



KAMUZU UNIVERSITY
OF HEALTH SCIENCES

Whistleblowing Policy

JUNE 2023

Name of Policy	Whistleblowing Policy
Policy No.	PL/C.3A.2
Effective Date	
Last Review	
Next Review	Every five years, with an initial one-year review
Council Approval Date	31 August 2023
Stakeholders Subjected to this Policy	Staff, students, consultants, vendors, contractors and/or any other parties with a business interest with the University.
Responsible Officer(s)	Registrar, University Ombudsman, Director of Student Affairs, University Legal Counsel
Responsible Office(s):	Vice Chancellor

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5. FOREWORD

Whistleblowing entails internal or external disclosure of malpractice and illegal acts or omissions at the University by staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University. This could include highlighting potential illegal activities within the University, failures to comply with legal obligations, miscarriage of justice, or reporting on risks to an individual's health and safety or the environment.

Understandably, staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University are sometimes hesitant to raise concerns or prefer to keep their concerns to themselves, believing that it is not of concern or based on an unsubstantiated suspicion. They believe that raising the issue would betray their colleagues, managers, or the University. They fear the consequences of speaking to the wrong person or raising an issue incorrectly, leaving them unsure about what to do next. They are also afraid of being harassed or victimised.

The Whistleblowing Policy encourages all staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University to act responsibly to protect their organisation's reputation, maintain public trust, and encourage an open culture within the University. This Policy is intended to ensure that serious concerns are appropriately raised and addressed within the University and is recognised as a critical tool in enabling the delivery of good governance practices.

I would like to encourage all stakeholders to support this Policy and ensure that it fulfils its aims and objectives for the benefit of all parties with a business relationship with the University.



Professor Francis Moto
Chairman of Council

6. PREFACE

Staff, students, consultants, vendors, contractors, and/or other parties with a business relationship with the University are frequently the first to notice that something is seriously wrong with the proper operation of the University. However, they may decide not to express their concerns because they believe that doing so would be disloyal to their colleagues or the University hence ignore rather than report the concerns. They may also be afraid of being harassed or victimised.

This Policy is intended to encourage and enable staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University and other individual stakeholders to raise serious concerns within the University rather than ignoring a problem or seeking a solution outside the University. This Policy is also meant to clearly state that, if any wrongdoing by the University or any of its staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University is identified and reported to the University, it should be investigated and remedied as soon as possible.

This Policy is an essential addition to the University's guidance as one of the University's values is integrity, which requires all parties with a business relationship with the University to adhere to the highest standards of honesty, fairness, respect, and professional and scholarly ethics.

I sincerely hope that all stakeholders shall continue to support the Council's efforts to make a difference in the University's governance and management standards by adhering to core values and disclosing malpractices.



Professor MacPherson Mallewa
Vice Chancellor

7. ACKNOWLEDGEMENTS

This Policy is the result of several players working together. Kamuzu University of Health Sciences has put in time and resources to make this work possible.

The drafting team's dedication to the development of the Policy is admirable. We sincerely thank the National Council for Higher Education for financial assistance in meeting the costs of developing this Policy.

The acknowledgement would be incomplete if the staff members who worked tirelessly in this work were not mentioned. Special mention is given to Mrs Esther Masi, Mrs Annie Namathanga, Mrs Lydia Mbewe, Mr Wilson Kumwenda, Mr Sunshine Kandiero, Mr Msungeni Salanje, Mr Humphreys Gunchi, and Dr Patrick Mapulanga. Mrs Rose Kadewa and Mrs Chrissy Chigwenembe deserve special recognition for logistical assistance.

Finally, the University would like to acknowledge the valuable input of Management and Council for their contribution to the policy.

8. DEFINITIONS

Adhoc Committee

A University committee formed to address a specific whistleblowing issue.

Concern

Actual or perceived wrongdoing that occurs, is about to occur, or has occurred in the past.

Criminal Offence

Any act that contravenes the penal laws.

Good Faith Disclosure

Disclosure of University-related misconduct made with a belief in the truth of the disclosure that a reasonable person in the whistleblower's situation could have believed based upon the facts. A disclosure is not in good faith if made maliciously with reckless disregard or wilful ignorance of facts that would disprove it.

Mutatis mutandis

Precedent or principle applied to a new situation but with some necessary changes or adjustments.

Prema facie

A situation in which sufficient evidence or information is available to establish a fact or make an initial judgment without the need for further investigation or evidence.

Retaliation

Any adverse action or credible threat of an adverse action taken by the University or member thereof in response to a whistleblower's good faith disclosure of University-related misconduct.

Responsible Officers Shall include the Registrar, Director of Student Affairs, University Ombudsman and University Legal Counsel.

Responsible Office Shall mean the office of the Vice Chancellor.

University-related misconduct

Any activity by a University department or staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University that is undertaken in the performance of official duties or student studies, whether or not such action is within the scope of the individual's employment or studies, and a violation of any law, legislation, or University regulation or policy, including corruption, bribery, theft of University property, fraud, coercion, conversion of University assets, discrimination, sexual harassment, academic dishonesty, and violations of civil rights.

Whistleblowing

Disclosing information that staff, students, consultants, vendors, or contractors with a business relationship with the University have obtained in confidence or otherwise in the course of discharging their duty or undertaking studies if the disclosure is of public interest.

Whistleblower

Any visitor, student, staff member, or other individual stakeholder who, in good faith, reports real or perceived University-related misconduct.

9. ABBREVIATIONS

DSA	:	Director of Student Affairs
KUHeS	:	Kamuzu University of Health Sciences
NCHE	:	National Council for Higher Education
UNIMA	:	University of Malawi
VC	:	Vice Chancellor

10. BACKGROUND

The Kamuzu University of Health Sciences (KUHeS) is committed to ensuring transparency, openness, ethical behaviour, and professionalism in its operations by, among other practices, setting up the Policy to enhance these values. Based on the experience of the old University of Malawi, a policy gap in the public and protected disclosure of malpractices was identified.

At the national level, the absence of a national legal framework for whistleblowing motivated the University to proactively enhance a culture of being responsible for reporting acts of malpractice, such as those covered under this Policy, among its community. Against this background, this Policy is among the fundamental policies of Kamuzu University of Health Sciences. The University intends to start and move forward on a footing of transparency, openness, accountability, and professionalism. The whistleblowing policy is one of the tools used to operationalise these values.

11. SCOPE

The Policy applies to staff, students, consultants, vendors, contractors, and/or other parties with a business relationship with the University. The Policy also applies to those who work for suppliers or provide services on behalf of universities.

Concerns to be reported under the Policy include unlawful conduct; fraud of any kind; academic dishonesty; operational, financial, or other malpractices; unacceptable behaviour towards staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University; unsafe working conditions or practices; and any action contrary to the University's business.

The Policy is not intended to conclude handling personal grievances concerning an individual's terms and conditions of employment, or any other matter that falls under the purview of another policy. Such complaints shall be handled in accordance with the Employment Act

(2000), Labour Relations Act (1996), Corrupt Practices Act (Amended) (2004), Public Finance Management Act (2022), KUHeS Act (2019), KUHeS Conditions of Service, and other relevant acts and policies.

If staff, students, consultants, vendors, contractors, and/or any other parties in a business relationship with the University are concerned about something they believe should be investigated, they should use this procedure. A staff member or student can report the following:

- a. A person has failed, is failing, or is likely to fail to comply with any legal obligations.
- b. A person has breached, is breaching, or is likely to breach KUHeS standing financial regulations, academic regulations, or other policies or standards that the University applies to;
- c. A criminal offence such as fraud or corruption has been committed, is being committed, or is likely to be committed;
- d. A person has used, is using or is likely to use unauthorised public or project funds;
- e. A person has shown, is showing, or is likely to show undue favour over a contractual matter or to a job applicant;
- f. A miscarriage of justice has occurred, is occurring or is likely to occur;
- g. The health or safety of an individual has been, is being or is likely to be endangered;
- h. The environment has been, is being or is likely to be damaged;
- i. A person who is sexually or physically abused is likely to abuse staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University;
- j. Any matter referred to in (a) to (i) has been, is being, or is likely to be deliberately concealed, and any other incidents not mentioned above.

12. RATIONALE FOR THE POLICY

KUHeS expects staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the

University to be honest and ethical in their conduct, comply with applicable government laws, KUHeS policies and regulations, deal fairly with other staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University, and protect and ensure the proper use of University assets.

The rationale for the development of a Whistleblowing Policy is as follows:

- a. to maintain professional excellency,
- b. to develop a culture where staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University feel comfortable sharing their concerns confidently and without fear of retribution.
- c. to learn about problems faster, potentially before incriminating details, impacts the press or an organisation's reputation.
- d. to assist KUHeS staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University in making a disclosure, should they encounter suspected wrongdoing.

13. KUHeS VISION

A world-class university and centre of excellence in health education, research, and innovation.

14. KUHeS MISSION

To advance knowledge, professional competencies, skills, and innovations in health sciences through high-quality student-centered and innovative education and research that responds to and influences the global/national policy, health, and development needs in an efficient, sustainable, and result-oriented manner.

15. AIM

The purpose of this Policy is to provide guidance and a means by which KUHeS staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University can raise

concerns with the appropriate University authorities if they have reasonable grounds for believing that severe malpractice has occurred or is likely to occur.

16. OBJECTIVES

The objectives of the Whistleblowing Policy are to:

- a. promote a culture of transparency and accountability in the University by encouraging staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship to report any misconduct or wrongdoing they witness or become aware of.
- b. prevent and detect academic misconduct such as plagiarism, research fraud, and other forms of academic dishonesty.
- c. protect the rights and interests of whistleblowers who report misconduct or wrongdoing from retaliation or victimisation by their peers or superiors.
- d. ensure compliance with regulatory and legal requirements by providing an avenue for reporting violations and breaches of laws and regulations.
- e. enhance the reputation and credibility of the University by demonstrating its commitment to ethical conduct, accountability, and transparency.

17. POLICY PRIORITY AREAS

The following are the Policy priority areas:

17.1 Policy Priority Area 1: Awareness

The Policy is anchored by a structured education, communication and awareness programme. The responsible officers and office shall ensure that all staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University are made aware of and receive appropriate training and education regarding the Whistleblowing Policy and Procedures.

17.2 Policy Priority Area 2: Protection/Safeguard

This Policy protects whistleblowers from raising concerns about good faith. The University shall not tolerate any victimisation or harassment of staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University.

17.3 Policy Priority Area 3: Confidentiality

All concerns raised under the Policy shall be treated in confidence, and the identity of persons raising their concerns shall be kept confidential as far as possible. The issue of confidentiality shall be discussed with staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University when raising their concerns. If they wish their identity to be concealed, it shall not be disclosed without their consent. However, if a concern cannot be resolved without revealing an identity (for instance, because evidence is needed in court), this shall first be discussed with the person raising the concern so that he/she is aware that his/her identity shall be revealed.

17.4 Policy Priority Area 4: Anonymity

The following procedures shall be followed:

- a. A staff member or student can report his/her concern anonymously. KUHeS shall appreciate anonymous concerns given in good faith, rather than not being told at all. The University shall take the necessary measures to reinforce anonymity to protect a whistleblower. An anonymous complaint box shall be set up in a private place on campus to protect the complainant's identity. The Complaints Form shall be accessible online through the portal or from the same place where the complaints box is.
- b. While anonymous reports shall not be ignored, it may not be possible to follow in some cases where concerns are raised anonymously. The assurance of confidentiality and intolerance of

reprisals shall minimise the need to raise concerns anonymously. Without an identity, it can be challenging to look into the cause for concern, protect someone's position, or provide feedback.

- c. The following factors shall be taken into account to pursue or not a concern expressed anonymously:
 - i. the seriousness of the issues raised;
 - ii. the credibility of the concern; and
 - iii. whether evidence can be found to support the allegation.

17.5 Policy Priority Area 5: Malicious allegations

Where an individual is believed, on reasonable grounds, to have made a malicious or vexatious allegation, and particularly where he/she persists in making them, the University Ombudsman shall consider it appropriate to act against the whistleblower under the terms of Conduct and Discipline contained in the Conditions of Service, Rules and Regulations governing students conduct or by taking other appropriate action in the case of external parties.

Dealing with malicious allegations involving whistleblowers can be complex and delicate, balancing the need to protect whistleblowers' rights and investigate potential wrongdoing. Here are some steps the University Ombudsman and the Legal Counsel can take to handle this situation.

- a. taking all allegations seriously: It is essential to take all allegations seriously and investigate them thoroughly, even if a whistleblower makes them. This helps to ensure that any wrongdoing is uncovered and addressed appropriately.
- b. protecting the whistleblower: Whistleblowers play a crucial role in uncovering misconduct and protecting the public interest. It is essential to protect whistleblowers from retaliation or harassment caused by false allegations.

- c. ensuring confidentiality: Whistleblowers often fear retaliation from their employers, so it is essential to maintain confidentiality during the investigation process to protect their identity.
- d. investigating the allegations: The investigation should be conducted fairly and objectively, with all parties involved, given the opportunity to provide evidence and present their case.
- e. taking appropriate action: If wrongdoing is found, appropriate actions should be taken to address the issue, including disciplinary or legal action.

17.6 Policy Priority Area 6: Retaliation

The University must ensure that whistleblowers who make a disclosure per the Whistleblowing Policy are protected. Where it is established that a whistleblower has suffered adverse treatment, harassment, or victimisation due to his or her disclosure, a further investigation shall occur, and disciplinary action shall be taken against the perpetrator as per the relevant University procedures, such as KUHeS Conditions of Service and any other relevant University policies.

18. GUIDING PRINCIPLES

The following guiding principles shall guide the Policy:

- a. Staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University have the right and duty to disclose information on any matter covered under this Policy to the University or any relevant external bodies.
- b. Whistleblowers shall not be penalised in relation to employment or student status due to having made or attempted to make a good faith disclosure under this Policy.
- c. Whistleblowers shall not be subjected to harassment or retaliation due to disclosure made in good faith under this Policy.
- d. All matters handled under this Policy shall be treated as confidential.

- e. Disclosures should be performed anonymously. However, a disclosure made in such a manner shall be considered at the discretion of the University with due regard to the following:
 - i. the seriousness of the issues raised
 - ii. the credibility of the concern
 - iii. the likelihood of confirming the allegation from attributable sources
- f. Staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University have an implied duty of confidence and loyalty to the University. As such, disclosures relating to University business should only be made to external bodies if the whistleblower reasonably believes that the University cannot handle the matter fairly or that it cannot resolve such matters.
- g. When an individual is believed, on reasonable grounds, to have made a malicious or vexatious allegation, and particularly where he/she persists in making them, it shall be considered appropriate to act against the whistleblower under the terms of Conduct and Discipline contained in the Conditions of Service or by taking other appropriate action in the case of external parties.

19. RESPONSIBILITIES

The following officers shall be responsible for the implementation of the Policy:

19.1 Vice Chancellor

The Vice Chancellor shall ensure that the concerns raised are dealt with fairly and in accordance with this Policy.

The Vice Chancellor shall specifically be responsible for the following:

- a. sanctioning further investigation of evaluated concerns based on the Responsible Officer's report, such sanctions shall include suspension, forced leave, or transfer to pave the way for

investigation if it is most likely that the exercise shall be interfered with.

- b. effectively dealing with cases of retaliation, whistleblower harassment or victimisation, and
- c. considering and implementing recommendations arising from the investigation.
- d. authorising disciplinary action in accordance with the terms of conduct and discipline contained in the Conditions of Service where it has been established that an individual has reported malicious concerns.

19.2 Responsible Officers

Responsible Officers shall ensure that members of staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University are aware of the Policy and scope of its application. They shall serve as the first point of contact in whistleblowing matters.

19.3 University Ombudsman

The University Ombudsman is an independent, neutral, and confidential resource for students, faculty, and staff with concerns or complaints about the University. In the context of the Whistleblowing Policy, Ombudsman can play several important roles and functions, including:

- a. providing confidential advice and support: The Ombudsman can provide confidential advice and support to individuals by blowing the whistle or who have already done so. The Ombudsman can help whistleblowers understand their rights and options and guide how to navigate the reporting process.
- b. facilitating communication: The Ombudsman can help facilitate communication between whistleblowers and other parties involved in the whistleblowing process, such as investigators, administrators, or legal counsel. The Ombudsman can help

ensure that all parties are aware of their roles and responsibilities and can help clarify misunderstandings or miscommunications.

- c. identifying and addressing systemic issues: The Ombudsman can help to identify and address systemic issues within the University that may contribute to concerns or complaints. By analysing trends and patterns, the Ombudsman can help the University identify areas for improvement and develop strategies to prevent future problems.
- d. promoting transparency and accountability: The Ombudsman can help promote a culture of transparency and accountability within the University by advocating for fair and just processes and ensuring that whistleblowers are protected from retaliation or other adverse consequences.
- e. providing feedback and recommendations: The Ombudsman can provide feedback and recommendations to University administrators regarding the effectiveness of the Whistleblowing Policy. The Ombudsman can help the University identify areas for improvement and develop strategies to enhance the overall effectiveness of the whistleblowing process.
- f. submitting a confidential report to the Audit Committee of the Council annually.

19.4 Registrar and Director of Student Affairs

- a. The Registrar and the Director of Student Affairs may play different roles in the Whistleblowing Policy.
- b. The Registrar shall be responsible for the following:
 - i. maintaining records related to whistleblowing complaints.
 - ii. tracking the progress of investigations.
- c. The Registrar shall ensure that any relevant information is shared with appropriate parties as needed.
- d. The Director of Student Affairs shall be responsible for

- i. investigating complaints related to student conduct
 - ii. coordinating with other University officials and law enforcement as necessary,
 - iii. ensuring that Whistleblowing Policy is followed throughout the process.
- e. The Registrar and the Director of Student Affairs shall provide appropriate training and education to staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University regarding the Whistleblowing Policy and procedures.
- f. The Registrar and the Director of Student Affairs shall develop and deliver training programs, disseminate information about policy and procedures, and support individuals who have raised concerns or complaints.
- g. The Registrar and the Director of Student Affairs shall create awareness to all stakeholders and shall ensure that training is available during the following orientation or induction, awareness sessions, and refresher courses.

19.5 Supervisors and Managers

Following a whistle blow, supervisors and managers shall cooperate and facilitate any investigation within their department, section, or unit.

19.6 Staff, Students and Individual Stakeholders

Staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University have the right and responsibility to disclose information, provided that there is a reasonable belief that malpractice or wrongdoing has occurred or is likely to occur.

19.7 Legal Counsel

The University Legal Counsel shall play an essential role in whistleblowing by providing legal advice and guidance to staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University. Here are some ways in which the University Legal Counsel can be involved in whistleblowing:

- a. advising on legal issues: The Legal Counsel shall provide advice on legal issues related to whistleblowing, such as the protection of whistleblowers, the rights and responsibilities of staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University, and the appropriate procedures for investigating and addressing allegations of misconduct.
- b. drafting procedures: The Legal Counsel shall work with the University administration to draft procedures related to whistleblowing, including codes of conduct, reporting procedures, and protection for whistleblowers.
- c. providing training: The Legal Counsel shall provide training to staff, students, consultants, vendors, contractors, and/or any other parties with a business relationship with the University on the legal aspects of whistleblowing, including their rights and responsibilities, and the consequences of making false allegations.
- d. conducting investigations: The Legal Counsel shall investigate misconduct allegations, mainly if the allegations involve legal issues or potential liability for the University.
- e. representing the University: The Legal Counsel shall represent the University in legal proceedings related to whistleblowing, such as defending against retaliation claims or addressing legal issues related to the investigation of allegations.

19.8 Institutional Integrity Committee (IIC)

- a. An Institutional Integrity Committee (IIC) for the University shall be responsible for promoting and maintaining high ethical standards and integrity within the University. The IIC shall serve as a mechanism to investigate, monitor, and ensure compliance with laws, regulations, and policies that govern the University's operations.
- b. The composition of the IIC shall include a mix of members with diverse backgrounds, skills, and expertise as follows:
 - i. one school member from the schools of the University.
 - ii. one member from the office of the Registrar to act as secretary to the committee.
 - iii. two student representatives from both undergraduate and graduate students, one of whom shall be female.
 - iv. the University's Legal Counsel
 - v. the University Ombudsman.
 - vi. the University Chaplain.
- c. The IIC is responsible for the following functions:
 - i. investigating allegations of unethical or illegal behaviour within the University.
 - ii. developing procedures to promote ethical behaviour and prevent misconduct.
 - iii. providing guidance and training to members of the University community on ethical issues.
 - iv. conducting reviews to assess the effectiveness of the University's compliance and ethics programs.
 - v. reporting the results of investigations to management and the Audit Committee of the Council.

- d. The management shall determine the terms of service for members of the IIC. Typically, the term of service for members shall be two years, with the option of reappointment for one additional term of office.
- e. The vice Chancellor shall appoint the Chairperson of the IIC. Terms in (d) shall apply *mutatis mutandis* to term of office for the Chairperson.
- f. The chairperson shall lead the committee's meetings, set the agenda, and ensure that the committee's work is aligned with the University's mission and goals.

20. PROCEDURES

Disclosures shall be submitted in writing or via email addressed to the Registrar, Director of Student Affairs, University Ombudsman, independent external service provider, face-to-face or telephone, providing all the information and indicating the type of resolution, redress, or remedy sought, as the case may be. Confidential reporting (identity disclosed) rather than anonymous reporting (identity not disclosed) shall be encouraged. Two stages shall be taken to handle the disclosures submitted under this Policy.

20.1 Internal Disclosure

The following stages shall be taken to handle internal disclosure.

20.1.1 Stage 1

- i. The whistleblower can disclose to the Registrar, Director of Student Affairs, University Ombudsman, or an independent external service provider, or use the anonymous complaint box.
- ii. If the Registrar or the Director of Student Affairs or University Ombudsman is involved in the matter or is conflicted in any way, or the individual feels they need to

report matters outside the University, the disclosure can be made to an independent external service provider.

- iii. Once a concern has been raised, the Responsible Officer(s) shall confidentially interview the whistleblower and inquire if they would be willing to reveal their identity and/or facilitate psychological support where applicable.
- iv. The Responsible Officer(s) shall initially evaluate the concern to determine whether there is a *prima facie* case to answer under the terms of this Policy, the seriousness and credibility of the concern, and whether evidence can be found to support the allegation.
- v. Apart from protecting the whistleblower, the initial assessment also helps the Responsible Officer determine whether an investigation is appropriate and, if so, what form it should take.
- vi. The Responsible Officer to whom a disclosure has been presented shall, within ten (10) working days of the concern being received, send a written response to:
 - acknowledge receipt of concern;
 - indicate how the matter shall be dealt with;
 - estimate how long it shall take to provide a final response;
 - indicate whether any initial inquiries have been made and whether further investigation shall take place.
 - explain reasons for not investigating further if that is the decision;
 - indicate when the whistleblower can expect to receive further details if the situation is not yet resolved.

20.1.2 Stage 2

- a. The Responsible Officer shall decide to take no further action if the concern appears trivial or malicious. Some concerns may be resolved by agreed-upon actions, without the need for investigation. All such decisions shall be reported to the Vice Chancellor.
- b. If the concern raised involves the Responsible Officers, the inquiry shall be conducted by an independent external service provider.
- c. If an investigation is required, the Responsible Officer(s) shall consult the Vice Chancellor to decide the method such an investigation should take. Among other possible options, the concerns raised may be:
 - i. investigated internally by the University Ombudsman or a specially constituted *ad hoc* team;
 - ii. referred to the external firm or forensic investigators or independent external service providers; and
 - iii. referred to the Police or other law enforcement agency.
- d. Referral to the police for criminal investigation and prosecution shall not prohibit parallel internal investigation and disciplinary action if deemed appropriate.
- e. The person or persons against whom the disclosure is made shall be informed of the matter and the supporting evidence. Any such person shall be allowed to respond before any investigation or further action is concluded. However, where such disclosure would jeopardise the success of an investigation, the person or persons against whom the disclosure is made may not be told prior to an initial investigation.

- f. The Responsible Officers shall report the outcome of any investigation to the Vice Chancellor, who shall oversee the implementation of endorsed recommendations from the investigations.
- g. If the investigation concerns the Vice Chancellor, the Audit Committee Chairperson shall oversee the implementation of the recommendations.
- h. The Legal Counsel shall ensure that the *ad hoc* team takes an oath of secrecy. The *ad hoc* team shall comprise the following:
 - i. one (1) Professor; who shall lead the team;
 - ii. one (1) senior female member of staff at the head of department level;
 - iii. one (1) senior male member of staff at the head of department level;
 - iv. one (1) representative from a recognised Trade Union/staff representative;
 - v. one (1) representative from a Students Council;
 - vi. one (1) member of staff co-opted depending on expertise;
 - vii. Registrar or his/her representative shall serve as secretary of the *ad hoc* team.
- i. Membership of two-thirds shall constitute a quorum, provided that one of the members present is the team lead. The *ad hoc* team shall:
 - i. ensure strict confidentiality of all matters brought to them for investigation;
 - ii. assess the disclosed information to establish an appropriate method of establishing facts;
 - iii. conduct independent inquiry to verify facts;

- iv. recommend ways of resolving the matter;
- v. determine whether alleged offenders have a case to answer against any University policy or law;
- vi. determine whether the whistleblower acted in good faith, where the investigation establishes no actionable case;
- j. The culprit shall have the right to be accompanied by a witness who shall provide support through the presence, consulting, and/or presentation of the matters during an inquiry;
- k. The outcome of the investigation shall be communicated to the whistleblower through the Vice-Chancellor's office or the Chairperson of the Audit Committee of the Council.

20.2 External Disclosure

The following stages shall be taken to handle external disclosures:

- a. After three months (3), when the whistleblower is not satisfied with the outcome of the matter, the whistleblower may report the matter to an external body with jurisdiction such as human rights, criminal law, or investigative powers.
- b. The whistleblower must ensure that external disclosures are performed in good faith by checking if:
 - i. there is an honest and reasonable suspicion
 - ii. the information/allegation is substantially true
 - iii. the disclosure is not made for personal gain
 - iv. the matter is severe

21. MONITORING AND EVALUATION

The Vice Chancellor shall be responsible for implementing and reviewing the Policy. University Ombudsman shall monitor the implementation of this Policy.

The Policy shall be reviewed initially after one year and every five years, unless there is a need to review the Policy before the expiry of this period.

22. FINANCIAL IMPLICATIONS

Successful implementation of this Policy requires a commitment of resources towards the structure, procedure, and interventions. More precisely, the University shall budget for and allocate resources towards:

- a. training of responsible officers.
- b. awareness activities, including the purchase and/or production of posters.
- c. engagement of external firm(s) for external disclosures on whistle blowing matters.