AFRICAN ECONOMIC RESEARCH CONSORTIUM

WHISTLEBLOWING POLICY

Revised: February 2026
(Incorporating the 2025 Whistleblowing Platform Guidelines)


REPORT
WRONGDOING

Table *of* Content

1.0

Background and Policy Objective

1.1 Background

The African Economic Research Consortium (AERC) is committed to ensuring the highest possible ethical and professional standards of openness, probity, and accountability in delivering its services. AERC promotes safeguarding, transparency, and integrity in all of its activities, including research, collaborations, funding management, and organizational operations.

This policy demonstrates AERC's commitment to recognize and take action in respect of malpractices, illegal acts or omissions by its employees, ex-employees, AERC network members, stakeholders, and/or customers who have concerns about any aspect of the Consortium's activities.

AERC seeks to maintain the highest standards in its day-to-day running and management. AERC endeavours to comply with local laws, organizational by-laws, and maintain the highest standards of personal and organizational ethics regarding:

- Programme activities and research operations
- Administrative, procurement, and finance processes
- Dealings with partners, network members, consultants, and job applicants
- Treatment of staff
- Individual personal assessments

It is the responsibility of all staff to report such matters that might compromise this objective as soon as they become aware of it.

1.2 Policy Objective

The purpose of this policy is to provide guidelines that help in prevention, detection and deterrence of fraud and all forms of malpractices. Any act of fraud and corruption in African Economic Research Consortium (AERC)'s activities depletes funds, assets and other resources necessary to fulfill the organisation's mandate. Fraudulent and corrupt practices can also seriously damage AERC's reputation and diminish donors' trust in its ability to deliver results in an accountable and transparent manner. It may affect staff and personnel effectiveness, motivation and morale, and impact on the organisation's ability to attract and retain a talented work force.

2.0

Definition and Scope of Whistleblowing

2.1 Definition

Whistleblowing is the act of reporting any suspected wrongdoing within an organization to a person of authority internally or externally. Whistleblowing is also known as "making a disclosure in the public interest".

2.2 Scope

This policy applies to all AERC employees, contractors, suppliers, service providers under contract with AERC, network members, research partners, and other stakeholders. This policy is in addition to AERC's code of conduct, grievance procedures, safeguarding policy, and other AERC policies and procedures in place.

AERC staff and stakeholders are encouraged to report concerns or complaints regarding conduct on any of the below issues (Table 1) that they feel:

Table 1: Examples of concerns and complaints:

Category	Examples
Safeguarding Concerns	As outlined in AERC Safeguarding Policy
Financial Misconduct	Misuse of funds, fraudulent payments, financial mismanagement/misrepresentation
Research Misconduct	Falsification of data, plagiarism, unethical research practices
Harassment/Discrimination	Sexual, racial, gender-based, academic harassment
Bribery and Corruption	Bribery, corruption, unethical inducements, accepting gifts or favours intended to influence decision making
Conflict of Interest	Personal or financial interests conflicting with professional duties
Policy Violations	Breaches/override of organizational policies, codes of conduct, legal obligations
Unethical/Misconduct	Abuse of power, unfair discrimination, victimization, favouritism, concealment of information/wrongdoing, theft,

3.0

Policy Objectives

This policy is designed to:

a) Uphold AERC's core values of integrity, professionalism, transparency, accountability, teamwork, and excellence.

b) Ensure employees and stakeholders can raise concerns without fear of suffering retribution or retaliation.

c) Provide a transparent, confidential, and secure process for dealing with concerns.

d) Minimize the organization's exposure to damage that can occur when internal mechanisms are circumvented.

e) Foster a culture of transparency, accountability, and ethical behaviour throughout the organization.

4.0

Guiding Principles

This policy is guided by the following key principles:

i. All concerns raised will be treated fairly and properly.

ii. The Consortium will not tolerate any form of harassment or victimization of anyone raising a genuine concern.

iii. Any individual making a disclosure will retain their anonymity unless they agree otherwise.

iv. The Consortium will ensure that any individual raising a concern is aware of who is handling the matter.

v. The Consortium will ensure that no one is at risk of suffering any form of retaliation because of raising a concern. However, this assurance will not extend to someone who maliciously raises a matter known to be untrue.

Whoever receives the information has a duty to:

a. Consider the matter carefully and undertake an investigation; the information must always be filtered from rumours.

b. Understand the difficult position a member of staff may be in.

c. Seek appropriate advice.

d. Take appropriate action to resolve the concern or refer it to an appropriate person as per the escalation matrix in Section 7.1 iii.

5.0

Confidentiality, Anonymity and Data Security

5.1 Confidentiality

a) All matters raised by concerned individuals will be treated with utmost confidentiality.

b) All correspondence involved in the whistleblowing process is confidential whether a person making the disclosure wishes to remain anonymous or not.

c) The substance of the investigation, including the identities of the parties to it, will remain confidential and may not be disclosed without the consent of the complainant.

d) Personal details of whistleblowers will not be disclosed without their consent unless required by law.

5.2 Anonymity

i. Whistleblowers have the option to remain anonymous when submitting a report.

ii. However, providing contact information may help facilitate follow-up communication and ensure that the report is properly investigated.

iii. All complaints must be as accurate as possible and contain sufficient information to allow for proper assessment, including: identity of persons involved, detailed outline of the suspected misconduct, names of witnesses, time, date and place of incidents, and details of conversations or documentary evidence.

5.3 Data Security

The whistleblowing platform is designed to ensure that all information is securely stored and transmitted, using encryption and other industry-standard security measures to protect whistleblower identities and data.

6.0

Reporting Channels and Procedures

The best way to advice AERC about information regarding an incident on fraud, corruption or malpractice by the management, its employees , or service providers is to directly inform your manager or supervisor in the case of employees or a known independent contact person through the whistleblowing platform in the case of business partners and network members.

If you don't feel comfortable informing anyone within AERC, you can report anonymously through the AERC whistleblowing platform in the AERC website.

6.1 Access to the Platform

The whistleblowing platform is accessible through the AERC website and is available to all staff, contractors, research partners, and stakeholders. It is mobile-friendly, given varying internet access in different regions.

6.2 Submission Channels

The whistleblowing line is managed by an independent service provider on behalf of the organisation to protect confidentiality, and can be accessed worldwide through the following channels:

Channel	Details
Online Form	Secure online form available on AERC website using below link: Whistleblowing - AERC. It allows attachment of supporting evidence (documents, screenshots).
Toll-Free Number	Specific toll-free call numbers available on AERC website

6.3 Internal Reporting

When raising a concern internally, staff may utilize the following approach:

1. Report to immediate supervisor: If discussions are fruitful, the case shall be investigated and resolved forthwith.
2. If discussion with internal mechanisms is not fruitful, inappropriate, or highly confidential, the staff member may use the online form described above.
3. If the employee wishes to discuss the matter orally, they should indicate this in their submission and include a telephone number at which they can be contacted.

6.4 Mandatory Information

Reports should include:

- The nature of the report (financial, research, harassment, safeguarding, etc.)
- A description of the incident, including who was involved, when it occurred, and where
- Any evidence or documentation that supports the report

7.0

Investigation Process

7.1 Role of the Designated Firm

i. The Executive Director shall appoint a Designated Firm (DF) after comprehensive procurement process is finalized. With support from the Senior Management Team (SMT), the DF is responsible for investigating reported complaints and allegations concerning violations which pose a significant risk to the compliance, efficiency, effectiveness, and credibility of AERC.

ii. The DF shall assess the severity of the allegation/complaint (as per Annex 1) and advise the Recipients (in the below matrix) on issues raised, and for follow-up actions to be taken to resolve the complaints and allegations.

iii. The following matrix defines how reports submitted through the AERC Whistleblowing Portal are routed by the DF based on severity level and the individual(s) implicated. This ensures appropriate escalation and maintains the integrity of investigations by excluding conflicted parties.

Table 1: Escalation Matrix:

iv. If the concerns relate to any SMT member, the member concerned will step aside and allow other SMT members to conduct investigations and make recommendations to the Executive Director.

Severity	Implicated	Recipients
HIGH	Any person	Designated Firm (DF) + Audit and Risk Committee [SMT/department (as relevant)]
HIGH	SMT Member	DF + Audit and Risk Committee + Executive Director (Excludes implicated SMT member per Policy 8.2b)
HIGH	Exec Director	DF + Audit and Risk Committee of the Board + Board Chair (Excludes ED per Policy 8.2d)
HIGH	Board Member	DF + Board Executive Committee + External Oversight (as applicable)
MEDIUM	Staff/Manager	DF + SMT + Department Recipients
MEDIUM	Stakeholder/Network Member	DF + Non-conflicted SMT + ARC (as relevant)
MEDIUM	SMT/ED	DF + Non-conflicted SMT + Board Chair (as relevant)
LOW	Any person	DF + General Recipients

7.2 Investigation Timeline and Process

a. Investigations should be initiated promptly and concluded within a reasonable time frame. An initial response should be provided within 5-10 working days.

b. The designated firm shall take timely action to review information provided. An initial assessment shall be carried out to determine if there are sufficient grounds to initiate a full investigation.

c. If urgent action is required, this may be taken before the investigation is started.

d. The investigations shall be carried out in the strictest confidence and any persons involved shall be required to keep the information strictly confidential. Breaches in this regard will be treated as serious violations and subject to disciplinary action.

e. Where breaches are confirmed to have occurred, action will be taken to correct the failure and avoid similar events in the future, as well as address the alleged perpetrator's misconduct in accordance with HR policies and procedures.

Table 2: Process of Handling allegations/complaint(s):

Step	Responsible Party	Action	Governance & Compliance Notes
1. Receipt of Concern	Designated Firm	Receive and acknowledge the concern. Ensure confidentiality and protection of the whistle-blower.	Aligns with donor safeguarding and non-retaliation principles.
2. Initial Assessment	Designated Firm	Conduct a preliminary review to determine credibility and need for investigation.	Initial response within 5–10 working days.
3. Escalation Based on Role Involved	As defined by the escalation matrix	Escalate to appropriate authority to ensure independence and avoid conflicts of interest.	Independence and objectivity ensured.
4. Investigation	Assigned Authority	Conduct investigation in strict confidence; gather facts and evidence.	Confidentiality and due process required.
5. Urgent Action (if required)	Management / Board	Take immediate risk-mitigation action before investigation concludes.	Risk-based approach.
6. Findings & Recommendations	Investigator(s)	Prepare findings and corrective action recommendations.	Documentation and audit trail required.
7. Corrective & Disciplinary Action	Management / HR / Board	Address confirmed breaches and implement corrective measures.	Actions aligned with HR policy.
8. Closure & Prevention	Management / Board	Close the case and strengthen controls to prevent recurrence.	Continuous improvement principle.

8.0

Possible Outcomes After Reporting a Concern

The following actions may be taken after investigation of the concern:

1. Disciplinary action (including dismissal) against the wrongdoer, dependent on the results of the investigation; or
2. Disciplinary action (including dismissal) against the whistleblower if the claim is found to be malicious or otherwise in bad faith; or
3. No action if the allegation proves unfounded; or
4. Legal action where applicable, if misconduct is found.

If the whistleblower has any personal interest in the matter, they must make this clear at the time the alleged misconduct is reported. It should be noted that if the whistleblower is involved in the matter, reporting it will not exclude them from any disciplinary action taken.

8.1 Untrue Allegations

Reports made in bad faith, i.e., without any basis, with the aim of victimizing someone or disrupting the operations of the Consortium will not be tolerated. Disciplinary action will be taken against individuals who make allegations frivolously, maliciously, or for personal gain.

9.0

Protection from Retaliation

9.1 Zero Retaliation Policy

AERC has a strict zero-retaliation policy. No one will suffer any form of retaliation for submitting a report in good faith, whether they are anonymous or known. AERC will respect the confidentiality and identity of staff that make such reports in good faith and ensure that information is never revealed to the affected party.

9.2 Definition of Retaliation

Retaliation means any direct or indirect detrimental action recommended, threatened, or taken because an individual engaged in an activity protected by this policy. Retaliation includes, but is not limited to:

- Dismissal or demotion
- Harassment or discrimination
- Any other form of negative action taken against the whistleblower

When established, retaliation is by itself misconduct. An employee who harasses or retaliates against someone who has reported a violation in good faith is subject to disciplinary measures.

9.3 Reporting Retaliation

If the whistleblower believes they have faced retaliation for reporting, they can file a retaliation complaint through the same platform. This will be investigated and acted upon separately to ensure whistleblower protection.

Should the staff member raising the matter still feel victimized, disadvantaged, or that appropriate action was not taken following the report and subsequent investigation, they may report the matter to the Chair of the Board.

9.4 Rights of Alleged Perpetrators

The alleged perpetrators will be afforded an opportunity to present their argument before any action or recommendation is made. It is therefore imperative that staff members making allegations about other staff members, managers, or directors also maintain confidentiality regarding the issues raised until the investigations are complete.

9.5 Legal Protections

AERC will ensure compliance with relevant national and international whistleblower protection laws.

10.0

Communication and Feedback

10.1 Transparency in Process

While the details of the investigation must remain confidential, the whistleblower should be informed about the progress and outcome of their report (if they have not chosen to remain anonymous).

10.2 Whistleblower Feedback Mechanism

AERC creates a feedback mechanism that allows whistleblowers (especially those who provided identifying information) to track the status of their report.

10.3 Regular Updates

Whistleblowers who have opted for contactable channels should be updated periodically on the progress of the investigation and when a resolution is reached.

10.4 Final Outcome

Once the investigation is concluded, the whistleblower should be informed (where applicable) of the findings and any actions taken. Confidentiality must be maintained regarding all information at all times.

The outcome of the investigation should be documented and reported to the Executive Director (if matter does not touch on any SMT member) or Chair of Board (if matter affects SMT members) for final decision-making.

11.0

Training and Awareness

11.1 Staff Training

Regular training should be provided for AERC staff, researchers, and partners on what constitutes unethical behaviour and how to use the whistleblowing platform.

11.2 Promoting the Platform

To ensure that all AERC stakeholders are aware of the whistleblowing channels including the platform and understand how the processes works, AERC will:

- Conduct sensitization of the policy to all staff regularity.
- Distribute informational posters and emails with instructions
- Provide clear information on AERC's website and internal portal

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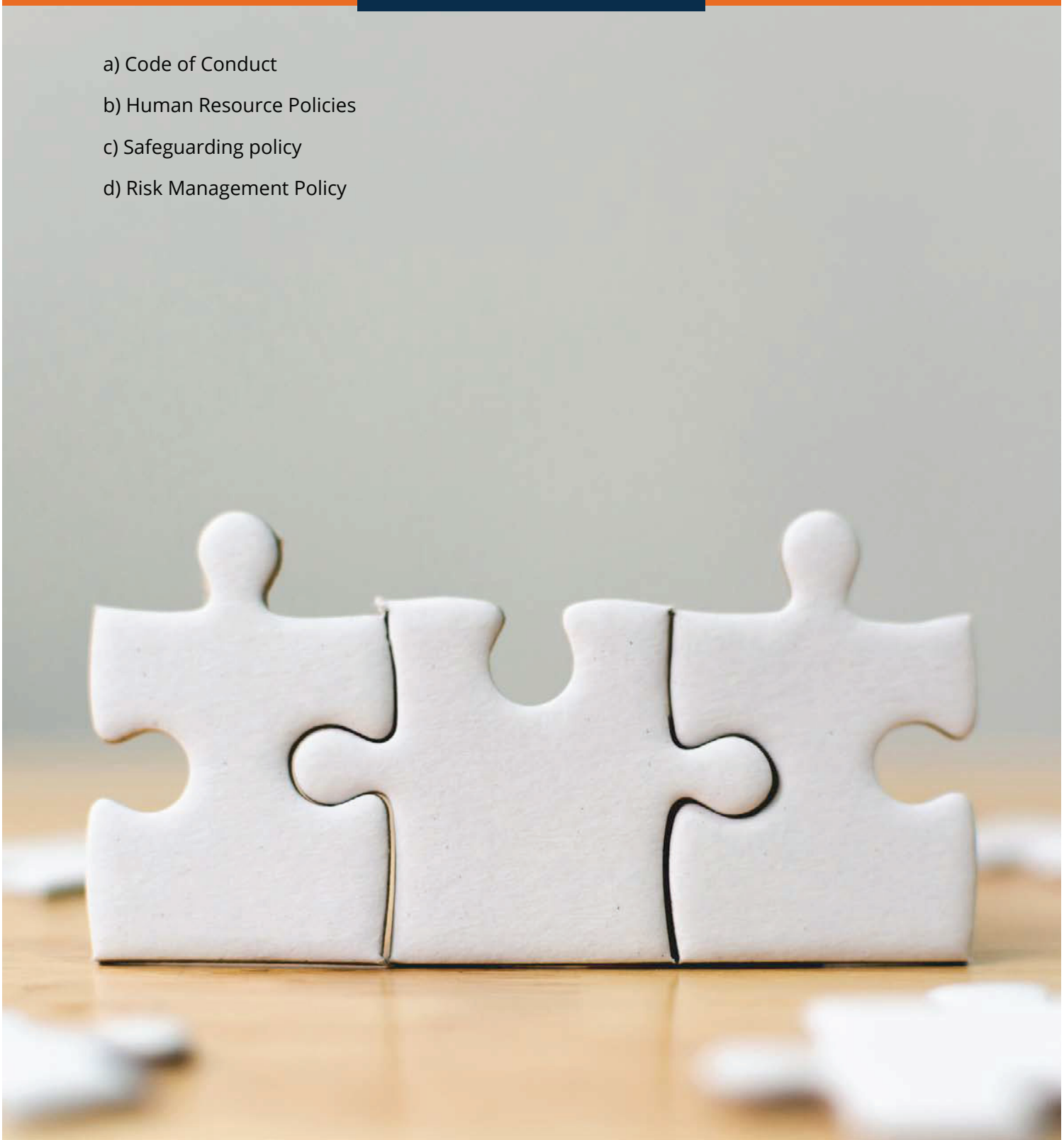
Complementary Resources

a) Code of Conduct

b) Human Resource Policies

c) Safeguarding policy

d) Risk Management Policy



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Monitoring, Evaluation and Compliance

13.1 Reporting

AERC has long-standind commitment to transparency, including reporting on matters of fraud, corruptions and other malpractices.

Requlars broadcast and update to staff members from the Executive Director shal highlight how credible allegations to fraud and unethical behaviours were handled and the actions taken.

13.2 Audit and Oversight

AERC's internal audit function should periodically review and report to the Audit and Risk Committee on investigations of fraud and unethical practices and on the effectiveness of the whistleblowing platform, including:

- The number of reports submitted
- The resolution rate of reports
- The effectiveness of investigation

13.3 Continuous Improvement

Based on audit results and feedback, the platform and its guidelines should be periodically updated to ensure they remain effective and aligned with best practices.

13.4 Legal Compliance

Compliance with Local Laws: The platform complies with national laws in each country where AERC operates, including data protection laws (e.g., Kenya's Data Protection Act), anti-corruption laws, and labour laws.

Compliance with International Standards: AERC aligns its practices with international standards for whistleblower protection, including the UN Convention Against Corruption and OECD anti-bribery guidelines.

Adherence to Ethical Standards: The platform is part of a broader organizational commitment to ethical behaviour, as outlined in AERC's Code of Conduct, Safeguarding Policy, HR Policies, Risk Management Policy, and other organizational policies.

14.0

Review of the Policy

This policy takes effect upon approval by the AERC Board.

a) The policy is subject to monitoring and shall be reviewed every two years.

b) These guidelines ensure that whistleblowers can safely report misconduct, that the organization can address issues effectively, and that individuals can trust in the integrity and confidentiality of the process.

15.0

Annexes

Annex 1.1: Severity Level Definitions

HIGH: Matters involving significant financial loss, serious legal implications, threats to safety, or potential reputational damage to AERC.

MEDIUM: Matters requiring management attention and investigation but with limited immediate impact on operations or reputation.

LOW: General concerns or minor policy violations that can be addressed through standard procedures.

Annex 1.2: Key Abbreviations

DF – Designated Firm

SMT – Senior Management Team

ED – Executive Director

Annex 1.3: Document History

Version	Date	Description
1.0	March 2019	Initial policy approved by the AERC Board
2.0	February 2026	Revised to incorporate 2025 Whistleblowing Platform Guidelines including digital reporting channels, data security provisions, training requirements, and compliance with international standards

3rd Floor, Middle East Bank Towers Building,
Jakaya Kikwete Road, Nairobi, Kenya
communications@aercafrica.org
www.aercafrica.org