



**FAMILY MEDICAL POINT**

*"De curis, et de malis, audit"*

## **WHISTLE BLOWING POLICY**

**JUNE, 2020**

[www.familymedicalpoint.org](http://www.familymedicalpoint.org)

## 1. Introduction

Family Medical Point (FMP) is a not-for-profit organization that advocates, promotes and provides rights-based comprehensive sexual and reproductive health services to young people, women, marginalized hard-to-reach and forgotten communities. We enhance access to life saving healthcare services, particularly comprehensive SRH services among minorities, key populations, marginalized communities and young people. We promote health in schools and empower women and girls to realize their full potential.

We are committed to conducting our business with honesty and integrity and we expect all staff to maintain high standards in accordance with our policies and procedures. However, all organizations face the risk of things going wrong from time to time or of unknowingly harboring illegal or unethical conduct. A culture of openness and accountability is essential in order to prevent such situations occurring or to address them when they do occur.

## 2. Purpose

The purpose of this policy is to:

- prevent malpractice by the organization, its employees, agents and partners;
- encourage staff to report suspected wrongdoing as soon as possible in the knowledge that their concerns will be taken seriously and investigated as appropriate and that their confidentiality will be respected;
- provide staff with guidance as to how to raise those concerns; and
- encourage and enable staff to raise serious concerns within the organization rather than ignoring a problem or 'blowing the whistle' outside.

## 3. Scope of the Policy

This Whistle blowing policy applies to everyone who carries out work for FMP including:

- All employees, volunteers and interns;
- Community Health Advocates;
- Partners;
- Consultants;

## 4. Definition

In this policy 'Whistleblowing' means the disclosure of information which relates to suspected misconduct, unethical and illegal acts or failure to act within the organization's rules and procedures.

## 5. Grievances procedure

It should be noted that this policy is not our normal grievance procedure. If someone has a complaint about his/her own personal circumstances, then that person should use the grievances handling procedure stated in the Human Resource Manual. If someone has concerns about malpractice within the organization, then that person should use the procedure outlined in this policy.

'Malpractice' for the purpose of this policy refers to actions which may be:

- illegal, improper, or unethical;
- in breach of a professional code;
- fraud or misuse of public and organization funds; or
- acts which are otherwise inconsistent with the Staff Code of Conduct.

## 6. Protection of Whistleblowers

6.1. The management of FMP is committed to this policy. If the policy is used to raise a concern in good faith, assurance is given that the whistleblower will not suffer any form of retribution, victimization or detriment as a result of his/her actions.

6.2. Concerns will be treated seriously and actions taken in accordance with this policy. If the whistleblower asks to treat the matter in confidence, we will do our utmost to respect his/her request.

However, it is not possible to guarantee confidentiality. If the organization is in a position where it cannot maintain confidentiality and so has to make disclosures it will discuss the matter with the whistleblower first. Feedback on any investigation will be given and the organization will be sensitive to any concerns as a result of any steps taken under this procedure.

6.3. In some circumstances the management may decide that it ought to reveal the identity of the whistleblower in order to assist in the investigation into the matter. The whistleblower will be advised beforehand if this is the case.

## 7. How to raise your concern

### 7.1. Raising concerns internally

If someone is concerned about any form of malpractice, he/she should normally first raise the issue with his/her immediate supervisor. This may be communicated through written form as preferred. If the staff feel they cannot tell their immediate supervisor, for whatever reason, they should tell any person in senior management position or the Deputy Executive Director through available channels including email, telephone or face



to face meeting; notwithstanding the grievances handling procedure in the Human Resource Manual.

At whatever level someone raises the issue, he/she should declare whether he/she has a personal interest in the issue at the outset. If the concern falls more properly within the grievance handling procedure the manager will tell the person concerned.

## **7.2. Raising concerns externally (exceptional cases)**

The main purpose of this procedure is to give the opportunity and protection needed to raise concerns internally within FMP. FMP would expect that in almost all cases raising concerns internally would be the most appropriate action to take.

All reports of actual or suspected violations under this policy from outside FMP should be directed to the Office of the Deputy Executive Director or other designated office whose contact details shall be published on FMP's website. Internal FMP personnel may also use this option depending on the gravity or sensitivity of the matter.

However, if for whatever reason, one feels they cannot raise concerns internally and honestly believe the information and allegations are true, they should consider raising the matter with the appropriate regulator, depending on the nature of concern. The whistleblower needs to tell who she/he is because it will be much easier for management to look into the matter, to protect the person's position or to give her/him feedback. Accordingly, while we will consider anonymous reports, this procedure is not appropriate for concerns raised anonymously.

## **8. Details in Whistleblower's communication**

The person sharing communication on a suspected case of fraud, bribery or corruption would ordinarily be expected to share the following information where available so as to help inform the subsequent procedures:

- describe the what, how, when, where and by who;
- share available relevant documentation;
- share names of others person(s) who may be privy to the matter or the location of further relevant information; and
- share own contact for further follow up and preferred method of communication.

## **9. What FMP will do**

FMP will respond to the raised concerns as quickly as possible. The overriding principle for FMP will be the public interest. In order to be fair to all employees, including those who may be wrongly or mistakenly accused, initial enquiries will be made to decide whether an investigation is appropriate and, if so, what form it should take. The

investigation may need to be carried out under terms of strict confidentiality, i.e. by not informing the subject of the complaint until (or if) it becomes necessary to do so.

**10. Untrue Allegations**

No disciplinary or other action will be taken against a whistleblower who makes an allegation in the reasonable belief that it is in the public interest to do so even if the allegation is not substantiated by an investigation. However, disciplinary action may be taken against a whistleblower who makes an allegation without reasonable belief that it is in the public interest to do so (e.g. making an allegation frivolously, maliciously or for personal gain where there is no element of public interest).

**11. The responsible officer**

The Deputy Executive Director has overall responsibility for the maintenance and operation of this Policy.

**12. Monitoring**

A Register will record the following details:

- The name and status (e.g. employee) of the whistleblower
- The date on which the allegation was received
- The nature of the allegation
- Details of the person who received the allegation
- Whether the allegation is to be investigated and, if yes, by whom
- The outcome of the investigation
- Any other relevant details
- The Register will be confidentially kept by the Deputy Executive Director and only available for inspection by the Board members.

**13. Revision of this Policy shall be done on need basis.**

**Signed by:**

Board Chairperson ..... Date: .....

Executive Director ..... Date: .....

