






NATIONAL BIOSAFETY AUTHORITY

WHISTLE BLOWING POLICY

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Whistle Blowing Policy Control

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FOREWORD

Employees are often the first to realize that there may be misconduct being carried out within the Authority. However, they may not express their concerns because of a presumption of being disloyal to their colleagues or to the Authority once such disclosure is done. It may also be due to fear of harassment or victimization. In these circumstances, it may be easier to ignore the concern rather than report what may actually be a malpractice.

The Authority is committed to the highest possible standards of openness, probity and accountability. In line with this commitment it is expected that employees, the Authority's stakeholders and/or customers, who have concerns about any aspect of the Authority's activities to voice their concerns.

In line with the Authority's commitment to open communication, this policy aims to provide an avenue for employees, stakeholders and customers to raise concerns and reassurance that they will be protected from reprisals or victimization. It is intended to encourage and enable employees to raise concerns within the Authority rather than overlooking what would amount to a malpractice.

The policy applies to all the Authority's employees, contractors working for the Authority, Authority's suppliers, service providers under a contract with the Authority and other stakeholders.

These procedures are in addition to the Authority's code of conduct, grievance procedures and other statutory reporting procedures. However, where this policy is in conflict with an Act enacted by the Parliament of Kenya, the Act will take precedence.

ABBREVIATIONS



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CEO-	Chief Executive Officer
DFA-	Director, Finance and Administration
DTS-	Director, Technical Services
GMO-	Genetically modified organism
LCA-	Legal and Corporate Affairs
NBA-	National Biosafety Authority
CPC-	Corruption Prevention Committee
EACC-	Ethics and Anti-Corruption Commission
IAO-	Integrity Assurance Officer



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1. INTRODUCTION

1.1. Our Vision

A World-class Biosafety Agency.

1.2. Our Mission

To ensure and assure safe development, transfer, handling and use of genetically modified organisms (GMOs) in Kenya.

1.3. Our Core values

- a) Integrity
- b) Professionalism
- c) Transparency
- d) Accountability

1.4. Our core functions

The Biosafety Act, 2009 mandates the Authority to:

1. Consider and determine applications for approval for the development, transfer, handling and use of genetically modified organisms, and related activities in accordance with the provisions of the Biosafety Act;
2. Co-ordinate, monitor and assess activities relating to the safe development, transfer, handling and use of genetically modified organisms in order to ensure that such activities do not have adverse effect on human health and the environment;
3. Co-ordinate research and surveys in matters relating to the safe development, transfer, handling and use of genetically modified organisms, and to collect, collate and disseminate information about the findings of such research, investigation or survey;
4. Identify national requirements for manpower development and capacity building in biosafety;
5. Advise the Government on legislative and other measures relating to the safe development, transfer, handling and use of genetically modified organisms;
6. Promote awareness and education among the general public in matters relating to biosafety; and
7. Establish and maintain a biosafety clearing house (BCH) to serve as a means through which information is made available to facilitate exchange of scientific, technical, environmental and legal information on, and experience with, living modified organisms;



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8. Perform any other function which is incidental to the performance of any of the foregoing functions.

1.5. Background

National Biosafety Authority is committed to ensuring the highest possible ethical and professional standards are achieved in delivering the services it provides. To this end, this policy demonstrates the Authority's commitment to recognize and take action in respect of malpractices, illegal acts or omissions by its employees or ex-employees. It is the responsibility of all the staff to report such matters that might compromise this objective as soon as they become aware of it.

It is important for The Authority to develop a whistle blowing policy and procedures to protect staff who, acting in good faith discloses information about the Authority and its activities or those of any of its staff or officers which might be considered as fraudulent or corrupt. This policy and procedures has been developed to support and assist staff in bringing genuine concerns to the attention of appropriate people within the Authority who are mandated to initiate investigations into matters raised.

1.6. Purpose:

This policy is designed to;

- a) Support the Authority's core values of integrity, professionalism, transparency and accountability.
- b) Ensure employees can raise concerns without fear of suffering retribution.
- c) Provide a transparent and confidential process for dealing with concerns.

1.7. Scope:

This policy applies to all staff and officers of the Authority, including permanent and temporary staff, attachees and all other stakeholders.

It is recognized that situations may arise when it is not appropriate or staff feel unable to report some incidents through the usual Management channels.

These incidents may include, inter alia:

- a) Suspected fraud or corruption.
- b) A criminal offence is, has or is likely to be committed.
- c) Disregard for legislation e.g. Public Officers Ethics Act and the Constitution



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- d) A breach of code of conduct.
- e) Damage to the environment.
- f) Breach of the standing financial rules and regulations.
- g) Showing undue favor over a contractual matter or to a job applicant.
- h) Where evidence may be concealed or destroyed.

2. RESPONSIBILITY:

2.1. All staff have the responsibility to ensure that the best possible ethical standards are achieved and to act in accordance with their professional codes of conduct. The staff is advised to:

- a) Report to an appropriate staff member as outlined in this procedure, any concerns which might compromise the rules contained in the code of conduct.
- b) Raise concerns in good faith with the true belief that a malpractice has occurred.
- c) Not raise concerns with any malicious intent or vexatious nature.
- d) Put such concerns through an appropriate officer.

3. THE POLICY

3.1. Safeguards

The Authority recognizes the difficulty staff may face in voicing concerns and thus assures them of support and confidentiality during the investigation process. Harassment or victimization for reporting concerns under this policy will not be tolerated since due protection will be accorded to a concern raised in good faith. Where the Authority concludes that false or malicious allegations have been made it may be necessary to take action under the Authority's disciplinary procedures against the complainant.

The Authority will not allow any retaliation or discrimination by its employees of any kind against any employee who submitted a complaint in good faith. Specifically, the Authority will not discharge, demote, suspend, threaten, harass or in any other manner discriminate or retaliate against any employee who lawfully provides information to the Authorities regarding any conduct which the employee reasonably believes constitutes a violation of Anti-Fraud Laws or participates in or otherwise assists with proceedings relating to such potential violations by the Authority or employees.



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3.2. Confidentiality

The Authority will protect the confidentiality of all matters raised by concerned employees. In case of any breach of confidentiality the employee raising concern may take the appropriate action under the Authority's grievance procedures.

3.3. Anonymous Allegations

To the extent possible, any complaint should be factual rather than speculative, and should contain as much information as possible to allow for proper assessment. Concerns expressed anonymously will be explored appropriately but consideration will be given to;

- a) The seriousness of the raised issues.
- b) The credibility of the concern and
- c) The likelihood of confirming the allegation

Anonymous allegations can be reported through the confidential reporting email: whistleblowing@biosafetykenya.go.ke

3.4. Untrue Allegations

There will be no adverse consequences if a staff member makes an allegation in good faith but it is not confirmed by the investigation. No action will be taken against him/her. If however, an employee is found responsible of making allegation maliciously, in bad faith or for personal gain, disciplinary action may be taken against him/her.

4. PROCEDURE

This procedure is meant to give everyone an effective way to raise a concern within the Authority (if possible resolve it internally).

4.1. The Responsible Officer

The Chief Executive Officer shall nominate a "**Designated Officer**" for the purposes of maintenance and operation of this policy.

Records of (all written statements along with the results) any investigations relating thereto shall be kept safely and securely. It is illegal and against the Authority's Policy to destroy any records that may be



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subject to or related to an investigation by the Authority. This procedure is subject to monitoring and shall be reviewed from time to time as need arises.

4.2. Reporting Offices

Depending on the nature of concern, a staff member may report suspected cases to any of the following:

- a) Chair of the Board
- b) Board of Directors
- c) Chief Executive Officer
- d) Legal Officers/Corporate Secretary
- e) Heads of Division
- f) Integrity Assurance Officers
- g) Corruption Prevention Committee
- h) Designated Officer.

If the staff member prefers to remain anonymous, he/she may report through the confidential reporting email address: whistleblowing@biosafetykenya.go.ke

4.3. Whoever receives the information has a duty to:

- a) Treat the concern in a confidential manner.
- b) Consider them carefully and undertake an investigation.
- c) Understand the difficult position a member of staff may be in.
- d) Seek appropriate advice.
- e) Take appropriate action to resolve the concern or refer it on to an appropriate person.

4.4. Raising A Concern Internally.

One can raise a concern orally, (i.e. face to face or over the phone) or in writing. If written, the envelope shall be marked '**Whistle-Blowing**' and if the concern is of a serious nature, one can hand deliver the envelope to the person one wishes to report to, send it by post or drop it at a designated drop box in the Authority's premises. If an employee wishes to discuss the matter orally, he or she should indicate this in the submission and include a telephone number at which he or she might be contacted.



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The complainant should identify or provide as much evidence as to the extent known or available to him/her.

The person (s) receiving the concerns will be required to investigate the allegations thoroughly.

Although one may not be expected to prove beyond reasonable doubt the truth of an allegation, he/she may need to demonstrate that there is a reasonable ground of concern.

4.4.1. Channels of Raising a Concern Internally.

4.4.1.1. Raising a concern through Head of Department.

An officer should normally raise concerns about wrongdoing and malpractice with his/her immediate Supervisor first, who will notify the matter to the Designated Officer.

4.4.1.2. Raising a concern through Designated Officer .

An officer may also notify the Designated Officer directly if he/she considers it more appropriate to raise their concern, in the first instance, to the Designated Officer.

4.4.1.3. Raising a concern through the offices stated at 4.2

If an Officer consider it more appropriate to raise his/her concern, in the first instance, to any of the offices stated at 4.2, other than the Head of Department or Designated Officer, then they should do so.

4.5.How The Authority Will Respond.

One of those named in 4.2 will first decide whether to carry out an investigation and determine which procedures are appropriate to use.

An independent inquiry, internally or externally may be formed to investigate the matter.

One may be interviewed by the person or persons investigating the matter.

Some concerns may be resolved by agreed action without need for an investigation. If urgent action is required, this will take place before an investigation is undertaken.

4.6.Possible Outcomes After Reporting A Concern

The following actions may be taken after investigation of the concern:



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- a) Disciplinary action (including dismissal) against the wrongdoer dependent on the results of the investigation; or
- b) Disciplinary action (including dismissal) against the whistleblower if the claim is found to be malicious or otherwise in bad faith; or
- c) No action if the allegation proves unfounded.

4.7.If You Are Not Satisfied With The Authority's Response

If one is unsatisfied with the outcome of the investigations, he/she is entitled to consider forwarding the concern to the following:

Ethics and Anti-Corruption Commission (EACC),

Commission for Administrative Justice (CAJ,

Or any other relevant Institution.

5. APPENDICES

5.1. Forms

5.1.1 NBA/LCA/SOP-002-F1: Complaints form

6. REFERENCES

6.1. NBA Human Resource Manual

6.2. NBA Code of Ethics

6.3. Constitution of Kenya

6.4. Witness Protection (Amendment) Act 2010

Appendix III: Document change history

Supersedes Revision	Revisions/Reason for Change/Rationale	Current revision	Reviewer's name
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