



Committed to improving reproductive health

## WHISTLEBLOWER POLICY

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## 1. Purpose and Scope

This policy aims to provide a secure, confidential means for employees and other stakeholders to report instances of wrongdoing or misconduct in the organization. The policy applies to all employees, management, participants, contractors, vendors, and other stakeholders.

This policy provides for zero tolerance towards fraud, bribery, theft, harassment or any other misconduct or wrongdoing.

NRHS maintains a culture of integrity, transparency, and trust by encouraging staff and third parties to speak up when they have genuine concerns.

## 2. Definitions

**“Whistleblowing”** is the disclosure based on one’s reasonable belief that any person has engaged, is engaging, or preparing to engage in improper conduct.

A **“Whistleblower”** is a person who discloses information of improper conduct in accordance with this Policy.

**“Misconduct”** is any conduct which if proved, constitutes a breach of integrity.

## 3. Types of Misconduct Covered

The policy covers all types of misconduct that can have a negative impact on the organization, its employees, customers, or other stakeholders. Examples of misconduct include:

- Fraud, waste, or abuse of resources
- Criminal offenses, unlawful acts, fraud, corruption, bribery, and blackmail;
- Theft or embezzlement
- Harassment, discrimination, or retaliation
- Violation of company policies or procedures
- Environmental violations
- Health and safety violations
- The concealment, or deliberate failure to report, a known control breach or weakness
- Non-Disclosure of interest
- Any other threat to the organizational reputation or
- Attempt to conceal any of these

## 4. Ethics Committee

NRHS shall establish an ethics committee which will be responsible for:

- Receiving whistleblowing disclosures
- Investigating whistleblowing disclosures
- Making a decision based on the outcome of the investigation
- Reporting on the outcome of the investigation to the NRHS Director and Board
- Ensuring protection of whistleblowers

The ethics committee shall be constituted of:

- HR Manager-Chairperson
- Appointed UNIM representative
- Appointed Anza Mapema representative

## 5. Making a Disclosure

The organization encourages employees and other stakeholders to act honestly and with integrity at all times and safeguard NRHS resources, tangible and intangible assets, and its reputation.

They have a responsibility to speak up if they suspect any actual, planned, or suspected wrongdoing that breaches any laws, regulation, or NRHS policy, has occurred, is occurring, or may occur.

The Whistleblower while making a report needs to have a reasonable belief of the occurrence of misconduct.

This Policy encourages that whistleblowing concerns are made promptly and at least within 3 months following the date of occurrence of the misconduct disclosed. However, there may be circumstances where whistleblowing concerns may be made after 3 months of the misconduct.

All whistle-blowing concerns may be made through the channels below:

- Through the NRHS confidential whistleblowing channel which can be accessed through the organization's website: <https://forms.office.com/r/NDdMB8wHr0>
- In writing via a letter or electronic email to the address: [humanresources@nrhskenya.org](mailto:humanresources@nrhskenya.org)  
These emails will be received by a designated officer of the Ethics Committee
- Orally in person to designated officers of the ethics committee or through their mobile phone
- Through the suggestion box

The Whistleblowing Policy highly encourages staff to use the above internal channels to raise concerns directly with any member of the Ethics Committee. If they are comfortable doing so, employees may also raise concerns with their line managers who should immediately refer the matter to the relevant members of the Ethics Committee. The Ethics Committee has the ultimate responsibility to determine whether the disclosure falls within the scope of the whistleblowing policy, as highlighted in Section 3 of this policy.

When a disclosure is made orally, the person receiving the disclosure shall, as soon as practicable, reduce the same in writing.

All whistle blowing reports are confidential, whether the person reporting wishes to remain anonymous or not.

In order to allow NRHS Ethics committee to investigate the alleged misconduct and to take the necessary internal corrective actions, Whistleblowers are encouraged to lodge a report by providing, to the extent that is possible, the following information: -

- a) Description of the people or parties that are involved in the misconduct;

- b) Details of the misconduct, including the relevant dates of occurrence;
- c) Particulars of witnesses, if any; and,
- d) Particulars or production of documentary evidence, if any.

A disclosure of misconduct may be made even though the person making the disclosure is not able to identify a particular person to whom the disclosure relates

## 6. Protection Measures

NRHS is committed to protecting whistleblowers from retaliation. Retaliation against whistleblowers qualifies as gross misconduct and may result in disciplinary action, up to and including termination of employment. NRHS will take appropriate measures to protect the confidentiality of whistleblowers and the information they provide, to the extent possible and consistent with the organization's legal obligations.

## 7. Allocation of Responsibility

The Ethics Committee, which will be responsible for handling the whistleblowing process, will be accountable to the NRHS Director.

The appointed Chairperson of the ethics committee is responsible for leading the handling of whistleblowing disclosures.

The Chairperson must be unconflicted and have access to all NRHS's records, data and information, including storage on NRHS's owned assets.

Before the investigation of the disclosure commences, the concern is assessed to check whether it qualifies as a whistle-blow disclosure.

## 8. Investigation Procedures

Upon receiving a disclosure, members of the Ethics Committee should assess how urgent the risk is and whether the disclosure can best be dealt with under the whistle-blower policy or some other procedure (such as grievance procedure).

Under special/rare circumstances, the Ethics Committee may outsource the function of reporting of serious malpractices to an independent third party or choose to seek independent advice externally. Where a member of the Ethics Committee is mentioned in a disclosure, he/she is conflicted and should step aside to allow for an independent investigation.

The appointed Chairperson of the Ethics Committee, where possible, will notify the whistleblower and acknowledge receipt of the reported or suspected violation within 3 business days after lodging a concern.

Once it is determined that an investigation is required, these steps should be followed:

1. The appointed Chairperson of the Ethics Committee will assign a member of the committee, who will be the lead investigator, to commence with the investigations.
2. The appointed Chairperson of the Ethics Committee will outline an action plan depending on the people and issues involved as well as the severity of the disclosure, considering:

- What is the allegation?
  - What is the policy regarding these types of allegations?
  - Who is the complainant?
  - Was anonymity sought by the complainant?
  - What position does he or she hold?
  - Who is the accused?
  - What position does he or she hold?
  - Who should be interviewed and in what order?
  - Where should the interviews take place?
  - What possible issues may arise during the interview process?
  - Are there any supervisors or managers that need to be informed?
  - Does anyone need to be suspended to stop unlawful behavior?
  - What documents should be reviewed?
3. Properly gather and record any evidence in support of the investigation, including e-mails, reports, witness interview statements etc.
  4. Report on the findings.
  5. Take appropriate action in consultation with appropriate management and HR, for example disciplinary, civil or criminal action.
  6. Follow up with the whistleblower and provide feedback on the outcome of the investigation within two (2) months after the issue is disclosed.
  7. Take remedial action to address control weaknesses and share lessons learned.

## 8.1 Possible Outcomes

Possible outcome of the investigation may include;

- Disciplinary action (up to and including dismissal) and or legal action against the wrongdoer depending on the results of the investigation.
- No action if the allegation proves unfounded.

While the outcome any whistleblower is seeking cannot always be guaranteed, the Ethics Committee will try to deal with their concerns fairly and in an appropriate way. However, if the discloser is unhappy about the outcome of the investigation, they should make a further report to the Committee outlining their concerns. If there is a good reason to do so and particularly if there is new evidence, the concern will be re-investigated.

## 9. Reporting

The Ethics Committee will report regularly to the Director and the Board on issues of concern reported by the employees and the outcome of matters investigated.

At the conclusion of an investigation, the Chairperson will submit an Investigation Report of the findings to the Director or chair of the board, as appropriate:

The Investigation Report will contain the following:-

- a) The specific allegation(s) of Improper Conduct;

- b) All relevant information or evidence received and the grounds for accepting or rejecting them. Copies of interview transcripts and any documents obtained during the course of the investigation shall accompany the investigation report; and
- c) The conclusions and recommendations thereof.

The Director or chair of the board shall act in accordance with the recommendations of the investigation report.

## 10. Record keeping

At the end of the proceedings, all records of the investigations are surrendered to the Ethics Committee who must keep these records for a minimum period of seven (7) years after the completion of the proceedings and he/she must ensure that they are backed up.

## 12. Communication and Training Programs

The organization will communicate the whistleblower policy to all employees and stakeholders and provide training on the policy and related procedures. The organization will also periodically review and update the policy to ensure that it remains up-to-date with changes in legal and regulatory requirements and best practices.

Any reports of known or suspected misconduct received from non-Staff will be treated using the same principles.

