The Institute is entitled to amend, suspend or rescind this policy at any time. Whilst, the Institute has made best efforts to define detailed procedures for implementation of this policy, there may be occasions when certain matters are not addressed or there may be ambiguity in the procedures.

Such difficulties or ambiguities will be resolved in line with the broad intent of the policy, by the Director General or Governing Board Chair (on case to case basis). The Institute may also establish further rules and procedures, from time to time, to give effect to the intent of this policy and further the objective of good corporate governance.
WHISTLE BLOWING AND PROTECTION FROM RETALIATION POLICY

1. PREFACE

ICRISAT ("the Institute") has adopted the Code of Conduct ("the Code"), which lays down the principles and standards that govern the actions of the Institute and its workforce. Any actual or potential violation of the Code would be a matter of serious concern for the Institute. The role of the workforce in pointing out such violations of the Code cannot be undermined. Accordingly, this “Whistle blowing and Protection from Retaliation Policy” ("the Policy") has been formulated with a view to provide a mechanism for members of the workforce of the Institute to raise concerns on any violations of the Institute’s policies, procedures, guidelines and code of conduct.

2. OBJECTIVE

ICRISAT is committed to uphold good corporate governance principles that are open, transparent, fair and objective and demonstrate a commitment on the part of ICRISAT to operate in a manner intended to facilitate high levels of honesty and integrity amongst its workforce. This policy is intended to act as an effective early warning system in identifying a possible unethical act, breach of code of conduct or violation of institutional policies, procedures and guidelines. The whistle blowing mechanism is seen by ICRISAT as an important foundation for a “speak up” culture.

3. POLICY

The "Whistle blowing and Protection from Retaliation Policy" aims to encourage the reporting of suspected unethical behavior, dishonest acts, abuse of power, fraudulent activity, breached code of conduct, violation of Institute policies and wrongdoing, when the wrongdoing implies significant risk – i.e., harmful to the interests, reputation, integrity, operations, health, safety or governance of ICRISAT – without fear of retaliatory action. The Policy aims to strengthen ICRISAT’s ability to promote accountability, assure scientific quality, seek integrity and to provide a safe, fair and rewarding working environment.

It also focuses on the protection of the Whistle Blower against retaliation while reporting, providing information in good faith, or cooperating with the investigation procedures.

4. DEFINITIONS

<table>
<thead>
<tr>
<th>Institute</th>
<th>International Crops Research Institute for the Semi-Arid Tropics (ICRISAT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disciplinary Action</td>
<td>Any action that can be taken on the completion of/during the investigation proceedings including but not limited to a warning, imposition of fine, suspension from official duties or any such action as is deemed to be fit considering the gravity of the matter, in accordance with Disciplinary Procedures.</td>
</tr>
<tr>
<td>Workforce</td>
<td>Refers to particular individuals who have a contractual relationship with ICRISAT such as members of Regular Staff Cadres, members of the Non-Regular Special Assignments category, members of Short-term contracts, members of Job-contracts, Learner-Participants and Third-party contractors; regardless of their position, type of employment, or location.</td>
</tr>
<tr>
<td>Protected Disclosure/Disclosure</td>
<td>A concern raised via the concern line number or on the case management tool made in good faith that discloses or demonstrates information that may evidence unethical or improper activity. Protected Disclosures/ Disclosures should be factual and not speculative in nature.</td>
</tr>
<tr>
<td>Subject</td>
<td>A person or group of persons against, or in relation to whom, a Protected Disclosure is made or evidence gathered during the course of an investigation under this Policy</td>
</tr>
<tr>
<td>Whistle Blower (WB)</td>
<td>Someone who makes a Protected Disclosure under this Policy</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Investigating Authority (IA)</td>
<td>Head, Internal Audit, or Director, HR or Deputy Director General-Research, Governing Board through Chair, Audit and Risk Committee (ARC), depending on the nature of the Protected Disclosure. Details of the Investigating Authority for different types of concerns can be found in section 10 – Procedure for reporting and dealing with Disclosures.</td>
</tr>
<tr>
<td>Enquiry Committee/Committee</td>
<td>A group of individuals, appointed on an as-needed basis, by the Investigating Authority on DG’s approval, to assist the formal investigation. However, for cases where Governing Board through Chair, ARC is the investigating authority, the DG approval is not required.</td>
</tr>
<tr>
<td>Good Faith</td>
<td>A member of the workforce shall be deemed to be communicating in ‘good faith’ if there is a reasonable basis for communication of unethical practices or any other alleged wrongful conduct. Good Faith shall be deemed lacking when the member of workforce does not have personal knowledge on a factual basis for the communication or where s/he knew or reasonably should have known that the communication about the unethical and improper practices or alleged wrongful conduct is malicious, false or frivolous.</td>
</tr>
<tr>
<td>Retaliation</td>
<td>A direct or indirect administrative decision and/or action that adversely affects the employment or working conditions of a Whistle Blower. Such action is taken for the purpose of punishing, intimidating or injuring the Whistle Blower because the WB has: 1. Reported suspected wrongdoing that implies a significant risk to the Institute; and/or 2. Cooperated with a duly authorized audit or an investigation of a report of wrongdoing. Retaliation can include without being limited to: 1. Harassment; 2. Discrimination; 3. Unsubstantiated negative performance appraisals; 4. Unjustified contractual changes: termination, demotion, reassignment or transfer; 5. Unjustified modification of duties; 6. Unjustified non-authorization of holidays and other leave types; 7. Unjustified termination or compensation decreases, or poor work assignments or threats of physical harm 8. Malicious delays in authorizing travel, or the provision of entitlements; 9. Threat to the Whistle Blower, their family and/or property including threats that may come from outside ICRISAT. Retaliation will be treated as gross misconduct and is subject to appropriate disciplinary action, in accordance with Disciplinary Procedures.</td>
</tr>
<tr>
<td>Malicious reporting</td>
<td>Whistle Blower must exercise sound judgment and due care to avoid baseless allegations. Intentional malicious, false, bogus, misleading and/or unsubstantiated reporting of wrongdoing and transmission or dissemination of rumors without evidence or reasonable suspicions with the intention of harming another person’s integrity or reputation amounts to gross misconduct. Following the prima facie review and/or formal investigation, if malicious reporting is established, the individual will be subject to disciplinary action, in accordance with Disciplinary Procedures of the Personnel Policy Manual.</td>
</tr>
</tbody>
</table>
5. **SCOPE**

This policy is applicable to the members of ICRISAT's Workforce, who may suspect wrongdoing within or affecting ICRISAT.

**This policy applies to the reporting of any of the following:**
- Breach of the Institute's Code of Conduct;
- Financial irregularities, Financial Statement Fraud;
- Conflict of interest;
- Bribery and corruption;
- Negligence causing substantial and specific danger to ICRISAT financial assets, health, safety and environment;
- Manipulation of the Institute's data/records;
- Disclosure of confidential / proprietary information to unauthorized personnel;
- Misappropriation of the Institute's funds/assets;
- Abuse of authority;
- Breach of the Institute polices;
- Any other activities whether unethical or fraudulent in nature and injurious to the interests of the Institute;
- Scientific fraud (e.g. data falsification, plagiarism) or ethical violation (e.g. misuse of data, authorship rights, etc.,)

Accordingly, not every type of report of wrongdoing falls under the Whistle-blowing policy. For example, this policy is not intended to cover the following types of reporting:
- Unsubstantiated rumors and hearsay;
- Personnel issues where members of the workforce have a personal interest in the outcome;
- Disagreements over policy or management decisions; *these should be reported under the provisions of the grievance procedure-clause 15 of Personnel Policy Manual*
- Discrimination, harassment complaints (including sexual harassment) and other offensive or disruptive behavior in the workplace and personal disagreements or conflicts with colleagues, or with one's supervisors; *these should be reported under the provisions of the Work Place Harassment & Discrimination Procedures*
- Disagreements related to the workforce morale, or other workplace matters that do not implicate legal or ethical issues; *these should be reported under the provisions of grievance procedure-clause 15 of Personnel Policy Manual*
- Workforce member’s grievances over decisions regarding the Workforce member’s salary and benefits, employment status or other issues related to employment contract terms and conditions; *these should be reported under the provisions of grievance procedure-clause 15 of Personnel Policy Manual*

6. **GUIDING PRINCIPLES**

6.1 **Obligation of the member of the workforce to report suspected wrongdoing and scope of application**

6.1.1 It is the duty of all members of the workforce to report suspicions of wrongdoing or the failure of one or more members of the workforce to comply with their obligations. An individual who makes such a report (Whistle Blower) in good faith has the right to be protected against retaliation.

6.1.2 It is the duty of the member of the workforce to cooperate with investigations. An individual who cooperates in good faith with the investigation process has the right to be protected against retaliation.

6.1.3 Retaliation against individuals who have reported misconduct or who have cooperated with investigations violates the fundamental obligation of all workforce members to uphold the highest standards of efficiency, competence and integrity and to discharge their functions and regulate their conduct in the best interests of ICRISAT.
6.1.4 It is the duty of ICRISAT to address suspected wrongdoing and to take:
- Effective measures in accordance with clause 6.4 to protect the Whistle Blower from retaliation;
- Appropriate corrective action to remedy any retaliation against Whistle Blowers;
- Adequate disciplinary measures in cases of misconduct, including those making wrongful accusations; and
- Care to protect under this policy any other Director/member of the workforce/Investigating Authority, assisting in the said investigation against retaliation.

6.1.5 Whistle Blowers are not required or expected to act as investigators or fact finders, nor would they determine the appropriate corrective or remedial actions that may be warranted in a given case. Whistle Blowers should not act on their own in conducting any investigation activities, nor do they have the right to participate in any investigative activities other than as requested by the Investigating Authority.

6.2 Confidentiality

The identity of a Whistle Blower, who comes forward for advice or to report in good faith about suspected wrongdoing will be well protected. Confidentiality will only be waived with the express consent of the Whistle Blower, unless it is a case of clear and imminent danger to the Subject or any other individual.

However, in some instances, identity may have to be disclosed, with the consent of the Whistle Blower, to conduct a thorough investigation, to comply with the best practice investigating procedures, and to provide the accused with the appropriate and reasonable rights of defense. In the formal investigative process, strict confidentiality can only be maintained if the information provided confidentially can be corroborated independently.

6.3 Anonymous Disclosures

Whistle Blowers are encouraged to put their names to their disclosures to aid appropriate investigation. However, individuals may wish to raise concerns anonymously. Anonymous reports of wrongdoing are accepted either verbally through the Concern Line or in writing through the Case Management Tool (CMT) (as defined in the process under reporting). It is mandatory for anonymous reports of suspected wrongdoing to provide substantiated supportive evidence that allows confirmation of the background and likelihood of confirming the allegation from attributable sources.

It is noted that protective measures cannot be applied if anonymity is maintained.

6.4 Protection to the Whistle Blower

As a result of reporting under this Policy, protection is available provided that:
- The Whistle Blower has chosen to identify themselves;
- The communication/disclosure is made in good faith;
- The Whistle Blower reasonably believes that information, and any allegations contained in it, are substantially true; and
- The Whistle Blower is not acting for personal gain.

The Investigating Authority may exercise judgement to recommend, based on the seriousness, appropriate measures to the Director General to safeguard the interests of, and protect the Whistle Blower from, retaliation at any time from the moment the Whistle Blower comes forward. Protection measures are recommended in consultation with the Whistle Blower and can include, without being limited to, the following, on a case-by-case basis with regard to the suspected retaliator:
- Temporary reassignment;
- Transfer to another office or function for which the Whistle Blower is qualified;
- Placement on special leave with full pay; or
- Any other appropriate action on a case-by-case basis, including security measures.
A workforce member who has participated in misconduct cannot avoid disciplinary action simply by reporting the misconduct and seeking protection under this policy. This policy does not protect the workforce member from an adverse action which occurs independent of her/his disclosure under this policy, or for alleged wrongful conduct, poor job performance or any other disciplinary action, etc. unrelated to a disclosure made pursuant to this policy. Depending upon the circumstances, a workforce member's reporting and degree of cooperation may be taken into consideration in determining the appropriate disciplinary actions, in accordance with Disciplinary Procedures.

7. **ACCOUNTABILITIES**

7.1 Accountabilities – Whistle Blower
- Bring to the early attention of the Institute any improper practice on which they become aware. They must have sufficient cause for concern. Delay in reporting may lead to the loss of evidence and/or a financial loss for the Institute;
- Whistle Blowers are encouraged to avoid anonymity when raising a concern, in the best interests of the investigation;
- Follow the procedures prescribed in this policy for making a Disclosure;
- Co-operate with Investigating Authorities and the Enquiry Committee as needed, and maintain full confidentiality on the matter;
- The intent of the policy is to bring genuine and serious issues to the fore. Members of the workforce are expected to avoid invoking their rights under this Policy to settle personal scores or to give vent to malicious intentions. Malicious allegations by member of workforce will attract disciplinary action.

7.2 Accountabilities – Investigating Authority & Enquiry Committee
- Conduct the enquiry in a fair, unbiased manner;
- Ensure complete fact-finding;
- Maintain strict confidentiality, especially of the Whistle Blower’s identity (if available);
- Decide on the outcome of the investigation, whether an improper practice has been committed and if so by whom;
- Recommend an appropriate course of action - disciplinary action; and
- Record deliberations and document the final report.

8. **RIGHTS OF A SUBJECT**
- Subjects have the right to be heard and the Investigating Authority/Enquiry Committee must give adequate time and opportunity for the subject to communicate their say on the matter.
- Subjects have the right to be informed on the outcome of the investigation and shall be so informed in writing by the Institute after the completion of the inquiry/investigation process.
- Subjects have no right to ask for or be given information about the identity of the Whistle Blower, even if it is available.
- Subjects have a responsibility not to interfere with the investigation. Evidence shall not be withheld, destroyed or tampered with and witnesses shall not be influenced, coached, threatened or intimidated by the Subject(s).

9. **MANAGEMENT ACTION ON FALSE DISCLOSURES**

A member of the workforce who knowingly makes false allegations of unethical practices or alleged wrongful conduct or raises protected disclosure to settle personal grievance, shall be subject to disciplinary action, up to and including termination of employment, in accordance with the Disciplinary Procedures. Further, this policy may not be used as a defense by a member of the workforce, against whom an adverse personnel action has been taken, independent of any disclosure made by them and for legitimate reasons or cause under Institute’s rules and policies.
10. PROCEDURE FOR REPORTING AND DEALING WITH DISCLOSURES

ICRISAT, through its Concern Resolution Process, provides multiple avenues to Whistle Blowers to raise protected disclosures. The Concern Resolution Process can be used to report multiple concerns such as, Protected Disclosures, Grievances, and Complaints of discrimination, bullying, victimization and harassment. The Process has 3 key elements: i) Seek advice and support, ii) Raise concern through the informal process, iii) Raise concern through the formal process. These elements are not in chronological order and a workforce member can choose not to seek advice and support and/or to directly raise a concern using the formal process.

Seek advice and support - ICRISAT recognizes that it may be difficult to raise a concern and encourages the workforce members to access the appropriate sources of support available. Advice and support can be sought from a Supervisor, Program HR Partner, “HR Workplace Relations Advisor”1 or one of a trained group of specialists – “Dignity at Work Advisors”2.

Informal Process - After receiving advice, the workforce members can decide whether to pursue the concern or not. The workforce member may choose to deal with the complaint (harassment, discrimination, bullying, victimization or other related concerns or grievance) through either an informal or formal process. However, individuals who suspect wrongdoing that implies a significant risk to ICRISAT's interests, reputation, operations or governance etc., and want to raise a protected disclosure, can only raise it through the formal process.

Formal Process - Any workforce member can formally register a concern verbally using the external Concern line (details are available in the Concern Resolution Process) by disclosing their identity or anonymously. Alternatively, the workforce members can formally register their concerns in writing through the external Case Management Tool by disclosing their identity or anonymously. Any concerns raised anonymously, via hard copy letter or email, will not be considered for investigation. Although, if the complainant has disclosed their identity they will be encouraged to use Concern Line or Case Management Tool.

Once an individual raises a formal concern, depending on the nature of concern, it is allocated to an Investigating Authority for review and investigation as detailed below:

<table>
<thead>
<tr>
<th>Nature of Concern</th>
<th>Investigating Authority</th>
<th>Director Human Resource</th>
<th>Deputy Director General - Research</th>
<th>Governing Board through Chair, Audit and Risk Committee (ARC)</th>
</tr>
</thead>
</table>

For more details, refer to the Concern Resolution Process and the Frequently Asked Questions.

11. CONFLICT OF INTEREST

---

1 HR Workplace Relation Advisor - Is a trained HR professional, and is the HR point of contact for Ethics and Safe Guarding Policies and Concern Resolution Process

2 Dignity at Work Advisors- The Dignity at Work Advisors are volunteers from across the ICRISAT workforce who have received training in various aspects of Ethics and Safe Guarding Policies and Concern Resolution Process and are bound by appropriate confidentiality agreement. They are available to provide information and advice on a confidential basis to any member of workforce who feels they want to raise a concern of protected disclosure, grievance, complaint about harassment, bullying or discrimination.

The access to Dignity at Work Advisors is available to any workforce member, regardless of their area of work or location or nature of their contract with ICRISAT. It is intended that this network of advisors is a further avenue of support, in addition to other support/welfare groups which already exist.
If an actual or potential conflict of interest exists, making it prudent for the investigating authority or member of an Enquiry Committee to recuse itself from undertaking the preliminary *prima facie* review of a case, the Audit and Risk Committee or Governing Board Chair will identify an alternative mechanism acceptable to the Whistle Blower.

12. **FEEDBACK**

Whistle Blowers are entitled to receive information about the status of the investigation.

The Investigating Authority keeps the Whistle Blower informed, in confidence, of the formal status of their case and of the conclusions of the preliminary review. Whistle Blowers will receive feedback as much as is appropriate under the circumstances, and subject to policy constraints, on the final outcome of the investigation.

13. **AWARENESS-RAISING / TRAINING SESSIONS:**

The ICRISAT Human Resource Services unit, provides periodical sessions for training and raising awareness on whistle blowing in support of the implementation of this policy.

14. **REPORTING**

Upon receipt of the formal concern, the Investigating Authority will provide the relevant details of the case to the Director General (DG), as per the Institute's Concern Resolution Process, unless the case involves the DG or another Investigating Authority (as defined in section 10, Table-1).

Reporting to the Governing Board through Chair, ARC, will be as per the Audit and Risk Committee charter. Additionally, an annual status report on the total number of complaints received under this Policy during the period, with a summary of the findings and the corrective actions taken, will be provided to the Governing Board by the respective Investigating Authority.

15. **ACCESS TO RECORDS AND DOCUMENTS**

All reports and records associated with ‘Disclosures’ are considered confidential information and access will be restricted to the Investigating Authority, the Enquiry Committee (if applicable), Director General and the Governing Board as appropriate. ‘Disclosures’ and any resulting investigations, reports or resulting actions will generally not be disclosed to the public except as may be required by any legal requirements or regulations or by any Institute policy/guidelines in place at that time.

16. **RETENTION OF DOCUMENTS**

All Disclosures in writing or documented along with the results of investigation relating thereto shall be retained on the Case Management Tool, by the Institute for a minimum period of seven (7) years.

17. **MONITORING & REVISION**

The Governing Board Chair or their appointee shall monitor, on behalf of the Board, the operation of this policy, including reviewing periodic summary reports to be prepared on the number of reports made under the policy to the Board, the types of protected disclosures made, the status of investigations of the reports, the results of completed investigations, and the details of corrective, punitive and preventive actions taken, if any. This policy will be reviewed within a reasonable period, not longer than 3 years by the Director Human Resources, in consultation with Internal Audit Unit.