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## DUTY OF CARE POLICY

### A. General

IPE Global Centre for Knowledge and Development (IPE CKD) (hereinafter referred to as 'the Company') perceives Duty of Care as its moral responsibility towards its employees, consultants, and subcontractors, to ensure that adequate precautions and risk assessment are undertaken on all projects and activities conducted by the Company.

The purpose of Duty of Care Policy ("the Policy") is to consider the health and safety implications of work - related travel or other risks arising from working for the organisation and to put into place procedures to control these risks to an acceptable level.

### B. Applicability

This Policy applies to all employees and consultants at all levels within the organisation. The duty of care policy applies to all official travel including travel for business development, training, and other non-project activities.

### C. Need and Commitment

As an employer, it is the obligation of the Company to provide a safe working environment for all staff and consultants, including when they are traveling on company business.

Conflict and state fragility present both domestic and international consultancies with significant operational problems – ethical, practical, and strategic. Fragile and conflict-affected states are often unable or unwilling to provide safety and security, protection of basic rights & freedoms and essential services to their people. By extension, these limitations also affect the legal environment and access to security and other services which consultants require to operate and deliver effective development and stabilisation programmes. The Company strongly believes that working in fragile and conflict-affected regions presents unique challenges and that a well-executed project in such settings has the potential to achieve various developmental goals; at the same time, however, it is of the utmost importance to ensure the safety of its staff and consultants.

Thus, as part of our duty of care to staff and consultants involved in projects in fragile and conflict-affected areas, or in areas with any possibility of an ensuing civil or military conflict, we undertake a number of measures to ensure their safety and to provide them with a stress free and a safe working environment.

Duty of care applies to all activities undertaken by a member of staff and sub-contractor both inside and outside of any of the Company's offices including offices of subsidiaries or the workplace of the sub-contractor. The extent to which duty of care activities need to be undertaken depends on two key conditions (also illustrated in figure 1):

- I. **The contractual arrangements with the client and sub-contractor:** The Company follows different processes based on whether it is a lead contractor or a sub-consultant, and whether the duty of care is the responsibility of the client or the lead contractor (in case the Company is a sub-consultant).
  1. Where the Company is a lead contractor, it takes overall responsibility for duty of care of its employees and consultants. In cases where the client is responsible directly or through a third party for ensuring duty of care of the Company's staff and consultants, the Company ensures that such duty of care responsibilities is sufficiently addressed by the client or third parties appointed by the client.

2. Where the Company is a sub-contractor, it takes overall responsibility for duty of care of its employees and consultants, unless the lead organisation insists of its duty of care policies to apply for the project. In such cases, the Company ensures that such duty of care responsibilities are sufficiently addressed by the lead organisation. The Company also ensures that policy is acceptable and is properly implemented by the lead organisation.

II. **The nature of the risk in the country or region.** The Company conducts a preliminary analysis of the level of risk associated with the country/region based on information available from various government travel advisories) and other sources including its retained Security Advisor. The risk is further analysed by the Security Advisor, if there is a need. The duty of care process to be carried out will depend on the risk category (low, medium, or high) assigned, as illustrated in Duty of Care Decision Tree (figure 1) below:

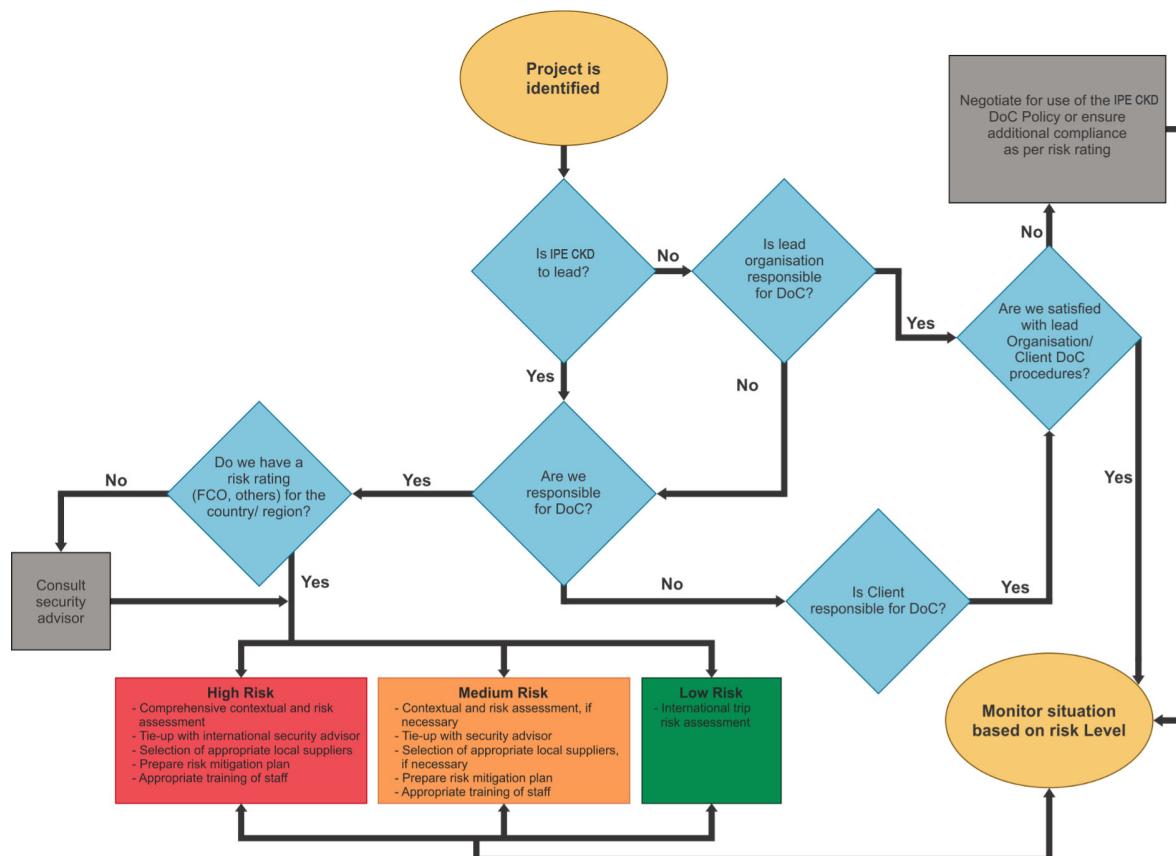


Figure 1 - Duty of Care Decision Tree

#### D. References

1. Foreign Travel Advice (<https://www.gov.uk/foreign-travel-advice>)
2. Department of Foreign Affairs and Trade, Government of Australia – Smart Traveller Website (<https://smartraveller.gov.au/>)
3. US Overseas Security Advisory Council (OSAC) - Bureau of Diplomatic Security Website (<https://www.osac.gov/Pages/Home.aspx>)

#### E. Roles and Responsibilities

##### 1. Chief Mentor

- As the custodian of the IPE CKD Duty of Care Policy, Chief Mentor approves the Policy and its subsequent revisions;

- Receives reports of significant residual risks and makes considered decisions on their acceptability as appropriate.

## **2. Head - Finance**

- Identifies the principal risks to the business, its staff and sub-contractors and ensures that the Company has implemented appropriate systems and effective risk management programmes to manage these risks;
- Oversees annual review of this Policy for approval of Senior Management.

## **3. Head of Department or Line Manager**

- Ensures that a suitable management system is in place and monitored within their Departments which reflects the requirements of this policy;
- Ensures that employees who undertake travel as part of their work are suitably trained and experienced to do so;
- Ensures that a robust system is in place to track employees who may be off-site;
- Responds to incidents and feedback which is reported by employees.

## **4. Employees**

- Responsible for their own health and safety at all times and specifically whilst undertaking off-site visits and do not compromise the safety of colleagues they may be travelling with;
- Utilise the systems in place for managing such visits within their Departments;
- Report all hazards, incidents and accidents to their line manager as well as Manager - Duty of Care;
- Do not remove, damage, interfere with or misuse any gadget, equipment or other material provided in the interests of health, work and wellbeing;
- When required, make use of safety equipment;
- Feedback any concerns to the organisation at an appropriate point either during or after the visit.

## **5. Manager - Duty of Care**

- Selects a suitable travel agent, taking into account health and safety considerations e.g. the availability of a 24-hour helpline, passenger tracking information, the facilitation of accommodation, health and safety checks;
- Establishes the risk statement in relation to overseas travel, and for sharing this with the management when strategic decisions are made in relation to work off-site;
- Arranges overseas travel insurance on behalf of the organisation and publishes the levels of cover;
- Coordinates with Nodal Officers in each of the subsidiary to ensure implementation of the Policy in the respective subsidiary;
- Initiates a suitable response to safety alerts received in relation to overseas destinations;
- Considers any requests for off-site visits where significant residual risks exist, or where requests are made to travel to areas outside the published risk statement;
- Ensures that an appropriate system is in place to consider the adequacy of risk assessments

carried out by line managers and Nodal Officers of respective subsidiary;

- Takes suitable action to manage incidents which may arise involving employees of the Company;
- Ensures that planned maintenance is programmed for all machinery and equipment, including fire detection and prevention equipment (annually by specialist companies);
- Updates IPE CKD Internal Risk Ratings on quarterly basis based on country specific travel advisories, global and regional media sources, the Company's Security Advisor, etc.;
- Reports on consolidated risks and mitigation strategies on a periodic basis to Senior Management.

## F. Nodal Officers

Employees and other staff members can get in touch with following fulfilling Duty of Care obligations including reporting:

**Ms. Sukriti Jain**

Manager - CKD

Contact : +91 8800286106

Email : [sukriti.jain@ipeckd.org](mailto:sukriti.jain@ipeckd.org)

## G. Steps for Duty of Care

### 1. Trip Risk Assessment

For all overseas travel, on Company business, it is a requirement for all staff and sub-contractors to complete Trip Details Form (refer Annexure A). Post this, the Manager – DoC will undertake a Trip Risk Assessment (Annexure B) for the country/ place of travel. Once permission has been granted, trip risk assessment should be initiated and all off-site work visits to be carried-out should be categorised according to risk. In the first instance, this categorisation should be determined by the person intending to travel. Departments will need to introduce a mechanism to ensure the approval process picks up on any non-categorised visits.

The Trip Details Form is a mandatory requirement irrespective of travel destinations. There may be situations (e.g. potential civil disturbance or adverse weather) where a temporarily higher risk category for low risk regions (e.g. the UK, the EU or low risk areas within India) is necessary and precautionary measures are undertaken to ensure that the staff member or sub-contractor is adequately insured and aware of the risks. If, according to internal risk ratings “only essential travel” should be undertaken to any country/region, that country/region is automatically defined as high risk. Most other less developed and middle-income countries where the Company is working are likely to be categorised medium risk.

In the case of a high-risk location, a full trip risk assessment must be undertaken before a trip is undertaken and must be authorised by the traveller's line manager, as well as Manager – Duty of Care.

### 2. Comprehensive Contextual and Risk Assessment

For projects in high-risk countries/regions, the duty of care process starts at the proposal stage. For such projects, during proposal preparation, the Company undertakes a Comprehensive Contextual and Risk Assessment in order to fully understand the risks to personal safety and security for individuals to be deployed under the project. This entails a thorough analysis of the context in which the intervention is to take place, and assessment of present threats and vulnerabilities as well as opportunities. We also look at any Post-Conflict Needs Assessments (PCNAs) that may have been conducted by the United Nations Development Group (UNDG), the European Commission (EC), the World Bank (WB) or regional development banks in collaboration with national governments and donor countries. Where necessary,

support from the Company's Security Advisor is taken.

The assessment involves analysis and reporting on one or more of the following key areas of a region or state, depending on the nature of the programme:

- **State-building and peace-building** dynamics in the country, including governance
- **Socio-economic analysis** relating to political economy, institutional weaknesses, power play in various communities, social and political instability, and their causes
- **Conflict analysis** including causes of conflict and underlying structural drivers, resulting programme and policy implications, and understanding cultural sensitivities
- **Social context** pertaining to gender inequality and social exclusion
- **Human rights assessment** with respect to civil and political rights, economic, social, and cultural rights, rights in theory versus in practice
- **Transparency** and accountability mechanisms in place if any; and
- Analysis of existing instability, or risk of **instability**.

This is followed by the Risk Assessment document, which forms part of the proposal and helps us identify the types and levels of risks present on site, thereby informing design of programmatic intervention, hiring of the right team personnel, and determining appropriate tools for risk mitigation and management. The different types of risks looked into include:

- **Risks at state level:** unstable political environment, programmatic conflict with domestic political agendas, civil unrest and violence, instability caused by local or state level elections, economic crises, natural disasters, military discontent, corruption, etc.
- **Security risks for deployed staff and consultants:** threat to basic human rights, risk of physical security, insecurity in the field, threat of kidnapping or physical harm, etc.
- **Programmatic risks:** those associated with property, infrastructure, and supplies.

Decision to work or not to work on a project would be taken after completion of the assessment. Risk assessment is a continuous process, and any such adverse assessment could lead to a decision of stopping the work if the conditions become unfavourable at a later stage. Once the project starts, these assessments are undertaken in partnership with the Client, government counterparts, key stakeholders (where appropriate) and/or local partners, to ensure a comprehensive analysis of the situation on ground. Where required, we use specialised services provided by our Security Advisor to conduct these risk assessments. Where necessary, a similar assessment may be conducted in case of medium risk countries as well.

### 3. Selection of Local Suppliers

Our objective is to operate safely in fragile areas. Based on the findings of the contextual and risk assessment, the Company ensures that we select suppliers of essential in-country services on the basis that they are working in the best interests of our staff as well as project beneficiaries. We also seek to ensure that our support does not legitimise individuals or organisations that are actively contributing to conflict or state fragility. We use Specialist Security Services to treat risk (private security providers, communications, transportation, etc.). These Security Service providers are selected in consultation with our Security Advisor and we aim to finalise such providers at the proposal stage itself or after being selected as the service provider for the project. Where necessary, such arrangements are also undertaken for medium risk countries.

#### 4. Duty of Care Risk Mitigation Plan

On selection and based on the level of identified risks, the Company develops a risk mitigation plan appropriate to the project. This is prepared for all high-risk contexts and for medium-risk countries, where necessary. The following points are taken into account in such plans.

- a. Entering a partnership with a reputed national security company in consultation with our Security Advisor.
- b. Design and development of the Company's Emergency Communication system protocol with a designated project Security Focal Point (usually the main project office, in the case of several project locations) and established lines of communication with local police/security forces. Where necessary, support of the Security Advisor is taken to prepare this plan.
- c. Design and development of a medical (first aid, stabilisation, transport to local hospital and medevac assistance) Standard Operating Procedures (SOPs);
- d. Design and development, in collaboration with the national security company, of a reporting protocol and corresponding SOP for the efficient handling of significant security incidents. As part of this SOP, a protocol on special security cautionary advisories is developed ensuring that when security incidents occur that may have an impact on staff movements, the relevant project and corporate staff receive timely notification, there is assessment of actual and likely risk to project staff, and an appropriate course of action is set out and implemented.

#### 5. Training of Staff

Based on the contextual and risk assessment, all field personnel of the Company receive pre-deployment security orientation briefing material and a training series that covers security and emergency mitigation training. This training, provided through our Security Advisor, involves:

- **Pre-deployment briefing protocol (for non-resident staff)** covering travel, compound security, hotel security, medical and hostile threat emergencies, in which the following are explained:
  - i. State/country risk profiles;
  - ii. Security communication & threat advisory system;
  - iii. Emergency contingency plans;
  - iv. Emergency response plan;
  - v. Personal security;
  - vi. Security SOPs.
- **Security and Emergency Mitigation Training (for long-term staff)** encompasses practical, scenario-based training exercises in remote conditions covering the following:
  - i. Personal threat assessment and mitigation
  - ii. Contingency planning – emergency extraction procedures
  - iii. Personal safety & security - all aspects of personal and team safety and security
  - iv. Navigation training – navigational methods including emergency procedures

- v. Communications
- vi. Conflict resolution training - the ability to defuse hostile situations
- vii. Life-saving skills - life saving techniques, health, and hygiene
- viii. Mines & unexploded ordnance risk education – survivability
- ix. Kidnap and ambush avoidance/mitigation
- x. Survival - anti-abduction methods and enduring captivity.

## H. Other Measures in High Risk Areas

### 1. Monitoring risk on a live/on-going basis

In all insecure contexts, the Company works with organisations through which project offices have access to security management reports and advisory in support of regular monitoring of the security situation. The mandate of the local Security Service Provider includes provision of regular security briefings. Our Security Advisor also provides us with regular updates on the project countries/regions in which our staff is travelling.

### 2. Staff access to suitable equipment

The Company ensures that the Security Partner is capable of providing static manned guarding services. The maintenance of a serviceable fleet is a primary security function and thus the Company ensures through its Security Partner that a fleet of vehicles is properly managed focusing on availability of communication equipment, daily vehicle and equipment checks, vehicle cleanliness, completeness, and serviceability.

### 3. Systems in place to manage an emergency /incident if one arises

The Company ensures that its Security Partner has intimate knowledge of the region of work and is well equipped with GPS mapping, route maps, alternative routes, and a network of emergency safe havens across the area for use, should it be required.

### 4. Reporting of incidents

Employees should ensure that their line manager/Manager - Duty of Care/ Nodal Officer is alerted to any serious difficulty at the earliest opportunity. If assistance is required out of office hours, the employee should follow the procedures advised by the Security Advisor.

The contact details of Manager – Duty of Care and Security Advisor would be provided to the employee before start of the travel. The contact details of Nodal Officer is given under clause F of this Policy.

After occurrence of any incident, the risk assessment in place should be reviewed. If necessary, changes to the risk assessment should be completed. It may be that a formal investigation is required so that improvements may be implemented. This investigation should be completed by Manager - Duty of Care along with the Security Advisor, as appropriate.

All travellers should debrief on their experience and any security issues that needs to be highlighted. All this information gathered is very useful and valuable and would be used for updating the policy.

## I. Key Action Points

- Manager – Duty of Care, based out of IPE CKD headquarters in India is a central contact point for Duty

of Care management. In addition, each of its subsidiaries has a nominated person (Nodal Officers) with responsibility for ensuring compliance with the Policy.

- Further, all projects must have a nominated officer who is responsible for the duty of care of staff and sub-contractors. The nominated officer must ensure that the Trip Risk Assessment is completed prior to deployment.
- Trip Risk Assessment may be completed by the person travelling but must be approved by the nominated officer.
- In situations where there is a need for daily contact, the nominated officer will need to ensure that there is an alternate cover for weekends or days when the nominated officer is not able to assume the responsibility.
- It will be the responsibility of the Manager – Duty of Care to ensure that offices and projects follow the policy and comply with Duty of Care Checklist.

#### J. Policy revisions

Any revisions in this Policy including amendments or changes under respective clauses due to risk assessment review or changes in government advice or on recommendation of Security Advisor will be duly notified to employees through email communication. Also, such revised Policy or notification/ circular/ internal communication on such revisions will be updated in Darwinbox (HR ERP) and website ([www.ipeckd.org](http://www.ipeckd.org)). The employee shall be deemed to have read, understood and acknowledged the changes thereof which will supersede the terms of current Policy, or any subsequent document/communication related to the Policy.



## Annexure A

## Trip Details Form

(To be completed by Trip Leader only)

It is a requirement of all staff travelling on the Company business to fill Trip Details Form. This must be done before a trip is undertaken and must be authorised by the traveller's line manager.

<b>Project Mandate Number</b>			<b>Project Name</b>				
<b>Prepared By</b>				<b>Date</b>			
<b>Travel Destination Details</b>		<b>Country</b>		<b>City (ies)</b>			
<b>Travel Dates</b>		<b>Outbound</b>		<b>Inbound</b>			
<b>Purpose of Trip</b>							
<b>Flight Details</b>		<b>Airline</b>		<b>Flight No.</b>		<b>Airport</b>	
	<b>Outbound</b>						
	<b>Inbound</b>						
	<b>Internal</b>						

<b>Team Members</b>	
<b>Trip Leader</b>	
<b>No. of Travellers</b>	

<b>Traveller Details</b>							
<b>Traveller 1 (Name)</b>							
<b>Emergency Contact No.</b>				<b>Name</b>			
<b>Passport No.</b>		<b>Insurer</b>		<b>Policy No.</b>		<b>Valid Till</b>	

Traveller 2 (Name)			Affiliation				
Emergency Contact No.			Name				
Passport No.		Insurer		Policy No.		Valid Till	

Traveller 3 (Name)			Affiliation				
Emergency Contact No.			Name				
Passport No.		Insurer		Policy No.		Valid Till	

<b>Host Project/ Organisation Details</b>					
Organisation Name		Address			
Local Contact Name		Designation		Contact No.	

<b>Accommodation Details</b>					
Hotel Name		Address			
Contact No.		Check-In Date		Check-Out Date	

**Annexure- B****Risk Assessment**

To be completed by Manager - DoC only Country Risk Assessment (for all trips)			
<b>Country 1</b>	(add rows as necessary for each country to be visited)		
<b>Travel Advice Summary</b>	<b>Date this information was still current</b>		<b>Date this information was last updated</b>

Detailed Hazard Assessment (for trips to High Risk countries or regions only) To be completed by Manager- DoC only
<b>Instructions</b>
Rate each hazard as low, medium or high risk, or N/A based on the above Country/region and Project Assessment and your personal knowledge. If hazards only apply to one location of the trip please specify this in the location box. If hazards vary significantly between locations then please offer the highest risk rating and additional responses.
<b>Risk Rating Scale</b>

<b>Low Risk</b> = impact or likelihood of occurrence similar to UK trips	<b>Medium Risk</b> = May cause serious harm, but within our capacity to minimise likelihood or impact	<b>High Risk</b> = May cause serious harm and may be beyond our capacity to avoid or mitigate impact
Hazard*	Location-specific details and countermeasures to be taken	Risk Rating
<b>Personal Behaviour</b> <ul style="list-style-type: none"> <li>Local laws</li> <li>Local cultural sensitivity around dress and behaviour</li> <li>Public photography</li> <li>Gift giving</li> </ul>		Low/ Medium/ High
<b>Local health concerns and natural hazards</b> <ul style="list-style-type: none"> <li>Safe drinking water</li> <li>Sun exposure</li> <li>Food hygiene</li> <li>Areas affected by natural disasters</li> </ul>		
<b>Criminality</b> <ul style="list-style-type: none"> <li>Local safety walking and driving</li> <li>Kidnapping</li> <li>Carjacking</li> <li>Theft of valuables</li> </ul>	<i>Will a safe for valuables be provided by hotel or host?</i> <i>Will team members need to carry valuables on their person, and if so how will this be done?</i> <i>Will team members be carrying a “go bag” with safety essentials (see Annexure B)?</i>	
<b>Civil Unrest</b> <ul style="list-style-type: none"> <li>Public demonstrations and risk at other large, crowded events</li> </ul>		
<b>Traveller Health</b> <ul style="list-style-type: none"> <li>Immunisations and malaria</li> <li>Travellers’ health, e.g. pre-existing medical conditions</li> <li>HIV prevalence</li> </ul>		
<b>Accommodation</b> <ul style="list-style-type: none"> <li>Fire escape plan</li> <li>Secure doors and windows</li> <li>Local electrical equipment safety</li> </ul>	<i>Will the team be bringing safety equipment, e.g. door stops?</i>	
<b>Road travel</b> <ul style="list-style-type: none"> <li>Safe drivers behaviour</li> </ul>	<i>If a vehicle has been hired, has the vehicle’s condition been guaranteed? Does the vehicle have an up to date safety inspection certificate (e.g. MOT) and insurance?</i> <i>Is at least one traveller trained to check the vehicle condition upon arrival?</i>	

<ul style="list-style-type: none"> <li>• Safe vehicles (e.g. with seatbelts and working brake lights, etc.)</li> <li>• Road travel outside of urban areas</li> <li>• Road travel at night</li> <li>• Avoidance of public transport</li> </ul>	<p><i>If a driver has been hired, will they be provided with a contract specifying the terms and conditions of payment (e.g. tardiness, alcohol consumption, and other safety violations will not be tolerated)?</i></p> <p><i>Does the driver have protection training?</i></p> <p><i>Has a back-up driver and vehicle been secured?</i></p>	
<b>Local Air Travel</b> <ul style="list-style-type: none"> <li>• Travel with non-IATA certified airlines</li> </ul>		
<b>Slums</b> <ul style="list-style-type: none"> <li>• Unsanitary conditions</li> <li>• Criminality &amp; violence</li> <li>• Alternate exit routes in case of public demonstrations/security incidents</li> </ul>		
<b>Safety in the field</b> <ul style="list-style-type: none"> <li>• Dangerous areas, including specific regions, roads, bush areas.</li> <li>• Means of communicating from the field</li> </ul>	<p><i>Does the team have someone who can provide information and advice on traveling outside of the major cities?</i></p> <p><i>Will any team members be carrying a radio in case there is no signal for mobile phones in remote areas?</i></p> <p><i>Does the team have an internal system for keeping track of each other (e.g. buddy system)?</i></p>	
<b>Other hazards</b>		

***\*For general guidance in each of these areas please see Annexure C of this document.***

Risk Mitigation Measures with Host/Partners	
Risks and mitigation strategies discussed with host/partners? If so, provide details	
Emergency procedures agreed with host/partners? If so, provide details	
Copy of this document and all travellers' passports shared with host/partners? Y/N	

Security Briefing for High-Risk Locations		
<i>In high-risk locations travellers should secure a trusted in-country source of information and advice</i>		
Security Briefing Arranged? Y/N	Date	Briefing by: name, affiliation, contact information
		Details of briefing.

Daily Contact Procedures for High Risk Locations	
Contact Person	Procedure for Travellers
IPE CKD:	
Local:	

Emergency and Evacuation Procedures for High-Risk Locations	
Contact Person	Procedure for Travellers
IPE CKD:	
Local:	

## Travel Check List

Review country specific travel advisory or similar advice on the destination country (ies)/region(s). If the destination has been designated as **High Risk** destination, the steps below must be followed. Terrorism affected areas within India would also be considered as **High Risk** Destination. Most other less developed and middle-income countries where IPE CKD is working will be deemed **medium** risk. Travel to UK or travel in the EU and similar countries/regions would be considered Low Risk. Where country specific travel advisory is not available, consult Security Advisor. Points mentioned for Low Risk are Mandatory for Medium and High Risk, and steps mentioned in Medium Risk are mandatory for High Risk

	Low Risk		Medium Risk		High Risk	
	Action	Y/N	Action	Y/N	Action	Y/N
<b>Before Trip</b>	<ul style="list-style-type: none"> <li>• Trip risk assessment sheet is desirable<sup>i</sup></li> <li>• Appropriate Insurance Cover<sup>ii</sup></li> </ul>		<ul style="list-style-type: none"> <li>• Contextual and Risk Assessment, if necessary</li> <li>• Tie-up with Security Advisor</li> <li>• Selection of appropriate local suppliers, if necessary</li> <li>• Prepare Risk Mitigation Plan if risks exist</li> <li>• Appropriate training of Staff</li> </ul>		<ul style="list-style-type: none"> <li>• Comprehensive Contextual and Risk Assessment</li> <li>• Tie-up with Security Advisor</li> <li>• Selection of appropriate local suppliers</li> <li>• Prepare Risk Mitigation Plan</li> <li>• Appropriate Training of Staff</li> <li>• Monitoring risk on a live/on-going basis</li> <li>• Staff access to suitable equipment</li> <li>• Systems in place to manage an emergency /incident</li> <li>• HEAT/SAFE trained</li> </ul>	
<b>During Trip</b>			<ul style="list-style-type: none"> <li>• Local emergency contact details should be recorded.</li> <li>• The Trip Leader should follow the daily contact procedures agreed on, e.g. texting or emailing the Team Leader or Project Manager once daily.</li> </ul>		<ul style="list-style-type: none"> <li>• All team members travelling must attend the security briefing at the beginning of the trip.</li> <li>• All team members travelling should discuss security measures to be taken in-country, e.g. text message check-ins when the group splits, chain of responsibility/action if a person becomes ill, etc.</li> </ul>	
<b>After Trip</b>			<ul style="list-style-type: none"> <li>• The Trip Leader will debrief the Manager – Duty of Care (and wider group, where appropriate) on DoC successes and challenges/issues. Any changes necessary should be agreed and a plan for implementation laid out.</li> </ul>			

**Approvals**

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Responsible Personnel	Name	Signature	Date
Team Leader/ HoD			
Trip Leader			
Manager – Duty of Care			



**Annexure C****General Advice on Travel****Personal Behaviour**

Travellers are expected to comply with local laws and to act in a way that will not bring IPE CKD into disrepute. Consider local cultural sensitivity around dress and behaviour. If in doubt behave conservatively and ask local partners for advice.

Take care taking photos in public, ask permission first. Avoid it if security personnel or strategic buildings are in the back ground.

DO NOT MAKE PERSONAL GIFTS, if you wish to contribute, discuss this with the trip leader who will arrange for a general contribution to be made to the community/project via the host.

**Local health concerns and natural hazards**

Travellers need to ensure they have an adequate supply of safe drinking water and make sure they don't over heat or get sun burned. Caution should always be taken to eat food prepared under hygienic conditions. In general travellers are advised to avoid salad as it might have been prepared with unsafe water, or be unwashed altogether.

Travel to areas affected by a natural disaster is usually considered high risk and needs careful preparation. Staff should have appropriate experience or training.

**Criminality**

Take local advice about where and when it is safe to walk. If in doubt, drive. Avoid displaying valuables in public and keep these separate from your travel documents.

If faced with an armed assailant, travellers should hand over possessions and offer no resistance.

**Civil Unrest**

Public Demonstrations and crowded events, even if they have a peaceful intent can turn violent and present an additional risk of criminality. Seek local advice on how to avoid these should they occur during a trip. Planned attendance at public demonstrations is considered high risk.

**Traveller Health**

All travellers should seek medical advice well in advance of departure to ensure they have the correct immunisations and malaria prophylaxis. If in doubt they should seek medical advice to ensure they are fit to travel. Travellers need to notify the trip leader if they have a pre-existing medical condition that may present a risk and ensure we have appropriate medical advice to manage this.

HIV prevalence is high in many places we travel to and travellers should carry well equipped first aid kits and behave cautiously.

**Accommodation**

Always have an escape plan in the event of fire. Check doors and windows are secure, especially if easily accessible from outside the building. Change accommodation if it does not feel safe and secure.

Take care using local electricity supplies as these may not be properly earthed/safe.

**Road travel**

Travellers must always protest if they feel a driver is not driving safely. Hired/partner vehicles should be equipped with seat belts and adequate supplies. Trip leaders should verify that hired vehicles are safe (Brakes, lights seatbelts, driver behaviour).

Road travel outside of urban areas at night should be avoided. Trips should reach their destination in good time to avoid delays requiring travel at night in insecure/rural areas.

Staff should not usually drive themselves.

Use of Public Transport should be avoided.

### **Local Air Travel**

Avoid travel with airlines that do not hold IATA certification. Private charters should only be made with reputable companies. Use of light aircraft is weather dependant and may result in delays to trips.

### **Slums**

Travel in slums and townships presents additional risks. Advice of project workers should be sought before entering a slum to confirm it is still safe to do so. It may need to be cancelled at short notice and alternative plans should be made. Additional precautions are needed to manage insanitary conditions (wear sensible shoes) and to minimise risk from criminality & violence. Travellers should move with project workers at all times and travel in large groups should be avoided. Specific group members need to be tasked to maintain a heightened environmental awareness. Movement in and out of slums by vehicle may be restricted by route options and by crowds. Additional time should be allowed for this and alternate exit routes should be planned in case public demonstrations/security incidents block the intended route out.

### **Lone Travellers**

Lone travellers need to brief hosts what to do should they become ill/injured in case they are incapacitated. They should agree with a UK contact person if a call in system is to be used.

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<sup>i</sup> For travel to high-risk destination, Trip Leader must fill out the risk assessment section and determine the appropriate risk mitigation actions. Emergency and daily contact procedures must be agreed with team, Trip Leader and Manager – Duty of Care must sign off. Trip Risk Assessment Sheet should be shared with all travellers.

<sup>ii</sup> Ensure that all sub-contractors are aware of their responsibility to have adequate insurance, and ask for proof of adequate insurance. In high risk countries, for IPE CKD staff, the insurance company should be notified of travel to the High Risk destination to double check whether the trip will be covered and to comply with any of the insurance company's policies.