



**Knowledge for Change  
Professional Volunteering and  
Student Placement Project  
(Tanzania)**

**Risk Assessment  
Version 2.1: January 2023**

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## Introduction

1. A risk analysis of the Knowledge for Change (K4C) placement sites and facilities in Tanzania has been undertaken as part of our ongoing commitment to the health, safety and welfare of our staff, volunteers, students, partners and the wider public. The risk analysis involved visiting each of the K4C sites across Tanzania between 25<sup>th</sup> June and 25<sup>th</sup> August 2022, and subsequent liaison with local staff, colleagues and stakeholders as well as reviewing information from media outlets, the UK FCDO and the Tanzanian government. The site visits involved discussion with local partnership leads, project managers, staff, volunteers and students where available.
2. It is recognised that any placement in Tanzania can be a hazardous endeavour. The risk analysis was undertaken on location in Tanzania by Dr James Ackers-Johnson (Project Manager, Knowledge for Change (UK)) and Mr Allan Ndawula (Programme Coordinator (East Africa), Knowledge for Change).

## Purpose of Risk Management

3. Risk is the effect of uncertainty on the achievement of objectives. Effective risk management requires anticipation of opportunity, but also what could stop the achievement of the objectives, and through adaptation increase the level of resilience of the project and maximising benefit for stakeholders and investors. The primary goal of risk management is to achieve objectives<sup>1</sup>. In this context, the objective was assumed to relate to the provision of sustainable and effective long- and short-term volunteer and student placements to support the advancement of healthcare delivery throughout Uganda/Tanzania and to facilitate an effective learning environment for the volunteers and students. This risk analysis sought to anticipate and examine potential threats which could compromise that goal. It would be regarded as a failure of that goal if, as a consequence of a hazard arising without sufficient mitigation or contingency, it led to either the temporary or permanent cessation of volunteer or student placements at one or more locations.
4. This document refers to inherent and residual risk. For clarity, inherent risk represents the estimated level of risk exposure without taking any further steps to mitigate or neutralise the threat (i.e. what it would be if nothing was done); whereas residual risk represents the estimated level of risk exposure after taking additional steps to control the risk. Estimates of residual risk are therefore lower because they take into account the controls applied.

<sup>1</sup> SI (2008) Risk management – Code of Practice. BS 31100:2008. London. British Standards International

## Organisational Risk: The Legal Position

Knowledge for Change originally sought legal advice from the chief risk assessor at University Hospital South Manchester (Mr Paul Moore) in July 2012 in respect of its activities and whether it might be liable under the provisions of the Corporate Manslaughter and Corporate Homicide Act 2007 (CMCHA), or the Health & Safety At Work Etc. Act 1974, should staff

members, volunteers

or students be fatally injured in Uganda/Tanzania<sup>2</sup>. The legal position is complex, but it is our understanding that it is **possible** an action could be brought against the legal entity co-ordinating the activity. It is therefore extremely important to ensure the legal entity co-ordinating the volunteering activity can demonstrate it has taken all reasonable and practicable precautions to minimise the risk of harm arising from those activities associated with its professional volunteering and student placement activities.

### **Corporate Manslaughter and Corporate Homicide Act 2007 (CMCHA)**

5. The CMCHA came into force on 6 April 2008. The CMCHA only applies to deaths where the conduct of harm, leading to the death, occurs on or after 6 April 2008. Therefore, the CMCHA could apply to the current volunteering and student placement programmes in Uganda/Tanzania. The offence under the CMCHA works in conjunction with other forms of accountability, for example health and safety legislation and gross negligence manslaughter for individuals.
6. The offence is set out in section 1(1) of the CMCHA as follows:-

*"An organisation (...) is guilty of an offence if the way in which its activities are managed or organised-*

  - a. causes a person's death, and*
  - b. amounts to a gross breach of a relevant duty of care owed by the organisation to the deceased"*
7. Section 1(2) goes on to state that an organisation is guilty of an offence only if the way in which its activities are managed or organised by its senior management is a substantial element in the breach referred to in subsection 1 above.

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<sup>2</sup> Based on legal advice provided by Hill Dickinson LLP to UHSM and K4C in January 2012

## Elements of the Offence

8. The following need to be proved in order to establish an offence:-
  - a. defendant is a qualifying organisation;
  - b. the organisation causes a death (the CMCHA doesn't define causation but the intention is to follow the test for gross negligence manslaughter i.e. that the breach was a more than minimal contribution to the death);
  - c. there was a relevant duty of care owed by the organisation to the deceased (in Knowledge for Change's case it will be the duty of care owed to employees, volunteers and students (section 2(1));
  - d. there was a gross breach of that duty (this will be for a jury to decide, taking into account whether the evidence shows that the organisation failed to comply with any health and safety legislation that relates to the breach and, if so, how serious the failure was (section 8(2)(a)) and how much of a risk of death it posed (section 8(2)(b)). A gross breach is something which must fall far below what could reasonably be expected of the organisation in the circumstances (section 1(4)(b));
  - e. a substantial element of that breach was in the way those activities were managed or organised by senior management; and
  - f. the defendant must not fall within one of the exemptions under the CMCHA.
  
9. Therefore, the CPS will have to consider how the activity, which resulted in death, was managed, or organised, throughout the organisation, including **any systems and processes for managing safety and how these were operated in practice.**

## Gross Breach

10. As highlighted above any breach has to be gross, i.e. falling far below what would reasonably be expected. The UK Crown Prosecution Service has produced further helpful guidance regarding this concept and suggests that the test for grossness is; "Either that there was a serious and obvious risk of death from the specific act being undertaken or, even if the risk of death from that act was small, nevertheless the way the organisation through its senior management approached health and safety was so lax, that an accident was always likely to occur in some way."
  
11. It would be a matter for a jury to consider whether it was or should have been obvious to senior managers for example, the jury may consider:-
  - a. attitudes, policies, systems or accepted practices that were likely to have encouraged the breach or produced a tolerance of it;
  - b. any health and safety guidance issued by the relevant enforcement agency that related to the breach;
  - c. any other matters (which is likely to capture the organisation's own internal guidance/policies/procedures/training).

## Senior Management

12. This term is defined in section 1(4) to mean those persons who play a significant role in the management of the whole, or a substantial part of the, organisation's activities. Neither are defined but are likely to apply to people whose involvement is influential, not those who are simply carrying out activities. It is therefore, essential to have a clear organisational structure.

## How will the Court make its Decision?

13. The Court will be looking to make a direct link between system failings and the death. In reaching its decision, the Court will examine how the fatal activity was organised including:-
- a. Policies and systems including whether they take into account any relevant guidance, their effectiveness and implementation;
  - b. Training and supervision;
  - c. Risk assessment, monitoring, auditing and compliance;
  - d. Wider cultural issues such as the degree to which organisational culture, systems, attitudes and accepted practices encourage or tolerate failure or non-compliance with policies and health and safety legislation.

## Health and Safety

14. It is also important to bear in mind duties to employees, volunteers and students under the Health and Safety at Work Act 1974 (HSWA) as compliance with these obligations will be relevant issues to be considered by the jury. For example, section 2(1) of the HSWA places a duty on every employer to ensure, so far as is reasonably practicable, the health and safety at work of all their employees.
15. The culture of health and safety within the organisation will be scrutinised when a prosecution is being considered including:-
- a. The 'tone' and level of commitment to health and safety issues;
  - b. The setting of policies and procedures to comply with requirements under health and safety legislation, including:-
    - i. Investigation of risk;
    - ii. The recording, reporting, monitoring / auditing of compliance with health and safety requirements;
    - iii. Responses to non-compliance;
    - iv. Responses to changes in risk and known incidents; and
    - v. Dissemination of information regarding health and safety procedures and policies (including staff training).
  - c. The provision of an 'audit trail' to provide evidence that the organisation is compliant with current health and safety guidance (including regular reviews of procedures and implementation of Board recommendations).

16. There are duties on staff, volunteers and students to take reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions whilst at work (section 7, HSWA). Therefore, in addition to the organisation taking the steps outlined above, it should be reiterated to staff, volunteers and students undertaking a trip to Uganda/Tanzania that they also have a duty to protect themselves, as well as others, by following the guidance issued by the organisation and by carrying out their own dynamic risk assessments and reporting any issues back to the organisation.

## **United Kingdom Jurisdiction**

17. The CMCHA applies if the **harm** resulting in death is sustained in the United Kingdom or in other specified areas, for example, registered ships and British-controlled aircraft (section 28(3)). It is arguable that the harm does not solely relate to the death itself therefore, the organisation could be liable to prosecution under the CMCHA if the **harm** is considered to have occurred in the UK, for example, in failing to properly manage the risks faced by staff visiting Uganda/Tanzania. There is also the possibility that staff could be injured in Uganda/Tanzania but could subsequently die in the UK following repatriation.
18. The law is not clear in this area as there have been only a limited number of prosecutions under the CMCHA and differing views regarding interpretation of **harm** have been put forward. It is therefore sensible to take reasonable precautions to ensure, as far as possible, the safety of volunteers.



## Risk Methodology

### Modified Risk Grading Tool

SEVERITY INDEX		LIKELIHOOD INDEX	
5	<p>a) <i>Death caused by an event; or</i></p> <p>b) <i>the need to permanently withdraw from placement operations at one or more locations; or</i></p> <p>c) <i>an event leading to the withdrawal of support of either the UK or Ugandan/Tanzanian governments; or</i></p> <p>d) <i>inability to provide placements at one or more locations for a period of ≥ 6 months.</i></p>	5	<i>Almost Certain</i>
4	<p>a) <i>Severe permanent harm requiring emergency treatment and/or repatriation; or</i></p> <p>b) <i>inability to provide placements at one or more locations for a period of ≥ 1 month</i></p>	4	<i>Likely</i>
3	<p>a) <i>Moderate harm – injury or illness resulting in the need for clinical intervention, the temporary absence from placement and/or removal from the location for treatment; or</i></p> <p>b) <i>inability to provide placements at one or more locations for a period ≥ 7 days</i></p>	3	<i>Possible</i>
2	<p>a) <i>Minor harm – minor treatment which can be administered at the location; or</i></p> <p>b) <i>inability to provide placements at one or more locations for a period ≤ 7 days</i></p>	2	<i>Unlikely</i>
1	<p>a) <i>No harm; or</i></p> <p>b) <i>no disruption to placement activities</i></p>	1	<i>Extremely Rare</i>

### Range of Risk-Exposure Outcome Scores (Severity x Likelihood)

VERY LOW RISK					LOW RISK					MEDIUM RISK					HIGH RISK					VERY HIGH RISK				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25

### Index of Risks

19. The following hazards were considered to represent a material threat to the operation of Knowledge for Change and its volunteer and student placement programmes:
- Access to safe supply of food and drinking water at location;
  - Assault (verbal, physical, sexual);
  - Unsafe or unsupervised clinical activities / 'lone working';
  - Civil unrest / violent public disorder;
  - Exposure to infection / tropical disease;
  - Lost (in unfamiliar and/or dark surroundings);

- g. Needle stick Injury (including provision of emergency HIV post-exposure prophylaxis);
- h. Personal accident or injury including road traffic accidents;
- i. Slips, trips or falls on uneven, wet and/or muddy ground;
- j. Sun exposure
- k. Terrorist attack targeted at volunteers/students or project staff (suicide bomb, false imprisonment, kidnap or hostage)

20. In addition, the standard of volunteer and student accommodation (where provided) and anticipated transportation to each location was also inspected to inform the risk analysis.

## Index of Locations

21. The locations reviewed were as follows:
- a. Kilimanjaro Christian Medical Centre (KCM) - Moshi
  - b. Mawenzi Regional Referral Hospital (MAW) - Moshi
  - c. Pasua Health Centre (PAS) - Moshi
  - d. Majengo Health Centre (MAJ) - Moshi
  - e. Mnazi Mmoja Hospital (MMH) - Zanzibar

## Summary Analysis

Hazard Profile	Overall Residual Risk Exposure (Taking Control into Consideration)				
	KCM	MAW	PAS	MAJ	MMH
Access to safe supply of food and drinking water at location	6	6	6	6	6
Assault (verbal, physical, sexual)	10	10	10	10	5
Unsafe or Unsupervised clinical activities / lone working	8	12	12	12	12
Civil unrest / violent public disorder	8	8	8	8	8
Exposure to infection / tropical disease	8	8	8	8	4
Lost (in unfamiliar and/or dark surroundings)	4	4	9	6	6
Needlestick injury and HIV risk (including provision of HIV Post-Exposure Prophylaxis)	6	6	6	6	6
Personal accident or injury including road traffic accident	15	15	15	15	10
Slips, trips or falls on uneven, wet and/or muddy ground	8	8	8	8	8
Sun exposure	4	4	4	4	4
Terrorist attack (direct or indirectly targeting volunteers or the project (suicide bomb, false imprisonment, kidnap or hostage)	10	10	10	10	10
Covid-19 (including risk for personal health and placement experience)	4	4	4	4	4
Are all risks acceptable (i.e. controlled as low as practicably possible) (Y/N)?	Y	Y	Y	Y	Y

## Specific Observations at Each Location

### Kilimanjaro Christian Medical Centre (KCMC)

22. No significant concerns identified. KCMC is located a short drive from both the centre of Moshi and the accommodation provided by Knowledge for Change. Moshi is approximately 1 hour drive from the nearest airport (Kilimanjaro). The local roads to and from the airport and KCMC are of good quality, although care should be taken with fast-moving vehicles. Moshi is a relatively safe town and has good amenities for international travellers due to its popularity as a tourist destination.
23. The accommodation is safe, secure, clean and well looked after. The location is good, located close to amenities such as supermarkets, banks, restaurants and shops. KCMC can be accessed by foot (approximately 30-40 minutes) or alternatively by taxi or tuk-tuk. Caution should be taken when walking at night as the path is not well lit. It is advised that for safety, volunteers and students should walk along the main road if it is dark rather than using smaller rural footpaths, and to travel in pairs or larger groups. If using tuk-tuks, trusted drivers should be used to ensure volunteers/students are safe and do not have to barter for price, which can sometimes cause anxiety. Volunteers/students should be advised to drink only bottled or boiled water, and to always sleep under the mosquito nets provided.
24. The Hospital itself is of very high quality compared to other similar health facilities that K4C partners with across Uganda and Tanzania. It is a large private-not-for-profit mission hospital which receives support from multiple international donors as well as the Tanzanian government. The wards are well maintained and well-resourced in terms of both staffing and equipment/consumables. This reduces the risk of lone working and lacking supervision for both volunteers and students. Running water and soap is available on all wards to reduce the risk of infection.
25. The UK FCDO does not highlight any specific risks in relation to the Kilimanjaro District of Tanzania, however this advice should be monitored consistently in case of any new risks arising in future. Volunteers/students should be advised to seek advice from their GP or local travel clinic prior to travelling in terms of any required vaccinations and antimalarials. They should also be advised to take preventative measures to avoid getting bitten by mosquitoes, and nets should be provided for their beds.

### Mawenzi Regional Referral Hospital

26. Mawenzi Regional Referral Hospital is located centrally in Moshi City and is the main government run health facility in the area, offering comprehensive health services to the local population. It can be accessed on foot from K4C's accommodation within 15 minutes, or alternatively a 5-minute tuk-tuk or private taxi.

27. Mawenzi hospital is not as well maintained and resourced as KCMC, meaning there is a slightly increased risk to students/volunteers relating to ensuring appropriate supervision and avoiding labour substitution/lone working. There is also a slightly increased risk of volunteers/students being exposed to difficult or traumatic experiences. Therefore, a similar supervision, reporting and debrief structure should be utilised to that being deployed by K4C in Uganda. All other risks remain similar to KCMC noted above.
28. Caution should be taken when walking at night as the path to/from the accommodation is not well lit. It is advised that for safety, volunteers and students should walk along the main road if it is dark rather than using smaller rural footpaths, and to travel in pairs or larger groups. If using tuk-tuks, trusted drivers should be used to ensure volunteers/students are safe and do not have to barter for price, which can sometimes cause anxiety.
29. The accommodation to be used for volunteers/students being placed at Mawenzi Regional Referral Hospital will be the same as that used for those being placed at KCMC.

## Pasua Health Centre

30. Pasua Health Centre is the equivalent to a level 4 health centre in Uganda, providing primarily maternal and newborn services, as well as emergency obstetric care, outpatient and some inpatient services. There should be a medical officer on site 24 hours a day, however this is not always the case given staff shortages.
31. Pasua Health Centre does not present any specific risks for students/volunteers, especially as it is located in a safe, gated and guarded compound. The building is in good condition; most of the equipment is functional but is limited in supply. Sharps bins are available and emptied regularly, and HIV prophylaxis is available at the pharmacy and also in Moshi town centre.
32. Pasua Health Centre is relatively well staffed given the volume of patients it deals with and its size, however it is recommended that volunteers and students do not engage in activities in the operating theatre unless a new member of medical staff is appointed or other staff are available to fill the rota. In other areas of the Health Centre, it is expected that copresence can be achieved given the current staffing levels.
33. The drive from the volunteer/student accommodation to Pasua Health Centre takes around 20 minutes depending on traffic. The roads are in relatively good condition however, some vehicles drive at high speeds so care should be taken and trusted drivers used. The road is not well lit, so volunteers/students should be advised not to walk during the night or twilight hours. Additionally, given its slight distance from the city centre, volunteers/students should be given a more comprehensive orientation to the local area to enable them to access food, refreshments and

public/private transport (where applicable).

### Majengo Health Centre

34. Majengo Health Centre is the equivalent to a level 3 health centre in Uganda. It is nursing and midwifery led, and does not usually have a medical officer on site. It is located within Moshi city, approximately 20-minutes walk from the student/volunteer accommodation.
35. Staff at the Health Centre were found to be welcoming and well-organised, although it remained very busy. Hand hygiene facilities were quite limited in clinical areas. Sharps boxes were available but some were occasionally over filled. HIV PEP supplies were not available at the facility itself, however were available via local pharmacies and also at KCMC and other local health facilities.
36. Volunteers/students placed at Majengo Health Centre would be using the same accommodation as at KCMC. The advice remains the same to avoid travelling to/from placement in the dark and to walk via the main roads as opposed to smaller side roads. If necessary, trusted private hire taxis or tuk tuks should be used for transportation.
37. Some pathways in and around the health centre are uneven so appropriate footwear is strongly recommended to minimise the risk of falls or injury.

### Mnazi Mmoja Hospital (Zanzibar)

38. Mnazi Mmoja Hospital is the main National Referral Hospital, serving both Unguja and Pemba Islands, which together form the archipelago of Zanzibar. Although Zanzibar constitutes part of the United Republic of Tanzania, it also has a semi-autonomous government and therefore the laws and customs of both regions were considered for the purpose of this risk assessment.
39. As a National Referral Hospital, Mnazi Mmoja provides comprehensive health services for the population of Zanzibar and offers a wide variety of learning opportunities for students. It is a relatively large hospital facility and although there is some signposting towards different areas, the majority are only written in Swahili which can make it difficult to navigate. Volunteers/students should be given a comprehensive orientation to avoid getting lost.
40. Mnazi Mmoja Hospital currently serves as the only teaching hospital in Zanzibar and therefore regularly hosts large numbers of local (and international) students from various disciplines. The sheer number of local students poses a unique challenge as although they reduce the risk of lone-working, they can increase the risk of inadequate supervision as the limited number of qualified local staff are sometimes expected to supervise large numbers of both national and international students. It is therefore advised that K4C only places students on placement at Mnazi Mmoja when K4C staff/professional volunteers are available to ensure their appropriate

supervision, and that students are reminded about the risks and reporting mechanisms relating to supervision and lone working.

41. There resourcing and general maintenance varies somewhat across the different areas of the hospital. The maternity, paediatric and mental health units were built relatively recently and have been well maintained. Some other areas, in particular the medical and surgical wards, are located in a much older building which is more poorly maintained. This particular building is due to be fully renovated in July 2023, which will hopefully improve the condition of the building but may also cause some additional disruption in the short-term.
42. Hand hygiene facilities were somewhat limited in the older clinical areas; volunteers/students should therefore be reminded of the importance of practising good hand hygiene and advised to carry a personal supply of hand sanitiser. Sharps boxes were available and tended to be emptied regularly. It was explained that emergency HIV PEP was always available on site as well as via local pharmacies.
43. Volunteers/students will be expected to walk from their accommodation to Mnazi Mmoja Hospital (except in limited circumstances), which takes approximately 15-20 minutes. The road is safe and relatively well lit, however it is slightly narrow so care should be taken with passing traffic. The hospital's mental health unit is located at a different site, approximately 10 minutes' drive away from the accommodation and main hospital site. A reliable private hire taxi or tuk tuk should be arranged to transfer students/volunteers to/from the mental health unit as it is too far to walk.
44. The accommodation is located in a safe area and is maintained to a high standard. It does not present any notable risks to student/volunteer safety, aside from the risk of drinking tap water that has not been boiled. Students/volunteers should be given a local orientation to minimise the risk of getting lost, and to ensure they have easy access to local amenities, all of which are easily accessible on foot. The airport is located within 20 minutes' drive of the accommodation; K4C will arrange airport transfers with trusted private hire taxi drivers.
45. The island of Zanzibar is relatively safe and volunteers/students can travel around freely, either on foot or by Dala Dala (local public bus) or by private hire taxis. They should however be advised to travel in pairs or larger groups, particularly at night. Students/volunteers should also be advised to dress conservatively in order to minimise the risk of causing offence to local people, including covering shoulders and wearing knee length or longer dresses/skirts/shorts etc. There is currently no UK FCDO advice against travel to Zanzibar; K4C should continue to monitor this advice in case of any updates.
46. Although the risk of malaria is relatively low in Zanzibar, volunteers/students should still be advised to take preventative measures to avoid getting bitten by mosquitoes, and to take antimalarial prophylaxis as prescribed by their

GP or travel clinic prior to travelling.

## Detailed Risk Analysis for K4C Placement Sites in Tanzania

Dates of original comprehensive analysis:	25 <sup>th</sup> June 2022 – 14 <sup>th</sup> August 2022
Dates of latest comprehensive review:	N/A
Dates of latest partial review:	January 2023
Version:	2.1
Assessor(s):	Dr James Ackers-Johnson & Mr Allan Ndawula
Activity:	Knowledge for Change's clinical placements in Tanzania
Control of Undertaking:	Students and Professional Volunteers
Individuals at greatest risk:	First time students/volunteers, and those with certain mental and/or physical disabilities
Next Review Date:	January 2024



HAZARD	CURRENT CONTROLS	LOCATION	INHERENT RISK			RESIDUAL RISK			ADEQUATE	ONGOING ACTION REQUIRED
			S	L	RR	S	L	RR	Y/N	
Access to safe supply of food and drinking water at location	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> <li>- Drink only bottled/boiled water.</li> <li>- Exercise caution when eating uncooked foods such as vegetables and salads.</li> <li>- Ensure meat is thoroughly cooked and eaten hot.</li> <li>- Wash hands thoroughly before eating or handling food and after using the toilet.</li> </ul> <p>2) Good quality restaurants and cafes highlighted in local areas during induction programme and local orientation on arrival.</p> <p>3) Self-catering facilities provided where possible within accommodation.</p> <p>4) Pre-travel health questionnaire to identify food allergies and provide relevant advice and support.</p>	KCM	4	3	12	3	2	6	Y	<p>Ongoing advice and support for students/volunteers during their placements.</p> <p>Professional health volunteers to play important role in advising, monitoring and supporting others who become ill.</p> <p>Monitoring for any potential localised outbreaks of diseases (e.g. typhoid or cholera).</p> <p>Communicate controls and clarify understanding with student/volunteer</p>
		MAW	4	3	12	3	2	6	Y	
		MAJ	4	3	12	3	2	6	Y	
		PAS	4	3	12	3	2	6	Y	
		MMH	4	3	12	3	2	6	Y	
Assault (verbal, Physical or sexual)	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> <li>- Dress down; wear conservative, plain and inexpensive clothing that is respectful of local customs and traditions.</li> <li>- Always be aware of your surroundings.</li> <li>- Never go out alone after dark.</li> <li>- Learn and use local greetings.</li> <li>- Don't react if anything untoward happens, calmly walk/drive away and remove yourself from the situation (e.g. if you are involved in a road traffic accident).</li> <li>- Calmly remove yourself immediately from any sign of volatility, public disorder or unrest.</li> <li>- Report any instances immediately to K4C staff or the police (as appropriate)</li> <li>- Don't express your sexuality in public, particularly if from an LGBTQ+ background, and do not attend any protests or challenge local people's beliefs relating to homosexuality.</li> </ul> <p>2) Local mobile phones, sim cards and credit for use in case of emergency are provided. Students/volunteers are advised not to leave the residential accommodation without them.</p>	KCM	5	3	15	5	2	10	Y	<p>K4C staff and professional volunteers to provide ongoing advice and support for other volunteers and students.</p> <p>Continued regular communication with all students/volunteers completing placements.</p> <p>Communicate controls and clarify understanding with student/volunteer prior to departure.</p> <p>Designated safeguarding officer clearly identified to students/volunteers for support and reporting.</p>
		MAW	5	3	15	5	2	10	Y	
		MAJ	5	3	15	5	2	10	Y	
		PAS	5	3	15	5	2	10	Y	
		MMH	5	2	10	5	1	5	Y	

Unsafe or Unsupervised Clinical Activities or lone working	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> <li>- Withdraw from undertaking clinical work in the absence of professional Tanzanian peers, or should you become a substitute for locally employed staff.</li> <li>- Never undertake clinical work beyond your personal comfort or professional competency</li> <li>- In an emergency, it is accepted that a student/volunteer may be compelled to act or intervene clinically according to their level of competency. If compromised clinically or professionally, withdraw from the clinical activity even if this leaves the patient at risk. Report immediately to your mentor, the professional volunteer peer group and the project management.</li> </ul> <p>2) Students will always be allocated a UK professional volunteer as a supervisor.</p> <p>3) Ensure full adherence to 'Copresence principle'</p>	KCM	4	3	12	4	2	8	Y	<p>K4C staff and professional volunteers to provide ongoing advice and support for other volunteers and students.</p> <p>Communicate controls and clarify understanding with student/volunteer prior to departure.</p> <p>Copresence principle explained clearly to all students/volunteers, adherence is mandatory.</p> <p>Provision of appropriate ratio of professional volunteers to students to ensure supervision and support.</p>
		MAW	4	4	16	4	3	12	Y	
		MAJ	4	4	16	4	3	12	Y	
		PAS	4	4	16	4	3	12	Y	
		MMH	4	5	20	4	3	12	Y	
Civil unrest / violent public disorder	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> <li>- Avoid large public gatherings and regularly review Foreign &amp; Commonwealth Office website for information.</li> <li>- Do not get involved in political or other rallies or disputes.</li> <li>- If it is safe to do so, remain at your residential accommodation upon witnessing or being advised of civil unrest / violent public disorder.</li> <li>- Giving your details and exact location, report any actual or potential civil unrest to K4C management, professional volunteers and your insurer and follow their advice.</li> <li>- Do not attempt to attend your clinical placement until cleared to do so by K4C management.</li> <li>- Locate your passport, pack a bag and prepare for immediate repatriation if advised.</li> <li>- Always travel with the emergency phone provided.</li> </ul>	KCM	5	3	15	4	2	8	Y	<p>Communicate controls and clarify understanding with student/volunteer prior to departure.</p> <p>Regularly check advice from foreign &amp; commonwealth office.</p> <p>Plan for any upcoming period of elevated risk such as local / government elections or political rallies.</p> <p>Maintain clear and regular communication at all times.</p>
		MAW	5	3	15	4	2	8	Y	
		MAJ	5	3	15	4	2	8	Y	
		PAS	5	3	15	4	2	8	Y	
		MMH	5	3	15	4	2	8	Y	
Exposure to infection / tropical disease	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> <li>- Regularly review UK Foreign Office Travel Advice for details of any serious outbreaks of infection or tropical diseases.</li> </ul>	KCM	5	3	15	4	2	8	Y	- K4C staff and professional volunteers to provide ongoing advice and support for other volunteers and students.

	<ul style="list-style-type: none"> <li>- Seek advice from your GP/travel clinic before commencing a placement to ensure you are fit, healthy, up to date with required vaccinations and have sufficient antimalarials.</li> <li>- Sleep under a mosquito net, always wear appropriate clothing and use suitable DEET-containing insect repellent.</li> <li>- Ensure you are covered by appropriate medical insurance.</li> <li>- If feeling unwell, inform K4C management, professional volunteers and colleagues immediately.</li> <li>- Follow induction and orientation procedures to become aware of medical risks and prevention, emergency procedures and hospital treatment locations.</li> <li>- Exercise caution when undertaking potentially risky activities such as hiking, swimming or handling wild animals.</li> <li>- Strong recommendation for all volunteers and students to be fully vaccinated against Covid-19 (subject to continuous review in line with UK and Tanzanian governmental policy and regulations).</li> </ul>	MAW	5	3	15	4	2	8	Y	<ul style="list-style-type: none"> <li>- Continued regular communication with all students/volunteers completing placements.</li> <li>- Ensure First Aid kit and HIV prophylaxis is readily available and up to date in all K4C locations.</li> <li>- Regular checks of WHO/FCO websites and local media for news on disease outbreaks (incl. Covid-19).</li> <li>- Volunteers advised to carry a personal supply of alcohol hand gel whilst on placement.</li> <li>- Infection control reminders.</li> </ul>
Lost (in unfamiliar or dark surroundings)	<ol style="list-style-type: none"> <li>1) Volunteers/Students advised: <ul style="list-style-type: none"> <li>- Prior to leaving the UK liaise with K4C management to ensure you have a complete list of contact numbers for people who can assist / orientate you upon arrival in Tanzania</li> <li>- Until orientated to the local area, do not travel alone (ideally arrange to be accompanied by a local contact).</li> <li>- Always be aware of your surroundings.</li> <li>- Never go out alone after dark.</li> <li>- Learn and use local greetings and place names.</li> <li>- Carry a torch or flashlight when travelling at night.</li> <li>- If lost, stick to well-lit streets until appropriate help can be found.</li> </ul> </li> <li>2) Local mobile phones, sim cards and credit for use in case of emergency are provided. Students/volunteers are advised not to leave the residential accommodation without them.</li> <li>3) Provision of a guide to the local placement area, incl. a map and helpful points of interest.</li> </ol>	MAJ	5	3	15	4	2	8	Y	
		PAS	5	3	15	4	2	8	Y	
		MMH	5	2	10	4	1	4	Y	
		KCM	3	4	12	2	2	4	Y	
		MAW	3	4	12	2	2	4	Y	
Needle Stick Injury	<ol style="list-style-type: none"> <li>1) Volunteers/Students advised: <ul style="list-style-type: none"> <li>- Take extra care when dealing with sharps contaminated with blood or body fluids.</li> <li>- Never re-sheath needles</li> <li>- Dispose of needles and sharps in the sharps boxes provided in the clinical area.</li> </ul> </li> </ol>	MAJ	3	5	15	3	3	9	Y	<ul style="list-style-type: none"> <li>Continued regular communication with all students/volunteers completing placements.</li> <li>Regular updates of induction pack, local guides, language guides and maps.</li> <li>Stay up to date with areas of higher risk or circumstances that may increase risk, such as outreach camps or evening placement activities.</li> </ul>
		PAS	3	4	12	3	2	6	Y	
MMH	2	5	10	2	3	6	Y			
KCM	5	2	10	3	2	6	Y			
MAW	5	3	15	3	2	6	Y			

	<p>- Wear appropriate footwear to prevent injury from any discarded sharps that may be on the floor in the clinical area</p> <p>- If a needle-stick or sharps injury occurs and the HIV status is positive or unknown, wash the wound immediately, encouraging bleeding, cover with an appropriate dressing and initiate emergency HIV Post-Exposure immediately.</p> <p>- Report any needle-stick injuries immediately to K4C management and professional volunteers.</p> <p>2) HIV PEP accessible within 60mins. of placement locations.</p> <p>3) Provision of advice and support relating to sexual relationships, especially for any volunteers/students deemed vulnerable.</p>	MAJ	5	3	15	3	2	6	Y	Continued regular communication with all Students/volunteers completing placements. Ensure comprehensive travel / medical insurance policy remains in place to assist where necessary and effective dissemination of contact no.	
		PAS	5	3	15	3	2	6	Y		
		MMH	5	3	15	3	2	6	Y		
Personal Accident or Injury including Road Traffic Accident	<p>1) K4C will arrange all transport for airport transfers and placement purposes (see K4C vehicle usage guidelines)</p> <p>2) Volunteers/Students advised:</p> <ul style="list-style-type: none"> <li>- Reside in the accommodation provided and only use reputable tour operators to visit Tanzania's National Parks or tourist attractions.</li> <li>- Never engage in recreational activities not covered by the insurance (if unsure then check with management). Where available, use transport provided for you or walk to and from your residence and work area. Never ride either as a rider or passenger a motorcycle unless required for placement (in this situation a K4C trusted driver and helmet will be provided).</li> <li>- Exercise caution when using public transport such as matatus and coaches. Take advice from management.</li> <li>- Avoid travelling alone after dark.</li> <li>- Wherever possible, keep car doors locked and windows up when driving or as a passenger in a car. Ensure valuables are stored out of view whilst the vehicle is moving and removed when not in use.</li> <li>- Do not stop at the scene of an accident – if your vehicle is involved continue with your journey and report the accident at your nearest police station.</li> <li>- Exercise caution when crossing roads.</li> <li>- Remain vigilant and report any issues immediately to K4C management, other professional volunteers and students.</li> <li>- Inform the K4C management team if they are planning to leave their placement area, and obtain written permission prior to travelling outside of Tanzania within agreed placement dates.</li> </ul> <p>3) Local mobile phones, sim cards and credit for use in case of emergency are provided. Students/volunteers are advised not to leave the residential accommodation without them.</p>	KCM	5	4	20	5	3	15	Y	Continued effective communication with all staff and students/volunteers completing placements.	
		MAW	5	4	20	5	3	15	Y		Ensure comprehensive travel / medical insurance policy remains in place to assist where necessary and effective dissemination of contact no.
		MAJ	5	4	20	5	3	15	Y		Stay up to date with areas of higher risk or circumstances that may increase risk, such as outreach camps or evening placement activities. Seek advice from FCDO on high risk travel areas and communicate updates to staff/volunteers.
		PAS	5	4	20	5	3	15	Y		Ensure K4C vehicles are well maintained and vehicle usage policy and trusted drivers are reviewed regularly.
		MMH	5	4	20	5	2	10	Y		

Slips, Trips or Falls on uneven, wet and/or muddy ground	<p>1) Volunteers/students advised:</p> <ul style="list-style-type: none"> <li>- Most locations are accessed and/or surrounded by uneven surfaces that are muddy or slippery when wet.</li> <li>- Wear stout shoes or boots</li> <li>- Look carefully to see where you are walking, particular when dark or in other situations where vision may be impaired. Travel with a torch or flashlight where possible.</li> <li>- Hold on to something to increase your stability when mobilising across uneven surfaces.</li> <li>- Always travel in pairs or groups</li> <li>- Provide advance notice to K4C management of any physical or mental disabilities which may hinder mobility or increase the risk or likelihood of slips, trips or falls.</li> </ul> <p>2) Local mobile phones, sim cards and credit for use in case of emergency are provided. Students/volunteers are advised not to leave the residential accommodation without them.</p> <p>3) Additional support and advice provided for students/volunteers with disabilities.</p>	KCM	4	3	12	4	2	8	Y	<p>Communicate controls and clarify understanding with volunteer(s) prior to departure and throughout placement.</p> <p>Ensure accommodation (including compound areas) are maintained to improve ease of access and reduce likelihood of slips, trips and falls.</p> <p>Regularly review risk assessments and insurance policies to ensure adequacy.</p>
		MAW	4	3	12	4	2	8	Y	
		MAJ	4	3	12	4	2	8	Y	
		PAS	4	3	12	4	2	8	Y	
		MMH	4	3	12	4	2	8	Y	
		MMH	4	3	12	4	2	8	Y	
Sun Exposure	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> <li>- Take sufficient supplies of sun cream as this can be more difficult and expensive to obtain once in Tanzania.</li> <li>- Wear appropriate sun cream whenever outside to protect against sunburn and reapply after swimming.</li> <li>- Wear appropriate clothing to shield from the sun</li> <li>- Drink plenty of fluids</li> <li>- Wear a hat where necessary.</li> <li>- Report any instances of sunburn or feelings of dizziness, tiredness, nausea, sickness or headaches to K4C management and professional volunteers as these can be symptoms of dehydration or sun stroke.</li> </ul> <p>2) Local mobile phones, sim cards and credit for use in case of emergency are provided. Students/volunteers are advised not to leave the residential accommodation without them.</p>	KCM	3	3	9	2	2	4	Y	<p>Communicate controls and clarify understanding with students / volunteers prior to departure and throughout placement.</p> <p>Retain emergency supplies of drinking water and sun cream at accommodation locations and where possible at placement locations.</p>
		MAW	3	3	9	2	2	4	Y	
		MAJ	3	3	9	2	2	4	Y	
		PAS	3	3	9	2	2	4	Y	
		MMH	4	3	12	2	2	4	Y	
		MMH	4	3	12	2	2	4	Y	

<p>Terrorist Attack targeted at volunteers or project (suicide bomb, false imprisonment, kidnap or hostage)</p> <p>1) Volunteers/Students advised:  - Regularly check the UK Foreign &amp; Commonwealth Office website for intelligence of specific or imminent threats of terrorism and sign up to automatic mobile text/email alerts.  - Dress down: wear conservative / plain and inexpensive clothing that is respectful of local customs and traditions.  - Don't react if anything untoward happens - calmly walk away and remove yourself immediately from any sign of public disorder or unrest.  - Avoid travelling alone, even by taxi and particularly at night. A list of trusted drivers will be provided by K4C.  - Avoid high-density public gatherings or political rallies  - Avoid any area where there are reports of civil unrest or public disorder.  - Be especially vigilant at airports, train or bus stations, expensive hotels, stores or crowded places.  - Never reveal your passport in public unless you need to.</p> <p>If taken hostage:  - Attempt to remain calm and don't speak unless spoken to  - If you are allowed to speak attempt to remain communicative with your captors but do not insult them or make political comments that may enrage them.  - Comply without hesitation to any reasonable commands given to you.</p> <p>2) Local mobile phones, sim cards and credit for use in case of emergency are provided. Students/volunteers are advised not to leave the residential accommodation without them.</p>	KCM	5	3	15	5	2	10	Y	- Communicate controls and clarify understanding with students / volunteers prior to departure and throughout placement.
	MAW	5	3	15	5	2	10	Y	- Regularly review FCO advice and communicate this efficiently with staff, volunteers and students.
	MAJ	5	3	15	5	2	10	Y	- Regularly review local media for upcoming political statements, demonstrations, rallies or events that might increase the risk or likelihood of an attack.
	PAS	5	3	15	5	2	10	Y	- Regularly review risk assessments and insurance policies to ensure adequacy.
	MMH	5	3	15	5	2	10	Y	- Continued effective communication with all staff and students/volunteers completing placements.

Covid-19 Impacts	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> <li>- Strongly recommend double vaccination (plus 'booster', where applicable) against Covid-19 with a vaccine recognised by the UK government.</li> <li>- Take precautions against Covid-19 transmission whilst in Tanzania in line with government policy and guidelines at the time, including (but not limited to) ensuring social distance is maintained, wearing a mask when indoors or in crowded spaces, practicing good hand hygiene, monitoring for potential symptoms and taking a lateral flow/PCR test and self-isolate if required. Any symptoms should be reported to K4C's management and medical staff.</li> <li>- Continue to monitor and take advice from the World Health Organisation (WHO) and Foreign Commonwealth Office (FCO) in relation to travel, entry requirements and restrictions.</li> <li>- Never travel against advice from a GP, travel clinic or other health practitioner.</li> </ul> <p>2) Ensure comprehensive insurance cover is in place which includes medical treatment, medical repatriation and cover for cancellation or curtailment of travel due to Covid-19.</p> <p>3) Health declaration form reviewed to include statements on Covid-19 vaccination status.</p> <p>4) Maintain effective communication with HEI's in relation to student health whilst on placements and any issues arising.</p> <p>5) Ongoing review of health facilities that can provide reliable, high-quality care for volunteers/students suffering from Covid-19.</p>	KCM	4	2	8	4	1	4	Y	- Communicate controls and clarify understanding with students / volunteers prior to departure and throughout placement.
		MAW	4	2	8	4	1	4	Y	- Regularly review WHO, FCO and governmental advice in the UK and Tanzania, and communicate this efficiently with staff, volunteers and students.
		MAJ	4	2	8	4	1	4	Y	- Regularly review risk assessment and insurance policies to ensure adequacy.
		PAS	4	2	8	4	1	4	Y	- Continued effective communication with all staff and students/volunteers completing placements.
		MMH	4	2	8	4	1	4	Y	- Increased scrutiny of volunteer and student health declaration forms by K4C medical professionals to highlight potential health risks.



## Summary and Recommendations

47. Obtain legal advice in order to:
  - a. Establish whether or not Knowledge for Change is a qualifying organisation under the provisions of the CMCHA (2007).
  - b. Clarify whether Knowledge for Change's legal duties under the CMCHA and HASAW extend to volunteers and students on placements.
  - c. Clarify the likelihood of the volunteering activities in Tanzania applying as exceptions under the CMCHA (2007).
48. Review the organisational structure of Knowledge for Change as a whole and/or the specific projects in order to set out clearly those persons who play a significant role in the management of the whole, or a substantial part of, the organisation's activities.
49. Review policies and procedures for Knowledge for Change embodying all the risk issues and actions outlined in our report. Any policies/procedures should be shared with staff, volunteers and students at the briefing sessions prior to departure and a record maintained of who they have been provided to.
50. Audit compliance with the relevant policies and procedures and continue to maintain a timetable for regular risk assessment review.
51. Staff, volunteers and students should be encouraged to undertake regular dynamic risk assessments, specifically in relation to the provision of clinical care, and to report back to Knowledge for Change if any new issues/risks materialise. Advise volunteers and students to remain vigilant and alert to safety concerns. Establish a process through which staff on the ground can report back any concerns/new risks identified within agreed timescales.
52. Clearly identify key Knowledge for Change partners and stakeholders in each placement location who can play a critical role in reviewing and updating risk assessments and reporting any new risks or incidents to K4C management in a timely and effective manner.
53. Develop a clear incident reporting procedure and process for dealing with any staff, volunteers or students who are failing to comply with the relevant procedures. Within that procedure, set out clearly who has responsibility both in the United Kingdom and in Tanzania for the management of incidents that are reported.
54. Review guideline for emergency HIV Post-Exposure Prophylaxis (and update where necessary). Also review protocol for the access to and provision of HIV PEP at each placement location.
55. Improve procedures to ensure all students and volunteers are medically fit for the work they are about to undertake and attend a full pre-departure briefing and induction prior to commencing volunteering activities. Maintain detailed records for all staff attending the briefing sessions detailing what



was discussed/training received and do not permit commencement of volunteering without verification of completion of pre-departure briefing/induction.

56. Obtain written assurances from each placement location (as opposed to just verbal) that the co-presence principle is operating as intended in day-to-day practice.
57. Continue to prevent students and volunteers from completing placements at night due to safety concerns. If it is necessary to provide a service out of daylight hours or at weekends when there may be less supervision and support available, establish and implement control measures in addition to those outlined above to ensure the security and safety of students/volunteers engaged at night or during those times when there may be limited supervision or support available to them.
58. Continue to advise students/volunteers to take two pairs of 'crocks' or similar hard soled shoes to minimise the risk of standing on a discarded contaminated needles or other sharps. These should be worn whilst working in those clinical areas where it is a requirement to remove shoes prior to entry. This would be regarded as personal protective equipment under the provisions of the Health & Safety at Work Act 1974, and students/volunteers would have a duty to comply by wearing them when appropriate to do so. K4C should have a supply of spare footwear for use where necessary.
59. Continue to review insurances for staff, students and volunteers to ensure they are sufficient to:
  - d. address the need for repatriation in the event of a medical emergency;
  - e. address the need for repatriation for any other reason where the safety or welfare of volunteers is compromised;
  - f. cover any hazardous recreational activities volunteers may opt to take part in whilst in Tanzania, and where cover is insufficient, students/volunteers understand they take at their own risk.
  - g. Include comprehensive cover for Covid-19, including (but not limited to) medical treatment, medical repatriation and curtailment of travel.
60. Continue to monitor Covid-19 data and governmental advice in both the UK and Tanzania, and review current K4C policy in line with the latest guidance and policy (including in relation to vaccination status).

**- END -**