



Innovations for Poverty Action	Staff Conflict of Interest Policy	
Owner: General Counsel	Effective Date: February 1, 2021 Revision Date: November 3, 2020	Revision No.: 1

**Article I – Application**

This Staff Conflict of Interest Policy (“Policy”) applies to:

- All IPA staff other than Key Employees<sup>1</sup>; and
- Interns, volunteers, casual workers, and consultants

(collectively “Covered Parties” individually “Covered Party”)

This Policy should be read in conjunction with other IPA Policies, including but not limited to, the Code of Conduct, Global Procurement Manual, Gifts & Entertainment, Anti-Nepotism and Anti-Fraternization Policies, and HR policies found in IPA’s Employee Handbooks.

**Article II – Definition of Conflict of Interest**

Covered parties have a conflict of interest if he or she has an actual or potential financial or other interest, directly or indirectly, derived from his or her affiliation with IPA or that might interfere with his or her responsibilities or service to IPA (this does not include salary, benefits, or payment for services rendered).

A conflict of interest impairs the person’s ability to act in the best interests of IPA.

**Article II -- General Rule**

IPA’s **General Rule** is that Covered Parties must disclose any and all potential and actual conflicts of interest which the Covered Party, in accordance with this policy, so IPA can determine if a conflict exists and a resolution. The General Counsel, in consultation with appropriate management, will determine whether a conflict of interest can proceed based on what is in the best interest of IPA.

**Article III – Importance & Organization and Individual Consequences**

Conflicts of interest are a matter of concern for IPA. As a charitable organization, IPA has a special obligation to uphold the public trust. Conflicts of interest may decrease the confidence of the public, donors, stakeholders, and other collaborators in the quality and independence of IPA’s research, programs, and operations.

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<sup>1</sup> A Key Employee is a person who is in a position to exercise Substantial Influence over the affairs of IPA, more specifically individuals on the Senior Management Team, Global Functional Leadership, Sector Leadership, Regional Leadership and Country Leadership (Country Director/Country Representative and Deputy Country Director/Representative).. Reach out to the General Counsel if you are not sure which policy applies to you.



If any Covered Party fails to adhere to this Policy, it is possible that IPA's current funding could be revoked, future funding may not be awarded, and/or IPA could lose its charitable status.

If a Covered Party fails to disclose a potential or actual conflict of interest, it may result in disciplinary action up to and including termination.

#### **Article IV – Examples of Conflicts of Interests**

Examples of conflicts of interest include but are not limited to, when a person can:

- Use his or her position or relationship with IPA to benefit himself or herself, including personal financial or non-financial interests, or those interests of the person's family;
- Use confidential or proprietary information acquired from a position or relationship with IPA for personal or family benefit;
- Advance an outside organization's interests within IPA in exchange for that organization providing benefit to the person or the person's family;
- Use or take IPA resources, including facilities, equipment, staff time, and supplies, for private use or other unauthorized non-IPA activities;
- Review, negotiate, or approve sub-grants, sub-contracts, vendor agreement or other contracts or business with organizations, companies, or persons, in which the person, or their family member, has a financial or non-financial interest or relationship<sup>2</sup>;
- Lease, rent, trade, or sell any property to or from IPA (this applies to transactions with family members too), with the limited exception of IPA office equipment with the prior written approval of the Country Director and CFAO;
- Have a relationship with a study participant or respondent, whether started before or during one's service period with IPA;
- Be a recipient or participant, directly or indirectly, in any services or programs of IPA;
- Hire, promote, transfer, or review the performance of family members or close personal contacts<sup>3</sup>;  
or
- Act in one's own interests rather than the interests of IPA.

It is not possible to list all possible conflicts of interest. This is an illustrative list of common examples only. Covered Parties must use good judgment to identify, avoid, and disclose any potential or actual conflict of interest.

#### **Article V -- Disclosure Requirements**

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<sup>2</sup> See also IPA Global Procurement Policy and Procedures Manual, Article 3, which provides, "No employee, officer, member of the Board of Directors or agent of IPA will participate in the selection, award, or administration of a contract of sub-award if a conflict of interest, real or apparent, is involved. Such a conflict would arise when, among other things, any of the following has a financial or other interest in the organization or company selected for award: the employee, officer, or member of the Board of Directors of IPA, Any member of his or her immediate family; His or her partner; An organization that employs, or is about to employ, any of the above."

<sup>3</sup> See also IPA's Anti-Nepotism and Fraternization Policy which provides, "If employees begin a dating relationship or become relatives, partners or members of the same household and if one party is in a supervisory position, that person is required to inform management and Human Resources of the relationship."



Covered Parties are responsible for knowing<sup>4</sup> actual or potential conflicts of interest and must disclose them.

Covered Parties who are uncertain whether a potential or actual conflict of interest exists should disclose the situation.

Disclosure Forms (found in Exhibit A) shall be completed by Covered Parties:

- at the beginning of the person’s term of service, and
- by the end of December each year, and
- as soon as a change in circumstances causes the previously submitted Disclosure Form to no longer be correct.

Staff, casual workers, and consultants who are routinely re-engaged (such as field workers or enumerators) are required to complete Disclosure Forms at the outset of each new term of service.

Failure of a Covered Party to disclose a potential or actual conflict of interest may result in disciplinary action up to and including termination.

**Article V – Review Process of Disclosure Forms**

1. The following table provides who is responsible for reviewing submitted Disclosure Forms.

<b>Covered Party Submitting Disclosure Form</b>	<b>Reviewing Authority</b>
Country Office-based staff, volunteers, interns, casual workers and consultants, other than Country Directors	Country Director
All US-based staff, volunteers, interns and consultants	General Counsel or his/her designee

2. The Reviewing Authority may delegate the task of collecting and determining if the Disclosure Form has a “yes” answer to any of the questions. **The Reviewing Authority shall review all Disclosure Forms with a “yes” answer. The Reviewing Authority of his/her designee shall review the Disclosure Form within a reasonable period after submission of the Disclosure Form.**
3. The Reviewing Authority (not a designee) shall propose remedial action or determine no action is needed when a “yes” answer is indicated on the Disclosure Form.
4. **Country Directors shall promptly forward all Disclosure Forms with a “yes” answer to the General Counsel to approve the proposed remedial action or escalate to senior management for further consideration. Escalation shall occur at any time during the year when Covered Parties answer “yes” on a Disclosure Form.** At the end of January each year, the Country Directors/Country

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<sup>4</sup> The General Counsel will determine whether a person should have known based on the facts and circumstances in each case when a person claims he or she did not “know” about the actual or potential conflict.



Representatives (not a designee) shall submit an annual acknowledgement to the General Counsel or her designee. A sample of this acknowledgement can be found in Exhibit B.

5. The Reviewing Authority shall ensure that copies of Disclosure Forms and written explanation of subsequent decisions by the Reviewing Authority are retained in the staff personnel file or the equivalent file for the intern, volunteer, or consultant, and retained for an appropriate amount of time in the context of the engagement or conflict of interest. The US-based staff's forms shall be provided to the global human resources department who shall ensure the copies of Disclosure Forms and written explanation of the Reviewing Authority are retained in the staff personnel file or the equivalent file for interns, volunteers or consultants.
6. IPA reserves the right to disclose the contents of the Disclosure Form, or the resolution of any actual or potential conflict of interest under this Policy, at the General Counsel's discretion.



## Exhibit A

### Disclosure Form Instructions

#### Introduction

The Staff Conflict of Interest Policy (“Policy”) requires completion of this Disclosure Form (“Form”) by IPA staff, interns, volunteers, casual workers, and consultants. Completed Forms will be reviewed in accordance with the review process described in the Policy.

Failure by current staff, volunteers or consultants to complete and sign the Disclosure Form by the deadline given by IPA, or failure to accurately, honestly and fully complete the Disclosure Form may result in disciplinary action up to and including termination, or in the case of new staff, volunteers or consultants rescission of the offer of employment or contract.

#### Instructions

This Form shall be completed by Covered Parties:

- at the beginning of the person’s term of service, and
- annually thereafter (one year since the prior disclosure, and the person is still engaged with IPA), and
- as soon as a change in circumstances causes the previously-submitted Disclosure Form to no longer be correct.

Covered Parties routinely re-engaged (such as field workers or enumerators) are required to complete Disclosure Forms at the outset of each new term of service.

Covered Parties must fill out their name, position, supervisor name, project, and project donor(s) or funder(s), where applicable, or department. He or she must check “yes” or “no” to each question and, when checking “yes,” must provide the additional details required. If more space is needed, use additional paper.

**Please note that only expatriate and third-country national staff are required to answer question #6.**<sup>5</sup> After answering the questions, read the Acknowledgement carefully, sign, and date. Submit the completed form to your Reviewing Authority, or his or her designee.

Reviewing Authorities must review the submissions and determine if a conflict exists for each submission. If a conflict does exist, the Reviewing Authority must propose remedial action. The General Counsel will review the proposed remedial action with the Country Director and either approve the proposed remedial action or escalate to senior management for further consideration.

#### Definitions

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<sup>5</sup> US Government regulations do not allow an expatriate or third-country national whose work is US Government funded to engage in a business or investment in the country of assignment.



For this Disclosure Form, these terms shall have the following meanings:

***Family*** means mother, father, sister, brother, son, daughter, aunt, uncle, niece, nephew, cousin (or in-laws of any of the foregoing), spouse and/or domestic partner (including an undocumented spouse), god-family, or any person whom the Covered Party has a familial relationship capable of impacting his or her impartiality and service to IPA.

***Financial Interest*** means salary, benefits, income, honoraria, payments for services, equity, stock, stock options, or other ownership interests, and royalties.

***Gifts*** are defined in the broadest sense and include money, goods, services, business opportunities, discounts on goods or services, entertainment, tickets, rides, food, drink, and any similar items.



**INNOVATIONS FOR POVERTY ACTION**  
**Staff <sup>6</sup>, Intern, Volunteer, Casual Worker, & Consultant**  
**Disclosure Form**

Name:

Position:

Supervisor:

Project Name, if applicable:

Project Donor(s) or Funder(s), if applicable:

Date:

**If nothing has changed since your last Disclosure, check immediately below, leave the questions blank, and proceed to the “Acknowledgement” Section for signature, otherwise please proceed to answer all the questions**

\_\_\_\_\_ This is an update to a previous disclosure; any sections left blank indicate no change to information previously submitted. **(If you are checking this box please remember to sign below)**

1. Do you or a member of your Family have a Financial Interest in an organization that does or seeks to do business with IPA? Yes [ ] No [ ].

If yes:

- a. What is the name of the person with the Financial Interest and how are they related to you? (This can be you or a Family member. If a Family member, explain how you are related to the Family member.)
- b. What is the name of the organization?
- c. What type of work or business does the organization do?
- d. Describe the Financial Interest in the organization:

2. Are you or a member of your Family involved with an organization (e.g., as a board member, trustee, employee, officer, member, partner, etc.) that does or seeks to do business with IPA? Yes [ ] No [ ].

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<sup>6</sup> Staff does not include Key Employee defined as a person who is in a position to exercise Substantial Influence over the affairs of IPA, specifically individuals on the Senior Management Team, Global Functional Leadership, Sector Leadership, Regional Leadership and Country Leadership (Country Director/Country Representative and Deputy Country Director/Representative)..., Reach out to the General Counsel if you are not sure which policy applies to you.



If yes:

- a. What is the name of the person involved with the organization and how are they related to you? (This can be you or a Family member. If a Family member, explain how you are related to the Family member.)
- b. What is the name of the organization?
- c. What type of work or business does this organization do?
- d. Describe the involvement with the organization:

3. Are you or a member of your Family involved with an organization (e.g., as a board member, trustee, employee, officer, member, partner, etc.) that is funded by IPA, could be funded by IPA, or that IPA would fund? **Yes** [ ] **No** [ ].

If yes:

- a. Who is the person involved with the organization? (This can be you or a Family member. If a Family member, explain how you are related to the Family member.)
- b. What is the name of the organization?
- c. What type of work or business does this organization do?
- d. Describe the involvement with the organization:

4. Are you or a member of your Family involved with an organization (e.g., as a board member, trustee, employee, officer, member, partner, etc.) that is a competitor, or could be a competitor, to IPA? **Yes** [ ] **No** [ ].

If yes:

- e. Who is the person involved with the organization? (This can be you or a Family member. If a Family member, explain how you are related to the Family member.)
- f. What is the name of the organization?
- g. What type of work or business does this organization do?
- h. Describe the involvement with the organization:

5. In the past five (5) years, have you or a member of your Family received Gifts, loans, or other benefits from any organization or person (including a Principal Investigator) that does or seeks to do business with IPA? **Yes** [ ] **No** [ ].





If yes:

- a. Who received the Gifts, loans, or other benefits? (This can be you or a Family member. If a Family member, explain how you are related to this person.)
- b. What is the name of the person or organization?
- c. What type of work or business does the person or organization do?
- d. Describe the Gift, loan, or other benefits:
- e. Describe the amount of value of the Gift, loan, or other benefits:

6. FOR EXPATRIATE AND THIRD-COUNTRY NATIONALS ONLY: Are you engaged in a business or investment in your country of assignment?<sup>7</sup> **Yes** [ ] **No** [ ] .

If yes, list name of business or investment and description of nature of engagement:

7. Do you or any of your Family Members participate in, or are respondents for, or beneficiaries from any IPA or IPA affiliated project? **Yes** [ ] **No** [ ] .

If Yes,

- a. What is the name of the person involved, and how are they related to you?
- b. What IPA project is involved?

8. Do you have any other relationships that create or might create a conflict of interest that you need to disclose? **Yes** [ ] **No** [ ] .

If yes, please describe:

**Acknowledgment:** I hereby attest to having read in full and understood this IPA Staff Conflict of Interest Policy. I acknowledge that I completed this Disclosure Form truthfully and to the best of my knowledge and belief, and further acknowledge that supplying any false information or failing to provide requested information is grounds for disciplinary action up to and including termination. I understand that I must update this form should any change in circumstances cause this Form to no longer be correct, as soon as any such change occurs.

Name: \_\_\_\_\_

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<sup>7</sup> See also IPA *Code of Conduct* Policy Statement “Refraining from Outside Employment or Activities that May Impair Responsibilities to IPA” which provides that “Expatriate employees (U.S. and third-country nationals) are prohibited from directly or indirectly engaging in any business or investments in country of assignment.”



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This is an (check one):

- Initial Disclosure Form
- Annual update to Disclosure Form
- Updated Disclosure Form, due to personal changed circumstances

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**To Be Completed by Reviewing Authority:**

Reviewing Authority Name: \_\_\_\_\_

Reviewing Authority Title: \_\_\_\_\_

Designee Name (if reviewed initially by a designee): \_\_\_\_\_

After reviewing this Disclosure Form, I have determined that the discloser **has**  **or has not**  answered “yes” to any of the questions.

If the staff, intern, volunteer, casual worker, or consultant has answered “yes” to any of the questions, describe: 1) the nature of the potential/actual conflict of interest; and, 2) proposed remedial action actions to be taken to resolve or manage the potential/actual conflict.

Reviewing Authority Name and Signature: \_\_\_\_\_

(Or Reviewing Authority Designee, if the discloser has not answered “yes” to any question)

Date: \_\_\_\_\_

**To Be Completed by General Counsel or Designee for Country Office-Based Staff, Intern, Volunteer, Casual Worker, or Consultant:**

After review with Country Director, the following remedial actions have been agreed and put in place:

General Counsel or Designee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Exhibit B**  
**Annual Acknowledgement of Reviewing Authority**

Pursuant to the Staff Conflict of Interest Policy, by the end of January, the Country Directors shall submit an Annual Acknowledgement to the General Counsel or her designee. The format for such Annual Acknowledgement may be made via e-mail and take the following form:

Dear General Counsel,

I, \_\_\_\_\_[NAME]\_\_\_\_\_, Country Director for \_\_\_\_\_[Country/ies]\_\_\_\_\_ hereby acknowledge that the Staff Conflict of Interest Policy has been complied with for the year [DATE – DATE] and [there were no disclosures requiring remedial action for your review] [there are # disclosures attached for your review].

Sincerely,

[NAME]