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Orthopaedic Outreach Australasia  
Policy and Program Manual



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## Quality Principle 1: Rights, Protection and Inclusion

This Quality Principle recognises the centrality of individual and collective human rights, inclusive participation, equity, and protection for those who are vulnerable and those who are affected by the intersecting drivers of marginalisation and exclusion, which include but are not restricted to race, religion, ethnicity, indigeneity, disability, age, displacement, caste, gender, gender identity, sexuality, sexual orientation, poverty, class and socio-economic status.

**Commitment 1.1: We respect and protect human rights.**

**1.1.1 Members demonstrate an organisational commitment to human rights.**

See OO-PO-02 Human Rights Policy



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### 1.1.2 Members contribute to the realisation of human rights in their development and humanitarian initiatives.

We expect high standards of human rights performance across our operations. We build our program from a rights-based perspective that emphasises building the ability of rights-holders to claim their rights and build the capacity of duty bearers to fulfil human rights.

Everyone has the right to participate in decisions that affect them and their human rights. Participation must be active, free and meaningful, and give attention to issues of accessibility, including access to information in a form and a language which can be understood.

Sustainable Development Goals		Related Human Rights	Orthopaedic Outreach Program Development
No Poverty	End poverty in all its forms everywhere Targets include eradicating extreme poverty; implementing social protection measures; and ensuring equal access of men and women to economic resources.	<ul style="list-style-type: none"> <li>• Right to an adequate standard of living [UDHR art. 25; ICESCR art. 11; CRC art. 27]</li> <li>• Right to social security [UDHR art. 22; ICESCR art. 9; CRPD art. 28; CRC art. 26]</li> <li>• Equal rights of women in economic life [CEDAW arts. 11, 13, 14(2)(g), 15(2), 16(1)]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal. Operating on a patient to correct an impairment can provide them with the opportunity to contribute to the community, earn a living and potentially prevent a life of poverty.
Zero Hunger	End hunger, achieve food security and improved nutrition, and promote sustainable agriculture	<ul style="list-style-type: none"> <li>• Right to adequate food [UDHR art. 25; ICESCR art. 11; CRC art. 24(2)(c)]</li> </ul>	The Orthopaedic Outreach Program does not intend to



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	Targets include ending hunger and malnutrition; improving agricultural production, sustainable and resilient food production; correcting trade distortions, and ensuring functioning food commodity markets.	<ul style="list-style-type: none"> <li>International cooperation, including ensuring equitable distribution of world food supplies [UDHR art. 28; ICESCR arts. 2(1), 11(2)]</li> </ul>	address this Development Goal. Operating on a patient to correct an impairment can provide them with the opportunity to contribute to the community, earn a living and potentially prevent a life of poverty.
Good Health and Well Being	Ensure healthy lives and promote well – being for all at all ages Targets include reducing maternal mortality; ending preventable child deaths; ending or reducing AIDS other diseases; universal health coverage, affordable essential medicines, sexual and reproductive health care; vaccine research, and access to medicines.	<ul style="list-style-type: none"> <li>Right to life [UDHR art. 3; ICCPR art. 6], particularly of women [CEDAW art. 12] and children [CRC art. 6]</li> <li>Right to health [UDHR art. 25; ICESCR art. 12], particularly of women [CEDAW art. 12]; and children [CRC art.24]</li> <li>Special protection for mothers and children [ICESCR art.10]</li> <li>Right to enjoy the benefits of scientific progress and its application [UDHR art. 27; ICESCR art. 15(1)(b)]</li> <li>International cooperation [UDHR art. 28, DRtD arts. 3-4], particularly in relation to the right to health and children’s rights [ICESCR art. 2(1); CRC art. 4]</li> </ul>	Provision of care/services to correct impairment; Longevity of life; No age restrictions; Access to health care – promote in-country outreach programs. Support local-led clinics and surgery (within limitations) to remote communities.



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<p>Quality Education</p>	<p>Ensure inclusive and equitable quality education and promote life-long learning opportunities for all Targets include universal access to free, quality pre-primary, primary and secondary education; improving vocational skills; equal access to education; expanding education facilities, scholarships, and training of teachers</p>	<ul style="list-style-type: none"> <li>• Right to education [UDHR art. 26; ICESCR art. 13], particularly in relation to children [CRC arts. 28, 29]; persons with disabilities [CRC art. 23(3), CRPD art. 24]; and indigenous peoples [UNDRIP art. 14]</li> <li>• Equal rights of women and girls in the field of education [CEDAW art. 10]</li> <li>• Right to work, including technical and vocational training [ICESCR art. 6]</li> <li>• International cooperation [UDHR art. 28; DRtD arts. 3-4], particularly in relation to children [CRC arts. 23(4), 28(3)], persons with disabilities [CRPD art. 32], and indigenous peoples [UNDRIP art. 39]</li> </ul>	<p>Mentoring and skill development.</p>
<p>Gender Equality</p>	<p>Achieve gender equality and empower all women and girls. Targets include eliminating discrimination and violence against women and girls; valuing unpaid care and domestic work; ensuring the full participation of women; access to reproductive health care; and equal access of women to economic resources.</p>	<ul style="list-style-type: none"> <li>• Elimination of all forms of discrimination against women [CEDAW arts. 1-5] and girls [CRC art. 2], particularly in legislation, political and public life (art. 7), economic and social life (arts. 11, 13), and family relations (art. 16)]</li> <li>• Right to decide the number and spacing of children [CEDAW arts. 12, 16(1)(e); CRC art. 24(2)(f)]</li> <li>• Special protection for mothers and children [ICESCR art. 10]</li> </ul>	<p>Promote inclusion of women and girls in attending clinics. Promote inclusion of women health care professionals in inclusion of program.</p>



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		<ul style="list-style-type: none"> <li>• Elimination of violence against women and girls [CEDAW arts. 1- 6; DEVAW arts. 1-4; CRC arts. 24(3), 35]</li> <li>• Right to just and favourable conditions of work [ICESCR art. 7; CEDAW art. 11]</li> </ul>	
Clean Water and Sanitation	Ensure availability and sustainable management of water and sanitation for all. Targets include ensuring universal and equitable access to safe, affordable drinking water, sanitation and hygiene for all; reducing pollution; increasing water-use efficiency; and promoting participatory management of water and sanitation services.	<ul style="list-style-type: none"> <li>• Right to safe drinking water and sanitation [ICESCR art. 11]</li> <li>• Right to health [UDHR art. 25; ICESCR art. 12]</li> <li>• Equal access to water and sanitation for rural women [CEDAW art. 14(2)(h)]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal.
Affordable and Clean Energy	Ensure access to affordable, reliable, sustainable and modern energy for all. Targets include ensuring universal access to affordable, reliable and modern energy services.	<ul style="list-style-type: none"> <li>• Right to an adequate standard of living [UDHR art. 25; ICESCR art. 11]</li> <li>• Right to enjoy the benefits of scientific progress and its application [UDHR art. 27; ICESCR art. 15(1)(b)]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal.
Decent Work and Economic Growth	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all. Targets include promoting sustained economic growth; improving resource efficiency in production and consumption; full and productive employment and decent work for all; eradicating forced and child	<ul style="list-style-type: none"> <li>• Right to work and to just and favourable conditions of work [UDHR art. 23; ICESCR arts. 6, 7, 10; CRPD art. 27; ILO Core Labour Conventions and ILO Declaration on Fundamental Principles and Rights at Work]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal. Operating on a patient to correct an impairment can provide them with the opportunity to contribute to



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	labour and trafficking; protecting labour rights including those of migrant workers; and increasing access to financial services.	<ul style="list-style-type: none"> <li>Prohibition of slavery, forced labour, and trafficking of persons [UDHR art. 4; ICCPR art. 8; CEDAW art. 6; CRC arts. 34-36]</li> <li>Equal rights of women in relation to employment [CEDAW art. 11; ILO Conventions No. 100 and No. 111]</li> <li>Prohibition of child labour [CRC art. 32; ILO Convention No. 182]</li> <li>Equal labour rights of migrant workers [CMW art. 25]</li> </ul>	the community, earn a living and potentially prevent a life of poverty.
Industry, innovation and Infrastructure	Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation. Targets include affordable and equitable access to quality infrastructure; employment generating industrialisation; access to financial services and markets; innovation and technology transfer, and increasing access to ICT.	<ul style="list-style-type: none"> <li>Right to enjoy the benefits of scientific progress and its application [UDHR art. 27; ICESCR art. 15(1)(b)]</li> <li>Right to access to information [UDHR art. 19; ICCPR art. 19(2)]</li> <li>Right to adequate housing, including land and resources [UDHR art. 25; ICESCR art. 11]</li> <li>Equal rights of women to financial credit and rural infrastructure [CEDAW art. 13(b), art. 14(2)]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal.
Reduced Inequalities	Reduce inequality within and among countries. Targets include promoting higher growth rates for the bottom 40 per cent; promoting social, economic and	<ul style="list-style-type: none"> <li>Right to equality and non-discrimination [UDHR art. 2; ICESCR art. 2(2); ICCPR arts. 2(1), 26; CERD art. 2(2); CEDAW art. 2; CRC art. 2; CRPD art. 5; CMW art. 7; DRtD art. 8(1)]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal. Operating on a patient to correct an impairment can





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	political inclusion; reducing inequalities in opportunities and outcomes; ensuring social protection for all; securing participation in economic decision making; facilitating migration, and reducing transaction costs for migrant remittances.	<ul style="list-style-type: none"> <li>• Right to participate in public affairs [UDHR art. 21; ICCPR art. 25; CEDAW art. 7; ICERD art. 5; CRPD art. 29; DRtD art. 8(2)]</li> <li>• Right to social security [UDHR art. 22; ICESCR arts. 9-10; CRPD art. 28]</li> <li>• Promotion of conditions for international migration [CMW art. 64]</li> <li>• Right of migrants to transfer their earnings and savings [CMW art. 47(1)]</li> </ul>	provide them with the opportunity to contribute to the community, earn a living and potentially prevent a life of poverty.
Sustainable Cities and Communities	Make cities and human settlements inclusive, safe, resilient and sustainable Targets include ensuring access to housing, basic services and public transport for all; participatory planning of human settlements; safeguarding cultural and natural heritage; and strengthening resilience to disasters.	<ul style="list-style-type: none"> <li>• Right to adequate housing, including land and resources [UDHR art. 25; ICESCR art. 11]</li> <li>• Right to participate in cultural life [UDHR art. 25; ICESCR art. 15; ICERD arts. 5, 7; CRPD art. 30; CRC art. 31]</li> <li>• Accessibility of transportation, facilities and services particularly of persons with disabilities [CRPD art. 9(1)], children [CRC art. 23], and rural women [CEDAW art. 14(2)]</li> <li>• Protection from natural disasters [CRPD art. 11]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal.
Responsibly Consumption and Production	Ensure sustainable consumption and production patterns. Targets include achieving sustainable management and efficient use of natural	<ul style="list-style-type: none"> <li>• Right to health including the right to safe, clean, healthy and sustainable environment [UDHR art. 25(1); ICESCR art. 12]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal.



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	resources; improving waste management; promoting sustainable public procurement; ensuring access to information; and building capacity for sustainable development.	<ul style="list-style-type: none"> <li>• Right to adequate food and the right to safe drinking water [UDHR art. 25(1); ICESCR art. 11]</li> <li>• Right of all peoples to freely dispose of their natural resources [ICCPR, ICESCR art. 1(2)]</li> </ul>	
Climate Action	Take urgent action to combat climate change and its impacts. Targets include strengthening resilience and adaptation to climate change and natural disasters, including in marginalised communities; implementation of the Green Climate fund.	<ul style="list-style-type: none"> <li>• Right to health including the right to safe, clean, healthy and sustainable environment [UDHR art. 25(1); ICESCR art. 12; CRC art. 24; CEDAW art. 12; CMW art. 28]</li> <li>• Right to adequate food &amp; right to safe drinking water [UDHR art. 25(1); ICESCR art. 11]</li> <li>• Right of all peoples to freely dispose of their natural wealth and resources [ICCPR, ICESCR art. 1(2)]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal.
Life Below Water	Conserve and sustainably use the oceans, seas and marine resources for sustainable development. Targets include reducing marine pollution; conserving coastal ecosystems, coastal marine areas and fish stock; securing market access for small scale fishers; protection of marine biodiversity.	<ul style="list-style-type: none"> <li>• Right to health including the right to safe, clean, healthy and sustainable environment [UDHR art. 25(1); ICESCR art. 12; CRC art. 24; CEDAW art. 12; CMW art. 28]</li> <li>• Right to adequate food &amp; right to safe drinking water [UDHR art. 25(1); ICESCR art. 11]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal.



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		<ul style="list-style-type: none"> <li>• Right of all peoples to freely dispose of their natural wealth and resources [ICCPR, ICESCR art. 1(2)]</li> </ul>	
Life on Land	<p>Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.</p> <p>Targets include the sustainable management of freshwater, mountain ecosystems and forests; combatting desertification; halting biodiversity loss; combatting poaching and trafficking of protected species.</p>	<ul style="list-style-type: none"> <li>• Right to health including the right to safe, clean, healthy and sustainable environment [UDHR art. 25(1); ICESCR art. 12; CRC art. 24; CEDAW art. 12; CMW art. 28]</li> <li>• Right to adequate food &amp; right to safe drinking water [UDHR art. 25(1); ICESCR art. 11]</li> <li>• Right of all peoples to freely dispose of their natural wealth and resources [ICCPR, ICESCR art. 1(2)]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal.
Peace, Justice and Strong Institutions	<p>Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.</p> <p>Targets include reducing all forms of violence; ending violence against and trafficking of children; promoting rule of law and justice for all; reducing illicit financial and arms flows, corruption and bribery; developing effective institutions; participation in decision making at all levels; legal identity for all.</p>	<ul style="list-style-type: none"> <li>• Right to life, liberty and security of the person [UDHR art. 3; ICCPR arts. 6(1), 9(1); ICPED art. 1] including freedom from torture [UDHR art. 5; ICCPR art. 7; CAT art. 2; CRC art. 37(a)]</li> <li>• Protection of children from all forms of violence, abuse or exploitation [CRC arts. 19, 37(a)], including trafficking (CRC arts. 34-36; CRC-OP1)]</li> <li>• Right to access to justice and due process [UDHR arts. 8, 10; ICCPR arts. 2(3), 14-15; CEDAW art. 2(c)]</li> </ul>	The Orthopaedic Outreach Program does not intend to address this Development Goal.



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		<ul style="list-style-type: none"> <li>• Right to legal personality [UDHR art. 6; ICCPR art. 16; CRPD art. 12]</li> <li>• Right to participate in public affairs [UDHR art. 21; ICCPR art. 25]</li> <li>• Right to access to information [UDHR art. 19; ICCPR art. 19(1)]</li> </ul>	
Partnership for the goals	<p>Strengthen the means of implementation and revitalize the global partnership for sustainable development.</p> <p>Targets include strengthening domestic and international resources; debt sustainability; technology transfer and capacity building; promoting trade; enhancing policy and institutional coherence; respecting countries' policy space; promoting multi-stakeholder partnerships; measurements for progress, disaggregated data.</p>	<ul style="list-style-type: none"> <li>• Right of all peoples to self-determination [ICCPR, ICESCR art. 1(1); DRtD art. 1(1)]</li> <li>• Right of all peoples to development, &amp; international cooperation [UDHR art. 28; ICESCR art. 2(1); CRC art. 4; CRPD art. 32(1); DRtD arts. 3-5]</li> <li>• Right of everyone to enjoy the benefits of scientific progress and its application, including international cooperation in the scientific field [UDHR art. 27(1); ICESCR art. 15(1)]</li> <li>• Right to privacy [UDHR art. 12; ICCPR art. 17], including respect for human rights and ethical principles in the collection and use of statistics [CRPD art. 31(1)]</li> </ul>	



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### 1.1.3 Members protect primary stakeholders from discrimination, violence, abuse, exploitation or neglect based on an analysis of the context in which they are working.

Orthopaedic Outreach identify the risks that primary stakeholders face with regards to discrimination, violence, abuse, exploitation or neglect and develop strategies to prevent or mitigate this. We do all we reasonably can to avoid exposing people to further harm.

See OO-RM-01 – Risk Management Assessment

**Commitment 1.2: We respect and respond to the needs, rights and inclusion of those who are vulnerable and those who are affected by marginalisation and exclusion.**

1.2.1 Members demonstrate an organisational commitment to the inclusion and representation of those who are vulnerable and those who are affected by the intersecting drivers of marginalisation and exclusion.

1.2.2 Members' planning process includes consultation with those who are vulnerable and those who are affected by marginalisation and exclusion and analysis of their needs and rights and barriers to their inclusion in context-specific ways.

#### *Planning*

Planning for program delivery is managed through the Program, Monitoring and Evaluation Committee.

The purpose of the Program, Monitoring and Evaluation Committee is to provide guidance for conducting rigorous and transparent evaluation of programs, projects, strategies, policies, and initiatives to improve volunteer member engagement, and improved outcomes for external stakeholders.

The committee is responsible for reviewing funding applications to ensure a fit to Orthopaedic Outreach Strategy;

Our purpose is to build the capacity within developing countries to provide sustainable orthopaedic surgical care for their people through the delivery of orthopaedic surgical services and skill development of local health care professionals.

The OO-F-13 Funding Proposal is completed and evaluated by the Team Leader for a proposed visit. This includes details of the specific focus for the team visit and goals of the visit. Teams members are required to understand the policies of Orthopaedic Outreach.

Outcomes identified in previous visit reports are used by the Program, Monitoring and Evaluation Committee to direct planning to ensure that needs of program recipients are aligned to the Orthopaedic Outreach strategy and continue to address the needs of those who are vulnerable and affected by marginalisation and exclusion. This is applicable to both Health Care Professionals in countries where trips occur and patients who are the beneficiaries of services provided through the program.



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Consultation with those who are vulnerable and those affected by marginalised and exclusions primarily occurs through program planning and reporting. Member surgeons who propose program visits consider creation of opportunities for health care professionals who are considered vulnerable, marginalised or excluded through skill development. In collaboration with local surgeons, hospitals and universities, health care professionals are selected to participate in the program. Patients who are vulnerable, marginalised or excluded are the beneficiaries of the visits through direct care or ongoing care by upskilled health care professionals.

As the Program, Monitoring and Evaluation Committee continues to mature and the program of visits is reviewed and refined consideration will be given to:

- development of materials in local language
  - Currently the visiting team work with local contacts to ensure that the program vision and goals are achieved through language translation where needed.
- developing a method for direct consultation by the committee with potential program recipients to obtain feedback about supporting vulnerable persons to address barriers.

1.2.3 Members monitor and evaluate their progress in addressing the needs, rights and inclusion of those who are vulnerable and those who are affected by marginalisation and exclusion in context-specific ways.

#### *Monitoring and Evaluation*

The primary method of collecting information to monitor and evaluate our progress in addressing the needs, rights and inclusion of those who are vulnerable and those who are affected by marginalisation and exclusion is through the Team Visit trip reports which are mandatory following each trip.

The OO-F-17 Team Visit Report includes requirements to include an assessment of the progress relating to vulnerable and marginalised groups.

The Program, Monitoring and Evaluation Committee is responsible for oversight of delivery of the programs at Orthopaedic Outreach.

The data collected through team activity reporting validates the authenticity of our programs, provides input to our planning process and strengthens our capacity to attract donations.

The Programs Committee will, on a quarterly basis review the Orthopaedic Outreach program and trip visits undertaken and prepare a report.

Regular communication to Members who undertake visits occurs and includes requirements for team visit reports. An example of the communication is as follows:

We value transparency and accountability. Detailed and structured post activity reports are essential.



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Volunteers are required to provide reports on program developments, ensuring a comprehensive overview of the impact and progress made during their activity. The collection of clinical and educational data is crucial in monitoring in-country progress and evaluation of overall programs. This information also feeds directly into channels supporting ongoing funding.

Funding proposals will require greater clarity and detail regarding the goals and nature of trips for which funding is sought.

The Program, Monitoring and Evaluation Committee determined that training is required for all team members who participate in trips. This includes:

- Code of Conduct
- Introduction to Child Protection
- Introduction to Safe Guarding
- Policy and Program Manual
- Prevention of Sexual Exploitation, Abuse and Harassment
- Ethical Stories and Images

1.2.4 Members consider the potential impact of their development and humanitarian initiatives on those who are vulnerable and those who are affected by marginalisation and exclusion with a view to preventing unintended harm.

All people, regardless of their age, gender, race, religious beliefs, disability, sexual orientation, or family or social background, have equal rights to protection from abuse, neglect or exploitation.

Orthopaedic Outreach commits to promoting and protecting the welfare and human rights of people that interact with, or are affected by, our work - particularly those that may be at risk of abuse, neglect or exploitation. We have no tolerance for abuse, neglect or exploitation.

All staff, members, partners and third parties share responsibility for protecting everyone from abuse, neglect or exploitation.

While all people must be protected from harm, there are additional legislative and ethical considerations for protecting vulnerable people.

Vulnerable people can include:

- Children and seniors;
- People with impaired intellectual or physical functioning;
- People from a low socio-economic background;
- People who are Aboriginal or Torres Strait Islander heritage;
- People who are not native speakers of the local language;
- People with low levels of literacy or education;
- People subject to modern slavery, which involves human exploitation and control, such as forced labour, debt bondage, human trafficking, and child labour.



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Being able to recognise vulnerability in its various forms is important and is the first step towards being able to protect vulnerable people from incidents of harm.

Incidents of harm may include:

- Sexual harassment, bullying or abuse;
- Serious sexual offences, such as rape;
- Threats of violence or actual violence;
- Verbal, emotional or social abuse;
- Cultural or identity abuse, such as racial, sexual or gender-based discrimination or hate crimes;
- Coercion and exploitation;
- Abuse of power;

These incidents of harm can lead to consequences, such as:

- Mental and physical health issues, or even death, for affected people;
- Civil or criminal sanctions for the charity or individuals;
- Community anger;
- Reputational damage and negative media attention;
- Disruption to services;
- Decrease in team cohesion, morale and productivity;
- Inability to attract staff and volunteers;
- Loss of donors and access to grants.

### *Vulnerable Persons Identification*

Orthopaedic Outreach have identified the following vulnerable persons who may be impacted by our programs:

Category	Examples
Users of Services	Patients, Surgeons, Clinical Staff
Indigenous peoples	People native to the region which we are visiting
Minority ethnic/ religious communities	Minority groups in the region which we are visiting
Aged Persons	<a href="#">See Australian Government definition of "older Person"</a>
'Outcast' communities	Club Foot Children - Specific targeted clinics to encourage this population to come forward
Temporary communities (people who are in the area for a short time)	Refugees, migrant workers, nomadic groups
People with a disability	<a href="#">See the World Health Organisation's definition of a person with a disability</a>
Children	Patients and children of patients attending clinics
Women	Patients and family of patients attending clinics
Financially Dis-Advantaged	A person is defined as financially disadvantaged if they are in financial difficulty and:





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	<ul style="list-style-type: none"> <li>• They have no income.</li> <li>• Their main source of income is a welfare payment.</li> <li>• Their income is insufficient to sustain their personal financial commitments and they have defaulted on payment of their debts, or are at risk of defaulting.</li> </ul> <p>A person is financially disadvantaged and vulnerable if, in addition to experiencing financial disadvantage, their capacity to assist themselves is limited. Examples include:</p> <ul style="list-style-type: none"> <li>• Family violence,</li> <li>• Homelessness,</li> <li>• Intellectual or physical disability,</li> <li>• Lack of formal education (including illiteracy),</li> <li>• Life event (includes accident, illness, divorce, unemployment, death of a close family member),</li> <li>• Limited English proficiency,</li> <li>• Mental health issues,</li> <li>• Substance abuse.</li> </ul>
LGBTQIA	Lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies, aromantic, or agender)

*Incident Management*

We have a process for managing incidents that must be followed when one arises regarding vulnerable persons. See OO-PO-08 Complaints Handling Policy.

*Risk Management*

Risk Management steps that Orthopaedic Outreach take to ensure the safeguarding of vulnerable people includes:

1. Identify and assess the risks and any legal and ethical obligations.
2. Commit to managing the risks involved when working with vulnerable people.
3. Prevent harm and mitigate risks with clear and comprehensive policies, procedures and systems.
4. Engage people, including those from third parties, to help manage risks by adhering to those policies, procedures and systems.
5. Detect changes in risks, instances of harm and of non-compliance with obligations.
6. Taking action when concerns, suspicion or complaints arise.
7. Assure the board that risks are being managed.



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### Commitment 1.3: We support people affected by crisis.

1.3.1 Members that support or undertake humanitarian assistance are guided by humanitarian assistance principles of humanity, impartiality, independence and neutrality.

Orthopaedic Outreach do not currently support people affected by crisis. The organisation does not undertake humanitarian assistance activities.

1.3.2 Members that support or undertake humanitarian assistance recognise and work towards application of the Core Humanitarian Standard.

Orthopaedic Outreach do not currently support people affected by crisis. The organisation does not undertake humanitarian assistance activities.

1.3.3 Members support or undertake humanitarian assistance coordinate and complement the work of others providing assistance.

Orthopaedic Outreach do not currently support people affected by crisis. The organisation does not undertake humanitarian assistance activities.

1.3.4 Members support or undertake humanitarian assistance promote the role and leadership of local actors.

Orthopaedic Outreach do not currently support people affected by crisis. The organisation does not provide humanitarian assistance.

### Commitment 1.4: We advance the safeguarding of children.

1.4.1 Members demonstrate their organisational commitment to the safeguarding of children.

1.4.2 Members have a code of conduct that advances child safeguarding behaviours and applies to all personnel, partners and project visitors.

1.4.3 Members have a documented child safeguarding incident reporting procedure and complaints handling procedure that aligns with principles of privacy and promotes safety and dignity.

See OO-PO-03 Child Safeguarding Policy

Orthopaedic Outreach communicates about its Orthopaedic Outreach programs and their impact to a range of stakeholders, for reporting and promotional purposes. This includes the production and distribution of communications materials through Orthopaedic Outreach publications, external publications, intranet and internet sites, social media platforms, television and radio interviews, and podcasts.

The purpose of this policy is to ensure that images and stories collected by staff, volunteers and other contributors to Orthopaedic Outreach program activities are collected, sourced and used



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honestly and ethically, according to Orthopaedic Outreach values, and safeguarding and compliance obligations. All stories and images collected and used must portray the people and communities, with whom Orthopaedic Outreach works, with respect, dignity and accuracy. This policy is part of Orthopaedic Outreach accountability to its local partners and patients whose stories and images it shares, to ensure that their rights, safety, dignity, privacy, cultural and religious beliefs are respected and protected.

This policy **covers both still (photographs) and moving (video) imagery and recorded, transcribed or written interviews and direct quotes**, collected by Orthopaedic Outreach people (as defined above). It applies to information, stories and images collected for research, evaluation, donor, supporter and public engagement purposes and all material published by Orthopaedic Outreach about its Orthopaedic Outreach-related activities regardless of format.

These requirements on the obtaining and use of children's images align with the ACFID (Australian Council For International Development) Code of Conduct. Any individual who is taking or using photos or stories of children related to an Orthopaedic Outreach initiative will adhere to these principles.

All stories, photos and film published or disseminated by Orthopaedic Outreach must:

- Respect human dignity and ensure the rights, safety and wellbeing of the person or people being portrayed;
- Be culturally and politically sensitive, and avoid social stigmatisation of individuals;
- Protect the identity and privacy of individuals by identifying people by first name only;
- Be used ethically, which means that they should be accurate in terms of content, captioning and attribution, and used in the correct context;
- De-identify the person where possible
- Members on trip visits hand over collateral to OO for storage.
- Approval process for posting information on personal social media. People who post without approval will be held to account. Part of pre-briefing for visit.

Orthopaedic Outreach people will collect and use content ethically in line with the following minimum standards.

**Stories and images collected from adult and children by Orthopaedic Outreach people will:**

- Depict people and their issues, experiences and lives respectfully and truthfully, retaining the intended meaning of the information they provide and ensuring honest visual portrayals.
- Protect the privacy and safety of people and their information by identifying people by first name only and in the case of children, not using their name (or using a pseudonym). All content will be accurately credited and captioned while also protecting people's privacy and safety;
- Present people in a respectful rather than vulnerable or demeaning way. This includes ensuring that images are taken of people that are adequately clothed;



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- Respect people’s self-worth, values, history, religion, language and culture, protects their rights and ensure they are portrayed with dignity and strength as active partners in their own development, with the ability to change. People will not be portrayed as victims or presented in a dehumanised manner;
- Authentically represent the environment, context, situation and people — the need, the proposed solutions, and the impact of Orthopaedic Outreach work. This will be done without embellishment, exaggeration, material omissions, manipulation or significant alteration to mislead audiences or to alter meaning, facts, concept or context;
- Be gathered in a respectful and sensitive way that does not exacerbate people’s trauma, and respects cultural differences and local traditions, laws and restrictions; and
- Provide people, with whom Orthopaedic Outreach works, with an opportunity to communicate their stories to Orthopaedic Outreach, in their own words, without prejudice, judgement or fear of retribution, and also have the opportunity to seek information from Orthopaedic Outreach about any aspect of the collection and use of content involving them.

**Free, prior and informed consent of people will be obtained before collecting and using their personal information, stories and images:**

- Before stories and photos are collected, Orthopaedic Outreach people will obtain free, prior and informed consent from the person being photographed, filmed or interviewed using the Orthopaedic Outreach Consent Form. For children in all circumstances, consent must be obtained from the child’s parent and guardian. Where appropriate and possible consent must also be obtained from the child;
- The consent process will be explained clearly in the local language of the person whose consent is being obtained to ensure that their consent (if provided) is informed;
- Informed consent must be acknowledged in writing by the subjects if possible, and where not possible in writing by the Orthopaedic Outreach person to indicate that verbal informed consent has been received.
- Orthopaedic Outreach will respect a person’s right to refuse to be interviewed, photographed or filmed. If Orthopaedic Outreach people sense any reluctance or confusion, they should refrain from continuing the interview or taking the photo or video;
- Orthopaedic Outreach will not provide payment or any other form of compensation to local people in exchange for their photograph or film to be taken or their information collected, and story told;
- Orthopaedic Outreach will ensure that the content being used, and the associated permissions, are current and consistent with the terms of consent provided; and
- Orthopaedic Outreach will stop using content when requested by the subjects to remove the content from circulation.

**Stories and images will be stored securely:**

- All images and images will be securely stored, and only approved content published;



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- All content developed will be approved by the Head of Orthopaedic Outreach or their nominated representative and the Manager Marketing and Communications prior to publication; and
- All stories and images that are collected by Orthopaedic Outreach people will be handed over to Orthopaedic Outreach staff at the end of a program activity and all information and images deleted from devices on which they are stored. Orthopaedic Outreach people will not share stories and images gained during an Orthopaedic Outreach program activity for personal use on social media or in public presentations.

#### **Additional standards relating to children:**

In addition, when collecting stories or images of children, Orthopaedic Outreach people must adhere to standards outlined in the Child Safeguarding Policy to ensure children are portrayed in a respectful, appropriate and consensual manner at all times. This means that when collecting children's stories and images must:

- Ensure that local traditions or restrictions for reproducing personal images are adhered to before photographing or filming a child;
- Obtain informed consent from the child's parent/guardian/caretaker of the child in all circumstances, and the child where appropriate and possible, before photographing, filming a child or using their personal information. At a minimum, informed consent means explaining to the parent/guardian/caretaker and child the implication, purpose and potential uses of the photograph, film or personal information. This consent should be documented using the Orthopaedic Outreach Consent Form;
- Ensure that children are represented in a dignified and respectful manner (i.e. adequately clothed and depicted in a manner which is not vulnerable, submissive or sexually suggestive) in all photographs, films, videos and DVDs;
- Ensure that images of children are honest and factual representations of the context in which they were taken;
- Ensure that file labels, meta data or text descriptions do not reveal identifying information about a child (such as a child's name, village or hospital/clinic name) when sending images electronically or publishing images in any form; and
- Obtain Orthopaedic Outreach consent before storing, transferring or using any images for medical research, education, promotional and/or fundraising purposes.

Orthopaedic Outreach is committed to keeping children safe when collecting and using their images and personal information.

**Commitment 1.5: We advance the safeguarding of those who are vulnerable to sexual exploitation and abuse.**

**1.5.1 Members demonstrate their organisational commitment to the prevention of sexual exploitation and abuse, through a survivor-centred approach.**

See OO-PO-04 Prevention of Sexual Exploitation, Abuse and Harassment Policy



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## Quality Principle 2: Participation, Empowerment & Local Ownership

Commitment 2.1: We promote the participation of primary stakeholders.

2.1.1 Members demonstrate an organisational commitment to advancing the participation of primary stakeholders.

See OO-PO-06 Participation, Empowerment and Local Ownership Policy

2.1.2 Members' planning process includes the participation of primary stakeholders.

See OO-PO-06 Participation, Empowerment and Local Ownership Policy

2.1.3 Members monitor and evaluate their progress in the participation of primary stakeholders.

See OO-PO-06 Participation, Empowerment and Local Ownership Policy

Commitment 2.2: We promote the empowerment of primary stakeholders.

2.2.1 Members have formal mechanisms for primary stakeholders to contribute their ideas, feedback and complaints so that they have a voice in and ownership of their own development and humanitarian initiatives.

See OO-PO-06 Participation, Empowerment and Local Ownership Policy

2.2.2 Members promote opportunities for primary stakeholders to participate in decision-making about the initiatives that affect them.

See OO-PO-06 Participation, Empowerment and Local Ownership Policy

Commitment 2.3: We promote gender equality and equity.

2.3.1 Members demonstrate an organisational commitment to gender equality and equity.

2.3.2 Members' planning process includes consultation with those marginalised due to their gender, in particular women and girls, contextual analysis of barriers to their inclusion and identification of opportunities for their participation.

2.3.3 Members promote opportunities for those marginalised due to their gender, in particular women and girls, to participate in decision-making.

2.3.4 Members monitor and evaluate their progress in promoting gender equality and equity.

We commit to:

- Ensuring all Orthopaedic Outreach staff and members have an understanding of the gender issues and the principles incorporated within this policy;
- Working with female, male and non-binary individuals equally in all variants of diversity in order to improve quality of life;



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- Respecting values, cultures and diversity of all individuals Orthopaedic Outreach comes in contact with;
- Encouraging equal participation of women in all facets of Orthopaedic Outreach's work;
- Identify the alignment between gender and disability, and gender and poverty;
- Actively promote gender equality to key stakeholders;
- Recognizing that women, non-binary individuals and /or sexual minorities with disability often face additional challenges through stigmatisation and limitations in gaining access to quality health services; and
- Recognising that gender intersects with other aspects of identity such as religion, caste, disability, sexual orientation and ethnicity.

Orthopaedic Outreach will embed this policy within its practices and organisational culture, ensuring that:

- Gender identity will not inhibit any individuals' access to Orthopaedic Outreach activities (including both clinical assessment and treatment and for health worker skill development opportunities);
- Orthopaedic Outreach will continue to prioritise patients through both clinics and surgery based on functional needs and capacity to complete successful surgery with positives outcomes following rehabilitation. Local healthcare workers, including surgical trainees, medical students, nurses and allied health practitioners are included based solely on their availability at the time of Orthopaedic Outreach activities.
- Implementation of Orthopaedic Outreach activities will take into account the differing needs of women, men, girls, boys and non-binary individuals inclusive of all diversity where possible;
- There is inclusion of gender analysis within planning, implementation, monitoring, reporting and evaluation of all activities and programs, and that this information reflects the organisations' commitment to gender equality, including where possible influencing attitudes and practices addressing change towards gender-based stereotypes;
- Activity reporting will be inclusive of data accounting for recipients of care and treatment, as well as those benefiting from training with specific breakdown for gender, age, disability where possible and appropriate;
- Staff, Committee members, volunteers and partners' knowledge and attitudes in the area of gender equality are increased through access to information;
- A safe and supportive working environment is provided facilitating family-friendly work practices that enable both women and men to participate fully in work and family life;



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## Commitment 2.4: We promote the empowerment of people with disabilities.

2.4.1 Members demonstrate an organisational commitment to the inclusion of people with disabilities.

2.4.2 Members' planning process includes consultation with people with disabilities and contextual analysis of the barriers to social inclusion and participation.

2.4.3 Members promote opportunities for people with disabilities and/or their representative organisations to participate in decision-making.

2.4.4 Members monitor and evaluate their progress in promoting the empowerment of people with disabilities.

Orthopaedic Outreach is committed to promoting disability inclusion as an important aspect of its international development work through the Orthopaedic Outreach Program. Orthopaedic Outreach believes in providing equal opportunities and participation for all people, including people with disabilities, and understands that equality is both a human right, and a driver of sustainable development.

This policy provides a framework for defining and promoting inclusion of people with disabilities (PWD) in the context of the Orthopaedic Outreach programs. It is an integral part of Orthopaedic Outreach's commitment and accountability to the local partners and communities across the Asia Pacific region that it works with and supports.

In order to carry out Orthopaedic Outreach's vision "*Our purpose is to build the capacity within developing countries to provide sustainable orthopedic surgical care for their people through the delivery of orthopedic surgical services and skill development of local health care professionals.*" Orthopaedic Outreach supports the principle of **reasonable accommodation** and makes necessary and appropriate modifications and adjustments to its programs to ensure people with disabilities can exercise all human rights and fundamental freedoms on an equal basis with others and have equitable access to the services provided under Orthopaedic Outreach programs.

All people associated that contribute to the Orthopaedic Outreach Program have a responsibility to promote and implement disability inclusion.

Orthopaedic Outreach will:

- a) Recognise that for development to reach all, inequalities relating to disability must be addressed, and will therefore commit to promoting equal access and creating awareness, where appropriate and reasonable, for both men and women of differing abilities across Orthopaedic Outreach programs.
- b) Ensure that the design, implementation, monitoring and evaluation of Orthopaedic Outreach programs is guided by the principle that all people are equal and endowed with inalienable rights, which form the basis of a free and dignified existence;
- c) Ensure that disability inclusion is addressed as an issue in all programs and projects;





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- d) Incorporate disability assessment (analysis of local context and barriers to full participation) into all situation analyses;
- e) Ensure project-level risk assessments consider the risks facing PWDs, especially children with a disability;
- f) Ensure program designs and proposals are reviewed/appraised to ensure disability inclusion has been adequately addressed;
- g) Use disability-inclusive monitoring evaluation and learning approaches (including data disaggregation and information about barriers to inclusion); and ensure any advocacy agendas not only empower but also protect and include the most vulnerable in a community.

### Commitment 2.5: We promote the participation of children.

2.5.1 Members whose initiatives prioritise children demonstrate an organisational commitment to their participation.

2.5.2 Members whose initiatives prioritise children enable children's views to influence initiative designs.

2.5.3 Members whose initiatives prioritise children have complaints handling processes that are child friendly.

Whilst Orthopaedic Outreach may deliver services to children through clinics or children may be present at clinics through attendance with their family the organisation does not undertake work that prioritises children.



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## Quality Principle 3: Sustainable Change

Commitment 3.1: We seek durable and lasting improvements in the circumstances and capacities of primary stakeholders.

3.1.1 Members design initiatives in response to the root causes of poverty and inequity.

3.1.2 Members identify and influence local organisations and/or primary stakeholders to enhance and promote their own development.

3.1.3 Members support local partners to develop their capacity to influence their own development.

Orthopaedic Outreach commit to developing a full understanding of our program’s context including the impact of national and community-level political, social, economic, cultural and environmental factors, as well as the enablers and the barriers to social change.

We seek the perspectives and experiences of primary stakeholders directly impacted by poverty or inequality.

We invest resources in and create opportunities for local organisations and/or primary stakeholders to discuss and agree on their own priorities for development and to fully contribute to the design and planning of initiatives that affect them. This is through jointly identify with local partners their own priorities for development, their existing strengths and capacity gaps, and jointly develop actions and provide resources to build capacity through, for example, formal training or academic courses, mentoring, the provision of skill development or organisational resources.

This is to ensure that adaptation outcomes are effective and sustainable, but also that project activities do not exacerbate existing inequalities and vulnerabilities, and that they fulfil the needs of the most vulnerable groups.

Commitment 3.2: We contribute to systemic change.

3.2.1 Members build on and enhance the existing strengths and capacities of primary stakeholders.

3.2.2 Members work with local systems and structures such as institutions, civil society, community structures and authorities (where appropriate) to support and strengthen local people and systems.

Orthopaedic Outreach plan to jointly identify with local partners their own priorities for development, their existing strengths and capacity gaps, and jointly develop actions and provide resources to build capacity through, for example, skills development, mentoring and local health care professional involvement in clinical services.



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We work with government ministries or departments at the national, provincial and/or local levels as well as local health services to provide both clinical care to patients and skill development for local health care professionals.

Existing relationships have been developed between active members and local health care professionals and these will be leveraged to understand their development needs.

3.2.3 Members that undertake advocacy and/or campaigning, support initiatives that are evidence-based, accurate and reflect the perspectives of primary stakeholders.

Orthopaedic Outreach do not undertake advocacy and/or campaigning initiatives.

Commitment 3.3: We promote environmental stewardship and sustainability.

3.3.1 Members demonstrate an organisational commitment to environmental sustainability and improved environmental outcomes in their development and humanitarian initiatives.

3.3.2 Members demonstrate an organisational commitment to environmental sustainability and improved environmental outcomes in their organisation's internal operations.

Orthopaedic Outreach is committed to becoming a more environmentally conscious organisation and to operating in an environmentally sustainable way across all facets of the organisation and its activities.

We understand that its work in Australia and overseas can impact on the environment. Consequently, we work with partner organisations and local stakeholders to reduce and, where possible, mitigate the environmental impact of its work, and ensure it has the information required to make informed, environmentally sustainable choices.

Our objectives in relation to the environment, which are aligned with the standards in the ACFID Code of Conduct, are to:

- Comply with all applicable legal and other environmental requirements,
- Develop an effective system to monitor the environmental impact of Orthopaedic Outreach's development work wherever feasible and appropriate,
- Become a greener organisation,
- Ensure its in-country programming is implemented with an understanding of the environmental impact and, as much as possible, in an environmentally sustainable way,
- Support local implementing partners to identify key issues relating to environmental management (as they relate to our programs), and opportunities to address these,
- Continue to support the development of relationships with suppliers who have environmentally sustainable products and ways of operating.

Orthopaedic Outreach will continually review its operational processes and practices to identify opportunities to strengthen its environmental sustainability, including working towards minimising paper files within the office and encouraging members to submit paperwork electronically.



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Orthopaedic Outreach's programs have a primary focus on building of local partner capacity to improve their ability to provide orthopaedic surgical services. Successful program delivery will reduce the overall burden of the health system on the environment through following and promoting basic infection prevention standards, training local partners in infection control to reduce hospital stay and need for additional supplies to be used, and minimizing use of medical supplies which are known to have specific negative impact.

Where possible, we make decisions relating to the procurement and use of medical equipment and supplies which have minimal environmental impact.

Where practical and possible, we make decisions regarding program logistics (travel, accommodation and freight) which minimise environmental impact, and support suppliers who are investing in environmental sustainability.



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## Quality Principle 4: Quality and Effectiveness

Commitment 4.1: We articulate clear strategic goals for our work.

4.1.1 Members have stated vision, mission, values and an organisational strategy.

See OO-ST-01 Strategic Plan

4.1.2 Members' initiatives are clearly linked to their organisational vision, mission and values.

See OO-ST-01 Strategic Plan

See OO-PO-05 Monitoring, Evaluation and Learning Policy

Commitment 4.2: We analyse and understand the contexts in which we work.

4.2.1 Members' planning and practice are informed by analysis of context, evidence and research, and inclusion of the perspectives and knowledge of primary stakeholders.

See OO-PO-05 Monitoring, Evaluation and Learning Policy

4.2.2 Members assess and manage risk in their development and humanitarian initiatives.

Orthopaedic Outreach views risk as anything that may hinder the sustainable achievement of its organisational objectives and results, including the failure to exploit opportunities. Management of these risks supports implementation of the Orthopaedic Outreach Strategic Plan.

The purpose of the Orthopaedic Outreach Risk Management Policy is to communicate Orthopaedic Outreach's commitment and approach to risk management throughout the organisation. The objectives of the policy are to:

- Improve organisational performance, encourage innovation and support the achievement of objectives (i.e. strategic, operational, and project-specific objectives);
- Ensure that risk management is integrated into core governance and management decision-making processes, into all significant functions and activities, and is part of everyone's day-to-day ways of working;
- Drive a consistent best practice approach to managing risk across all parts of its strategy implementation, operations and projects with alignment to the international risk standard ISO 31000:2018 Risk Management-Guidelines, February 2018;
- Support Orthopaedic Outreach compliance with governance and legislative obligations;
- Emphasise the importance of robust scanning and analysis of changes in Orthopaedic Outreach external environment that impact on Orthopaedic Outreach mission and objectives. This analysis will inform management discussions and decisions, and foster organisational agility and adaptation;
- Support and maintain Orthopaedic Outreach's good reputation, legal and regulatory compliance, financial sustainability, security and wellbeing of its people (i.e. staff, Members, volunteers and the community members and organisations that it supports),



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and the appropriate leveraging of technology, working within the parameters of its values and mission;

- Ensure the effective and regular governance oversight and management of risk; and
- Drive a proactive approach to identifying, communicating and making decisions about risks by all people covered within the scope of this policy.

Orthopaedic Outreach manage risk in our program initiatives. This includes:

- Organisational risk assessment
- Program Risk Assessment
- Visit Risk Assessment

See OO-RM-01 Risk Statement

See OO-RM-02 Risk Management Assessment

4.2.3 Members undertake research and establish their own ethical guidelines for research.

Orthopaedic Outreach do not undertake research work.

Commitment 4.3: We invest in quality assessment of our work.

4.3.1 Members assess the quality of their strategies, designs and plans.

4.3.2 Members monitor, evaluate and learn from their work.

See OO-PO-05 Monitoring, Evaluation and Learning Policy

Commitment 4.4: We reflect on, share and apply results and lessons with stakeholders.

4.4.1 Members disseminate information about results and lessons to all stakeholders – primary stakeholders, partners and donors.

4.4.2 Members reflect on results and lessons in order to inform and improve practice.

See OO-PO-05 Monitoring, Evaluation and Learning Policy



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## Quality Principle 5: Collaboration

Commitment 5.1: We respect and understand those with whom we collaborate.

### 5.1.1 Members work intentionally with others in mutually respectful ways.

Organisations have become more aware of understanding complex global challenges and experience and evidence has shown that the most effective development initiatives leading to enduring change, involves collaboration amongst many players – primary stakeholders, civil society, governments, international agencies, and the private sector. This recognises that there are many actors and factors that inhibit and enable change and that it is only when multiple players work together, and use their respective resources, expertise, networks and ability to influence, that complex challenges can be addressed.

There are many different types of collaborative relationships and arrangements, ranging from loose commitments to cooperate, to network affiliations with a shared and coordinated interest, to full collaborative structures with complex and formal relationships and documented arrangements. All of these involve 'collaboration', the difference between types relates to the purpose of the collaboration, the complexity of accountabilities desired or required and the degree of organisation, structure or formality.

Our four core principles for effective collaboration are:

- Equity,
- Transparency,
- Accountability,
- Mutual respect.

**Equity:** In any relationship, there will be divergences of power, resources and influence. Equity recognises that all parties have an equal right to be part of and benefit from the collaboration, decision making and outcomes.

**Transparency:** Sharing accessible information. Transparency is a pre-condition for accountability, and both are required for trust. Transparency will enable accountability to primary stakeholders, partners, donors and other stakeholders.

**Accountability:** Taking responsibility for our actions and commitments. Involves accountabilities to and amongst all stakeholders at all levels.

**Mutual respect:** The participants must respect each other's mandates, obligations and independence and recognize each other's strengths, constraints and commitments. Mutual respect must not preclude organizations from engaging in constructive dissent.

We hold ourselves accountable to these principles and seek to be held accountable by our partners and those they work with

Orthopaedic Outreach collaborate with:



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- Local Governments in countries in which we work,
- Local Health Care Providers in countries in which we work,
- Networks within the industry to share information, resources, tools and lessons.
- Providers of funding and/or equipment and supplies,
- Orthopaedic Outreach Members.

Collaboration	Form and Management of collaboration	Purpose	Formal Partnership Required?
Local Governments	Working Relationship	To support Orthopaedic Outreach to undertake program visits within their country	Our primary contact is Head of Department in Surgery (or Orthopaedics) at the Health Care Facility. This person is responsible for communication and liaison with the local government regarding the visit of Orthopaedic Outreach. As such no formal partnership is required.
Local Health Care Providers – Local practice, Hospitals and Teaching Universities	Working Relationships	To support Orthopaedic Outreach to undertake program visits within their country. To facilitate the provision of skill development to HCP by Orthopaedic Outreach To facilitate the provision of patient care through program visits	When a funding request is submitted the Programs Committee reviews the suggested HCP and Facilities and: <ul style="list-style-type: none"> <li>• Through OO Members with established relationships in the proposed country validate the funding request</li> <li>• Consult with known in country SMEs (e.g. President of local Orthopaedic Organisation) OO have a relationship validate the funding request</li> <li>• Leverage previous experience/knowledge of the proposed visit country</li> <li>• Validation includes: <ul style="list-style-type: none"> <li>○ Skills, qualification and experience of the Health Care Professionals</li> <li>○ Viability of the proposed program</li> <li>○ Risk assessment of activities</li> <li>○ Ongoing development opportunity</li> <li>○ Longevity of the program</li> <li>○ Alignment to Orthopaedic Outreach Strategy</li> </ul> </li> </ul>





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			The OO-F-06 Partnership Agreement is being implemented in 2024 to capture the information that is collected through the current process.
Local NGOs/ACFID Accredited Organisations such as Interplast, RACs	Network	To share information, resources, tools, lessons	No formal partnership is required.
Industry Associations such as AOA	Working Relationship Formal reporting through Annual Reporting, Independent Auditing of Financial Statements AOA membership on Orthopaedic Outreach Board	Provision of funds to support the program Provision of resources (administrative resources) Orthopaedic Outreach is an Australia-wide organisation of volunteer surgeons, anaesthetists, nurses and allied health personnel, that is recognised by the Australian Orthopaedic Association (AOA) as its humanitarian arm. Share the membership base.	A historic MOU is in place and is currently being reviewed by the Orthopaedic Outreach Chair, Operational Manager and the CEO and President of the AOA. This MOU meets the requirements for a formal agreement.
Orthopaedic Organisations such as Stryker,	Working Relationship Formal Reporting through Annual Reporting, Independent Auditing of Financial Statements	General Funding Support	When Stryker provides funding Orthopaedic Outreach sign a contract stating that funds/in kind donations will be used in the programs delivered by Orthopaedic Outreach. Orthopaedic Outreach report to Stryker on the use of funding, e.g. if used for registrar training, a registrar report provided, the Operational Manager communicates about the program to Stryker staff. There are currently plans underway to include Stryker staff in the Orthopaedic Outreach program. These staff will be subject to the requirements of Orthopaedic Outreach compliance requirements. Annual Reporting and Independent Auditor Statement meets needs of the relationship. Stryker would be able to



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			review the financial accounts relative to their funding as requested. No Formal Partnership is deemed required based on current process.
Providers of funding such as AOA, Stryker Australia, McBain Bequest, John James Foundation, BoBo Giving Fund	Formal through Annual Reporting, Independent Auditing of Financial Statements	Provision of funds to support the program	No – Annual Reporting and Independent Auditor Statement meets needs of the relationship
Orthopaedic Outreach Members	Formal through Membership Application and Funding Applications	To provide pro bono services for program visits Membership fees which support the program	No – Membership application and approval and program funding applications meets the needs of the relationship.

### 5.1.2 Members undertake due diligence and capacity assessments of organisations with whom they work in formal partnerships.

Undertaking due diligence and capacity assessments is a mechanism that enables Orthopaedic Outreach to identify potential strengths and risks and inform our approach to working with partners.

Due diligence is undertaken prior to initiating an agreement with a partner, whereas an assessment of capacity can be undertaken at different stages of a partnership – including prior to an agreement, during program delivery, or if changes to the partnership occur. The findings of these assessments guide Orthopaedic Outreach’s approach to working with its partners, identify any areas of strength and risk and include the development of a capacity-strengthening plan that is jointly agreed.

Child protection and the prevention of sexual exploitation, abuse and harassment is a critical area of assessment to ensure our partners ‘do no harm’ either intentionally or unintentionally, and therefore should be explicitly included in any due diligence and capacity assessment tool.

Our Due Diligence assessment seeks to understand our partners:

- Governance and legal registration –how the governing structure or body is established, how conflicts of interest are identified and managed, the legal structure of the entity, whether it conforms with its local legal obligations, how it ensures accountability and transparency.
- Values and objectives – consider whether these align with the values and objectives of the Orthopaedic Outreach and whether these would enable good development practice



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- Financial systems –segregation of duties, how budgets are developed, and cash flows managed, how financial monitoring and reporting is undertaken, how goods and services are procured, anti-fraud and corruption practices, anti-terrorism and anti-money laundering practices, whether financial statements are prepared and audited.
- Reference checks against prohibited entities listings, and
- Implementation of key safeguarding and risk policies –child protection practices, risk management processes, counterterrorism measures, financial wrongdoing, environmental management and prevention of sexual exploitation, abuse and harassment.

Where formal partnerships are to be implemented a capacity assessment is to be undertaken on an annual basis with partners and seeks to ensure that the following aspects are controlled and align to Orthopaedic Outreach’s values:

- Mission and values,
- Governance and leadership,
- Strategic and organisational planning,
- Human resources,
- Organisational systems, policies and procedures,
- Program/initiative management,
- Financial management,
- Risk appetite and management,
- Linkages with other entities, capacity to influence or advocate,
- Technical capabilities, and
- Communication.

Capacity Assessments would be documented and reported to the Board.

**Commitment 5.2: We have a shared understanding of respective contributions, expectations, responsibilities and accountabilities of all parties.**

**5.2.1 Members negotiate shared goals and respective contributions with partners and those they collaborate with.**

A documented agreement is implemented for forma partnerships with Orthopaedic Outreach. See OO-F-06 Partnership Agreement

**5.2.2 Members coordinate with and complement the work of others.**

To identify new partners to work with Orthopaedic Outreach undertake research into potential partners. This is through seeking recommendations or references from other organisations. These recommendations may come from within our network or by talking with other NGOs, community members or government representatives. We also review information about the entity in the public domain such as websites, newsletters or publicly available reports.



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We establish a mutual understanding of each partner’s objectives, capacities and priorities to ensure alignment.

Orthopaedic Outreach undertake a capacity assessment to understand our potential partner’s capacity. This is documented and presented to the Board prior to an OO-F-06 Partnership Agreement being implemented.

### Commitment 5.3: We invest in the effectiveness of our collaborations and partnerships.

#### 5.3.1 Members support mutually identified capacity- strengthening strategies with their partners.

Orthopaedic Outreach and our partners aim to identify areas for all parties that may benefit from strengthening or development. Identification of areas for capacity strengthening is carried out as a joint process involving key staff from all partners using a strengths-based approach. This process is documented as a capacity building plan.

#### 5.3.2 Members assess their collaborations and partnerships.

We engage in partnerships because it is a more effective way to tackle complex challenges and change. All partnerships have internal accountabilities amongst the partners, and external accountabilities to other stakeholders such as community members or donors.

The partnership and its effectiveness is regularly reviewed, reflected on and adapted as required.

This process is documented as part of the capacity building plan.



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## Quality Principle 6: Communication

Commitment 6.1: We are truthful in our communications.

6.1.1 Members' public materials accurately describe the organisation and its work.

Our public materials include:

- Website.
- Social Media Pages.
- Annual Reports.

Our public materials:

- Are obtained and used according to ethical principles.
- Are consistent with our stated purpose and values.
- Accurately describe the nature and scope of our work.
- Acknowledge the role of partners.
- Are consistent with ACFID's Fundraising Charter where the public materials relate to fundraising.

6.1.2 Members have organisational protocols for the approval of public materials.

### Social Media

Orthopaedic Outreach recognises both the importance of social media as a tool for engaging with its community and people and the need to empower its people to use these tools responsibly. The purpose of this policy is to establish practical, reasonable and enforceable guidelines by which Orthopaedic Outreach personnel can conduct responsible, constructive social media engagement in both official and unofficial capacities, promote a safe environment for Orthopaedic Outreach personnel to share subject matter and protect Orthopaedic Outreach personnel from violating rules, regulations or laws through social media channels. All Orthopaedic Outreach personnel are responsible for being aware of the policy and understanding their responsibilities around using social media in their professional and personal capacity.

Orthopaedic Outreach encourages the use of social media in order to:

- advocate for the goals of Orthopaedic Outreach;
- educate and inform the public about the development philosophy and activities of Orthopaedic Outreach and its partners by promoting the work and results achieved; and
- assist in raising the public profile of, and in fundraising for, Orthopaedic Outreach.

Orthopaedic Outreach's approach to using social media is grounded in the following principles:

- **Honesty and integrity:** All communications about Orthopaedic Outreach via social media will be accurate, accessible and timely. Orthopaedic Outreach personnel will never knowingly



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mislead the public, media or staff on an issue or news story nor use pseudonyms to conceal their identity.

- **Transparency:** Orthopaedic Outreach will promote the open sharing of information about Orthopaedic Outreach via social media, while requiring that Orthopaedic Outreach personnel comply with the law and maintain confidentiality where appropriate.
- **Clarity:** All communications about Orthopaedic Outreach via social media targeted at the Australian public will be in plain English. Communications with local in-country people will be in the local language, where appropriate and practicable.
- **Reflecting values:** All communications about Orthopaedic Outreach via social media will be consistent with Orthopaedic Outreach's organisational values and those in the ACFID Code of Conduct.
- **Attribution:** All communications about Orthopaedic Outreach via social media will accurately portray the role and contribution of Orthopaedic Outreach and its partners and program donors.
- **Dignified portrayal of local in-country partners and beneficiaries:** All communications about Orthopaedic Outreach's local in-country program partners and direct beneficiaries via social media will always respect their dignity, values, history, religion, culture, personal agency and voice. For all stories, photos and films of direct beneficiaries and others that are disseminated via social media, informed consent must first be obtained from the individuals portrayed, in line with Orthopaedic Outreach's Case Study and Photography Policy.
- **Confidentiality:** Communications about Orthopaedic Outreach via social media will not include the personal or contact details of Orthopaedic Outreach personnel, partners, direct beneficiaries and donors, without prior consent, in line with Orthopaedic Outreach's Privacy Policy. In particular, Orthopaedic Outreach must maintain the confidentiality of beneficiaries with sensitive injuries (e.g. acid burns) in order to protect the future safety of those vulnerable individuals.
- **Balance:** Orthopaedic Outreach personnel will ensure that information provided about Orthopaedic Outreach via social media is, to the best of their knowledge and belief, objective, balanced and accurate.
- **Speaking from evidence and expertise:** All communications about Orthopaedic Outreach via social media will be based on Orthopaedic Outreach's expertise and evidence. Orthopaedic Outreach personnel will not speculate via social media on matters where they do not have expertise or evidence.
- **Respect for other NGOs:** All communications about Orthopaedic Outreach using social media will be respectful of other NGOs and will avoid denigrating them and making inaccurate or misleading statements in order to create an organisational advantage.

The online presence of all Orthopaedic Outreach personnel reflects on Orthopaedic Outreach. Orthopaedic Outreach personnel need to be aware that their actions captured via images, videos, posts or comments reflect on Orthopaedic Outreach and should therefore use common sense and discretion when posting online via social media forums.

Orthopaedic Outreach personnel should adhere to the following basic behavioural guidelines:



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- Comply with Orthopaedic Outreach’s policy commitments and specifically the Child Safeguarding Policy and Privacy Policy;
- Make clear that their words and thoughts written online are their own and are not those of Orthopaedic Outreach;
- Speak in the first person (I, not we) when referring to their work;
- Be respectful of Orthopaedic Outreach co-workers and other stakeholders and do not identify them or use their names;
- Be responsible for social media posts, even when not at work, including being quick to correct any mistakes and admit when they are wrong;
- Post knowledgeably, accurately and use appropriate professionalism;
- Do not initiate arguments, use ethnic slurs, insults or obscenities, or engage in any other unacceptable conduct;
- Be considerate of people’s privacy and topics that could be considered personal, such as religion or politics;
- Never reveal any confidential or proprietary information, including identifying information about direct beneficiaries/patients such as their names and addresses/locations;
- Avoid connecting with patients or their families through social media (i.e. 'Facebook friends'), especially from personal social media accounts
- Never identify Orthopaedic Outreach personnel, donors, partners or corporate supporters without first obtaining approval;
- Always respect copyright and trademark laws and ensure any use of logos follow Orthopaedic Outreach’s Branding Guidelines;
- Be smart about protecting themselves and their privacy online;
- Never use online anonymous posts using pseudonyms or false screen names. Orthopaedic Outreach believes in honesty and appropriate transparency; and
- When appropriate, direct others to Orthopaedic Outreach’s official website.

Release of public materials must go through an approval process.

The OO-RG-01 Document Register details the approval position for each of the documents prior to release.

As material is created it must complete a review process through the appropriate Committee and then the Chair of the Committee or the Chair of the Board is required to approve the material.

Records of the approvals are maintained.

## Commitment 6.2: We collect and use information ethically.

### 6.2.1 Members’ communications are accurate, respectful, and protect privacy and dignity.

Orthopaedic Outreach’s communications are required to:

- Align with the values of their organisation and this Code.



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- Commit the organisation to the use of images and messages in communications in a way that portrays the affected people in a manner that respects their dignity, values, history, religion, language and culture, and is authentic to the context, person and terms of consent given.
- Be consistent with ACFID's Fundraising Charter (8.1.2).
- Be consistent with the Members' privacy policy (7.2.2).

As noted above, we are committed to the capturing and publication of Images and Stories of local people from the communities in which we work, in a manner that respects the dignity, values, history, religion and culture of the people portrayed.

Images and Stories about the people we work with play a vital role in helping us raising awareness, bringing to life our work and engaging supporters and the public.

All promotional material and communications must accurately reflect Orthopaedic Outreach's programmes, activities and mission.

We use a framework of structured discussions at ethically important moments during the storytelling process to reduce the risks associated with storytelling and protect contributors. This sets out important questions and explains when these questions ought to be asked when capturing and publishing Images and Stories. It also explains who is responsible for having these discussions and what to do if a decision cannot be made.

Questions to consider:

#### Orthopaedic Outreach's values

- Does the Image or Story uphold our value of integrity and honesty?
- Does the Image or Story respect those with who we work?
- Are we being transparent about our contribution?

#### Human rights

- Have we put the best interests of the key figure(s) first
- Have we ensured we 'do no harm' to the key figure(s) during the storytelling process?
- Have we treated the key figure(s) with dignity and fairness?
- Have we respected the personal freedom and privacy of the key figure(s)?
- Have we encouraged the key figure(s) to freely express their thoughts and feelings?
- Have we given the key figure(s) control over how their identity and thoughts are portrayed in their story?
- Have we ensured the content is accurate?

#### Children's rights

- Have we ensured the best interest of children have been put before the interests of adults and our organisation?





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- Have we adequately protected children?
- Have we respected children's rights to dignity and fairness?
- Have we attempted to reduce stereotyping of children?
- Have we treated all children equally?

#### Women's rights

- Have we carefully considered how women are portrayed?
- Have we considered how sex-role stereotyping is portrayed?
- Have we given voice to women?
- Are we empowering girls and women through this story?
- Have we considered the unique protection needs of women in this story?

#### Disability rights

- Have we given people with disabilities the opportunity to contribute to this story?
- Have we considered how ableism has affected this story?
- Have we carefully considered how people with a disability are portrayed?
- When published, will this story be accessible to people with disabilities?

#### Protection of life

- Could the key figure(s)'s life be put at risk by sharing their story?
- Do we know enough about the key figure(s)'s history to make a confident assessment of their safety?

#### Protection of health

- Could the key figure(s)'s health be put at risk by sharing their story?
- Could the key figure(s)'s risk being cut off from important services by sharing their story?

#### Protection of dignity

- Could we be putting the key figure(s) or their community at risk of vilification or retribution by sharing their story?
- Have we considered how the key figure(s)'s family, friends and community might feel about the storytelling project?

#### Correct information

- Have we provided all the necessary information to the key figure(s) so they can decide whether to consent to participate?
- Have we shown the key figure(s) appropriate examples of how their story might be used (including where it may be published and who will see it)?
- Have we explained different ways the key figure(s)'s identity can be revealed and concealed?



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- Have we consulted with the right people (including children’s guardians and community elders)?

#### Clear comprehension

- Does the key figure(s) fully understand the risks and opportunities associated with sharing and publishing their Image and Story?
- Have we given the key figure(s) enough advance notice about the project, so they have time to consider the risks and opportunities?
- Have we explained the storytelling process in a way the key figure(s) fully understands (including children), using the best-possible language?
- Is there a single point of contact for the key figure(s) to discuss the project and any consent issues? Is it easy for the key figure(s) to discuss the project with us?

#### Voluntary consent

- Is there a power imbalance between the key figure(s) and the organisation? • If there is a power imbalance, can you describe it?
- If there is a power imbalance, how can we reduce it?
- Is there an element of duress in the key figure(s)’s consent?
- If there is an element of duress, how can we address it?
- How can we ensure the key figure(s) can say ‘no’ to being involved in the storytelling project?
- How can we ensure the key figure(s) can withdraw their consent at any time?

#### Protection

- Have we adequately protected the privacy of the key figure(s)?
- Have we discussed how the key figure(s)’s story may expose them to the public?
- If appropriate, have we adequately concealed the name, location and visual identity of the key figure(s)?

#### Information storage

- Have we safely and securely stored the key figure(s)’s personal information?
- Does the key figure(s) understand how their personal information is stored and used? Access to information
- Who has access to the key figure(s)’s information and are they aware of who can access it?
- Have we explained how the key figure(s) can access their personal information, make amendments to their story and withdraw consent?

#### Authorship

- How will contributors and content creators be acknowledged when publishing their stories?



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- Does acknowledgement of authorship have implications for the privacy, anonymity or confidentiality assurances given to contributors?
- What ethical obligations do contributors and content creators have to the truthful representation of stories and data?

#### Copyright

- Who owns the copyright of our storytelling content?
- Are there any conflicting copyright claims for storytelling materials we have published (or seek to publish)?
- How do we ensure contributors and content creators understand their legal rights?

#### Information that will be shared

Orthopaedic Outreach will share all relevant information with its stakeholders, including Orthopaedic Outreach Partners and the broader community, unless there are good reasons why information cannot be disclosed. Orthopaedic Outreach will proactively publish information covering the following areas:

- **Financial information:** Orthopaedic Outreach will ensure that summary and complete financial reports are made available to all stakeholders. It publishes summary financial statements in its Annual Report in accordance with guidelines set by the Australian Charities and Not-for-profit Commission (ACNC) and the Australian Council for International Development (ACFID), which will be posted on Orthopaedic Outreach's website. Full financial reports will be available on request.
- **Governance Structure:** Orthopaedic Outreach shares information regarding our governance structure, legal status and organisational purpose.
- **Work:** Orthopaedic Outreach disseminates information regarding its work and programs, including results and lessons to all stakeholders, including primary stakeholders, Orthopaedic Outreach Partners and donors. This may be through regular newsletters, as well as information published on Orthopaedic Outreach's website.
- **Partnerships:** Orthopaedic Outreach shares information on formal partnerships with Orthopaedic Outreach Partners.
- **Policies:** Orthopaedic Outreach shares its organisational policies and procedures relevant to external stakeholders on Orthopaedic Outreach's website.

#### Information that will not be shared

Orthopaedic Outreach will not disclose information for the following reasons:

- **Privacy:** personal details and other information private to individuals will not be disclosed in accordance with Orthopaedic Outreach OO-PO-12 Privacy Policy;
- **Confidential:** information that is subject to a legal, commercial or contractual obligation of confidence will not be disclosed;



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- Intellectual Property: in some instances, Orthopaedic Outreach may not be able to share information as it will infringe on intellectual property rights or a third party;
- Security: Orthopaedic Outreach will not disclose information where we consider the disclosure could jeopardize our ability to operate or compromise the safety of our staff and that of our partners;
- Harm to operations: Orthopaedic Outreach will not disclose information that could damage or inhibit our operations or our work; and
- Other: Orthopaedic Outreach will not disclose information that solely relates to internal administration or operating systems that are not relevant for external stakeholders.

See the policy on Ethical Stories and Images for further information.

#### 6.2.2 Members have organisational requirements for the collection of information, images, and stories.

See the policy on Ethical Stories and Images for further information.

#### 6.2.3 Members are respectful and considerate of the reputation of other ACFID Members.

Orthopaedic Outreach's public communications and communications with stakeholders must also abide the ACFID's commitment to principles of fairness and cooperation. Accordingly, Orthopaedic Outreach must not seek to make statements about other ACFID members with the intention of creating a reputational or other advantage to themselves.



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## Quality Principle 7: Governance

Commitment 7.1: We are not-for-profit and formed for a defined public benefit.

7.1.1 Members define their public benefit and specify the rules to ensure that they operate as a not-for-profit entity.

See Constitution

Commitment 7.2: We meet our legal and compliance obligations.

7.2.1 Members are registered and meet their reporting and legal obligations to the relevant authorities.

Orthopaedic Outreach is registered with the Australian Charities and Not-for-profits Commission (ACNC) with requirements to meet the ACNC's Governance standards – Duties of responsible persons, and aligns its activities with the ACFID Code of Conduct (section 7.4 of the Code – Governance, Conflicts of interest) ensuring accountability, transparency and responsibility of all processes and activities.

Orthopaedic Outreach acknowledges the below listed Australian frameworks in order to identify, prevent and manage these risks:

- Australian Council For International Development Code of Conduct (2019)
- Australian Charities and Not-for-profits Commission (2020)
- Australian Health Practitioner Regulation Agency (AHPRA) Code of Conduct (2020)
- Australian Medical Council (AMC) accreditation standards
- Corporations Act 2001 (Cth)

7.2.2 Members have organisation-wide requirements for the protection of privacy.

See OO-PO-12 Privacy Policy.

Commitment 7.3: We are accountable to our stakeholders.

7.3.1 Members demonstrate an organisational commitment to operating transparently with all stakeholders.

Communications with stakeholders are primarily the delegated responsibility of the Operational Manager. Consequently, individual Directors do not provide communication back to stakeholders about matters discussed or agreed by the Board, including, for clarity, to those stakeholders from which Directors are nominated or by which they are employed, except only strictly as expressly agreed by the Board.

The organisation is committed to communicating transparently with all stakeholders.



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### 7.3.2 Member development initiatives consistently demonstrate the separation of development and non-development activities

See OO-PO-07 Development and Non Development Policy

### 7.3.3 Members enable stakeholders to make complaints to the organisation in a safe and confidential manner.

See OO-PO-08 Complaints Handling Policy

Primary stakeholders are provided the opportunity to contribute to team activity reports towards the completion of each team activity, which are then submitted to the Programs, Monitoring and Evaluation Committee upon return; alternatively, each stakeholder also has the capacity to provide direct feedback to the Board via the Operational Manager, regarding performance or direction of future program activities within their site. This feedback can be maintained confidential from the team members if requested to do so by the in-country stakeholder.

### 7.3.4 Members make information about their organisation and its work available to all stakeholders.

Information about the organisation is provided to stakeholders through a number of methods including:

- Website
- Annual Report
- Response to incoming communication
- Presentations at industry conferences such as the AOA Conference
- Presentations at industry organisation, e.g. Stryker
- Provision of policies on the website including:
  - Constitution
  - Policy and Program Manual
  - Complaints Handling Policy
  - Development and Non-Development Policy
  - Privacy Policy

### 7.3.5 Members seek input and feedback from all stakeholders

Feedback is welcomed by Orthopaedic Outreach and stakeholders are encouraged to provide feedback through:

- Mail to Orthopaedic Outreach (information included on website)
- Direct contact with the Operational Manager (Information included on website)
- Complaints process
- Annual General Meeting



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## Commitment 7.4: We have responsible and independent governance mechanisms.

### 7.4.1 Members have a governing body.

Orthopaedic Outreach have in place a Board and Committees to manage our programs. The committees include:

- Governance and Risk,
- Finance and Audit,
- Programs, Monitoring and Evaluation.

### 7.4.2 Members establish their membership and define how the organisation is governed and operates.

See Membership Form.

### 7.4.3 Members manage conflicts of interest with responsible persons, staff and volunteers relating to all activities undertaken by the organisation.

There is an acknowledged risk of conflicts of interest for the Board members and Orthopaedic Outreach staff from time to time in the decision-making processes of the organisation, as professional and personal roles intersect, given the complex nature of Orthopaedic Outreach and the diversity within its' staff and members' networks.

Potential areas where a conflict of interest may arise include, but are not limited to, assessing funding proposals to undertake projects, and reviewing international partners when considering ongoing support.

The purpose of this policy is to ensure good governance principles are embedded in the processes and operations of Orthopaedic Outreach decision making and activities. Personal or professional interests of members of the Board, staff or volunteers should not influence decision making outcomes.

- Ensure all Orthopaedic Outreach Committee members, staff and volunteers are acting morally, ethically, and in the best interests of the organisation in their role as members;
- Assist in identifying aspects where conflicts of interest may arise involving members of Orthopaedic Outreach, staff or volunteers;
- Ensure that conflicts of interests may be prevented where possible, and when identified, are managed efficiently and effectively. OO-PO-19 Conflict of Interest Policy

**Orthopaedic Outreach** will manage conflicts of interest by requiring the Board to:

- Avoid conflicts of interest where possible,
- Identify and disclose any conflicts of interest,
- Carefully manage any conflicts of interest, and
- Follow this policy and respond to any breaches.



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The Board is responsible for:

- Establishing a system for identifying, disclosing and managing conflicts of interest across the charity,
- Monitoring compliance with this policy, and
- Reviewing this policy on an annual basis to ensure that the policy is operating effectively.

The charity must ensure that its Board members are aware of the ACNC governance standards, particularly Governance Standard 5, and that they disclose any actual or perceived material conflicts of interests as required by Governance Standard 5.

Once an actual, potential or perceived conflict of interest is identified, it must be entered into the Orthopaedic Outreach Register of Interests, as well as being raised with the Board.

Where every other Board member shares a conflict, the Board should refer to ACNC Governance Standard 5 to ensure that proper disclosure occurs.

The register of interests must be maintained by **[the Secretary]**. The register must record information related to a conflict of interest (including the nature and extent of the conflict of interest and any steps taken to address it).

Declaration of conflicts of interest will be a standing item at the commencement of each Outreach Board meeting.

Once the conflict of interest has been appropriately disclosed, regardless of whether actual, perceived or potential, the Board (excluding the board member who has made the disclosure, as well as any other conflicted committee member) will consider:

- Whether the conflict needs to be avoided, or simply documented;
- Whether the conflict will realistically impair the disclosing Committee member's capacity to impartially participate in decision-making;
- Alternative options to avoid the conflict;
- Orthopaedic Outreach's objects and resources, and
- The possibility of creating an appearance of improper conduct that might impair confidence in, or the reputation of Orthopaedic Outreach.
- Whether or not those conflicted committee members should vote on the matter (this is a minimum), participate in any debate, or be present in the room during the debate and the voting.

In exceptional circumstances, such as where a conflict is very significant or likely to prevent a committee member from regularly participating in discussions, it may be worth the committee considering if it is appropriate for the person conflicted to resign from the Board.





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The approval of any action requires the agreement of at least a majority of the Board (excluding any conflicted Board member/s) who are present and voting at the meeting. The action and result of the voting will be recorded in the minutes of the meeting and in the register of interests.

7.4.4 Members governing body is informed of and responds to serious incidents in accordance with their mandate and responsibilities.

See OO-PO-14 Whistleblower Policy.

See OO-PO-08 Complaints Policy.



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## Quality Principle 8: Resource Management

Commitment 8.1: We source our resources ethically.

8.1.1 Members have organisational standards for the acceptance of donations.

8.1.2 Members report their compliance with the ACFID Fundraising Charter annually to their own governing body.

8.1.3 Members have organisational standards for the procurement of goods and services.

### Equipment and In-kind Donations

#### Background

Maintaining guidelines around the collection and distribution of donated medical equipment for international projects is necessary to ensure donations achieve their intended objectives and do not inadvertently burden the recipient health care system.

In most cases, donations are the mainstay of equipment acquisition programs in these nations, as developing countries may lack sufficient funds to procure new equipment. We should be sensitive to needs identified by the recipient country while employing a relevant process for equipment donation, to the mutual satisfaction of donors and recipients.

#### Donations

We may accept donations in-kind which may either be medical equipment or materials and supplies. Donated equipment can be either new or pre-owned.

We support donations of medical equipment (patient interacting instruments, appliances, modules or systems) that meet the following criteria:

- The equipment is requested by the recipient country;
- The equipment is technologically appropriate;
- The equipment is in good working condition;
- The equipment has an operation and service manual which is available in English where possible;
- The accessories and attachments are included for immediate operation;
- There is funding available that can be used to freight the equipment to the final recipient,
- And/or consider maintenance of the donation;
- Medical supplies are safe for use and not beyond their use by date;
- Donations of non-electrical equipment (instruments, beds, drip stands, stainless steel trolleys, overbed tables, bassinets etc.) in sound working order;
- The final recipient has agreed to the donation.

The recipient institution shall confirm that it releases us from any further responsibility for the equipment once it is received.

#### Emergencies



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We adhere to the advice maintained by the WHO regarding donations of medical equipment in emergencies. The WHO advises that capital equipment should not be donated in emergency situations, unless it is established that the emergency will continue over an extended time.

## Commitment 8.2: We ensure that funds and resources entrusted to us are properly controlled and managed.

### 8.2.1 Members can control and manage their financial resources and risks.

The following principles guide the implementation of this policy:

1. Orthopaedic Outreach will make all reasonable efforts to ensure that funds for its international activities are not being directed to terrorist activities or to individuals or organisations linked with terrorism by:
  - complying with the relevant Commonwealth, State and Territory anti-terrorism laws, including Part 5.3 of the Criminal Code Act 1995 (Cth); and Part 4 of the Charter of the United Nations Act 1945 (Cth); and
  - complying with all relevant anti-terrorism laws in the foreign countries in which it operates and/or conducts its Orthopaedic Outreach Program activities.
2. Orthopaedic Outreach has a zero-tolerance approach towards any association with terrorism and money laundering.
3. Orthopaedic Outreach will ensure that this policy is discussed with those outlined in the scope of this policy and made available on the Orthopaedic Outreach website.
4. Orthopaedic Outreach will periodically check all those outlined in the scope of this policy against the proscribed terrorist lists:
  - Department of Foreign Affairs & Trade 'Consolidated List' of persons and entities subject to a targeted financial sanction imposed by resolution of the United Nations Security Council:  
<http://dfat.gov.au/internationalrelations/security/sanctions/Pages/consolidated-list.aspx>;
  - The Attorney-General's Department 'List of Terrorist Organisations' which includes all organisations listed by the Australian Government as terrorist organisations under the Criminal code because they advocate the undertaking of a terrorist act:  
<http://www.nationalsecurity.gov.au/Listedterroristorganisations/Pages/default.aspx>;
  - The World Banks Listing of Ineligible Firms and Individuals:  
<https://www.worldbank.org/en/projects-operations/procurement/debarred-firms>;
  - The Asian Development Bank's Sanctions List:  
<https://www.adb.org/site/integrity/sanctions>
5. Orthopaedic Outreach staff will exercise due diligence in selecting and enabling funding for Orthopaedic Outreach projects and partners. This will include checking that program



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partners receiving funding or support through Orthopaedic Outreach are not identified terrorist individuals or organisations, or associated or affiliated with terrorist individuals or organisations. Orthopaedic Outreach will consult the 'proscribed lists' from the relevant sources above for individuals or organisations receiving funding or support.

6. Where funds are provided to program partners, contracted to work or volunteer for the College and/or any of its projects, Orthopaedic Outreach will:
  - Use its best endeavours to confirm their identity, credentials and good standing, including, where appropriate, obtaining police and reference checks;
  - Require assurances from the program partner that it will not provide funding or make assets available to a terrorist organisation; and
  - Use its best endeavours to ensure that the program partner is aware of, and seek assurance that the partner will comply with, all applicable laws (whether within Australia or overseas) in respect of counter terrorism and anti-money laundering, as well as relevant Orthopaedic Outreach policies.
7. In the event that an Orthopaedic Outreach Board member, staff member, consultant, volunteer or Orthopaedic Outreach partner discovers or suspects any link whatsoever with any organisation or individual associated with terrorism or money laundering, they should immediately report their concerns in writing to the Chair of Orthopaedic Outreach, c/- level 26, 201 Kent Street, Sydney. NSW. 2000.
8. With respect to Orthopaedic Outreach and other overseas engagements, Orthopaedic Outreach will continue to deploy best practices in the financing and management of resources, and will:
  - Conduct financial transactions where possible through regulated financial institutions;
  - Maintain oversight of all Orthopaedic Outreach programs and keep records of assistance provided to program partners and any third parties;
  - Conduct follow-up checks (including in-country reports, internal and external audits) to ensure assistance is delivered as intended and financial records are accurate;
  - Provide periodic counter-terrorism financing and anti-money laundering awareness raising and training to staff and program partners, based on the level of risk; and
  - Report suspicious activity to the relevant funding body and/or the Australian Federal Police, as required.
9. This policy is reviewed every three years and may be amended more frequently as necessary to respond to newly identified risks and legal requirements. Orthopaedic Outreach management is responsible for periodically assessing the implementation of this policy and for proposing necessary changes the relevant Committee and Board.



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8.2.2 Members are effective in their use of resources and minimise financial wastage in the planning and implementation of activities.

OO-PO-16 Financial Controls Policy

OO-PO-09 Financial Wrongdoing Policy

OO-PO-17 Ethical Fundraising Policy

8.2.3 Members undertake measurement, analysis and review of financial performance and financial position.

OO-PO-16 Financial Controls Policy

OO-PO-09 Financial Wrongdoing Policy

OO-PO-17 Ethical Fundraising Policy

8.2.4 Members produce and publish annual audited financial statements.

OO-PO-16 Financial Controls Policy

OO-PO-09 Financial Wrongdoing Policy

OO-PO-17 Ethical Fundraising Policy

8.2.5 Members undertake due diligence assessments of partners who manage funds on behalf of the Member.

No one manages funds on behalf of Orthopaedic Outreach.

OO-PO-16 Financial Controls Policy

OO-PO-09 Financial Wrongdoing Policy

OO-PO-17 Ethical Fundraising Policy

Commitment 8.3: We report on the acquisition and use of our resources.

8.3.1 Members publish an annual report.

Orthopaedic Outreach publish an annual report.

8.3.2 Members publish annual ACFID-Code- compliant financial statements in their Annual Reports

Orthopaedic Outreach publish annual ACFID-Code- compliant financial statements in their Annual Reports



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### 8.3.3 Members fully and accurately disclose administration costs and costs of any public fundraising.

Orthopaedic Outreach fully and accurately disclose administration costs and costs of any public fundraising.

OO-PO-16 Financial Controls Policy

OO-PO-09 Financial Wrongdoing Policy

OO-PO-17 Ethical Fundraising Policy



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## Quality Principle 9: People and Culture

Commitment 9.1: We have the human resource capacity and capability to deliver our work.

9.1.1 Members have an organisational structure appropriate to the scope of their work.

9.1.2 Members provide a clear description of roles and performance expectations.

See OO-PO-11 Human Resource Policy

Commitment 9.2: We protect, value and support our people.

9.2.1 Members provide professional development opportunities for staff and key volunteers.

9.2.2 Members enable staff and volunteers to make complaints and report wrongdoing through fair, transparent and accessible procedures.

9.2.3 Members protect the safety, security and well-being of staff and volunteers.

See OO-PO-11 Human Resource Policy

Commitment 9.3: We manage our people effectively and fairly.

9.3.1 Members are fair, transparent and non-discriminatory in their management of staff and volunteers.

9.3.2 Members comply with human resource regulatory requirements and legislation.

9.3.3 Members manage the performance and grievances of their staff and volunteers in a fair and transparent manner.

See OO-PO-11 Human Resource Policy

Commitment 9.4: We enable our people to conduct themselves professionally and according to our stated values.

9.4.1 Members specify the expectation of professional conduct of all staff and volunteers.

9.4.2 Members' staff and volunteers work in accordance with agreed standards of practice.

See OO-PO-11 Human Resource Policy



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## Orthopaedic Outreach Program

### Funding Proposal Process

Funding Proposal Form completed by Team Leader and submitted to Program, Monitoring and Evaluation Committee via the Operational Manager.

Program, Monitoring and Evaluation Committee (PMEC) reviews all funding proposals and places recommendations to the Orthopaedic Outreach Board.

- PMEC report included as standing agenda item for all Board meetings, which includes recommendations for funding approvals.
- Criteria
  - Activity aligns with organisational strategy
  - Impact of previous trips (if any)
  - Overall costing of activity in relation to budgeting
  - Availability of equipment and supplies if appropriate (both shipped or available locally)
  - Team members appropriate to provide skill development of local HCP
  - Team members compliant with all volunteer documentation requirements – See OO-RG-03 Personnel Register
  - Alignment to other activities within the region
  - Timeframe of the activity
  - No – low-level documentation of activity objectives
  - No – outside orthopaedic focus– e.g. acupuncture
  - No – Examining or credentialling purposes
  - No – Non-standard health interventions
  - No – If references of participants/visitors are not appropriate
  - No – Team members are not members
  - No – If previous reports not satisfactory

If No – PMEC/ Operational Manager informs the proposer.

If Yes – PMEC/ Operational Manager informs the proposer; Activity arranged by the Team Leader.

Any reimbursement is provided in line with OO-PO-18 Reimbursement Policy.

Teams identify equipment and supplies for successful implementation of activity.

All equipment or supplies sourced by Outreach volunteers must meet the following requirements:

- Inventory list provided
- Expiry dates validated for all sterile supplies and pharmaceuticals
- No electronics over 5 years





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- Safety testing of electronics – Test and Tag – equipment transported in support of activity
- Requirements for traceability – Serial Numbers – record what the implant is but not the implant.
  - Visiting practitioner must comply with local Ministry of Health Guidelines;



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## Activity Report

Team Leader completes Orthopaedic Outreach Activity Report in collaboration with key in-country personnel. Activity Report is submitted to PMEC via Operational Manager for review.

PMEC note specifics and follow procedure accordingly:

- Concerns raised about child safeguarding;
- Complaints made or received;
- Gender equality or diversity concerns;
- Clinical or environmental safety concerns.

Activity Reports submitted to an unsatisfactory level of detail are returned to the Team Leader for additional information.

Once PMEC have reviewed and accepted Activity Reports, the Board is advised of outcomes.

Activity Reports are made available to team members for future visits, with an expectation to build upon previous work.

Activity Reports available to active team members to raise awareness of other programs supported by the organisation.