



# Health Partnership Scheme

## Duty of Care Toolkit

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### Introduction

This document is produced for guidance only, and should be used together with contextually specific information and professional advice to create the tools required to ensure robust duty of care procedures for your own programme. THET has made these guidelines available to assist partnerships in this area, for which partnerships themselves must take responsibility. HPS grant holders in particular should take note of contractual obligations related to this area.

### **Requirements for Health Partnership Scheme (HPS) Grant Holders**

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Throughout the document there is guidance which details the basic measures of good practice required for all partnerships in receipt of HPS funding. These measures represent a minimum standard however, and we would encourage all partnerships to review their processes and policies regularly to ensure that they are appropriate to the size, scope and complexity of their work. If grant holders feel that they are lacking in any particular areas, THET can provide further support and guidance.

### Risk

Participating in a health partnership will inherently expose organisations and individuals to risk. Although this is part of everyday life, it is important to understand, assess and mitigate against it, ensuring that appropriate due diligence and duty of care is in place.

It is likely that NHS organisations and universities will have existing governance departments and/or risk assessment policies. Partnerships should look to engage with these, making use of available expertise in order to thoroughly assess risk.

However, whilst clear organisational principles should underpin good risk management procedures, it is crucial that all individuals involved in the partnership are fully briefed and aware of safe and appropriate working practices.

People from across all levels –from volunteers to senior managers –will be responsible for managing risk, albeit to a different extent. Specific responsibilities should be clear in advance, with mechanisms in place to ensure that information related to risk is recorded as being read and understood by all.

### **Good risk management procedures include**

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1. Key organisational principles and responsibilities for risk and security
2. Methods for assessing risk, including provision for regular review
3. Actions to be taken at each level of the partnership to minimise risk

## **Risk Management**

Risk is the extent to which we are vulnerable to threats. Threats may be related to security, health and safety or legal issues and although they cannot be influenced, vulnerability to them can be reduced. Risk assessment and analysis enables a partnership to identify both the most likely threats, whilst risk response planning identifies the ways in which to address them. This could be through underlying policies and procedures, the way in which certain activities are managed and implemented, or insurance.

There are 5 steps to risk management:

1. List existing threats

Threats are external factors which may result in harm, injury, loss or damage to an individual, programme or organisation.

A context assessment can be used to identify threats, looking at the political, social, economic and cultural background of a particular environment. This can be informed by previous visits or through partner discussions or research. Whilst it is highly recommended to consult the FCO website, local knowledge about the situation on the ground is also invaluable.

2. Look at patterns and trends

The nature of threats is likely to change over time and it is important to understand why in order to fully assess the partnership's vulnerability to them.

3. Assess vulnerability

Whilst threats are external factors, vulnerability is about exposure to or the likelihood of encountering a threat. It can be managed internally and as vulnerability is reduced, so too is the risk.

Within this step, look at factors affecting exposure to threats and identify those which are priorities. It is also important to identify your risk tolerance, which risks are acceptable and which need to be actively managed.

In order to do the latter, it is common to assign each threat a rating from 1 to 5 pertaining to both its probability and potential impact. Multiplying these ratings together will give an overall Risk Rating out of a total possible 25. The higher the rating, the higher the priority.

4. Identify ways of reducing vulnerability

Reduced vulnerability will be achieved through the development of appropriate risk management strategies, policies and procedures. These should include measures to reduce the likelihood of threats materialising and to reduce the impact of those that do, as well as to transfer or share risk, or avoid it altogether. In all cases, measures should be put in place at both the organisational and individual level as appropriate.

Such strategies might include, but are not limited to, insurance, training, written procedure and checklists.

5. Assess whether the remaining level of risk is acceptable

Whilst risk can never be completely eliminated, it is important for it to be proportional to the expected gains of the partnership. Having completed steps 1 to 4 and adopted appropriate risk management strategies, the partnership should be satisfied that the level of risk remaining is acceptable.

Risk management is not a one-off activity involving simply a risk assessment. Good risk management procedures will include provisions for regular review. This should be proportional to capacity within the partnership and the frequency of reviews may differ depending on the level at which they are taking place. For example, a review at the organisational level led by the steering group may take place annually whereas one at the individual level may be required before each visit overseas.

Examples of common threats as well as mitigation and contingency measures are included below. A form and checklist for risk assessment can also be found in Appendix A.

Threat	Common mitigation & contingency measures
Travel and transport e.g. road traffic accidents	Engage a known or recommended local driver rather than using public transport, and ensure they follow safe driving and vehicle management practices.
Crime e.g. theft, robbery, assault	Maintain a low profile and do not carry large amounts of cash or other valuables.  Check that your residence and buildings are secure and ensure that any existing security measures are being followed.
Harassment & Sexual Violence	Adopt a conservative personal appearance and manner in keeping with local societal and cultural norms.  Where possible avoid being alone in high risk areas, travel with others and make use of trusted accommodation.

Hostility e.g. crowds, mob violence, demonstrations	Remain alert to changing situations, seeking advice from local contacts and partners.  Avoid large crowds and other situations where sentiments might be expressed.
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## Requirements for HPS Grant Holders

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Grant holders must:

- Have completed a risk assessment related to the activities and deliverables planned as part of their HPS grant. This should include risk ratings and mitigation strategies for each of the threats identified and be signed off at the highest level of the Partnership’s governance structure
- Have in place a plan to regularly review the risk assessment, having considered the appropriate frequency and level(s) at which to do so
- Have clearly identified roles and responsibilities around the management of risk and risk mitigation
- Share fully and seek confirmation that all information contained and responsibilities outlined within the risk assessment have been read and understood by all staff and volunteers involved in the partnership

## Keeping informed

The operating environment for a health partnership is unlikely to be static, and information relating to risk and security will change as time goes on. Partnerships should have mechanisms in place to ensure that they remain informed of the most up to date conditions on the ground. Sources of information might include:

- Partners or others working in country
- DFID and FCO websites: [www.dfid.gov.uk](http://www.dfid.gov.uk) / [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice)
- THET
- Relief and Development agencies working in the region
- Relief web: [www.reliefweb.net](http://www.reliefweb.net)
- Alertnet: [www.alertnet.org](http://www.alertnet.org)

Information should be actively sought on a regular basis and shared at appropriate governance levels. Partnerships should consider who is responsible for this and how the flow of information should be managed, including provision for those who receive information to feed this back.

## Visas, Insurance, Permits and Checks

There are a number of checks and safety nets that should be in place for all staff and volunteers travelling on behalf of a health partnership. Appropriate insurance provision is a key measure in reducing the impact of certain threats, whilst visas and permits cover basic legal requirements for entering and working within overseas countries.

### Insurance

There are many different types of insurance available and health partnerships should take extra care to understand their needs and obtain the most appropriate and comprehensive cover. It may be that there are some insurance arrangements already in place at the institutional level, however it is important to check whether this is adequate and suitable both for the nature of the work and to cover all parties involved.

Following a review of what is already in place, partnerships should decide what additional cover is required and who should be responsible for arranging it. Some institutions may agree to cover all involved in partnership work whilst others may choose only to cover employees, in which case responsibility for obtaining insurance falls to individual volunteers. It is essential that the partnership has clear guidance on this and that it is shared with all volunteers before they travel.

#### Things to consider:

- Standard travel insurance is unlikely to provide adequate cover so check the terms carefully.
- Areas that may be covered include personal accident, medical expenses, war cover and evacuation (either related to health or as a result of political unrest).
- Group policies covering all travellers over multiple trips may work out cheaper. Having a standard policy also simplifies procedures in the event of an emergency.
- It is advisable to select a policy that is linked to a medical evacuation service such as CEGA who provide dedicated air ambulance services, medical assistance and repatriation services.
- If providing insurance for volunteers, it is essential that they are given full details of the policy and how to access assistance prior to departure.
- If individuals are responsible for their own cover, they should be required to provide confirmation and details of their policy prior to departure.
- High-risk locations may not be covered by standard insurance policies; this will likely be linked to FCO advice. In this case, special cover may be required.
- If, through your risk assessment, you identify the threat of kidnap, you should explore this as part of your insurance policy. Although they can be complex and costly, specialist kidnap and hostage insurance packages usually include provision of skilled advisors to assist in managing incidents of this nature.

Advice on insurance provision can be obtained from the British Insurance Brokers Association (BIBA - [www.biba.org.uk](http://www.biba.org.uk)) who can provide details of specialist insurance brokers.

## Professional Indemnity

Partnerships are responsible for ensuring that the correct professional indemnity is in place, and this is regardless of whether projects involve service delivery by UK staff or volunteers. As with insurance, each partnership must decide what cover is required and who should be responsible for arranging it.

Vicarious liability is a legal concept that exists in the UK and means that an employer can be liable for the acts or omissions of an employee for work undertaken during the course of that employment. This concept does not apply worldwide however and therefore staff should not rely on this, ensuring that they have suitable indemnity arrangements in place before they leave the UK.

Further, whilst staff are normally covered for work undertaken in their own NHS Trust with which they have a contract of employment, this arrangement may have little bearing on indemnity arrangements for work undertaken overseas.

The partnership should have a clear policy and provide guidance to staff and volunteers specifying where the responsibility for indemnity lies. If individuals are responsible for their own cover, they should contact their usual provider to check what is required. The partnership should seek confirmation that this is in place prior to any travel.

In some cases, volunteers have been able to obtain professional indemnity at a cheaper rate by indicating that they are going to work in a low- or middle-income country. Partnerships should be able to provide a covering letter to help facilitate this.

## Visas, Permits and Clinical Registration

Visas and work permits may be required for entry into overseas countries and the process for obtaining them will range from simple to complex depending on the context. Health partnerships should be aware of the specific requirements and provide clear guidance to staff and volunteers about what is needed. If responsibility for obtaining visas, permits and clinical registration falls to individual volunteers, this should be made clear and the Partnership should seek confirmation that these are in place prior to any travel.

Depending on the activities they will carry out, practitioners may be required to register with the regulatory body for the country in which they intend to work. Just as in the UK, it may be unlawful to practice without the appropriate authority and/or registration. The GMC, NMC and HPC websites provide contact details of most overseas regulators.

The processes involved in gaining visas, permits and medical registration can be lengthy and involve collating multiple documents to be submitted to the relevant authority.

Whether the partnership takes responsibility for organising these items itself or delegates this to individual volunteers, clear instructions should be available to ensure that those travelling are adequately covered and appropriate support should be provided throughout the application process.

It may be useful to check whether there are any implications regarding the type of visa required by insurers to ensure that policies are not invalidated.

## Disclosure and Barring Service Checks

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

More information can be found here: <https://www.gov.uk/disclosure-barring-service-check/overview>

Although these checks won't necessarily be valid in overseas countries, it is important nonetheless to take steps to minimise the risk of engaging unsuitable people in partnership activities. NHS employees are likely to have had a DBS check however in any case, this should be a requirement for all staff and volunteers and the partnership should seek confirmation that it has been met.

## Requirements for HPS Grant Holders

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Grant holders must:

- Define where responsibility lies for obtaining insurance, indemnity, visas and permits
- If responsibility lies with the volunteer,
  - produce and share clear guidance relating to what is required and how it can be obtained
  - provide all required support to ensure that the correct arrangements are in place
  - obtain confirmation that the correct arrangements are in place before allowing staff or volunteers to travel on behalf of the partnership
- If responsibility lies with the partnership,
  - share details of what has been arranged with all staff and volunteers in advance of travel, and obtain confirmation that this information is understood
  - provide details of how to access assistance (provided by insurance for example) in case of emergency
  - obtain confirmation that staff and volunteers have passed a DBS check

## Security and Emergencies

Appropriate and comprehensive security policies are one way of reducing vulnerability against risk. Clear guidelines about what to do in case of an emergency will further help to reduce the impact of any threats that do materialise. Depending on the size and capacity of partnerships, as well as the nature and location of their work, the steps taken to ensure suitable safeguarding will differ. At a minimum however, partnerships should provide practical guidance in advance of any international travel, act as a dependable point of contact during it, and provide a debrief on return.

A security plan should be developed following the completion of the risk assessment, linking clearly back to any identified threats. It should include partnership- and context-specific security rules and procedures which are regularly reviewed and kept up-to-date. For high-risk locations, these documents are likely to be more detailed, however in any case they should be as concise as possible and easily accessible for all staff and volunteers.

Policies will include standard operating procedures, applicable to business as usual, and contingency plans.

### Security Policies

Security policies should outline expectations around preventative routines and best practice given the context. They may include areas relating to:

- Phases of security alert
- Personal conduct
- Health
- Accommodation
- Travel, including vehicle movements and those on foot
- Communications
- Culture, religion and etiquette

As is the case with risk, responsibilities for managing safety and security exist at all levels of a partnership. Policies should clearly outline what these responsibilities are and where they fall. In cases where staff and volunteers are required to take action, appropriate guidance and advice should be provided and feedback mechanisms put in place so that the partnership can monitor whether action has been taken.

Suggested contents of a security plan are provided in Appendix B.

Examples of security measures to be taken by a partnership:

- Vet suitable accommodation and modes of transport, plus central booking arrangements where necessary
- Set curfews or other travel restrictions



Examples of security measures to be taken by an individual:

- When travelling in a vehicle, keep windows up at all times
- Never walk anywhere at night. Always use a taxi if you must travel at night
- Carry a mobile phone with all emergency numbers saved
- If an emergency does occur, travellers must call their insurance company in the first instance before anyone else
- Never accept food or drink from strangers
- Do not visit crowded public places such as bus stops, busy markets or slums. Do not visit areas you are not sure of
- Do not carry a large sum of money, valuables or wear expensive jewellery
- Let others know your plans when leaving to go elsewhere
- Do not attempt to escape from hijackers or resist their demands

## Managing Emergencies

It is essential that all staff and volunteers travelling on behalf of a partnership know in advance what to do in case of an emergency. Procedures should be developed and contained within the partnership's security plan and be shared as part of the induction or briefing process. It is recommended good practice for partnerships to seek confirmation that this information has been read and understood prior to travel.

It may be the case that certain types of emergencies are identified through the partnership's risk assessment. If so, clear guidance should exist regarding what to do if these incidents occur. This might include contingency plans linked to medevac, death, assault, disappearance, kidnapping or natural disaster.

Of course, not every scenario or eventuality can be anticipated or planned for. In this case however, it is still important to have a clear process in place regarding standard reactive measures. In the first instance, this may involve contacting the partnership's insurance company and/or dedicated emergency contact to seek further instructions. Alternatively there may be formal support structures or identified points of contact in country, for example local NGOs or the British High Commission, whom it is appropriate to call for help.

The following resources provided by the FCO describe the UK government's strategy for advising British travellers during an overseas crisis or security alert:

- <https://www.gov.uk/government/publications/consular-strategy>
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/317474/FCO\\_Brits\\_Abroad\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/317474/FCO_Brits_Abroad_2014.pdf)

Staff and volunteers should have basic instructions and details of who to contact readily available at all times during travel. This requirement should be included under personal responsibilities within the security plan and the partnership should consider providing emergency contact cards which can be carried easily.

## Incident Reporting

If an incident occurs, it is important that those responsible for ensuring the safety and wellbeing of staff and volunteers are informed as soon as possible. A standard incident reporting procedure will help to guarantee this, and to ensure that a quick and effective response is launched.

Partnerships should develop an incident report form that can be used to provide essential information in a logical order and help to inform decision-making. Forms should be designed to capture and differentiate between the facts and any analysis or opinion of the incident and steps taken. There are three types of incident report.

Type of report	Detail
Immediate	Sent the moment the incident begins or as soon as possible thereafter, to alert others and allow them to respond. The standard format includes space to report who, when, where, what has happened, what has been done and what help is required.
Follow-up	This follows a similar format to the immediate report, updating information and giving more detail as soon as the situation allows.
Post incident	This gives a complete written account of the incident including a full chronology of events, who was involved, reasons for any decisions taken, lessons to learn and the identification of any failure of procedures and recommendations for remedial action.

An incident log should be kept detailing any lessons that have been learnt. Partnership policies and procedures should also be reviewed following an incident and any necessary improvements implemented.

## Training and Dissemination

Partnerships should consider the most appropriate format for disseminating information and instructions related to security and the management of emergencies. Everyone can help to prevent security incidents and accidents by:

- Being well informed, through regular briefings and other appropriate channels
- Observance of security rules and procedures
- Being alert and aware of surroundings
- Applying common sense
- Only taking risks that are necessary and justified by the benefit gained

Depending on the complexity of the overseas context, including the associated risks, partnerships may wish to provide formal security training as part of its staff and volunteer induction processes. In some circumstances, this might involve consultation with external security experts.

### **Requirements for HPS Grant Holders:**

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Grant holders must:

- Have a written security policy including clear guidance around what to do in an emergency
- Have a dissemination strategy for informing staff and volunteers of security protocols, this should be part of the induction process and may include specific training
- Seek confirmation that all information contained and responsibilities outlined within the assessment have been read and understood by all staff and volunteers in advance of travel
- Have in place a plan to regularly review the security plan, having considered the appropriate frequency and level(s) at which to do so

## **Recruitment and Management of Volunteers**

In most cases, health partnerships rely on UK volunteers in order to deliver their work. The nature of volunteer contributions varies widely however, as does the manner in which volunteers are engaged. Young partnerships or those that have developed as a result of personal relationships between key individuals, for example, might include smaller groups of people who have become increasingly involved over the years but on a relatively informal basis. Alternatively, those that have developed more strategically may be naturally more proactive in seeking to expand the available pool of volunteers or to recruit those with specific skills and expertise. This alternative is likely to require more formal engagement.

Whilst it is important to recognise that different approaches will be suitable for different partnerships, it is equally important for each partnership to reflect on this and actively select an approach with a clear rationale for having done so. Furthermore, no matter the approach selected, partnerships should have clear and transparent policies and processes in place which guide the way in which they engage with volunteers, including both the recruitment and ongoing management of them. These policies should not only incorporate all elements already discussed in this toolkit but also be used to inform them.

### **Good volunteer management procedures include**

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1. Key organisational principles that underpin volunteer engagement
2. Fair and transparent recruitment policies
3. Clearly defined mechanisms for the provision of support at all points along the volunteer journey

## Recruitment

Whilst the sophistication of a partnership's recruitment process should be relative to its size, scope and capacity, the main elements to consider will remain the same.

### Generating interest

The way in which partnerships choose to advertise volunteer placements may depend on the need for doing so. Different approaches are likely to be adopted if, for example, the aim is to raise the partnership's profile and widen its support base more generally rather than if it is looking for a specific skill set to carry out a particular task or function.

Once partnerships have gone to the effort of publicising the need for volunteers, it is important to have clear mechanisms through which to register any resulting expressions of interest and transparent processes for following these up.

#### Advertising for volunteers: things to consider

- Who
  - What level and type of expertise is required?
  - Are volunteers required to have had previous experience working in low resource settings?
  - Is the partnership's work confined to a single discipline/cadre or is it multidisciplinary?
  - Is the focus on medical capacity building or does it encompass non-technical skills as well (e.g. leadership and management)?
- What
  - Are volunteers required for short or long term placements?
  - Are volunteers required to support activities in the UK, overseas or both?
  - What commitment is required? Will volunteers be involved on a one-off or repeat basis?
  - Are they required to support partnership activities more generally or will they fulfil a particular function with specific deliverables?
- Where
  - Should volunteers be drawn from a specific department or institution, or will the partnership look to engage more widely (e.g. through a professional association or diaspora group)?
- When
  - Should volunteer recruitment happen on a rolling basis or be fixed for individual placements?
- How
  - What channel(s) should be used (e.g. word of mouth, departmental meetings, partnership events, online, print publications)?
  - Is a formal job description required to adequately fill the placement?
  - Will those interested be required to complete an application, and what guidance might be necessary alongside this?

## Selection

Again, the degree of formality linked to volunteer selection will depend on the size, scope and capacity of the partnership. At a minimum however, best practice dictates that volunteers are selected in line with the UK partner's usual Equal Opportunities policies with posts being filled by those who best meet predetermined criteria. A critical part of this is to ensure that selection is fair and transparent. This may include selection by an interview panel in order that skills and attributes are assessed as objectively as possible.

Partnerships also need to think through the steps to take if it is decided that a particular applicant is not suitable for the volunteer role available. It is important to have clear and objective reasons underpinning this decision, ideally linked to the criteria associated with the position.

## Formalising roles and responsibilities

Once selection is complete, partnerships should look to formalise the involvement of each volunteer through an agreement or terms of reference. This should include details such as:

- The location, timing and duration of the placement or engagement
- Key objectives and deliverables, as well as appropriate measures of performance
- Key contacts, including lines of reporting both in the UK and overseas
- Partnership vs volunteer responsibilities (including those related to medical and insurance requirements)
- Volunteer conduct
- Financial considerations and responsibilities, including any compensation

This documentation is an essential way for the partnership to confirm that all volunteers understand the terms and conditions associated with their involvement, including what the partnership is doing to fulfil its duty of care obligations and what is expected of the volunteer in this regard. Expectations around all elements discussed within this toolkit should be covered.

A signed declaration should be obtained from each volunteer confirming that they understand the agreement or terms of reference and all of the conditions therein.

## Management

Once recruited, individuals will need to be supported through all remaining stages of the volunteer cycle. These include pre-departure, during travel and following their return. Certain steps and measures will help to ensure that things go as much to plan as possible, however processes for managing incidents and exceptions to the norm are crucial to have in place as well.

### Pre-departure

Misfortune aside, the key to promoting safe, smooth and productive volunteer engagement is preparation. The better informed the partnership and its volunteers are, the more likely that visits or placements will be enjoyable and produce positive results.

Volunteer induction is the process through which those travelling or working on behalf of the partnership are provided with all of the information they need, including a full briefing of the partnership's aims and expectations, as well as the responsibilities being placed upon them. The type and breadth of induction will vary depending on the partnership and the nature of engagement, however no volunteer should be permitted to begin his or her work without having completed this critical step.

A pre-departure checklist is a useful tool to ensure that the induction process runs smoothly. It outlines the key steps to be taken and can be kept on file as evidence that all duty of care obligations have been met. A partnership may consider a single or multiple checklists depending on how it decides to split responsibilities for completing certain tasks between the partnership and the volunteer. Examples are provided in Appendix C.

In some circumstances, inductions can be performed remotely by email or telephone but ideally, and certainly for longer, more formal placements, partnerships should invite volunteers to a face-to-face pre-departure meeting. This provides an opportunity to go over the volunteer agreement or terms of reference in detail, in addition to covering elements such as:

- Risk, including threats, vulnerabilities and the agreed mitigation and contingency measures as they apply both to the partnership as a whole and to the individual
- Who to contact when, including key individuals and emergency contacts both in the UK and overseas
- What to do in an emergency
- Background information about the partnership, including how it came about, history of implementation and details of all current work
- Contextual information about the overseas setting, including politics, weather, cultural and societal norms etc.
- Best practice guidance and recommendations for travelling abroad, including personal safety and conduct
- Aims of the particular visit or placement, including expected outputs, mechanisms for reporting back and any expectations linked back to donor requirements
- Security or specific skills training, for example around quality improvement, service delivery in low resource settings or monitoring & evaluation

For partnerships that adopt a long-term volunteering approach to the delivery of their work, it is not uncommon for pre-departure meetings to span multiple days. This has the added benefit of helping to nurture a shared understanding and vision between volunteers of what is to be achieved, and also of developing a cohort of volunteers who can support one another and share learning as they undertake placements. In some instances, it may even be appropriate to split the volunteer induction so that parts are completed in the UK before departure with the rest being covered on arrival in country.

Whilst pre-departure inductions are critical, it should also be recognised that there will be a lot for volunteers to take in. Partnerships should also compile a volunteer induction pack with all the vital pieces of information so that volunteers can take this with them when they travel. It should include information about risk, security and managing emergencies.

A volunteer induction pack might include:

- Background information about the partnership and destination
- Guidance on travel preparation, including travel health advice, essential documentation and a suggested packing list
- Key contacts, including partnership leads in the UK and overseas, the insurance company and the British embassy
- A communication plan
- Details related to risk and security
- Guidance on making and claiming expenditure
- Advice on managing cultural differences plus other suggested dos and don'ts
- Signposting to other tools and resources which may provide useful advice

### During travel

Volunteers should be provided with both day-to-day and emergency contacts for the duration of travel. Regarding emergencies, it is important for partnerships to have nominated individuals in the UK and overseas who are available 24-hours a day and know what procedures to initiate should an incident occur. These procedures should be clearly linked to those discussed under the Security and Emergencies section of this toolkit.

For placements as opposed to short term visits, partnerships should make arrangements for formally keeping in touch with volunteers. This may depend in part upon in-country reporting lines however regular check-ins with the UK partner are advised, providing a forum in which to discuss wellbeing, progress and any concerns or requests for additional support. Alongside this, it may also be useful for volunteers to submit regular written reports. These will be useful for tracking progress against any agreed deliverables.

Many health partnerships have found that the needs and expectations of overseas partners change during the lifetime of a project. Often, extra demands are also made to volunteers whilst overseas. This makes it particularly important for UK partners to communicate regularly with their volunteers, liaising with them to navigate through realities on the ground.

### Post-travel

On return to the UK, it is in the interest of both the partnership and the individual to undertake a debriefing session. For the partnership, this meeting is invaluable as it provides an opportunity to generate learning which can be incorporated into subsequent staff and volunteer visits.

It may be particularly helpful for ensuring that the next volunteers build on any activity delivered or progress made by the returned volunteer, rather than duplicate efforts. For the individual it provides an opportunity to feedback on their experience, sharing any issues that they had, including those that may remain unresolved.

Again, the format of this conversation will depend on the nature of the volunteer visit or placement but ideally it should be fully documented and perhaps also supplemented by a final written report from the individual themselves.

If there is the hope or expectation that volunteers will continue to support the partnership, this final debriefing is especially important, providing the information and platform on which to make further requests of individuals.

### **Requirements for HPS Grant Holders**

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Grant holders must:

- Have written policies covering all aspects of volunteer recruitment and management. These should be relative to the size, scope and capacity of the partnership but demonstrate clear consideration and justification of the processes contained within
- Obtain complete and signed pre-departure checklists and/or terms of reference relating to each volunteer in advance of travel. These documents should outline responsibilities for all elements discussed in this toolkit and include a declaration of understanding
- Provide all staff and volunteers with emergency contact details, including a dedicate point of contact who is reachable 24-7 for the duration of travel
- Complete adequate induction and debriefing for all volunteer engagement



## Appendix A - Risk Assessment Template

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Partnership/Project/Trip:  
Completed by:

Date of Completion:  
Date of Next Review:

Hazard (Threat) with notes	Impact I (1-5)	Probability P (1-5)	Risk = P x I	Mitigation Measures	Responsibility / Actions

Probability & Impact	
Low	1
Medium	3
High	5

## Appendix A - Risk Assessment Checklist

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### *Threats*

- What are the major threats in the region?
- Rank the threats in order of lethality
- Rank the threats in order of probability

### *Vulnerabilities*

- What are the vulnerabilities of the project/staff?
- How can these vulnerabilities be minimised?

### *Risk*

- What is the acceptable level of risk for the project?
- What is unacceptable risk?
- Are risk management procedures in place and adequate?

### *Programme*

- What impact will the project have on the local partner?
- How can the programmes strengthen relationships with the community and improve the reputation of the partners?
- Are there weaknesses in the programme that leave the partners susceptible to violent incidents or damaged reputation?
- Will staff be undertaking field visits to the location to support partners?
- Will visiting/placed staff be based in this location?
- Will staff be lodging/working with the support of another organisation?

### *Policies*

- What are the policies for risk management? Are they adequate?
- Do other policies (HR, Finance, etc) support the security of the project? Are they adequate?
- What changes or additions to policies would enhance the security of the staff when working/visiting this location?
- What resources are required to implement these policies? Are the resources available? How can they be obtained?

### *Preparation and Planning*

- Will there be frequent travel to/staff based in this location – if so is there a security plan? Is it adequate?
- Will staff be capable of supervising/executing the security plan?
- Are preparations made in accordance with the security plan?
- Is the project prepared to meet the identified threats given its vulnerabilities?

### *Communications*

- What are the methods of communication? Are they adequate?
- Are there redundant means of communications?
- Are there emergency communications procedures? Capabilities? Capabilities in this context need to be explained
- Is communications equipment used/stored/maintained properly?

## Appendix B – Security Plan, suggested contents

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### Introduction

For all documents, it is suggested that there should be an **Introduction** which includes:

- *Date and author* – so that it is known when and by whom it was produced;
- *Purpose of the document* – to be clear about its breadth of application. Strategic Priorities of the Agency cf. Security – People, Equipment, Project. Purpose is to mitigate risks and make them acceptable....otherwise ‘don’t be there’;
- *Intended users* – so that the readership is clarified;
- *Use of the document* – how it is to be used, its role within on-going security management and NOT a static bureaucratic document, but a part of every day life when on site.

### Background documents

- *Purpose* – overall purpose of the project
- *Context assessment* – which may also be a programme document

### Risk Assessment

### Standard Operating Procedures

Preventive routines and best practice given the context, mission and mandate. These may include areas such as:

- Phases of security alert
- Staff & volunteer conduct
- Incident reporting and analysis
- Vehicle movement
- Landmines
- Checkpoints
- Communications
- .....

### Contingency Plans

Reactive measure such as:

- Medevac
- Staff/ volunteer death
- Staff/ volunteer assault
- Staff/ volunteer disappearance
- Abduction/kidnapping/hostage situation
- Natural disaster
- Bomb threat
- Evacuation/Relocation/Hibernation

## Support Documents (resources to make it happen)

- Personnel roster, addresses, telephone numbers and passport numbers
- List of cooperating organisations, contact people, telephone numbers, radio frequencies
- List of support resources (fire, medical, security, transportation, utilities, immigration, finance) and appropriate contact people
- Maps indicating assembly points, roads, airfields, checkpoints, border crossings
- Emergency supply inventory (food, clothing, medical, documents, currency, etc.)
- Standard forms *e.g. incident report forms*
- Warden system, communications tree
- Insurance details

## Appendix C – Pre-departure checklist

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Prior to travel the following checklist can help as a reminder:

- Travel authorisation form, including FCO advisory listing completed
- Travel Plan to be completed, including travel mode in country
- Insurance cover validated, and copy of policy and key contact details taken; (plus summary of procedures *e.g.* getting police report, first contact if an emergency etc)
- Ensure that personal data held by responsible co-ordinator/manager – this should include next of kin, and medical details
- Communications plan with project coordinator, including plans for emergency contact
- Vaccinations taken as appropriate for the country (See <http://www.who.int/ith/countries/en/index.html>)
- Anti-malarial precautions must be taken (See <http://www.who.int/ith/countries/en/index.html>)
- Flights, accommodation and transport booked
- Visas procured
- Authorisation letter from partner/other key contact in country sourced – this is a simple letter saying who you are and where you are going, and can help in case of simple problems at border controls etc
- Emergency money taken
- Provider of professional indemnity insurance informed
- Professional registration procedures/needs verified
- Medications and copies of repeat prescriptions, spare glasses etc taken
- Contact details of partner and contacts in country taken