



**NATIONAL UNIVERSITY OF SCIENCE AND TECHNOLOGY**  
**WHISTLE BLOWING POLICY**

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<b>Enquiries</b>	Chief Risk Officer		

## 1. INTRODUCTION

The Constitution of Zimbabwe Amendment (No. 20) Act, 2013, Public Entities Corporate Governance Act [Chapter 10:31] and other ancillary legislation as well as best practice, require the National University of Science and Technology (NUST) to adopt and be committed to the highest standards of transparency, probity, and accountability. Consequently, the University seeks to conduct its affairs as a responsible corporate citizen, taking into account the requirements of relevant statutes, parent Ministry requirements and the standards expected of a Government grant aided institution. However, all organisations face the risk of things going wrong from time to time, or of unknowingly harbouring 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.

NUST commits to follow a set of clear ethical guidelines that are based on the idea that it should operate profitably, while maintaining good ethical conduct. It is of the utmost importance that the University's business operations are characterized by the highest possible standards of responsibility, transparency and honesty. Any suspicion of fraudulent conduct, corruption or other similar situations that are witnessed must be reported without delay.

Whistleblowing is often seen as a risk management tool for boards, committees, directors and the organisation's reputation. However, with a sound whistleblowing system in place, whistleblowing brings an opportunity to better understand and manage a culture of reporting any fraudulent conduct, allowing to solve irregularities internally, before they become uncontrollable externally.

## 2. REFERENCE DOCUMENTS

- Public Entities Corporate Governance Act [Chapter 10:31];
- National University of Science and Technology Act [Chapter 25:13];
- Constitution of the Republic of Zimbabwe of 2013 as amended;
- The Prevention of Corruption Act [Chapter 9:16];
- Criminal Law (Codification and Reform) Act [Chapter 9:23];
- Conflict of Interest Policy as approved by the University Council;

- Code of Conduct as approved by the University Council;
- Public Finance Management Act [Chapter 22:19];
- Whistle-Blower Policy as approved by the University Council;
- Risk Management Policy as approved by the University Council;
- International Organisation for Standardisation ISO 37002:2021 (ISO 37002 Whistleblowing management systems - Guidelines)

### **3. OBJECTIVES OF THE POLICY**

The objectives of the Policy are:

- a) Comply with the provision of the Public Entities Corporate Governance Act (Chapter 10:31) paragraphs 204, 205, 206 and 256 to 260;
- b) To ensure that all employees and students are aware that NUST takes all whistle blower reports seriously;
- c) Provide avenues for employees, students and external parties to raise concerns and receive feedback on any action taken in relation to suspected instances of serious malpractice or actions that endanger NUST employees, students, assets or reputation;
- d) Mitigate against any fraud, operational or regulatory risk that could lead to potential financial loss or damage to the University's reputation.
- e) To make staff and students feel confident about raising concerns internally, by offering a reporting and investigation mechanism that is objective, confidential and independent, and protects staff and students from reprisal or disadvantage;
- f) Inform employees, students and external parties on how to proceed with the matter further if they are dissatisfied with the response; and
- g) Outline the measures in place to protect Whistle-blowers against reprisal or recriminatory action from within the University or from external parties, resulting from Whistle-blower Reports made through either the internal processes or via mechanisms provided by regulatory authorities.

### **4. SCOPE OF THE POLICY**

This policy applies to all individuals working at all levels of NUST, including but not limited to senior managers, officers, directors, consultants, contractors, trainees, part-time and fixed-term workers, casual workers and volunteers and all registered students of the University.

The policy is designed to address the concerns raised in relation to the specific issues which are in the public interest and are listed under Clause 4. Reportable Conduct.

### **5. REPORTABLE CONDUCT**

Under this Policy the disclosure of information should, in the reasonable belief of the person making it, be in the public interest and tend to show one or more of the following types of malpractice, impropriety or dangers:

- an actual, potential or perceived conflict of interest
- unethical conduct
- a criminal offence, such as fraud, corruption, bribery, abuse of office, nepotism,

- failure to comply with legal obligations
- financial or non-financial maladministration or malpractice or impropriety
- academic or professional malpractice
- an act or risk to the health or safety of any individual
- environmental damage
- a miscarriage of justice
- attempts to suppress or conceal any information relating to any of the above.

The above does not constitute an exhaustive list of the types of disclosures which are likely to fall within these categories and so be covered by this Policy, but all concerns raised under this Policy will be treated fairly and properly, and with respect. However, it is ultimately the responsibility of the University (rather than the individual making the disclosure) to decide if, or how, a formal investigation should then be conducted, and for determining the nature of any actions which may follow as a result.

The Whistleblowing Policy is not designed to permit or encourage the questioning of legitimate financial or business decisions properly taken by the University. Similarly, it may not be used to bring about the consideration (or reconsideration) of any matters of private interest to the individual concerned, which may be properly and appropriately addressed under other University procedures.

For the avoidance of doubt, Reportable Conduct does not include personal work-related grievances. A personal work-related grievance is a grievance about any matter in relation to a staff member's current or former employment, having implications (or tending to have implications) for that person personally and that do not have broader implications for the University. Examples of personal work-related grievances are as follows:

- An interpersonal conflict between the staff member and another employee;
- A decision relating to the engagement, transfer or promotion of the staff member; A decision relating to the terms and conditions of engagement of the staff member;
- A decision to suspend or terminate the engagement of the staff member, or otherwise to discipline the staff member.

Personal work-related grievances should be reported to your manager or in accordance with the University's Grievance Policy. However, where issues that are not covered under this policy are brought up, the University will handle them through the appropriate policy.

## **6. WHISLEBLOWING MANAGEMENT FUNCTION**

The whistleblowing management function under the management of the Chief Risk Officer or any other designated person has the responsibility and authority to:

- 6.1 Design, implement, operate, and improve the whistleblowing management system.
- 6.2 Ensure that the whistleblowing management system is designed and resourced to ensure comprehensive assessment of reports and the risks of detriment, impartial and timely investigations of reports.

- 6.3 Provide advice and guidance on the whistleblowing management system and issues relating to reporting wrongdoing.
- 6.4 Ensure that the whistleblowing management system conforms to the guidance in this policy.
- 6.5 Report on a planned and ad hoc basis on the performance of the whistleblowing management system to Council and the University Management.
- 6.6 The whistleblowing management function shall be adequately resourced and assigned to personnel who have the appropriate competence, integrity, authority, and independence.
- 6.7 The function shall have direct, unrestricted, and confidential access to Executive Management Committee and Council.

## **7. WHISTLEBLOWING PROCEDURE**

The University adopts the ISO 37002 whistleblowing management system which recognises the principles of trust, impartiality and protection. Appropriate feedback will be communicated to the whistle-blower throughout the entire process. The Whistleblowing procedure shall be as follows:

### **7.1 RECEIVING REPORTS OF WRONGDOING**

- Reports shall be received in person where whistle-blowers freely report to their respective management functions (e.g., immediate supervisor, or any Senior management, and Council members) or
- Report to the Chief Internal Auditor or Chief Risk Officer. The person who receives the report is referred to as the Eligible Recipient.
- Report externally to the Auditor General.
- Reports can be made through NUST telephone channels, a specific toll-free number will be used to increase accessibility and trustworthiness.
- Use the Anonymous Reporting Support E-mail to facilitate a two-way secured anonymous or confidential communication. The email shall only be accessed by the Registrar, Chief Internal Auditor and Chief Risk Officer.

### **7.2 INFORMATION TO BE INCLUDED IN THE REPORT UNDER THIS PROCEDURE**

The whistle-blower report should:

- i. Clearly and succinctly outline details of the wrongdoing, including all supporting documentation which the whistle-blower can provide including a written statement indicating if he/she consents to their identity being

- disclosed to investigators without any limitation or whether they wish to remain anonymous.
- ii. Provide contact details where a response and notification of the outcome is expected.
  - iii. Anonymous whistle-blowers wishing to remain anonymous may use a non-identifying email address to submit a report under this Procedure.

The Eligible Recipient shall send the report to the Vice Chancellor (Disclosure Coordinator) within 48 hours. The Vice Chancellor will write to the whistle-blower acknowledging receipt of the report.

### **7.3 ASSESSING REPORTS OF WRONGDOING (TRIAGE)**

The Vice Chancellor shall assign an investigator who shall review the information provided by the whistle-blower to determine if there is a reasonable basis to launch an investigation. (Where the Vice Chancellor is the alleged wrong doer, then the Chairman of Council shall review the information provided by the whistle blower). This includes assessing whether, the allegations meet the threshold of wrongdoing as defined in this policy since not all allegations will qualify as potential wrongdoing. The process of assessing received reports include, assessing the risk level in terms of likelihood and impact.

The outcome of the assessment may require the engagement of other functions such as audit, human resources, legal or Risk and Compliance Management. The Human Resources Section may take preliminary measures in line with the existing regulations such as suspending the alleged wrongdoer during investigations. If there is a risk of detrimental conduct or behaviour by the alleged wrongdoer, the whistle-blower's identity will be protected, and the investigation shall be a protected disclosure. The whistle-blower's identity will be kept confidential during this process and shall be informed of the outcome of the investigation.

### **7.4 ADDRESSING REPORTS OF WRONGDOING**

After assessing the report and there is a reasonable basis to launch an investigation, formal investigations can be commenced. These Investigations must be conducted in a timely and fair manner and shall be adequately resourced by the University. External investigators can be engaged where necessary.

The investigations shall be carried out with strict confidentiality. During the investigations, the whistle-blower may be contacted, depending on the circumstances of the matter. All investigations shall be completed within a period of 14 (fourteen) working days.

When the reported concerns are against the University management and subordinates, the Chief Internal Auditor shall lead the investigations. If a Chief Director or Pro Vice Chancellors are implicated, the Vice Chancellor shall appoint a Special Investigating Team. If the Vice Chancellor is implicated the Chairperson of Council shall appoint a Special Investigating

Team. When deemed necessary the investigation should be done with the appropriate law enforcement officials.

Internal and external advice may be sought where necessary. If the outcome of the investigations warrants a disciplinary hearing, the matter shall be referred to the Human Resources Section which shall take necessary steps in line with the existing regulations. Where it is determined that there is no case to answer, the matter shall be closed without imposing any reprisals to the whistle-blower and the alleged wrong doer.

## **7.5 CONCLUDING WHISTLEBLOWING CASES**

After the investigation has been concluded, the investigator shall present the investigation report to the Disclosure Coordinator who could be the Vice Chancellor or Risk Management Committee or Audit Committee who will consider the investigation report and any recommended actions, such as:

- i. Appropriate action to be undertaken
- ii. Internal control systems and/or process improvements; or
- iii. Reporting to Council, relevant external bodies, or the Police.
- iv. To the extent reasonably possible, NUST will address findings and recommendations arising from the investigation report even where the person whose conduct has been investigated is no longer employed by the organization.
- v. Subject to any confidentiality obligations, the Vice Chancellor will notify the whistle-blower of the investigation outcome within one (1) month including any action taken or proposed to be taken because of the investigation. The whistle-blower should acknowledge receipt of the feedback within 48 hours.
- vi. The investigation report will remain confidential to NUST and will not be presented to the whistle-blower.
- vii. If the whistle-blower is not satisfied with the action taken/not taken, the NUST recognises the lawful rights of whistle-blowers to make disclosures and appeal to External Auditors or Ministry.

## **8. WHISTLBLOWER PROTECTION STATEMENT**

The University shall protect whistle-blowers from detriment for reporting wrongdoing. The University shall take all reasonable steps to prevent detriment from occurring or contain identified detriment to prevent further harm. The University shall provide emotional support which involves encouraging and reassuring the whistle-blower of the value of reporting wrongdoing and to pay for legal representation in the event the case goes to court.

The University and other concerned parties shall guarantee confidentiality and protection of the identity of the whistle-blower, unless there is any legal requirement to disclose. Where Staff and students, being whistle-blowers, have suffered from retaliation or are threatened with

retaliation because of the whistle blowing, the should contact the Registrar with all information and documents available. Depending on the gravity of the case, the Registrar may notify the Risk Management Committee of the circumstances and action taken to protect the whistle-blowers.

## **8.1 Confidentiality**

- a) Reports shall be treated with the strictest confidentiality.
- b) The identity of the whistle-blower and relevant stakeholders shall not be disclosed to anyone without their consent.
- c) Where it is likely that a whistle-blower's identity is known (because they have previously openly raised concerns or the nature of the information means they are easily identifiable) or is required to be revealed by the court of law, the whistle-blower should be notified beforehand.
- d) Whistle-blowers should be advised that when confidential or anonymous reporting is preferred, disclosing identity during the investigation may be required to proceed further with investigations.
- e) Whistle-blowers should be advised that when anonymous reporting is made, it can limit the ability to both investigate and protect the individual and it will also be difficult to get feedback.
- f) The University **may** award a whistle-blower for providing information on any misconduct. The award may be given to the first person to report the loss and may be a percentage of the financial prejudice that the University suffered or was likely to suffer according to the investigations made. If the wrongdoing resulted or could have resulted in reputational damage to the University, and is difficult to quantify the financial prejudice, a token of appreciation may be given to the whistle-blower as approved by the University Council in consultation with the Finance Committee.

## **8.2 Retaliation**

It is the University's intention that whistle-blowers shall be able to raise their concerns without any risk of losing employment, learning opportunities or suffer any form of retribution because of genuine whistleblowing (PECOGO Act paragraph 259 (f)). No employee or student of the NUST or person acting on behalf of the University in attempting to comply with this policy shall:

- a) Be dismissed or threatened to be dismissed.
- b) Be disciplined or suspended or threatened to be disciplined or suspended.
- c) Be penalized or any other retribution imposed.
- d) Be downgraded, or other methods of reprimand or punishment.
- e) Be intimidated or coerced based to any extent upon the fact that the employee has reported an incident in accordance with the requirements of this Policy.

If any supervisor attempts to instill any form of reprisal to a whistleblower, he/she shall suffer disciplinary action, up to dismissal.

## **9. ROLES AND RESPONSIBILITIES OF COUNCIL (THROUGH THE RISK MANAGEMENT COMMITTEE)**

The Council shall:

- 9.1 Ensures that there are measures to manage whistle-blowing in terms of set procedures, proper analysis of reports received and ensure a correct action has been taken to correct the misconduct reported.
- 9.2 Ensures there is a fair system, known to the employees, for dealing with reports from whistle-blowers so that an honest individual does not feel under threat when making an allegation.
- 9.3 Takes seriously any genuine whistle-blowing and take every measure to ensure that there is no victimisation of whistle-blowers.
- 9.4 Encourages employees with an opportunity to voice their concerns outside the line management but within the University structures.
- 9.5 Sets objectives and monitors top management with respect to an effective whistleblowing management system
- 9.6 Approves the University's whistleblowing policy and conveys clear messages about its existence and use
- 9.7 Demonstrates that commitment by embracing the policy and the whistleblowing management system
- 9.8 Ensures that adequate and appropriate resources needed for effective operation of the whistleblowing management system are allocated and assigned; and
- 9.9 Exercises adequate oversight of the implementation, integrity, and improvement of the organization's whistleblowing management system

## **10. ROLES AND RESPONSIBILITIES OF EXECUTIVE MANAGEMENT**

Top management shall demonstrate leadership and commitment with respect to the whistleblowing management system by:

- 10.1 Ensuring that the whistleblowing policy and whistleblowing management system objectives are established implemented and are compatible with the values, objectives, and strategic direction of the University.
- 10.2 Ensuring the accessibility of the whistleblowing management system and encouraging its use
- 10.3 Ensuring that the resources needed for the whistleblowing management system are available, adequate, appropriate, and deployed

- 10.4 Communicating the importance of effective whistleblowing management
- 10.5 Communicating the whistleblowing policy internally and externally
- 10.6 Ensuring that the whistleblowing management system achieves its intended outcome(s)
- 10.7 Promoting continual improvement of the system
- 10.8 Promoting and practicing a speak-up/listen-up culture within the University.
- 10.9 Ensuring that whistle-blowers will not suffer any form of reprisal and ensuring an impartial investigation of matters reported under the whistleblowing management system.

## **11. VIOLATION OF THE POLICY**

If an allegation is made in good faith and is not confirmed by the investigation, no action will be taken against the originator. If an investigation confirmed that a false/malicious report was made, employees, shall suffer disciplinary action, up to dismissal whilst whistleblowers not employed by the organization shall face criminal charges.

## **12. VALIDITY AND POLICY REVIEW**

This document is valid as of .....

NUST is committed to continually improve this whistleblowing management system, including the processes needed and their interactions, in accordance with the guidance in this policy. This Policy shall be reviewed as and when there are developments warranting such review or as may be directed by the Vice Chancellor and the Chief Risk Officer, together with the Risk Management Committee. The review will be submitted to the University Council for approval

## APPENDIX 1

### **Information Required when Raising a Concern under the Whistleblowing Policy and Procedure**

#### **Checklist**

To assist us in assessing or investigating your concerns, it would be helpful if you could be as clear as possible with the details. As a minimum we need to understand the following:

1. Date(s) of incident(s)
2. Type of incident
3. Description of incident(s)/details of concerns
4. Where did it happen?
5. Who has been involved? Kindly attach your evidence in form of supporting documents.
6. If possible, explain how you think the matter may be best resolved or start thinking about it in preparation for any meetings you may be required to attend (If you have shared your identity)
7. If you feel comfortable sharing your identity, please provide us with your name, your work location and contact detail.
8. Kindly follow the reporting procedures summarized below.

## APPENDIX 2

### Whistleblowing Policy and Procedures Flowchart

