



UNIVERSITY of
RWANDA

WHISTLEBLOWING POLICY

Approved by the UR Board of Governors meeting of 18 July 2019

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INTRODUCTION

1. The University of Rwanda is committed to the maintenance of the highest standards of quality, integrity, openness and accountability. It seeks to conduct its affairs in a responsible manner in accordance with the university policies, laws and regulations.
2. The law N° 44bis/2017 of 06/09/2017 relating to the protection of whistleblowers gives legal protection to staff against being dismissed or penalized by employers as a result of disclosing information which, in the reasonable belief of that member of staff, is in the public interest. In addition, this law requires that every institution designates one or more officers responsible for receiving disclosures.
3. Every employee has an obligation to provide information in his/her possession that is connected to offences, illegal acts, violation of internal policies or violation of code of conduct or professional ethics and if they reasonably believe that this information should be disclosed in the public interest, then the disclosure should be made without fear of reprisal.
4. This Whistleblowing Policy enables such disclosures within the University to be made independently of line management, if that is the preference of the individual who wishes to make the disclosure, in accordance with the following procedures.

SCOPE OF THE POLICY

5. This Whistleblowing Policy provides guidance to staff, students, and stakeholders of the University on the procedure for the disclosure of information which, in that person's reasonable belief, is in the public interest and tends to show one or more types of malpractice, as specified in the Policy.

TYPES OF MALPRACTICE

6. To be dealt with 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:
 - a criminal offence;
 - a failure to comply with a legal obligation;
 - violation of code of conduct or professional ethics
 - the deliberate concealment of any of the above.
7. It is not possible to provide 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.

8. It should also be emphasized that the Whistle blowing Policy is not designed to permit or encourage the questioning of legitimate financial or business decisions properly taken by the University.

POLICY STATEMENT

Protection

9. The Whistleblowing Policy is designed to offer protection to staff, students, and stakeholders of the University who disclose information that they reasonably believe is in the public interest and tends to show one or more of the types of malpractice, in the workplace which are referred to in this Policy. The overall aim of the Policy is to ensure that no discloser will suffer detriment or adverse treatment from the University as their employer or alma mater, or from their fellow colleagues, as a result of making the protected disclosure.
10. The individual concerned will be protected if she/he makes such a disclosure to the appropriate designated offices
11. All reasonable steps will be taken to protect whistleblowers from suffering bullying, harassment or reprisals from other members of the University. Any employee of the University who is involved in such conduct against a whistleblower may be subject to disciplinary action.

Confidentiality

12. The University will treat disclosures of information made under this Policy in a confidential and sensitive manner and recorded by use of code. The identity of individuals making allegations shall be kept confidential and accessed only by the designated offices and the Vice Chancellor.

Anonymous Allegations

13. Individuals making disclosures under this Policy are encouraged to give their names. Anonymous disclosures will be considered at the discretion of the University.
14. In exercising this discretion, the factors to be taken into account will include the:
 - seriousness of the issues raised;
 - credibility of the information disclosed; and
 - likelihood of confirming the information from other sources.

Untrue Allegations

15. If an individual discloses information under this Policy which she/he reasonably believes shows or indicates malpractice and is in the public interest, but which is not then confirmed by subsequent investigation, no detrimental or disciplinary action will be taken against that individual. If, however, an individual is found to have made malicious or vexatious allegations with a view to personal gain and, particularly if she/he persists with making them, action may be taken under the relevant disciplinary procedure.

PROCEDURE FOR MAKING A DISCLOSURE

Initial Step

16. It is important that individuals disclose information in accordance with this Policy at the earliest opportunity and, for the avoidance of doubt, it should be clearly stated by the individual that the disclosure is in fact being made under the Whistleblowing Policy. It is not necessary to provide, or wait for, 'proof' of the particular type of malpractice. The disclosure should, however, contain as much detail as possible of the grounds for concern including, where applicable, the names of individuals and significant dates, locations or events, etc.
17. The procedure for making a disclosure is as follows:
 - The individual should make the disclosure orally, in writing, or by e-mail to the Designated offices, who will normally be the Security liaison officer at each UR campus or the University lawyer.
 - The above designated offices will immediately inform the Principal and the Deputy Vice-Chancellor for Strategic Planning and Administration respectively.
 - If the disclosure is about the designated offices, it should be made directly to the Vice-Chancellor.
 - If the disclosure is about the senior managers (Principals, DVCs) it should be made directly to the Vice-Chancellor.
 - If the disclosure is about the Vice-Chancellor, it should be made directly to the Chairperson of the Board of Governors;
 - If, for any other reason, the person making the disclosure feels that it is not appropriate to raise the matter with the designated Officer, or the Vice-Chancellor, it may be raised directly with the Board of Governors.

Initial consideration of the information disclosed

18. The Designated offices to whom the disclosure has been made will undertake an initial consideration of the information made available and assess the extent to which the nature of the disclosure provides a *prima facie* indication of malpractice.
19. If, on the basis of this initial consideration, it is found out that the disclosure does not contain any information that meets the criteria set out above and/or is otherwise wholly without substance or merit, no further action will be taken. The individual making the disclosure (if not made anonymously) will be informed of this decision, with the reasons, within fourteen (14) days of the Designated offices first receiving the disclosure.
20. If it is decided that the disclosure provides a *prima facie* indication of malpractice, but of a nature which does not fall within the scope of the Whistleblowing Policy, the matter shall be considered under a different University policy and/or

procedure. This will involve the disclosure being referred to the appropriate manager for any further relevant action to be taken.

21. The decision of the Designated Person under paragraph 25 will be notified to the individual making the disclosure (if not made anonymously), with the reasons, within fourteen (14) days of the designated person first receiving the disclosure.

Investigation

22. If it is decided by the Designated offices and the Principal/the Deputy Vice-Chancellor for Strategic Planning and Administration that the disclosure provides a *prima facie* indication of malpractice which does fall within the scope of, and will therefore be investigated under, the Whistleblowing Policy, a formal investigation will be undertaken. This will be either to:
 - investigate the matter internally; or
 - refer the matter to the Internal Auditors; or
 - refer the matter directly for external investigation by an appropriate body such as criminal investigation body, the police, etc .
23. The Designated Offices will determine the scope of the investigation. Investigations will be conducted as sensitively and speedily as possible while having proper regard to the nature and complexity of the disclosure, the need for thoroughness, and with no presumption of guilt. A written record will be kept of all investigations.
24. During the investigation, the individual who made the disclosure may be interviewed and/or a requested a written statement and any other individuals who they consider to be relevant to the investigation, including anyone named in the disclosure. Any individual being interviewed under this policy and procedure may be accompanied to an investigatory interview by a colleague. A refusal to participate in an investigatory interview may lead to disciplinary action.

Findings and Feedback

25. At the conclusion of the investigation the Designated Officer and the Principal/the Deputy Vice-Chancellor for Strategic Planning and Administration will then determine what action will be taken as a result. This may be:
 - to initiate other appropriate University procedures, such as the disciplinary procedure; or
 - to refer the matter to an external competent organ, such as the Rwanda Investigation Bureau.
 - to take no further action.
26. The Designated offices will then, as far as possible taking into account any need for confidentiality, inform the individual who made the disclosure of the outcome of the investigation and what action, if any, has been or is to be taken. If no action has been or is to be taken the individual concerned will be informed of the reasons for this.

Right of Review

27. If the individual making the disclosure is dissatisfied with the University's handling of the case, after all of the above procedures have been completed, because she/he believes that:

- the procedures have not been followed properly; or
- there is evidence of prejudice or bias in the handling of the case; or
- there is further evidence of malpractice which was not available at the time of the original disclosure

Then there is a right to seek a review of the case on the above grounds only to the Vice Chancellor

28. The Vice Chancellor will determine if the case meets the grounds for review as set out above, and:

- if it does not, the Vice Chancellor will inform the complainant of this decision, with the reasons thereof. This decision shall be final.
- if it does, the Vice Chancellor will appoint a team composed of 3 members with no previous involvement in the case to undertake the Review and present a report of the outcome of the Review, with recommendations. He shall then decide what further action, if any, shall be taken in response to such recommendations and its decision in this respect shall be final.

Reporting of Outcomes

29. A record of all disclosures and any subsequent actions taken will be made by the Designated offices, who will retain such material for a period of not less than three (3) years and no more than the relevant legal limitation period.

Review of the Whistle blowing Policy

30. This Policy and any evidence pertaining to its effectiveness shall be reviewed by the Board of Governors of the University at intervals of no longer than three years. The Policy may be reviewed in the interim in the event of changes to legislation and to ensure its continued effectiveness.

Management/Implementation Authority

31. The office of the Deputy Vice Chancellor for Strategic Planning and Administration is responsible for the implementation of this policy. Specifically putting in place on annual basis an implementation plan.

Communication/Dissemination of the Policy

32. The whistle blowing policy should be widely disseminated to relevant persons covered by the policy. This should include posting the policy on UR website and most importantly the list of designated offices shall be posted in all campuses notice boards and should be updated regularly.

Briefings should be held with employees, students and other stakeholders to communicate management's commitment to the policy and to explain how they can use it.

This policy shall come into effect on the date of its approval by the Board of Governors of the University of Rwanda.



Prof Philip Cotton
Vice Chancellor

