

KILIMANJARO CHRISTIAN MEDICAL UNIVERSITY COLLEGE

(A Constituent College of Tumaini University Makumira)

Whistleblowing Policy and Procedures-Revised

February 2022

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1.0 BACKGROUND

Kilimanjaro Christian Medical University College (KCMUCo) commits to performing its core mandate according to the highest standards of transparency, integrity, and accountability. One facet of accountability and transparency is the availability of a mechanism to enable employees, students, and clients of the College to voice concerns responsibly and effectively. When individuals discover information that they believe shows serious malpractice or wrongdoing within the College and its environment, then the information should be disclosed internally without fear of reprisal. Therefore, the College makes arrangements to allow such information disclosure to be done independently of line management. However, in some relatively minor instances, the line managers would be the appropriate person to be informed.

It is further steadfast to conduct its business responsibly and ultimately meeting the requirements of the regulatory bodies and furtherance compliance with relevant laws, rules, regulations, standards, and guidelines.

The Policy aims at assisting employees, students and other clients who discover malpractice or wrongdoing in the College. It is not intended to probe financial or operational decisions taken by the College management. Likewise, it should not be used to change decisions on matters already addressed under other College policies, procedures, and guidelines.

The Policy and procedure do not replace other policies and procedures such as Gender and Sexual Harassment Policy and Procedure, risk management and others, which specifically lay down statutory reporting procedures. Instead, it provides a complementary platform to implement some related policies better.

2.0 PURPOSE OF THE POLICY

This Policy is designed to enable staff of the College to raise concerns internally and at higher levels and to disclose information that they believe shows malpractice or impropriety. Specifically, the Policy aims to: -

- (a) Encourage College staff, including adjunct staff, students, service providers, and other persons with a contractual relationship or collaborators, to report suspected wrongdoing timely.
- (b) Provide a mechanism to report misconduct, dishonesty or illegal activity that has occurred or is suspected within the College.
- (c) Reassure staff, students, and other clients with a contractual relationship or collaborations with the College without fear of punishment to raise genuine concerns without fear even if they turn out to be mistaken.
- (d) Enable KCMUCo to deal with disclosed reports while protecting the identity of the Whistleblower and providing secure custody of the disclosed information.
- (e) Ensure that all Reportable Conducts are identified, and appropriate action is taken immediately.

(f) Ensure that the College practices and observes the highest ethical behaviour and integrity standards.

3.0 POLICY JUSTIFICATION

Successful Whistleblowing provides information that serves the public interest. Therefore, it is justified, among other things, when the information it conveys is of a presumptive interest for the public insofar as it reveals an instance of wrongdoing to the College or its staff. Thus, Whistleblowing will prevent serious harm to others, and the College, if they can do so with little cost to themselves but avoid complicity in wrongdoing. Most staff would want to speak up about potential wrongdoing they see at the College. Whistleblowing culture helps identify all manner of potential threats — including some threats, such as cybersecurity risks, that might not involve employee misconduct at all.

The policy regulates Whistleblowing and makes it easy for the staff, students, and other clients to disclose misconduct and guard the reputation of the College.

4.0 SCOPE OF THE POLICY

This Policy covers concerns that are in the public interest and may at least initially be investigated separately but might then lead to the invocation of other procedures, e.g., disciplinary. These concerns could include:

- (i) Financial malpractice, misconduct, or deception.
- (ii) Failure to comply with statutes and legal requirements.
- (iii) Danger to health, safety, or the environment.
- (iv) Criminal activity.
- (v) Improper conduct or unethical behavior.
- (vi) Attempts to conceal any of these.

The Policy is applicable to any person(s) who is/are, or has/have been, any of the following to the College: -

- (i) Staff (current and past).
- (ii) Adjunct staff
- (iii) Students (current and past).
- (iv) Contractor (including sub-contractors and employees of contractors).
- (v) Supplier (including employees of suppliers).
- (vi) Consultant (including employees of a consultant).
- (vii) Auditors.
- (viii) Relatives, dependents, spouses, or dependents of spouses of any of the above.

5.0 UNDERPINNING PRINCIPLES

The underpinning principles for this Policy are as follows: -

- (i) The College encourages staff students and other clients to **report any concerns** in line with its policies and procedures.
- (ii) The College **expectations** are that staff, students, and other clients will act honestly and ethically and make any disclosures on reasonable grounds.

- (iii) The College has a **responsibility** to Whistleblowers to **protect** them.
- (iv) The College maintains the **confidentiality** of all disclosures and fully protects the Identity of reporters without **consent** as much as possible.
- (v) The College **encourages** whistleblowers to **identify** themselves, but they may opt to report concerns **anonymously in extenuating circumstances.**

6.0 DEFINITION OF TERMS.

Unless the context requires otherwise, the following terms shall have the following meaning: -

"Detrimental Conduct" means actual or threatened conduct (without limitation) such as; termination of employment, injury to employment including demotion, disciplinary action, termination of position or duties, discrimination, harassment, bullying or intimidation, victimization, harm of any kind, injury, damage to a person's property, reputation, business, or financial position, and any other damage to a person.

"Malpractice" means improper, illegal, or negligent behavior from staff and other clients that occurs in the College working environment.

"Reportable Conduct" means any past, present, or future activity, behaviours or situation considered wrongdoing. It relates to staff or Management's conduct, but it can also relate to students' actions, third parties, such as a donor, collaborator, customer/client, supplier, or service provider.

"Whistleblower" means an individual who raises a concern or discloses wrongdoing in the College.

"Whistleblowing" means disclosing information from a public or private entity to reveal cases of wrongdoing that is of urgent or potential danger to the public.

7.0 ABBREVIATIONS AND ACRONYMS.

DHRMA Department of Human Resources Management and

Administration

DPA Deputy Provost Administration

DPAA Deputy Provost for Academic Affairs

HHRMA Head of Human Resources Management and Administration

KCMUCo Kilimaniaro Christian Medical University College

8.0 POLICY STATEMENTS

8.1 Reportable Conduct

- (a) Staff or any other persons can make a report or disclosure under this Policy when he/she has sufficient evidence to conclude that an officer, a student, staff, a contractor, a supplier, a consultant, or any other person who has a business relationship or otherwise, with the College has engaged in a Reportable Conduct which is: -
 - (i) Dishonest, fraudulent, or corrupt.
 - (ii) A financial and procedural irregularity.
 - (iii) Illegal (like theft, transactions of illicit drugs, violence or threatened violence and criminal property damage).
 - (iv) Unethical, including any breach of the College policies such as the Code of Conduct.
 - (v) Oppressive or grossly negligent.
 - (vi) Potentially damaging to the College, its staff or third parties.
 - (vii) Misconduct or any improper state of affairs.
 - (viii) Dangerous or represents danger to the public or the financial system.
 - (ix) Harassment, discrimination, victimization or bullying.
 - (x) An actual or suspected criminal offence.
 - (xi) A serious health and safety risks,
 - (xii) Academic malpractice.
 - (xiii) A deliberate suppression or concealment of any of the above.
- (b) Any disclosures that do not fall within the definition of Reportable Conduct will not qualify for protection under this Policy. The College will have discretion whether it considers there is a reasonable suspicion that Reportable Conduct is occurring.
- (c) To avoid doubt, Reportable Conduct does not include work-related personal grievances. Work-related personal grievances are grievances about the former or current employees of an employer, with implications for that person personally but do not have broader implications for the College. The following are examples of personal work-related grievances: -
 - (i) An interpersonal conflict between an employee and another staff.
 - (ii) A decision to engage, transfer, or promote the employee.
 - (iii) A decision on the terms and conditions of employment of the staff.
 - (iv) A decision to suspend, terminate the engagement or discipline the staff member.
- (d) Personal work-related grievances should be reported to the Head of Human Resources Management and Administration.

8.2 Making a Disclosure

- (a) The College shall appoint a Whistleblowing Officer under the Department of Human Resource Management and Administration (DHRMA).
- (b) The College relies on its employees and clients in maintaining a culture of honest and ethical behavior. Thus, if a staff member becomes aware of any reportable conduct, it is expected that shall disclose under this Policy. There are

several avenues for staff to report or disclose any issue or behavior considered Reportable Conduct. Serious concerns shall usually be reported to the relevant Head of Department/Unit or suspected theft or fraud to the Chief Internal Auditor. Where this is not felt to be appropriate, a report may be made orally or in writing to any one of the following: -

- (i) The Provost.
- (ii) The Deputy Provost Administration.
- (iii) The Deputy Provost for Academic Affairs (DPAA).
- (iv) Head of Human Resource Management and Administration (HHRMA).
- (v) Whistleblowing Officer (See Appendix 1).
- (c) Anonymity: A Whistleblower may do so anonymously when making a disclosure. It may, however, be difficult for the College to investigate matters disclosed if a report is submitted anonymously. Therefore, the College encourages Whistleblowers to share their Identity when making a disclosure (See section 8.4).

8.3 Protection of Whistleblowers

The College commits to ensuring that anyone who discloses is protected and treated fairly and does not suffer detriment. It further ensures that confidentiality is preserved in respect of all matters raised under this Policy, provided that the concerns are made: -.

- (i) In good faith.
- (ii) In the reasonable belief of the individual disclosing that it shows malpractice or impropriety and if the disclosure is made to an appropriate person (see below).

It is important to note that no protection from internal disciplinary procedures is offered to those who choose not to use the procedure. In an extreme case, malicious or wild allegations could give legal action to the persons complained about.

(a) Protection from legal action: The College shall not subject any whistleblower to civil, criminal, or administrative legal action for making a disclosure or participating in any investigation under this Policy. Any information provided by the Whistleblower will not be admissible in any criminal or civil proceedings other than for proceedings regarding the validity of the information.

(b) Protection against Detrimental Conduct.

The College shall not engage in 'Detrimental Conduct' against the Whistleblower if he/she has disclosed under this Policy. Thus, the College shall: -

- (i) Strictly prohibit all forms of Detrimental Conduct against any person involved in an investigation of a matter disclosed under this Policy in response to their involvement in that investigation.
- (ii) Implement all appropriate steps to protect the Whistleblower from Detrimental Conduct and take the necessary action where such conduct is identified.

- (iii) If appropriate, allow the Whistleblower to perform his/her duties from another location, reassign him/her another role (at the same level), or make other modifications to the Whistleblower's workplace, or obligations to protect him/her from the risk of detriment.
- (v) In case of protection weakness and the Whistleblower is subjected to detrimental conduct because of disclosing or participating in an investigation under this Policy, he should immediately inform the appropriate Officer of the College following section 8.2 above.

(d) Protection of Confidentiality

The College shall treat all claims in confidence and make all efforts to conceal a Whistleblower's Identity unless the whistle-blower otherwise requests and observing the following: -

- (i) If the matter is subsequently subjected to other College procedures such as disciplinary proceedings, the allegation may at that time already be known to the public. In that case, the Whistleblower may be disclosed to the respective disciplinary committee members.
- (ii) If the allegation results in court proceedings, the Whistleblower's identity protection will follow suit as per the court procedure, regulations, and mechanism of handling such matters.
- (iii) Without the Whistleblower's consent, any disclosure of his/her Identity to anyone other than the person involved in the investigation of the allegation or member of the respective committee will be construed as misconduct, and disciplinary proceeding against disclosing person may be initiated.
- (iv) If the Whistleblower is concerned that his/her Identity was disclosed without consent, he/she should immediately inform the appropriate officer of the College following section 8.2 above.

8.4 Anonymous Allegation(s).

Fair and due process requires that the alleged perpetrator(s) be informed of the allegation against them and allowed to respond to them. Therefore, the College, in most cases, may not be able to investigate anonymous complaints or whistleblowing reports. Notwithstanding the aforesaid, allegations made anonymously may be considered at the discretion of the College. In exercising discretion to accept an anonymous accusation, the following factors may be considered: -

- (i) The seriousness of the issue that was raised.
- (ii) The reliability of the allegation.
- (iii) The allegation can be investigated realistically from factors or sources other than the complainant.

8.5 Untrue Allegation(s).

The College shall not institute disciplinary or other action against a whistle-blower who makes an allegation believing reasonably that it is in the public interest to do so, even if an investigation does not substantiate the allegation. Notwithstanding the aforesaid, a Whistleblower who makes an allegation without satisfying that it is

in the public interest to do so may have disciplinary action taken against him/her (e.g., making frivolous, malicious, or a personal gain allegation when there is no element of public interest).

9.0 WHISTLEBLOWING PROCEDURES

9.1 Procedure for Disclosure

- (i) The College wishes to promote a culture of openness and, therefore, belief that staff and other clients will raise any concerns with their supervisor or senior College official in most cases. The concerns can be submitted in person or writing. It is hoped that this will find a quick and effective resolution. In some cases, the Dean/Director/Head of Department/Unit may feel that the concern should be referred to the Whistleblowing Officer. In these circumstances, the Head of Department/Unit will discuss this with the Whistleblower before making the referral.
- (ii) Where the matter is more severe or has been raised to the Dean/Director/ Head of Department/ Unit and the individual feels that the concern has not been addressed or the individual prefers not to raise it with the Dean/Director/Head of Department/Unit, the individual may submit a claim directly to anyone mentioned in Section 8.2 (a)-(e).
- (iii) After receiving a Whistleblower's concern, the Whistleblowing officer will invite the Whistleblower to a meeting. In the absence of the Officer, an authorized nominee will discuss the matter with the Whistleblower. Under this Policy, the Whistleblower may be accompanied to any such meetings by any trade union member or another representative. The Whistleblower and their representative are expected to maintain the confidentiality of the concern raised and any subsequent investigation, recommendation, or action.
- (iv) After the concern has been raised, the Whistleblowing Officer will conduct an initial assessment to determine the scope of any investigation. Additional information may be required to assist in making the initial assessment, which may require the Whistleblower's attendance at additional meetings.
- (v) The College shall provide the Whistleblower with a written summary of the concern raised and how it intends to deal with the matter.
- (vi) Where the Whistleblower is unsure how to raise a concern at any stage, he/she may get independent advice from a trade union representative or any College officer as necessary. However, in any case, the Whistleblower will be required to fully explain information or circumstances that gave rise to the concern.

9.2 Procedures to Take After Receipt of a Disclosure/Concern.

Once the concern has been reported, it will be assessed in detail to consider appropriate action. The assessment may involve an informal review, an internal investigation or formal inquiry. The College will inform the Whistleblower which Officer(s) will be handling the matter, how to contact them and what further

assistance may be received.

If the Whistleblower has any personal interest in the matter, he/she will be required to disclose the same onset. If the College think the concern falls properly within our grievance, harassment and bullying, or other relevant procedure will inform the Whistleblower accordingly (See Appendix 3).

The following stages will generally apply (see Appendix 2 for summary flowchart):

Stage 1

The concern about a risk, malpractice or wrongdoing at work should be raised first to the Head of Department/Unit, verbally or in writing. The Trade Union Representative, a friend, or a colleague at this stage, may be involved, provided that person is not engaged in the investigation.

Head of Department/Unit shall help to create a climate where staff feel free to talk in confidence without the threat of intimidation against them. A preliminary investigation shall be conducted by the Head of Department/unit to identify the nature of the issue.

Stage 2

In the event stage - 1 of the investigation and any resulting action is unable to resolve the matter, or if a concern targets the immediate supervisor, the staff should raise the concerns with the Head of Human Resource Management and Administration (HHRMA), who will refer the case to the Whistleblowing Officer who is designed person under this Policy.

Once concerns are raised, the Whistleblowing Officer will arrange an initial interview which will be confidential to ascertain the areas of concern. During this stage, the Officer will ask the Whistleblower if he/she would like his/her Identity disclosed and reassured that will be protected from any possible victimization. The office will also ask the Whistleblower if she/he wishes to make a written statement. In either case, the Whistleblowing Officer will write a summary of the interview, which both parties will agree upon (See Appendix 1&2).

The Whistleblowing Officer will report to the DPA, responsible for commissioning any further investigation within the College.

9.3 The Formal Investigation

(i) A formal investigation may be conducted when the disclosure is very serious or complex. This will be done while observing strict confidentiality; without

disclosing the subject of the disclosure until it is necessary to do so. Notwithstanding the aforesaid, such allegations may have to be considered immediately in some instances.

- (ii) The Whistleblowing Officer will offer to keep staff involved well informed about the investigation and its outcome. Where the investigation finds a case to be answered by any individual or where disciplinary action is imperative, the KCMUCo Charter and Rules, 2010 will be invoked to trigger the normal disciplinary procedure. Suppose the investigation finds no case to answer, but the employee had a genuine concern and did not act maliciously. In that case, the Whistleblowing Officer will ensure that the employee suffers no reprisals, and the matter will be closed.
- (iii) If the investigation finds no case to answer, but there is proof that the allegation was frivolous, malicious, or for personal gains, disciplinary action will be taken against the Whistleblower.
- (iv) The matter will be executed within fourteen (14) working days in stage 1 and completed within thirty (30) working days in stage 2.

9.3.1 Investigation Procedure.

The investigating Officer shall follow these steps:

- (i) To obtain detailed clarifications of the complaint.
- (ii) The Whistleblower must disclose at the onset any personal interest he/she may have in relation to the matter being investigated. This must include full disclosure of any Whistleblower's involvement in the matter.
- (iii) The investigating Officer should inform the member of staff against whom the complaint is made within seven (7) days from receipt of the complaint. The staff will be allowed to answer and defend the allegations and informed that he/she has the right to be accompanied by a representative from the workers' trade union or another representative of his or her choice.
- (iv) If the investigating Officer considers the involvement of the Police at this stage is necessary, shall first consult the Provost.
- (v) The investigating Officer should thoroughly investigate the allegations with the assistance, where appropriate, of other individuals/bodies.
- (vi) The investigating Officer will judge the complaint and its validity through recommendation. A detailed judgment containing the investigation results and the reasons for making such a judgment shall be provided as a written report. The report will be submitted to the HHRMA for onward transmission to the DPA for disciplinary action according to the KCMUCo Staff Regulations.
- (vii) If the complaint is justified, the Provost shall invoke the disciplinary procedures as per the College Charter and Rules, 2010 and KCMUCo Staff Regulations.
- (viii) The complainant should be kept informed of the progress of the investigations and, where appropriate, the outcome of the process.

- (ix) A copy of the investigation and decision will be given to the Chief Internal Auditor to review the procedures.
- (x) In case the Whistleblower is unhappy with the investigation by the investigating Officer, he/she will have the right to raise his/her grievances in confidence to DPA.

9.3.2 Procedures for Complaints against the Top Officers

- (i) The Provost: If the concern is against the Provost, the reference should be made to the Chairman of the College Governing Board or to any member of the College Governing Board who shall present the matter to the Chairperson within seven (7) working days after receipt for further action.
- (ii) The Deputy Provosts: Where there is a concern is against Deputy Provosts, the reference shall be made to Provost and where the concern is against Deputy Provosts or Dean/Director/Head of Department/Unit, and the Provost is implicated, the matter shall be reported to the Chairperson of the College Governing Board or to any member of the College Governing Board (CGB) who shall present the matter to the Chairperson within seven (7) working days after receipt for further action.

9.3.3 Raising Concerns with Outside Bodies

- (i) This Policy provides a vehicle to ensure that staff are aware of how to make a disclosure internally and to see that actions are taken promptly by the Management to remedy wrongdoing situations. Thus, the Policy intends to give the College staff and other clients the confidence to raise concerns internally.
- (ii) If the investigation finds the allegations unfounded and all internal procedures are exhausted, but the complainant is dissatisfied with the investigations' outcomes, the College will recognize the Whistleblower's rights under the law to make disclosures to other external competent authorities, including Police.
- (iii) The College also recognizes that the Whistleblower may wish to continue raising their concerns using other avenues, including media, after taking advise. However, the Whistleblower is cautioned that this action, if done unjustifiably, could result in disciplinary action against him/her since this could undermine public confidence in the service rendered by the College.
- (iv) However, disclosure to competent organs, including Police and the media, may attract statutory protection from victimization/other detriments where all the following apply:
 - (a) He/she has an honest and reasonable suspicion that the malpractice/wrongdoing has occurred, is occurring, or is likely to occur;
 - (b) He/she honestly and reasonably believe that the information and a n y allegation contained in it are substantially accurate;
 - (c) The reporting was not made for personal gain;
 - (d) The concern has been raised to the College, and there was a reasonable belief of victimization and/or cover-up);

(e) The matter was exceptionally serious.

10.0 INDEPENDENT ADVICE

If the Whistleblower is unsure whether to use this Policy or want confidential advice at any stage, may contact any of the following:

- (i) Trade Union or Professional Organization within the College; or
- (ii) HHRMA.

11.0 DUTIES AND RESPONSIBILITIES

- (i) The Provost: Assisted by his/her deputies, ensures that all concerns raised are dealt with fairly and thoroughly following the Policy.
- (ii) Deans/Directors/Head of Department/Unit: All are responsible for ensuring that staff are aware of the Policy and its application and creating an environment where staff can express concerns freely and without fear of reprisal.
- (iii) The Whistleblower: Is responsible for raising concerns if s/he has a reasonable belief that malpractice and/or wrongdoing has occurred.
- (iv) Whistleblowing Officer: Shall be responsible for handling concerns raised by Whistleblower properly and expedite according to this Policy.

12.0 TRAINING REQUIREMENTS.

The College imposes no mandatory training requirements for the implementation of this Policy. However, tailor-made training on implementing this Policy will be coordinated by HHRMA, and it is a pre-requisite during new staff and students' induction.

13.0 MONITORING AND COMPLIANCE.

- (i) The College shall continuously monitor and evaluate the effectiveness of this Policy to ensure the achievement of objectives, strategies, and targets set out in the Strategic Plan. The monitoring and evaluation of the Policy will be conducted quarterly based on the annual action plan. The College shall develop an annual action plan containing activities to be implemented. Key Performance Indicators shall also be well developed and timeline for each activity.
- (ii) HHRMA is responsible for collecting details of any cases dealt with under this procedure and will present an aggregated report annually to the Human Resource and Students Affairs Committee (HRSAC). The report will outline the nature of concerns and the outcomes in a form that does not endanger the employee's confidentiality.

14.0 RELATED GOVERNANCE TOOLS.

- a) KCMUCo Financial Regulations
- b) KCMUCo Ant bribery and Corruption
- c) KCMUCo Financial Policy and Procedures
- d) KCMUCo Staff Regulations and Conditions of Service
- e) KCMUCo Schemes of Service
- f) KCMUCo Fraud Management Policy and Procedures
- g) Accounting Manual
- h) KCMUCo Gender and Sexual Harassment Policy and Procedures

- i) KCMUCo Clients Service Charter
- i) Risk Management Framework
- k) Risk Register

15.0 OVERALL RESPONSIBILITY FOR IMPLEMENTATION

The overall responsibility of ensuring implementation of this Policy is vested upon the Provost.

16.0 REVISION

The Policy will be reviewed after three (3) years to keep it appraised with new changes.

17.0 APPROVING AUTHORITY

The approving authority of this Policy shall be the College Governing Board

18.0 CONTACT FOR FURTHER INFORMATION

For further information, please contact:

Provost.

Kilimanjaro Christian Medical University College (KCMUCo)

P.O. BOX 2240,

MOSHI-KILIMANJARO

Email: info@kcmuco.ac.tz

WEBSITE: http://www.kcmuco.ac.tz

19.0 APPROVAL OF THE POLICY AND EFFECTIVE DATE

The College Governing Board approved this Policy during its **45**th Meeting held on **25**th **February 2021** and shall come into operation with effect from this date.

Appendix 1: Whistleblower Reporting Form

Note: If you wish to remain anonymous, do not complete items 1-4 of this Form

in this report following the Whistleblowing	I would like to be provided with a summary of my disclosure/concerns and the proposed action

Item	Questionnaire Items	Whistle Blower Responses
number		
1	Please state your full name	
2	Please state your position	
	titleand your office location	
3	What are your work	
	telephone number and email	
	address?	
4	What is the name of your	
	immediate Supervisor?	
_	Please describe in detail the	
5	matter you would like to	
	disclose	
6	How was the matter discovered?	
_	Over what period has the	
7	suspected activity occurred?	
8	Why do you consider this	
0	matterto be a wrongful act? Please name all the	
9	people involved in the	
	suspected wrongful act	
10	Are there any witnesses?	
'	If "yes", please state their names:	
11	Do you have any	
	supportingevidence?	
12	Where is the evidence located?	
13	Is there any reason to believe the	
	evidence is in danger of being lost	
	or destroyed?	
14	Please explain how this	
	evidence can be retrieved by	
	the person involved in	
	investigating the matter.	
	OR Provide the evidence with	
15	yourreport.	
15	Have you been told about thismatter by someone else?	
16	Who else knows about	
10	WITH CISC KITOWS ADOUT	

	thismatter?				
17	Please describe in detail if you have any concerns about the possibility of reprisals or recriminatory action against you.				
18					
NOTE: IF YOU HAVE COMPLETED ITEMS 1-4 ABOVE. SGNATURE OF WHISTLEBLOWER:					
DATE:					
SIGNATURE:					
NAME OF WHISTLEBLOWING OFFICER:					
DATE:					

Appendix 2: Whistleblowing Procedure Flow Chart

Internal Stages

Worried that something wrong or dangerous is happening at work, e.g. safety risks, malpractice, fraud or wrongdoing?



Stage 1

Raise your concern with your line manager or lead clinician - either verbally or in writing. Think about how you think the matter may be best resolved. Remember you can seek guidance from your staff side representative.



Where possible, feedback will be provided by the manager (taking account of confidentiality of others)



Once concern reported, this will be assessed and appropriate action considered (e.g. informal review, internal inquiry or more formal investigation) OR you may be directed to the Grievance or Harassment and Bullying Procedure



Stage 2

If Stage 1 does not resolve matter or if this stage is deemed inappropriate, concern should be raised via HR Consultancy or to Chief Executive. You will be asked if you wish your identity to be disclosed. Alternatively your concern may be raised anonymously.



A designated officer will be assigned, who may conduct an interview with you or assess appropriate action (e.g. informal review, internal inquiry or formal investigation). The aim will be to provide feedback or resolution at each stage within ten working days. This may take longer depending on complexity and level of information provided.

IF IN DOUBT - RAISE A CONCERN!

Appendix 3: Checklist

Guidelines on Information Requirements when Making a Disclosure under the Whistleblowing Policy

Checklist

To assist the College in assessing and investigating your disclosure, it is essential to be as transparent as possible with the details. Therefore, as a minimum, we need to understand the following: -

- (i) Date(s) of incident(s) occurrence:
- (ii) Type of incident (for guidance see appendix 1)
- (iii) Detailed Description of the incident(s)/details of concerns
- (iv) Where did the incident(s) happen?
- (v) Who has been involved in the incident(s)?
- (vi) Explain or describe the best way you think the matter may be resolved OR start thinking about while preparing for any meetings you may be required to attend (if you have shared your Identity)

Please provide us with your name, department and location, and other particulars, including contact details, if you feel comfortable sharing your Identity.