Ghana Infrastructure Investment Fund

Standard Operating Procedure (SOP)

Investigations

As approved by the Management on 20th August 2026

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1. Introduction

The Ghana Infrastructure Investment Fund (GIIF) uses this Standard Operating Procedure (SOP) to turn its Investigations Policy and Charter into a consistent, practical and operational process. The SOP supports independent, fair and proportionate investigations of suspected fraud, corruption, financial misconduct, prohibited practices, retaliation, serious ethical breaches and other wrongdoing connected with GIIF or GIIF-financed activities.

The SOP does not create a separate investigation department. It applies GIIF's case-based model by separating complaint receipt and protection, investigation, decision-making and oversight. Each matter is assigned to a competent and conflict-free internal, co-sourced or external investigator, or referred to a legally competent authority when appropriate.

2. Purpose and Objectives

This SOP establishes the minimum steps and controls required to administer investigations under the GIIF Investigations Policy and Charter. It seeks to:

- provide a clear route from receipt of an allegation to investigation, external referral, decision and closure;
- protect investigator independence, confidentiality, due process and freedom from retaliation;
- define how Risk and Sustainability, Internal Audit, the Audit Committee, management and external authorities interact;
- ensure that fraud, corruption and other prohibited practices are assessed, assigned or referred through documented decisions;
- provide consistent reporting, corrective-action follow-up, record keeping and governance information; and
- complement existing GIIF and public-sector frameworks without duplicating their specialised procedures.

3. Scope and Applicability

This SOP applies to allegations within the scope of the Investigations Policy and Charter involving GIIF's governance, operations, personnel, Board members, advisers, consultants, contractors, service providers, executing entities, implementing partners, investees, projects, sub-projects and other GIIF-funded or supported activities.

It covers suspected or attempted fraud, corruption, bribery, collusion, coercion, obstruction, misuse of funds or assets, financial misconduct, procurement misconduct, conflicts of interest, retaliation, serious ethical or policy breaches, concealment of wrongdoing and other prohibited practices.

Routine employment grievances, procurement challenges, Environmental and Social Safeguards (ESS) grievances, contractual disputes and audit findings remain under their established mechanisms unless the information indicates potential wrongdoing requiring investigation. Sexual Exploitation, Abuse and Harassment (SEAH) allegations remain governed by the SEAH Policy and SOP. Where this SOP is used for a related aspect, survivor-centred requirements prevail.

3.1. Application to Third Parties and Financed Activities

Relevant financing, procurement and contractual documents should require cooperation with authorised investigations, preservation of records and access to relevant personnel, sites and information. GIIF shall apply these requirements consistently with the contract, financing terms, applicable law and any co-financier obligations.

4. Definitions and Abbreviations

Term	Meaning
Allegation	A claim or information indicating that wrongdoing may have occurred.
Assignment Authority	The authority that approves the investigator, terms of reference, reporting line and conflict arrangements for a case.
Competent Authority	A public, regulatory, investigative or law-enforcement body with legal authority over the matter.
Complaint Register	The controlled register administered by Risk and Sustainability for reports received through GIIF complaint and whistleblower channels.
Investigation	An authorised administrative fact-finding process to determine whether alleged wrongdoing occurred and to identify relevant control weaknesses.
Investigation Case Register	The restricted register of matters assigned for investigation or external referral.
Investigator	A person or team formally assigned to conduct an investigation.
NIB	National Investigations Bureau
Preliminary Assessment	A limited review used to understand the allegation, immediate risks, mandate, conflicts and appropriate route. It is not a full investigation.
Prohibited Practice	Fraudulent, corrupt, coercive, collusive, obstructive or other conduct prohibited by law, GIIF policy, contract or applicable financing requirements.
Subject	A person or entity whose conduct is under investigation.
Terms of Reference	The written instrument authorising and defining an investigation.
GIIF	Ghana Infrastructure Investment Fund.
CHRAJ	Commission on Human Rights and Administrative Justice.
EOCO	Economic and Organised Crime Office.
IAA	Internal Audit Agency.
OSP	Office of the Special Prosecutor.

5. Investigation Principles

All actions under this SOP shall reflect the principles established in the Investigations Policy and Charter:

6. Institutional Arrangements, Authority and Responsibilities

The following arrangements operationalise, but do not alter, the authority established in the Investigations Policy and Charter and the Internal Audit Charter.

Role	Principal responsibility
GIIF Board of Directors	• Approves the framework • Provides ultimate institutional governance • Receives appropriately anonymised reporting • Establishes a conflict-free route when required.
Audit Committee	• Provides independent oversight • Authorises or commissions sensitive, significant or high-risk investigations • Supports Internal Audit independence • Follows up significant findings and recommendations.
Risk and Compliance Committee	• Provides Board-level oversight of ethics, integrity, the whistleblower mechanism, retaliation and significant trends, without directing investigative findings.
GIIF CEO	• Ensures cooperation and resources • Appoints or confirms authorised decision-makers • Implements or directs approved administrative action • Uses a bypass route when conflicted.

Role	Principal responsibility
Risk and Sustainability Department	• Administers reporting channels • Receives and registers reports • Undertakes preliminary assessment • Coordinates protection • Recommends initial routing; maintains the Complaint Register.
Head, Internal Audit / Internal Audit	• Serves as principal internal investigative authority • Has read-only access to the Complaint Register • Approves routine assignments • Recommends high-risk assignments • Investigates, coordinates or quality-reviews cases consistent with independence and the Internal Audit Charter.
Assignment Authority	• Approves the investigator, terms of reference, resources, reporting line and conflict arrangements for the specific case.
Assigned Investigator	• Conducts impartial fact-finding; maintains appropriate records • Reports findings and limitations • Promptly discloses conflicts or interference.
Management / Action Owner	• Makes authorised administrative, disciplinary, contractual or control decisions and implements agreed actions without altering investigation findings.
Legal, HR and Technical Advisers	• Provide advice within their mandates while avoiding incompatible investigation, review or decision-making roles.
Competent External Authority	• Exercises statutory or regulatory powers over referred matters and communicates with GIIF through the designated liaison, subject to law.

6.1. Access to Complaint Information

Internal Audit shall have direct, timely and read-only access to the Complaint Register and information necessary to fulfil its investigation and assurance responsibilities. Access shall be logged, limited to authorised persons and subject to confidentiality, legal restrictions and specialised SEAH safeguards. Risk and Sustainability remains responsible for administering the reporting channels and the Complaint Register.

6.2. Escalation and Bypass Arrangements

Matter	Required route
Routine or lower-risk matter	• Head of Risk and Sustainability recommends the route

Matter	Required route
	• Head, Internal Audit approves the assignment or directs another mechanism.
Fraud, corruption, financial misconduct, complex or high-risk matter	• Head, Internal Audit recommends the approach and investigator to the Audit Committee for authorisation.
Matter involving Risk and Sustainability Department or its personnel	• Head, Internal Audit refers the matter directly to the Audit Committee.
Matter involving the CEO, a Board member or another senior official	• Chair of the Risk and Compliance Committee refers the matter to the Audit Committee.
Matter involving Internal Audit or an Audit Committee member	• Use a conflict-free Board route and an external investigator, the IAA or another competent authority.
Suspected criminal conduct or matter outside GIIF's mandate	• Refer to the legally competent authority under Section 11.

7. Reporting Channels and Linkage with the Whistleblower Mechanism

Allegations may be received through any channel approved by GIIF, including the whistleblower channels published by GIIF, complaints channels, Internal Audit, HR, ESS and SEAH mechanisms, management, project-level grievance mechanisms, written correspondence, in-person reports and referrals from third parties or authorities.

Risk and Sustainability shall administer the whistleblower channels in accordance with the Policy on Protection of Whistleblowers and Witnesses and the Whistleblower Complaints SOP. A report does not lose protection because it reaches another GIIF function. The receiving person shall transmit it promptly and securely to the responsible function without unnecessary circulation.

7.1. Anonymous and Third-Party Reports

Anonymous reports and reports from beneficiaries, contractors, project workers or members of the public shall be assessed on the information available. Anonymity does not prevent assessment or investigation. The ability to communicate securely with the reporter, where available, should be maintained without attempting to identify an anonymous reporter improperly.

8. Complaint Intake, Registration and Immediate Protection

The receiving function shall act promptly to preserve confidentiality, register the report and address immediate risks. Intake is an administrative safeguard and shall not become a full investigation.

The following steps shall be performed as a baseline for record management of all complaints:

- record the date, channel, allegation, persons or entities involved and available supporting information;
- assign or confirm a unique case reference and avoid unnecessary personal information;

- acknowledge receipt where safe and practicable, without promising an outcome or timetable that GIIF cannot meet;
- identify urgent risks to people, public resources, operations, evidence or GIIF-financed activities;
- consider immediate protection, preservation, access-control or safeguarding measures through an authorised function;
- restrict access to persons who need the information for assessment, protection, assignment or oversight; and
- record any link to an existing complaint, audit, HR, ESS, SEAH, procurement or project-level matter.

9. Preliminary Assessment, Case Classification and Investigation Assignment

Risk and Sustainability shall conduct a limited preliminary assessment and document a recommended route. Internal Audit shall be notified promptly of suspected fraud, corruption, financial misconduct, obstruction, significant control failures or other matters requiring independent investigation.

9.1. Preliminary Assessment

The assessment shall identify the substance of the allegation, its connection to GIIF, immediate risks, possible conflicts, available information and whether another GIIF mechanism or external authority has primary jurisdiction. Limited clarification may be sought, but evidence should not be tested exhaustively and subjects should not ordinarily be interviewed before assignment.

9.2. Classification and Routing Decision

Decision	When used
Assign for GIIF investigation	• GIIF has authority and a competent, independent investigator can be appointed.
Refer externally	• Law requires referral • The matter is primarily within another authority's mandate • GIIF lacks powers or independence • External action is necessary.
Use another GIIF mechanism	• The matter is properly an HR, procurement, ESS, SEAH, contractual, grievance or management matter and does not presently require an investigation under the Charter.
Coordinate routes	• Different aspects require parallel or sequenced action, with a named lead and safeguards against interference or duplication.
Seek clarification	• Material information is missing and can reasonably be obtained without conducting a full investigation.
Close at assessment	• The matter is outside scope, plainly unsupported, duplicative with no new information, or incapable of responsible action. Reasons must be recorded.

9.3. Assignment

Every investigation assignment shall be documented in the Complaint Intake and Investigation Assignment Form. The assignment shall identify the allegation, investigator, scope, authority, reporting line, expected output, resources, confidentiality requirements, conflict arrangements and any coordination with another process or authority.

The investigator shall be selected for independence, competence, availability and the needs of the case. No person shall be assigned where an actual, potential or perceived conflict could reasonably undermine confidence in the investigation.

10. Investigation Process

The following process provides a common route for all GIIF investigations while allowing the assigned investigator to apply professional judgement and methods appropriate to the case. The approved terms of reference control the scope and reporting line.

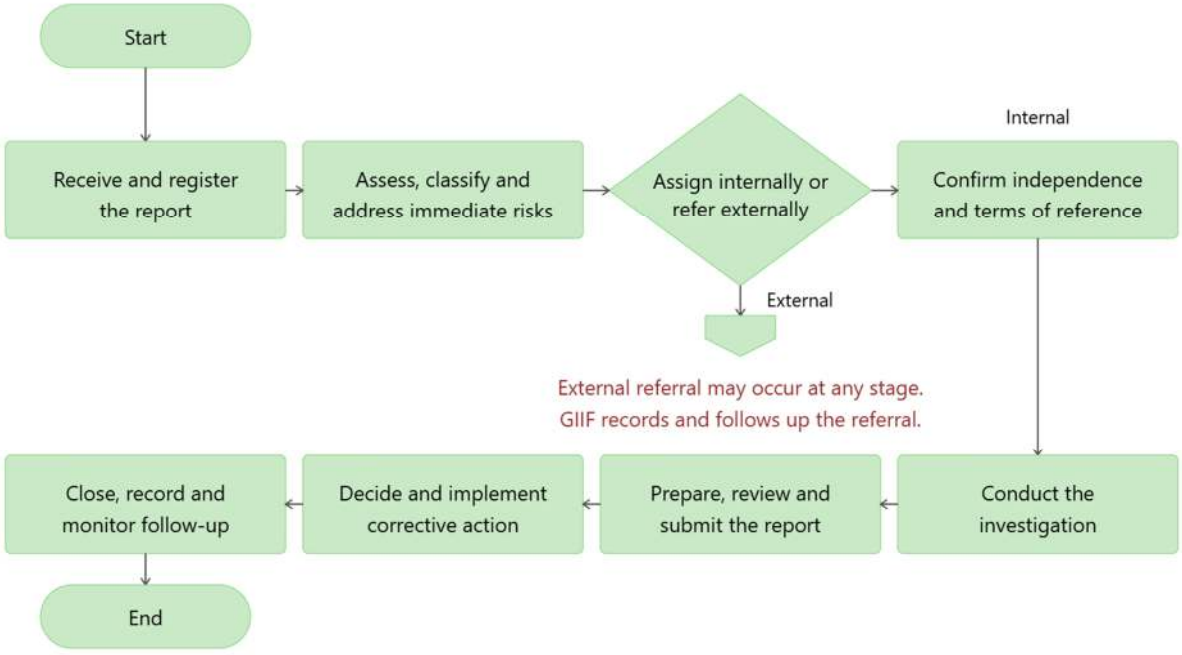


Figure 1. High-level investigation process flow

10.1. Confirm Assignment and Independence

The investigator shall confirm acceptance of the assignment, disclose any conflict or limitation and verify the authorised reporting and escalation lines. Any conflict, attempted interference, access constraint or need for specialist support shall be raised promptly with the assignment authority.

10.2. Establish the Terms of Reference

The assignment authority shall approve terms of reference that state the allegations, scope, authority, investigator, reporting line, expected deliverable and material constraints. The terms may be amended where new information materially changes the case, but the amendment and approval shall be recorded.

10.3. Conduct the Investigation

The investigator shall undertake objective and proportionate fact-finding in accordance with the terms of reference, applicable law and recognised professional practice. The investigator shall maintain sufficient documentation to show what information was considered, how material facts were tested and how the conclusions were reached.

The process shall respect utmost confidentiality, legal privilege, data-protection requirements, contractual rights and the presumption that an allegation is not established until supported by evidence. The subject shall receive a meaningful opportunity to respond to the material allegations before findings are finalised, unless a competent authority lawfully directs otherwise.

Administrative findings shall ordinarily be made on the balance of probabilities, whether the available information shows that the alleged conduct is more likely than not to have occurred, unless another applicable framework requires a different standard. An investigator shall not determine criminal guilt.

10.4. Prepare and Review the Investigation Report

The report shall be clear, evidence-based and proportionate. It shall identify the allegations, authority and scope; summarise the work undertaken and limitations; analyse material information; record the subject's response; state a finding for each allegation; and identify relevant control observations or recommendations.

A quality review may test whether the report is supported, logical, fair and compliant with the Charter, this SOP and the terms of reference. The reviewer shall be independent of the underlying events and shall not direct a predetermined finding. Factual findings remain the responsibility of the investigator.

10.5. Submit Findings and Recommendations

The investigator shall submit the final report to the authority specified in the terms of reference. The report shall then be provided to the authorised decision-maker and appropriate oversight body on a need-to-know basis. Management may accept, reject or qualify recommendations with reasons, but shall not alter the investigator's findings.

11. External Referral, Coordination and Follow-Up

GIIF shall refer or coordinate a matter with a competent authority where required by law; where the conduct falls primarily within that authority's mandate; where GIIF lacks necessary powers, expertise or independence; or where external action is necessary to protect public resources or persons.

11.1. Referral Considerations

Potential authority	Indicative basis
Office of the Special Prosecutor	Suspected corruption and corruption-related offences within its statutory mandate.
Economic and Organised Crime Office	Serious economic and organised crime, including matters within EOCO's statutory mandate.

Potential authority	Indicative basis
Commission on Human Rights and Administrative Justice	Corruption, abuse of power, conflict of interest, administrative injustice or human-rights matters within CHRAJ's mandate.
Ghana Police Service	Suspected criminal conduct requiring police powers, urgent protection or general criminal investigation.
Internal Audit Agency	Public-sector internal audit matters, support or investigation consistent with its mandate and the Audit Committee's authority.
Auditor-General / relevant regulator	Matters within statutory audit, public financial management, sectoral or regulatory jurisdiction.
Financing partner or contractual body	Where notification, cooperation or referral is required by financing, accreditation or contractual terms.

The appropriate authority shall be determined from the facts and current legal mandate. The list above is indicative and does not replace legal advice or mandatory reporting requirements.

11.2. Referral Decision and Record

The following steps will be taken with respect to referral decisions and records:

- identify the suspected conduct, jurisdiction, urgency, persons or resources at risk and any mandatory reporting requirement;
- obtain legal or specialist advice where jurisdiction or sequencing is uncertain;
- obtain approval through the applicable assignment or bypass route;
- record the authority, referral basis, date, information shared, restrictions and GIIF liaison;
- preserve relevant information and avoid action that could prejudice the external process; and
- notify a financing partner or other body where law or applicable agreement requires it.

11.3. Coordination and Follow-Up

The designated GIIF liaison shall seek acknowledgement, record the external reference where available and track status to the extent permitted. GIIF may continue lawful and proportionate protective, employment, contractual, control or recovery action where this does not interfere with the external process. Referral does not automatically close the GIIF case.

12. Management Decisions and Corrective Actions

The authorised decision-maker shall consider the investigation report through the applicable HR, contractual, procurement, governance, fiduciary, ESS, SEAH or legal framework. The investigation establishes facts; it does not itself impose disciplinary or contractual sanctions.

Actions may include disciplinary measures, recovery, contractual remedies, restrictions, referral, control improvements, training or other lawful measures. Each accepted action shall have an owner, target date and

status. Any decision not to act on a substantiated finding or material recommendation shall be documented with reasons and reported to the relevant oversight authority.

13. Whistleblower and Witness Protection and Non-Retaliation

Protections and remedies shall be administered under the GIIF Policy on Protection of Whistleblowers and Witnesses and the Whistleblower Complaints SOP. This SOP reinforces those protections for reporters, witnesses, investigators, support persons and others who participate in good faith.

- Risk and Sustainability shall assess and coordinate protection needs and maintain contact with the protected person where appropriate;
- identities and identifying information shall be restricted to persons who need them for protection, fair process or lawful action;
- retaliation, threats, intimidation, obstruction or interference shall be recorded and may be treated as a separate allegation;
- protective measures shall be proportionate, documented and reviewed; and
- a person who knowingly makes a false or malicious allegation is not protected for that conduct, but an unsubstantiated good-faith report is not misconduct.

14. Confidentiality and Information Sharing

Investigation information shall be classified and shared on a strict need-to-know basis. Confidentiality protects all participants and the integrity of the process, but it is not absolute where disclosure is required by law, fair process, a competent authority, financing obligations or authorised corrective action. The following shall be the maintained as a baseline for record management:

- use the unique case reference in routine communications and registers;
- store investigation files separately from general complaints, HR and project registers, using only necessary cross-references;
- use access-controlled locations and authorised transmission methods;
- record material disclosures, the authority for disclosure and information shared;
- avoid including unnecessary names or sensitive details in governance reports; and
- apply specialised confidentiality and survivor-centred requirements to SEAH-related information.

15. Case Closure and Records Management

A GIIF case may be closed when the investigation or referral has reached an appropriate endpoint, the final report or closure basis has been accepted by the authorised authority, immediate protection issues have been addressed, and corrective actions have been assigned for follow-up. Outstanding actions may remain open in a separate action tracker after the investigation file is closed.

15.1. Closure Record

The closure record shall state the outcome, decision date, decision-maker, external referral status, actions assigned, protection or communication considerations, record location and any continuing monitoring requirement. Where a matter is closed without investigation or without a substantiated finding, the reason shall be recorded without implying wrongdoing.

15.2. Records and Retention

The investigation file shall contain:

- the approved assignment,
- terms of reference,
- significant correspondence,
- investigator's working record,
- report,
- review record,
- referral documentation,
- decision and closure record.

Records shall be retained and disposed of in accordance with GIIF's approved retention schedule, applicable law, legal holds, financing requirements and the sensitivity of the information.

The Complaint Register and Investigation Case Register shall be reconciled through case references while remaining administratively separate. Risk and Sustainability maintains the Complaint Register. Internal Audit maintains or controls the Investigation Case Register, subject to Audit Committee oversight.

16. Monitoring and Governance Reporting

Monitoring shall support oversight, timeliness, institutional learning and assurance without exposing unnecessary case details. Internal Audit and Risk and Sustainability shall reconcile relevant case references and responsibilities while maintaining the separation of their functions.

16.1. Minimum Monitoring Information

The minimum monitoring information requirements are as follows:

- number and type of allegations received and routed;
- time taken for assessment, assignment, investigation and closure;
- independence or conflict issues and use of external investigators;
- external referrals, acknowledgement and follow-up status;
- substantiated, unsubstantiated, inconclusive and closed outcomes;
- retaliation concerns and protection measures, in appropriately restricted form;
- corrective-action completion and overdue items; and
- recurring control weaknesses or integrity trends.

16.2. Reporting

The Head, Internal Audit shall report significant investigations and material constraints to the Audit Committee through established arrangements. Risk and Sustainability shall report on the whistleblower mechanism, protection and integrity trends to the Risk and Compliance Committee. The Board and senior management shall receive information appropriate to their mandates, normally in aggregated or anonymised form.

Material matters shall be escalated without waiting for a routine reporting cycle. Reports shall distinguish allegations from substantiated findings and shall not disclose protected identities unless necessary and authorised.

17. Training and Quality Assurance

GIIF shall maintain proportionate capability through orientation for complaint recipients, periodic awareness for personnel and project counterparties, and targeted development for Internal Audit, Risk and Sustainability

and other persons who may be assigned investigation roles. External expertise shall be used where GIIF lacks the required competence, capacity, powers or independence.

Quality assurance may be performed by an external specialist or another authorised independent body. Review shall assess compliance with the Charter, this SOP, the terms of reference, fairness and evidential support. It shall not substitute a preferred outcome for the investigator's judgement.

Lessons from cases, external referrals and quality reviews shall inform control improvements, training and future revisions of GIIF frameworks. Case studies used for learning shall be anonymised and stripped of unnecessary identifying details.

18. SOP Governance, Review and Approval

The Head, Internal Audit is the owner of this SOP and shall coordinate its implementation and review with Risk and Sustainability, Legal, HR and other relevant functions. The Audit Committee shall review the SOP and recommend it for approval through GIIF's authorised governance process. The SOP shall be reviewed at least every three years or earlier following legal, institutional, financing-partner or policy changes, a significant investigation, or a material quality finding.

18.1. Relationship with Other Frameworks

This SOP shall be read together with the following instruments. Where a specialised framework applies, its subject-specific protections and procedures prevail, while the Investigations Policy and Charter continues to govern investigation authority and independence unless law requires otherwise:

- GIIF Investigations Policy and Charter;
- GIIF Policy on Protection of Whistleblowers and Witnesses and Whistleblower Complaints SOP;
- GIIF Internal Audit Charter and applicable Audit Committee requirements;
- GIIF Human Resources policies and procedures;
- GIIF SEAH Policy and SOP;
- GIIF Environmental and Social Safeguards and project-level grievance frameworks;
- applicable procurement, contract, financing-partner and prohibited-practices requirements; and
- applicable Ghanaian law and public-sector requirements.

18.2. Interpretation and Exceptions

Questions of interpretation shall be referred to the Head, Internal Audit, with Legal or Audit Committee input where appropriate. Any material departure from this SOP shall be authorised through the applicable independent route and documented with reasons. No exception may remove a legal obligation, whistleblower protection, due-process safeguard or conflict-of-interest requirement.

Annex 1: Complaint Intake and Investigation Assignment Form

Part A - Intake and Preliminary Assessment

Field	Record
Case reference	
Date and time received	
Receiving channel / function	
Reporter name and contact	Anonymous / confidential / disclosed (circle as applicable):
Summary of allegation	
Persons / entities involved	
GIIF operation, project or contract concerned	
Information or documents supplied	
Immediate risks identified	People / retaliation / evidence / funds / operations / other:
Immediate measures and owner	
Related complaint or case reference	
GIIF mandate / applicable mechanism	
Potential conflicts identified	

Field	Record
Preliminary classification	Routine / fraud-corruption / financial misconduct / prohibited practice / retaliation / other:
Recommended route	Assign / external referral / another GIIF mechanism / coordinate / clarify / close:
Assessment reasons	
Assessment completed by / date	

Part B - Investigation Assignment or External Referral

Field	Record
Decision	GIIF investigation / external referral / coordinated route:
Approved by / date	
Assigned investigator or external authority	
Investigator competence and availability confirmed	Yes / No - comments:
Conflict check completed	Yes / No - actual, potential or perceived conflict and mitigation:
Allegation(s) and scope	
Authority and access rights	
Reporting line and escalation route	
Expected deliverable	

Field	Record
Target date / review date	
Resources or specialist support	
Confidentiality / protection requirements	
External coordination requirements	
Terms of reference attached	Yes / No / Not applicable:
Assignment accepted by / date	

Annex 2: Investigation Case Register

Case ref.	Date assigned	Classification	Investigator / authority	Route / status	Key dates	Outcome	Referral / external ref.	Action owner / due date	Closure date

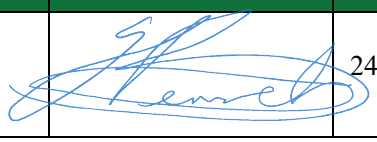
Register Completion Notes

- Route / status: assigned internally, externally referred, coordinated, on hold, report submitted, action follow-up or closed.
- Key dates: include material milestones such as assignment, referral, report submission and decision.
- Outcome: use approved categories such as substantiated, unsubstantiated, inconclusive, withdrawn or closed at assessment.
- Referral: record the authority, date and external reference where available.

Document Control

Field	Details
Document title	GIIF Investigations Standard Operating Procedure
Related Policy	GIIF Investigations Policy/ Charter
Approval authority	GIIF Chief Executive Officer
Version	1.0
Review cycle	At least every three years, or upon revision of the Investigations Policy/ Charter
Classification	Internal controlled document; case information is confidential

Approval Record

Authority	Name	Signature	Date
GIIF Chief Executive Officer	Nana Dwemoh Benneh		24/08/2026