



*"Life in all its fullness" John 10:10*

Church of Uganda Kisiizi Hospital

P. O. Box 109, Kabale, Uganda

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# CHILD SPONSORSHIP PROGRAMME SAFEGUARDING POLICY

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*Updated March 2018  
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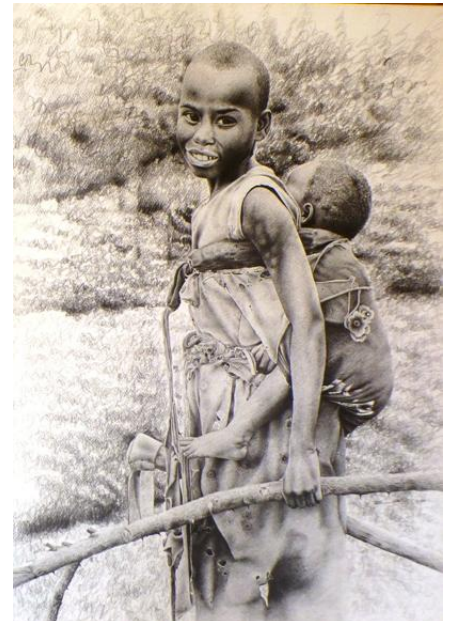
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## CHILD SPONSORSHIP PROGRAMME SAFEGUARDING POLICY

### Introduction / Context:

Church of Uganda Kisiizi Hospital seeks to bring *"Life in all its Fullness"* to its patients, attendants, visitors, staff and local community. It has a particular role in providing *"Care for the Vulnerable"* as it offers specialist services to groups such as the mentally ill, neonates and those with disability. In addition the Kisiizi Hospital Primary School takes in some children with special educational needs.

Poverty: Children in the populations served by Kisiizi are often in effective extended families where parents receive a great deal of support from close relatives and the local community. It is rare to have a small nuclear family without wider support. However these families are often very poor with many children malnourished and therefore more vulnerable to ill health. In addition there are large numbers of orphans, sometimes due to HIV related illness. Kisiizi with support from Kisiizi Partners operates a large Child Sponsorship programme to support such vulnerable families.



The *Kisiizi Hospital Child Sponsorship Programme* offers tremendous support targeted especially at single- or double-orphans helping with the costs of education and healthcare often for many years.

The *UN Convention on the Rights of the Child* includes the requirement that children live in a safe environment and be protected from harm. To protect the children on the programme from harm, all staff involved in their care should have the competences to recognise child maltreatment and to take effective action as appropriate to their role.

The Kisiizi Child Sponsorship Programme Office Staff\_ team co-ordinate the programme including the processes of selecting children to be supported and assessing and inspecting the schools to which children are sent. They provide feedback and recommendations to the Kisiizi Hospital Management Committee who are the Executive Authority in Kisiizi answerable to the Kisiizi Hospital Board of Governors.

Appointment / Recruitment of all Kisiizi Staff including those in the Child Sponsorship Programme require the participation of at least one member of the Management Committee. The interview templates include assessment of

integrity, character and professionalism as well as core competences for the specific post. Uganda does not currently have a Child Protection Register for formal Employment Checks but Kisiizi ensures Staff have valid qualifications, current licenses with the appropriate authority e.g. Uganda Medical & Dental Practitioner Council, Uganda Nursing & Midwifery Council, Uganda Allied Health Professionals Council and are in good standing. Overseas Staff have to provide evidence of good standing from their own professional Medical Council or equivalent. Face-to-face interviews are always conducted with potential staff. Once appointed a minimum period of three months is spent on probation to ensure the new member of staff is professional and competent.

The appointment of a Human Resources co-ordinator has stimulated upgrading of Induction procedures and the introduction of annual mandatory training ([See Appendix 6](#)) for Kisiizi Staff which includes safeguarding principles.

Annual appraisal of Staff by their line managers includes a review of performance in all aspects of their role and a review of any training needs.

### **Policy:**

All Kisiizi Staff and those in other institutions caring for children on the Kisiizi Child Sponsorship Programme who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues, including child protection.

Our responsibility is to safeguard the welfare of children and young people and to protect them from abuse-irrespective of their race, tribe, social background, gender, skin colour, disability, religion or beliefs. All our Staff including members of the Board and Administrators are expected to treat children with respect and dignity.

It is never acceptable for a child to experience abuse or exploitation of any kind. Any person who has any knowledge of a potential child protection issue within Kisiizi or one of the Sponsorship Scheme Schools is to immediately contact a member of the safeguarding team as appropriate (see below).

*New staff including volunteers must read and sign their acceptance of this policy at the commencement of their post.*  
[\(see Appendix 1\)](#)

### **Some Definitions:**

Abuse: any behaviour or action that is used to scare, harm, control or intimidate another person. It can come in different forms: physical, emotional, verbal, sexual, financial, or spiritual. Abuse also refers to cruel and violent treatment of a person or animal. Abuse is an attempt to control the behaviour of another person in a detrimental way.

Abuse is not: Parents, guardians, or teachers speaking the truth to a child, even if the child doesn't want to hear it - correction and discipline done in a loving, Godly way.

Physical abuse: the actual injury of a child, or failure to prevent physical injury to a child. It includes but is not limited to torture, poisoning, burning, and suffocating. This could result in wounds, burns, bite marks, cuts, head injury, internal injuries and fractures. This may involve forcing the child to work in unsafe environments, or depriving the child of the necessities like food, water, air or sunlight.

Sexual Abuse: is the actual or likely sexual exploitation of a child or adolescent. It involves encouraging, forcing or enticing a child to take part in or observe sexual activities that they may or may not comprehend. It includes any action with sexual intent towards children such as touching a child's genitals, asking a child to touch the genitals of others, encouraging the child watch or take part in pornography, or having sex with the child - whether or not they appear to be consenting. Any sexual advancement towards a child is wrong simply on the premise of the fact that they are still a child and underage. It includes rape, defilement, incest and all forms of sexual activity involving children such as pornography and prostitution. It is criminal behaviour to involve children in any sexual behaviour.

Organized Abuse: involves adults acting together or with other children to abuse a child/children using an institutional or cultural framework or position of authority to control. It includes, but is not limited to, child trafficking, child labour, ritualistic abuse, child sacrifice, and sexual abuse.

Neglect: (Abuse through intentional neglect) is the persistent or severe failure to meet a child's basic physical and psychological needs or failure to protect a child from danger. It is any action that deliberately neglects to give a child what they need to live, to learn, to participate in appropriate family or social activities, and to speak. Neglect is likely to result in serious impairment to a child's health and development. It may involve a caregiver failing to protect a child from starvation, or extreme failure to carry out important aspects of care.

Emotional Abuse: is persistent or severe emotional ill-treatment or rejection of a child which is likely to have an adverse effect on a child's emotional and behavioural development. It includes any action (gestures, words and behaviours) that deliberately causes children to feel afraid, anxious, in danger, corrupted, exploited or discouraged. It involves neglecting to give enough love and attention, not making the child feel secure and worthy, verbally insulting the child by belittling and threatening, and unnecessarily instilling fear in a child.

Psychological abuse: is any act that provokes fear, diminishes the child's dignity or sense of self-worth, and/or intentionally inflicts psychological trauma as a means of exerting power and control over the child's mind and thinking. These may include, but are not limited to, on-going criticism, intimidation, humiliation, overly sarcastic comments, passive/aggressive control, harassment, threats to harm self or others, forced indoctrination, sharing children's negative personal stories to unnecessary audiences, and posting pictures or names of children negatively on social media.

Bullying among children: involves physical, psychological or emotional harm or intimidation. It may include racist, sexist, or gender related bullying, manipulation, isolating or exclusion.

Spiritual Abuse: is coercion and control of one individual by another in a spiritual context.

Financial Abuse: is the unauthorised and improper use of funds, property or any resources belonging to an individual or organization. Those who financially abuse may be people who hold a position of trust, power, and authority or have the confidence of the child at risk. Examples of financial abuse: - exploiting children or their stories in order to get funds or benefits - withholding or giving money or possessions to influence a child's behavior or to control them - misappropriation of funds designated for children - Using gifts, offers of trips abroad or further education, etc... to entice a child or draw them into relationship with them

## **Competences:**

### **RECOGNISING AND IDENTIFYING ISSUES:      Staff should:**

- Know what to look for which may indicate possible harm
- Draw on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, to identify signs of sexual, physical, or emotional abuse or neglect including fabricated and induced illness, emotional abuse, sexual abuse, and neglect including child trafficking and Female Genital Mutilation (FGM) (though thankfully these are rare in the Kisiizi region).
- Understand the potential impact of a parent/carers physical and mental health on the wellbeing and development of a child or young person, including the impact of domestic violence, substance and alcohol misuse
- Understand that certain factors may be associated with child maltreatment, such as child disability and preterm birth, and living with parental mental health problems, other long-term chronic conditions, drug and alcohol abuse, and domestic violence
- Understand the increased needs of Looked After Children, youth offenders and their increased risk of further maltreatment
- Understand the risks associated with the internet and online social networking (though internet access is rare in the communities served by Kisiizi but this is gradually changing).

- Have a willingness to listen to children and young people
- Practice professional information sharing, confidentiality, and consent related to children and young people
- Understand the principles of consent and confidentiality in relation to young people under the age of 18 including the concepts of Gillick Competency
- Make sure the person giving consent to examination understands the purpose of the examination, what it will involve and how the results of the examination might be used.
- Respect a child's or young person's decision to refuse an examination.
- Avoid repeated examinations of a child or young person.
- Identify issues including possible speech, language and communication needs
- (Clinicians) be competent in assessment and detection of serious illness. Urgent management/referral may be needed when unsure of aetiology and when vital signs suggest serious illness
- Be clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about conduct of colleagues.
- Be supportive of colleagues recognising that the investigation of safeguarding issues may be challenging and stressful
- Understand the purpose and guidance around conducting serious case reviews including mortalities in vulnerable people e.g. the mentally ill
- Recognise how their own beliefs, experience and attitudes might influence professional involvement in safeguarding work
- Recognise that failure to attend medical follow up by a child or by a person with mental illness may constitute a warning sign. Kisiizi is currently developing IT systems to support identification of such cases to help facilitate follow up and these should be fully utilised.
- Keep clear, accurate and legible records.
- Make records at the time the events happen, or as soon as possible afterwards.
- Record their concerns, including any minor concerns, and the details of any action they have taken, information they have shared and decisions they have made relating to those concerns.
- Make sure information that may be relevant to keeping a child or young person safe is available to other clinicians providing care to them.

### **Schools and Placement Institutions:**

Inspections and Evaluations of the Schools are conducted by the Child Sponsorship Programme Staff regularly.

- All schools receiving children sponsored on the programme are required to sign a Memorandum of Understanding with Kisiizi Hospital Child Sponsorship Programme  
[\[see APPENDIX 2 KISIIZI CHILD SPONSORSHIP PROGRAMME MEMORANDUM OF UNDERSTANDING WITH PLACEMENT INSTITUTIONS\]](#)
- Schools are personally visited and inspected by Staff from Kisiizi Hospital Child Sponsorship programme at least once a term and the most vulnerable children are seen more frequently. (e.g. children with HIV, those with significant disability, those from extreme poverty situations).  
[\[see APPENDIX 3 KISIIZI CHILD SPONSORSHIP PROGRAMME School Visit Checklist\]](#)
- The Kisiizi Child Sponsorship Programme will only place children in schools that have been properly and fully registered and licensed by the Ministry of Education. This process includes an assessment of infrastructure safety, fire safety, the competence of teachers to handle children well etc.
- The Leads for Child Protection issues in each school should be clearly defined and publicised.

- Within schools there is a designated teacher to whom pupils may go with issues or concerns. They are referred to as “*Senior woman teacher for girls*”; “*Senior male teacher for boys*” etc. These designated teachers will also proactively arrange group sessions.
- Disciplinary matters involving teachers such as abuse of a pupil will be dealt with by the district Education Office (part of the Ministry of Education) and police authorities. The Uganda Teachers Code of Conduct is an important reference.
- Every Headmaster has information relating to the Presidential initiative on child protection.

#### **Formal structured Reviews:**

- Children on the scheme will attend Kisiizi in the school holidays every 3 months or so and will meet with Office Staff and Counselors who are used to dealing with children. As well as drawing up feedback reports for their donors this opportunity is also used to check if the child is facing any challenges or difficulties whether with their physical health, emotional issues, family dynamics etc. At this meeting the child’s report from school will be reviewed and the members of Staff will initially discuss with the child and then with the guardian.

### **INTERACTIONS**

#### Interaction with Families:

- Officers go to homes of the most vulnerable children to interview guardians and sensitise family members and the surrounding community about the rights of the child.
- Spot checks in homes are carried out which may uncover inappropriate use of resources, for example it may be noted that a mattress provided for a child has been taken by another relative. The provision and use of mosquito nets can be checked.
- Any changes in family circumstances have to be notified to the Scheme and then an assessment of the impact on their welfare is made.

#### Interaction with Community and other Agencies:

- Kisiizi is situated in a remote, rural, hard-to-reach location and there are relatively few other agencies. There are for example no formal Social Services or General Practitioners. The liaison with the District Health Officer in Rukungiri is therefore very important as he/she is responsible for all health services in the District. Kisiizi actively participates in the District Health Management Team.
- People from the local communities are very sensitive. The LC1 (Local Council 1) Chairman and council are tuned in to their local communities and pick up violence, neglect or abuse. The LC1 will liaise with police or community courts as required.
- Police will have a District Officer responsible for children known as a Family Affairs Officer
- Each sub-county has a “probation officer” who handles family issues e.g. neglect, Failure to pay school fees if are able etc.

#### **Interaction with Donors & Sponsors**

##### **Sponsors Communicating With Their Child**

Kisiizi Child Sponsorship Programme protection policy must be agreed to before a custom visit can be arranged for sponsors or when participating in any group trip.

Sponsors who meet their sponsored children on a trip or visit are in the unique position of directly communicating with their children.

In this situation it's normal to want to share personal contact information, or to request such information from the child or the child's family. However, any direct communication not facilitated by Kisiizi Child Sponsorship Programme could potentially expose the children or sponsors to unnecessary risk.

As a result, **personal contact information cannot be exchanged.**

Additionally, as part of our correspondence process we will not deliver any letters, to or from the child, which contain personal contact information (e.g., address, phone, email, etc.).

As social media and Internet access becomes more prevalent we recognize that sponsors and children may have the opportunity to connect online. The convenience that online communication offers comes with increased privacy and safety risks; we do not facilitate such correspondence at this time.

*“We cannot help protect a sponsor's or child's privacy if we are not involved in the correspondence. Being involved in the correspondence process also allows us to help navigate the ocean of cross-cultural sensitivities and avoid inadvertently writing something inappropriate or offensive.”*

Any sponsor communications, photos or materials deemed inconsistent with the shared beliefs and Christian values of our church partners and our statement of faith are not forwarded to the children.

### Information About the sponsored Child

We believe it is critical to protect children not only from abuse but also from exposure that could make them more susceptible to abuse.

Many children living in poverty experience health and family issues that are personal and sensitive. We are committed to protecting each family's privacy and preserving the child's dignity. Likewise, we expect our sponsors to handle child information and child photos in a respectful and sensitive manner.

## REPORTING CONCERNS OR ISSUES:

### Process for Children and young people to report abuse or issues:

[\[see APPENDIX 4 KISIIZI CHILD SPONSORSHIP PROGRAMME PROCESS FOR RAISING SAFEGUARDING CONCERNS \]](#)

Options include

- via a member of the School Staff who will then liaise with the Child Sponsorship Programme office staff. This may be via support staff such as wardens as well as teachers and may be helpful in cases of bullying by peers or domestic abuse.
- via family members who may liaise with the office directly. This is more likely if problems are located at the school rather than in the home setting.
- direct to office staff when they are visiting the schools and interview the children or in the formal review meetings.

### Ensuring Children and young people are aware of these processes:

Posters and laminated notices clearly explaining the processes and who to contact with full contact details should be publicized within the placement institutions. Designated Teachers should run sessions to ensure all pupils are aware of safeguarding issues, principles and processes.



## Health:

- All children on the *Kisiizi Child Sponsorship Programme* are enrolled in the Kisiizi Health Insurance Scheme so are protected if they become ill.

## RESPONDING TO IDENTIFIED CONCERNS:

- Taking appropriate action if they have concerns, including appropriately reporting concerns safely and seeking advice.  
*(see Appendix 4 for process and Appendix 5 for key personnel in the Safeguarding structures)*
- The importance of clear documentation is stressed and prompt communication of any concerns:
- The School Management Boards are encouraged to have close working relationships with the local police so where their support is required it can be obtained rapidly.
- Where a teacher is accused or implicated in allegations the Governors of the School should be informed
- Where required assessment of alleged sexual abuse including HIV testing can be arranged at Kisiizi Hospital. Dr. Francis Banya, Consultant Gynaecologist, is lead [\(see Appendix 5\)](#).

## Legal:

- The *Kisiizi Child Sponsorship Programme* will arrange and provide legal support where a child who has suffered abuse and requires legal defence or support.

## REFERENCES:

### Kisiizi Hospital:

[Safeguarding vulnerable children and adults \(Policy document January 2018\)](#)

### Uganda:

[National Strategic Programme Plan of Interventions for Orphans and other Vulnerable Children 2011/12–2015/16](#)

[National Orphans and Other Vulnerable Children Policy](#)

[A Guide for Interpreting and Applying National Quality Standards for the Protection, Care and Support of Orphans and Other Vulnerable Children in Uganda](#)

[UNICEF Uganda - SAFE - Keep Children Safe](#) <https://www.unicef.org/uganda/safe.html>

### UK:

General Medical Council: Guidance for doctors on protecting children and young people: The responsibilities of all doctors (2012).

Safeguarding children and young people: roles and competences for health care staff INTERCOLLEGIATE DOCUMENT Third edition: March 2014 Royal College of Paediatrics & Child Health, UK



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**APPENDIX 1 KISIIZI CHILD SPONSORSHIP PROGRAMME STAFF ACKNOWLEDGEMENT OF SAFEGUARDING POLICY**

TO BE COMPLETED BY EACH PERSON WHO CARES FOR CHILDREN ON THE KISIIZI CHILD SPONSORSHIP PROGRAMME

I \_\_\_\_\_ (Name)

Of \_\_\_\_\_ (School/Institution)

have read and understood the **Kisiizi Child Sponsorship Programme Safeguarding Policy** and I accept to follow its guidance to the full following the standards and procedures in it.

- I commit myself to protect all children and vulnerable adults from any abuse.
- I commit myself to report discreetly any suspicious activity or inappropriate behaviours noted towards children or vulnerable adults.
- I am aware that if found guilty of any form of child abuse as described in this policy, legal action may be taken against me by Kisiizi Hospital.
- I have been honest with Kisiizi Administration of any personal history of criminal or civil child abuse, and have given them any documentation available to substantiate this information.

Name:

Signature:

Human Resource Co-ordinator's signature:

Date:

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**APPENDIX 2 KISIIZI CHILD SPONSORSHIP PROGRAMME MEMORANDUM OF UNDERSTANDING WITH PLACEMENT INSTITUTIONS**



*“Life in all its fullness” John 10:10*

**KISIIZI HOSPITAL CHILD SPONSORSHIP PROGRAMME  
MEMORANDUM OF UNDERSTANDING WITH PLACEMENT INSTITUTIONS**

**1] Introduction**

The *Kisiizi Hospital Child Sponsorship Programme* is currently run with support from **Kisiizi Partners**, a registered charity in UK, and *Dorcas International*, a registered agency in the Netherlands. All parties involved are committed to safeguarding all children and young people in the Programme.

It is therefore a requirement of the programme that any institution in which sponsored children are placed for their education accepts the safeguarding policy principles and has clear pathways for dealing with any issues that may arise.

We therefore require the following information to be completed and signed by the authorities of the school or college or university. If for any reason an institution is unable to sign off this Memorandum of Understanding then the programme will be unable to place sponsored children there.

**2] Agreement**

The placement institution accepts in full the principles and policies laid out in the *Kisiizi Hospital Child Sponsorship Programme Safeguarding Policy* document and agrees to abide by them.

Staff from the *Kisiizi Hospital Child Sponsorship Programme* will visit the institution periodically to review the education provided for the children and young people and will follow a holistic approach to ensure all aspects of support are provided to ensure physical, mental, emotional, spiritual and communal well-being. This will include assurance that safeguarding procedures are in place and operational. The institution will fully co-operate with such review visits.



*"Life in all its fullness" John 10:10*

## KISIIZI HOSPITAL CHILD SPONSORSHIP PROGRAMME

**NAME OF INSTITUTION:**

**ADDRESS:**

**AFFILIATION** (e.g. Church of Uganda):

**IN-CHARGE** (e.g. Headmaster)

NAME:

POSITION:

PHONE:

**FOCAL TEACHER / LEAD FOR SAFEGUARDING ISSUES:**

NAME:

POSITION:

PHONE:

Please confirm that you have a written policy on Safeguarding in the institution

Please confirm that you have a clear process for children to report any issues including abuse

Please confirm that this process is understood by all the pupils / students and that they understand who to contact if there are any issues

*(if any of these are not in place, we can provide a template for you to adapt. Please provide current copies of these documents to the Programme and notify us of any changes.)*

We fully accept the principles and policies laid out in the *Kisiizi Hospital Child Sponsorship Programme Safeguarding Policy* document and we agree to fully implement these.

*Signed on behalf of the institution:*

NAME:

POSITION:

SIGNATURE:

DATE:

OFFICIAL STAMP:

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**APPENDIX 3 KISIIZI CHILD SPONSORSHIP PROGRAMME SCHOOL VISIT CHECK LIST (12/2013, review 12/2018)**

Appendix 1: **CHILD SPONSORSHIP SCHOOL VISIT CHECK LIST**

Date:

Reason for visiting:

Schools visited: 1 2  
3 4

Pupils/Students seen:

No	Name	Project No	Class	School
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Relationship of the child with school

staff \_\_\_\_\_

\_\_\_\_\_ Health of the child

the pupil / student \_\_\_\_\_

Does the pupil / student attend school regularly? Yes or No, if No

why \_\_\_\_\_

What intervention suggested / done for

this? \_\_\_\_\_

Performance: Excellent, Good, Fair, Average, Below Average

Recommended intervention suggested for the bad performance

Future plans: How did you help the pupil / student come up with appropriate future

plan \_\_\_\_\_

Problems

identified \_\_\_\_\_

Suggested interventions / solutions

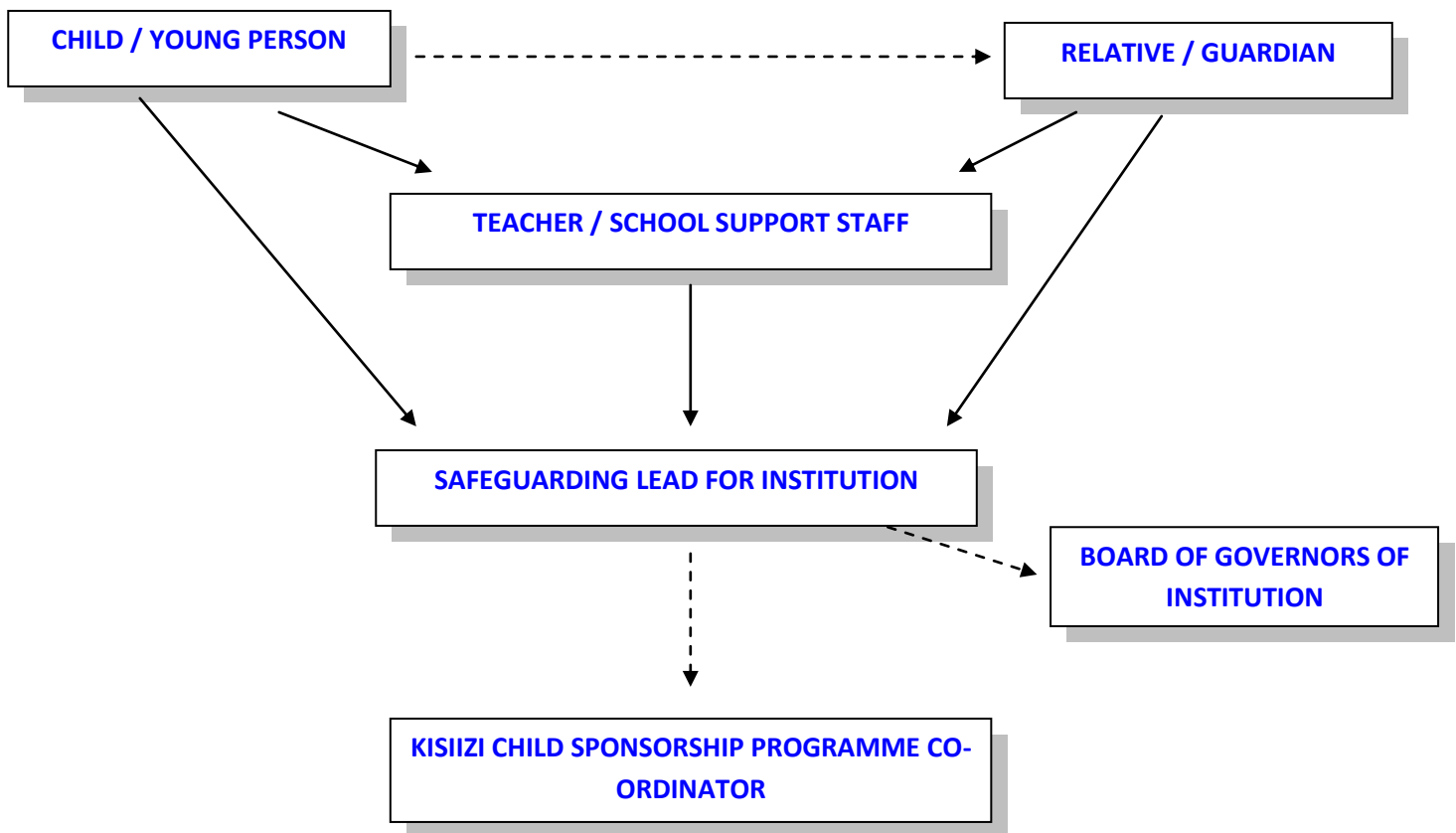
Compiled by \_\_\_\_\_ Date \_\_\_\_\_





*“Life in all its fullness” John 10:10*

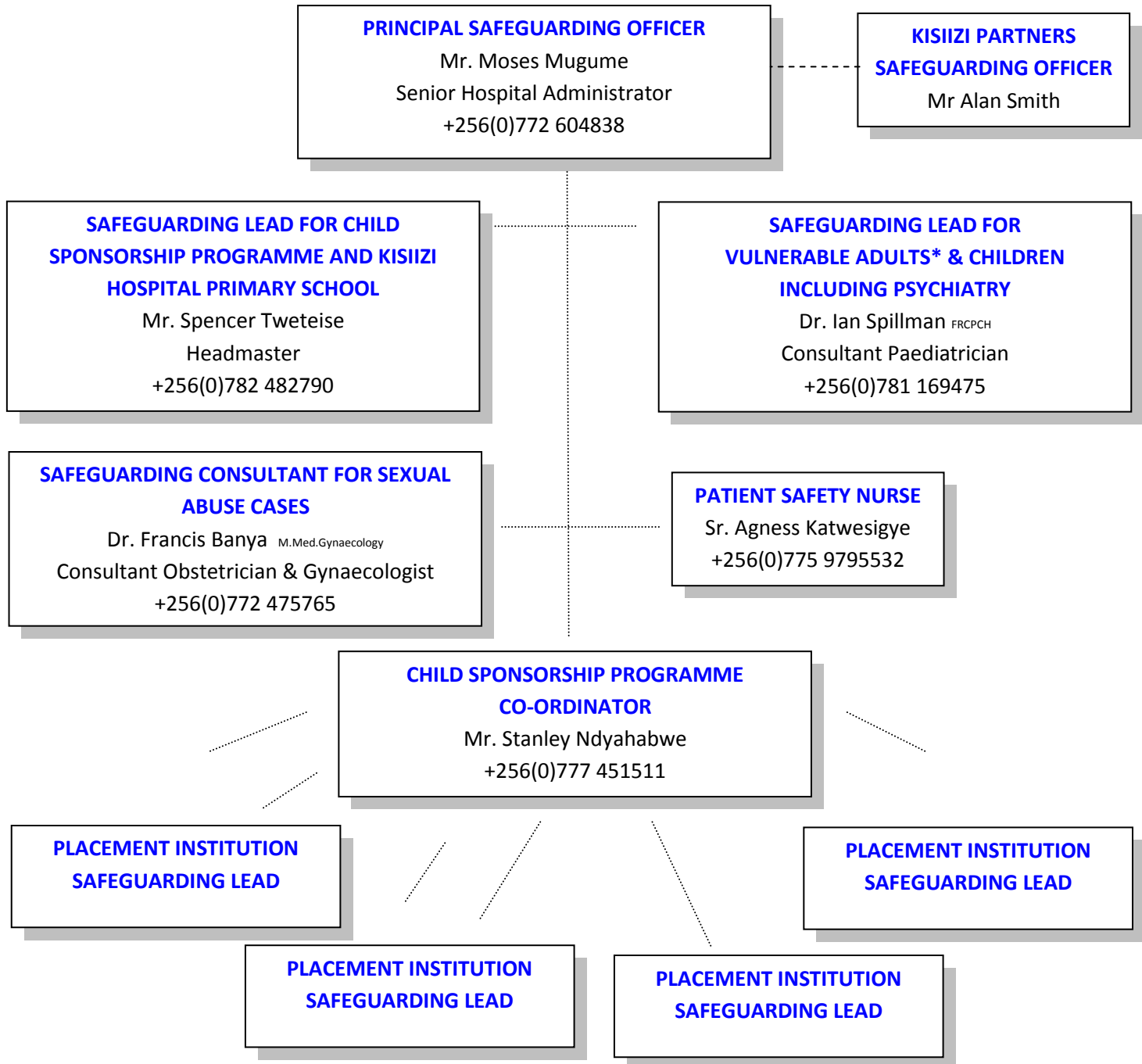
**KISIIZI HOSPITAL CHILD SPONSORSHIP PROGRAMME  
PROCESS FOR RAISING SAFEGUARDING CONCERNS**





*"Life in all its fullness" John 10:10*

**KISIIZI HOSPITAL SAFEGUARDING STRUCTURES**



**Notes:** \* Kisiizi Hospital anticipates the arrival of Dr. Bruce Twinamasiko as Consultant Physician from October 2018 at which point he will take on the role of Safeguarding Lead for Vulnerable Adults including Psychiatry. Dr. Ian Spillman will then continue as Safeguarding Lead for Vulnerable Children (12 years and under) including Psychiatry.

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## APPENDIX 6 KISIIZI HOSPITAL SPECIMEN ANNUAL MANDATORY TRAINING PROGRAMME

In addition to specific training sessions on Patient Safety including safeguarding issues, the annual mandatory training programme includes an update.

### KISIIZI HOSPITAL ANNUAL MANDATORY TRAINING

09.00	Welcome; update of Kisiizi Programs and Strategic Plan	Medical Superintendent
09.30	Fire Safety	Senior Hospital Administrator
09.50	Patient Safety (1): Safeguarding vulnerable children & adults update	Patient Safety Nurse; Paediatrician
10.20	Maintaining equipment safely	Biomedical Engineers
10.40	The appraisal process and annual increments; Informed Consent	Human Resource Co-ordinator
11.10	Coffee break	
11.35	Staff health principles – keeping fit and healthy	Human Resource Co-ordinator
12.00	Stre@mline IT system (1): Triage, Medicine & Patient safety	Patient Safety Nurse
12.25	Patient Safety (2): Infection control, waste management, safe surgery checklist etc.	Patient Safety Nurse
12.55	Lunch	
14.00	Resuscitation scenarios – adult and paediatric	Specialist / Medical Officer
15.00	Stre@mline IT system (2): Resources, Audit, Reports	Patient Safety Nurse
15.25	Round up of HR and Finance issues	Human Resource Co-ordinator
15.50	Security issues	Senior Hospital Administrator
16.15	Documentation – key principles	Senior Hospital Administrator
16.40	Conclusion and round up	Senior Hospital Administrator