



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

**Risk Assessment
Version 5.3: July 2023**

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Introduction

1. A risk analysis of the Knowledge for Change (K4C) placement sites and facilities in Uganda 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 Uganda between 1st March and 30th September 2021, and subsequent liaison with local staff, colleagues and stakeholders as well as reviewing information from media outlets, the UK FCDO and Ugandan government. The site visits involved discussion with local partnership leads, project managers, staff, volunteers and students where available.
2. At the time of completing V5.1 of the risk assessment there was a heightened state of alertness to Ebola, following a recent outbreak of the Ebola Virus in the Mubende District. This information was known in advance and had been reported on the national news, British FCDO and WHO websites amongst other media outlets. The outbreak has since been contained, and Uganda was declared Ebola free on 11th January 2023.
3. It is recognised that any placement in Uganda can be a hazardous endeavour. The risk analysis was undertaken on location in Uganda by Dr James Ackers-Johnson (Project Manager, Knowledge for Change (UK)) and Dr Robert Ssekitoleko (Senior Lecturer, Makerere University, and Director of Knowledge for Change (Uganda)).

Purpose of Risk Management

4. 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 objectives¹. 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 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.
5. 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.

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

6. V5.3 of this document includes updated information on terrorism, road traffic accidents and for members of the LGBTQ+ community. These sections have been updated in response to a road traffic accident experienced by a K4C student whilst on placement, new legislation in Uganda relating to LGBTQ+ communities and a terrorist attack in Mpondwe on the DRC border in June.

The Legal Position

Knowledge for Change 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 Uganda². 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)

7. 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. 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.
8. 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"*
9. 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.

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

Elements of the Offence

10. 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.

11. 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

12. 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."

13. 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

14. 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?

15. 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

16. 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.
17. 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).
18. 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 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

19. 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. There is also the possibility that staff could be injured in Uganda but could subsequently die in the UK following repatriation.
20. 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 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

21. 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)
22. 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.
23. At the time of completing the risk assessment there was a heightened state of alertness to Ebola, following a recent outbreak of the Ebola Virus in the Mubende District. This information was known in advance and had been reported on the national news, British FCDO and WHO websites amongst other media outlets. The outbreak has since been contained, and Uganda was declared Ebola free on 11th January 2023.

Index of Locations

24. The locations reviewed were as follows:
- a. Kabubbu Level 3 Health Centre (KAB)
 - b. Kasangati Level 4 Health Centre (KAS)
 - c. Mulago University Teaching Hospital (MUL)
 - d. Kawempe Hospital (KAW)
 - e. Kisenyi Health Level 4 Health Centre (KIS)
 - f. Mbale Regional Referral Hospital (MBA)
 - g. Hoima Regional Referral Hospital (HOI)
 - h. Gulu Regional Referral Hospital (GUL)
 - i. Kisiizi Missionary Hospital (KMH)
 - j. Mbarara University Teaching Hospital (MUT)
 - k. Fort Portal Regional Referral Hospital (FOR)
 - l. Bukuuku Level 4 Health Centre (BUK)
 - m. Kataraka Level 4 Health Centre (KAT)
 - n. Kagote Level 3 Health Centre (KAG)
 - o. Community Based Organisations [5KM radius, Fort Portal Town] (CBO)

Summary Analysis

Hazard Profile	Overall Residual Risk Exposure (Taking Control into Consideration)														
	KAB	KAS	MUL	KAW	KIS	MBA	HOI	GUL	KMH	MUT	FOR	BUK	KAT	KAG	CBO
Access to safe supply of food and drinking water at location	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
Assault (verbal, physical, sexual)	10	15	15	15	15	12	12	12	10	10	10	10	10	10	10
Unsafe or Unsupervised clinical activities / lone working	8	12	12	12	12	12	12	12	12	12	8	8	8	4	8
Civil unrest / violent public disorder	4	8	8	8	8	8	8	8	4	8	8	8	8	4	8
Exposure to infection / tropical disease	8	8	8	8	8	8	8	8	8	8	8	8	8	8	4
Lost (in unfamiliar and/or dark surroundings)	2	2	6	6	8	6	6	6	2	6	3	6	6	2	4
Needlestick injury and HIV risk (including provision of HIV Post-Exposure Prophylaxis)	6	6	9	9	9	9	9	9	9	9	9	6	6	6	3
Personal accident or injury including road traffic accident	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Slips, trips or falls on uneven, wet and/or muddy ground	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
Sun exposure	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Terrorist attack (direct or indirectly targeting volunteers or the project (suicide bomb, false imprisonment, kidnap or hostage)	10	12.5	12.5	12.5	12.5	12.5	12.5	12.5	10	12.5	12.5	12.5	12.5	12.5	12.5
Covid-19 (including risk for personal health and placement experience)	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Are all risks acceptable (i.e. controlled as low as practicably possible) (Y/N)?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Specific Observations at Each Location

Kabubbu Health Centre 3

25. No significant concerns identified. Local roads to and from Kabubbu are challenging in wet conditions but manageable. Travelled from Kasangati to Kabubbu using the K4C 4x4 vehicle; this would be the usual medium of travel for students and volunteers based at Kabubbu alongside private hire vehicles.
26. The Health Centre had recently gained a new 5 bedded ward adjacent to the delivery room which was very clean and well organised. Hand hygiene facilities were limited compared to expected standards of high-income countries, but there were washing facilities available in the delivery room and outside the main ward area. There was good compliance with the use of sharps boxes.
27. The accommodation facilities at Kabubbu Resort Centre were excellent. The area within the complex was well maintained, secure and very welcoming. There is a bore hole on site providing a reliable supply of water for the hospital, resort and school, and we were informed it is safe to drink. There was no reason to doubt the information provided in respect of the quality of the water supplied from the bore hole; however, as a general rule, it is recommended that volunteers and students drink bottled water.
28. The pathways connecting buildings at the location are uneven (except in the Resort Centre) and appropriate footwear is strongly recommended to minimise the risk of falls or injury.

Kasangati Health Centre 4

29. The road to Kasangati Health Centre is of good quality and can be travelled within 20 minutes from Mulago Hospital (traffic dependent). The facility in-charge, Dr Ivan Nyenje, assisted in the completion of the risk analysis, providing access to all wards, waiting areas and the operating theatre.
30. K4C's student accommodation is located in a slightly more rural area, approximately 20 minutes' walk from Kasanagti Health Centre. The accommodation itself is located in a secure, walled and guarded compound. The standard of accommodation is acceptable and does not pose any notable risks to students residing there. The currently placement manager resides in the same compound which improves safety.
31. The path from the accommodation to the health centre is dark at night (and unlit by streetlights). It could also be quite easy for volunteers/students that are new to the area to get lost, which could cause anxiety. To mitigate this risk, students should be: given a thorough orientation to the local area upon arrival; advised to download an offline Google Map and include a GPS pin for the accommodation; and be provided with the landlord, placement manager and guards' mobile numbers in case of emergencies.

32. The construction of the post-operative ward and path connecting it to the operating theatre was completed by Knowledge for Change. The Maternity Unit was small, but clean and tidy. There were sharps boxes in use in the Health Centre and backup emergency lighting for when there is a power cut.
33. The Health Centre has well maintained grounds but is not fenced off from the rest of the community. It is located next to the US funded Infectious Diseases Institute which has medical staff on site at all times in case of an emergency.
34. At the time of the visit there was a doctor working at the Maternity Unit in the Health Centre (and there were other clinicians carrying out surgery within the Operating Theatre). It was informed that a senior clinician is not always available at the Health Centre during those times when a volunteer attended to undertake their duties, although we were told that they were contactable by phone and would return if the need arose. It is therefore unclear what degree of clinical supervision is available on a regular basis and the extent to which students/volunteers might be a substitute for Ugandan clinicians. The co-presence principle was understood by local staff, however it is recommended that a professional volunteer is present to supervise student placements.
35. The pathways connecting buildings at the location are uneven and appropriate footwear is strongly recommended to minimise the risk of falls or injury.

Mulago National Referral Hospital

36. Only the area of 'Old Mulago' (incl. physiotherapy, occupational therapy, the orthopaedic department, biomedical engineering, radiology and prosthetics and orthotics workshops) were assessed, on the basis this will be the only area that K4C volunteers/students may be placed. All public maternity services continue to be managed at Kawempe Hospital; the Mulago maternity services are now private and therefore no longer fall within K4C's scope of support.
37. Mulago has represented a unique challenge for Knowledge for Change over the last 15 years, offering great potential for the advancement of health care delivery at the hospital whilst also providing an enormous opportunity for the personal and professional development of UK professional volunteers and students in a challenging clinical setting. However, because of the challenges of the working environment there are additional pressures on both professional volunteers and students placed there in terms of ensuring adequate supervision and adhering to the co-presence principle. Although there are many local staff around, it is easy for students and volunteers to end up working alone which should be monitored closely.
38. We were very grateful to have had the opportunity to discuss the experience of working at Mulago with Mr Brian Senabulya, a biomedical engineer working in the orthopaedic technology and orthopaedic medicine departments who had recently supervised 6 prosthetics and Orthotics students from the University of Salford, placed by Knowledge for Change. His main concern was the footwear worn by students and volunteers which should be strong and closed-toed to

avoid sharps injuries from needles or blades left lying on the floor. HIV prophylaxis is available at multiple locations within the hospital in case of a

sharps or needlestick injury. Mr Senabulya had no concerns about student supervision in the orthopaedic medicine, orthopaedic technology or prosthetics departments but was not sure about other departments.

39. Mulago Hospital is located centrally in Kampala and is easily accessible by road. The area is relatively safe and is well lit at night time. There is a café on site which would be ideal for students and volunteers to use for lunch. Mulago Hospital Guest House is located on site and offers good quality accommodation for staff, volunteers and students if required.
40. We looked at both Mulago Hospital Guest House accommodation and the house in Kisementi which has been used in the past to house students on placement with Knowledge for Change. We considered both of the accommodations to be adequate for the purposes of supporting both long-term volunteers and students. They are safe, secure, clean and well looked after. The location of the second house is excellent, located close to amenities such as supermarkets, banks, restaurants and shops. Mulago hospital can be accessed in less than 20 minutes by footpath. However, caution should be taken when walking at night as the path is not well lit. It can also be slippery when wet. It is advised that, for safety, volunteers and students should walk along the main road if it is dark rather than using the footpath.

Kawempe Hospital

41. Kawempe was renovated in 2016, and as a result upgraded from a health centre 4 to a Hospital. Since the maternity services at Mulago National Referral Hospital turned private, Kawempe has experienced a surge in patient numbers. The risk assessment was completed based on the situation on the day of the visit, however it is noted that this may change in the near future as other facilities become operational.
42. Kawempe is currently extremely busy with very high volumes of patients. Wards are overcrowded with too many beds crammed into small areas, leading to inadequate spacing between beds. Staffing levels were insufficient to deal with the volume of patients, particularly in the maternity and neonatal intensive care units with an estimated 1 member of staff to 25+ patients in some instances. Copresence would be difficult to achieve in this environment and students/volunteers would likely end up being left on their own working with patients. It is essential that a highly qualified professional volunteers is available to provide close supervision for junior volunteers or students to minimise these risks.
43. As Kawempe has been renovated relatively recently, the equipment is mostly new and high quality compared to that found in other health facilities in Uganda. It was mostly found to be in good working order and well maintained. There were adequate sharps boxes throughout the Hospital and there is access to the components of a HIV PEP pack, however the quality of the medicines available for PEP was not verified and supplies are generally for patient use. It was

uncertain if the right PEP drugs, of sufficient quantity and quality, would be available when needed. It is recommended in respect of most placement locations for volunteers to carry a personal set of HIV PEP packs for their own personal use if required.

44. The safest transport to Kawempe would be by means of private hire taxi, however the hospital is well serviced by a public taxi (matatu) line which volunteers/students could use once sufficiently orientated. The journey can vary from 20-50 minutes depending on traffic. Kawempe Hospital is located close to a local police station and the area is not thought to be particularly dangerous for Knowledge for Change volunteers/students, however it is advised that volunteers/students do not walk around the local area alone, particularly at night. Care should be taken when walking along or crossing the main road outside the hospital.

Kisenyi Hospital

45. Kisenyi is one of the poorer areas of Kampala located slightly south of the central district. It has a large migrant population, many coming from Somalia and Sudan, and it known to be one of the more dangerous areas to walk in Kampala, particularly at night, due to the risk of theft and assault. It is therefore recommended that students/volunteers use private hire vehicles to travel to and from the hospital, particularly if they are travelling in the evening or at night. There is no direct public taxi (matatu) from Mulago to Kisenyi so volunteers would need to transfer at the main taxi terminal in central Kampala – to do this they would need additional orientation on arrival and accompanying for the first days of placement.
46. Kisenyi Hospital itself it not considered dangerous for students/volunteers, especially as it is located in a gated and guarded compound. Kisenyi was newly built in 2008 and the structure remains in relatively good condition. Most of the equipment is well maintained and functional. Sharps bins are available and emptied regularly. HIV prophylaxis is available at the pharmacy and also at nearby hospitals such as Mulago, Kawempe and Kampala International Hospital.
47. Kisenyi is relatively well staffed given the volume of patients it deals with and its size. The worst area for staffing is medicine; it is therefore 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 hospital it is expected that copresence can be achieved given the current staffing levels.
48. K4C has not identified student/volunteer accommodation nearby Kisenyi and instead recommends the same accommodation is used as for Mulago/Kasangati. This is preferable given the increased risk of theft and assault in the Kisenyi area. The drive from Mulago to Kisenyi takes 20-50 minutes depending on traffic.

Mbale Regional Referral Hospital

49. Mbale Hospital was found to be welcoming, well-organised and well-staffed by Ugandan standards although it remained very busy. Hand hygiene facilities were extremely limited in clinical areas. Sharps boxes were available but all were occasionally over filled. It was advised that the Hospital has only one consultant Obstetrician and Gynaecologist. The availability of emergency HIV PEP was explained and it was advised that sufficient supplies for patients (and staff) are kept adjacent to A&E. In keeping with the recommendations for other hospitals and health centres, it is recommended that volunteers deployed to Mbale are supplied with a full HIV PEP pack for their own use in an emergency.
50. There is no dedicated accommodation in Mbale for use by students/volunteers; it was advised that students/volunteers tend to use the Mount Elgon Hotel, the Palm Hotel or accommodation available at the nearby private Cure Hospital. The accommodation at Cure Hospital was simple but safe and adequate to host students/volunteers. Accommodation at the Palm Hotel, whilst basic, appeared to be adequate for short stays. Volunteers working for other NGO's on the ground in Mbale said they had stayed at both the Palm Hotel and the Guest House at the Cure Hospital and both were found to be comfortable and safe. It was advised that new accommodation was being constructed adjacent to the Hospital, however the construction was still in its very early stages.
51. The journey by road from Kampala to Mbale (via Jinja) takes roughly 6 hours by private vehicle and is relatively safe. The road is well surfaced and wide enough to allow overtaking vehicles. Other vehicles were seen to be driving at high speeds so it is important that a skilled driver is selected in order to avoid oncoming hazards. Transportation to and from Kampala is organised for students/volunteers by Mr Fred Chemuko (PONT-Mbale Partnership Coordinator); the vehicles are private, comfortable and reliable.
52. As with the majority of locations within which K4C operates, the pathways connecting buildings at the location are uneven and appropriate footwear is strongly recommended to minimise the risk of falls or injury.

Hoima Regional Referral Hospital

53. The road from Kampala to Hoima is well surfaced and relatively safe. The journey can be completed in 5 hours by private vehicle. Hoima is well served by coach and public taxi (matatu) from Kampala, however due to safety concerns it is advisable that private hire vehicles are used wherever possible. The road north from Hoima via Masindi is not recommended as the road surface is in extremely poor condition - in excess of 60km of dirt track, badly eroded with a very high risk of becoming stranded in wet conditions.
54. The Regional Referral Hospital at Hoima has a significant infection prevention and control problem with high bed occupancy due to septicaemia, leading to insufficient capacity to meet demand for the Maternity Unit. Hand hygiene facilities at the Hospital were very limited. Sharps boxes were in use. It was informed that emergency HIV PEP packs could be obtained from the Hospital from the patient supply, but it was not clear if the regimen used at the Hospital for HIV PEP meets the recommendations of the World Health Organisation. It

is recommended that volunteers deployed to Hoima are supplied with a full HIV PEP pack for personal use in an emergency.

55. Hoima Hospital remains particularly short staffed in the maternity department with only 1 consultant obstetrician employed who is nearing retirement. Although there are usually several intern doctors on the wards, copresence would be difficult to ensure during times of intern rotations or exams. It is therefore important that only highly qualified and experienced volunteers are based in the maternity department, especially if they are supervising K4C students or more junior volunteers.
56. K4C offers dedicated purpose-built student/volunteer accommodation in Hoima which is within 5 minutes' walking distance from the main hospital. It is safe, secure and comfortable, however it is advised that students/volunteers do not walk alone in the local area at night.
57. Dr Francis, Sr Florence and Sr Annette explained that the problems encountered with volunteers tend to relate to understanding and respecting local cultural traditions; they spoke of problems arising when solutions are 'imposed on them' rather than negotiated through consensus. Also, they explained that Hoima's experience of rapid change arising from short-term volunteering interventions did not generally lead to an enduring legacy of improvement. However they warmly welcomed placement of volunteers for 6-12 months as a means of achieving long-lasting improvements. Ownership and control of the agenda at Hoima is an important consideration for the Hospital Administration. Staff at Hoima wanted to convey that volunteers needed to recognise that "they were here by invitation".

Gulu Regional Referral Hospital

58. Gulu Hospital was found to be welcoming, well-organised and well-staffed by Ugandan standards although it remained very busy. Hand hygiene facilities were extremely limited in clinical areas. Sharps boxes were available but all were occasionally over filled. The availability of emergency HIV PEP was explained and it was advised that sufficient supplies for patients (and staff) are kept adjacent to A&E. In keeping with the recommendations for other hospitals and health centres, it is recommended that volunteers deployed to Gulu are supplied with a full HIV PEP pack for their own use in an emergency.
59. Dedicated accommodation is provided by the Manchester-Gulu Partnership for students/volunteers working at the hospital. The accommodation is secure, guarded, comfortable and in very close proximity to the main hospital (5 minutes walking distance). The Manchester-Gulu Partnership also have a designated driver and a vehicle for use by students/volunteers based further afield, for example at Lacor Hospital.
60. The journey by road from Kampala to Gulu takes roughly 6 hours by private vehicle and is relatively safe as the road has been greatly improved over the last 5 years. The road is well surfaced and has been widened to allow overtaking vehicles. Other vehicles were seen to be driving at high speeds so

it is important that a skilled driver is selected in order to avoid oncoming hazards.

61. Gulu town is now relatively safe, however students/volunteers should not walk alone on the streets at night. Travel further north of Gulu (towards Kidepo National Park and the border with Sudan) is not advised by the British FCDO website and students/volunteers should be made aware of this.
62. The pathways connecting buildings at the location are uneven and appropriate footwear is strongly recommended to minimise the risk of falls or injury.

Kisiizi Hospital

63. Kisiizi Hospital is situated in an isolated and hard to reach area of Uganda near the border with Rwanda. As such, volunteers may require special preparation for working in such an isolated environment for long periods of time. Access to Kisiizi Hospital is via the road to Kabale. It is an extremely difficult journey from Mbarara by road. 30km from the hospital there is no tarmac and the road is difficult, particularly when wet. There are a number of stretches of deep soft sand which can result in the vehicle becoming stranded, combined with deep trenches and very large potholes. Volunteers and students need to be well prepared, ideally travel in a 4x4 vehicle, and in case their vehicle were to become stuck on the road, carry a contingent supply of food and drinking water to last a night. Also, volunteers and students must be prepared to extend their stay in Kisiizi if the weather conditions do not permit safe egress by road.
64. The hospital was well equipped, well-staffed, clean and welcoming. It was informed that emergency HIV PEP packs could be obtained from the Hospital Pharmacy from the patient supply and that the HIV PEP meets the recommendations of the World Health Organisation. In keeping with the recommendations for other hospitals and health centres, it is recommended that volunteers deployed to Kisiizi are supplied with at least a full HIV PEP pack for their own use in an emergency.
65. The accommodation provided at the Hospital is not 'secure' in so far as it is not gated and kept under guard; however, the accommodation is adjacent to the hospital in a very remote and quiet village with no reports of violence noted. People staying at the guest houses were very complimentary and they seemed perfectly adequate and comfortable. Water is supplied to the houses via a bore hole and was said to be safe to drink, although bottled water supplies were available for purchase at the hospital. There was no reason to doubt the information provided in respect of the quality of the water supplied from the bore hole; however, as a general rule, it is recommended that students/volunteers drink bottled water. There is uninterrupted electrical power supplied by a hydro-electric power station at the Hospital.
66. Medical students from Cambridge University who were based in Kisiizi at the time of visiting felt Kisiizi was a great learning environment and great opportunity for personal and professional development. They felt safe in Kisiizi, however noted that travelling to and from Kisiizi can be challenging.

67. Kisiizi Hospital is a Missionary Hospital which has clear expectations of the standards and conduct of behaviour of volunteers and visitors. This issue should be discussed with volunteers and students prior to them undertaking a placement, particularly those who are not of Christian faith.

Mbarara Regional Referral Hospital

68. Mbarara is a large town located in the south of Uganda, roughly 4 hours' drive from Kampala by private vehicle. The road from Kampala to Mbarara is relatively new and so is of good quality. The town is served regularly by coach from Kampala which is relatively safe compared to other routes in the country, however it is advised to travel by private vehicle with a trusted vehicle where possible.
69. Staffing levels at Mbarara Hospital have been improved over the last 5 years and a new building has been erected to house the operating theatres and maternity unit. As a teaching hospital, they are well accustomed to hosting students and junior medical staff which reduces the chances of lone working and lacking supervision. Copresence should be achievable and there are more highly qualified Ugandan staff on the wards compared to other regional referral hospitals which make it a good placement location for students and more junior clinical staff. However, care should be taken not to overcrowd the wards with K4C students when local students are also completing placements.
70. Accommodation is available opposite the Hospital and that this is safe and adequate for students and long-term volunteers. The electricity supply has been more reliable since the installation of a second hydro-electric power plant in Jinja. In respect of emergency HIV PEP, the hospital has a secure supply readily available to students/volunteers in the private wing of the hospital, however it is advised that students/volunteers carry their own supply for personal use in case of emergencies.
71. Mbarara is a relatively safe town, however it is recommended that students/volunteers do not walk around the local area alone at night.

Fort Portal Regional Referral Hospital

72. Fort Portal is a town located in Kabarole District, Western Uganda. It is located in close proximity to a number of tourist locations including the Rwenzori Mountains, Queen Elizabeth National Park and a number of crater lakes which makes it one of the most popular tourist destinations in Uganda. As a result, local amenities are plentiful and are relatively accessible. Also, the altitude is higher than the majority of the rest of Uganda which makes the environment cooler and less tiring.
73. Fort Portal town is one of the safest areas in Uganda with relatively low crime rates. However, the town has some of the highest HIV rates in the country which means additional care should be taken when working clinically (due to the risk of needlestick injuries and blood splashes from HIV+ patients) and also socially.

Students/volunteers should be made aware of this during induction processes and reminded where necessary whilst on placements. HIV prophylaxis is readily available at the hospital and also at various private health facilities in the town. Students/Volunteers should be made aware of the locations of HIV PEP packs during induction and orientation processes.

74. The journey from Kampala to Fort Portal takes approximately 6 hours. The road is of good quality for the majority of the journey until reaching Mubende. After this point there are many potholes and some sections of mud road where resurfacing is taking place. Additional care should be taken when driving on this section of road and it should not be driven in the evening or at night where possible. K4C uses a private vehicle and trusted drivers to transport students/volunteers to and from Fort Portal to minimise these risks. Coach services are available but are more dangerous due to the increased risk of collisions and poorly maintained vehicles. Within Fort Portal, K4C has contacts for trusted drivers which should be used by students wherever necessary. Students are prohibited from using motorcycle taxis (boda bodas) due to the increased risk of injuries and theft.
75. K4C has designated accommodation for volunteers/students in Fort Portal, which is secure, comfortable and conveniently located. It is located within a gated and walled compound and there is an armed night guard and dog to deter potential thieves. There is mains water and electricity and a generator for times of power blackouts. There is a water filter provided, however it is recommended that drinking water is either boiled or bottled. Most placement locations are within walking distance from the accommodation and those further afield can be accessed using the K4C vehicles. The road from the accommodation to the centre of town has a section of mud road which can be slippery when wet so additional care should be taken when walking and driving. It is also dark so students/volunteers are advised not to walk alone in the evening or at night.
76. Fort Portal Hospital is relatively large and serves a high population from across Kabarole and 7 other districts. Although staffing levels are acceptable for a Ugandan setting, certain areas such as the neonatal intensive care unit suffer from staff shortages so care should be taken when placing students in these locations to ensure adequate supervision. Alternatively, professional volunteers should be available to supervise students at short notice should a member of local staff leave unexpectedly. Sharps bins are available and are emptied regularly, however some sharps were noticed on the floor in the neonatal intensive care unit so all students/volunteers should be advised to take additional care when walking in these areas and to wear hard soled and closed-toed shoes at all times.

Bukuuku, Kibiito, Kataraka and Kagote Health Centres (Fort Portal)

77. Bukuuku, Kibiito, Kataraka and Kagote have been analysed together as they are similar health facilities in the Fort Portal area and raised similar risks. This section should be read in conjunction with the above section on Fort Portal Regional Referral Hospital (18-20).

78. The main anticipated risk was the risk of lone working and failure to adhere to the copresence principle; the staffing levels are lacking in all of the facilities and in particular the medical staff. Nursing and midwifery staff are more reliable but have still be found to turn up late or leave early at times. Students/volunteers should be explained the risks of lone working clearly during induction processes and a clear protocol laid out to follow in case they find themselves in a vulnerable position. K4C professional volunteers should be prepared to respond quickly and effectively in this situation.
79. The drive to each of the health centres is between 20-40 minutes, with the exception of Kagote which is 10 minutes' walk from the accommodation. The roads are of poor quality with multiple potholes and sections of mud roads which can be slippery when wet. In wet conditions only a 4x4 vehicle should be used to avoid becoming stranded. It is not advisable to drive the roads at times of poor visibility such as in the evening or at night. Care should be taken when walking, especially when it is wet or dark.
80. The health centres are relatively isolated with few food and drinks vendors around. Students/volunteers should be advised to take sufficient food and drink with them to last the full day and avoid dehydration.
81. All the health centres have sharps bins which are well maintained and emptied regularly, however care should be taken when walking as occasionally sharps are left on the ward floors. Hard soled and toed shoes should be worn to minimise the risk of sustaining an injury. All the health centres have access to sinks, soap, water and alcohol hand rub for hand washing. The only exception is Kataraka which has inadequate hand washing facilities on some wards. Students/volunteers should be reminded of the importance of hand hygiene and infection control during induction and whilst on placement.

Community Based Organisations (Fort Portal & Kampala)

82. The community-based organisations included in the Risk Assessment are Kids Club Kampala (KCK), Katalamwa Cheshire Home (KCH), the Youth and Women's Empowerment Foundation (YAWE), the Fort Healthy Minds Initiative, the Association of Community Development and Welfare (ACODEWE), Kyaninga Children's Development Centre (KCDC), Rwenzori Special Needs Foundation, St Peter and St Paul's Primary School, Canon Apollo Primary School, Rwenzori Special Needs Foundation, Fort Portal Blood Bank and SOS Children's Village. All these organisations are based within 20 minutes' drive from the volunteer/student accommodations in Fort Portal and Kampala respectively, and similar risks were highlighted between both locations. This section should be read in conjunction with the above section on Fort Portal Regional Referral Hospital and local Health Centres (p. 18-20) and Kasangati Health Centre (Kampala) (p. 11-12) in terms of accommodation provision.
83. The main risk highlighted for all of the CBOs was transport. Many activities conducted by the CBOs require travel into distant/rural communities. Many of the roads are mud roads which can be slippery when wet. The most common

mode of transport for the CBOs is boda bodas which are typically more dangerous modes of transport than standard vehicles. It is advised that standard vehicles should be used where possible to transport students for placement activities. If a boda boda is essential, then students should be provided good quality helmets by the CBO or K4C and a trusted driver should be used. Students should be provided alternative placement options if they feel uncomfortable using boda boda transport.

84. CBO activities often take place in isolated, rural communities so students/volunteers should take adequate supplies of food and drinks to last them the full day. Students will have access to a mobile phone and should be advised to contact K4C management should any problems or delays occur.
85. Some CBO activities involved the use of sharps so students/volunteers should be reminded during induction processes and whilst on placement of the risks involved in handling sharps, HIV prevention and treatment, hand washing and infection prevention. Where possible, students should travel with a personal supply of alcohol hand rub for times when water and soap are not available.
86. All CBOs should be appropriately vetted to ensure adequate policies, procedures and practices are in place to ensure the safety and wellbeing of K4C staff/volunteers. Feedback should be collected on an ongoing basis from volunteers/students to ensure their positive experience, and guide K4C's selection of partners. And negative experiences should be investigated and any required steps taken to mitigate future risks.

Detailed Risk Analysis for K4C Placement Sites in Uganda

Dates of original comprehensive analysis:	1 st June 2012 – 31 st July 2012
Dates of latest comprehensive review:	1 st March 2021 – 30 th September 2021
Dates of latest partial review:	July 2023
Version:	5.3
Assessor(s):	Dr James Ackers-Johnson & Dr Robert Ssekitoleko
Activity:	Knowledge for Change's clinical placements in Uganda
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"> - Drink only bottled/boiled water. - Exercise caution when eating uncooked foods such as vegetables and salads. - Ensure meat is thoroughly cooked and eaten hot. - Wash hands thoroughly before eating or handling food and after using the toilet. <p>2) Good quality restaurants and cafes highlighted in local areas during induction programme.</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>	KAB	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>
		KAS	4	3	12	3	2	6	Y	
		MUL	4	3	12	3	2	6	Y	
		KAW	4	3	12	3	2	6	Y	
		KIS	4	3	12	3	2	6	Y	
		MBA	4	3	12	3	2	6	Y	
		HOI	4	3	12	3	2	6	Y	
		GUL	4	3	12	3	2	6	Y	
		KMH	4	3	12	3	2	6	Y	
		MUT	4	3	12	3	2	6	Y	
		FOR	4	3	12	3	2	6	Y	
		BUK	4	3	12	3	2	6	Y	
		KAT	4	3	12	3	2	6	Y	
KAG	4	3	12	3	2	6	Y			
CBO	4	3	12	3	2	6	Y			
Assault (verbal, Physical or sexual)	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> - Dress down; wear conservative, plain and inexpensive clothing that is respectful of local customs and traditions. - Always be aware of your surroundings. - Never go out alone after dark. - Learn and use local greetings. - 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). - Calmly remove yourself immediately from any sign of volatility, public disorder or unrest. - Report any instances immediately to K4C staff or the police (as appropriate) - 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. <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>	KAB	5	3	15	5	1	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>
		KAS	5	4	20	5	3	15	Y	
		MUL	5	3	15	5	3	15	Y	
		KAW	5	4	20	5	3	15	Y	
		KIS	5	4	20	5	3	15	Y	
		MBA	5	3	15	5	2	12	Y	
		HOI	5	3	15	5	2	12	Y	
		GUL	5	4	20	5	3	12	Y	
		KMH	5	3	15	5	1	10	Y	
		MUT	5	3	15	5	2	10	Y	
		FOR	5	3	15	5	2	10	Y	
		BUK	5	3	15	5	2	10	Y	
		KAT	5	3	15	5	2	10	Y	
KAG	5	3	15	5	1	10	Y			

		CBO	5	3	15	5	2	10	Y	
Unsafe or Unsupervised Clinical Activities or lone working	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> - Withdraw from undertaking clinical work in the absence of professional Ugandan peers, or should you become a substitute for locally employed staff. - Never undertake clinical work beyond your personal comfort or professional competency - 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. <p>2) Students will always be allocated a UK professional volunteer as a supervisor.</p> <p>3) Ensure full adherence to 'Copresence principle'</p>	KAB	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>
		KAS	4	5	20	4	3	12	Y	
		MUL	4	5	20	4	3	12	Y	
		KAW	4	5	20	4	3	12	Y	
		KIS	4	4	16	4	3	12	Y	
		MBA	4	4	16	4	3	12	Y	
		HOI	4	5	20	4	3	12	Y	
		GUL	4	4	16	4	3	12	Y	
		KMH	4	4	16	4	3	12	Y	
		MUT	4	4	16	4	3	12	Y	
		FOR	4	4	16	4	2	8	Y	
		BUK	4	5	20	4	2	8	Y	
		KAT	4	5	20	4	2	8	Y	
		KAG	4	3	12	4	1	4	Y	
CBO	4	3	12	4	2	8	Y			
Civil unrest / violent public disorder	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> - Avoid large public gatherings and regularly review Foreign & Commonwealth Office website for information. - Do not get involved in political or other rallies or disputes. - If it is safe to do so, remain at your residential accommodation upon witnessing or being advised of civil unrest / violent public disorder. - 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. - Do not attempt to attend your clinical placement until cleared to do so by K4C management. - Locate your passport, pack a bag and prepare for immediate repatriation if advised. - Always travel with the emergency phone provided. 	KAB	5	2	10	4	1	4	Y	<p>Communicate controls and clarify understanding with student/volunteer prior to departure.</p> <p>Regularly check advice from foreign & 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>
		KAS	5	3	15	4	2	8	Y	
		MUL	5	3	15	4	2	8	Y	
		KAW	5	3	15	4	2	8	Y	
		KIS	5	3	15	4	2	8	Y	
		MBA	5	2	10	4	2	8	Y	
		HOI	5	2	10	4	2	8	Y	
		GUL	5	3	15	4	2	8	Y	
		KMH	5	2	10	4	1	4	Y	
		MUT	5	3	15	4	2	8	Y	
		FOR	5	2	10	4	2	8	Y	
		BUK	5	2	10	4	2	8	Y	
		KAT	5	2	10	4	2	8	Y	
		KAG	5	2	10	4	1	4	Y	
CBO	5	2	10	4	2	8	Y			
Exposure to	1) Volunteers/Students advised:	KAB	5	2	10	4	2	8	Y	- K4C staff and professional

infection / tropical disease	<ul style="list-style-type: none"> - Regularly review UK Foreign Office Travel Advice for details of any serious outbreaks of infection or tropical diseases. - 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. - Sleep under a mosquito net, always wear appropriate clothing and use suitable DEET-containing insect repellent. - Ensure you are covered by appropriate medical insurance. - If feeling unwell, inform K4C management, professional volunteers and colleagues immediately. - Follow induction and orientation procedures to become aware of medical risks and prevention, emergency procedures and hospital treatment locations. - Exercise caution when undertaking potentially risky activities such as hiking, swimming or handling wild animals. - Strong recommendation for all volunteers and students to be fully vaccinated against Covid-19 (subject to continuous review in line with UK and Ugandan governmental policy and regulations). 	KAS	5	3	15	4	2	8	Y	<p>volunteers to provide ongoing advice and support for other volunteers and students.</p> <ul style="list-style-type: none"> - Continued regular communication with all students/volunteers completing placements. - Ensure First Aid kit and HIV prophylaxis is readily available and up to date in all K4C locations. - Regular checks of WHO/FCO websites and local media for news on disease outbreaks (incl. Covid-19). - Volunteers to be provided free supply of alcohol hand gel from K4C whilst on placement. - Infection control reminders.
		MUL	5	4	20	4	2	8	Y	
		KAW	5	4	20	4	2	8	Y	
		KIS	5	3	15	4	2	8	Y	
		MBA	5	3	15	4	2	8	Y	
		HOI	5	3	15	4	2	8	Y	
		GUL	5	3	15	4	2	8	Y	
		KMH	5	2	10	4	2	8	Y	
		MUT	5	3	15	4	2	8	Y	
		FOR	5	3	15	4	2	8	Y	
		BUK	5	3	15	4	2	8	Y	
		KAT	5	2	10	4	2	8	Y	
		KAG	5	2	10	4	2	8	Y	
		CBO	5	2	10	4	2	8	Y	
Lost (in unfamiliar or dark surroundings)	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> - 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 Uganda - Until orientated to the local area, do not travel alone (ideally arrange to be accompanied by a local contact). - Always be aware of your surroundings. - Never go out alone after dark. - Learn and use local greetings and place names. - Carry a torch or flashlight when travelling at night. - If lost, stick to well-lit streets until appropriate help can be found. <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) Provision of a guide to the local placement area, incl. a map and helpful points of interest.</p>	KAB	3	2	6	2	1	2	Y	<p>Continued regular communication with all students/volunteers completing placements.</p> <p>Regular updates of induction pack, local guides, language guides and maps.</p> <p>Stay up to date with areas of higher risk or circumstances that may increase risk, such as outreach camps or evening placement activities.</p>
		KAS	3	2	6	2	1	2	Y	
		MUL	4	3	12	3	2	6	Y	
		KAW	4	4	16	3	2	6	Y	
		KIS	5	4	20	4	2	8	Y	
		MBA	4	3	12	3	2	6	Y	
		HOI	4	3	12	3	2	6	Y	
		GUL	4	3	12	3	2	6	Y	
		KMH	3	2	6	2	1	2	Y	
		MUT	4	3	12	3	2	6	Y	
		FOR	4	3	12	3	1	3	Y	
		BUK	4	3	12	3	2	6	Y	
		KAT	4	3	12	3	2	6	Y	
		KAG	3	2	6	2	1	2	Y	
CBO	5	2	10	4	1	4	Y			
Needle Stick Injury	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> - Take extra care when dealing with sharps contaminated with blood or body fluids. 	KAB	4	2	8	3	2	6	Y	K4C staff and professional volunteers to provide ongoing advice and support for other
		KAS	4	3	12	3	2	6	Y	
		MUL	4	4	16	3	3	9	Y	

<ul style="list-style-type: none"> - Never re-sheath needles. - Dispose of needles and sharps in the sharps boxes provided in the clinical area. - Wear appropriate footwear to prevent injury from any discarded sharps that may be on the floor in the clinical area - 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. - Report any needle-stick injuries immediately to K4C management and professional volunteers. <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>	KAW	4	4	16	3	3	9	Y	<p>volunteers and students.</p> <p>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.</p>
	KIS	4	4	16	3	3	9	Y	
	MBA	4	4	16	3	3	9	Y	
	HOI	4	4	16	3	3	9	Y	
	GUL	4	4	16	3	3	9	Y	
	KMH	4	4	16	3	3	9	Y	
	MUT	4	4	16	3	3	9	Y	
	FOR	4	4	16	3	3	9	Y	
	BUK	4	3	12	3	2	6	Y	
	KAT	4	2	8	3	2	6	Y	
	KAG	4	2	8	3	2	6	Y	
CBO	4	2	4	3	1	3	Y		
<p>Personal Accident or Injury including Road Traffic Accident</p> <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"> - Reside in the accommodation provided. - Only use reputable tour operators to visit Uganda's National Parks or tourist attractions. - 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). - Exercise caution when using public transport such as matatus and coaches. Take advice from management. - Avoid travelling alone after dark. - 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. - 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. - Exercise caution when crossing roads. - Remain vigilant and report any issues immediately to K4C management, other professional volunteers and students. 	KAB	5	3	15	5	2	15	Y	<p>Continued effective communication with all staff and students/volunteers completing placements.</p> <p>Ensure comprehensive travel / medical insurance policy remains in place to assist where necessary and effective dissemination of contact no.</p> <p>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 FCO on high risk travel areas and communicate updates to staff/volunteers.</p> <p>Ensure K4C vehicles are well maintained and vehicle usage policy and trusted drivers are reviewed regularly.</p>
	KAS	5	4	20	5	3	15	Y	
	MUL	5	4	20	5	3	15	Y	
	KAW	5	4	20	5	3	15	Y	
	KIS	5	4	20	5	3	15	Y	
	MBA	5	4	20	5	3	15	Y	
	HOI	5	4	20	5	3	15	Y	
	GUL	5	4	20	5	3	15	Y	
	KMH	5	3	15	5	2	15	Y	
	MUT	5	4	20	5	3	15	Y	
	FOR	5	4	20	5	3	15	Y	

	<p>- Inform the K4C management team if they are planning to leave their placement area, and obtain written permission prior to travelling outside of Uganda within agreed placement dates.</p> <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>	BUK	5	4	20	5	3	15	Y	
		KAT	5	3	15	5	2	15	Y	
		KAG	5	3	15	5	2	15	Y	
		CBO	5	4	20	5	3	15	Y	
Slips, Trips or Falls on uneven, wet and/or muddy ground	<p>1) Volunteers/students advised:</p> <ul style="list-style-type: none"> - Most locations are accessed and/or surrounded by uneven surfaces that are muddy or slippery when wet. - Wear stout shoes or boots - 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. - Hold on to something to increase your stability when mobilising across uneven surfaces. - Always travel in pairs or groups - 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. <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>	KAB	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>
		KAS	4	3	12	4	2	8	Y	
		MUL	4	3	12	4	2	8	Y	
		KAW	4	3	12	4	2	8	Y	
		KIS	4	3	12	4	2	8	Y	
		MBA	4	3	12	4	2	8	Y	
		HOI	4	3	12	4	2	8	Y	
		GUL	4	3	12	4	2	8	Y	
		KMH	4	3	12	4	2	8	Y	
		MUT	4	3	12	4	2	8	Y	
		FOR	4	3	12	4	2	8	Y	
		BUK	4	3	12	4	2	8	Y	
		KAT	4	3	12	4	2	8	Y	
KAG	4	3	12	4	2	8	Y			
CBO	4	3	12	4	2	8	Y			
Sun Exposure	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> - Take sufficient supplies of sun cream as this can be more difficult and expensive to obtain once in Uganda. - Wear appropriate sun cream whenever outside to protect against sunburn and reapply after swimming. - Wear appropriate clothing to shield from the sun - Drink plenty of fluids - Wear a hat where necessary. - 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. 	KAB	2	3	6	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>
		KAS	2	3	6	2	2	4	Y	
		MUL	2	3	6	2	2	4	Y	
		KAW	2	3	6	2	2	4	Y	
		KIS	2	3	6	2	2	4	Y	
		MBA	2	3	6	2	2	4	Y	
		HOI	2	3	6	2	2	4	Y	
		GUL	2	3	6	2	2	4	Y	
		KMH	2	3	6	2	2	4	Y	
MUT	2	3	6	2	2	4	Y			

	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.	FOR	2	3	6	2	2	4	Y	- K4C staff and professional volunteers to provide ongoing advice and support for other volunteers and students.	
Terrorist Attack targeted at volunteers or project (suicide bomb, false imprisonment, kidnap or hostage)	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> - Regularly check the UK Foreign 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>If taken hostage:</p> <ul style="list-style-type: none"> - 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>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>	KAB	5	3	15	5	2	10	Y		<p>- Communicate controls and clarify understanding with students / volunteers prior to departure and throughout placement.</p> <p>- Regularly review FCO advice and communicate this efficiently with staff, volunteers and students.</p> <p>- Regularly review local media for upcoming political statements, demonstrations, rallies or events that might increase the risk or likelihood of an attack.</p> <p>- Regularly review risk assessments and insurance policies to ensure adequacy.</p> <p>- Continued effective communication with all staff and students/volunteers completing placements.</p>
		KAS	5	3	15	5	2	12.5	Y		
		MUL	5	3	15	5	2	12.5	Y		
		KAW	5	3	15	5	2	12.5	Y		
		KIS	5	3	15	5	2	12.5	Y		
		MBA	5	3	15	5	2	12.5	Y		
		HOI	5	3	15	5	2	12.5	Y		
		GUL	5	3	15	5	2	12.5	Y		
		KMH	5	2	10	5	1	10	Y		
		MUT	5	3	15	5	2	12.5	Y		
		FOR	5	3	15	5	2	12.5	Y		
		BUK	5	3	15	5	2	12.5	Y		
		KAT	5	3	15	5	2	12.5	Y		
		KAG	5	3	15	5	2	12.5	Y		
CBO	5	3	15	5	2	12.5	Y				

Covid-19 Impacts	<p>1) Volunteers/Students advised:</p> <ul style="list-style-type: none"> - Strongly recommend double vaccination (plus 'booster', where applicable) against Covid-19 with a vaccine recognised by the UK government. - Take precautions against Covid-19 transmission whilst in Uganda 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. - Continue to monitor and take advice from the World Health Organisation (WHO) and Foreign and Commonwealth Office (FCO) in relation to travel, entry requirements and restrictions. - Never travel against advice from a GP, travel clinic or other health practitioner. <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>	KAB	5	3	15	5	1	5	Y	<ul style="list-style-type: none"> - Communicate controls and clarify understanding with students / volunteers prior to departure and throughout placement. - Regularly review WHO, FCO and governmental advice in the UK and Uganda, and communicate this efficiently with staff, volunteers and students. - Regularly review risk assessment and insurance policies to ensure adequacy. - Continued effective communication with all staff and students/volunteers completing placements. - Increased scrutiny of volunteer and student health declaration forms by K4C medical professionals to highlight potential health risks.
		KAS	5	3	15	5	1	5	Y	
		MUL	5	3	15	5	1	5	Y	
		KAW	5	3	15	5	1	5	Y	
		KIS	5	3	15	5	1	5	Y	
		MBA	5	3	15	5	1	5	Y	
		HOI	5	3	15	5	1	5	Y	
		GUL	5	3	15	5	1	5	Y	
		KMH	5	2	10	5	1	5	Y	
		MUT	5	3	15	5	1	5	Y	
		FOR	5	3	15	5	1	5	Y	
		BUK	5	3	15	5	1	5	Y	
		KAT	5	3	15	5	1	5	Y	
		KAG	5	3	15	5	1	5	Y	
CBO	5	3	15	5	1	5	Y			

Summary and Recommendations

87. 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 Uganda applying as exceptions under the CMCHA (2007).
88. 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.
89. 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.
90. Audit compliance with the relevant policies and procedures and continue to maintain a timetable for regular risk assessment review.
91. 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.
92. 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.
93. 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 Uganda for the management of incidents that are reported.
94. 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.
95. 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.

96. 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.
97. 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.
98. 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.
99. Continue to review insurances for staff, students and volunteers to ensure they are sufficient to:
 - a. address the need for repatriation in the event of a medical emergency;
 - b. address the need for repatriation for any other reason where the safety or welfare of volunteers is compromised;
 - c. cover any hazardous recreational activities volunteers may opt to take part in whilst in Uganda, and where cover is insufficient, students/volunteers understand they take at their own risk.
 - d. Include comprehensive cover for Covid-19, including (but not limited to) medical treatment, medical repatriation and curtailment of travel.
100. Continue to monitor Covid-19 data and governmental advice in both the UK and Uganda, and review current K4C policy in line with the latest guidance and policy (including in relation to vaccination status).
101. Continue to monitor legal and societal developments in relation to the new legislation against the LGBTQ+ community implemented in June 2023.