to seek redress including through legal means.

2.4. **Confidentiality and data protection**

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

i) The law requires reporting
ii) The whistle blower has waived their right of confidentiality
iii) The identity of the whistle blower or substance of the report is already publicly known and
iv) The information is given on strictly confidential basis for the purpose of obtaining professional advice

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

All personal data obtained under this Policy shall be processed in accordance with the Data Protection Act 2019, including principles of data minimization, purpose limitation, and secure storage.

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

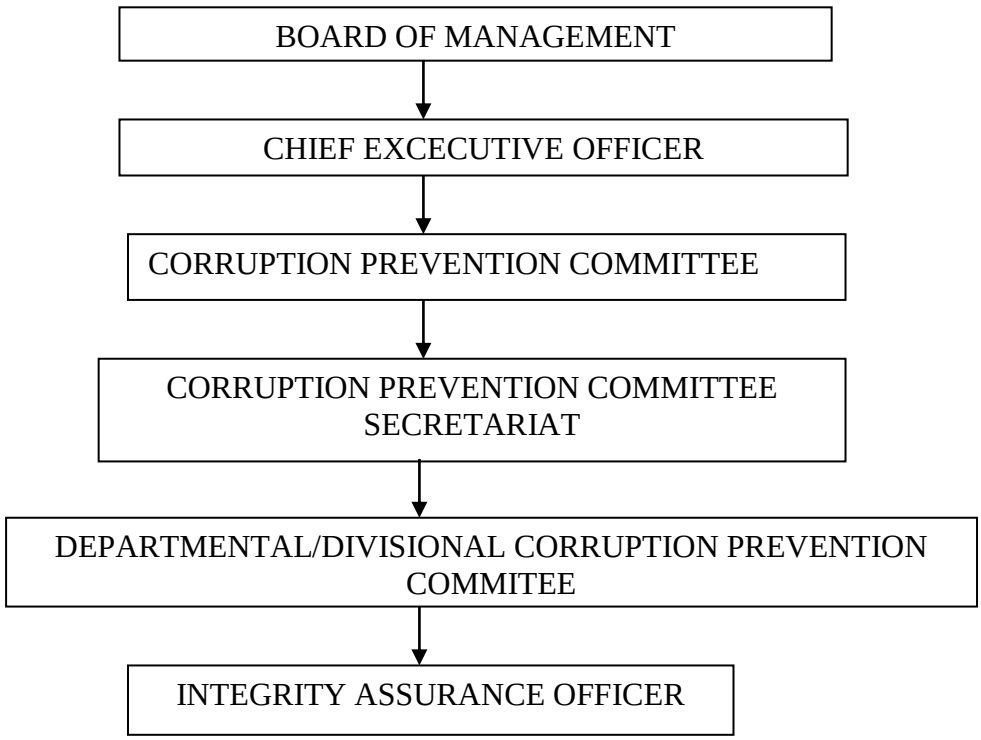
2.6. **Incentives**
Incentives to the whistle blower shall be provided in accordance with the Human Resource Policy and Procedure Manual. Incentives shall be non-monetary unless expressly approved under applicable law and institutional policy.

2.7. **Sanctions**
Any individual who allows unethical behavior or malpractices by deliberately holding in or hiding relevant information, or by interfering with investigations, will face disciplinary action as outlined in the Human Resource Policy and Procedure Manual.

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 **Directors, Head of Departments/Units:** The Directors, HOD's/HOU's shall ensure that staff are sensitized on this Policy and take appropriate action when concerns are raised.

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

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

3.2.5 **Corruption Prevention Committee (CPC):** The CPC shall:

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) Recommend rewards and sanctions.

3.2.6 **CPC Secretariat:** The CPC secretariat shal:

i) Receive all reports;
ii) Maintain Confidentiality of the whistle blower reports;
iii) Recommend protection of whistleblowers to the CEO;
iv) Monitor the implementation of this Policy;
v) Control access to corruption reports and related documents ;
vi) Spearhead prevention, detection and investigation of corrupt practices within KNH.*
vii) Develop corruption prevention training and awareness programs.
viii) Coordinate and handle corruption related activities including complaints.
ix) Liaise with EACC and other agencies dealing with anti-corruption matters.

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 ou.
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: POLICY IMPLEMENTATION FRAMEWORK

Policy What is the policy to be implemented	**Actions** What actions must be completed to implement the policy?	**Responsible** Who is responsible for the action?	**Timeframe** When must the action be completed by?	**Budget** How much will it cost to implement the action?	**Budget Source** Where will the funding come from?	**Status** Is the action not started, in progress or completed?
KNH Whistle Blowing Approval	Approval of policy	BoM	3 Months	-	-	-
	Appointment of Corruption prevention Committee	CEO	1 Month	-	-	-
Policy implementation	Allocation of resources to support implementation of the Policy	CEO	Annual	-	-	-
	Development of SOPs & work instructions	Director P&S	Within 3 months after policy approval	-	-	-
	Policy sensitization	CPC secretariat	1 month after policy approval	-	-	-
	Policy Dissemination	Director P&S	1 month after policy approval	-	-	-
Monitoring & Evaluation	Monitor policy implementation	Director P&S	Monthly	-	-	-
	Evaluate policy impact	Director P&S	Annually	-	-	-
Reporting	Prepare quarterly policy reports and present to EXCO	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 II: M&E FRAMEWORK

	Indicator	**KPI**	**Baseline** What is the current value?	**Target** What is the target value?	**Data Source** How will it be measured?	**Frequency** How often will it be measured?	**Responsible** Who will measure it?	**Reporting** Where will it be reported?
Goal	Optimize customer experience	Corruption perception Index	1.3	1	Analysis report	Annually	Director P&S	Executive Management Committee and EACC
Outcomes	Enhanced ethical culture and integrity	Reduced corruption complaints	-	100	Analysis report	Quarterly	CPC	
	Enhance Protection of whistleblowers	increase in reporting of unethical behavior/ malpractice cases	-	10	Analysis report	Quarterly	CPC	
	Promote a culture of transparency, accountability and integrity.	Corruption perception index Culture index	1.3	1	Analysis report	Annually	CPC	
Outputs	Disseminated policy	% of departments with whistle-blowing policy No of staff sensitized on policy and signed off	**-** -	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	