

# KNOWLEDGE FOR CHANGE

England & Wales · Charity number 1146911

## Details

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**Other names** K4C

**Status** Registered

**Legal form** Trust

**Registered** 2012-04-17

**Register** [View on the Charity Commission register](#)

## Contact

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**Address** Knowledge for Change  
11 Newmarket Street  
Skipton  
North Yorkshire  
BD23 2HX

**Phone** 01612950383

**Email** [info@Knowledge4Change.org](mailto:info@Knowledge4Change.org)

**Website** [www.Knowledge4Change.org](http://www.Knowledge4Change.org)

## Activities

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**Objects:** THE RELIEF OF SICKNESS AND THE PRESERVATION OF THE HEALTH OF PATIENTS OF SUB-SAHARAN AFRICA AND THE UNITED KINGDOM IN PARTICULAR THROUGH CHARITABLE ACTIVITIES IN HEALTHCARE CENTRES THROUGHOUT SUB-SAHARAN AFRICA, ASSISTING IN THE PROVISION OF FACILITIES, SUPPORT SERVICES, EQUIPMENT NOT NORMALLY PROVIDED BY THE STATUTORY AUTHORITIES AND ANY OTHER CHARITABLE PURPOSES / ACTIVITIES. TO ADVANCE THE EDUCATION OF THE HEALTH WORKERS OF SUB-SAHARAN AFRICA AND THE UNITED KINGDOM BY PROMOTING EDUCATION, KNOWLEDGE EXCHANGE AND PERSONAL EXPERIENCE.

**Activities:** We aim to improve the standard of healthcare provision in Sub-Saharan Africa (SSA) and the UK through the training of staff and students in both regions. We run undergraduate student exchange programmes between SSA and UK, and also place professional UK volunteers within healthcare facilities in SSA on long and short-term basis in order to provide training and facilitate knowledge exchange.

## Classification

- **How:** Provides Other Finance, Provides Human Resources, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Other Charitable Activities
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, Disability, The Prevention Or Relief Of Poverty, Overseas Aid/famine Relief, Economic/community Development/employment
- **Who:** Children/young People, People With Disabilities, Other Defined Groups, The General Public/mankind

## Geography

- India
- Tanzania
- Uganda
- Throughout England And Wales

## Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£511,059	£501,823	£187,506	0
2023-12-31	£433,825	£409,932	-	-
2022-12-31	£254,256	£294,648	-	-
2021-12-31	£81,704	£79,213	-	-
2020-12-31	£123,691	£163,685	-	-

## Trustees

Name	Role	Appointed
<b>Professor Louise Ackers</b>	Chair	2012-01-13
Allan Ndawula		2023-07-06
Dr Chris Coey		2012-01-13
Dr James Ackers-Johnson		2012-01-13
Dr Melanie Stephens		2023-07-06
Dr Robert Ssekitoleko		2016-07-11
Jamie Edward Bettles		2025-02-25

**KNOWLEDGE FOR CHANGE**

England & Wales - Charity number 1146911

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# Accounts

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**Knowledge for  
Change  
Annual Report  
& Accounts  
2024**



THE REPUBLIC OF THAI  
MINISTRY OF HEALTH  
**FORT PORTAL REGIONAL REFERRAL HOSPITAL**

**Core values**

- Professionalism
- Integrity
- Equity
- Inclusiveness for life and the dignity of Human person
- Effective communication
- Transparency and Accountability

**Principal Services for the Hospital**

- Outpatient Services
- Inpatient Services
- Prevention and Rehabilitation Services
- Community Health Services
- Diagnostic Services
- Private Health Services
- Specialists Outreach Services
- Training and Research
- Hospital Administration and Finance Management Services
- Internal audit

P.O. Box 10, Fort Portal, Telephone: 0483422631 Email: fphrso@gmail.com

**By the end of 2024, Knowledge for Change had directly benefitted**

# Over 1.2 million

**health workers, hospital patients, local community members and school children in low-income countries by improving quality and access to health and education systems.**

**This has included:**

- ✓ Providing comprehensive training and mentoring for over 8,500 health workers in Africa and India
- ✓ Placing over 1400 professional and student healthcare, social work and biomedical engineering volunteers from the UK to work in health and education facilities
- ✓ Completing 67 major international development and global health research projects
- ✓ Investing over £950,000 in the provision and repair of essential health facility infrastructure and equipment

Beyond the people who have benefitted directly, many more have benefitted indirectly from successful interventions being sustained and up-scaled; improved health and education outcomes for their family members and positive governmental policy changes influenced by our high quality and high impact research.

**2024 highlights at a glance:**

- The successful award and launch of our new ‘Neonatal Sepsis Project’ (funded by ‘Global Health Partnerships’ and NHS England), which has greatly improved our understanding of the factors leading to high neonatal sepsis rates in Uganda and Zanzibar, and will soon progress to developing high-impact interventions aimed at reducing neonatal sepsis related morbidity and mortality.
- The successful implementation of our ‘NEEDS Programme’ (funded by the Burdett Trust for Nursing) which has improved the identification and management of type-2 diabetes and reduced diabetic foot ulceration and resulting leg amputations through establishing high-quality diabetic foot care services and an effective educational self-management programme for patients in Fort Portal (Uganda).
- The award of new funding from the University of Salford to begin new work on improving psychosocial support and rehabilitation services for women who are victims of domestic or gender-based violence, in partnership with ‘Fort Healthy Minds Initiative’.
- The continuation of our highly successful Cervical Screening, Wound Management and Honey Gauze, Respectful Care, Rehabilitation and Supply Chains Programmes.
- Successfully hosting 8 medical, nursing, midwifery and management staff from Uganda, Tanzania and Mozambique, who undertook intensive 3-month training programmes in the UK, in partnership with the Universities of Salford and Greater Manchester, funded by the Commonwealth Scholarship Commission’s Professional Fellowships scheme.

Front cover images (clockwise from top left)

1. K4C staff manufacturing honey gauze wound dressings in our laboratory in Fort Portal (Uganda)
2. Henry (Prosthetist) fitting new prosthetic arms for Ninsiima, a victim of domestic abuse, in Kampala (Uganda)
3. Timothy (Orthopaedic Technician) 3D scanning a patient’s foot for our NEEDS program (type-2 diabetes prevention and rehabilitation)
4. K4C staff, professional volunteers and students based at Fort Portal Regional Referral Hospital (Uganda).
5. Peter (Builder) constructing a ‘Lorena Stove’ which is healthier and more environmentally friendly than traditional cooking methods.

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Francis Muhumuza (pictured) was working as a lorry driver for a cement company in Uganda when he was involved in a serious road traffic accident in early 2023, at the age of 25. Although he was lucky to survive, his injuries led to the amputation of his right leg. This meant he could no longer work as a lorry driver, and he struggled to find alternative employment to provide for his family.

Francis first heard about K4C's rehabilitation programme later that year through a friend who we had previously fitted with a new prosthetic leg. He reached out to Timothy Isingoma (K4C Orthopaedic Technician) who eventually went on to fit him with a new prosthetic leg.

Francis has since secured a new job as a mechanical engineer, an opportunity he believes was only possible with his new leg. He and Timothy (pictured together below) remain in close contact!



# Foreword from our Chair



As chair of Knowledge for Change (K4C), I am pleased and excited to present our 10<sup>th</sup> annual report for the Charity, together with a summary of our activities and financial statements for the period 1st January to 31st December 2024. This year marks a decade since K4C officially began working in Uganda, taking over the activities of the Liverpool-Mulago Partnership and embarking on a broader and more ambitious journey. Over the years, we've widened our charitable remit from initially focusing only on maternal and newborn health to include several other areas of health including both tropical and non-communicable diseases, surgical care, rehabilitation services, antimicrobial resistance, domestic violence, inclusive education for disabled children and much more. We've also expanded our areas of work to additional health and education facilities across Uganda and into Tanzania, as well as other project work in India, Jordan and Mozambique.

The last 10 years has also seen our charity withstand the unforeseen impacts of Brexit, a global pandemic, several outbreaks of Ebola and Marburg Haemorrhagic Fever and more recently a fundamental shift in the UK and other governments' commitment to international development and aid, essentially leading to its sharp de-prioritisation and an equivalent reduction in funding. Despite these immense challenges which have affected all organisations working in the sector, we have remained innovative and dynamic to diversify our income streams, sustain our project work and continue to have a strongly positive impact on our partner health and education systems, as well as our UK NHS, UK Universities and other stakeholders. Our staff bases in the UK, Uganda and Tanzania have all continued to develop, our student placement programme has expanded, and our annual income and expenditure have grown as we invest more and more into our programmes and activities.

Some of our main successes over the course of 2024 included the successful completion of our Burdett Trust funded 'NEEDS Project' which has greatly improved the identification and management of type-2 diabetes and reduced diabetic foot ulceration and resulting leg amputations. Our cervical screening project has continued at a pace with over 800 women being screened and/or treated for pre-cancerous lesions across 3 Community health facilities. We successfully co-hosted 8 Commonwealth Professional Fellowships in partnership with the University of Salford, focusing on diabetes care and supply chains for medical devices. Our rehabilitation teams directly supported over 800 patients to access essential prostheses and orthoses in Fort Portal and Zanzibar, 60 of which were funded by YouTube star 'Mr Beast' towards the end of the year. We also successfully launched our Global Health Partnerships funded Neonatal Sepsis Project which will run until June 2025 and aims to build capacity of health workers to reduce sepsis related morbidity and mortality across all our partner health facilities in Uganda and Tanzania.

Looking forwards to 2025, we are excited to be working in partnership with the University of Salford to undertake new project work supporting victims of domestic violence with psychosocial support and rehabilitation services. We're planning to host 5 Commonwealth Professional Fellowships from February to May focusing on capacity building in neonatal sepsis and linking to our formal project work noted above. We're also planning to actively expand our successful interventions from Uganda to Zanzibar, including our NEEDS programme and wider diabetes related work, our wound management and honey gauze projects and cervical screening programme.

I would like to thank all our trustees, staff, volunteers, students, patients, users and other stakeholders for their on-going support throughout 2024, which has enabled us to continue to improve the health and wellbeing of some of the poorest and most vulnerable communities in the world. I look forward to continuing this exciting and highly beneficial work over the course of 2025.

A handwritten signature in blue ink that reads "H.L. Ackers". Below the signature is a horizontal blue line.

**Professor Louise Ackers**  
Chairperson  
Knowledge for Change  
31<sup>st</sup> December 2024



# Strategic Report

An overview of who we are and what we do, a review of our achievements and performance in 2024, and a summary of our objectives for the coming financial year.

# Who we are and what we do

## BACKGROUND

Knowledge for Change (K4C) was registered with the Charity Commission for England and Wales in January 2012 (no. 1146911) and has been hosted by the University of Salford in Manchester since July 2014. Its working names are 'Knowledge for Change', 'Knowledge 4 Change' and 'K4C'. The official UK charity address is 11, Newmarket Street, Skipton, North Yorkshire, BD23 2HX.

K4C formally merged with its sister charity, the Liverpool-Mulago Partnership (no. 1136219), in 2015 and continues to manage the legacy of both organisations.

K4C is also registered as separate Non-Governmental Organisations (NGOs) in Uganda (no. 3592), Tanzania (00NGO/12/4270) and Zanzibar (0000210165). Each organisation has an independent board of directors, however relate and report closely to K4C UK, as outlined within existing Memorandums of Understanding (MOUs).

## OUR OBJECTIVES

***“To improve the standard of healthcare and education provision for the poorest and most vulnerable members of society in Low- and Middle-Income Countries”***

For almost 20 years, we have been working across multiple hospitals and health centres in Sub-Saharan Africa to sustainably improve their health and education systems and achieve better standards of care for patients. The work we do includes the placement of professional (qualified) volunteer health workers, infrastructural developments, providing and repairing essential medical equipment, implementing staff training and capacity

building programmes, working with local educational institutions to develop new and improved undergraduate and postgraduate curricula, organising staff exchange programmes, running ethical international placements for undergraduate students and conducting high quality global health research.

Our charitable activities not only support people in Low- and Middle-Income Countries (LMICs) but also improve the quality of care provided by the UK NHS by upskilling both qualified and student doctors, nurses, midwives, allied health professionals, social workers and other staff.

## CORE VALUES

Our core values centre on making ethical, sustainable and mutually beneficial improvements to health and education systems LMICs. We believe that the best way to do this is through the transfer of knowledge between professionals and students working in the health and education systems in order to improve their skills and experience. Sticking to these values ensures that we achieve the best long-term outcomes for all the High-, Middle- and Low-Income Countries that we work with.

## CURRENT AREAS OF FOCUS

We currently focus most of our activities in Uganda and Tanzania, however we also have past and ongoing linked projects and networks in Mozambique, India and Jordan. We initially focused primarily on maternal and newborn health, but have since expanded our remit to include other areas of health, rehabilitation, social care, children's education, laboratory science, supply chain management, climate change and wildlife protection.

In line with our commitment to support populations of highest need, K4C works primarily in public (as opposed to private) health and education facilities, in recognition that these facilities cater for the poorest and more vulnerable members of society in LMICs. Our in-country partners range from large urban hospitals to small rural health centres, primary schools, Universities, community-based organisations, local councils and governmental bodies. We have several partnerships with various NHS trusts, Royal Colleges and funding bodies.

## AN OVERVIEW OF OUR ACTIVITIES

### International Development Projects:

K4C has run numerous international development projects over the years including: promoting ethical and sustainable professional volunteering and student placements; improving biomedical engineering services for equipment procurement, maintenance and disposal; improving processes for infection prevention and control, antimicrobial stewardship and wound management; improving surgical safety; reducing sepsis related maternal and newborn mortality and morbidity rates; establishing effective cervical screening and treatment services; establishing high-quality rehabilitation services for upper- and lower-limb amputees; developing intensive/high dependency units; improving identification and management of type-2 diabetes and diabetic foot ulceration; promoting respectful maternity care; promoting including education for girls and children with physical and mental disabilities; and supporting the Uganda Blood Transfusion Service (amongst many other projects). Our main funders have included NHS England (formerly Health Education England), the UK Foreign Commonwealth & Development Office, Global Health Partnerships (formerly the Tropical Health Education Trust) and the Burdett Trust for Nursing. Many projects are run in partnership with the University of Salford, and all are designed and evaluated in line with our core values of sustainability, ethics and mutual benefit.

### Clinical Staff:

Knowledge for Change directly employs several highly skilled health workers and project managers in Uganda and Tanzania to support local health and education services, ensure effective delivery of our global health and international development projects and provide high-quality care for patients. As of December 2024, we had 15 permanent fulltime staff based across Uganda and Tanzania including 4 midwives, 3 nurses, 1 doctor, 3 orthopaedic technicians, 2 project managers / administrators and 2 support staff. We also supported (via grant funding to the University of Salford) a project manager and a project officer to be based in the UK to manage our operations.

We were pleased to welcome a new nurse (Daisy Hasahya) to our team in September, and she's already proven to be highly valuable colleague based at Kasangati Health Centre (Uganda):



*"Working with K4C has been very rewarding so far. I'm grateful for the opportunity to combine clinical and research work, which has not only aligned with my career goals but also fuelled my growth and development"*

### Professional Volunteering:

K4C's primary activity has included the placement of over 750 professional (qualified) volunteers from High-Income Countries in Uganda and Tanzania over the last 15 years, initially supported by the UK Department for International Development through the Tropical Health Education Trust. These volunteers have included doctors, midwives, nurses, biomedical engineers, clinical scientists, microbiologists, allied health professionals, social workers and social scientists. Most volunteer placements are 6+ months in duration, however shorter placements are permitted when necessary. Our professional volunteers play important roles in our projects and work alongside local facility staff to exchange valuable knowledge, skills and experience.

More information about our Professional Volunteering Programme and its achievements can be found on page 13.

### International Training Fellowships:

We have supported over 140 Ugandan, Tanzanian and Mozambiquan health and social workers to travel to the UK to complete intensive training programmes to enhance their learning, primarily funded by the Commonwealth Professional Fellowship Scheme. More information on our CSC Fellowship Programme can be found on page 25.

### Student Placements:

Since 2015, K4C has focused on improving the quality and ethics of international student placements in LMICs such as Uganda and Tanzania. Our student placement programme (initially funded by Health Education England) has now placed over 800 students in Uganda, Tanzania and India from courses including medicine, nursing, midwifery, the allied health professions, social work, prosthetics and orthotics, microbiology, biochemistry, psychology and business management. All student placements are linked to K4C's ongoing development programmes and are supervised by our highly competent teams of local staff and professional volunteers. More information about our Student Placement Programme can be found on page 17.

### Global Health Research:

K4C endeavours to remain at the forefront of Global Health Research and has been closely involved with several research projects and publications, many run in partnership with the University of Salford. All K4C projects are designed to be dynamic and are closely monitored and evaluated in order to maximise their impact and cost efficiency. Research findings have been shared through policy reports, books and journal articles as well as regular presentations at conferences, workshops and with UK and LMIC government officials. More information about our Global Health Research can be found on page 41.

## OUR EFFECTIVENESS

Our expertise in research and project evaluation enables us to carefully review our activities and make positive changes on an ongoing basis to maximise their impacts and efficiency. Each of our individual projects is evaluated separately, however we also evaluate our overall impact across entire thematic areas.

Externally funded projects are also independently evaluated by their respective funding bodies. This was the case for our Burdett Trust for Nursing funded 'NEEDS project' which officially ended in December 2024 and focused on prevention and management of type-2 diabetes.

*"It was great to read in the report all of the activities that were completed and congratulations to your team for bringing this fantastic work together"*

**Excerpt from the Burdett Trust for Nursing's review of K4C's End of Project Evaluation Report for the NEEDS Project**

## ACHIEVING OUR CHARITABLE OBJECTIVES IN 2024

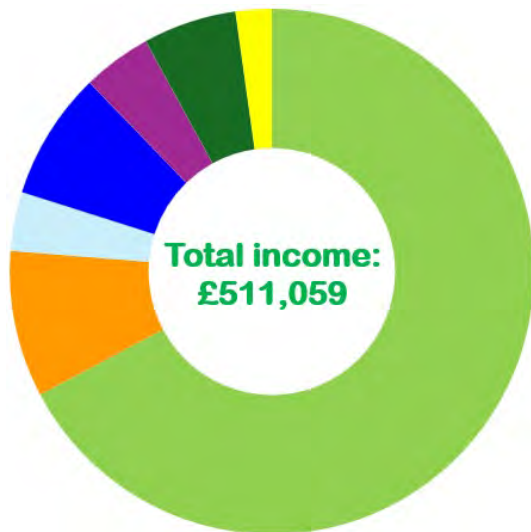
Our work to strengthen health and education systems in Low- and Middle-Income Countries (LMICs) continued to grow and expand throughout 2024. In Uganda and Tanzania, where the majority of our project activities currently take place, we provided training and capacity building for over 350 medical, nursing, midwifery and rehabilitation staff in areas such as the identification and treatment of type-2 diabetes, cervical cancer screening and treatment, antimicrobial stewardship, wound management, neonatal sepsis, infection prevention and control, high-quality midwifery care and several aspects of rehabilitation.

Our activities directly benefitted over 50,000 local people who accessed new or improved healthcare services. For example, throughout 2024 our cervical screening programme was accessed by 586 women, 36 of whom were treated for pre-cancerous lesions and 18 referred for further assessment or a biopsy.

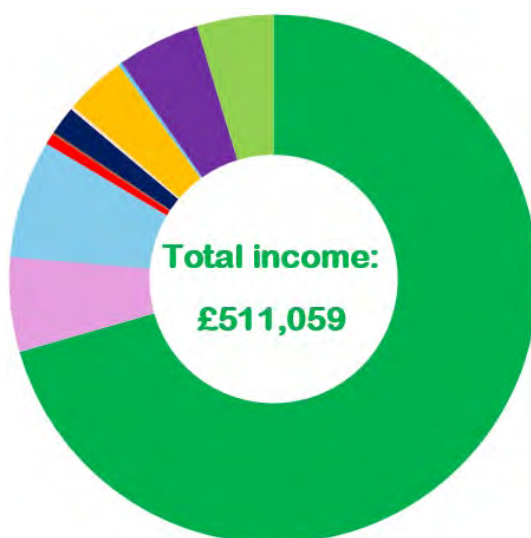
Over 75% of the total number of people reached by our activities were women or girls. This is highly significant as women make up the majority of disempowered and impoverished populations in LMICs. This success aligns with several of the UN Sustainable Development Goals: reducing poverty, improving healthcare and empowering women and girls.

# An Overview of our Income

Knowledge for Change’s total gross income in 2024 was £511,059. Two breakdowns of our income are provided below; the first in relation to sources of income and the second in relation to its intended purpose:



- 67% £343k from public donations
- 9% £46k from our partner universities
- 4% £19k from the Commonwealth Scholarship Commission (CSC)
- 8% £40k from the Tropical Health Education Trust (THET)
- 4% £22k from Legs for Africa (L4A)
- 6% £29k from the Burdett Trust for Nursing
- 2% £12k in miscellaneous funds



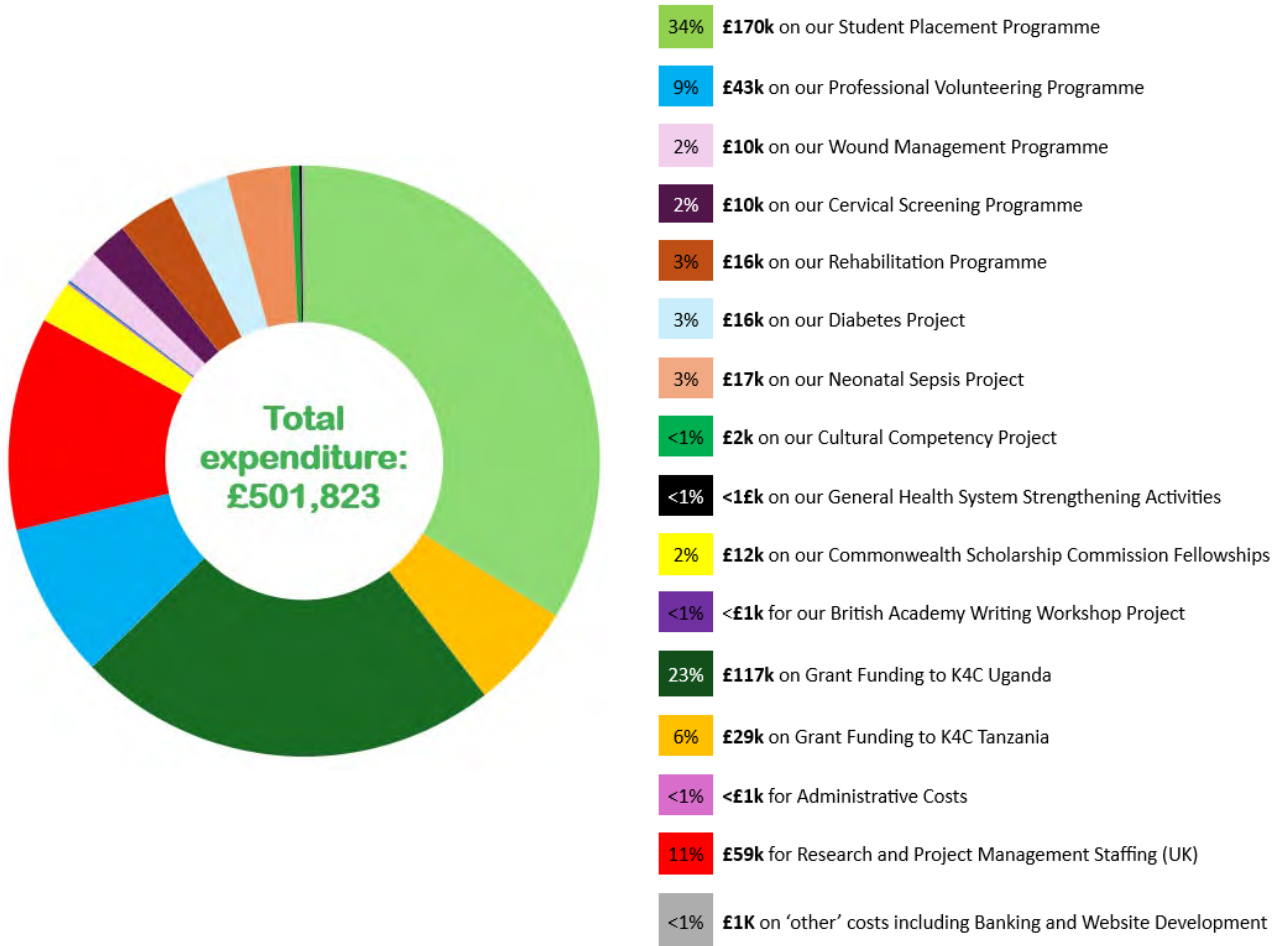
- 70% £359k for our Student Placement Programme
- 6% £29k for our Diabetes Project
- 7% £37k for our Neonatal Sepsis Project
- <1% £4k for our Virtual Volunteering Project
- <1% <£1k for our Biomedical Engineering/UBTS Programme
- 2% £9k for our Respectful Care Programme
- <1% <£1k for our Children’s Education Programme
- 3% £19k for our Commonwealth Scholarship Commission Fellowship Programme
- <1% £1k for our Professional Volunteering Programme
- 4% £25k for our Rehabilitation Programme
- 4% £24k in miscellaneous/non-project specific funding

## WHERE OUR INCOME CAME FROM IN 2024

Our total income for 2024 was £511,059, an increase of £77,234 (18%) on the previous year. This increase was primarily due to expansion of our student placement programme, growth of our partnership with Legs for Africa, grant income awarded by THET for our Neonatal Sepsis Project and income from consultancy work conducted by our trustees for the University of Greater Manchester. Overall, our project related income has continued to decline year on year, due to the ongoing significant cuts to the UK and other governmental International Aid budgets. We expect this challenge to continue or possibly worsen with the incoming administration in the US.

# An Overview of our Expenditure

Knowledge for Change’s total expenditure in 2024 was £501,823. A breakdown is provided below:



## WHERE OUR EXPENDITURE WENT IN 2024

Our total expenditure for 2024 was £501,823, an increase of £91,891 on the previous year. This increase was largely due a 45% increase in grant funding for K4C Uganda (up to £116,539) and a 164% increase in grant funding for K4C Tanzania (up to £29,000). These increases were driven by our recruitment of additional clinical staff in each country to work across all our programmes. Our UK staff costs for research and project management also increased by 131% to £58,693 due to a reduction in the amount of co-funding provided by the University of Salford. We also saw significant increases in expenditure on our Neonatal Sepsis, Rehabilitation and Professional Volunteering Programmes.



Overall, for every £1 we spent during 2024, 86p was spent directly on our charitable activities. The remaining 14p was spent on our project management and administration costs in the UK, Uganda and Tanzania (totalling £71,893). A further breakdown of all income and expenditure can be found in our annual accounts (see pages 49-57).



# Our Activities and Impact

# Professional Volunteering Programme

## BACKGROUND

Our Professional Volunteering Programme is our longest-standing, having been in place since the foundation of K4C and its predecessor charity, the Liverpool-Mulago Partnership. We have now placed over 750 professional volunteers across Uganda and Tanzania, primarily from health backgrounds such as medicine, nursing, midwifery and allied health professions, however also some social workers, biomedical engineers, microbiologists and social Scientists. Most of our professional volunteers complete long-term placements of 6+ months, however some have completed shorter-term (3+ month) placements. We provide financial support for the vast majority of our in-country volunteers, including the costs of their flights, accommodation, airport transfers, insurance, clinical registration, work permit and a living allowance of £300 per month to cover their subsistence. The role of K4C's professional volunteers is to work alongside local staff on a co-present basis to share valuable knowledge, skills and experience.

The primary aim of the programme is to build the capacity of local staff and thereby strengthen local health systems and improve quality of care for patients. The placements are of mutual benefit as the volunteers also gain valuable knowledge, skills and experience to utilise in their practice when they return to the UK NHS. Professional volunteers also play an important role in designing and implementing our project work, as well as supporting students completing international placements with us, working our in-country teams to provide clinical supervision, pastoral support and guide their learning.

## ACTIVITIES IN 2024

We continued our highly successful Professional Volunteering throughout 2024, placing a total of 13

qualified volunteers from the UK NHS across Uganda and Tanzania on long-term (6+ month) placements. These included 3 midwives, 8 nurses and 2 doctors. 11 of these placements were fully-funded and the remaining 2 were part-funded to only include funding for their accommodation, airport transfers, insurance, clinical registration and work permit costs.



Dr Augustine Ssemujju (Obstetrician) and Dr Thomas Liney (K4C Professional Volunteer) based at Fort Portal Regional Referral Hospital, Uganda

Our professional volunteers have played critical roles in implementing our Neonatal Sepsis and NEEDS (type-2 diabetes) Projects; establishing a maternity operating theatre at Kataraka Health Centre; supporting ongoing development of our cervical screening, wound management and diabetes programmes; providing ongoing training and mentoring for local health workers; providing high-quality supervision for our students undertaking their international placements; and supporting candidates' applications to the Commonwealth Scholarship Professional Fellowship Programme.

We have also continued to expand our professional volunteering programme in Zanzibar in 2024, hosting 4 nurses and 2 midwives across Mnazi Mmoja Referral Hospital, Kiddongo Chekundu Mental Health Hospital and Jitimai District Hospital. As our partnerships and relationships in Zanzibar are still relatively new, we have not yet begun formal implementation of any projects (aside from our student placement programme). However, our first

volunteers have played a critically important role in building links, networks and relationships with local staff and stakeholders, guiding our understanding of the unfamiliar contexts and cultures and reviewing hospital data to identify trends and priority areas for K4C to focus on in future.

More information about our Professional Volunteering Programme can be found on our website:

[www.knowledge4change.org/professionalvolunteering](http://www.knowledge4change.org/professionalvolunteering)

## PLANS FOR 2025

We're planning to continue our Professional Volunteering Programme into 2025 and have already secured placements for 7 volunteers in the first half of the year including 3 nurses, 2 midwives and 2 doctors. Our recruitment has focused particularly on volunteers with Neonatal Sepsis related experience as we move into the training implementation phase of that project.



Professional Volunteer Midwife (Tiggy) and K4C Nurse (Rachel) cleaning, preparing and packing cervical screening instruments to go in the autoclave to be sterilised at Kagote Health Centre (Uganda).



K4C staff and professional volunteers based at Fort Portal Regional Referral Hospital.

From left to right: Kayleigh (midwife, UK), Angela (midwife, Uganda), Sofie (nurse, UK) and Rachel (nurse, Uganda)

# Virtual Volunteering Programme

## BACKGROUND

The idea of 'virtual volunteering' placements has evolved over time, driven by increased awareness of the harmful effects of international air travel on the climate; initiatives to widen participation for individuals who cannot travel internationally; and the covid-19 pandemic which dramatically inhibited international travel and led to rapid improvements globally in internet connectivity and related online software, including in the UK, Uganda and Tanzania.

We firmly believe in the value of our in-person volunteering and student placements, but also appreciate the need to carefully balance the positive impacts of our health partnership on the Ugandan/Tanzanian health systems and the NHS with our commitment to environmental sustainability.

In 2022/23, we received grant funding from the Tropical Health Education Trust (THET) and the University of Salford to establish a comprehensive Virtual Learning hub in Fort Portal (Uganda) to support our virtual wound management clinics and prosthetics workshops. This provided a physical space equipped with technology and reliable Wi-Fi, on site at the Regional Referral Hospital, to link specialists and students from the University of Salford with clinicians at Fort Portal Regional Referral Hospital and promote virtual knowledge exchange and strengthen relationships between the UK, Uganda and Tanzania.

K4C Trustee and Doctoral Researcher, Claire Horder, has been working to capture and evaluate the effectiveness of virtual working. An article was published in SCOPE magazine about this work: <https://www.ipem.ac.uk/media/413heltr/scope-autumn-2023-full-lrc.pdf>

## ACTIVITIES IN 2024

Over the course of 2024, we have continued to integrate virtual working into the day-to-day running of all our programmes to enhance and enrich them while keeping our carbon footprint as low as possible. We received funding from THET via their Remote International Mentoring Partnership Scheme (RIMPS) programme to establish a new Virtual Learning Hub in Zanzibar to facilitate a diabetes focused mentoring scheme between several UK and Tanzanian specialists.

We harnessed the expertise of a team of 7 UK-based paediatricians and specialist neonatal nurses to virtually support the development of our Neonatal Sepsis Project across Uganda and Tanzania (see page XX). We also continued our virtual engagement between the University of Salford and Fort Portal Regional Referral Hospital (Uganda) to support our ongoing wound management, diabetes and rehabilitation programmes.



A Neonatal Sepsis Case Review Meeting taking place in K4C's Virtual Learning Suite at Fort Portal Regional Referral Hospital, linking in specialists from the UK and Tanzania virtually

## PLANS FOR 2025

Our Virtual Volunteering Programme will continue to be integrated into our Neonatal Sepsis Project and Wound Management and Rehabilitation programmes in 2025. We're also planning to pilot a new and exciting virtual partnership between 2 secondary schools in Bury (UK) and Fort Portal (Uganda).

## CASE STUDY: LAURENCE KENNEY (VIRTUAL VOLUNTEER)



“I am a Professor of Rehabilitation Technologies at the University of Salford. My collaboration with the K4C team began in 2018 with the award of a £1.4 million EPSRC/GCRF-funded grant to develop fit-for-purpose upper limb prosthetics. The project involved six universities across three countries, including Uganda, and aimed to develop user-informed, and simple-to-maintain, purely mechanical prostheses.

The challenges of delivering the project in Uganda, particularly during Covid, were significant but working with the K4C team in Fort Portal enabled us to carry out a qualitative study to understand user needs, and to implement one of the first co-design workshops with users – there are surprisingly few such studies in any Sub-Saharan African country.

I’ve never travelled to Uganda, but working with the K4C team on this project gave me a much better understanding of the challenges inherent in translating good ideas for designs into practical devices which could have impact ‘on the ground’. Building on this insight, we were awarded an MRC-funded grant entitled “Promoting universal health coverage for amputees through social enterprise and engineering innovation” and as part of this carried out a clinical study of a ‘fit-for-purpose’ upper limb prosthesis. The results were positive and a manufacturer of the device is in discussions with K4C about distributing their product in Uganda. Watching the K4C centre in Fort Portal develop over the last few years and through their team being able to engage users and local clinicians in our work has been a real privilege and I look forward to whatever comes next!”

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## CASE STUDY: DAN PARKER (VIRTUAL VOLUNTEER)



“I’ve been supporting the setup and evaluation of the NEEDS programme as a virtual volunteer since 2023. My background in the use of technology for diabetic foot orthotic design and evaluation has allowed the team to put in place tools which provide the best value to the clinic.

The NEEDS programme and the work of the Fort Portal team have helped us to understand what diabetic people in Uganda want and need to better manage foot care and prevent ulcers.

The K4C team continues to explore ways to improve supply of materials and find solutions which meet this vital patient need. I hope that my experience in orthotic material evaluation will ensure that orthotics produced continue to be fit for purpose”.

# Ethical Student Placement Programme

## BACKGROUND

Health students have been travelling from the UK (and other high-income countries) to low-income countries such as Uganda and Tanzania for decades to undertake elective placements. However, the sector is poorly regulated with many private companies offering opportunities which are prohibitively expensive (excluding disadvantaged students from poorer socioeconomic backgrounds), high-risk for students, and perhaps most worrying are damaging to hosting health systems and patient care. Students often lack proper support and supervision which inhibits their learning and puts them and the patients in vulnerable situations, working outside of their competency to provide care. Also, students often lack professionalism whilst on placement, jumping between clinical areas without permission, taking inappropriate photos of vulnerable people, arriving late/leaving placement early and being rude to local staff. All of this fuels resentment and damaging perceptions of 'voluntourism'.

K4C's student placement programme has gone from strength to strength since it was first established in 2015. It was initially funded by Health Education England (now NHS England), with the aim of developing, piloting and evaluating an ethical, cost effective, sustainable and low-risk placement program which yielded highly impactful learning outcomes for students and mutual return benefits for the UK NHS. We have now hosted over 800 students through this programme from various study backgrounds including medicine, nursing, midwifery, Allied Health, social work and education (amongst others).

In 2023, we became a formally approved and registered placement provider for NHS England,

largely in recognition of our ethical focus and the high-quality supervision provide for students through our multinational, fully trained and registered teams comprising both local and UK staff and professional volunteers. This also enables us to meet the supervision requirements of professional councils, for example the UK Nursing and Midwifery Council (NMC) which enables students to complete our placements as a formal part of their academic programme (including placement hours and sometimes competencies/proficiencies).

Our students follow a carefully structured placement programme which is negotiated to meet the requirements of their respective University and professional body, as well as our in-country partners' needs. They work with our staff and professional volunteers to support implementation of our projects, as well as gaining beneficial skills and experience whilst on clinical placement.

We currently place students across 2 locations in Uganda (Fort Portal and Kampala) and 2 locations in Tanzania (Moshi and Zanzibar), where they complete placements within our partner hospitals, health centres and community-based organisations. We have agreements in place with all partners which include provision for a financial investment into their facility for each student they host. This ensures that our partners and local communities also benefit in an ethical and sustainable way. To date, our student placement programme has generated over £360,000 of direct investment into our partner organisations.



Local staff, K4C midwife (Tiggy) and students on placement at Kasangati Health Centre (Uganda)

## ACTIVITIES IN 2024

Our student placement programme has continued to grow throughout 2024, with our newer partner sites in Tanzania generating particularly high levels of interest. Over the course of 2024, we hosted 164 students, an increase of 10% compared to the previous year. The majority of students were from nursing and midwifery backgrounds, however there was also strong representation from social work, psychology, medicine, physiotherapy, paramedic science, biomedical science and prosthetics and orthotics. Our main University partners were Kingston University, Liverpool John Moore’s University, University of Salford, Hertfordshire University and the Universities of Agder and OsloMet in Norway. New positive relationships have also been established with Leicester University, Birmingham City University and the University of Bern (Switzerland).

The programme continues to demonstrate very positive learning outcomes for students and positive feedback from partner health facilities. 100% of the students surveyed felt the experience and learning achieved during their placement was relevant for their academic programme, and 88% felt their placement would have a ‘very positive impact’ on their future career. 69% of students rated their overall placement experience as ‘excellent’ and another 27% as ‘very good’.

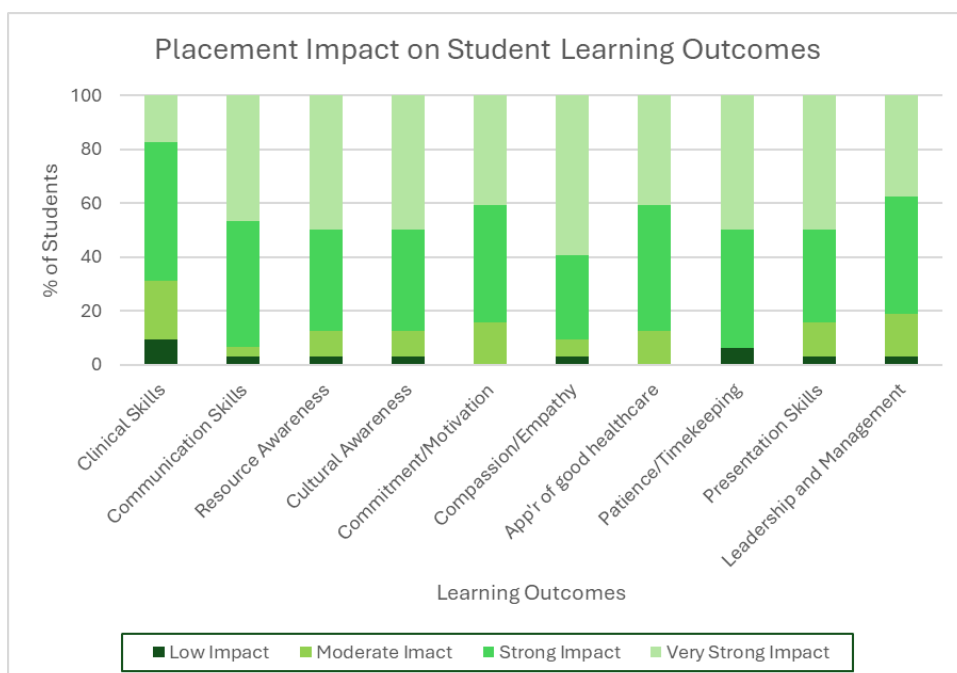
The financial return for K4C and our partners has also been positive; over £115,000 was generated for use towards our charitable activities in Uganda and Tanzania, with over £25,000 being directly invested into our partner health facilities and over £90,000 being invested in our Professional Volunteering Programme and clinical staff salaries, both of which are highly beneficial for our partners. Additional revenue raised by the programme covered direct costs incurred in arranging students’ travel and accommodation, as well as our other general administrative costs.

*“It was an amazing experience and something I’d recommend to anyone!”* **P&O student, Salford University, Zanzibar placement.**

*“It exceeded all expectations of what I imagined an elective would entail, and I am already excited at the idea of being a long-term volunteer with K4C after my foundation training as a doctor.”* **Medical student, UCL, Fort Portal placement.**

## PLANS FOR 2025

Moving into 2025, we are excited to be exploring further expansion of our existing student placement programme in Uganda and Tanzania, as well as to potential new destinations in Cambodia, in partnership with several like-minded charities and NGOs. We



This graph summarises post-placement feedback received from students in 2024 about the impact they felt their placements had on their learning

# Testimonials from our University Partners



*“The partnership between LJMU and Knowledge for Change offers student paramedics a unique opportunity to engage in global health practice. Through shared learning and cultural exchange, students broaden their clinical thinking and develop a deeper awareness of how healthcare knowledge and resources are distributed around the world. The placement encourages reflection, adaptability, and connection, with learning flowing in both directions. Our students return to the programme and profession in the UK with renewed purpose and a richer understanding of their role within a global health community. It’s an experience that stays with them long after they return home, with many describing it as life changing and we are forever grateful for this opportunity”.*

**Jen Vasey, Lecturer in Paramedic Science, Liverpool John Moore’s University**

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*“We’d like to share our appreciation for the fantastic collaboration we’ve had with the Knowledge for Change team during the nursing exchange to Zanzibar. We have worked with James and his team for 3 years and from the very beginning, communication was clear, consistent, and supportive, which made planning and delivery smooth and stress-free.*

*The team has been great to work with—open to ideas, responsive to feedback, and always willing to help. Their support didn’t stop at the planning stage; they were there for us as co-ordinators and the nursing students throughout the trip and continued to offer guidance and debrief afterwards.*

*It’s been a genuinely positive experience working together, and we’re really looking forward to building on this partnership in future exchanges”.*

**Nic Hubbard (Lecturer in Paediatric Nursing) and Sarah Lowiss (Lecturer in Adult Nursing), School of Health and Society, University of Salford**



*OsloMet has for several years collaborated with Knowledge for Change in the practicum placement of our bachelor’s social work students. K4C has proven to be a flexible partner and has accommodated changing circumstances, providing new placements according to our evolving needs. We are very grateful for the opportunity to have our students learn social work skills in Tanzania, and we appreciate that this provides circumstances that are very different from the local Norwegian context. We believe this placement gives them valuable tools and a professional head start.*

**Kjetil Wathne, Associate Professor and International Academic Coordinator, Institute of Social Work, Oslo Metropolitan University**

# Antimicrobial Stewardship, Wound Management & Honey Gauze

## SUMMARY

Antimicrobial Resistance is one of the biggest threats to global health, food security and development in the world today and has the potential to reverse decades of medical progress. Multi-drug-resistant bacteria don't respect national borders; what happens in one country affects us all. LMICs such as Uganda and Tanzania are particularly hard hit. Infectious diseases still cause a high proportion of deaths and, as many of the most commonly used antibiotics fail to work, resource-poor settings struggle to cover the costs of newer and more expensive antibiotics. Sepsis is a major cause of maternal mortality in Uganda and Tanzania and is often a result of poor Infection Prevention and Control (IPC) during surgery, leading to surgical site infections.

Our initial Antimicrobial Stewardship (AMS) project began in November 2018, funded by the Commonwealth Pharmacy Association and the Tropical Health Education Trust (£60,000 in partnership with the University of Salford and Tameside and Glossop NHS Trust). Since then, K4C's clinical staff and professional volunteers have provided ongoing comprehensive training and mentoring for over 150 pharmacy and nursing staff at Fort Portal Regional Referral Hospital in areas including prescribing practices, the management of sepsis and IPC measures.

One core element of the AMS project was a Maternal Sepsis Intervention which focused on two key contributors to AMS; reducing the incidence of infections (especially those acquired from hospitals)

and improving the use of antibiotics to fight the infections that do occur.

The Maternal Sepsis Intervention fostered multi-disciplinary teamworking to improve Infection Prevention and Control, wound swabbing and management and the laboratory analysis of swab results to identify the bacteria responsible and target the most effective antibiotic. Over the course of the funded project, the percentage of suspected sepsis cases being tested for culture and sensitivity has risen from 0% to 95%. Furthermore, the hospital's score on the WHO's IPC Infrastructure Audit Tool has risen from 58.7% to 96.8%.

The Maternal Sepsis Intervention led to transformational change on the wards. Major improvements in infrastructure and the quality of care resulted in improved patient outcomes, reduced maternal mortality (to almost zero!), reduced length of stay on the wards and substantial financial savings for the hospital. Appropriate new and existing tools and protocols were developed within the hospital; the Medicine Therapeutic Committee was restarted and the 'Rx system' remains fully functional which will have a positive impact on Antimicrobial Stewardship and the procurement of appropriate antibiotics.

## WOUND MANAGEMENT & HONEY GAUZE

K4C's wound management and honey gauze programme built on our successful Maternal Sepsis Intervention, which demonstrated that implementation of improved wound care practices could reduce instances of maternal sepsis, and also reduce hospital costs, resources, staff time and instances of other hospital acquired infections by improving recovery times and greatly reducing women's length of stay in the hospital.

In 2021, three Ugandan midwives were awarded Commonwealth Professional Fellowships to study at the University of Salford, focusing primarily on the Tissue Viability program run by Dr Melanie Stephens. During their fellowship, they learnt about the benefits that honey infused gauze can have for wound care. On their return to Uganda, the team led by K4C midwife Rachel Namiro used this experience to establish a small base for manufacturing honey

gauze within K4C's laboratory premises in Fort Portal. The honey gauze is made in a sterile environment by combining 2 properties (20% Vaseline and 80% locally made pure honey (which is registered with the Uganda National Bureau of Standards (UNBS)). After mixing them, the paste is smeared onto sterile gauze and vacuum packed. A dry piece of sealed honey gauze can last up to 5 months.

Several of our publications relating to these projects are listed on page 41. The success of these projects has also been recognised through receipt of 2 awards:

- 🏆 Winner of the "Wounds UK Award for Excellence" in 2022.
- 🏆 Winner of the "Cost Effective Wound Management Award" at the Journal of Wound Management Awards in 2023.

## ACTIVITIES IN 2024

The team first utilised the honey gauze for dressing the wounds of maternity and gynaecology patients at Fort Portal Regional Referral Hospital (FPRRH). Due to the success of the project and the positive outcomes observed for patients, the project was upscaled between 2022 and 2023 to also treat wounds (including burns) in the Surgical, Paediatric and Nutrition wards. Between February 2022 and December 2024, K4C supplied over 7000 sealed packs of Honey Gauze to Fort Portal Regional Referral Hospital (2800+ pieces to Surgical Ward; 2300+ pieces to gynaecology; 1500+ to paediatrics and 400+ to nutrition).

Over the course of 2024, we have seen a doubling of requests from Fort Portal Regional Referral Hospital for Honey Gauze. In total, we provided 1722 items: 321 to paediatric ward; 621 to gynaecology ward and 780 to surgical ward.

The gauze continues to be manufactured in the K4C premises as part of the training we provide for students on placement with us on infection prevention control and wound care. Each pack of gauze costs just 1000 Ugandan Shillings or 600 Tanzanian Shillings (roughly £0.20) to produce, making it a relatively cheap and possibly even cost saving for the hospital given the savings achieved by

reducing both the length of patient stays and the direct cost of their extended treatment plans. K4C is currently negotiating a social enterprise agreement with Fort Portal Regional Referral Hospital to enable us to provide the honey dressings sustainably into the future; we hope to have this finalised in early 2025.

2024 also saw the introduction of Honey Gauze to K4C's new partnership sites in Zanzibar. Two members of K4C Zanzibar staff (Rebecca Kobelo and Hasan Mhunzi) travelled to Uganda to join our Diabetes Self-Management workshop and during their visit also received a demonstration in the manufacture and use of honey gauze. They established the honey gauze programme at Jitimai District Hospital upon their return to Zanzibar and have since manufactured and distributed 50 packs to the hospital as part of an initial pilot project.



*K4C Nurse (Hasan) applying honey gauze to a patient's wound at Jitimai District Hospital (Zanzibar)*

Feedback from patients and staff remains highly positive, with staff reporting significant improvements in wound healing and reduced costs to the hospital.

We've also begun expanding some of our wider AMR work from Uganda to Zanzibar, beginning with a research study (conducted by one of our Masters students, Eline Tuset) into the perceptions and attitudes of health workers and community members on antibiotics and antibiotic resistance in Zanzibar. Her report improved our understanding of the Zanzibari context and will be used as an evidence base to inform our future interventions.

# Cervical Screening Programme

## BACKGROUND

Cervical Cancer is one of the most pressing women's health issues globally, despite being largely preventable through HPV vaccination, regular screening and the treatment of precancerous lesions. In Uganda and Tanzania, cervical cancer contributes to over 80% of all female malignancies and is the leading cause of cancer-related deaths, mainly because of late presentation and delays in receiving appropriate treatment. Both counties have implemented a national roll out of HPV vaccinations for several years, however there is typically low uptake and coverage. Other problems affecting cervical screening programmes are a lack of trained staff, sociocultural factors (including a lack of public awareness), and lack of quality-assured screening programmes. Most existing screening programmes lack functional referral systems and do not reach target populations.

Knowledge for Change developed its first Centre of Excellence for cervical screening and treatment at Kagote Health Centre III in Fort Portal (Uganda) in 2017 and went on to expand this to 4 other health facilities in Fort Portal (Bukuuku, Kataraka and Kasusu Health Centres and Fort Portal Regional Referral Hospital) with funding support from UKAid, and also to Kasangati Health Centre in Kampala (Uganda).

## ACTIVITIES IN 2024

K4C's service model takes a holistic approach to maximise sustainability and efficiency. All women between the ages of 25-60 can access our free of charge screening and treatment services.

K4C utilises innovative technology to deliver cervical screening and treatment services. MobileODT 'Enhanced Visual Assessment (EVA)' devices are used to ensure high quality screening and access to telemedicine support from UK based cervical

screening specialist doctors and Liger 'cold-coagulation' devices are used for the treatment of any pre-cancerous lesions identified. Both devices are rechargeable and do not require consumables which improves their sustainability. Any women identified with cancerous lesions are referred to a Regional Referral Hospital for a biopsy and further diagnosis, treatment and management.



Angela (K4C Midwife) explaining the Enhanced Visual Assessment (EVA) cervical screening device to Parliamentary Ministers and local leaders.

Our 'one stop' Point of Care screen and treat services are fully integrated into government health centres, enabling women to access the services free of charge and at local health centres that they know and trust. This has hugely expanded uptake and access for cervical screening across the areas that we work. An extensive awareness raising campaign in the community was enabled by GIS mapping, developed by K4C's longstanding project manager Allan Ndawula as his Master's degree research project. Combined with regular local radio broadcasts and ongoing targeted engagement with local HIV clinics and maternity departments, this has dramatically increased uptake of the service.

## ACHIEVEMENTS TO DATE

K4C’s staff and professional volunteers have been actively involved in direct delivery of the services and have also played important roles in providing comprehensive training to relevant local staff. Since establishing our initial screening and treatment services in 2017, K4C has trained over 100 doctors, nurses and midwives in Uganda in cervical screening and treatment. Our teams have directly screened over 4000 women and treated over 250 women for pre-cancerous lesions from across Kabarole and Wakiso Districts. Over the last 12 months, we have screened 586 women and treated 36 women for pre-cancerous lesions. An additional 18 women were referred for a biopsy and/or further treatment. Approximately 83% of the women screened have been HIV+. We have specifically targeted HIV+ women as they are at higher risk of developing cervical cancer.

The vast majority of women that accessed our screening and treatment services would not have otherwise had access to such services, and as a result may have gone on to develop cervical cancer.

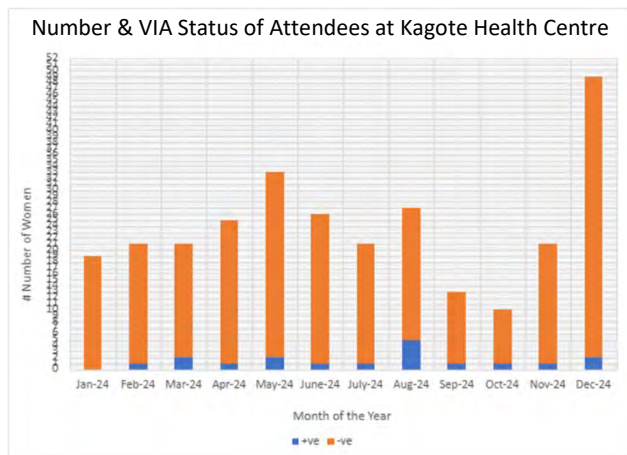
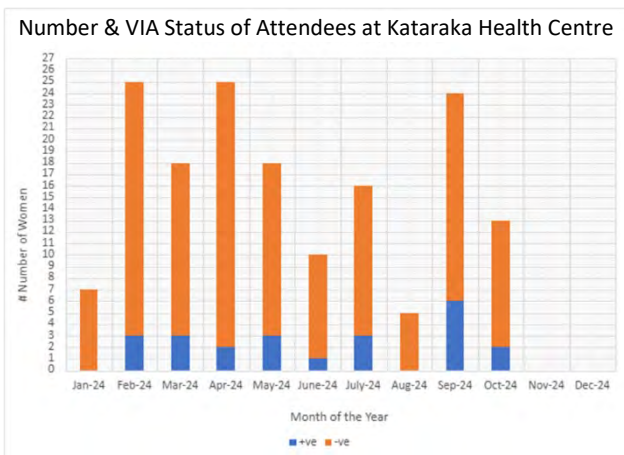
## PLANS FOR 2025

The success of our service model has led us to apply for further funding to upscale it to additional health facilities, including our newer partner sites in Tanzania and Zanzibar, in 2025.

Current service provision in Zanzibar is extremely limited, with the 1 existing publicly available screening service due to close in 2025 to allow for the health facility to be renovated. We are planning to implement an extensive awareness raising campaign across both countries to improve uptake of preventative screening services, particularly amongst HIV negative women, as many women currently only access services if they notice symptoms, by which time it can often be too late.

We are also planning to pilot a new model of screening device which is AI enabled to better support clinical decision making. The new models are currently completing the final stages of clinical trials, so we expect them to become available towards the end of 2025.

Separately, we are planning to apply for external grant funding to improve the efficacy of the national Human Papillomavirus (HPV) vaccination programs in Uganda and Tanzania. HPV vaccination is a highly effective method of preventing cervical cancer (as well as some other types of cancers), however uptake rates remain low for many reasons. These include lacking parental education, various misconceptions and vaccine hesitancy, cultural beliefs and the fact that existing vaccination programs run through schools, however many children (and particularly girls) are not enrolled in school in Uganda and Tanzania and so are not captured.



The graphs above show the numbers of women screened and their VIA status at 2 of the health facilities where our cervical screening and treatment services operate (Kagote and Kataraka). We also screened 112 women at Kasangati Health Centre in Kampala (Uganda), of whom 31% were HIV positive and 7.2% were found to be VIA positive.

# The Environment and Impacts of Climate Change on Human Health

## BACKGROUND

Knowledge for Change recognises the direct and growing impact that climate change and the environment that people live in can have on their health and wellbeing. For example, there is strong evidence that climate change is leading to an increasing risk of tick-borne diseases in Uganda, which formed the basis of one of our recent projects.



Local vets and K4C funded researchers collecting ticks from cattle to analyse their pathogens

Environmental factors can also have a strong impact on human health; one recent area identified by K4C is the impact that cooking on open charcoal fires can have on respiratory health, particularly of women who do the vast majority of cooking in the Ugandan and Tanzania contexts and also their children who will often be present in the kitchen area. Another area we identified is the risk of having livestock co-located with human accommodation and shelter; many people in Uganda rear chickens which often wander into living areas and spread harmful

bacteria, for example from their faeces, which can cause both minor and severe illnesses.

In 2022, we hosted 9 Fellows via the CSC's theme of "Clean Energy, Clean Oceans and Clean Air". Each undertook bespoke training programs looking at promoting solar power, healthy and environmentally friendly cooking methods and effective governmental environmental policies.

## ACTIVITIES IN 2024



K4C Builder (Peter) constructing a new Lorena Stove for a family in Fort Portal (Uganda)

We continued our project on tick borne disease throughout 2024 in partnership with the University of Salford. We also piloted the construction of 6 Lorena stoves in households around Fort Portal (Uganda) to evaluate users' experiences, calculate cost savings from reduced wood usage, and use this to assess local demand for self-funding the stoves in their households based on the potential for long-term cost savings and improved health outcomes.

## PLANS FOR 2025

We will continue our project work on tick borne disease and the impacts of climate change on human health. We are also developing new and exciting research (in collaboration with the University of Salford) into the impact that international travel undertaken by academics, project managers and volunteers has on the climate, particularly in relation to carbon footprints. The research plans to evaluate the different types and purposes of travel being undertaken by different organisations and individuals, and measuring their resulting net carbon dioxide emissions. The aim is to guide future policy for funding bodies, Universities and Charities.

# Commonwealth Professional Fellowships

## BACKGROUND

The Professional Fellowship scheme (facilitated by the [Commonwealth Scholarship Commission](#)) funds mid-career professionals from LMICs to come to the UK to develop their skills and knowledge in a topic relevant to their professional field. Selected Fellows participate in a 3-month intensive training programme and upon their return home use their newly acquired knowledge to effect positive change in their areas of interest. K4C and its partners have hosted over 120 Fellows since 2011 from a variety of professions including nurses, doctors, midwives, allied health professionals, social workers, engineers, policymakers, hospital administrators and climate change activists.



*Dr James Ackers-Johnson (K4C Programme Coordinator) hosting the CSC's Annual Professional Fellowship Conference*

The fellows have travelled from our partner organisations in Uganda/Tanzania to the UK for between 1 and 6 months to complete educational courses (such as diploma, undergraduate and Masters level modules), to enhance their knowledge, experience and skills through practical sessions and to build professional networks through attending workshops and conferences. K4C designs and

coordinates the structure of each Fellowship programme to meet a specific need that has been identified in advance, and many of these link to K4C's on-going programmes of work.

Each Fellow receives financial support from the Commonwealth Professional Fellowship Scheme which funds all their travel, visa, accommodation, subsistence and course costs.

## OUR ACTIVITIES IN 2024

Knowledge for Change hosted 8 colleagues from Uganda, Tanzania and Mozambique for 3 months between February and May 2024 through the 2 separate themes described below:

### **Theme 1: The role of diabetes self-management in Amputation-Reduction Strategies in Low- and Middle-Income Countries.**

- 1) Stella Bonabaana, Midwifery Lead, Knowledge for Change, Kasangati Health Centre, Kampala
- 2) Jane Mbabazi, Clinical Officer (IN-Charge) Kagote Health Centre, Uganda
- 3) Hasan Mhunzi, K4C Nurse Mnazi Mmoja Hospital Zanzibar
- 4) Dr Ahlaam Amour, Medical Lead and Head of Research, Mnazi Mmoja Hospital, Zanzibar

This theme focused on training a multi-disciplinary team to develop a preventive and contextually relevant version of Manchester's "Amputation Reduction Strategy". Diabetes is fast emerging as the primary cause of lower-limb amputation in LMICs. Diabetic Foot Ulceration (DFU) and resulting limb loss represents a major fiscal threat to public health systems and has catastrophic consequences for livelihoods.

The Fellowships built upon and integrated programs of work arising from two highly successful previous Fellowship Programs (on wound care and prosthetic limb manufacture). Fellows joined nursing modules on Tissue Viability, Leg Ulcer Management and Diabetes Complications in the Management of Marginalised Groups. The team combined this learning with on-going workshops to co-design a new approach to Community-Based Diabetes Clinics. This work began to develop once Fellows returned home with plans for new clinics to be established in both Uganda and Zanzibar.

**Theme 2 (in partnership with the University of Salford): Building Supply Chains in LMICs as the basis for sustainable health systems strengthening and local manufacture.**

- 5) Richard Isingoma (Project Manager and Service User/Limb Buddy Medical Research Council Research Study on Upper Limb Prosthetics)
- 6) Winnie Matovu (Procurement Lead, Katalemwa Child Development Centre, Kampala)
- 7) Aladino Manhica, National Medicines Regulatory Authority, Mozambique
- 8) Stanslaus Saria, Prosthetist and Lecturer, Muhimbili University of Health & Allied Sciences

This theme built on Professor Ackers' (K4C Chairperson & Research Lead) work on supply chains in the manufacture of prosthetic and orthotic devices in Uganda. Supply chains are overlooked in global health as the focus is on medical 'treatment'. COVID-19 drew public attention to the role of supply chains in health systems. Professor Ackers' work on laboratory strengthening during COVID-19 focused attention on the stark impacts on LMICs. Overseas Development Assistance has had the unintended consequence of undermining supply chain development (through reliance on donations). This, in turn, undermines the potential to build manufacturing capacity and local supply chains in essential drugs, devices and consumables.

The multi-disciplinary, cross-national team of Fellows worked together to identify 'low-hanging-fruits' in supply chain development supporting a model for scale-out to other contexts/products. Building on K4C's ongoing complex intervention work in Uganda and Zanzibar, we focused supply chain development on a specified range of commodities (orthotics; IPC consumables, wound dressings and antibiotics).

Fellows visited a wide range of UK companies and organisations supplying materials for Prosthetic and orthotic manufacture, joined prosthetic clinics and visited STAND, one of K4C's lead partners supplying second hand prosthetic componentry to LMICs.

*"The CSC Fellowship at Knowledge for Change exceeded my professional expectations. From the moment I arrived, their kindness and support were evident, guiding me throughout the entire fellowship journey. The program exposed me to cutting-edge technologies in prosthetics and orthotics, providing real-time insight into advanced practices in the UK. The flexible structure of the program helped me to develop both technical and soft skills. Their partnership with the University of Salford gave me unlimited access to peer-reviewed journals and research resources, which greatly supported my academic growth. Attending conferences and networking with experts broadened my perspective and inspired my work back home. Since completing the fellowship, I have remained in contact with the team and continue to explore further collaboration opportunities."*

Stanslaus Francis (Lecturer in Prosthetics & Orthotics, Muhimbili University of Health and Allied Sciences)

All Fellows from both themes actively participated in the National Diabetes UK Conference and the African Health Summit, as well as joining relevant teaching sessions at the University of Salford and the University of Greater Manchester's MBA in Global Healthcare Management Program. Both of the Fellowship programme themes were extremely successful and yielded positive learning outcomes for all of the fellows. K4C maintains a close relationship and provides on-going support for Fellows when they return to their home country, and many continue to support our projects longer-term.





*K4C and University of Salford Fellows, along with Professor Louise Ackers (K4C chairperson) and 2 students from the University of Greater Manchester's MBA in Global Healthcare Management Program*



*"I would like to express my sincere gratitude for the professional scholarship I received from the Commonwealth. I am very grateful!"*

*The central theme of the course was to strengthen the capacity to manage the supply chain linked to health services in developing countries, and I learned a lot. The course was important because it aimed to enable countries with limited resources, such as Mozambique, to drive frugal innovations and design practical, inexpensive and sustainable products, methods and services for the African context.*

*During the training, the course mentors from Knowledge for Change and the University of Salford demonstrated that Africa can innovate with practical solutions, such as health technologies, that can minimise the impact of physical disabilities through orthopaedic solutions for people with amputated limbs, for example. This is an example of the logic and problem-solving capacity of frugal innovation.*

*The programme was facilitated by Knowledge for Change and included three months of practical exercises and seminars at various levels at the University of Salford's School of Health and Society in Manchester. We had regular classes where we learnt about experiences and went on field trips in the UK. Based on knowledge mobility, we learnt that Africa has something to share with the UK — something that was previously unthinkable. We also had regular lessons on specific diseases, such as diabetes, and the need to strengthen prosthetics and orthopaedics".*

**Aladino Manhiça, Health Policy Specialist & Partnerships Manager, National Medicines Regulatory Authority, Mozambique**

# Type-2 Diabetes Prevention & The NEEDS Programme

## BACKGROUND

Around 436 million adults across the world live with diabetes and prevalence continues to rise, especially in Low- and Middle-Income Countries (LMICs) where approximately 80% of adults with diabetes are located. In many LMICs, including those in Sub-Saharan Africa, diabetes is often poorly managed. For example, as many as 89% of diabetes patients in Uganda are undiagnosed or are not on medication for diabetes management. Many patients go on to develop complications such as diabetic foot ulcers, leading to higher rates of lower limb amputations, and increased mortality. However, with proper care and management, type-2 diabetes can be managed and deterioration of the condition, including the development of diabetic ulcers, can be prevented.

K4C's Type-2 diabetes prevention programme began in Fort Portal (Uganda) in March 2023 with the following 2 key objectives:

- 1) To establish a high-quality, nurse-led diabetic foot clinic for adults with type 2 diabetes.
- 2) To develop an effective educational self-management programme for patients to improve their ability to manage their type-2 diabetes.

Our goal was to improve the availability and quality of services for patients to prevent deterioration of their condition, reduce the development of diabetic foot complications (such as diabetic foot ulcers) and resulting amputations. As with many K4C interventions, our diabetes self-management programme was primarily designed as a preventative intervention, and therefore focused on patients who were not yet insulin dependent and had not yet developed advanced foot ulcers.

The team followed a task-shifting approach to create a model for nurse leadership in the multi-disciplinary management of diabetic foot complications. Ethical approval was sought from the University of Salford and Mbarara University of Science and Technology.

## ACTIVITIES IN 2024

We followed a multi-method approach to coproduce a nurse led, culturally congruent, frugal, and sustainable education intervention and diabetic foot screening service. This involved the combined analysis of:

- 1) Facility-based data to characterise patient populations.
- 2) A scoping review of the literature to establish the components of successful nurse-led Diabetes Self-Management Education (DSMEs) (Sajiith et al., 2024).
- 3) A 'kick-off event' with stakeholders from the Ministry of Health, service users, clinicians and healthcare managers.



We called our new DSME programme 'NEEDS' (Nutrition, Education, Exercise, Drugs and Self-management). Two of our K4C nurses were based at the weekly diabetic outpatient clinic to support knowledge transfer between staff, improve record keeping and provide direct services to patients. We procured essential equipment such as Dopplers and

monofilaments to test patients for peripheral neuropathy.

In terms of training, the team focused on co-producing high quality, contextually relevant materials that were immediately relatable by users in Uganda with low levels of formal education, complex health beliefs and poor health literacy. Culture proved a strong driver of beliefs and behaviours both around nutrition, exercise, fasting but also witchcraft (Ackers et al., 2025).

We began a series of pilot delivery cycles. After each cycle of delivery, a period of reflexivity was built into the process to enable continuous improvement. Changes were made to deliver the programme in the local language (Rutooro, rather than English) and sessions became more interactive including the use of a Fitness Instructor and Nutritionist. Posters and leaflets were created to meet the health literacy needs of the participants.

A total of 34 adults completed our pilot NEEDS Programme and attended the DFU prevention clinic. We ran a mixed method evaluation of the programme, with findings suggesting statistically and clinically significant improvements in HbA1c with a reduction for 72% of participants (Mean -  $1.04 \pm 2.05$ ,  $t(32) = 2.901$ ,  $p = 0.003$ ). For 48% of participants HbA1c was reduced to below 7% representing change equivalent to efficacy seen in drug trials. Participants also showed an increase in self-management activities, and reported how they had become advocates and champions of a healthy lifestyle to family, friends and work colleagues. Many reported that the previously held view of diabetes being a 'death sentence' had been lifted.

## PLANS FOR 2025

The impact of this programme so far has been very positive, so we plan to upscale it to our other partner health facilities in both Uganda and Tanzania during 2025. We are also planning to pilot a community-based version of the programme to assess its viability at health centre (as opposed to hospital) level in Uganda, in line with the Uganda Ministry of Health's recently updated strategic plan which aims to promote more community-based services.

The success of the programme has been highlighted by Bolton NHS Foundation Trust, who have expressed interest in partnering with K4C and the University of Salford to pilot a UK version of the NEEDS programme in the UK. This would mark an interesting opportunity for 'frugal innovation' for the benefit of the UK NHS.



Colleagues from K4C (UK, Uganda and Tanzania), the University of Salford and Mnazi Mmoja Hospital (Zanzibar) attending a stakeholder engagement workshop in Fort Portal (Uganda) for the NEEDS Programme

## PROJECT FUNDED BY:



# Infection Prevention & Control (IPC)

## SUMMARY

Sepsis is one of the most common causes of death of patients in Uganda. Many infections that lead to sepsis are contracted within health facilities and can be avoided by implementing Infection Prevention and Control (IPC) measures and making relatively small investments in hospital equipment and infrastructure, such as sinks and washing facilities.

Over the last 5 years, K4C has run several capacity building and infrastructural development projects across multiple health facilities in Uganda and Tanzania, covering various aspects of IPC including hand hygiene, antimicrobial stewardship and surgical safety. For example, we have provided running water to more than 40 hospital wards by fitting new (or fixing existing) sinks and plumbing systems. This work was of even higher priority during the Covid-19 pandemic and more recently during outbreaks of Ebola and Marburg Haemorrhagic Fever.

## ACTIVITIES

Throughout 2024, our hand gel project provided free supplies of locally manufactured alcohol hand sanitiser to 3 public health facilities and 1 primary school in Fort Portal (Uganda). We have also sold it at cost price (not for profit) to other charities and not-for-profit health facilities in the area.

We have also purchased various equipment such as autoclaves (for sterilising medical equipment), rubber mattress covers, delivery beds and drugs trolleys and have invested over £4,000 in renovating hospital and health facilities to reduce infection risks via our Neonatal Sepsis Project.

We had previously identified inadequate IPC measures as a key contributing factor to antimicrobial resistance in Uganda during our Antimicrobial Stewardship Project. This year it was

again highlighted as a key cause of neonatal sepsis during the scoping phase of our Neonatal Sepsis Project and went on to form a core component of our training packages that are currently under development. More information about this project can be found on page 31.

Other IPC related activities undertaken during 2024 include ongoing training and mentoring provided by our professional volunteers across all of our partner health facilities. Their training covered a wide range of areas including surgical safety (for example implementing the WHO safe surgery checklist), hand hygiene, appropriate cleaning and decontamination of medical equipment, antibiotic prescribing practices, improved operative techniques (for example transverse c-section) amongst others. Our volunteers also implemented new and existing policies, protocols and guidelines to further support staff clinical practice.



Local staff at Kasangati Health Centre (Uganda) learning how to manufacture Jik (a hand sanitiser and bleach used in health facilities)

# Neonatal Sepsis Project

## BACKGROUND

Sepsis is one of the key causes of neonatal morbidity and mortality in Uganda and Tanzania, accounting for between 9% and 15% of all neonatal deaths. Building on the success of our Maternal Sepsis Intervention, we successfully applied to Global Health Partnerships (GHP, formerly THET, funded by NHS England) for £50,000 to begin a new project focusing on reducing neonatal sepsis rates in our partner health facilities in Kasangati and Fort Portal (Uganda). Our 'Neonatal Sepsis Project' officially started in January 2024 and will run until June 2025. Although the remit of the official project funding only covered work in Uganda, we used other internal funding to extend the project to our partner facilities in Zanzibar too.

The primary aim of the project is to create an 'orientation training package' for all existing and new staff at the hospitals and health centres, especially intern doctors, nurses and midwives. Some aspects of the training package could eventually be rolled out to other hospital staff including pharmacists and allied health professionals, as well as later being incorporated into the teaching at our partner nursing and medical schools. The orientation package will focus on 6 key areas:

1. Infection prevention and control
2. High quality, respectful maternity care
3. Patient management and referral pathways
4. The management of neonatal sepsis
5. Antimicrobial resistance
6. Administrative and operational challenges

The secondary aim of the project was to leverage and evaluate the reciprocal benefits to the NHS from engaging UK health workers in international development interventions, through their learning and personal and professional development.

## ACTIVITIES IN 2024

The funding for this project was received in March 2024, and we began working immediately to design

and implement its activities and objectives. Key activities and achievements for far include:

- The recruitment of 10 professional volunteer nurses, midwives and doctors to complete long-term (6+ month) placements in Uganda and Tanzania to conduct ongoing training and mentoring of staff, and a further 7 virtual volunteers to support from the UK.
- Conducting a WHO infrastructure audit at Fort Portal Regional Referral hospital and subsequently working with the hospital maintenance team to carry out repairs and install more hand sanitiser points. This was repeated later in the year.
- Facilitating 8 neonatal case review meetings at Fort Portal Regional Referral Hospital (FPRRH), 3 at Kasangati Health Centre and 5 at Mnazi Mmoja Hospital. These meetings involved the analysis of clinical cases of neonatal sepsis to identify gaps in care and develop targeted educational materials to enhance healthcare delivery. Each case was assessed for contributing factors including maternal history, delivery conditions, early signs of sepsis and treatment protocols.
- A training session in taking blood cultures and Infection Prevention and Control was arranged by K4C staff and laboratory staff for 22 clinicians (of different cadres) and students in Fort Portal.
- A training session in good vaginal examination practice was run in Zanzibar (Tanzania) and attended by 14 local medical, nursing and midwifery staff and students (image below):



- Background data collection and a benchmarking exercise were conducted at FPRRH: 1000 entries to the neonatal admission register formed a baseline data set. Data from 50 admissions to the paediatric neonatal 'annex' (where babies who have gone home and need readmission are sent) were also analysed.
- Our K4C staff and professional volunteers conducted 8 semi-structured interviews with postnatal women at FPRRH relating to respectful care.
- We have begun work on a referral pathway that can be used to guide staff in the referral and management of potentially unwell babies based on clinical symptoms.
- At Kasangati Health Centre (where there is no neonatal unit), there was no register or formal method of recording babies who had been treated for sepsis or for other concerns. K4C staff initiated a book to record the babies who had been treated for sepsis, and we have obtained a neonatal admission register to be used from 1st January 2025 to better record the work that is done caring for unwell neonates in this setting.
- Provision of basic monitoring equipment such as thermometers, blood pressure machines, fob watches, stethoscopes and weighing scales.
- Gaps in the health education provided to mothers during ante- and post-natal care which increased infection risks for their babies.
- Poor management and supervision of student medics and nurses, leading to poor and unethical practice such as conducting multiple unnecessary vaginal examinations.

The women interviewed by our staff and volunteers were generally very positive about the care they had received following the ongoing training and mentoring provided by our K4C staff and professional volunteers.

Feedback from the formal training sessions conducted in blood culture and sensitivity testing and infection prevention control was very positive and demonstrated strongly positive learning outcomes.

We have already seen an increase in staff taking vital signs when there is a concern for a baby across all our partner health facilities, due to improved availability of the essential medical equipment we've provided and improved awareness and skills of staff following training.

## RESULTS SO FAR

The case review meetings run at each partner facility have been instrumental in highlighting the current gaps in care and areas of need. These include (amongst other things):

- Delays in recognizing early symptoms of sepsis often led to critical complications.
- Limited access to diagnostic tools and appropriate antibiotics affected timely treatment.
- Gaps in aseptic techniques during delivery and postnatal care leading to infections.
- Poor documentation and taking of vital signs
- Inefficient patient referral pathways which cause delays to neonates receiving appropriate treatment.



Nurses and Midwives from Fort Portal Hospital (Uganda) attending training sessions run by K4C medical volunteer (Charlie, centre) on the blood culture procedure, identifying sepsis early, and obtaining prior verbal consent from a baby's parent or caregiver to ensure ethical caregiving.

## PLANS FOR 2025

We plan to continue running the case review meetings throughout 2025 as a form of ongoing professional development for the staff attending. We will also begin formulation, piloting and implementation of the orientation training package across each of our partner health facilities.

We have 5 Fellows travelling from Uganda to the UK for 3 months between February and May 2025 (supported by the Commonwealth Scholarship Commission) to undertake extensive training in neonatal sepsis. The Fellows include a doctor, a nurse, 2 midwives and a nursing lecturer from Mountains of the Moon University in Fort Portal. These Fellows will work with our partners at the University of Salford nursing school and our virtual professional volunteers to lead the development of the training package. We plan to pilot the package from April 2025 onwards, initially at FPRRH then rolling it out to Kasangati Health Centre and Mnazi Mmoja Hospital in Zanzibar.

Staff and volunteers in Uganda and Tanzania will continue with data collection where appropriate, help to facilitate the presentation of the pilot orientation package, and continue to model and encourage best practice in this area.

We are partnering with the head of laboratory at FPRRH, Moses Mulimira, who has a fellowship with the Flemming Fund. He will be relating his work to the neonatal sepsis project, and we are hoping our work can contribute to the formulation of an antibiogram for the neonatal unit.

Further details about our Neonatal Sepsis Project can be found in a more comprehensive report here:

<https://knowledge4change.org/projects-research/neonatal-sepsis-project/>



Theatre staff using hand sanitiser dispensers (newly installed by K4C) at Fort Portal Regional Referral Hospital (Uganda)

## PROJECT FUNDED BY:



Global Health  
Partnerships  
*FORMERLY THET*



# Rehabilitation & Supply Chains

## BACKGROUND

Limb amputations are far more common in LMICs such as Uganda and Tanzania. The most common cause is trauma as a result of road traffic accidents or conflict. Other common causes include congenital defects, infections, tumours and (increasingly) diabetes. Losing a limb can have severe repercussions on people's livelihoods as more people are reliant on physical activity to earn a living, for example through manual labour, farming and transportation. People's access to prosthetic or orthotic devices is extremely limited due to them being relatively expensive to design, manufacture and maintain. Additionally, there is no social security system to provide support for people living with disabilities.

K4C's focus on prosthetics and orthotics began in 2017, stimulated by a woman named Ninsiima who was a victim of domestic violence whilst being 8 months pregnant. As a result of the attack, Ninsiima lost both of her arms from the elbow down, however thankfully her baby was delivered successfully with the support of K4C's midwifery staff and volunteers. At this point, K4C embarked on a project (in partnership with the prosthetics department at the University of Salford) to provide Ninsiima with prosthetic arms to enable her to care of her 5 children and continue to earn a living through chicken farming. A fundraising campaign was setup and the project subsequently featured on [BBC World News](#).

Ninsiima's story highlighted the challenges faced by amputees in countries like Uganda. This led a team of researchers at the University of Salford to design a project aimed at developing fit-for-purpose, affordable and locally manufactured upper-limb prosthetic devices in Uganda (in partnership with K4C) and Jordan. The '[Fit-For-Purpose Prosthetics Project](#)' received £1.4M of EPSRC funding and ran from February 2018 through to January 2022.

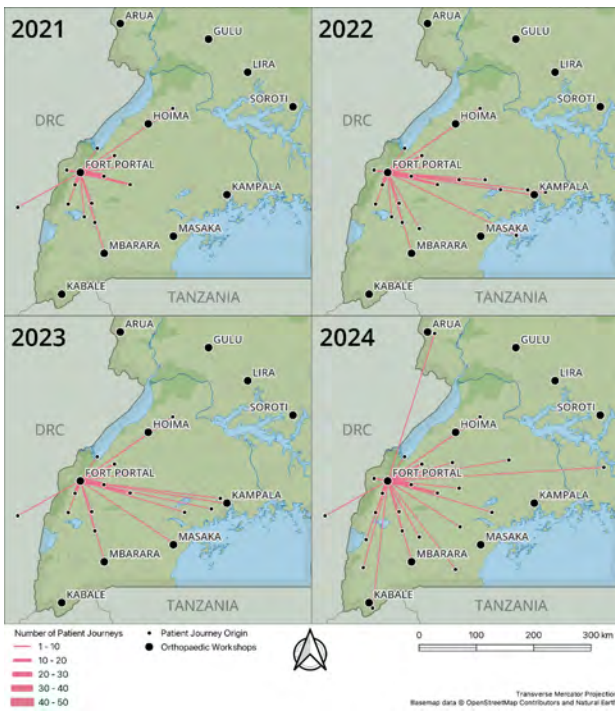
## REHABILITATION RELATED ACTIVITIES IN 2024

Since 2021, K4C has been working on an MRC funded project titled "Promoting Universal Health Coverage for Amputees through Social Enterprise and Engineering Innovation", in partnership with Makerere, Salford, Manchester and Aga Khan Universities. This exciting project was led by one of our K4C trustees (Dr Robert Ssekitoleko) and officially came to an end this year, culminating in the publication of a range of papers and a monograph. The key findings formed the basis of a Policy Report presented to the Ugandan Ministry of Health in a dedicated workshop event in November 2024 and several meetings of the group responsible for the development of the National Rehabilitation and Assistive Technology Strategic Plan.

We've also continued to grow our broader rehabilitation related programmes in both Fort Portal Regional Referral Hospital (Uganda) and Mnazi Mmoja Hospital (Zanzibar, Tanzania) through the employment of 3 orthopaedic technicians. Our staff in Fort Portal provide ongoing support for the 'Ninsiima Centre for the Rehabilitation of People with Disabilities' and the linked Paediatric Rehabilitation Department which K4C established in 2022 and 2023 respectively. 311 patients have accessed these services within the last 12 months, of whom 44% were under the age of 15 and 46% were female. 60 of these patients had their prosthetic devices funded in partnership with philanthropic YouTube star '[Mr Beast](#)'.

In Zanzibar, our orthopaedic technician (Maryam) supported over 300 clients that attended the Prosthetics & Orthotics Department, as well as 93 babies attending the club foot clinic, at Mnazi Mmoja Hospital over the course of 2024.

The map below illustrates the increase in distances that patients have travelled to attend our rehabilitation workshop in Fort Portal (Uganda) between 2021 and 2024, due to its positive reputation:



## SUPPLY-CHAIN RELATED ACTIVITIES IN 2024

In 2019, the World Health Organisation launched its ‘Rehabilitation 2030 Call for Action’. This stimulated the Ugandan Ministry of Health to commence an ambitious planning process to develop and implement the first Ugandan National Rehabilitation and Assistive Technology Strategic Plan. The Strategic Plan identified 3 ‘Key Actions’:

1. Collecting **information** to enhance health information systems
2. Building research capacity and expanding the availability of **robust evidence** for rehabilitation.
3. Establishing and strengthening networks and **partnerships** in rehabilitation, particularly between LMICs.

In direct response to these ‘Key Actions’, K4C has worked with research teams in Uganda and the UK to generate an evidence-based intervention model at Fort Portal Regional Referral Hospital (Uganda), leveraging funding from various sources including:

1. The UK’s Engineering and Physical Sciences Research Council (EPSRC) and National Institute for Health Research (NIHR) which provided funding through the UK Global Challenges

Research Fund for the “Fit-4-Purpose Body-powered prosthetics” project (EP/RO13985/1).

2. The UK’s Foreign, Commonwealth & Development Office (FCDO), the Medical Research Council (MRC) and the Wellcome Trust which funded the “Promoting Universal Health Coverage for Amputees through Social Enterprise and Engineering Innovation” project (MR/V015214/1).

3. The Tropical Health and Education Trust (now Global Health Partnerships) which funded our “Promoting Virtual Learning in Prosthetics” project.

K4C worked intensively in 2024 to support the development of the Ninsiima Rehabilitation Centre. This included extensive work on supply chains. An over-reliance on donations has stifled supply chains in Uganda and, in turn. Its capacity to manufacture prosthetic and orthotic devices. To the extent that limited supplies were available they were very limited in scope and expensive.

At the present time K4C is working closely with our partnership with STAND who continue to provide high-quality second-hand componentry for the manufacture of prosthetic legs (mainly feet, knee joints and pylons).

Supply chains are seen as central to any ‘market-shaping’ activities and the future for economic growth in LMICS. With this in mind K4C established a Social Enterprise approach to supply chain development in January 2024. In the first instance this has focused on researching supply opportunities, negotiating prices and transport arrangements to increase exposure to a wider range of technologies and materials whilst also pushing down the unit costs of P&O devices.

The Social Enterprise work is now established and beginning to deliver the planned-for economies of scale and price reductions:

The table below gives some examples of the progressive reductions in costs we’ve achieved over the course of the intervention (2021-2024) for manufacturing a prosthetic socket. The column headed “2024 SE (£)” is the further reduced cost at which we sell each item to facilities via our Social Enterprise:

Material	Quantity	2021 (£)	2024 (£)	2024 SE (£)	% Reduction
<b>Generic Items: Procured Internationally</b>					
Polypropylene (3mm)	¼ sheet	28.18	23.48	18.85	33%
EVA (4mm)	1 sheet	37.58	31.31	18.60	51%
Stump Socks	1 pair	12.43	12.43	3.79	70%
<b>Sub-total</b>		<b>78.19</b>	<b>67.22</b>	<b>41.24</b>	<b>47%</b>
<b>Ubiquitous Items: Procured Locally</b>					
POP Powder	10kgs	6.26	5.85	5.85	7%
POP Bandages	6 pieces	3.76	2.66	2.66	29%
Glue	500mls	2.51	1.96	1.96	12%
Rivets	4 pairs	0.84	0.84	0.84	0%
<b>Sub-total</b>		<b>13.37</b>	<b>11.31</b>	<b>11.31</b>	<b>15%</b>
<b>Total Cost</b>		<b>91.56</b>	<b>78.53</b>	<b>52.55</b>	<b>43%</b>

We're continuing to establish K4C as a key provider of materials for Uganda's P&O sector, and received a boost in October receiving \$30,000 of funding from philanthropic YouTube star 'Mr Beast' (through our Partnership with STAND) to underwrite the costs of providing 60 amputees with lower limb prosthetics.

We have also worked hard to put Upper Limb amputations on the Universal Health Coverage agenda, as these cases are often forgotten and service provision is sporadic and unreliable. Working in partnership with specialist teams from Salford University, our Medical Research Council funded project has tried and tested the use of a novel approach to upper limb prosthetics through the 'Koaala' upper limb, which is designed by a UK start-up. Our teams have piloted the use of 'Activity Monitoring' to assess the extent to which users actually wear their Koaala devices, for example how often and where they typically wear them.

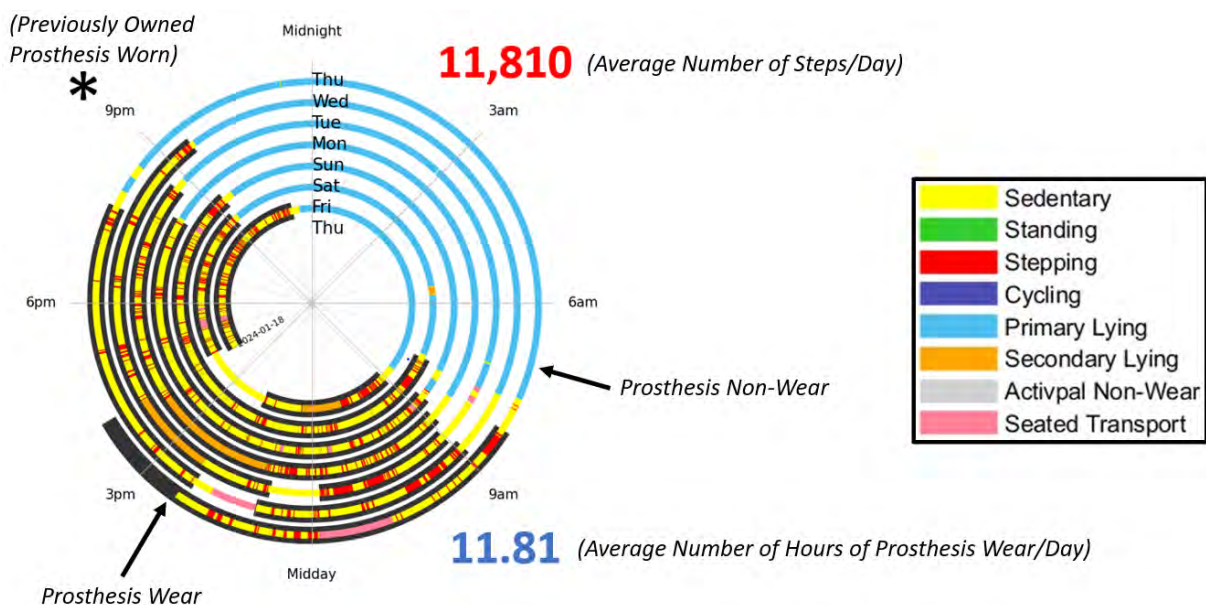
Capturing evidence of device use through activity monitoring helps to build advocacy in support of increasing government funding for rehabilitation services.

K4C has complemented this with interviews with patients using the Ninsiima Rehabilitation centre to assess patient satisfaction with services. A Report on this was presented to a meeting in Fort Portal attended by the Ministry of Health in November 2024. The Report included evidence of a progressive increase in the volume of patients and the distances they have travelled to receive free, high quality, public services.

### PLANS FOR 2025

K4C is planning to continue and expand upon all aspects of our rehabilitation programme in 2025, working closely with the Uganda Ministry of Health to support the implementation of the Ugandan National Rehabilitation and Assistive Technology Strategic Plan and continue to identify ways of supporting the delivery of Universal Health Coverage for people with Physical Disabilities.

We will also continue to expand our Social Enterprise to include additional essential devices and componentry for rehabilitation, and potentially equipment and consumables for use within other areas of healthcare.



Example of spiral plots showing synchronous prosthesis wear/non-wear and physical behaviours

# Respectful Midwifery Care

## SUMMARY

Uganda and Tanzania have some of the highest rates of maternal and neonatal mortality in the world. The Sustainable Development Goals framework focuses on improving Maternal Health through gender equality, human rights, empowerment and poverty reduction. Disrespectful care not only undermines women's human rights and disempowers them; it also results in poor levels of engagement with public services and damaging delays in accessing them. 99% of all maternal mortality occurs in LMICs; much of this is due to delays in women seeking care. In Uganda and Tanzania, it is not uncommon for women to receive verbal or sometimes physical abuse whilst giving birth in health facilities. Through empowerment of women and collaboration between healthcare staff, stakeholders, families and communities, we aim to improve the health and well-being of mothers and their babies.

Our Respectful Care programme began in 2018 when we received a grant of £20,000 from the Wellbeing of Women Foundation to research the challenges faced by mothers and staff during pregnancy and birth, and how levels of quality and respect could be improved within maternity care settings (the 'WeCare Project'). A publication containing the full WeCare project findings can be accessed for free using the following link:

[Ackers et. al \(2018\) "What price a welcome? Understanding structure agency in the delivery of respectful midwifery care in Uganda" International Journal of Health Governance \(2018\), 23 \(1\): 46-59](#)

## ACTIVITIES IN 2024

Throughout 2024, we have continued to implement the findings of our original WeCare project across all our partner facilities in Uganda and Tanzania. Our staff and professional volunteers have provided ongoing training and mentoring to support simple changes in practice, for example urging staff to greet mothers respectfully and introduce themselves by

name, allowing mothers their choice of birthing position, providing more information about procedures before beginning them and providing counselling and grieving care. Other interventions have included providing basic new equipment such as privacy screens and curtains, delivery beds and ward mattresses and supporting general maintenance of maternity units, including kitchen, toilet and hand washing facilities.

Implementing these simple, cost effective and sustainable interventions has greatly improved the provision of respectful and high-quality care received by mothers and has led to increasing numbers of women seeking care at our partner health facilities. For example, Kagote Health Centre now averages 45 births per month, compared to just 22 prior to our WeCare project.

We've also continued to integrate the findings from our original WeCare Project into other areas of care, for example our Neonatal Sepsis Project which includes a training focus on high quality maternity care to reduce infection risks for both mothers and their babies and advocates for improved post-natal health education. Within our Rehabilitation Programme, we've worked in partnership with Amputee Self-Help Uganda (ASNU) to improve access to high quality services and reduce disability related stigma for amputees.



Tiggy (Midwife) following a successful triplet delivery, midway through her 2-year placement with K4C in Fort Portal (Uganda).

# Child Welfare, Education and Supporting Local Community Based Organisations

## BACKGROUND

Knowledge for Change not only runs its own projects but also supports several local, independent Community Based Organisations (CBOs) with similar organisational objectives to our own. Most of these CBOs are relatively small but are highly experienced in their respective fields and run extremely beneficial projects supporting the health and educational needs of local communities. The areas of focus of these CBOs are varied and include women and children's empowerment, mental health services, family planning, HIV screening and counselling, caring for children with physical and mental disabilities, climate change and animal wellbeing.

In terms of education, over 57 million children of primary school age remain out of school worldwide, and more than half of these children live in sub-Saharan Africa. According to Ugandan and Tanzanian legal frameworks, all children should be given free and accessible education, however there are significant discrepancies between policy and practice. For example, the 2024 Uganda Population Census suggests that 65% of adolescents (aged 10–19) had only received 'some primary education' and 15.4% had received no education at all. 77% of girls aren't enrolled in secondary school, and our own research in the Kabarole District of Uganda found that 82.4% of children with disabilities were reported to be out of school.

The reasons for poor school attendance and high drop-out rates are very complex and include political factors (such as lacking demographic data and

funding), physical barriers (such as inadequate infrastructure and a lack of assistive devices and transport) and social/cultural barriers (such as period poverty, gender disempowerment and lacking understanding and awareness of disabilities within wider society). The problem was exacerbated by the Covid pandemic, during which Uganda had the longest school closures in the world, which further increased drop-out rates, especially for disadvantaged girls and disabled children.

Despite being primarily a health focused organisation, K4C recognises the importance of education and the negative impact that poor access to education can have on a child's life opportunities, economic empowerment and subsequently their health needs. We expanded our activities to include primary education in 2018, focusing initially on improving access to education for disabled children, in recognition of the additional challenges faced in this area and the closer link to our experience and capacity in physical and mental health.

## ACTIVITIES IN 2024

Throughout this year, K4C has supported our partner CBOs in various ways including providing direct finance, building staff capacity, promoting joint research collaboration and offering use of our office facilities and human resources. Some key activities are listed below:

### **1) *Assessing Adolescent Mental Health***

Data on the mental health of adolescent children is very limited in Uganda and Tanzania, which inhibits our understanding of the problems that exist and the ability to establish appropriate and effective interventions. Therefore, working in partnership with the Liverpool School of Tropical Medicine (LSTM, UK) and a local NGO "Fort Healthy Minds", we conducted a cross-sectional survey with 263 students aged 15 years and above from two secondary schools in Fort Portal (Uganda). The findings were astounding and highlighted a substantial mental health burden, exceeding previous national and regional estimates. Girls reported significantly higher levels of depression (64.5%) and anxiety (46.2%) than boys (51.0% and 33.0% respectively). Worryingly, in the past year, 22.6% of students had tried to harm themselves with

the intention to end their lives. Novel insights were obtained with regards to differential developmental trajectories of mental health by sex: symptom levels of anxiety increased amongst girls after age 16, whilst they remained stable in boys.

The results of this pilot study highlighted the urgent need for contextually appropriate, gender-sensitive mental health interventions in Ugandan schools, informed by in-depth and longitudinal exploratory research. We are planning to use the findings to apply for funding to guide development of an effective intervention in 2025.

## **2) Efficacy of School Based HPV Vaccination Programmes**

Human papillomavirus (HPV) is a common sexually transmitted virus which rarely has symptoms and usually clears up on its own. However, some strains are a key risk factor for certain types of cancers, most notably cervical cancer for women. HPV vaccination is an effective way of preventing HPV and cervical cancer, and is widely available worldwide including in Uganda and Tanzania. However, HPV vaccination rates remain relatively low despite both countries having active vaccination programmes. Existing (limited) research attributes this to poor health literacy/awareness, general attitudes to immunisation exacerbated by cultural/religious factors and growing vaccine hesitancy. Moreover, vaccination is mainly delivered through school-based outreaches, however many girls aren't enrolled in a secondary school which greatly limits efficacy.

K4C is keen to develop interventions to increase HPV vaccination rates, as part of our wider efforts to prevent cervical cancer through our screening and treatment services. As a first step, we worked with one of our Masters students (Mari Wigaard) to conduct a qualitative study into the challenges facing the Zanzibari government's HPV vaccination program. Our findings suggested complex cultural beliefs and substantial knowledge gaps among both health workers and local populations which increased parental hesitancy. We are planning to use this study to apply for grant funding to guide development of an effective intervention in 2025.

## **3) Rehabilitation and Assistive Devices**

As part of our wider rehabilitation programme, we continued to provide essential rehabilitation services and assistive devices to children with physical disabilities to improve their quality of life and support them to return to school. The paediatric rehabilitation centre that we constructed at Fort Portal Regional Referral Hospital in 2023 has been a key element of this work, as well as our other partner rehabilitation departments at Katalemwa Cheshire Home (Kampala, Uganda) and Mnazi Mmoja Hospital (Zanzibar, Tanzania).

## **4) Domestic and Gender-Based Violence**

Our 'Fit-for-Purpose Prosthetics Project' and wider Rehabilitation Programme highlighted that one of the main causes of upper-limb loss for women in Uganda was domestic and gender-based violence, largely due to the prevalence of machete attacks. We've previously reported on our work with Ninsiima, a double amputee who was herself a victim of a machete attack by her husband following a domestic dispute. We learnt through speaking to Ninsiima and other similar women that not only are such attacks worryingly common, but that they often go unpunished due to weak criminal courts, corruption, poor levels of community awareness and education, relatively disempowered women and deeply embedded 'himpathy' within the country's patriarchal society.

Women that are victims of domestic or gender-based violence often lack essential physical and mental rehabilitation and support services. We established our 'Ninsiima Centre for the Rehabilitation of People with Physical Disabilities' in 2022 to provide physical rehabilitation services. In 2024, we have augmented this with psychosocial support services for women, working in partnership with 'Fort Healthy Minds'.

## **PLANS FOR 2025**

We will continue to support all of our existing CBO partners in Uganda throughout 2025. We are also planning to develop new partnerships with CBOs based in Zanzibar (Tanzania) with a particular focus on community based mental health.

# University Education and Teaching

## BACKGROUND

For several years, Knowledge for Change has supported the development, delivery and continuous improvement of university diploma and degree level education programmes in both the UK and Uganda. In the UK, our trustees, staff and volunteers regularly deliver teaching sessions on several University degree and masters level programmes, based on the activities and research we undertake in Uganda and Tanzania.

In Uganda, we have worked closely with Makerere, Kyambogo, Mountains of the Moon and Great Lakes Universities to establish various degree programmes, for example the degree in Biomedical Engineering at Kyambogo University (Kampala) and the degrees in Nursing and Midwifery at Mountains of the Moon University (Fort Portal). Our staff and volunteers have been involved in curriculum development, the design of learning materials and co-delivering teaching sessions. They also supervise students completing practical placements at our partner health facilities.

## ACTIVITIES IN 2024

We continued our drive to deliver high quality University level education programmes throughout 2024. In the UK, our trustees, staff and volunteers have taught on the following programmes:

- 1) The University of Salford's Nursing, Geography, Social Policy and Prosthetics and Orthotics degrees.
- 2) The University of Greater Manchester's MBA in Global Healthcare Management.
- 3) Liverpool John Moore's University's paramedic science degree.
- 4) The London School of Tropical Medicine's Postgraduate Diploma in Tropical Nursing.

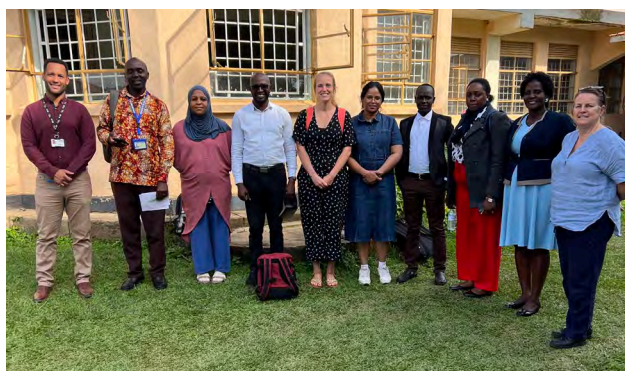


*"We're proud to work with Knowledge for Change to widen access to the Professional Diploma in Tropical Nursing, supporting nurses in low-resource settings to strengthen their skills and impact."*

*K4C staff have contributed extensively to the programme – shaping content to reflect contemporary nursing practice, teaching and facilitating sessions, advising students on careers, and engaging in listening events. We deeply value their expertise and constructive input".*

**Katie Beck, Director of Diploma in Tropical Nursing, London School Hygiene and Tropical Medicine**

In Uganda, we've continued to support Mountains of the Moon University (MMU) in partnership with Salford University through our British Academy funded 'Writing Workshops Programme'. This aims to improve the writing skills of academic staff and support their professional development, leading to successful grant applications and publications. It launched in September, with 4 staff from K4C and the University of Salford travelling to Fort Portal to run the 1<sup>st</sup> of 3 scheduled workshops, providing training to 12 academic staff from MMU.



K4C, University of Salford and MMU staff attending our first 'Writing Workshop' in September 2024.

## PLANS FOR 2025

We plan to continue developing our existing University partnerships throughout 2025, as well as establishing new University partnerships in Zanzibar (Tanzania). We also look forward to progressing our British Academy funded 'Writing Workshop' project.

# Publication and Dissemination of Global Health Research

## SUMMARY

Our experience of designing and implementing the above projects, along with their respective impacts, outcomes and findings, are used to inform our research. This research enables us to constantly analyse and refine our charity's activities to maximise our efficiency and effectiveness.

We also present our research at national and international conferences and policy meetings and publish findings in Open Access books and articles. This helps us lobby for positive changes to policies at organisational, regional and national levels in the UK Uganda and Tanzania to improve the way organisations and governments carry out global health and international development activities.

## ACTIVITIES

In collaboration with various partners, we've published several books and journal articles in recent years, some of which are detailed here, and most can be accessed for free online:

### Antimicrobial Stewardship:

Ackers, H.L., Ackers-Johnson, G., Welsh, J., Kibombo, D. and Opi, S. (2020) *"Anti-Microbial Resistance in Global Perspective"*, Palgrave. (<https://link.springer.com/book/10.1007/978-3-030-62662-4>)

Ackers, H.L., Ackers-Johnson, G., Seekles, M., Odur, J. and Opi, S. (2020) *"Opportunities and Challenges for Improving Anti-Microbial Stewardship in Low- and Middle-Income Countries; Lessons learnt from the Maternal Sepsis Intervention in Western Uganda"*. *Antibiotics* 2020, 9, 315; doi:10.3390/antibiotics9060315. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7345100/>)

Ackers-Johnson, G; Kibombo, D; Kusiima, B; Nsubuga, M. L; Kigozi, E; Kajumbula, H. M; Kateete, D.P. Walwema, R; Ackers, H. L; Goodhead, I B; Birtles, R. J. & James C. (2020 –

preprint) *"Antibiotic resistance profiles and population structure of disease-associated Staphylococcus aureus infecting patients in Fort Portal Regional Referral Hospital, Western Uganda"*.

<https://doi.org/10.1101/2020.11.20.371203>

Welsh J and Ackers L. (2022) *"An exploration of midwives' understanding of antibiotic resistance and stewardship in Uganda"* *African Journal of Midwifery and Women's Health*. <https://doi.org/10.12968/ajmw.2020.0028>

### Biomedical Engineering:

Oshabaheebwa, S., Ssekitoleko, R.T., Namuli, L.K., Tusable, M., Nantume, J., Ackers, H.L. (2020) *"Enhancing skills to promote the utilization of medical laboratory equipment in low resource settings"*. *Health Policy and Technology* <https://doi.org/10.1016/j.hlpt.2020.01.001>

### Cervical Screening:

Auma, J; Ndawula, N; Ackers-Johnson, J; Horder, C; Seekles, M; Kaul, V; Ackers, H (2023) *"Task-shifting for point-of-care cervical cancer prevention in low- and middle-income countries: a case study from Uganda"* *Frontiers in Public Health*, 11. (<https://doi.org/10.3389/fpubh.2023.1105559>)

### Family Planning:

Gualeni, B. et al. (2021) *"Human-centred design of a new microneedle-based hormonal contraceptive delivery system [version 2; peer review: awaiting peer review]"* *Gates Open Research*, 5:96. <https://doi.org/10.12688/gatesopenres.13233.2>

### Infection Prevention & Control:

Ackers, H. L.; Ackers-Johnson, G.; Mugahi, R.; Namiiro, R. (2024) *"Compassion versus Infection Prevention and Control in Hospital Visiting; a False Dichotomy? A Case Study of Informal Caregiving in a Ugandan Regional Referral Hospital"* *Open Journal of Social Sciences*, 12 (6) DOI: 10.4236/jss.2024.126020

### International Development:

Ackers, H.L., Seekles, M., Horder, C. and Nantamu, M. (2019) *"The Impact of Research Council Funding on International Development"* (Unpublished Report), UK Research and Innovation

### Professional Volunteering:

Tyler, N., Ackers, H.L., Ahmed, A., Byrne, G. and Byrne-Davis, L. (2020) *"A questionnaire study of the negative outcomes for UK health professional volunteers in low- and middle-income countries"*, *BMJ Open* (doi:10.1136/bmjopen-2020-037647)

Horder, C. & Ackers, H.L., (2024) **"Global Engagement and Cultural Competence in the NHS Workforce: An Evidence Review for NHS England"** University of Salford

### **Prosthetics, Orthotics and Rehabilitation**

Kenney L., Ssekitoleko R., Mwaka E., Donovan-Hall M., Morgado Ramirez D., Chadwell A., Kyberd P., Sobuh M., Ackers L., Howard D., Holloway C. and Miodownik, M. (2018) **"Upper-limb prostheses for low- and middle-income countries"**. *Scope*, 27(4): 38-40.

Ssekitoleko R., Byamukama, S. and Wanda, S., (2019) **"Clinical Engineering in Uganda (Handbook)"** Academic Press. ISBN: 9780128134689.

Morgado, R., Nakandi, B., Ssekitoleko, R., Ackers, L., Mwaka, E., Kenney, L., et al. (2022) **"The lived experience of people with upper limb absence living in Uganda: A qualitative study"**, *African Journal of Disability* 11(0), a890. <https://doi.org/10.4102/ajod.v11i0.890>

Mulindwa, B., Nalwoga, R., Nakandi, B., Mwaka, E., Kenney, L., Ackers, H.L. and Ssekitoleko, R. (2023) **"Evaluation of the current status of prosthetic rehabilitation services for major limb loss: a descriptive study in Ugandan Referral hospitals"** *Disability and Rehabilitation*, DOI: 10.1080/09638288.2023.2188266

Oldfrey, B., Holloway, C., Walker, J., McCormack, S., Deere, B., Kenney, L., Ssekitoleko, R., Ackers, H.L. & Miodownik, M. (2023) **"Repair strategies for assistive technology in low resource settings"**. *Disability and Rehabilitation: Assistive Technology*, DOI: 10.1080/17483107.2023.2236142

Ackers, H.L. et al. (2025) **"Delivering Universal Health Care to People with Major Limb Loss or Damage in Low- and Middle-Income Countries"**, Palgrave Macmillan, [https://doi.org/10.1007/978-3-031-85423-1\\_1](https://doi.org/10.1007/978-3-031-85423-1_1)

### **Student Placements:**

Ackers, H.L., Ackers-Johnson, J., Ahmed, A. and Tate, N. (2019) **"Optimising student learning on international placements in Low Income Settings"**, *Open Journal of Social Science*; Volume 7.

Brownie, S., Ackers, H.L., Murphy, G. and Shumba, C. (2023) **"Editorial: Transforming health and social education to include a greater focus on public health education in the curriculum"**, *Frontiers in Public Health* 11:1306124. DOI: 10.3389/fpubh.2023.1306124

### **Wound Management:**

Stephens, M., Wynn, M., Pradeep, S. et al. (2023) **"Frugal innovation in wound care: the five Rs"** *British Journal of Healthcare Management*. <https://doi.org/10.12968/bjhc.2023.0061>

Stephens, M. et al. (2023) **"Frugal innovation in wound management within a low resource inpatient setting: a case series"** *Wounds UK*, Vol. 19, No. 3. <https://doi.org/10.12968/bjhc.2023.0061>



*"I am delighted to see the outcomes of the health partnership interventions reported on in this book and the evidence base this has generated. In 2023, the Ugandan Ministry of Health started an ambitious planning process to develop and implement the first Ugandan National Rehabilitation and Assistive Technology Strategic Plan. This represented an immediate response to the World Health Organisation's Rehabilitation 2030 Call for Action. The initiatives supported by the partnership between Fort Portal Regional Referral Hospital, Knowledge for Change and the University of Salford (UK) respond directly to 3 Key Actions of the Strategic Plan. Namely, enhancing information systems, building research capacity and expanding the availability of robust evidence and establishing and strengthening partnerships between low-, middle- and high-income countries. Complementing multi-stakeholder, sectoral collaboration and partnerships with practitioners, this research has actively engaged Ugandan early career researchers and people with disabilities.*

*The book emphasises the inefficiencies and damaging impacts associated with poorly aligned overseas contributions, particularly the development of parallel systems. Through its projects, Knowledge for Change works closely with the Ministry of Health to support the delivery of Universal Health Coverage to benefit all the Ugandan people.*

*The work represented here contributes a significant and unique evidence-base to support our future Rehabilitation and Assistive Technology service planning and implementation processes".*

**Andrew Mubangizi, Assistant Commissioner,  
Disability and Rehabilitation Division, Uganda  
Ministry of Health**

# Key Stakeholder Testimonials



**DR AHLAAM AMOUR**  
**DIRECTOR OF TRAINING, EDUCATION & RESEARCH**  
**MNAZI MMOJA HOSPITAL, ZANZIBAR**

*Our collaboration with Knowledge for Change has strengthened Mnazi Mmoja Hospital's capacity to deliver high-quality patient care. By combining their international expertise with our local knowledge, we are not only exchanging skills but also building sustainable systems that benefit the people of Zanzibar.*

*Through professional volunteer and student placements, our teams from the wards (especially Medical, Paediatrics, Surgical, Maternity, Mental Health and Prosthetics and Orthotics departments) have benefited from fresh perspectives, innovative practices, and a spirit of shared learning. This exchange has enriched both our staff and the visiting professionals, fostering a truly global approach to healthcare delivery in Zanzibar.*

*Furthermore, Knowledge for Change's Professional Fellowship Programme (sponsored by the Commonwealth Scholarship Commission) has been a catalyst for professional growth, enabling us to gain advanced skills, broaden our networking, and bring back evidence-based solutions to improve patient outcomes in our hospital.*

*In addition to that, with Knowledge for Change's support, we are planning to introduce targeted interventions in Diabetic Foot Care (through diabetic foot clinic) that will significantly reduce preventable amputations, unnecessary deaths and improve the quality of life for patients living with diabetes in Zanzibar.*

*Lastly, and most importantly, this partnership is not just about training and projects - it's about creating a lasting impact. Together, we are investing in people, systems and innovations that will sustainably transform healthcare in Zanzibar.*



**Dr Ahlaam Amour**  
30<sup>th</sup> September 2025



**DR RICHARD MUGAHI**  
**ASSISTANT COMMISSIONER FOR REPRODUCTIVE HEALTH**  
**UGANDA MINISTRY OF HEALTH**

*"The continued presence of K4C's volunteers, working alongside my health workers, has transformed Kagote Health Centre into one of the best performing Community Health Centres in Uganda"*



**Dr Richard Mugahi**  
15<sup>th</sup> July 2025



# Governance and Accountability

# Structure, Governance & Management

## CHARITY REGISTRATION IN THE UK

Knowledge for Change was registered with the Charity Commission in England and Wales on 17th April 2012, charity number 1146911. Our working names are 'Knowledge for Change', 'Knowledge 4 Change' and 'K4C'. Our official address is 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX. Our current working and correspondence address is: Room L530, Allerton Building, University of Salford, Manchester, M6 6PU.

## OUR TRUSTEES IN 2024

Knowledge for Change had 9 trustees on its board throughout 2024:

- Professor Louise Ackers (Chairperson) – Chair in Global Social Justice, University of Salford.
- Dr Melanie Stephens – Associate Professor in Adult Nursing, University of Salford.
- Dr John Chatwin – Post-doctoral Researcher, University of Salford.
- Dr Chris Coey – Researcher Development Academy Manager, University of Salford.
- Eileen Cunningham – Lecturer in Social Policy, Manchester Metropolitan University.
- Claire Horder – Midwife, University Hospitals Dorset NHS Foundation Trust.
- Dr Robert Ssekitoleko – Lecturer in Biomedical Engineering, Makerere University (Uganda)
- Allan Ndawula – Project Manager, Knowledge for Change (Uganda).
- Dr James Ackers-Johnson (Treasurer) – Project Manager, University of Salford.

## RECRUITMENT, APPOINTMENT & INDUCTION OF CHARITY TRUSTEES

The Trust Deed states that there must be a minimum of 4 trustees acting on behalf of K4C. There is no maximum term of appointment and

trustees can serve until they resign should they continue to fulfil the terms stated in the Trust Deed. Mechanisms for the removal of trustees do exist and are also detailed in the Trust deed. All existing trustees have long experience of the nature of the charitable activity of K4C and, aside from expenses, were not remunerated for their trusteeship. Where new trustees are appointed, they are given a formal induction to the work of the trust and provided with the information they need to fulfil their roles, which include information about the role of trustees and charity law. New trustees are nominated by members of the board of trustees, interviewed by the board of trustees and appointed where they have the necessary skills to contribute to the charity's management and development. Trustees are responsible for monitoring all of the charity's activities and are bound by the terms stated within K4C's Declaration of Trust and amendments.

## AMENDMENTS TO THE BOARD OF TRUSTEES

During this year, Eileen Cunningham retired from her trusteeship, having made substantial contributions to the charity as a trustee over the last 10-years. There were no new appointments to the board during 2024, however K4C is actively seeking to recruit new trustees in 2025.

## ORGANISATIONAL GOVERNANCE

The mechanisms for organisational governance within K4C have remained largely unchanged throughout 2024. The Board of Trustees remains responsible for making decisions on all matters of general concern and importance to K4C including strategic, operational and financial decisions. Many of the K4C trustees are based near the University of Salford and are able to meet on at least a quarterly basis or often more regularly. Uganda based trustees are engaged virtually.

Comprehensive policies are in place to ensure good governance within K4C, including:

- Code of Conduct for Staff, Volunteers and Students
- Performance Related Pay and Disciplinary
- Safeguarding Children & Vulnerable Adults
- Safeguarding Register

- Whistleblowing
- Conflict of Interest
- Marketing & Social Media
- Health & Safety
- Contagious Diseases & Epidemics
- Financial Management & Depreciation
- Procurement
- Anti-bribery, Counter Fraud & Corruption
- Human Resource Management
- Risk Assessment & Mitigation
- Sustainability Statement
- Modern Slavery Statement
- Staff Travel & Expenses

All policies are formally reviewed and updated on an annual basis, or more frequently as required. They are also subject to regular external review by our funding bodies.

The trustees confirm that there were no cases of breaches of K4C policies in 2024 that require notification to the Charity Commission.

## **OBJECTIVES, STRATEGY AND PUBLIC BENEFIT**

The official charitable objectives of Knowledge for Change are as follows:

- To support the relief of sickness and preservation of the health of patients in the UK and in Sub-Saharan Africa, in particular through charitable activities in healthcare centres throughout Sub-Saharan Africa, assisting in the provision of facilities, support services, equipment not normally provided by the statutory authorities and any other charitable purposes/activities.
- To advance the education of the health workers of Sub-Saharan Africa and the UK by promoting education, knowledge exchange and personal experience.

Knowledge for Change works in close partnership with the University of Salford (UK), as well as several other Universities, Royal Colleges, funding bodies, the Ugandan, Tanzanian and Zanzibari Ministries of Health and other stakeholder organisations. The trustees endeavour to ensure that all our partners adhere to strict, positive and ethical practice.

The trustees are aware of the Charity Commission's Guidance on Public Benefit. They have reviewed the objectives of the charity, its activities in 2024 and its future plans in the light of this guidance and find that all of these comply.

The activities described in this report have primarily benefited the people who live in the catchment areas of the universities, hospitals and community-based organisations in which K4C operates. More generally, all professional volunteers, students and Commonwealth Scholarship Commission funded fellows that have completed placements through K4C will have gained new skills and experience which will benefit the public in the UK, Uganda and Tanzania more widely depending on where they go on to work. All benefits are related to the objectives of the charity, as stated above. The trustees are not aware of any harm arising from the activities of the charity, nor of any private benefit, directly or indirectly.

## **NGO REGISTRATIONS IN UGANDA, TANZANIA AND ZANZIBAR**

Knowledge for Change is registered as separate Non-Governmental Organisations (NGOs) in Uganda (no. 3592), Tanzania (00NGO/12/4270) and Zanzibar (0000210165). Their respective registered office addresses are listed below:

- Knowledge for Change Uganda: Plot 39, Saaka Road, PO Box 392, Fort Portal, Kabarole District, Uganda
- Knowledge for Change Tanzania: Rau Street (Uru Road), P.O BOX 8795, Rau Ward, Moshi District, Kilimanjaro Region, Tanzania
- Knowledge for Change Zanzibar: Plot 1814b Kibokoni, Mkunazini Street, Stone Town, Unguja Island, Zanzibar

Each organisation has an independent board of directors and is accountable to applicable national laws, regulations and reporting requirements. They also relate and report closely to K4C UK, as specified within comprehensive Memorandums of Understanding (MOUs). Some trustees for K4C UK also sit on the Board of Directors of K4C Uganda, K4C Tanzania and K4C Zanzibar to facilitate transparency, streamline activities and support effective decision making and communications.

## EXTENDING OUR ETHICAL COMMITMENT TO ENVIRONMENTAL STANDARDS

Knowledge for Change has always committed to making all of its project activities and outcomes as ethical and sustainable as possible. This year, we decided to expand this commitment to better account for the indirect impacts of our projects and activities on the wider environment. This has involved developing a new initiative titled 'Value for Carbon', which includes a mechanism for measuring, reducing and offsetting our organisational carbon emissions.

By far, our biggest contribution to carbon emissions results from international flights taken by our staff, volunteers and students. In order to mitigate this impact, we have continued to grow and expand our Virtual Volunteering Programme which greatly reduces our overall carbon emissions per volunteer. We've also reduced the number of individual international trips between the UK, Uganda and Tanzania undertaken by our staff and improved their impact and efficacy by increasing each trip's duration; our staff now travel for as long as possible, and for a minimum of 2 weeks.

We are also actively reviewing options for carbon offsetting, including established schemes offered by airlines; partnerships with environmental NGOs to promote tree planting; and expanding our direct provision of cost effective and environmentally friendly cooking stoves to families in Uganda and Tanzania.



## COMMUNICATIONS

One of Knowledge for Change's main organisational weaknesses identified relates to our communications strategy. We are very proud of the hugely positive impacts our projects have on local communities. However, with the exception of our academic publications, we often fail to effectively relay this positive news and information to our stakeholders, supporters and the wider public. Such communications are of increasing importance in the ever more competitive global environment, supporting awareness raising, fundraising, engagement and networking.

To rectify this, we have revamped our website and social media channels in 2024 including Facebook, Twitter, Instagram and YouTube. We also plan to draft a new comprehensive communications strategy in early 2025 to improve the way in which we share our organisational activities and achievements with external stakeholders.



[www.knowledge4change.org](http://www.knowledge4change.org)



@Know4Change



@Knowledge4Change



@Know4Change



@Knowledge4Change114



+44 (0) 7894 938 538

# Risk Assessment & Mitigation

Knowledge for Change reviews its comprehensive risk assessment annually, which covers all aspects of risk for all partner organisations and stakeholders involved in our activities. Only 1 risk was classified as being a ‘major’ organisational risk for the next (2025) financial year. This has been summarised below:

Major Risks and Uncertainties	Potential Impacts	Planned Mitigating Actions
<p>Further drastic cuts to Official Development Assistance (ODA) funding by the incoming Trump administration in the USA and potential for replication by other governments in the UK and elsewhere.</p>	<p>Financial:</p> <ul style="list-style-type: none"> <li>- Reduction in the number of funding streams available to support global health research and international development projects.</li> <li>- Increased competition for remaining funding streams.</li> </ul>	<ul style="list-style-type: none"> <li>- Diversification of funding sources, including increased engagement with the private sector and expansion of our student placement programme.</li> <li>- Strengthening and diversifying partnerships to widen networks and promote new research collaborations.</li> <li>- Conservative financial management to reduce expenditure and maximise efficiency of interventions.</li> </ul>
	<p>Human Resource:</p> <ul style="list-style-type: none"> <li>- Risk to K4C staffing levels, and the health and wellbeing of current staff.</li> </ul>	<ul style="list-style-type: none"> <li>- Continued assessment of risks and effective mitigating actions taken as required.</li> <li>- Provision of enhanced health and wellbeing support for staff, especially any that become at risk of redundancy.</li> </ul>
	<p>Strategic:</p> <ul style="list-style-type: none"> <li>- Changing needs and priorities of partners</li> <li>- Restricted organisational growth</li> </ul>	<ul style="list-style-type: none"> <li>- Continued assessment of the priorities and needs of stakeholders and beneficiaries.</li> <li>- Maintaining current and building new networks to ensure organisational growth can continue as quickly as possible.</li> </ul>
	<p>Operational:</p> <ul style="list-style-type: none"> <li>- Inability to achieve organisational objectives due to restricted project funding.</li> </ul>	<ul style="list-style-type: none"> <li>- Continue to review and adapt all current and future activities to maximise sustainability.</li> </ul>

# Financial review (2024)

# Financial Summary

This Annual Report covers the 12-month period from 1st January 2024 to 31st December 2024. Total receipts on Knowledge for Change (UK) funds for this period were £511,059. These receipts included all income from public donations, various sources of project funding, bank interest payments and income provided by various partner organisations and funding bodies.

Total payments of Knowledge for Change (UK) funds for the 12-month period from 1st January 2024 to 31st December 2024 totalled £501,823. This included payments made for all projects including those in the UK, Uganda and Tanzania; those run in partnership with the University of Salford and those funded by other external sources.

The total balance brought forward at the beginning of the financial year was £178,270. Over the course of the 12-month period, there was an excess of receipts over payments of £9,236. This gave Knowledge for Change (UK) a combined total fund available on 1st January 2025 of £187,506.

Throughout the year, Knowledge for Change (UK) granted a total of £116,539 to 'Knowledge for Change (Uganda)' and £29,000 to 'Knowledge for Change (Tanzania)'. As detailed in our previous (2023) Trustees Annual Report, both of these organisations are now fully established as independent NGOs in their respective countries. They were setup to streamline governance, promote local ownership and ensure full compliance with local laws and financial regulations in Uganda and Tanzania, and have their own governance and management systems in place. As such, they now serve as independent suppliers and downstream partners to Knowledge for Change (UK) and are granted direct funding to support their operations. Memorandums of Understanding (MOUs) are in place to govern the tripartite relationship between the organisations, and both K4C (Uganda) and K4C (Tanzania) are subject to regular stringent financial audit and due diligence checks by K4C (UK). Several trustees for K4C (UK) are also board members for K4C (Uganda) and K4C (Tanzania) to support effective and streamlined governance, management and accountability.

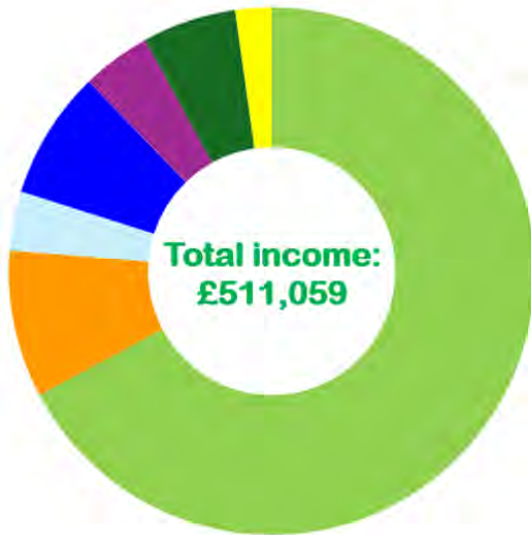
The accounts below differentiate between payments made directly by Knowledge for Change (UK) and any funding granted to Knowledge for Change (Uganda) and Knowledge for Change (Tanzania). Notes 5a and 5b provide more specific details by differentiating between the expenditures made by each of the 3 separate organisations.

Overall, the K4C trustees are highly confident in the financial standing of the charity, and are proud of the level of sustainability we continue to achieve despite unforeseen macro factors relating to the UK and other international governments' decisions to cut their overseas development budgets. We do not anticipate any reversal of the global funding landscape within the next 5 years, and will therefore maintain our innovative but cautious approach to generating and managing our funding over the coming year.

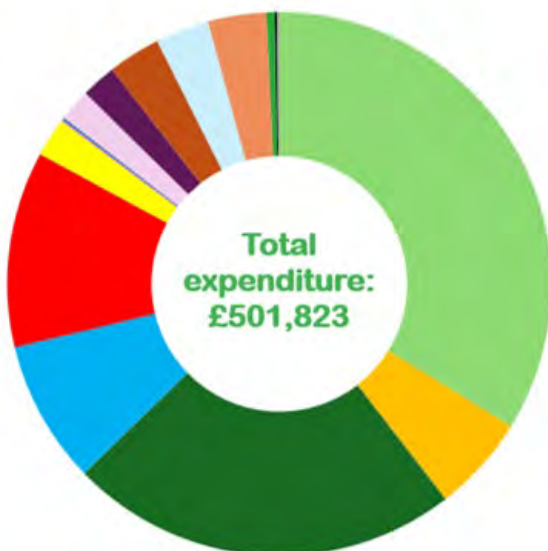
# Financial Statements for the Year Ended 31<sup>st</sup> December 2024

	Reference Note	Total Funds (31/12/24)	Total Funds (31/12/23)
<b>RECEIPTS AND PAYMENTS ACCOUNT</b>	<b>1</b>	<b>£</b>	<b>£</b>
<b>Receipts</b>			
Public Donations	2a	343,413	291,603
Income from Organisations	2b	166,035	141,207
Refunds		1,330	178
Miscellaneous Funding		-	-
Sub-total	3	510,778	432,988
Bank Interest/Charge Reversals		281	837
		511,059	433,825
<b>Payments</b>	<b>4</b>		
Professional Volunteering Programme		42,730	24,243
Ethical Student Placement Programme		169,680	210,794
Wound Management Programme		9,612	2,254
Cervical Screening Programme		10,489	1,978
Rehabilitation Programme		15,684	3,169
Diabetes (NEEDS) Project		16,004	11,856
Neonatal Sepsis Project		17,465	1,673
Cultural Competency Project		2,430	2,000
General Health System Strengthening Activities		681	1,917
British Commonwealth Fellowships Programme		11,580	10,018
British Academy Writing Workshops Project		36	-
Knowledge for Change (Uganda) Grant Funding	5	116,539	80,108
Knowledge for Change (Tanzania) Grant Funding	5	29,000	11,000
Website Development		120	204
Bank Charges		502	85
Administrative Expenditure		578	23,206
Research and Project Management Staffing (UK)		58,693	25,378
Administrative Staffing & Expenditure (Uganda)		-	49
		501,823	409,932
<b>Excess of Receipts over Payments</b>		<b>9,236</b>	<b>23,893</b>
<b>STATEMENT OF ASSETS &amp; LIABILITIES</b>			
<b>Cash Funds</b>			
Bank Current Account 1 (Current)		174,926	166,203
Bank Current Account 2 (Savings)		11,461	11,180
GBP Currency Cards		1,119	887
Cash in Hand		-	-
		187,506	178,270
<b>Liabilities</b>	<b>6</b>		
Expenses due		-	-
Invoices/Payments due		-	-

Other liabilities		-	-
		-	-
<b>Net Total (Assets – Liabilities)</b>		<b>187,506</b>	178,270



- 67% £343k from public donations
- 9% £46k from our partner universities
- 4% £19k from the Commonwealth Scholarship Commission (CSC)
- 8% £40k from the Tropical Health Education Trust (THET)
- 4% £22k from Legs for Africa (L4A)
- 6% £29k from the Burdett Trust for Nursing
- 2% £12k in miscellaneous funds



- 34% £170k on our Student Placement Programme
- 9% £43k on our Professional Volunteering Programme
- 2% £10k on our Wound Management Programme
- 2% £10k on our Cervical Screening Programme
- 3% £16k on our Rehabilitation Programme
- 3% £16k on our Diabetes Project
- 3% £17k on our Neonatal Sepsis Project
- <1% £2k on our Cultural Competency Project
- <1% <£1k on our General Health System Strengthening Activities
- 2% £12k on our Commonwealth Scholarship Commission Fellowships
- <1% <£1k for our British Academy Writing Workshop Project
- 23% £117k on Grant Funding to K4C Uganda
- 6% £29k on Grant Funding to K4C Tanzania
- <1% <£1k for Administrative Costs
- 11% £59k for Research and Project Management Staffing (UK)
- <1% £1K on 'other' costs including Banking and Website Development

# Notes to the Financial Statement for the Year Ended 31<sup>st</sup> December 2024

1. The financial statements of Knowledge for Change have been prepared in accordance with the Charities Act, 2011, and the Charities (Accounts & Reports) Regulations, 2008, using the Receipts & Payments basis.

## 2. Receipts Analysis

	<b>Total Funds (31/12/24)</b>	<b>Total Funds (31/12/23)</b>
	£	£
<b>a. Public Donations</b>		
Direct Donations	314,694	253,840
KindLink	17,934	15,771
Wonderful	10,785	21,991
HMRC Gift Aid	-	-
	<b>343,413</b>	<b>291,602</b>
<b>b. Funding from Organisations</b>		
University of Salford	7,223	36,193
Liverpool School of Tropical Medicine	942	-
Birmingham City University	950	-
University of Greater Manchester	11,000	-
Commonwealth Scholarship Commission	28,540	18,462
Liverpool John Moore's University	25,995	55,979
Tropical Health Education Trust (now GHP)	40,271	-
Legs for Africa (now STAND)	21,666	1,125
Burdett Trust for Nursing	29,448	29,448
	<b>166,035</b>	<b>141,207</b>

3. A summary of the public donations and income from organisations intended for specific projects is provided below:

<b>Specified Project</b>	<b>Income (£) to 31/12/24:</b>	<b>Income (£) to 31/12/23:</b>
Ethical Student Placement Programme	359,438	336,122
Cervical Screening Programme	-	7,045
Diabetes Related Programmes	29,448	35,241
Neonatal Sepsis Project	36,771	-
Wound Management Programmes	-	2,668
Virtual Volunteering Project (RIMPS)	3,500	-
Biomedical Engineering / UBTS Programmes	600	-
Respectful Care Programme	8,970	3,081

Children's Education Programmes	942	-
Commonwealth Scholarship Commission Fellowships	19,000	18,462
Professional Volunteering Programme	1,103	3,430
Rehabilitation Related Programmes	25,849	15,680
Climate Change Related Programmes	-	5,000
Miscellaneous/Non-Project Specific*	23,827	6,260
<b>Total</b>	<b>509,448</b>	<b>432,988</b>

\*Miscellaneous/Non-Project Specific income refers to income that is unrestricted and not tied to a specific project. A further breakdown is provided below:

Source of Income	Income (£) to 31/12/24:	Income (£) to 31/12/23:
Direct donations (general public donations)	23,827	6,260
<b>Total</b>	<b>23,827</b>	<b>6,260</b>

4. An alternative breakdown of payments in terms of categories, as opposed to project expenditure, is provided below:

Line Item:	Expenditure (£) to 31/12/2024:	Expenditure (£) to 31/12/2023:
<b>Professional Volunteering</b>		
Stipend Payments	15,747	16,633
Accommodation Costs	7,786	5,582
International Travel Costs	3,357	584
<b>Sub-Total:</b>	<b>26,890</b>	<b>22,799</b>
<b>Student Placements</b>		
International Travel Costs	127,793	158,188
Local Travel Costs	-	484
Accommodation Costs	20,577	41,649
Administrative Costs	45	-
<b>Sub-Total:</b>	<b>148,415</b>	<b>200,321</b>
<b>Training Workshops/Conferences</b>		
Training Programmes in Uganda	-	11,612
Training Programmes in Tanzania	-	-
Training Programmes in the UK	14,582	10,018
Research (Uganda)	681	-
Research (UK)	3,310	-
Publishing / Project Dissemination	1,589	-
<b>Sub-Total:</b>	<b>20,162</b>	<b>21,630</b>
<b>International Travel</b>		
Project Management Travel Costs	3,045	8,853
Project Management Subsistence Costs	1,256	-
<b>Sub-Total:</b>	<b>4,301</b>	<b>8,853</b>
<b>UK Admin/Staffing</b>		

Admin/Management Staff Salaries	72,054	23,206
Research Staff Salaries	72,054	31,201
Local UK Travel	974	-
<b>Sub-Total:</b>	<b>145,082</b>	<b>54,407</b>
<b>Uganda Staffing</b>		
Clinical Staff Salaries	-	300
Local Uganda Travel	-	1,540
<b>Sub-Total:</b>	<b>-</b>	<b>1,840</b>
<b>Tanzania Staffing</b>		
Clinical Staff Salaries	-	785
<b>Sub-Total:</b>	<b>-</b>	<b>785</b>
<b>Direct Investments/Infrastructural Developments</b>		
Student Hosting Contributions	-	1,917
Provision of Medical Equipment	10,811	5,982
<b>Sub-Total:</b>	<b>10,811</b>	<b>7,899</b>
<b>Other</b>		
Banking Costs	502	85
Website Costs <sup>15</sup>	120	204
K4C (Uganda) Grant Funding (see note 5)	116,539	80,108
K4C (Tanzania) Grant Funding (see note 5)	29,000	11,000
<b>Sub-Total:</b>	<b>146,161</b>	<b>91,397</b>
<b>Total Expenditure:</b>	<b>501,823</b>	<b>409,931</b>

5. Over the course of the 2024 financial year, K4C UK has granted a total of £116,539 to K4C Uganda and £29,000 to K4C Tanzania. The two tables below provide a combined breakdown of all Knowledge for Change expenditure, including the funding granted to Knowledge for Change (Uganda) and Knowledge for Change (Tanzania). Table 5a contains a breakdown of expenditure by project, whereas table 5b contains a breakdown of expenditure by defined payment categories.

Table 5a (all K4C UK, K4C Uganda and K4C Tanzania expenditure categorised by project):

All Payments Combined for 01/01/2024 - 31/12/2024 (Categorised by Project)	K4C UK	K4C Uganda	K4C Tanzania	Total Funds
Professional Volunteering Programme	26,890	3,639	1,170	31,699
Ethical Student Placement Programme	153,401	27,929	9,883	191,213
Hand Hygiene, Infection Control & Antimicrobial Resistance Programmes	-	168	-	168
Commonwealth Scholarship Commission Fellowships	11,580	-	-	11,580
British Academy Writing Workshop Project	36	581	-	617
Cervical Screening Programme	1,808	20,187	-	21,995
Cultural Competency Project	2,430	-	-	2,430
Diabetes (NEEDS) Project	5,005	10,161	3,555	18,721
Domestic Violence Programme	-	878	-	878
Fort Portal Regional Referral Hospital Direct Investment	-	600	-	600
Kataraka Health Centre Direct Investment	-	390	-	390

General Health System Strengthening Activities	681	-	-	681
Neonatal Sepsis Project	1,378	14,986	3,591	19,955
Rehabilitation Project	7,188	18,977	3,688	29,853
Respectful Care (Maternity)	-	199	-	199
Supply Chains Social Enterprise	-	397	-	397
Wound Management Programme	1,547	243	3,555	5,345
Misc/Non-Project Specific	-	1,925	2,953	4,878
Bank Charges	502	23	-	525
Website	120	-	-	120
All Staffing & Related Expenditure (UK)	143,718	-	-	143,718
Administrative Staffing & Expenditure (Uganda)	-	14,160	-	14,160
Administrative Staffing & Expenditure (Tanzania)	-	-	-	-
<b>Total Payments:</b>	<b>356,284</b>	<b>115,433</b>	<b>28,394</b>	<b>500,122</b>
Reserve/Unspent Funding (incl. at bank and in-hand)	N/A	14,565	606	15,171
<b>Total Payments + Reserve Funding</b>	<b>356,284</b>	<b>129,998</b>	<b>29,000</b>	<b>515,282</b>

Table 5b (all K4C UK, K4C Uganda and K4C Tanzania expenditure categorised by defined payment categories):

All Payments Combined for 01/01/2024 – 31/12/2024 (Categorised by Defined Payment Categories)	K4C UK	K4C Uganda	K4C Tanzania	Total Funds
<b>Professional Volunteering</b>				
Stipend Payments	15,747	-	-	15,747
Accommodation Costs	7,786	136	471	8,371
International Travel Costs	3,357		-	3,357
Local Travel Costs	-	603	78	585
Clinical Registration Costs	-	2,826	601	2,976
Admin Costs	-	55	19	65
<b>Sub-Total:</b>	<b>26,890</b>	<b>3620</b>	<b>1,169</b>	<b>31,101</b>
<b>Student Placements</b>		0		
International Travel Costs	127,793		-	127,793
Local Travel Costs	-	4,455	1,709	5,461
Accommodation Costs	20,577	14,950	5,927	39,067
Hosting contributions	-	5,649	1,087	5,834
Admin Costs	45	1,182	967	2,005
<b>Sub-Total:</b>	<b>148,415</b>	<b>26,245</b>	<b>9,690</b>	<b>180,160</b>
<b>Training Workshops/Conferences</b>		0		
Training Programmes in the UK	3002		-	3002
Training Programmes in the UK	-	2,506	-	2106
Research (Uganda)	681		-	681
Research (UK)	3310		-	3310
Publishing/Project Dissemination	1,589		-	1,589
Project Admin Costs	-	2,817	486	2,853
Project Subsistence	-	1,562	33	1,346
Project Accommodation	-	619	-	520
Project Local Costs	-	2,555	-	2,147

<b>Sub-Total:</b>	<b>8,582</b>	<b>10,059</b>	<b>519</b>	<b>17,554</b>
<b>International Travel</b>				
Project Management	3,045	-	-	<b>3,045</b>
Project Stipend	1,256	-	-	<b>1,256</b>
<b>Sub-Total:</b>	<b>4,301</b>	<b>-</b>	<b>-</b>	<b>4,301</b>
<b>UK Staffing</b>				
Admin/Management Staff Salaries	144,109	-	-	<b>144,109</b>
Local UK Travel	974	-	-	<b>974</b>
<b>Sub-Total:</b>	<b>145,083</b>	<b>-</b>	<b>-</b>	<b>145,083</b>
<b>Uganda Staffing</b>				
Admin/Management Staff Salaries	-	16,115	-	13,542
Clinical Staff Salaries	-	53,527	-	44,981
<b>Sub-Total:</b>	<b>-</b>	<b>69,642</b>	<b>-</b>	<b>58,523</b>
<b>Tanzania Staffing</b>				
Admin/Management Staff Salaries	-	-	90	90
Clinical Staff Salaries	-	-	13,838	13,838
<b>Sub-Total:</b>	<b>-</b>	<b>-</b>	<b>13,928</b>	<b>13,928</b>
<b>Direct Investments/Infrastructural Developments</b>				
Provision of Medical Equipment	10,811	4,885	133	<b>15,049</b>
<b>Sub-Total:</b>	<b>10,811</b>	<b>4,885</b>	<b>133</b>	<b>15,049</b>
<b>Other</b>		0		
British Commonwealth Fellowships	11,580	0		<b>11,580</b>
Banking Costs	502	23	146	<b>667</b>
Website Costs	120		-	<b>120</b>
Miscellaneous	-	35,479	2,808	<b>32,622</b>
<b>Sub-Total:</b>	<b>12,202</b>	<b>35,501</b>	<b>2,954</b>	<b>44,989</b>
<b>Total Payments:</b>	<b>356,284</b>	<b>115,443</b>	<b>28,394</b>	<b>481,690</b>
Reserve/Unspent Funding (incl. at bank and in-hand)	N/A	14,565	606	26,560
<b>Total Payments + Reserve Funding</b>	<b>356,284</b>	<b>129,998</b>	<b>29,000</b>	<b>515,282</b>

6. Knowledge for Change does not possess any fixed assets or short or long-term liabilities; only current assets in the form of cash within the two separate current accounts, several currency cards and the small amount of cash in hand as noted.

# Independent Examiner's Report

I report on the accounts for Knowledge for Change for the year ended 31 December 2024, which are set out on pages 49-57 of the Charity's 2024 Trustee's Annual Report and cover a 12-month period.

## Respective responsibilities of trustees and examiner

The Charity's Trustees are responsible for the preparation of the accounts. The Charity's Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011; and
- state whether particular matters have come to my attention.

## Basis of independent examiner's statement

My examination was carried out in accordance with the general directions given by HMRC and the Charity Commission. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view'. The report is limited to those matters set out in the statement below.

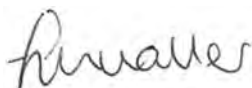
## Independent examiner's statement

In connection with my examination, no matters have come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with section 130 of the 2011 Act;
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.



**Francesca Waller**  
Independent Examiner  
Nestegg Financial Services  
11 Newmarket Street  
Skipton, North Yorkshire  
BD23 2HX

**Date:**

30/10/25

Knowledge for Change is a registered charity in England and Wales (no. 1146911). Its registered address is 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX.



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England & Wales - Charity number 1146911

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# Accounts

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# KNOWLEDGE FOR CHANGE

Annual Report and Accounts

2023



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## Foreword from our Treasurer



As treasurer for Knowledge for Change, I am pleased to present our Trustees Annual Report and Accounts for the 2023 financial year, together with a summary of our activities and our financial statements for the period 1st January to 31st December 2023. This year was the first since 2019 that was not severely hindered by the Covid-19 pandemic and its associated travel restrictions, and our student placement programme in particular has rebounded strongly, aided by the addition of Zanzibar as an attractive placement destination. Interest in our professional volunteer programme has also strengthened throughout the year, however our pipeline of volunteers remains weaker than it was before the pandemic due to the temporary reduction in ‘word-of-mouth’ awareness raising during and since the pandemic.

Our most notable achievements this year have related to our growing and interlinked project work on type-2 diabetes and our ongoing development of effective rehabilitation services for amputees in Fort Portal (Uganda). We successfully completed the 2<sup>nd</sup> stage of our renovation of the “Ninsiima Centre for the Rehabilitation of People with Disabilities” in June, including constructing and fully equipping a new paediatric rehabilitation unit and a shared covered client waiting area. Due to its positive reputation, this facility now attracts clients from across Uganda and also from the neighbouring DRC. It also provides services for diabetic clients identified through our Diabetes (\*NEEDS\*) project to prevent occurrence and deterioration of diabetic foot ulcers, and to support any clients that do eventually require amputation as a result of ulceration.

We have successfully established Knowledge for Change as an independent NGO in both Tanzania and Zanzibar, and are excited to have recruited our first 3 Tanzanian clinical staff who are based at Mnazi Mmoja Hospital in Zanzibar. We have also successfully placed 6 Professional Volunteers at Mnazi Mmoja Hospital over the course of the year to support scoping, capacity building and evaluation activities. This partnership is developing positively, and we are now discussing opportunities for joint funding applications, as well as growing our student placement offer. Our other key projects, such as our Cervical Screening and Treatment Programme and our Wound Management Project, have also continued throughout the year, providing high-quality, innovative and essential services to patients.

The funding environment within the International Development and Global Health research sectors remain extremely challenging due to the reductions in EU project funding since Brexit and the UK government’s decision to severely cut its foreign aid expenditure as a result of the Covid pandemic. However, we have had some successes in applying for small funding streams in partnership with the University of Salford, particularly in relation to our rehabilitation related work, and also received a

grant from the Burdett Trust for Nursing to support a new project focusing on type-2 Diabetes. We have continued to partner with the British Commonwealth Scholarship Commission via their Professional Fellowship Scheme, and hosted 9 further fellows between February and May, with an exciting new focus for K4C on climate change and environmental impacts.

Despite the challenges in applying for project funding, our financial situation has strengthened over the course of the year with an excess of receipts over payments of £23,893. Our student placement programme continues to generate valuable income to help to sustain our charity's activities. The continued growth of this programme has led to an increase in our staff numbers and related costs across the UK, Uganda and Tanzania, however our UK staff costs have continued to be offset by global health research and international development projects running in partnership with the University of Salford.

Overall, our Board of Trustees are delighted with the successes we have achieved this year and are excited to strengthen our current activities and develop new projects over the course of 2024. Two key exciting areas of work in the pipeline are a new project which will focus on reducing instances of maternal and neonatal sepsis across our partnership sites in both Uganda and Tanzania (due to begin in January 2024) and expansion of our charity's existing and future activities to new partnership sites in Moshi (Tanzania).



Dr James Ackers-Johnson  
Treasurer  
6<sup>th</sup> November 2024

# Trustees Annual Report

## *Background*

Knowledge for Change was registered with the Charity Commission in England and Wales on 17th April 2012, charity number 1146911. Our working names are ‘Knowledge for Change’, ‘Knowledge 4 Change’ and ‘K4C’. Our official address is 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX. Our current working and correspondence address is Room L530, Allerton Building, University of Salford, Manchester, M6 6PU.

The people that served as Trustees during 2023 were as follows:

- Professor Louise Ackers (Chairperson) – Chair in Global Social Justice, University of Salford.
- Natalie Tate (Secretary) – Project Manager, Liverpool School of Tropical Medicine.
- Dr James Ackers-Johnson (Treasurer) – Project Manager, University of Salford.
- Professor Anya Ahmed – Chair in Wellbeing & Communities, Manchester Metropolitan University.
- Dr John Chatwin – Post-doctoral Researcher, Midlands Partnership NHS Foundation Trust.
- Dr Chris Coey – University Fellows Development Manager, University of Salford.
- Eileen Cunningham – Social Policy Lecturer, Manchester Metropolitan University.
- Claire Horder – Midwife, University Hospitals Dorset NHS Foundation Trust.
- Dr Robert Ssekitoleko, Biomedical Engineering Lecturer, Makerere University (Uganda)
- Dr Melanie Stephens - Associate Professor (Reader) in Adult Nursing, University of Salford
- Allan Ndawula - Project Manager, K4C Uganda

## *Recruitment, Appointment & Induction of Charity Trustees*

The Trust Deed states that there must be a minimum of 4 trustees acting on behalf of K4C. There is no maximum term of appointment and trustees can serve until they resign should they continue to fulfil the terms stated in the Trust Deed. Mechanisms for the removal of trustees do exist and are also detailed in the Trust deed. All existing trustees have long experience of the nature of the charitable activity of K4C and, aside from expenses, were not remunerated for their trusteeship.

Where new trustees are appointed, they are given a formal induction to the work of the trust and provided with the information they need to fulfil their roles, which include information about the role of trustees and charity law. New trustees are nominated by members of the board of trustees, interviewed by the board of trustees and appointed where they have the necessary skills to contribute to the charity’s management and development.

Trustees are responsible for monitoring all of the trust's activities and are bound by the terms stated within K4C's Declaration of Trust and amendments.

### *Amendments to the Board of Trustees*

During this year, there have been several changes to the Board of Trustees. Natalie Tate and Professor Anya Ahmed retired from their trusteeship, having both made substantial contributions to the charity as trustees over the last 10-years. Dr Melanie Stephens joined the board, with extensive previous experience of working in both nursing and healthcare research. Allan Ndawula has also rejoined the Board since deciding to take a temporary break in 2021, and brings with him a wealth of valuable knowledge, experience and networks in Uganda.

### *Objectives, Strategy & Public Benefit*

The official charitable objectives of K4C are as follows:

- 1) To support the relief of sickness and preservation of the health of patients in the UK and in Sub-Saharan Africa, in particular through charitable activities in healthcare centres throughout Sub-Saharan Africa, assisting in the provision of facilities, support services, equipment not normally provided by the statutory authorities and any other charitable purposes/activities.
- 2) To advance the education of the health workers of Sub-Saharan Africa and the UK by promoting education, knowledge exchange and personal experience.

Knowledge for Change works in close partnership with the University of Salford (UK), Mountains of the Moon University (Uganda) and Kabarole Health District (Uganda). Additional support has been received from the Burdett Trust for Nursing, the Tropical Health Educational Trust (THET), the Commonwealth Scholarship Commission, STAND (previously 'Legs for Africa'), Liverpool John Moore's University and the Ugandan and Tanzanian Ministries of Health.

The trustees are aware of the Charity Commission's Guidance on Public Benefit. They have reviewed the objectives of the charity, its activities in 2023 and its future plans in the light of this guidance and find that all of these comply.

The activities described below have primarily benefited the people who live in the catchment areas of the universities, hospitals and community-based organisations in which K4C operates. More generally, all professional volunteers, students and British Commonwealth funded fellows that have completed placements through K4C will have gained new skills and experience which will benefit the public in the UK, Uganda and Tanzania more widely depending on where they go on to work. All benefits are related to the objectives of the charity, as stated above. The trustees are not aware of any harm arising from the activities of the charity, nor of any private benefit, directly or indirectly.

## K4C Activities & Impacts (Jan-Dec 2023)

Over the last 12 months, K4C has successfully sustained the majority of its existing project work as well as generating new projects and activities, working in close partnership with the University of Salford and other partners and stakeholders. Some key updates on our existing projects have been provided below:

### Diabetes Project

#### Background:



Around 436 million adults across the world live with diabetes, and prevalence continues to rise. Figures are rapidly rising in low- and middle-income countries, where approximately 80% of adults with diabetes are located. In many low-income countries, including those in Sub-Saharan Africa, diabetes is often poorly managed. As many as 89% of diabetes patients in Uganda are undiagnosed or are not on medication for diabetes management.

Many patients go on to develop complications such as diabetic foot ulcers, leading to higher rates of lower limb amputations, and increased mortality. However, with proper care and management diabetic foot is preventable.

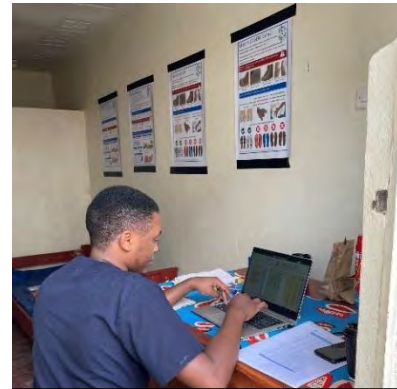
#### Activities/ Impact:

K4C's diabetes project was created to develop a nurse-led self-management educational programme and diabetic foot clinic for adults with type 2 diabetes in Uganda and Tanzania, aiming to reduce the development of diabetic foot complications (leading to amputations) in these settings. This research will also contribute to Rincy Sajith's PhD by published works with the University of Salford. The work began in March 2023, funded by a £58,896 grant from the Burdett Trust for Nursing's Type 2 Diabetes Prevention programme. The project is due to end in September 2024.



This funding, combined with a donation of £1500 raised by K4C students on placement, enabled K4C to construct a diabetic foot clinic with a childcare area at Fort Portal Regional Referral Hospital (FPRRH). A Diaped Flux-200 Doppler and monofilaments were purchased, and nurses trained in their use, to diagnose patients with potential diabetic foot pre-ulceration.

A Voxel Care 3D Foot Scanning System was purchased (co-funded by the University of Salford) for use in the new foot clinic. Orthopaedic technicians were trained in the use of the scanner and its software to create bespoke insoles for patients identified as medium or high risk of diabetic foot ulcers in outpatient clinic. Insoles help to offload areas of pressure on the foot, protecting it from calluses and ulcer development.



K4C Orthopaedic Technician (Jackson Muringi) inputting data to manufacture Orthotic Insoles in the UK, then transport them out to Uganda



K4C Nurse (Derrick Bahandagira) assessing a patients' foot blood circulation using doppler and monofilament devices

Training on diabetes mellitus, diabetes management, diabetic foot, and foot scanning was provided as part of a 5-day workshop in FPRRH, involving colleagues from the UK, Zanzibar, and Kasangati Health Centre in Kampala, as well as expert users who discussed their lived experiences of diabetes. This led to development of the NEEDS (Nutrition, Education, Exercise, Drugs, Self-care) intervention programme. Three sessions were designed for the NEEDS programme, advising patients on what diabetes is, the importance of diet and exercise, types of diabetes medication and how to take them, and proper eye, dental and foot care for diabetic patients.



A diabetic patient using the Voxel Care 3D Foot Scanner to assess the shape of their foot and any pressure points which could lead to Diabetic Foot Ulceration



Sample 3D scans which are used to manufacture bespoke orthopaedic shoe insoles for patients which prevent Diabetic Foot Ulceration



### 2024 Plans:

60 patients are being recruited as 3 groups to join the NEEDS programme sessions, taking place in January/February, March, and May. Patients involved will receive bespoke insoles following foot scanning. Following these sessions, K4C will run a workshop for colleagues in the UK, Kasangati, Zanzibar, and Moshi to feedback on the NEEDS programme and reflect on how an intervention programme may be developed for Kasangati, Moshi, or Zanzibar in future.

### *Wound Management & Honey Gauze Project*

#### Background:

This project built on K4C's successful 'Maternal Sepsis Intervention (MSI)' which formed one aspect of our wider project focusing on Antimicrobial Resistance which was initially funded by the Commonwealth Pharmacy Association through the Tropical Health Education Trust in 2019. The MSI demonstrated that implementation of improved wound care practices could reduce instances of maternal sepsis, and also reduce hospital costs, resources, staff time and instances of other hospital acquired infections by improving recovery times and greatly reducing women's length of stay in the hospital.

In 2021, three Ugandan midwives were awarded Commonwealth Professional Fellowships to study at the University of Salford, focusing primarily on the Tissue Viability program run by Dr Melanie Stephens. During their fellowship, they learnt about the benefits that honey infused gauze can have for wound care. On their return to Uganda, the team led by K4C midwife Rachel Namiiro used this experience to establish a small base for manufacturing honey gauze within K4C's laboratory premises in Fort Portal. The honey gauze is made in a sterile environment by combining 2 properties (20% Vaseline and 80% locally made pure honey (which is registered with the Uganda National Bureau of Standards (UNBS)). After mixing them, the paste is smeared onto sterile gauze and vacuum packed. A dry piece of sealed honey gauze can last up to 5 months.



Steps Showing Honey Gauze Making by Rachel Namiiro (K4C Midwife): [https://youtu.be/6ywq5L8D1mo?si=nKoT3llyQ\\_Nhcy64](https://youtu.be/6ywq5L8D1mo?si=nKoT3llyQ_Nhcy64)

The team first utilised the honey gauze for dressing the wounds of maternity and gynaecology patients at Fort Portal Regional Referral Hospital (FPRRH). Due to the success of the project and the positive outcomes observed for patients, the project

was upscaled throughout 2022 and 2023 to also include wounds (including burns) the Surgical, Paediatric and Nutrition wards. Between February 2022 and February 2024, K4C supplied over 2000 sealed packs of Honey Gauze to the Hospital (850+ pieces to Surgical Ward; 750+ pieces to gynaecology; 400+ to paediatrics and 40+ to nutrition).

Feedback from patients and staff remains highly positive, with staff reporting significant improvements in wound healing and reduced costs to the hospital:

“Yes, it works. Its working - there was a wound I dressed yesterday that was very septic – and it has improved. Without the honey it would take long to improve” (Nurse, FPRRH).

“We used to use hydrogen peroxide but that burns the tissues around and causes long stays – even people used to use Savlon, and they didn’t know how to dilute it properly. Now we have stopped using hydrogen peroxide” (Nurse, FPRRH).

Each pack of gauze costs just 1000 Ugandan Shillings (roughly £0.20) to produce, making it a relatively cheap and possibly even cost saving for the hospital given the savings achieved by reducing both the length of patient stays and the direct cost of



Left: Prof. Louise Ackers (K4C Chairperson & Research Lead) receiving the Journal of Wound Management Award

their extended treatment plans. K4C is currently negotiating a social enterprise agreement with FPRRH to enable us to provide the honey dressings sustainably into the future and hope to have this finalised in early 2024.

This success of this project has been recognised through receipt of 2 awards firstly as winner of the “Wounds UK Award for Excellence” in 2022, and secondly as winner of the “Cost Effective Wound Management Award” at the Journal of Wound Management Awards in 2023.

### *Nursing Now Challenge Fellowships*

K4C has been running a fellowship programme funded by the Nursing Now Challenge Fund between 2022 and 2023 which links to the above mentioned diabetes and wound management related projects and K4C’s cervical screening and treatment programme. Funded by the Burdett Trust for Nursing, this programme supported the following 4 fellows to implement projects relating to cervical screening and prevention of diabetic foot ulceration:

Name	Role	Programme Focus
Stella Bonabaana	Midwife (K4C)	Establishing a cervical screening and treatment service at Kasusu Health Centre
Harriet Biira	Midwife (Kasusu Health Centre)	
Derrick Bahandagira	Nurse (K4C)	Assessing the scale of diabetic foot problems amongst the population attending Fort Portal Regional Referral Hospital and Kasusu Health Centre
Jolly Rose	Nurse (Fort Portal Regional Referral Hospital)	

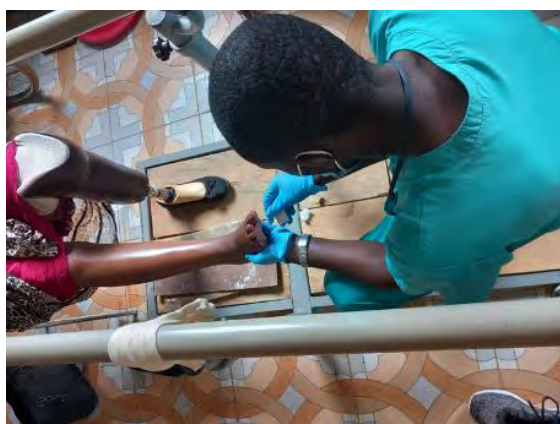
*Establishing a Cervical Screening & Treatment Service at Kasusu Health Centre:*

The project aimed at establishing cervical cancer see- and-treat clinic at Kasusu community health centre. This service successfully integrated screening with the existing HIV clinic, as HIV positive women are at higher due to their weakened immunity. The project involved providing training and mentoring to health workers and increasing awareness about cervical cancer through village health teams.

The clinic was successfully established with all the required equipment. Three health care providers were trained in cervical cancer screening. The clinic was scheduled once a week on Tuesday targeting the HIV positive clients. During the timeframe of the official project, the clinic screened 187 women, with an ongoing positive increase in the numbers of women accessing the services.

*Assessing the scale of diabetic foot problems amongst the population attending Fort Portal Regional Referral Hospital (FPRRH) and Kasusu Health Centre*

This project linked to our wider project work on Type-2 diabetes aimed at targeting diabetic patients and supporting those with diabetic foot ulcers that turn up at FPRRH, through foot examination using a monofilaments and Doppler’s to test sensation. Previously, foot examinations were only done on the basis of signs and symptoms, however now using the monofilaments we were able to identify any problems in early stage. Using a sample of 279 patients over 3 separate clinic dates, 24% were found to have neuropathy by use of monofilament, where this may not have been identified previously without this equipment.



K4C Nurse (Derrick Bahandagira) assessing a patients' foot blood circulation using doppler and monofilament devices

Health education sessions were run on a weekly basis at the diabetic clinic to guide patients on the nutrition, lifestyle modification, and prevention of diabetic foot complications. Poster and leaflets were developed for distribution to patients, and a high-quality speaker was purchased to enable health education sessions to be delivered in hospital waiting rooms which are typically large, busy and noisy, thereby achieving economies of scale and ensuring everyone can hear the information clearly.

The team is also in the process of developing an educational film about diabetes prevention and self-management with support from a local film maker.

Activities were also undertaken to improve the use of formal referral systems, for example by encouraging patients to utilise the established diabetic foot clinic in the community health centre (Kasusu) rather than travel straight to the main hospital (FPRRH). Similarly, some patients attending the diabetic clinic at FPRRH were directed to Kasusu Health Centre for their follow up appointments rather than returning back to FPRRH in order to reduce congestion and delays. As part of this, work has been undertaken to strengthen the diabetic foot clinic service at Kasusu, including renovation of the clinic room to make it more fit for purpose.



Through collaboration with the podiatry clinic at the University of Salford, two Continuous Medical Education sessions (CMEs) focusing on diabetic foot ulcers and how to prevent them were designed and delivered during the project, providing training to over 130 healthcare staff.

Photos of the renovation of the Diabetic Wound Clinic Room at Kasusu Health Centre before (left) and after (right)

### Cervical Cancer Screening & Treatment Programme



K4C Midwife (Angela Mugumba) providing Health Education to women to raise awareness of Cervical Cancer and how they can access our preventative Screening & Treatment Services at Kataraka Health Centre

Cervical Cancer is one of the most pressing women’s health issues. It is the 4<sup>th</sup> most common cancer found in women globally, despite being largely preventable through HPV vaccination, regular screening and the treatment of precancerous lesions. 88% of the related global health burden is borne by Low- and Middle-Income Countries (LMICs). Uganda has one of the highest incidence rates of cervical cancer in the world (56.2 per 100,000), and cervical cancer remains the leading cause of cancer related deaths for women in both Uganda and Tanzania. Uganda has had a national roll out of HPV vaccinations for several years, however there is nationally low uptake and coverage. Other problems affecting Uganda’s screening programmes are a lack of trained staff, sociocultural factors (including a lack

of public awareness), and lack of quality-assured screening programmes. Most existing screening programmes lack functional referral systems and do not reach target populations.

Knowledge for Change developed its first Centre of Excellence for cervical screening and treatment at Kagote Health Centre III in Fort Portal (Uganda) in 2017 and went on to expand this to 3 other health facilities in Fort Portal (Bukuuku and Kasusu Health Centres and Fort Portal Regional Referral Hospital) and also to Kasangati Health Centre in Kampala (Uganda).



MobileODT's "Enhanced Visual Assessment (EVA)"

K4C utilises innovative technology to deliver cervical screening and treatment services; MobileODT 'Enhanced Visual Assessment (EVA)' devices are used to ensure high quality screening and access to telemedicine support from UK based cervical screening specialist doctors. We utilise Liger 'cold-coagulation' devices for the treatment of any pre-cancerous lesions identified. Any women identified with cancerous lesions are referred to Fort Portal Regional Referral Hospital for a biopsy and further diagnosis, treatment and management.



Liger "Cold Coagulation" device

Our 'one stop' Point of Care screen and treat services are fully integrated into government health centres, enabling women to access the services free of charge and at local health centres that they know and trust. This has hugely expanded uptake and access for cervical screening across the areas that we work. An extensive awareness raising campaign in the community was enabled by GIS mapping, developed by K4C's longstanding project manager Allan Ndawula as his Master's degree research project. Combined with regular local radio broadcasts, this has dramatically increased uptake of the service. Since 2017, we have successfully screened over 4000 women from across the Kabarole and Wakiso Districts.



K4C Midwife (Rachel Namiro) training nursing/midwifery staff how to use the EVA device

During 2023, K4C further expanded its cervical screening programme to include Kataraka Health Centre in Fort Portal (Uganda). Kataraka was previously a level 3 health centre but is currently in the process of being renovated into a level 4 health centre. As such, it should provide relatively comprehensive outpatient and maternity services which lends itself well to K4C's model for health education and sensitisation. All of the nursing and

midwifery staff at Kataraka have now been trained in cervical screening and treatment, and the required equipment has been purchased to enable the service to be fully implemented in early 2024. An unfortunate delay has been experienced in receiving the new EVA devices we have ordered, as MobileODT has delayed the release of its AI enabled device while it undertakes further piloting and obtains the necessary licencing. K4C did not wish to accept delivery of the devices until these processes were completed in order to protect the longevity of the warranty period and to ensure we achieve value for money from the supplier.



Staff being trained in use of the Liger Cold Coagulation device

The UK and Uganda team jointly published a paper in 2023 discussing the results and impact of the cervical screening service which can be here: Auma et al (2023) “Task-shifting for point-of-care cervical cancer prevention in low- and middle-income countries: a case study from Uganda” *Frontier Public Health* (<https://pubmed.ncbi.nlm.nih.gov/37575099/>)

This paper reported that at 5-K4C supported sites “a total of 3,690 women have accessed cervical screening. Of these an average of 6% had positive results and treatment”. The breakdown of this can be seen in Table 1:

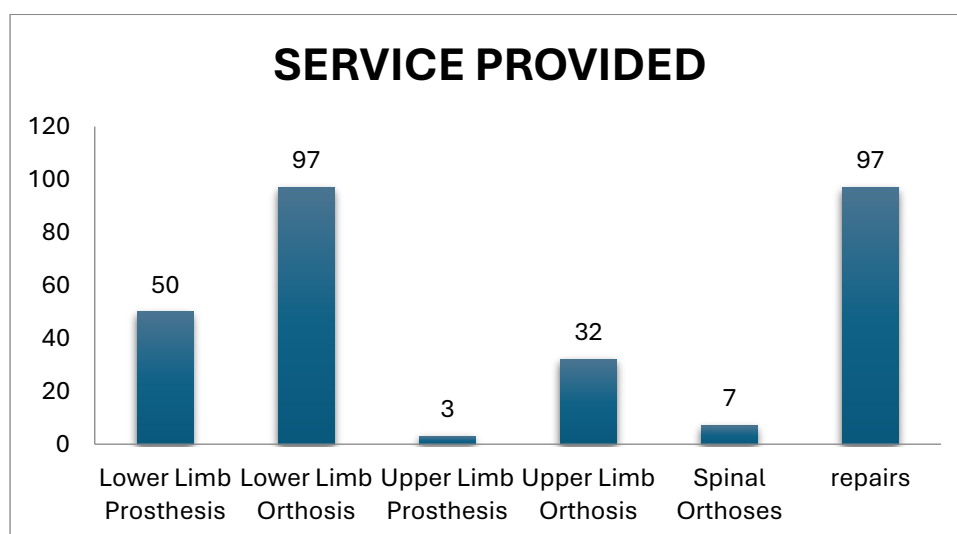
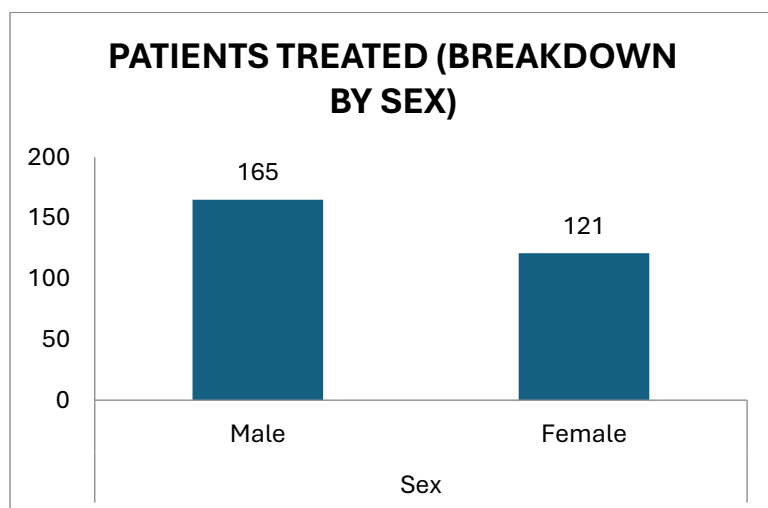
April 2019 - January 2024	Kagote (n / %)		Bukuuku (n / %)		Kasusu (n / %)		Kira (n / %)			Kasangati (n / %)		Total (n / %)	
<b>Total n</b>	1778		1294		316		294			173		3855	
<b>HIV + ve</b>	954.5	53.7	904	69.9	136.9	43.3	267.6		91.0	160	92.5	2423	62.85
<b>Ca + ve</b>	101.9	5.7	181.7	16.7	2.9	0.9	9.1		3.1	6.9	4.0	302.5	7.85

### Rehabilitation Projects

Limb amputations are far more common in Low- and Middle-Income Countries (LMICs). The most common cause is trauma as a result of road traffic accidents or conflict. Other common causes include congenital defects, infections and tumours. Diabetes is also a fast emerging as a major cause of limb loss in some LMICs, including Uganda. Losing a limb can have severe repercussions on livelihoods in Uganda as more people are reliant on physical activity to earn a living, for example through manual labour, farming and transportation, and there is no social security system to provide support.

Despite the United Nations’ commitment to Universal Health Coverage ([https://www.who.int/newsroom/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/newsroom/fact-sheets/detail/universal-health-coverage-(uhc))), little progress has been made to support people with physical disabilities in LMICs such as Uganda, which have become almost entirely reliant on Overseas Development Assistance (ODA) for these aspects of health care.

Over the last 12 months, K4C has continued to grow its rehabilitation related projects and activities at both Fort Portal Regional Referral Hospital (Uganda) and Mnazi Mmoja Hospital (Zanzibar, Tanzania). In Fort Portal, we recruited a 2<sup>nd</sup> Orthopaedic Technician (Jackson Murungi) to bolster the staffing resource within the “Ninsiima Centre for the Rehabilitation of People with Disabilities” which K4C established in 2022. Working in partnership with the hospital and STAND (previously “Legs for Africa”, a UK based charity involved in recycling of prosthetic components), we have continued to provide essential prosthetic and orthotic devices, componentry and rehabilitation services for patients. Over the course of 2023, a total of 286 clients accessed the services, as illustrated by the graphs below:



Construction of Paediatric Rehabilitation Unit, Play Area and Client Waiting Area at the Orthopaedic Workshop at Fort Portal Regional Referral Hospital

The success of the Ninsiima Centre for the Rehabilitation of People with Disabilities since K4C renovated it in 2022 has led to an increase in demand from patients, some of whom now travel from across Uganda and also from across the border in the DRC in order to access reliable and high-quality services. The increased awareness of the adult services has subsequently stimulated demand for paediatric services, which up until this year were delivered in the same building as adults.

However, in March 2023, K4C decided to invest in building a new specialised paediatric rehabilitation facility which would provide more space and better cater for children’s needs. We recruited a physiotherapist (Simon Peter Kitandwe) to guide the design and development of the facility, alongside 3 K4C physiotherapy students and FPRRH management. It was agreed to build the paediatric facility on an unused piece of land located alongside the current adult rehabilitation facility so staff could easily work between both units. It was agreed to include a sheltered waiting area for both adult and paediatric patients to use in order to free-up additional treatment space within the existing facilities.

The building work costed £3,200 and was completed by Peter Kansiime in May-July 2023; the images below illustrate the area before and immediately after construction:



Once the building work was completed, K4C utilised additional fundraising from 3 students that had recently completed their placements with us to fund the necessary rehabilitation equipment, as well as benches and chairs for the waiting area.

As part of the building work, we also renovated 2 existing rooms attached to the new facility to use for 3D foot scanning of diabetic patients. This new service has so far catered for over 60 patients who have all received offloading insoles were provided as a prevention measure from foot ulcers prevention. More information about this specific project is included later in this report.

### *General Health System Strengthening Activities*

#### Supporting Laboratory Services in Kagote Health Centre



In 2022, K4C was asked to support the refurbishment of the laboratory work surfaces at Kagote Health Centre. The Laboratory Technician (Peter Asiimwe) was concerned that the existing services created opportunities for contamination of samples and Infection Risk. K4C commissioned Peter Kansilime to undertake the renovation work, which was completed in 2023.

#### Renovating the Delivery Suite at Kasangati Health Centre IV



K4C midwifery students on placement at Kasangati Health Centre had highlighted the poor state of repair of the maternity unit which was negatively impacting upon women's privacy, dignity, respect and infection risk. They undertook fundraising once they returned to the UK and K4C used this to renovate the unit to include redecorating

the walls, installing privacy curtains in both the labour suite and postnatal ward and completing other redecoration work to improve the general appearance of the facility. This work was well received by both staff and patients alike.



#### Renovating the Maternity Unit at Kasusu Health Centre III

Kasusu Health Centre III is a relatively small facility located on the outskirts of Fort Portal, Uganda. For many years, it had been underperforming with relatively few services being delivered to patients due to the lack of good quality infrastructure and equipment, as well as limited staffing. In order to improve the functionality of the facility, K4C purchased all essential medical equipment and fully refurbished the facility as follows:

- Tiling the floor of the maternity unit.
- Refurbishing the staff quarters to provide a comfortable and secure place to rest and to stay overnight.

- Essential plumbing work and drainage, including fitting of new sinks and running water.
- Upgrading the placenta pit
- Provision of essential medical equipment including:
  - 3 delivery sets
  - Autoclave
  - Resuscitation bed
  - Ward privacy screens
  - Doppler
  - Baby Ambu bags
  - Thermometers and BP machines



Renovation work at Kasusu Health Centre including tiling the floor and providing essential medical equipment

## The British Commonwealth Professional Fellowship Scheme

### Background:

The Professional Fellowship scheme (facilitated by the [Commonwealth Scholarship Commission](#)) funds mid-career professionals from LMICs to come to the UK to develop their skills and knowledge in a topic relevant to their professional field. These professionals participate in a 3-month programme, and upon their return home, use their newly acquired knowledge to effect positive change in their areas of interest. K4C and its partners have hosted over 100 fellows since 2011, from a variety of professions including nurses, engineers, policymakers and activists.

### Activities:

Under the CSC's Fellowship Theme "Clean Energy, Clean Oceans and Clean Air", and in collaboration with the University of Salford/Energy House 2.0, K4C hosted 9 fellows in 2022:

- Elvis Orishaba (Policy Maker)
- Fridah Namakula (Briquette Manufacturer)
- Isaya Mwesige (Charity Worker)
- Peter Kansiime (Builder)
- Flavia Achola (Nurse)
- Lilian Nampijja (Civil Engineer)
- Ronald Owachgiu (Solar Engineer)
- Victor Muchunguzi (Cold Chain Manager)
- Johniey Bosco (Policy Maker)

K4C has not worked actively on climate change related projects previously, however there is a growing understanding globally of the impacts that climate change can have on human health, and so this does connect with our wider healthcare related activities and interventions.

The primary objectives of the fellowship were to assist the fellows in identifying an environmental issue relevant to their professional field and equipping them with the knowledge to effectively tackle their chosen issue.



Five of the fellows (Fridah, Isaya, Peter, Flavia & Ronald) all identified areas relating to the use of 'Three-Stone Fires (TSF)' for cooking that they could improve within their professional fields. The TSF is still the primary cooking method used in Uganda, primarily due to its low-cost and easy set-up, which involves placing a pot on three large stones arranged in a triangle, with the fire built underneath. It is estimated that over 90% of Ugandans rely on wood as a primary fuel source, with Uganda losing about 90,000 hectares of forest annually due to the demand for wood fuel and agricultural

expansion. Charcoal production is also highly inefficient. The burning of both fuels produces high levels of carbon dioxide (CO<sub>2</sub>) and particulate matter (PM) into the air and produce smoke filled with pollutants like carbon monoxide (CO), nitrogen oxides (NO<sub>x</sub>), and volatile organic compounds (VOCs). These pollutants are exacerbated by the uncovered nature of the fire, and it commonly being located inside within rooms that have little to no ventilation.



Fridah (pictured left) aimed to learn about alternative fuel sources to firewood and charcoal. She then experimented with different waste sources and was able to manufacture her own briquettes using agricultural waste. The briquettes had a longer burn time and produced fewer smoke emissions compared to traditional sources.

Peter (pictured right) identified the LORENA, a pot rest stove, as an alternative cooking method. Due to its enclosed firewood chamber, it is said to use less fuel and emit less smoke. To evaluate this, Peter built a LORENA (while replicating Uganda's methods as much as possible) in Salford. Peter expanded on the initial design by adding a chimney that would reduce the smoke inhaled by the LORENA's user.



Isaya conducted an environmental evaluation of the stove compared to a three-stone fire using skills he had gained at the University of Salford's 'Energy House 2.0' building.

Flavia embarked on identifying ways to reduce the impact of indoor cooking on respiratory health, and how this could be effectively communicated through health education. After collaborating with Peter in identifying the LORENA stove, she developed educational materials that communicated the importance of good ventilation in the home and the economic and health benefits of the LORENA.

Ronald aimed to create an economic model that could support the initial upfront costs associated with a change from the TSF. He learned about solar energy harvesting and how to design a solar system that can power cooking appliances like slow cookers and refrigerators, and how to encourage the switch through micro-credit.

Lilian, Victor, Bosco and Elvis identified wider environmental themes more effectively tackled by governmental and policy intervention. Lilian aimed to establish methods for recycling concrete, whose manufacture is responsible for around 8% of global emissions, when a building is demolished in urban areas in Uganda. Alongside Salford University's engineering department she developed a business plan for the incorporation of different replacement mix ratios of both aggregate and cement

(with demolished concrete and incinerator bottom ash) from the research in actual construction.

Elvis identified the prevalence of driving in Uganda and the lack of non-motorised travel options as problems contributing to local air pollution. He developed his knowledge of the infrastructural and sociological factors that contribute to this and the importance of having pedestrian-friendly and socially inclusive streets. As a District Physical Planner for Bunyangabu, he began to develop policies that would facilitate sustainable transport methods in the Bunyangabu District.

Bosco similarly identified the positive social outcomes that public transport can have, and identified the opportunities that local authorities hold in promoting environmental travel options. He created a concept note to his council on how non-motorised means of transport can be integrated into city plans and budgets. He also learned that the digitalisation of the transport system facilities and quickens service delivery.

Victor, a vaccine cold chain specialist, identified the issue of power cuts and their effect on vaccine storage as a fundamental issue in his field. He gained experience in overcoming this issue with solar fridges and how to appropriately adapt this to the Ugandan context.

The UK Knowledge for Change Team also assisted the fellows in developing personal skills and knowledge that can be used on their return home to communicate their ideas, such as Word and PowerPoint, as well as how to condense and present ideas in a way that can influence behaviour.

Professionally, the fellows were able to engage with a variety of academics and professionals. One of the largest catalysts was meeting the other professional fellows from different host organisations. The topic of three-stone fires was a common issue across Commonwealth countries. Engaging with the other fellows allowed them to identify common pinch points and learn from where they have already struggled and succeeded in the development of new stoves, policies, and community engagement.

#### Results/Impact so far:

K4C maintains a close relationship and provides on-going support for all fellows once they have returned to Uganda, and many continue to support our projects longer-term. Bosco was awarded a grant from the Royal Society Tropical Health and Medicine (RSTHM) to continue his professional development in examining “The impact and solutions of poor sanitation on public health and the environment, a case study of Fort Portal City, Uganda” : [NIHR Grant Awardees 2023 | RSTMH](#)

Peter continued to consolidate his skills in building the LORENA and is now, along with other builders in his team, building the LORENA for people in Fort Portal. In collaboration with Energy House 2.0, Peter has also conducted an Air Quality

Monitoring study, to evaluate the change the LORENA makes to air quality of the immediate area. The results have been measured and are currently being processed.

Flavia has she been seconded within the hospital to assist in the delivering of a diabetic K4C foot prevention project. She is utilising the skills she gained in data collection and presenting to help run the ministry of health branch of the project.

Ronald has returned to education to further his electrical engineering skills to allow him to fit and evaluate solar panels on government and private buildings.

#### Future Plans:

Along with its partners, K4C is planning to host 8 Ugandan, Tanzanian and Mozambican fellows in 2024 from a wide-range of disciplines including nursing, midwifery prosthetics and orthotics, supply chain management, medicine and researchers. The 3-month fellowship scheme will focus on building the fellows skills and knowledge on diabetic foot management in LMIC's along with prosthetic supply chain capacity in East Africa.

### Respectful Care Programme

#### Summary/Background:



Team of K4C Staff and Professional Volunteers based at Fort Portal Regional Referral Hospital (Uganda)

Since 2018, Respectful Care has been a centre pillar of K4C's health systems interventions. Initially our work focused on Respectful Maternity Care, but over the years our ethos has come to include all patient care. Traditionally, a lot of global health work has focused on emergency medicine and treating patients who have developed complications. Our work has shown that a more cost-effective and resource-efficient focus on prevention and early identification of risk factors has a far-reaching positive effect on patient outcomes. Fear of mistreatment or disrespect from health workers is one of the major reasons why people do not seek healthcare when they need it (White Ribbon Alliance). These delays in seeking treatment have very real outcomes and are linked to many preventable deaths.

#### Activities:

K4C promotes respectful patient care throughout all of its programme work. Our staff and professional volunteers provide bedside mentorship and role-modelling of: communication, compassion, privacy, dignity, confidentiality and patient-centred care. Our focus on user-engagement keeps the voices of the patients heard and central to our programme planning and evaluation.

### Results/Impact so far:

We continue to see very tangible outcomes of increased patient attendance in the facilities where we work, and our evaluation work and interviews with patients highlight how important receiving respectful care has been in their decisions to seek care. Kagote Health Centre in Fort Portal continues to have a thriving birth rate following partnership with K4C, having had many years without any births at all. In 2023, following the establishment of the Ninsiima Centre for Rehabilitation of People with Disabilities at Fort Portal Regional Referral Hospital, patient numbers increased more than 12 times that of the previous year.

K4C is proud that its work benefits the health systems in Uganda and Tanzania, but also that it brings benefits back to the UK NHS workforce. Students and volunteers report that working with us helps them understand the different ways respect is understood and demonstrated in different cultures, a cultural competence that they take back into caring for their diverse patient cohort in the UK. We also deliver lectures to the University of Salford nursing students on the lessons that we have learnt about how respectful care saves lives in every setting.

### Future Plans:

Based on our work so far, we have been responding to the needs in the health facilities in which we work and considering how we can extend respectful care to both unborn and newborn babies, who do not have a voice to tell us what they need. We are developing some new work around neonatal sepsis focused on linking respectful maternity care to respectful neonatal care, to improve outcomes and survival rates for some of the most vulnerable patients we work with.

## *Virtual Volunteering Programme*

### Background:

In our last report, we described K4C's commitment to reducing unnecessary air travel, as well as making engagement in our work possible for those who are unable to travel overseas. We firmly believe in the value of our in-person volunteering and student placements, but have integrated virtual working into the day to day running of our programmes to enhance and enrich them while keeping our carbon footprint as low as possible.

The Virtual Learning hub that was created in Fort Portal through a grant from the Tropical Health and Education Trust in 2022 has proved an invaluable resource for our team. Providing a physical space equipped with technology and reliable Wi-Fi, on site at the Regional Referral Hospital, allows the team to engage in virtual working with colleagues from the University of Salford and our other sites in Kampala, and Zanzibar and Moshi in Tanzania, strengthening team relationships and enabling South-South learning and knowledge transfer between our linked projects in these different geographical areas.

### Case Study: Dan Parker, Virtual Volunteer



Dan is a lecturer in Digital Health at the University of Salford. He's never been to Uganda, but he's played a vital role in supporting the establishment of a diabetic foot clinic in Fort Portal. The team on the ground use a 3d foot scanner to assess patients at risk of developing foot ulcers, a common cause of foot amputation. The digital image goes to Dan in Salford, who 3D prints bespoke shoe insoles for each patient. This work was also supported by NHS clinical scientist trainees Elizabeth Massie and Jess Concannon, who were instrumental in the foot clinic set-up in the summer of 2023. Jess had herself been a K4C virtual volunteer supporting the ongoing prosthetics work in the previous year, further demonstrating the potential benefits of virtual engagement both for our projects in Uganda but also the NHS.

K4C Trustee and Doctoral Researcher, Claire Horder, has been working to capture and evaluate the effectiveness of virtual working. An article was published in SCOPE magazine about this work: <https://www.ipem.ac.uk/media/413heltr/scope-autumn-2023-full-lrc.pdf>

Claire's research is showing that virtual working and virtual volunteering is bringing a valuable new dimension to K4C's programmes and widening the ability to participate in health systems strengthening activities both for our staff and for our international volunteers and students. We have now been awarded another grant from the Tropical Health and Education Trust to formally trial a pilot for virtual mentorship between the UK, Uganda and Zanzibar to support our ongoing work on diabetes. This exciting work will begin in January 2024.

### *Professional Volunteering Programme*

#### Overview:



Knowledge for Change continued its Professional Volunteering Programme throughout 2023. Over the course of the year, a total of 16 volunteers from the UK NHS were placed across Uganda and Tanzania on long-term (6+ month) placements. These included 3 midwives, 6 nurses, 3 doctors, a physiotherapist, a nutritionist and 2 bio-scientists. 10 of these placements were fully-funded by Knowledge for Change to include the volunteer's flights, accommodation, airport transfers, insurance, clinical registration, work permit and a living allowance of £300 per month to cover their subsistence costs. The remaining 6 were part-funded to include the volunteer's

accommodation, airport transfers, insurance, clinical registration and work permit costs.

### Roles

The role of K4C's professional volunteers is to work alongside local staff on a co-present basis to share valuable knowledge, skills and experience. The primary aim of the programme is to build the capacity of local staff and thereby strengthen local health systems. The placements are of mutual benefit as the volunteers also gain valuable knowledge, skills and experience to utilise in their practice once back in the UK. Professional volunteers also play an important role in supervising our students whilst on placement to provide clinical supervision, guide their learning and work with the local K4C team to provide pastoral support where needed.

In terms of project work, the professional volunteers based in Uganda have played critical roles in supporting the expansion of the ongoing development of our cervical screening programme to include Kasusu and Kataraka Health Centres, supporting the design and implementation of our Diabetes Projects, supporting establishment of the Ninsiima Centre for the Rehabilitation of People with Disabilities and supporting the Commonwealth Scholarship Professional Fellowship Programme.

K4C is excited to have placed its first professional volunteers in Zanzibar from January 2023. Over the course of the year we placed 3 nurses, 2 midwives and a physiotherapist at Mnazi Mmoja Hospital. As our partnerships and relationships in Zanzibar are still relatively new, we have not yet begun formal implementation of any projects (aside from our student placement programme). However, our first volunteers have played a critically important role in building links, networks and relationships with local staff and stakeholders, guiding our understanding of the unfamiliar contexts and cultures and reviewing hospital data to identify trends and priority areas for K4C to focus on in future.

More information about our Professional Volunteering Programme can be found on our website: [www.knowledge4change.org/professionalvolunteering](http://www.knowledge4change.org/professionalvolunteering)

## *Student Placement Programme*

### Background:



K4C's "Ethical Student Placement Programme" has been running since 2015, during which time it has arranged over 600 placements for students from nursing, midwifery, medical, Allied Health, social work and education backgrounds (amongst others). It was initially established with funding from Health Education England (now NHS England) and aimed to develop, pilot and evaluate an ethical, cost effective, sustainable and low-risk placement

program which yielded highly impactful learning outcomes for students and mutual return benefits for the UK NHS.

#### Activities in 2023:

Our student placement programme has continued to grow throughout 2023, mainly due to the addition of new partnership facilities in Zanzibar which were successfully piloted throughout 2022. Over the course of 2023, K4C hosted 147 students, an increase of 20% compared to the previous year. The majority of students were from nursing and midwifery backgrounds, however there was also strong representation from social work, physiotherapy, paramedic science and prosthetics and orthotics. Our main University partners were Kingston University, Liverpool John Moore's University, University of Salford, Hertfordshire University and the Universities of Agder and OsloMet in Norway. A positive new relationship has also been arranged with the Universities of Teesside and West England in the UK.

The programme continues to demonstrate very positive learning outcomes for students and positive feedback from partner health facilities. The financial return for K4C has also been positive, with over £100,000 generated for use towards our charitable activities in Uganda and Tanzania: over £30,000 was directly invested into our partner health facilities; over £25,000 was invested in our Professional Volunteering Programme which itself yields strongly positive impacts for our partners; over £35,000 was used to cover the salaries of our clinical staff; and the remaining funding covered students' direct costs for travel and accommodation along with other general administrative costs.

#### Future Plans:

Moving into 2024, we are excited to announce a further expansion of our student placement programme to include new partnership sites at Mawenzi Hospital and Pasua Health Centre in Moshi (Tanzania). We are also continuing to proactively plan further expansion of the programme to other countries, in partnership with several like-minded charities and NGOs.

## Financial Overview

This Annual Report covers the 12-month period from 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2023. Total receipts on Knowledge for Change (UK) funds for this period were £433,825. These receipts included all income from public donations, various sources of project funding, bank interest payments and income provided by various partner organisations and funding bodies.

Total payments of Knowledge for Change (UK) funds for the 12-month period from 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2023 totalled £409,932. This included payments made for all projects including those in the UK, Uganda and Tanzania; those run in partnership with the University of Salford and those funded by other external sources.

The total balance brought forward at the beginning of the financial year was £154,376. Over the course of the 12-month period, there was an excess of receipts over payments of £23,893. This gave Knowledge for Change (UK) a combined total fund available on 1<sup>st</sup> January 2024 of £178,270.

Throughout the year, Knowledge for Change (UK) granted a total of £80,108 to 'Knowledge for Change (Uganda)' and £11,000 to 'Knowledge for Change (Tanzania)'. As detailed in our previous (2022) Trustees Annual Report, both of these organisations are now fully established as independent NGOs in their respective countries. They were setup to streamline governance, promote local ownership and ensure full compliance with local laws and financial regulations in Uganda and Tanzania, and have their own governance and management systems in place. As such, they now serve as independent suppliers and downstream partners to Knowledge for Change (UK) and are granted direct funding to support their operations. Memorandums of Understanding (MOUs) are in place to govern the tripartite relationship between the organisations, and both K4C (Uganda) and K4C (Tanzania) are subject to regular stringent financial audit and due diligence checks by K4C (UK). Several trustees for K4C (UK) are also board members for K4C (Uganda) and K4C (Tanzania) to support effective and streamlined management.

The accounts below differentiate between payments made directly by Knowledge for Change (UK) and any funding granted to Knowledge for Change (Uganda) and Knowledge for Change (Tanzania). Notes 5a and 5b specifically provide more detail by differentiating between expenditure by each of the 3 separate organisations.

Overall, the K4C trustees are highly confident in the financial standing of the charity, and are proud of the level of sustainability we have achieved despite unforeseen macro factors relating to Brexit, the UK government's decision to cut its overseas development budget during the Covid-19 pandemic, and the Covid related travel restrictions which reduced our financial reserve and our income from student placements. We do not anticipate any reversal of the UK government's funding decision within the next 3-5 years, and will therefore maintain our innovative but cautious approach to generating and managing our funding over the coming year.

## Financial Statement for the Year Ended 31st December 2023

	Total Funds (31/12/23) £	Total Funds (31/12/22) £
<b>RECEIPTS AND PAYMENTS ACCOUNT</b>		
Receipts		
Public Donations (note 2a)	291,603	128,987
Income from Organisations (note 2b)	141,207	124,615
Refunds	178	311
Miscellaneous Funding	-	-
Sub-total (note 3)	<u>432,988</u>	<u>253,913</u>
Bank Interest/Charge Reversals	837	343
	<u>433,825</u>	<u>254,256</u>
Payments (Note 4)		
Professional Volunteering Project	24,243	17,124
Ethical Elective Placement Project	210,794	125,062
Biomedical Engineering & Blood Transfusion Projects	-	-
Hand Hygiene, Infection Control & Antimicrobial Resistance	-	-
Wound Management Project	2,254	1,415
Cervical Screening Project	1,978	-
Rehabilitation Projects	3,169	2,804
Diabetes (NEEDS) Project	11,856	-
Neonatal Sepsis Project	1,673	-
Respectful Care (Maternity Services) Project	-	-
Cultural Competency Project	2,000	-
General Health System Strengthening Activities	1,917	-
General Education System Strengthening Activities	-	-
British Commonwealth Fellowships	10,018	9,855
Climate Change & Environment	-	-
General Infrastructural Developments	-	-
Knowledge for Change (Uganda) Grant Funding (Note 5)	80,108	128,492
Knowledge for Change (Tanzania) Grant Funding (Note 5)	11,000	9,640
Website Development	204	216
Bank Charges	85	40
Publishing / Project Dissemination	-	-
Administrative Staffing & Expenditure (UK)	23,206	-
Research Staffing (UK)	25,378	-
Administrative Staffing & Expenditure (Uganda)	49	-
	<u>409,932</u>	<u>294,648</u>
Excess of Receipts over Payments	<u>23,893</u>	<u>(40,392)</u>

## STATEMENT OF ASSETS & LIABILITIES

Cash Funds		
Bank Account 1 (Current) (GBP - UK)	166,203	31,862
Bank Account 2 (Savings) (GBP - UK)	11,180	120,343
GBP Currency Cards	887	2,171
Cash in Hand (UK)	-	-
	<u>178,270</u>	<u>154,376</u>
Liabilities (note 6)		
Expenses due	-	-
Invoices/Payments due	-	-
	<u>-</u>	<u>-</u>
Total Assets - Liabilities	<u>178,270</u>	<u>154,376</u>

## Notes to the Financial Statement for the Year Ended 31st December 2023

1. The financial statements of Knowledge for Change have been prepared in accordance with the Charities Act, 2011, and the Charities (Accounts & Reports) Regulations, 2008, using the Receipts & Payments basis.

### 2. Receipts Analysis

	Total Funds (31/12/23) (£)	Total Funds (31/12/22) (£)
a. Public Donations		
Direct Donations	253,840	101,102
Amazon Smile	-	-
KindLink	15,771	9,621
Wonderful	21,991	18,264
HMRC Gift Aid	-	-
	<u>291,602</u>	<u>128,987</u>
b. Funding from Organisations		
University of Salford	36,193	32,600
Liverpool John Moore's University	55,979	66,215
Commonwealth Scholarship Commission	18,462	22,800
Tropical Health Education Trust (THET)	-	1,000
Legs for Africa (L4A)	1,125	2,000
Burdett Trust for Nursing	29,448	-
	<u>141,207</u>	<u>124,615</u>

3. A summary of the public donations and income from organisations intended for specific projects is provided below:

Specified Project	Income (£) to 31/12/23:	Income (£) to 31/12/22:
Student Placement Project	336,122	191,955
Cervical Screening Project	7,045	1,259
Diabetes Projects (incl. Nursing Now Fellowships)	35,241	1,000
Antimicrobial Stewardship Project	-	500
Wound Management Project	2,668	2,500
Virtual Volunteering Project (Prosthetics)	-	-
Virtual Volunteering Project (Wound Management)	-	-
Biomedical Engineering / UBTS Projects	-	-
Biomedical Science Research (incl. Covid-19)		900
Respectful Care Project	3,081	-
Children's Education Project	-	-
Commonwealth Scholarship Commission Fellowships	18,462	22,800
Professional Volunteering Project	3,430	-

Rehabilitation	15,680	32,582
Climate Change	5,000	-
Miscellaneous/Non-Project Specific*	6,260	417
Total	432,988	253,913

\*Miscellaneous/Non-Project Specific income refers to income that is unrestricted and not tied to a specific project. A further breakdown is provided below:

Source of Income:	Amount (31/12/23):	Amount (31/12/22):
Kindlink (general public donations)	-	8
Wonderful (general public donations)	-	-
Direct donations (general public donations)	6,202	409
HMRC (Gift Aid claimed on public donations)	-	-
Refunds (miscellaneous)	57	-
Total	6,260	417

4. An alternative breakdown of payments in terms of defined payment categories, as opposed to project expenditure, is provided below:

Line Item:	Expenditure (£) to 31/12/23:	Expenditure (£) to 31/12/22:
<i>Professional Volunteering</i>		
Stipend Payments	16,633	14,402
Accommodation Costs	5,582	1,245
International Travel Costs	584	1,477
Local Travel Costs	-	-
Clinical Registration Costs	-	-
<i>Sub-Total:</i>	22,799	17,124
<i>Student Placements</i>		
International Travel Costs	158,188	99,109
Local Travel Costs	484	36
Accommodation Costs	41,649	10,659
Subsistence Costs	-	-
<i>Sub-Total:</i>	200,321	109,804
<i>Training Workshops/Conferences</i>		
Training Programmes in Uganda	11,612	-
Training Programmes in Tanzania	-	-
Training Programmes in the UK	10,018	9,855
<i>Sub-Total:</i>	21,630	9,855
<i>International Travel</i>		
Project Management	8,853	7,424
Project Stakeholders	-	-
<i>Sub-Total:</i>	8,853	7,424
<i>UK Staffing</i>		

Admin/Management Staff Salaries	23,206	-
Research Staff Salaries	31,201	-
Local UK Travel	-	432
<i>Sub-Total:</i>	<b>54,407</b>	<b>432</b>
<i>Uganda Staffing</i>		
Admin/Management Staff Salaries	-	-
Clinical Staff Salaries	300	-
Local Uganda Travel	1,540	-
<i>Sub-Total:</i>	<b>1,840</b>	
<i>Tanzania Staffing</i>		
Admin/Management Staff Salaries	-	-
Clinical Staff Salaries	785	-
Local Tanzania Travel	-	-
<i>Sub-Total:</i>	<b>785</b>	
<i>Direct Investments/Infrastructural Developments</i>		
Student Hosting Contributions	1,917	7,405
Provision of Medical Equipment	5,982	4,214
<i>Sub-Total:</i>	<b>7,899</b>	<b>11,619</b>
<i>Other</i>		
Office Supplies & Stationery (Uganda)	-	-
Banking Costs	85	40
Website Costs	204	216
K4C (Uganda) Grant Funding (note 5)	80,108	128,492
K4C (Tanzania) Grant Funding (note 5)	11,000	9,640
<i>Sub-Total:</i>	<b>91,397</b>	<b>138,388</b>
<b>Total Expenditure:</b>	<b>409,931</b>	<b>294,648</b>

5. Over the course of the 2023 financial year, K4C UK has granted a total of £80,108 to K4C Uganda and £11,000 to K4C Tanzania. The two tables below provide a breakdown of all Knowledge for Change expenditure, including the funding granted to Knowledge for Change (Uganda) and Knowledge for Change (Tanzania). Table 5a contains a breakdown of expenditure by project, whereas table 5b contains a breakdown of expenditure by defined payment categories.

*Table 5a (all K4C UK, K4C Uganda and K4C Tanzania expenditure categorised by project):*

All Payments Combined for 01/01/2023 – 31/12/2023 (Categorised by Project)	K4C UK	K4C Uganda	K4C Tanzania	Total Funds
Professional Volunteering Project	24,243	7,250	-	31,493
Ethical Elective Placement Project	210,794	9,700	2,000	222,494
Biomedical Engineering & Blood Transfusion Projects	-	-	-	-

Hand Hygiene, Infection Control & Antimicrobial Resistance	-	3,972	-	3,972
Wound Management Project	2,254	8,617	-	10,871
Cervical Screening Project	1,978	12,190	-	14,168
Rehabilitation Projects	3,169	20,467	3,000	26,636
Diabetes (NEEDS) Project	11,856	7,300	3,000	22,156
Neonatal Sepsis Project	1,673	-	-	1,673
Respectful Care (Maternity Services) Project	-	8,690	3,000	11,690
Cultural Competency Project	2,000	-	-	2,000
General Health System Strengthening Activities	1,917	950	-	2,867
General Education System Strengthening Activities	-	-	-	-
British Commonwealth Fellowships	10,018	-	-	10,018
Climate Change & Environment	-	1,500	-	1,500
General Infrastructural Developments	-	-	-	-
Website Development	204	-	-	204
Bank Charges	85	508	-	593
Publishing / Project Dissemination	-	-	-	-
Administrative Staffing & Expenditure (UK)	23,206	-	-	23,206
Research Staffing (UK)	25,378	-	-	25,378
Administrative Staffing & Expenditure (Uganda)	49	-	-	49
Total Payments:	318,823	81,144	11,000	410,967
Reserve/Unspent Funding (incl. at bank and in-hand)	N/A	13,439	-	13,439
Total Payments + Reserve Funding	318,823	94,583	11,000	424,406

Table 5b (all K4C UK, K4C Uganda and K4C Tanzania expenditure categorised by defined payment categories):

All Payments Combined for 01/01/2023 – 31/12/2023 (Categorised by Defined Payment Categories)	K4C UK	K4C Uganda	K4C Tanzania	Total Funds
<i>Professional Volunteering</i>				
Stipend Payments	16,633	-	-	16,633
Accommodation Costs	5,582	3,450	-	9,032
International Travel Costs	584	-	-	584
Local Travel Costs	-	2,000	-	2,000
Clinical Registration Costs	-	600	-	600
<i>Sub-Total:</i>	<i>22,799</i>	<i>6,050</i>	<i>-</i>	<i>28,849</i>
<i>Student Placements</i>				
International Travel Costs	158,188	-	-	158,188
Local Travel Costs	484	2,600	-	3,084
Accommodation Costs	41,649	1,900	2,000	45,549
Subsistence Costs	-	-	-	-
<i>Sub-Total:</i>	<i>200,321</i>	<i>4,500</i>	<i>2,000</i>	<i>206,821</i>
<i>Training Workshops/Conferences</i>				
Training Programmes in Uganda	11,612	5,950	-	17,562
Training Programmes in Tanzania	-	-	-	-
Training Programmes in the UK	10,018	-	-	10,018

<i>Sub-Total:</i>	21,630	5,950	-	27,580
<i>International Travel</i>				
Project Management	8,853	-	-	8,853
Project Stakeholders	-	-	-	-
<i>Sub-Total:</i>	8,853	-	-	8,853
<i>UK Staffing</i>				
Admin/Management Staff Salaries	23,206	-	-	23,206
Research Staff Salaries	31,201	-	-	31,201
Local UK Travel	-	-	-	-
<i>Sub-Total:</i>	54,407	-	-	54,407
<i>Uganda Staffing</i>				
Admin/Management Staff Salaries	-	4,534	-	4,534
Clinical Staff Salaries	300	37,135	-	37,435
Research Staff Salaries	-	4,667	-	4,667
Local Uganda Travel	1,540	400	-	1,940
<i>Sub-Total:</i>	1,840	46,736	-	48,576
<i>Tanzania Staffing</i>				
Admin/Management Staff Salaries	-	-	-	-
Clinical Staff Salaries	785	-	9,000	9,785
Local Tanzania Travel	-	-	-	-
<i>Sub-Total:</i>	785	-	9,000	9,785
<i>Direct Investments/Infrastructural Developments</i>				
Student Hosting Contributions	1,917	3,900	-	5,817
Provision of Medical Equipment	5,982	8,300	-	14,282
Infrastructural Developments	-	5,200	-	5,200
<i>Sub-Total:</i>	7,899	17,400	-	25,299
<i>Other</i>				
Office Supplies & Stationery (Uganda)	-	-	-	-
Banking Costs	85	508	-	593
Website Costs	204	-	-	204
<i>Sub-Total:</i>	289	508	-	797
<b>Total Expenditure:</b>	<b>318,823</b>	<b>81,144</b>	<b>11,000</b>	<b>410,967</b>

6. Knowledge for Change does not possess any fixed assets, short or long-term liabilities; only current assets in the form of cash within the bank accounts and currency cards noted above.

## Independent Examiner's Report to the Trustees of Knowledge for Change

I report on the accounts for Knowledge for Change for the year ended 31 December 2023, which are set out on pages 26-33 of the Charity's 2023 Trustee's Annual Report and cover a 12-month period.

Respective responsibilities of trustees and examiner

The Charity's Trustees are responsible for the preparation of the accounts. The Charity's Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- Examine the accounts under section 145 of the 2011 Act;
- Follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011; and
- State whether particular matters have come to my attention.

Basis of independent examiner's statement

My examination was carried out in accordance with the general directions given by HMRC and the Charity Commission. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view'. The report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matters have come to my attention:

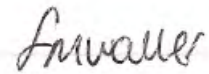
(1) which gives me reasonable cause to believe that in any material respect the requirements:

- To keep accounting records in accordance with section 130 of the 2011 Act;
  - To prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act have not been met;
- or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

11 Newmarket Street  
Skipton, North Yorkshire  
BD23 2HX

Date: 06/12/2024



Francesca Waller  
Independent Examiner  
Nestegg Financial  
Services

Knowledge for Change is a registered charity in England and Wales (no. 1146911). Its registered address is 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX.



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**KNOWLEDGE FOR CHANGE**

England & Wales - Charity number 1146911

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# Accounts

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# KNOWLEDGE FOR CHANGE

## TRUSTEES ANNUAL REPORT & ACCOUNTS FOR THE YEAR ENDING 31<sup>ST</sup> DECEMBER 2022

Knowledge for Change is a registered as a charity in England and Wales (Charity Commission registration number: 1146911)

Registered Address: 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX

Working Address: Allerton Building, University of Salford, Manchester, M6 6PU

Website: [www.Knowledge4Change.org](http://www.Knowledge4Change.org)

Email: [info@Knowledge4Change.org](mailto:info@Knowledge4Change.org)

# Background

Knowledge for Change was launched officially in 2012 and was formally entered on the Charity Commission Register as Charity Number 1146911 on 17th April 2012. The Charity's working names are 'Knowledge for Change', 'Knowledge 4 Change' and 'K4C'. The official charity address is 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX.

The UK based K4C trustees during the 12 months to 31<sup>st</sup> December 2022 were:

**Professor Louise Ackers (Chairperson)** – Chair in Global Social Justice, University of Salford (UK)

**Miss Natalie Tate (Secretary)** – Project Manager, Liverpool School of Tropical Medicine (UK)

**Dr James Ackers-Johnson (Treasurer)** – Project Manager, University of Salford (UK)

**Professor Anya Ahmed** – Chair in Social Policy, Manchester Metropolitan University (UK)

**Dr John Chatwin** – Post-doctoral Researcher, Midlands Partnership NHS Foundation Trust (UK)

**Dr Chris Coey** – Grant Writer, University of Liverpool (UK)

**Miss Eileen Cunningham** – Lecturer, Manchester Metropolitan University (UK)

**Miss Claire Horder** – Midwife, University Hospitals Dorset NHS Foundation Trust

The Uganda based K4C trustees during the 10 months to 31<sup>st</sup> December 2022 were:

**Dr Robert Ssekitoleko** – Lecturer in Biomedical Engineering, Makerere University (Uganda)

## Structure & Management

The structure, governance and management of K4C has remained unchanged over the course of the last 10 months. The Board of Trustees remains responsible for making decisions on all matters of general concern and importance to K4C including operational and financial decisions. The majority of K4C trustees are based in the northwest of the UK and are lucky to be able to meet on a regular basis; the Uganda based trustees are communicated with virtually and via email, as well as in-person during site visits.



# Recruitment, Appointment & Induction of Charity Trustees

The Trust Deed states that there must be a minimum of 4 trustees acting on behalf of K4C. There is no maximum term of appointment and trustees can serve until they resign should they continue to fulfil the terms stated in the Trust Deed. Mechanisms for the removal of trustees do exist and are also detailed in the Trust deed. All existing trustees have long experience of the nature of the charitable activity of K4C and, aside from expenses, were not remunerated for their trusteeship.

Where new trustees are appointed, they are given a formal induction to the work of the trust and provided with the information they need to fulfil their roles, which include information about the role of trustees and charity law. New trustees are nominated by members of the board of trustees, interviewed by the board of trustees and appointed where they have the necessary skills to contribute to the charity's management and development.

Trustees are responsible for monitoring all of the trust's activities and are bound by the terms stated within K4C's Declaration of Trust and amendments.

## Amendments to the Board of Trustees

There have been no amendments to Knowledge for Change's board of trustees during this financial year. However, the board have agreed to seek new trustees during the next financial year to bring fresh knowledge, experience and ideas to support our future activities.

## Objectives, Strategy & Public Benefit

The charitable objectives of K4C are as follows:

1) To support the relief of sickness and preservation of the health of patients in the UK and in Sub-Saharan Africa, in particular through charitable



activities in healthcare centres throughout Sub-Saharan Africa, assisting in the provision of facilities, support services, equipment not normally provided by the statutory authorities and any other charitable purposes/activities.

2) To advance the education of the health workers of Sub-Saharan Africa and the UK by promoting education, knowledge exchange and personal experience.

Knowledge for Change works in close partnership with the University of Salford (UK), Mountains of the Moon University (Uganda) and Kabarole Health District (Uganda). Additional support has been received from the UK Department for International Development, the Tropical Health Educational Trust, the Commonwealth Pharmacy Association and the Ugandan Ministry of Health.

The trustees are aware of the Charity Commission's Guidance on Public Benefit. They have reviewed the objectives of the charity, its activities in 2021 and future plans in the light of this guidance and find that all of these comply.

Note: Further information can also be found on our website ([www.Knowledge4Change.org](http://www.Knowledge4Change.org)), Facebook (@K4CUganda), Twitter (@Know4Change) and Instagram (#knowledgeforchange).

The activities described below have primarily benefited the people who live in the catchment areas of the universities and hospitals in which K4C operates. More generally, all professional volunteers, students and British Commonwealth funded fellows that have completed placements through K4C will have gained new skills and experience which will benefit the public in the UK and Uganda more widely depending on where they go on to work. All benefits are related to the objectives of the charity, as stated above. The trustees are not aware of any harm arising from the activities of the charity, nor of any private benefit, directly or indirectly.

## **K4C Activities (Jan-Dec 2022)**

Despite some ongoing challenges caused by the Covid-19 pandemic, K4C has maintained the majority of its existing projects and also embarked on several new and ambitious projects over the course of the last 12 months, working in close partnership with the University of Salford and other stakeholders.



# CERVICAL CANCER SCREENING

## Background

Since 2017 Knowledge for Change has been developing a Centre of Excellence for cervical screening and treatment in Kagote Health Centre III in Fort Portal. One of the most pressing women's health issues, cervical cancer remains the leading cause of cancer death for women in Uganda, despite being preventable through regular screening and treatment of pre-cancerous lesions.

## Centre for Excellence

Using innovative mobile phone-based technology (The EVA device - pictured) to ensure high quality screening and access to telemedicine support from UK based cervical screening specialist doctors, the 'one stop' Point of Care screen and treat service at Kagote has become fully integrated into the government health centre and is a Centre of Excellence in the region. Women can access the service free of charge, at a local health centre that they know well and where respectful care is assured.

This has hugely expanded uptake and access for cervical screening. An extensive awareness raising campaign in the community was enabled by GIS mapping,

developed by K4C's long-standing project manager Allan Ndawula as his Master's degree research project. This has also dramatically increased uptake of the service.

We have expanded the community based 'Kagote model' into other health centres in Fort Portal, and established a pilot site in Kampala. Since 2019 we have trained over 80 Ugandan nurses and midwives and screened over 3,000 women, treating any abnormal cells on the same day with our handheld rechargeable thermocoagulator devices.

## What Next?

With the support of fundraising from past UK students and volunteers, and the University of Salford, we will continue the expansion of this successful model in Fort Portal and Kampala in 2023, including the exciting pilot and trial of new Artificial Intelligence (AI) capabilities of the EVA device to improve diagnostic decisions and quality of care for women.



# GETTING AND KEEPING GIRLS IN EDUCATION

## Why?

Ensuring that girls attend School is not only important for their education; it is also critical to their access to health education and preventive health (including HPV Vaccination).

Uganda suffered one of the longest periods of school closures during COVID with schools closed for 2 years. This was followed by further closures during the Ebola flare-up

to discuss the experiences of girls in Uganda and the barriers they experience when trying to access and remain in Education



Mary, Andrea and Rose at the K4C Host Event

## How?

In 2022 K4C in partnership with Andrea Walker at the University of Bolton hosted 6 Commonwealth Professional Fellows (Rose Kusemererwa, Phiona Kemiyondo, Richard Alituha, Mourren Akatukunda, Mary Kobugabe and Prossy Kihunde).

The team enjoyed engaging with Youth and Community Work students at Bolton University and a wide range of visits to expose them to the UK context and give them time, as a group,

## What Next?

One of the Fellows, Rose Kusemererwa has subsequently been awarded a grant of £1000 by the Commonwealth to begin training 30 'Senior Women' (Teachers with a specific responsibility for girls sexual and health education) in both primary and secondary schools in Kabarole district of Uganda from March 2023.

<https://youtu.be/IGqRfQXUIHQ?feature=shared>



# Linking Amputation Reduction with Wound Care: Preliminary Work on Diabetic Foot Ulcers

## Why?

Amputation risk globally, and in Uganda, is increasingly associated with escalating incidence of diabetes.

## Practical Intervention

K4C's work this year has been supported by 2 Nursing Now Fellowships and a Global Placement Bursary (via the Tropical Health and Education Trust).



*Derrick using the new Doplar device to assess an amputee for peripheral neuropathy in the remaining leg*

One Nursing Now Fellowship was awarded to K4C nurse Derrick Bahandagira to begin to assess the prevalence of diabetic foot problems in Fort Portal Regional Referral Hospital. Derrick has built relationships with the weekly Outpatient Diabetes Clinic attended by over 250 patients.

## Data Collection

Very little is known about these patients in terms of their demographics, health status (height, weight, blood pressure, glucose levels, stage of diagnosis, co-morbidities, geography and frequency of visits, diet, mode of transport to hospital, awareness of diabetes and its management and associated foot complications.

This data is complemented with data from 2009 capturing all surgical cases involving the treatment of Diabetic Ulcers and diabetes-related amputations over a 13-year period.

This Phase of Data Collection will establish the foundation for an evidence-based intervention aligned to the Manchester Amputation Reduction Strategy, focused on early identification of Diabetic Foot Ulcers (DFU) and supported by a UK Company (ALGEOS Ltd

## Development

A second Nursing Now Fellowship was awarded to Jolly Rose, a nurse based in a Community Health Centre (Kasusu). Working in parallel with Derrick, Jolly has set up the first Diabetic Clinic in a Community Health Centre with an emphasis on early diagnosis of Diabetic Foot Ulcer and wound care.

A key focus of this partnership has been to reduce the level of congestion seen at Referral hospitals and create a model for Nurse-led Community-based clinics.



The Global Placement Bursary (led by Dr Simbarashe Tanyanyiwa, a Salford-based podiatrist with specialist interest in DFU) is enabling a British Dietician (Rachel Barratt) to join the team in January (2023) to work with Derrick to co-design health Education materials for use with patients attending Diabetic Clinics in the hospital and Health Centres.

## Next Steps?

### Building New Partnerships in Zanzibar

In September 2022 Professor Ackers visited Dr Amour (Research Lead) and Muslih Kadikah (Prosthetics Lead) at Mnazi Mmoja Hospital in Zanzibar (Unguju).

The University of Salford has awarded funding to support the training of 2 K4C staff (from Uganda and Unguju) in Diabetic Foot Ulcer Management to take place in Salford in 2023.



*Derrick using the new Doplar device to assess an amputee for peripheral neuropathy in the remaining leg*

They will be joined by Derrick following successful fund-raising by one of Salford's student nurses (Vicki Sinclair) who did a placement in Fort Portal in 2022.

Want to Know More?  
Contact Professor Louise Ackers  
on [h.l.ackers@salford.ac.uk](mailto:h.l.ackers@salford.ac.uk)



# Supporting the Delivery of Universal Health Coverage for People with Physical Disabilities in Uganda



## Fit-For-Purpose

2022 saw major developments leading to the opening of the Ninsiima Centre for the Rehabilitation of People with Physical Disabilities.



K4C has been working with colleagues at the Universities of Salford and Makerere for some time. This includes work on the Fit-For-Purpose project, funded by the Engineering and Physical Sciences Research Council and led by Professor Laurence Kenney. This work focuses on the co-design of prosthetics for people with Upper Limb Loss.

## Development

The team received further funding from the UK's Medical Research Council in 2022 and led by Dr Robert Ssekitoleko at Makerere University. This project is undertaking further intervention research involving user engagement in the evaluation of existing technologies and co-design of prosthetic devices, with the long-term aim of supporting local manufacture and exploiting the potential of social enterprise models to deliver sustainable health systems change in Uganda.

## Virtual Volunteering Expansion

In 2021 K4C was awarded funding from the Tropical Health and Education Trust (THET) to pilot the contribution that virtual 'volunteering' can make to Health Partnership collaborations (<https://www.thet.org>). In 2022 a series of Virtual Workshops took place to support our work on prosthetics co-design:

## Resources

<https://www.fit4purposeprosthetics.org>



In 2022 a series of Virtual Workshops took place to support our work on prosthetics co-design:



This photograph shows K4C volunteer Oliver Williams, Akram Semwanga, Henry Gizamba, Tom Baguma, Richard Isingoma and Timothy Isingoma (from left to right) during the workshop.

## Refurbishment of Rehab Centre

Co-funding from this program, complemented by K4C funding and support from Legs For Africa supported the Refurbishment of the old Rehabilitation Facility. We appreciated the support from Roy Clarke at the University of Michigan African Studies Centre.



This enabled a local company to install **Skylight Solar Power U** (LLC) to install solar energy for the rehabilitation centre and orthopaedic workshop.

A key focus of our work in the area of Rehabilitation has been on the development of a unique approach to social enterprise as a way of building sustainable and cost-effective supply chains.

The UK-based NGO, Legs for Africa (L4A) has played a vital role in supplying second hand componentry to Low- and Middle-Income Countries (<https://www.legs4africa.org>) and is now part of our Public Private Partnership agreement signed by Dr Alex Adaka the Hospital Director in Fort Portal



LEGS  AFRICA



# Understanding the Impact of Climate Change on Tick-Borne Disease

## Background

This collaboration between Salford University's School of Science, Engineering and Environment and Knowledge For Change supported pilot work in Queen Elizabeth Safari Park, Uganda. Ticks play a major role in the transmission of diseases that impact both animals and humans.

They are also classed as 'Indicator Species' in the assessment of the impact of climate change of human and animal health.

Farm  
Animal

Farm  
Animal

Farm  
Animal

Human

Implications  
for food  
security and  
livelihoods

Implications  
for human  
health and  
health  
systems  
(both  
preventative  
and curative)

Working with a veterinary team headed by Ludwig Siefert and the Ugandan Wildlife Authority the study included a number of stages

## Process

### Step 1: Tick Collection

In Stage 1 a protocol was developed to guide the collection of ticks from domestic animals (cows and goats) grazing at the perimeters of the Safari Park. Ticks were also collected more opportunistically from wildlife in the safari park.



As well as recording the parts of the animals ticks were collected from, K4C volunteer Andy Moffatt set up a system to record the geographic location of collections using Geographic Information Systems (Epicollect).

This will enable us to chart the impact of climate change on the geography of tick populations.



## Process

### Step 2: Tick Identification

Different species of ticks carry different diseases.



Stage 2 involved work to identify tick species (under the leadership of Lorenza Beati Ziegler curator of the US tick collection and one of the world's leading authorities on tick diversity and biology).



### Next Stages?

The Team is currently exploring opportunities for future funding with a particular interest in the role that ticks play in spreading Crimean-Congo haemorrhagic fever.

For More Details contact Professor Richard Birtles [r.j.birtles@salford.ac.uk](mailto:r.j.birtles@salford.ac.uk)



# Wound Care

## Background

In 2021 three Ugandan midwives were awarded Commonwealth Professional Fellowships to study in Salford, including on the Tissue Viability program with Dr Melanie Stephens. On their return to Uganda, the team led by K4C midwife Rachel Namiiro used this experience to build on the ongoing work on antimicrobial resistance in Fort Portal which had identified that nurses and midwives had to be at the heart of any multi-disciplinary approach to the prevention and management of sepsis.

## Results

Rachel initiated and leads the hospital's 'sepsis team' which provides cross-disciplinary support to the hospital on therapeutic treatment and management of wounds, reducing inappropriate antibiotic use and providing appropriate wound care, including the use of 'honey gauze', a frugal and evidence-based innovation that promotes wound healing and prevents infection. Beginning in the postnatal ward, the reduction in sepsis (a major killer of women) was dramatic.

We have since responded to a demand from the Ugandan hospital team to extend the wound care work to surgical and paediatric ward and extend the wound care work to surgical and paediatric ward and to a wider variety of wounds and burns, as well as set up community-based wound clinics in lower level health centres in Fort Portal.

## Collaborations

The Tropical Health and Education Trust supported this work with funding in 2021/2022 for virtual 'wound clinics'. An interprofessional team at FPRRH comprising nurses, midwives, pharmacists, doctors, clinical officers and K4C professional volunteers joined with virtual volunteers.



These included Dr Melanie Stephens and Matthew Wynn, lecturers on the Tissue Viability module of the Masters course at the University of Salford, and their students, in a regular virtual forum to discuss live cases, and share knowledge and best practice.



[QUOTE FROM DR MELANIE STEPHENS]: *I learnt a lot, I learnt incredible amounts of things and every fortnight I was humbled – and it made you quite tearful, when those women went home and got better, they didn't die.*

*The Ugandan team are so knowledgeable. For me it became a learning alliance. We can learn from each other”.*

### **Recognition**

Rachel was invited to present this work at the Commonwealth Alumni Conference and you can watch her fantastic presentation here: [Rachel Namiiro: Commonwealth Scholarship Fellowship Video - YouTube](#)

We were also very proud to see this work recognised at 2022's Wounds UK conference and presented with an Award for Excellence. Congratulations to Rachel and all the team for their hard work and success!



# Virtual Volunteering and Doctoral Research

## Virtual Volunteering

The idea of 'virtual volunteering' placements has evolved over time.

We cannot ignore the harmful climate impact of international air travel, and need to carefully balance this with the positive impacts of our health partnership on the Ugandan health care system and the NHS. The dramatic pause in international travel in 2020/2021 due to the Covid-19 pandemic gave us an opportunity to rethink what volunteering and student elective placements can look like alongside K4C's commitment to environmental sustainability.

High quality internet access was rapidly established across Uganda during the Covid lockdowns: an unforeseen positive side effect. This has greatly expanded opportunities for knowledge sharing and engagement in global health for those who may previously have been unable to commit to travelling abroad for 'traditional' placements.

## Workshops

In 2021/2022 THET funded two pilot 'Virtual Volunteering' projects to trial and evaluate the potential of virtual partnerships between the UK and Uganda:

- 1) Generating an evidence-based approach to the management of sepsis through a virtual, multi-professional wound management project
- 2) Demonstrating the potential for virtual volunteering in the co-design of assistive technologies and orthopaedic technologies



## Next Steps

These hugely successful pilots enabled the establishment of a Virtual Learning Hub, embedded within the Fort Portal Regional Referral Hospital, which links us to colleagues all around the world.

PhD researcher Claire Horder, midwife, previous volunteer and K4C Trustee is focusing on assessing the potential contribution of virtual engagement in health partnerships and the mutual benefits to health systems in low resource settings and the UK. Claire is currently based in Fort Portal, Uganda and is delighted to be working so closely alongside the K4C Uganda team again.



*Claire Horder and Miriam Namtamu, in Salford during the Virtual Workshop*

PhD researcher Claire Horder, midwife, previous volunteer and K4C Trustee is focusing on assessing the potential contribution of virtual engagement in health partnerships and the mutual benefits to health systems in low resource settings and the UK. Claire is currently based in Fort Portal, Uganda and is delighted to be working so closely alongside the K4C Uganda team again.



*Timothy (K4C Staff) and Margaret (Ministry of Health Staff) – learning bubble draping remotely*



# Professional Volunteering Programme

## Overview

Knowledge for Change continued its Professional Volunteering Programme throughout 2022. Over the course of the year, a total of 7 volunteers were placed in Uganda on long-term (6+ month) placements. These included 2 midwives, 3 nurses, a doctor and a bioscientist. All of these placements were fully-funded by Knowledge for Change to include their flights, accommodation, airport transfers, insurance, clinical registration, work permit and a living allowance of £300 per volunteer per month to cover subsistence costs.

## Roles

The role of K4C's professional volunteers is to work alongside local staff on a co-present basis to share valuable knowledge, skills and experience. The primary aim of the programme is to build the capacity of local staff and thereby strengthen local health systems. The placements are of mutual benefit as the volunteers also gain valuable knowledge, skills and experience to utilise in their practice once back in the UK.

Professional volunteers also play an important role in supervising students whilst on placement.



In terms of project work, the professional volunteers supported the expansion of our Antimicrobial Resistance and Wound Management projects from maternity to paediatric units in Fort Portal Regional Referral Hospital. They also support the ongoing development of our cervical screening programme, expanding it to Kasusu and Kataraka Health Centres.

More information can be found on our website:  
[www.knowledge4change.org/professionalvolunteering](http://www.knowledge4change.org/professionalvolunteering)



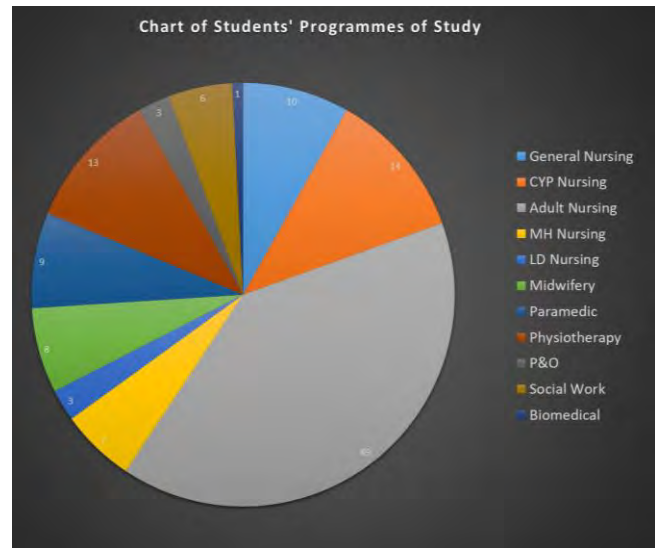
# Student Placement Programme

## Overview

January 2022 marked the recommencement of Knowledge for Change's Student Placement Programme following its suspension due to the Covid-19 pandemic. Over the course of 2022, K4C hosted 123 students in total. The majority (98) were placed in Fort Portal (Uganda) and the remaining 25 were placed in Tanzania in Moshi (19) and Zanzibar (6). The placements in Tanzania were a pilot to assess whether our programme could be expanded there. Overall, the pilot placements ran extremely well, and we are planning to formalise expansion of our student placement programme into Tanzania throughout 2023.

## Placement Specifics

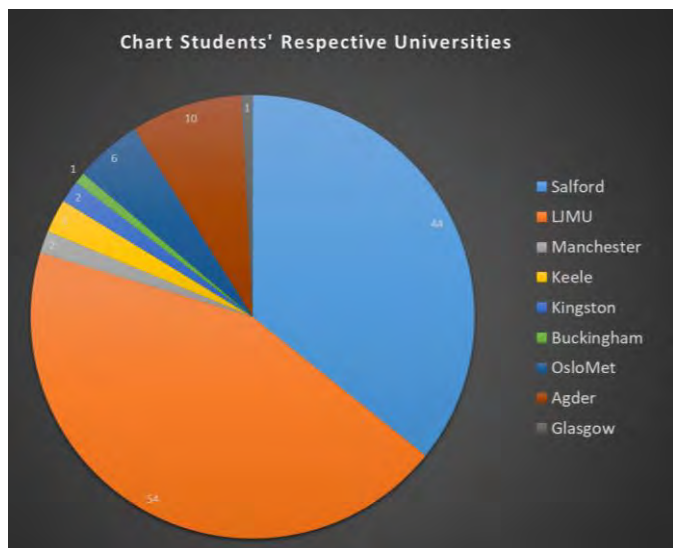
The following pie chart illustrates the programme of study for the students hosted in 2022. 'General Nursing' has been included for students from Agder University (Norway) who do not specialise during their studies. UK nursing students have been broken down into their separate branches of 'Adult Nursing', 'Child and Young People (CYP) Nursing', 'Mental Health (MH) Nursing' and 'Learning Disability (LD) Nursing'.



The following pie chart illustrates the number of students from each partner University. It is clear the vast majority of our students have come from 2 Universities (Salford and Liverpool John Moore's University). K4C is planning to diversify its partners over the course of 2023 in order to mitigate the risks associated with over-reliance on a small number of specific partners.



It should also be noted that all 54 students travelling from LJMU, and 41 out of 44 from Salford were completely or virtually fully-funded by their University. All students from Norway can access generous funding from the Norwegian government. Only a handful of students (x5) from Manchester, Buckingham and Keele self-funded.



### Public-Private Partnership

K4C follows a Public-Private Partnership Model in arrangement of its Student Placement programme. The agreement for 2022 involved K4C contributing \$200 per student per month into the appropriate hosting health facility and this investment is costed into the amount that students pay for their placements. In total, this has generated over £17,000 in funding which has been sustainably invested into Fort Portal Regional Referral Hospital, Kasangati, Kagote, Kasusu and Bukuuku Health Centres and several Community Based

Organisations including Fort Healthy Minds, Rwenzori Special Needs Foundation, the Association for Community Development and Welfare, and Canon Apollo Special Needs School).



Overall, K4C's Student Placement Programme has continued to evaluate very well. Excellent feedback has been received from students, partner Universities in the UK and our Partner hospitals and Community Based Organisations in Uganda and Tanzania.



# Financial Overview

This Annual Report covers the 12-month period from 1st January 2022 to 31st December 2022. Total receipts on Knowledge for Change funds for this period were £254,256. These receipts included all income from public donations, various sources of project funding, refunded bank charges and income provided by the University of Salford to cover the costs incurred in running joint projects in Uganda, such as the Antimicrobial Stewardship, Wound Management, Virtual Volunteering and Rehabilitation Projects.

Total payments of Knowledge for Change funds for the 12-month period from 1st January 2022 to 31st December 2022 totalled £294,648. This included payments made for all projects including those in the UK, Uganda and Tanzania; those run in partnership with the University of Salford and those funded by other external sources.

The total balance brought forward at the beginning of the financial year was £194,768. Over the course of the 12-month period, there was an excess of payments over receipts £40,392. This gave a combined total fund available on 1st January 2023 of £154,376.

There has been a notable change in financial reporting within this financial year. In recent years, in order to streamline governance, promote local ownership and ensure full compliance with local laws and financial regulations in Uganda and Tanzania, Knowledge for Change has registered as a Non-Governmental Organisation (NGO) with both countries' respective NGO boards and setup separate bank accounts in each country to manage all local expenditure. This process was completed in Uganda in 2020 (official name: "Knowledge for Change (Uganda)") and is due for completion in Tanzania in early 2023 (official name: "Knowledge for Change (Tanzania)").

Both NGOs are 'sister' organisations to Knowledge for Change (UK), however are independent and now have their own governance and management systems in place. As such, they now serve as independent suppliers and downstream partners to Knowledge for Change (UK) and are granted direct funding to support their operations.



Memorandums of Understanding (MOUs) are in place to govern the tripartite relationship between the organisations, and both K4C (Uganda) and K4C (Tanzania) are subject to regular stringent financial audit and due diligence checks by K4C (UK). Several trustees for K4C (UK) are also board members for K4C (Uganda) and K4C (Tanzania) to support effective and streamlined

management. The accounts below differentiate between payments made directly by Knowledge for Change (UK) and any funding granted to Knowledge for Change (Uganda) and Knowledge for Change (Tanzania). Note 6 specifically provides more detail by providing a breakdown of all expenditure by all 3 organisations.

## Financial Statement for the Year Ended 31st December 2022

	Total Funds (31/12/22) £	Total Funds (31/12/21) £
<b>RECEIPTS AND PAYMENTS ACCOUNT</b>		
<b>Receipts</b>		
Public Donations (note 2a)	128,987	9,456
Income from Organisations (note 2b)	124,615	71,073
Refunds	311	1,175
Miscellaneous Funding	-	-
Sub-total (note 3)	<u>253,913</u>	<u>81,704</u>
Bank Interest/Charge Reversals	343	-
	<u>254,256</u>	<u>81,704</u>
<b>Payments (Note 4)</b>		
Professional Volunteering Project	17,124	14,340
Ethical Elective Placement Project	125,062	9,608
Biomedical Engineering & Blood Transfusion Projects	-	-
Hand Hygiene, Infection Control & Antimicrobial Resistance	-	14,957
Wound Management	1,415	-
Cervical Screening Project	-	9,163
Rehabilitation	2,804	3,000
General Equipment & Infrastructure (Health Systems)	-	19,183
General Equipment & Infrastructure (Education Systems)	-	-
British Commonwealth Fellowships	9,855	-
General Infrastructural Developments	-	-
Knowledge for Change (Uganda) Grant Funding (Note 5)	128,492	-
Knowledge for Change (Tanzania) Grant Funding (Note 5)	9,640	-
Website Development	216	1,450
Bank Charges	40	513
Publishing / Project Dissemination	-	1,012
Administration and Staffing (UK)	-	13
Administration and Staffing (Uganda)	-	5,975
	<u>294,648</u>	<u>79,213</u>
<b>Excess of Receipts over Payments</b>	<u>(40,392)</u>	<u>2,491</u>



## STATEMENT OF ASSETS & LIABILITIES

### Cash Funds

Bank Account 1 (Current) (GBP - UK)	31,862	62,904
Bank Account 2 (Savings) (GBP - UK)	120,343	120,000
GBP Currency Cards	2,171	1,527
Cash in Hand (UK)	-	-
	154,376	194,768

### Liabilities (note 6)

Expenses due	-	-
Invoices/Payments due	-	-

### Total Assets - Liabilities

154,376	194,768
---------	---------

## Notes to the Financial Statement for the Year Ended 31st December 2022

- The financial statements of Knowledge for Change have been prepared in accordance with the Charities Act, 2011, and the Charities (Accounts & Reports) Regulations, 2008, using the Receipts & Payments basis.
- Receipts Analysis

	Total Funds (31/12/22) (£)	Total Funds (31/12/21) (£)
<b>a. Public Donations</b>		
Direct Donations	101,102	112
Amazon Smile	-	13
KindLink	9,621	157
Wonderful	18,264	261
HMRC Gift Aid	-	8,913
	128,987	9,456
<b>b. Funding from Organisations</b>		
University of Salford	32,600	44,273
Liverpool John Moore's University	66,215	-
Commonwealth Scholarship Commission	22,800	3,800
Tropical Health Education Trust (THET)	1,000	19,000
Legs for Africa (L4A)	2,000	-
NatWest (Business banking switch incentive)	-	4,000
	124,615	71,073



3. A summary of the public donations and income from organisations intended for specific projects is provided below:

<b>Specified Project</b>	<b>Income (£) to 31/12/22:</b>	<b>Income (£) to 31/12/21:</b>
Student Placement Project	191,955	-
Cervical Screening Project	1,259	-
Antimicrobial Stewardship Project	500	10,379
Wound Management Project	2,500	-
Virtual Volunteering Project (Prosthetics)	-	16,500
Virtual Volunteering Project (Wound Management)	-	17,694
Biomedical Engineering / UBTS Projects	-	-
Biomedical Science Research (incl. Covid-19)	900	18,700
Respectful Care Project	-	-
Children's Education Project	-	-
Commonwealth Scholarship Commission Fellowships	22,800	3,800
Professional Volunteering Project	-	-
Nursing Now Fellowship Programme	1,000	-
Rehabilitation	32,582	-
Miscellaneous/Non-Project Specific*	417	14,631
<b>Total</b>	<b>253,913</b>	<b>81,704</b>

\*Miscellaneous/Non-Project Specific income refers to income that is unrestricted and not tied to a specific project. A further breakdown is provided below:

<b>Source of Income:</b>	<b>Amount (31/12/22):</b>	<b>Amount (31/12/21):</b>
Natwest (business banking switch incentive)	-	£4,000
Kindlink (general public donations)	8	£157
Wonderful (general public donations)	-	£261
Direct donations (general public donations)	409	£112
Amazon SMILE (Charitable contribution from Amazon)	-	£13
HMRC (Gift Aid claimed on public donations)	-	£8,913
Refunds (miscellaneous)	-	£1,175
<b>Total</b>	<b>417</b>	<b>£14,631</b>



4. An alternative breakdown of payments in terms of categories, as opposed to project expenditure, is provided below:

Line Item:	Expenditure (£) to 31/12/22:	Expenditure (£) to 31/12/21:
<b>Professional Volunteering</b>		
Stipend Payments	14,402	6,200
Accommodation Costs	1,245	4,800
International Travel Costs	1,477	375
Local Travel Costs	-	430
<b>Sub-Total:</b>	<b>17,124</b>	<b>11,805</b>
<b>Student Placements</b>		
International Travel Costs	99,109	-
Local Travel Costs	36	576
Accommodation Costs	10,659	4,000
Subsistence Costs	-	-
Student Placement Bursaries	-	-
Placement Cancellation Costs	-	-
<b>Sub-Total:</b>	<b>109,804</b>	<b>4,576</b>
<b>Ugandan Clinical Staff</b>		
Salaries	-	28,780
<b>Sub-Total:</b>	<b>-</b>	<b>28,780</b>
<b>Training Workshops/Conferences</b>		
Training Programmes in Uganda	-	3,640
Training Programmes in the UK	9,855	3,800
<b>Sub-Total:</b>	<b>9,855</b>	<b>7,440</b>
<b>International Travel</b>		
Project Management	7,424	1,780
Project Stakeholders	-	-
<b>Sub-Total:</b>	<b>7,424</b>	<b>1,780</b>
<b>UK Admin/Staffing</b>		
Salaries	-	-
UK Travel	432	-
<b>Sub-Total:</b>	<b>432</b>	<b>-</b>
<b>Uganda Admin/Staffing</b>		
Salaries	-	5,400
<b>Sub-Total:</b>	<b>-</b>	<b>5,400</b>
<b>Direct Investments/Infrastructural Developments</b>		
Student Hosting Contributions	7,405	-
Provision of Medical Equipment	4,214	17,183
<b>Sub-Total:</b>	<b>11,619</b>	<b>17,183</b>
<b>Other</b>		
Office Supplies & Stationery (Uganda)	-	286
Banking Costs	40	513
Website Costs	216	1,450
K4C (Uganda) Contributions	128,492	-
K4C (Tanzania) Contributions	9,640	-
<b>Sub-Total:</b>	<b>138,388</b>	<b>2,249</b>
<b>Total Expenditure:</b>	<b>294,648</b>	<b>79,213</b>



5. Over the course of the 2022 financial year, K4C UK has granted a total of £128,492 to K4C Uganda and £9,640 to K4C Tanzania. The table below provides a breakdown of all Knowledge for Change expenditure, including the funding granted to Knowledge for Change (Uganda) and Knowledge for Change (Tanzania):

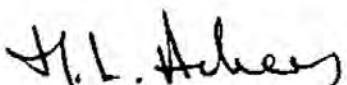
<b>Payments Combined for 01/01/2011 – 31/12/2022</b>	<b>K4C UK</b>	<b>K4C Uganda</b>	<b>K4C Tanzania</b>	<b>Total Funds</b>
Professional Volunteering Project	17,124	12,113	-	<b>29,237</b>
Ethical Elective Placement Project	125,062	29,089	9,640	<b>163,791</b>
Biomedical Engineering & Blood Transfusion Projects	-	-	-	-
Hand Hygiene, Infection Control & Antimicrobial Resistance	-	8,353	-	<b>8,353</b>
Wound Management	1,415	19,033	-	<b>20,448</b>
Cervical Screening Project	-	13,353	-	<b>13,353</b>
Rehabilitation	2,804	21,083	-	<b>23,887</b>
General Equipment & Infrastructure (Health Systems)	-	7,634	-	<b>7,634</b>
General Equipment & Infrastructure (Education Systems)	-	-	-	-
British Commonwealth Fellowships	9,855	-	-	<b>9,855</b>
Website Development	216	-	-	<b>216</b>
Bank Charges	40	360	-	<b>400</b>
Publishing / Project Dissemination	-	-	-	-
Administration and Staffing (UK)	-	-	-	-
Administration and Staffing (Uganda)	-	7,782	-	<b>7,782</b>
<b>Total Payments:</b>	<b>156,516</b>	<b>118,800</b>	<b>9,640</b>	<b>284,956</b>
Reserve (Unspent) Funding	N/A	9,692	-	9,692
<b>Total Payments + Reserve Funding</b>	<b>156,516</b>	<b>128,492</b>	<b>9,640</b>	<b>294,648</b>

6. Knowledge for Change does not possess any fixed assets, short or long-term liabilities; only current assets in the form of cash within the bank accounts and currency cards noted above.

## Chairperson Statement:

As Chairperson for Knowledge for Change, I confirm that, to the best of my knowledge, this Trustees Annual Report and its associated Financial Accounts are accurate and reflect a true picture of its charitable activities over the course of the financial year (01/01/2022-31/12/2022).

Name: Professor Louise Ackers

Signature: 

Date: 31/10/2023



# Independent Examiner's Report to the Trustees of Knowledge for Change

I report on the accounts for Knowledge for Change for the year ended 31 December 2022, which are set out on pages 20-25 of the Charity's 2022 Trustee's Annual Report and cover a 12-month period.

## Respective responsibilities of trustees and examiner

The Charity's Trustees are responsible for the preparation of the accounts. The Charity's Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011; and
- state whether particular matters have come to my attention.

## Basis of independent examiner's statement

My examination was carried out in accordance with the general directions given by HMRC and the Charity Commission. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view'. The report is limited to those matters set out in the statement below.

## Independent examiner's statement

In connection with my examination, no matters have come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with section 130 of the 2011 Act;
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

11 Newmarket Street  
Skipton, North Yorkshire  
BD23 2HX

Date: 10/01/24



Francesca Waller  
Independent Examiner  
Nestegg Financial Services

**KNOWLEDGE FOR CHANGE**

England & Wales - Charity number 1146911

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# Accounts

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**KNOWLEDGE FOR CHANGE  
TRUSTEES ANNUAL REPORT & ACCOUNTS  
FOR THE YEAR ENDING:  
31<sup>ST</sup> December 2021**



**Knowledge for Change is a registered as a charity in England and Wales  
(Charity Commission registration number: 1146911)**

Registered Address: 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX

Working Address: Allerton Building, University of Salford, Manchester, M6 6PU

Website: [www.Knowledge4Change.org](http://www.Knowledge4Change.org)

Email: [info@Knowledge4Change.org](mailto:info@Knowledge4Change.org)

## Foreword

As chair of Knowledge for Change (K4C), I am pleased and excited to present the seventh annual report for the Charity, together with a summary of activities and the financial statements for the period 1<sup>st</sup> January 2021 to 31st December 2021. This report and the accompanying financial statements have been prepared by the Trustees in accordance with the Charities Act 2011 and the Charities (Accounts & Reports) Regulations 2008.

2021 was a time of serious challenge for all organisations and especially those working in global health. COVID-19 prevented many of the forms of mobility traditionally associated with global health activities. K4C was unable to deploy professional volunteers or accept students on placement. Even the mobility of our core staff was severely restricted with the exception of our involvement in the establishment of COVID-19 testing and sequencing in Gulu.

The impact of COVID was exacerbated by swinging cuts in Overseas Development Aid. The immediate application of cuts meant that funding already awarded was withdrawn and projects that had already commenced, were axed. The COVID-19 project, already well under way was immediately stalled with major implications for Uganda's ability to test for COVID-19 in remote areas and, of greater significance, undertake the sequencing work that supported international surveillance. Thankfully, the University of Salford picked up this funding.

Our work on health systems strengthening in the area of rehabilitation services, awarded by the Medical Research Council, was also put on hold pending budget decisions.

The impact of cuts meant that K4C's Project Manager in the UK was furloughed, and we were unable to recruit to our administrator's job when our colleague left to return to the USA during COVID. Nevertheless, K4C was able to maintain its Ugandan staffing throughout and was able to recruit our first orthopaedic technician (Timothy Isingoma) in Fort Portal to support our work in prosthetics.

The following sections outline some of the key work that took place during 2021



31st December 2021  
Professor Louise Ackers  
Chairperson for Knowledge for Change  
Chair in Global Social Justice at the University of Salford

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## Background to Knowledge for Change

Knowledge for Change was launched officially in 2012 and was formally entered on the Charity Commission Register as Charity Number 1146911 on 17th April 2012. The Charity's working names are 'Knowledge for Change', 'Knowledge 4 Change' and 'K4C'. The official charity address is 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX.

The UK based K4C trustees during the 12 months to 31<sup>st</sup> December 2021 were:

**Professor Louise Ackers (Chairperson)** – Chair in Global Social Justice, University of Salford (UK)

**Miss Natalie Tate (Secretary)** – Project Manager, Liverpool School of Tropical Medicine (UK)

**Dr James Ackers-Johnson (Treasurer)** – Project Manager, University of Salford (UK)

**Professor Anya Ahmed** – Chair in Social Policy, Manchester Metropolitan University (UK)

**Dr John Chatwin** – Post-doctoral Researcher, Midlands Partnership NHS Foundation Trust (UK)

**Dr Chris Coey** – Grant Writer, University of Liverpool (UK)

**Miss Eileen Cunningham** – Lecturer, Manchester Metropolitan University (UK)

**Miss Claire Horder** – Midwife, University Hospitals Dorset NHS Foundation Trust

The Uganda based K4C trustees during the 10 months to 31<sup>st</sup> December 2021 were:

**Dr Robert Ssekitoleko** – Lecturer in Biomedical Engineering, Makerere University (Uganda)

## Structure, Governance and Management

The structure, governance and management of K4C has remained unchanged over the course of the last 10 months. The Board of Trustees remains responsible for making decisions on all matters of general concern and importance to K4C including operational and financial decisions. The majority of K4C trustees are based in the northwest of the UK and are lucky to be able to meet on a regular basis; the Uganda based trustees are communicated with virtually and via email, as well as in-person during site visits.

## Recruitment, Appointment & Induction of Charity Trustees

The Trust Deed states that there must be a minimum of 4 trustees acting on behalf of K4C. There is no maximum term of appointment and trustees can serve until they resign should they continue to fulfil the terms stated in the Trust Deed. Mechanisms for the removal of trustees do exist and are also detailed in the Trust deed. All existing trustees have long experience of the nature of the charitable activity of K4C and, aside from expenses, were not remunerated for their trusteeship. Where new trustees are appointed, they are given a formal induction to the work of the trust and provided with the information they need to fulfil their roles, which include information about the role of trustees and charity law. New trustees are nominated by members of the board of trustees, interviewed by the board of trustees and appointed where they have the necessary skills to contribute to the charity's management and development. Trustees are responsible for monitoring all of the trust's activities and are bound by the terms stated within K4C's Declaration of Trust and amendments.

## Amendments to the Board of Trustees

There have been no amendments to Knowledge for Change's board of trustees during this financial year. However, the board have agreed to seek new trustees during the next financial year to bring fresh knowledge, experience and ideas to support our future activities.

## Objectives, Strategy and Public Benefit

The charitable objectives of K4C are as follows:

- To support the relief of sickness and preservation of the health of patients in the UK and in Sub-Saharan Africa, in particular through charitable activities in healthcare centres throughout Sub-Saharan Africa, assisting in the provision of facilities, support services, equipment not normally provided by the statutory authorities and any other charitable purposes/activities.
- To advance the education of the health workers of Sub-Saharan Africa and the UK by promoting education, knowledge exchange and personal experience.

Knowledge for Change works in close partnership with the University of Salford (UK), Mountains of the Moon University (Uganda) and Kabarole Health District (Uganda). Additional support has been received from the UK Department for International Development, the Tropical Health Educational Trust, the Commonwealth Pharmacy Association and the Ugandan Ministry of Health.

The trustees are aware of the Charity Commission's Guidance on Public Benefit. They have reviewed the objectives of the charity, its activities in 2021 and future plans in the light of this guidance and find that all of these comply.

The activities described below have primarily benefited the people who live in the catchment areas of the universities and hospitals in which K4C operates. More generally, all professional volunteers, students and British Commonwealth funded fellows that have completed placements through K4C will have gained new skills and experience which will benefit the public in the UK and Uganda more widely depending on where they go on to work. All benefits are related to the objectives of the charity, as stated above. The trustees are not aware of any harm arising from the activities of the charity, nor of any private benefit, directly or indirectly.

## K4C Activities (January 2021 – December 2021)

Despite the ongoing challenges caused by the Covid-19 pandemic, K4C has maintained the majority of its existing projects and also embarked on several new and ambitious projects over the course of the last 12 months, working in close partnership with the University of Salford and other stakeholders. Further information can also be found on our website ([www.Knowledge4Change.org](http://www.Knowledge4Change.org)), Facebook page (@K4CUganda), Twitter account (@K4C\_Uganda) and Instagram (#knowledgeforchange).

## Professional Volunteering



K4C's Professional Volunteering Programme has continued to be curtailed due to the ongoing restrictions to international travel linked to the Covid-19 pandemic. Over the course of 2021, we were only able to host five professional long-term volunteers in Uganda from midwifery (x3), medical (x1) and accountancy (x1) backgrounds. Robert Ssekitoleko still operates as a biomedical engineering volunteer based in Kampala and now also continues his role on the 'Fit-For-Purpose-Prosthetics-Project' running in partnership with the University of Salford. K4C is currently in the process of recruiting additional volunteers for 2022 to get this programme back up and running.

## Student Placement Project

Our student placement programme has remained suspended throughout 2021 due to international travel restrictions and the decision by all Universities to not allow international travel during this calendar year. However, K4C has maintained its University links and strong interest is growing for placements in 2022. We plan to recommence our student placement programme from March 2022, assuming the Covid-19 risk is mitigated.



## Cervical Screening Project



Cervical cancer is the single biggest killer of women in Uganda, largely due to the unavailability of reliable screening services and rapid treatment should it be required. K4C's original cervical screening project began in 2017, supported by fundraising from students at Liverpool John Moore's University. Building on the success of this project which created a new and previously unavailable 'see and treat service' at Kagote Health Centre, K4C successfully applied to the UK Department for International Development's "Small Charities Challenge Fund" to expand this service to 2 further health centres, Bukuuku Health Centre and Katojo Women's Prison Health Centre. Although the official funding for this project has ended, K4C has successfully maintained its operations throughout 2021 using funding from other sources and through close cooperation with partner health facilities. We have also setup new cervical screening services at 2 additional health facilities in Kampala; Kasangati Health Centre 4 and Kira Health Centre 4. In total, over 3000 women have now been screened through this programme and over 150 have received treatment for pre-cancerous lesions. We look forward to continuing our work on this project and sustaining its strongly positive outcomes throughout 2022.

## Antimicrobial Stewardship & Wound Care Project

Antibiotic resistance is a growing global phenomenon which affects both high, middle and low-income countries alike. The effects can be particularly acute in low-income countries as they are more likely to lack the supply of a wide range of antibiotics and have less ability to monitor resistance rates and patterns. Additionally, some countries, including Uganda, have higher rates of self-prescribing and an abundance of private pharmacies that are willing to sell antibiotics over the counter without a prescription.

The Commonwealth Pharmacy Association, in partnership with the Tropical Health Education Trust, released funding to research this issue in Uganda and to gather some preliminary data on antibiotic prescription practices and trends. The University of



Salford successfully applied for £60,000 to run a 15-month project in Fort Portal, Uganda, in partnership with the Ugandan Pharmacy Association. It subsequently applied for further funding to extend this project for an additional 12 months until February 2021. K4C has been integral to the successful application and implementation of this project using the charity's resources, networks and experience.

The work on anti-microbial resistance that commenced in 2018 continued during the pandemic and K4C was able to respond to some of the challenges that arose. 2021 saw the publication of several papers and a book on AMR in

Uganda. This work highlighted the role that improved wound care played in managing sepsis and patterns of antibiotic consumption.

Although this project is now technically finished, K4C has sustained the positive outcomes via other sources of funding. In particular, the wound management aspects of the programme have moved from strength to strength, and we are now developing a social enterprise to manufacture and distribute sterile honey gauze to local health facilities. This work will be pursued throughout 2022.



Article

### Opportunities and Challenges for Improving Anti-Microbial Stewardship in Low- and Middle-Income Countries; Lessons Learnt from the Maternal Sepsis Intervention in Western Uganda

Louise Ackers <sup>1,\*</sup>, Gavin Ackers-Johnson <sup>1</sup>, Maatke Seekles <sup>1</sup>, Joe Oduar <sup>2</sup> and Samuel Opio <sup>3</sup>

<sup>1</sup> School of Health and Society, University of Salford, Salford M6 6PU, UK; l.ackers@salford.ac.uk (L.A.);

g.ackersjohnson@salford.ac.uk (G.A.-J.); m.seekles@salford.ac.uk (M.S.)

<sup>2</sup> Knowledge for Change, Bradford BD13 1H, UK; joeoduar@gmail.com

<sup>3</sup> Pharmaceutical Society of Uganda, Kampala 420102, Uganda; opioam25@gmail.com

\* Correspondence: l.ackers@salford.ac.uk; Tel.: +44 797 7439 980

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**Abstract:** This paper presents findings from an action research intervention designed to identify ways of improving antimicrobial stewardship in a Ugandan Regional Referral Hospital. Building on an existing health partnership and extensive action research on maternal health, it focused on maternal sepsis. Sepsis is one of the main causes of maternal mortality in Uganda and surgical site infection, a major contributing factor. Post-natal wards also consume the largest volume of antibiotics. The findings from the Maternal Sepsis Intervention demonstrate the potential for remarkable changes in health worker behaviour through multi-disciplinary engagement. Nurses

## The Role of Attendants in the Management of Infection

Our work on wound care raised awareness of the volume of attendants (family carers) supporting their loved ones on the wards. Whilst playing a critical role in terms of basic care for patients, the level of congestion on wards coupled with the inability to manage the numbers and behaviours of these carers raised serious concerns, pre-Covid about the spread of health care acquired infection. The COVID pandemic exposed major weaknesses in the ability of hospitals to restrict disease transmission. K4C is actively collecting data on attendant management and will look to further this work in 2022.



## British Commonwealth Fellowships

Undeterred by the restrictions placed on international travel, K4C was awarded 3 Commonwealth Professional Fellowships enabling midwives Hannah Kemiyoondo and Rachel Namiiro to spend 3 months in the UK. During this time, they attended training through Salford University's Tissue Viability program. They were joined by Scola Kemigisa whose work focused on awareness raising around HPV vaccination (which stopped for 2 years in Uganda due to COVID).

## The Fit for Purpose Prosthetics Project

Building on K4C's work with Ninsiima, a lady who was provided with two prosthetics arms following a domestic abuse incident with her husband, researchers at the University of Salford applied for a £1.3M EPSRC funded research project to develop low-cost, contextually appropriate and locally manufactured upper arm prosthetic devices for amputees in Uganda and Jordan. The resulting 3-year research project began in 2018 and links closely with K4C on the Ugandan aspects of the project. Dr Robert Ssekitoleko (K4C trustee and biomedical engineering volunteer) plays a crucial role on the project as the Uganda based research fellow.



Further information on this project can be found at: [www.fit4purposeprosthetics.org](http://www.fit4purposeprosthetics.org)

## Education Projects



K4C's education projects have remained suspended throughout 2021 as schools in Uganda have still not returned following the Covid-19 pandemic and related lockdowns. We are hopeful that schools will return in January 2022 and that our previous links and projects can be quickly re-established.

## Provision of Alcohol Hand Sanitiser and PPE

K4C had been producing alcohol hand rub for several years prior to the COVID pandemic. At the heat of the pandemic in Uganda Fort Portal Regional Referral Hospital asked K4C to increase its supply of hand gel to the wards. K4C responded positively to this request and also shipped 16,000 N95 face masks to Uganda as international supply chains crashed and a pack of 10 masks retailed at as much as £20.

## Supporting People with Limb Loss in Uganda



K4C has continued to work with the Fit4Purpose (F4P) team to understand the experiences of survivors and being to engage them in engineering co-design. The work has yielded several publications (see image left).

It also triggered an application to the Medical Research Council for further work developing the use of user engagement in the co-design of upper limb prosthetics. The project also proposed a major engagement with the issue of supply chains in the P&O sector. This application

was successful, but as noted above, was put on hold pending the outcomes of government budgets in the wake of massive ODA cutbacks.

## Virtual Working: An Effective means of Knowledge Transfer during Climate Emergency?

Spurred by the twin impacts of COVID-19 and ODA cuts the Tropical and Health Education Trust announced funding for 'Virtual Volunteering' programs. K4C successfully applied for 2 of these bursaries. The first extended the work that had begun on wound management with colleagues from the University of Salford (Dr Melanie Stephens, Matthew Wynn and Sheba Pradeep) linking virtually to discuss the management of a series of common wounds found in FPRRH.

The Virtual Wound Clinics attracted participation from a diverse group of Ugandan health workers and over 60 post graduate students in Salford including many from LMIC countries.

The K4C team extended this training to cohorts of nursing, clinical officer and midwifery students in higher education institutes in Fort portal (Fort Portal Medical University and Fort Portal Clinical Officers Training School).

A second bursary supported the engagement of NHS clinical scientists (Tim Arthur, Ella Mendel and Jessica Colcannon) and Salford University technician (Lee Willan) in the development of skills in prosthetic and orthotics.

## Linked PhD Research at the University of Salford

K4C is currently co-funding two PhDs for students at the University of Salford. Gavin Ackers-Johnson's PhD was based in the School of Environment and Life Sciences and focuses on the microbiological aspects of antimicrobial resistance in Uganda. He successfully completed this PhD in May 2021 and his research continues to will feed closely into our work, particularly our research and interventions on Antimicrobial Stewardship and patient and attendant management.

K4C is delighted that one of our ex-volunteers Claire Horder has been awarded funding from Health Education England to commence doctoral research with the following working title:

*“Understanding recruitment, management, and support of multi-disciplinary health worker volunteers along life and career pathways to offer ethical, optimal and mutual knowledge gains for both Low and Middle-Income Countries (LMIC) and NHS settings”.*

Claire will re-join the team in Uganda to undertake her research whilst working alongside what we hope will be a new cohort of NHS volunteers.



## Financial Overview

This Annual Report covers the 12-month period from 1<sup>st</sup> January 2021 to 31<sup>st</sup> December 2021. Total receipts on Knowledge for Change funds for this period were £81,704. These receipts included all income from public donations, various sources of project funding, refunded bank charges and income provided by the University of Salford to cover the costs incurred in running joint projects in Uganda, such as the Antimicrobial Stewardship Project and the Virtual Volunteering Project.

Total payments of Knowledge for Change funds for the 12-month period from 1st January 2021 to 31st December 2021 totalled £82,468. This included payments made for all projects including those in the UK and Uganda, those run in partnership with the University of Salford and those funded by external sources.

The total balance brought forward at the beginning of the financial year was £192,277. Over the course of the 12-month period, there was an excess of receipts over payments £2,491. This gave a combined total fund available on 1<sup>st</sup> January 2022 of £194,768.

## Financial Statement for the Year Ended 31st December 2021

	<b>Total Funds (31/12/21) £</b>	<b>Total Funds (31/12/20) £</b>
<b>RECEIPTS AND PAYMENTS ACCOUNT</b>		
<b>Receipts</b>		
Public Donations (note 2a)	9,456	29,743
Income from Organisations (note 2b)	71,073	67,580
Refunds	1,175	26,368
Miscellaneous Funding	-	-
Sub-total (note 3)	<u>81,704</u>	<u>123,691</u>
Bank Interest/Charge Reversals	-	-
	<u>81,704</u>	<u>123,691</u>
<b>Payments (Note 4)</b>		
Professional Volunteering Project	14,340	-
Ethical Elective Placement Project	9,608	68,723
Biomedical Engineering & Blood Transfusion Projects	-	1,030
Hand Hygiene, Infection Control & Antimicrobial Resistance	14,957	30,346
Cervical Screening Project	9,163	15,539
Rehabilitation	3,000	-
General Equipment & Infrastructure (Health Systems)	19,183	4,100
General Equipment & Infrastructure (Education Systems)	-	-
British Commonwealth Fellowships	-	1,677
General Infrastructural Developments	-	-
K4C Uganda Setup Costs	-	147
Website Development	1,450	210
Bank Charges	513	209
Publishing / Project Dissemination	1,012	373
Administration and Staffing (UK)	13	32,631
Administration and Staffing (Uganda)	5,975	8,700
	<u>79,213</u>	<u>163,685</u>
<b>Excess of Receipts over Payments</b>	<u>2,491</u>	<u>(39,994)</u>

## STATEMENT OF ASSETS & LIABILITIES

### Cash Funds

Bank Account 1 (Current) (GBP - UK)	62,904	183,653
Bank Account 2 (Savings) (GBP - UK)	120,000	-
Bank Account 3 (Current) (GBP - Uganda)	982	51
Bank Account 4 (Current) (UGX - Uganda) (note 5)	7,686	5,229
GBP Currency Cards	1,527	1,239
Cash in Hand (UK)	-	-
Cash in Hand (Uganda)	1,669	2,105
	<b>194,768</b>	<b>192,277</b>

### Liabilities

Expenses due	-	-
Invoices/Payments due	-	-
	<b>194,768</b>	<b>192,277</b>

### Total Assets - Liabilities

## Notes to the Financial Statement for the Year Ended 31st December 2021

1. The financial statements of Knowledge for Change have been prepared in accordance with the Charities Act, 2011, and the Charities (Accounts & Reports) Regulations, 2008, using the Receipts & Payments basis.

### 2. Receipts Analysis

	<b>Total Funds (31/12/21)</b>	<b>Total Funds (31/12/20)</b>
	£	£
<b>a. Public Donations</b>		
Direct Donations	112	21,560
Amazon Smile	13	5
KindLink	157	387
Wonderful	261	7,791
HMRC Gift Aid	8,913	-
	<u>9,456</u>	<u>29,743</u>
<b>b. Funding from Organisations</b>		
University of Salford	44,273	28,442
Liverpool John Moore's University	-	7,505
DFID	-	12,633
Commonwealth Scholarship Commission	3,800	19,000
Tropical Health Education Trust (THET)	19,000	-
NatWest (Business banking switch incentive)	4,000	-
	<u>71,073</u>	<u>67,580</u>

3. A summary of the public donations and income from organisations intended for specific projects is provided below:

Specified Project	Income (£) to 31/12/21:	Income (£) to 31/12/20:
Student Placement Project		62,049
Cervical Screening Project		12,633
Antimicrobial Stewardship Project	10,379	28,442
Virtual Volunteering Project (Prosthetics)	16,500	-
Virtual Volunteering Project (Wound Management)	17,694	-
Biomedical Engineering / UBTS Projects	-	-
Biomedical Science Research (incl. Covid-19)	18,700	
Respectful Care Project	-	-
Children's Education Project	-	-
Commonwealth Scholarship Commission Fellowships	3,800	20,500
Professional Volunteering Project		-
Miscellaneous/Non-Project Specific*	14,631	68
<b>Total</b>	<b>81,704</b>	<b>123,691</b>

\*Miscellaneous/Non-Project Specific income refers to income that is unrestricted and not tied to a specific project. A further breakdown is provided below:

<b>Source of Income:</b>	<b>Amount:</b>
Natwest (business banking switch incentive)	£4,000
Kindlink (general public donations)	£157
Wonderful (general public donations)	£261
Direct donations (general public donations)	£112
Amazon SMILE (Charitable contribution from Amazon)	£13
HMRC (Gift Aid claimed on public donations)	£8,913
Refunds (miscellaneous)	£1,175
<b>Total</b>	<b>£14,631</b>

4. An alternative breakdown of payments in terms of categories, as opposed to project expenditure, is provided below:

<b>Line Item:</b>	<b>Expenditure (£) to 31/12/21:</b>	<b>Expenditure (£) to 31/12/20:</b>
<b><i>Professional Volunteering</i></b>		
Stipend Payments	6,200	5,307
Accommodation Costs	4,800	-
International Travel Costs	375	5,247
Local Travel Costs	430	2,000
<b><i>Sub-Total:</i></b>	<b><i>11,805</i></b>	<b><i>12,554</i></b>
<b><i>Student Placements</i></b>		
International Travel Costs	-	27,824
Local Travel Costs	576	700
Accommodation Costs	4,000	3,600
Subsistence Costs	-	-
Student Placement Bursaries	-	-
Placement Cancellation Costs	-	36,770
<b><i>Sub-Total:</i></b>	<b><i>4,576</i></b>	<b><i>68,894</i></b>
<b><i>Ugandan Clinical Staff</i></b>		
Salaries	28,780	25,665
<b><i>Sub-Total:</i></b>	<b><i>28,780</i></b>	<b><i>25,665</i></b>
<b><i>Training Workshops/Conferences</i></b>		
Training Programmes in Uganda	3,640	3,448
Training Programmes in the UK	3,800	1,677
<b><i>Sub-Total:</i></b>	<b><i>7,440</i></b>	<b><i>5,125</i></b>
<b><i>International Travel</i></b>		
Project Management	1,780	229
Project Stakeholders	-	-
<b><i>Sub-Total:</i></b>	<b><i>1,780</i></b>	<b><i>229</i></b>
<b><i>UK Admin/Staffing</i></b>		
Salaries	-	32,631
UK Travel	-	130

<b>Sub-Total:</b>	-	<b>32,761</b>
<b>Uganda Admin/Staffing</b>		
Salaries	5,400	8,700
<b>Sub-Total:</b>	<b>5,400</b>	<b>8,700</b>
<b>Direct Investments/Infrastructural Developments</b>		
Student Hosting Contributions	-	170
Provision of Medical Equipment	17,183	8,648
<b>Sub-Total:</b>	<b>17,183</b>	<b>8,818</b>
<b>Other</b>		
Office Supplies & Stationery (Uganda)	286	373
Banking Costs	513	209
Website Costs	1,450	210
'K4C Uganda' Setup Costs	-	148
<b>Sub-Total:</b>	<b>2,249</b>	<b>940</b>
<b>Total Expenditure:</b>	<b>79,213</b>	<b>163,685</b>

5. An exchange rate of GBP1:UGX4700 has been used to convert the UGX account balance into GBP for the purpose of this financial report. It should be noted that this exchange rate fluctuated throughout the 2021 financial year, going as high as GBP1:UGX5193 (Feb21) and as low as GBP1:UGX4686 (Dec21).
6. Knowledge for Change does not possess any fixed assets, short or long-term liabilities; only current assets in the form of cash within the bank accounts and currency cards noted above.

## Independent Examiner's Report to the Trustees of Knowledge for Change

I report on the accounts for Knowledge for Change for the year ended 31 December 2021, which are set out on pages 11-16 of the Charity's 2021 Trustee's Annual Report and cover a 12-month period.

### Respective responsibilities of trustees and examiner

The Charity's Trustees are responsible for the preparation of the accounts. The Charity's Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011; and
- state whether particular matters have come to my attention.

### Basis of independent examiner's statement

My examination was carried out in accordance with the general directions given by HMRC and the Charity Commission. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view'. The report is limited to those matters set out in the statement below.

### Independent examiner's statement

In connection with my examination, no matters have come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with section 130 of the 2011 Act;
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

11 Newmarket Street  
Skipton, North Yorkshire  
BD23 2HX

Date: 04/11/2022



Eric Johnson  
Independent Examiner  
NESTEGG FINANCIAL SERVICES

**KNOWLEDGE FOR CHANGE**

England & Wales - Charity number 1146911

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# Accounts

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**Knowledge  
for Change  
Annual  
Report &  
Accounts  
2020**



**By the end of 2020, Knowledge for Change had directly benefitted**

**Over 750,000**

**health workers, hospital patients, local community members and school children in low-income countries by improving quality and access to health and education systems.**

**This has included:**

- ✓ Providing comprehensive training and mentoring for over 5,500 health workers in Africa and India
- ✓ Placing over 600 professional and student healthcare, social work and biomedical engineering volunteers from the UK to work in health and education facilities
- ✓ Completing 44 major international development and global health research projects
- ✓ Investing over £400,000 in the provision and repair of essential health facility infrastructure and equipment

Beyond the people who have benefitted directly, many more have benefitted indirectly from successful interventions being sustained and up-scaled; improved health and education outcomes for their family members and positive governmental policy changes influenced by our high quality and high impact research.

**2020 highlights at a glance:**

- Successful completion of our THET funded Antimicrobial Stewardship Project, in partnership with Salford University and the Pharmaceutical Society of Uganda, which achieved major reductions in inappropriate antibiotic prescription rates, lengths of hospital stays and maternal deaths from sepsis.
- Successful completion of our DFID funded Cervical Screening Project which involved setting up comprehensive cervical screening and treatment services at Kagote and Bukuuku Health Centres and running intense community awareness raising campaigns. To date, over 3,000 women have been screened and/or treated.
- Award of a new UKRI grant to establish Covid-19 testing facilities in Gulu, Uganda, in partnership with Uganda Virus Research Institute, Salford and Gulu Universities and Gulu Regional Referral Hospital.
- Award of a new MRC grant to Promoting Universal Health Coverage for Amputees through Social Enterprise and Engineering Innovation, in partnership with Makerere, Salford, Manchester and Aga Khan Universities.
- Successfully hosted 7 British Commonwealth Scholarship funded fellowships for Ugandan nursing, midwifery and pharmacy staff travelling to the UK to undertake intensive 3-month training programmes.

Front cover images (clockwise from top left)

1. Prosthetist, Oisín, working with local staff to fit new prosthetic arms for Ninsiima, a victim of domestic abuse, in Kampala
2. Kagote midwife, Euphrasia, completes her postgraduate certificate in health and social care at Salford University
3. Pharmacy lecturer, Clare, teaching school children in Fort Portal how to reduce the spread of infections
4. Project manager, Allan, manufacturing hand gel for distribution to local health facilities in Fort Portal
5. Nursing student, Peninah, enjoying well-earned 'downtime' whilst supporting a baby health clinic at Kagote Health Centre

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Back in 2017, Knowledge for Change supported Ninsiima, a survivor of domestic violence who lost both of her arms following an assault by her partner, by designing and fitting new prosthetic arms to enable her to continue earning money through chicken farming and to care for her five young children.

Ninsiima's story highlighted the challenges faced by amputees in countries like Uganda and led us to partnering with University researchers on two new projects to 'develop fit-for-purpose, affordable and locally manufactured upper-limb prosthetic devices' (2018-22) and to 'promote universal health coverage for amputees through social enterprise and engineering innovation' (2021-2023). These exciting new projects will improve the lives and opportunities of amputees living in Uganda.



# Foreword from our Chair



As chair of Knowledge for Change (K4C), I am pleased and excited to present the sixth annual report for the Charity, together with a summary of our activities and our financial statements for the period 1<sup>st</sup> January to 31<sup>st</sup> December 2020. This will be a year that all of us remember, due to the sudden and severe impact of the Covid-19 pandemic which has affected billions of lives across the globe. Despite a feeling of optimism that we might soon reach the light at the end of the tunnel, many of the negative impacts of the pandemic on the health and wellbeing of societies around the world, including those in low- and middle income countries, will continue to be felt long into the future. Looking forwards, I hope this pandemic will act to raise awareness of the global nature of health and improve the preparedness and capabilities of countries to deal with similar scenarios in future, including the recurring Ebola and other haemorrhagic fever outbreaks which have affected some African countries for many years.

The effect of the pandemic on Knowledge for Change has been huge. We were forced to make important decisions at very short notice, including the repatriation of all our staff, professional volunteers and students from locations across Uganda in March. Our professional volunteering and student placement programmes remained suspended throughout the remainder of the year due to our concerns about risk, insurance and safeguarding. The cancellation of all student placements planned for 2020 had huge financial repercussions, leading to a reduction in annual income of over £70,000.

Despite the repatriation of all our UK staff and volunteers, the majority of our projects and activities were able to continue effectively due to the tremendous hard work, dedication and professionalism of our in-country clinical and administrative staff. They have continued to work tirelessly in the wake of unprecedented challenges faced over the course of the year. We continue to offer them our utmost gratitude and respect.

Some of our main successes over the course of 2020 included the successful completion of our DFID funded “Cervical Screening Project” and THET funded “Antimicrobial Stewardship Project” in May and October respectively. The highly positive impacts of these projects are detailed within in this report. We have also worked closely with partners on several new funding applications, some of which have since been successfully awarded. These have included an MRC funded project to promote universal health coverage for amputees in Uganda through social enterprise and engineering innovation; a UKRI funded project to establish Covid-19 testing facilities in Gulu (northern Uganda) and funding from the University of Salford to improve health facility procurement systems for drugs and basic equipment in Uganda. These exciting new projects form the basis of our activity planning for 2021, as we continue to await greater certainty before resuming our professional volunteering and student placement programmes.

I would like to thank all our staff, trustees, volunteers and stakeholders for their on-going support throughout 2020, which has enabled us to continue to improve the health and wellbeing of some of the poorest and most vulnerable communities in the world. I look forward to continuing this exciting and highly beneficial work over the course of 2021.

Louise Ackers

**Professor Louise Ackers**  
31<sup>st</sup> December 2020

A photograph of a woman with blonde hair, wearing a grey long-sleeved top and a grey skirt, holding the hand of a young child in a white shirt and brown pants. They are walking on a dirt path. In the background, there are trees and a building with a red roof. The image is semi-transparent, allowing the text to be overlaid.

# Strategic Report

**An overview of who we are and what we do, a review of our achievements and performance in 2020, and a summary of our objectives for the coming financial year.**

# Who we are and what we do

## BACKGROUND

Knowledge for Change (K4C) was registered with the Charity Commission for England and Wales in January 2012 (no. 1146911) and has been hosted by the University of Salford in Manchester since July 2014. Its working names are 'Knowledge for Change', 'Knowledge 4 Change' and 'K4C'. The official charity address is 11, Newmarket Street, Skipton, North Yorkshire, BD23 2HX.

Knowledge for Change formally merged with its sister charity, the Liverpool-Mulago Partnership (no. 1136219), in 2015 and continues to manage the legacy of both organisations.

## OUR OBJECTIVES

*"To improve the standard of healthcare and education provision for the poorest and most vulnerable members of society in Low- and Middle-Income Countries"*

For over 10 years, we have been working across multiple hospitals and health centres in Uganda to sustainably improve the health system and achieve better standards of care for patients. The work we do includes the placement of professional volunteers, infrastructural developments, the provision and repair of medical equipment, staff training and capacity building, working with local educational institutions to develop new and improved undergraduate and postgraduate curricula, organising staff exchange programmes and running ethical and educational elective placements for students.

## CORE VALUES

Our core values centre on making ethical, sustainable and mutually beneficial improvements to health and education systems LMICs. We believe

that the best way to do this is through the transfer of knowledge between professionals and students working in the health and education systems in order to improve their skills and capacity. Sticking to these values ensures that we achieve the best long-term outcomes for all the High-, Middle- and Low-Income Countries that we work with.

## CURRENT AREAS OF FOCUS

Knowledge for Change currently focuses most of its activities in Uganda, however we also have past and on-going linked projects and networks in Tanzania and India. Initially, we focused primarily on maternal and newborn health but have since expanded our remit to include other areas of health, social care, children's education, laboratory science and (in 2020) wildlife protection.

In line with our commitment to support populations of highest need, K4C works primarily in public (as opposed to private) health and education facilities, in recognition that these facilities cater for the poorest and more vulnerable members of society. Our in-country partners range from large urban hospitals to small rural health centres, primary schools, Universities, community-based organisations, local councils and governmental bodies.

## OUR ACTIVITIES

### International Development Projects:

K4C has run numerous international development projects over the years including sustainable volunteering, biomedical engineering, infection prevention and control, antimicrobial stewardship, cervical screening, developing a high dependency unit, promoting respectful maternity care, building accessible toilets within schools and supporting the Uganda Blood Transfusion Service amongst others. Our main donors have included Health Education England, the UK Department for International Development, the Tropical Health Education Trust and the Burdett Trust for Nursing. Many projects are run in partnership with the University of Salford, and all are designed and evaluated in line with our core values of sustainability, ethics and mutual benefit.

### Professional Volunteering:

K4C's primary activity has included the placement of over 300 professional volunteers from High-Income Countries in Uganda over the last 10 years, initially supported by the UK Department for International Development through the Tropical Health Education Trust. These volunteers have included doctors, midwives, nurses, biomedical engineers, allied health professionals, social workers and social scientists; all of whom have worked alongside local staff to exchange valuable knowledge, skills and experience to the mutual benefit of both countries. Most volunteer placements are 6+ months in duration, however shorter placements are permitted when necessary. We have also supported over 50 Ugandan health workers to travel to the UK to complete training courses and degree programmes to enhance their learning, primarily funded by the British Commonwealth Fellowship Scheme.



*"The continued presence of UK volunteers, working alongside my health workers, has transformed Kagote Health Centre into one of the best performing Community Health Centres in Uganda"*

**Dr Richard Mugahi, Assistant Commissioner for Reproductive Health, Uganda Ministry of Health**

### Global Health Research:

K4C endeavours to remain at the forefront of Global Health Research and has been closely involved with several research projects and publications, in partnership with the University of Salford. All K4C projects are designed to be dynamic and are closely monitored and evaluated in order to maximise their impact and cost efficiency. Research findings have been shared through policy reports, books and journal articles as well as regular presentations at conferences, workshops and with British and Ugandan government officials.

### Student Placements:

More recently, K4C has begun to focus on the improving the education of students through undergraduate and postgraduate student exchange programmes. Our student placement project (initially supported by Health Education England) has now placed over 300 students in Uganda and India from courses including medicine, nursing, midwifery, the allied health professions, social work, prosthetics and orthotics and business. All student placements are linked to K4C's on-going development projects and are supervised by our highly competent team of professional volunteers and local staff.

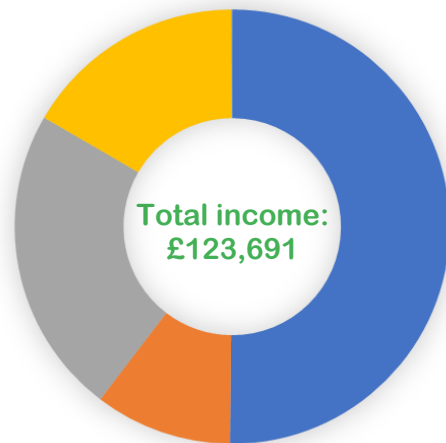
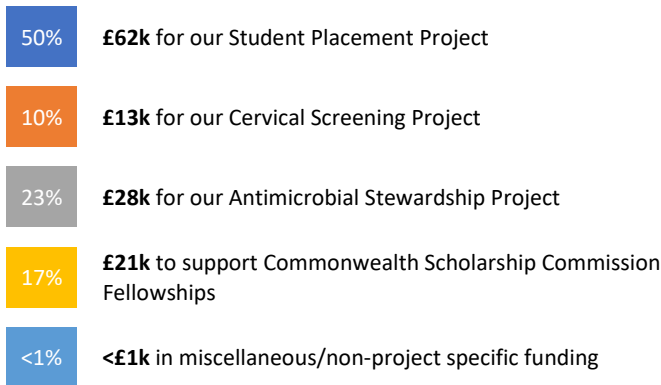
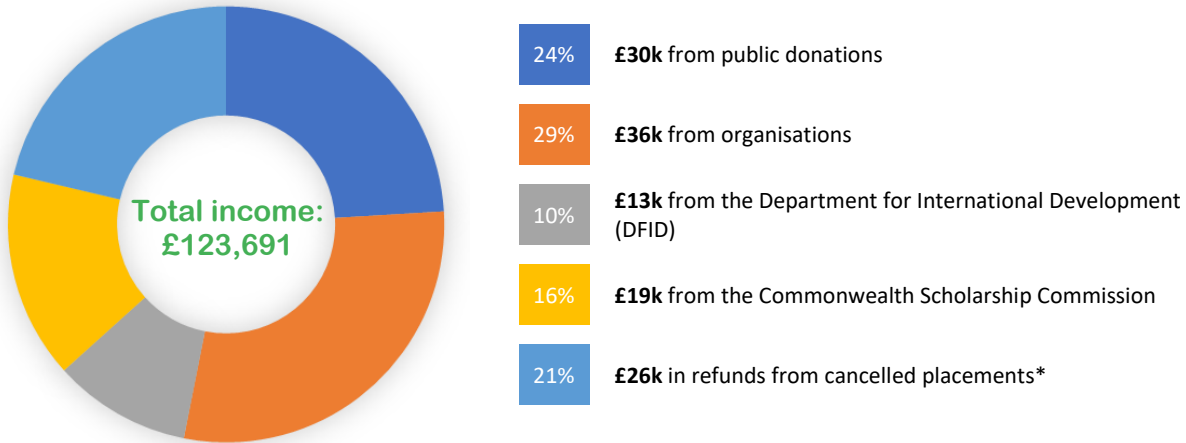


*K4C clinical staff, Dr Judith Auma and Peninah Wampambah, provide essential health services at Kagote Health Centre.*

# Income & Expenditure

## Highlights

Knowledge for Change's total gross income in 2020 was £123,691. Two breakdowns of our income are provided below; the first in relation to sources of income and the second in relation to its intended purpose:



### WHERE OUR INCOME CAME FROM IN 2020

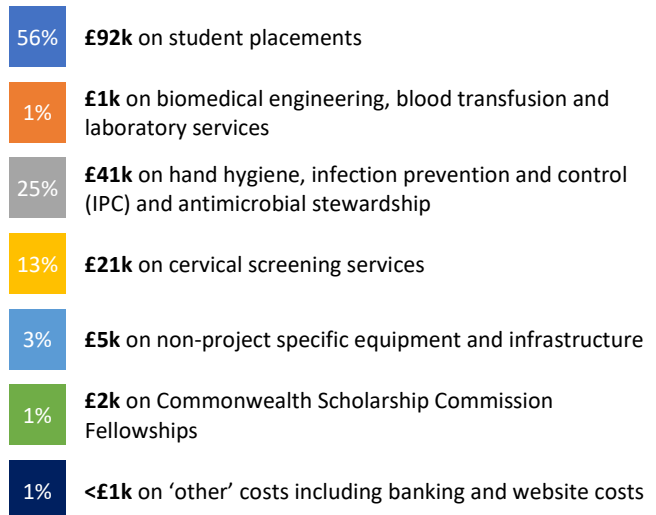
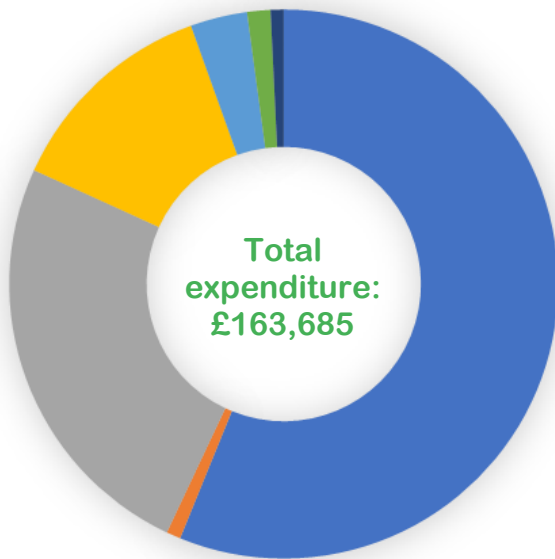
Knowledge for Change's total income for 2020 was £123,691, a decrease of £73,807 (37%) on the previous year. This reduction in income was expected, primarily due to the severe impact of Covid-19 on income from our student placement programme, combined with the UK government's decision to reduce its expenditure on UKAid from 0.7% to 0.5% of GDP and the resulting reduction/delays in project funding. We do not expect our income to return to the levels achieved prior to the Covid-19 pandemic until the 2022 financial year.

\*Refunds from flights cancelled due to the Covid-19 pandemic has been included for reference.

# Income & Expenditure

## Highlights

Knowledge for Change's total expenditure in 2020 was £163,685. A breakdown is provided below:



### EXPENDITURE FOR 2020 AT A GLANCE

Knowledge for Change's total expenditure for 2020 was £163,685, an increase of £20,781 on the previous year. This increase was largely due to the recruitment of three new clinical staff in Uganda, additional contributions towards project management staff time at the University of Salford and the costs incurred in repatriating our professional volunteers from Uganda to the UK at the beginning of the Covid-19 pandemic.

For every pound we spent during 2020, 85p was spent on our charitable activities. The remaining 15p per pound was spent on our project management and administration costs in the UK and Uganda (totalling £25,016). A further breakdown of all income and expenditure can be found in our annual accounts (see pages 30-35).



# Our Activities and Impact

# How are we achieving our charitable objectives?

## OUR REACH IN 2020

Our work to strengthen health and education systems in Low- and Middle-Income Countries continued throughout 2020, despite the unprecedented impacts of the Covid-19 pandemic. In Uganda, where the majority of our project activities currently take place, we provided training and capacity building for over 200 medical, nursing and midwifery staff in areas such as cervical screening, antimicrobial stewardship, infection prevention and control and respectful midwifery care. Our activities directly benefitted over 20,000 local people who accessed improved healthcare services. For example, our Antimicrobial Stewardship Project successfully reduced maternal mortality due to sepsis following c-section at Fort Portal Regional Referral Hospital by over 95% in 2020 (compared to the number of cases in 2018).

Over 95% of the total number of people reached by our activities were women. This is highly significant as women make up the majority of disempowered and impoverished populations in Uganda. This success aligns with several of the UN Sustainable Development Goals: reducing poverty, improving healthcare and empowering women and girls.

## OUR EFFECTIVENESS

Our expertise in research and project evaluation enables us to carefully review our activities and make positive changes on an ongoing basis to maximise their impacts and efficiency. Each of our individual projects is evaluated separately, however we also evaluate our overall impact across entire thematic areas.

Externally funded projects are also independently evaluated by their respective funding bodies. This was the case for our DFID funded Cervical Screening Project which officially ended in May and achieved an outstanding score of A+.

*“The overall assessment of the report is that the project has scored an A+ (outcomes moderately exceeded expectation). The grant holder provided insightful analysis and reflections on the project’s overperformance across outcomes and outputs. The project clearly demonstrated strong delivery, community engagement, high quality services and an early sustainability model which is soon to be replicated in other districts. In terms of project design, the detailed targeting, mapping of community needs, community engagement / sensitisation and blended form of training and mentoring for healthcare workers were strong contributing factors to the project’s overall successes.*

*Key achievements included exceeding the milestone target for the number of women’s cervical screening by 50% and the number of health workers trained. Project communities now benefit from comprehensive, free, see-and-treat cervical screening services in community-based health facilities, the first of its kind in Uganda. Marginalised women in particular benefitted from this service and this has continued despite the project ending in May. The project also demonstrated a strong capacity building approach for project staff through opportunities to further their academic studies as well as strengthen on-the-ground training in project districts.”*

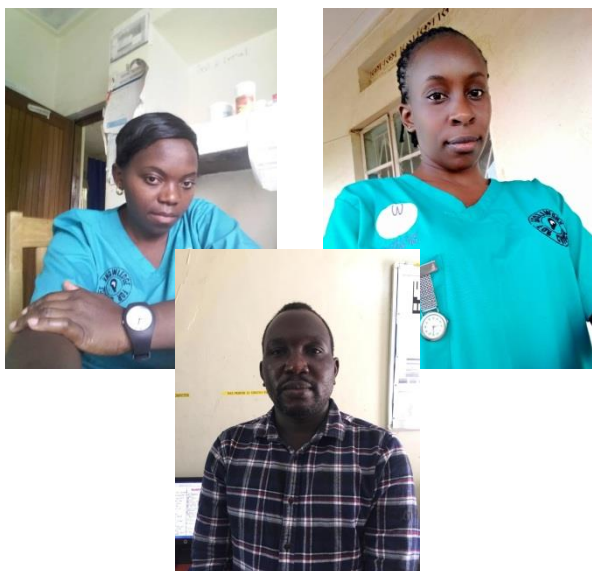
**Excerpt from DFID’s End of Project Evaluation Report for the Cervical Screening Project**

# Our Team in Uganda

## STAFFING

Knowledge for Change directly employs several highly skilled clinical and project management staff in Uganda to support local health and education services and our on-going projects. We were pleased to welcome a new nurse, midwife and pharmacist to our team in January 2020; Annet, Angela and Joe (pictured below) have already proven to be highly valuable members of our team.

As of December 2020, Knowledge for Change directly employs 8 fulltime staff including 4 midwives, 1 nurse, 1 pharmacist, 1 project manager and 1 administrator. We also indirectly employ (via our partners) 1 doctor and 1 biomedical engineer.



## PROFESSIONAL VOLUNTEERING

Since it was established, Knowledge for Change has placed over 300 professional volunteers in Uganda including nurses, midwives, doctors, social workers and biomedical engineers. Our professional volunteers play important roles in our projects and work alongside local facility staff to exchange valuable knowledge, skills and experience.

We had originally planned to host 12 long-term and several more short-term professional volunteers throughout 2020; however the onset of the Covid-19 pandemic in February led to the immediate suspension of our professional volunteering

programme and emergency repatriation of all volunteers on placement at the time. This decision was not taken lightly and we faced some resistance from the volunteers themselves, however safeguarding their health, safety and wellbeing was our highest priority. As the suspension continued throughout the remainder of 2020, we only placed three long-term (a nurse, an obstetrician and a midwife) and three short-term volunteers (2 pharmacists and a microbiologist) in 2020. We plan to recommence this programme in June 2021.



## STUDENT PLACEMENTS

Unfortunately, our student placement programme was also suspended in February as a result of the Covid-19 pandemic. This led to the cancellation of over 120 planned placements for nursing, midwifery, social work and allied health professional students. A further 8 students who began placements in January faced early repatriation.

As an ethical organisation, K4C quickly reimbursed all students in full for any funds transferred to us. Thankfully, the vast majority of flight tickets were fully refunded by airlines. We look forward to recommencing this programme in July 2021.



# Cervical Screening

## SUMMARY

Cervical cancer remains the main cause of cancer deaths in LMICs. In Uganda, cervical cancer contributes to over 80% of all female malignancies and is the leading cause of cancer-related deaths, mainly because of late presentation and delays in receiving appropriate treatment. There were previously no cervical screening facilities in Fort Portal, meaning women had to travel over 6 hours to Kampala to access screening. Many women could not afford this journey and were therefore left without access to this vitally important service.



## ACTIVITIES

The Cervical Screening Project was initially funded by a £1,500 donation from a group of nursing students from Liverpool John Moore's University. They identified the need for the service during their elective placement with K4C. Their funding helped K4C to develop its first cervical screening unit at Kagote Health Centre in Fort Portal. This included renovating the unit and purchasing the necessary equipment, including Enhanced Visual Assessment (EVA) and Cold Coagulation devices. Subsequent funding of £50,000 was received from UKAid to upscale and expand the service model from 1 to 3 sites to include Bukuuku Health Centre and Fort

Portal Regional Referral Hospital and provide intensive user training to staff across all 3 sites.

K4C's professional volunteers have played important roles in providing comprehensive training to local staff. Other activities have included raising awareness through community engagement, social media and radio broadcasts; conducting a community survey and GPS mapping exercise to improve planning of outreach activities; and establishing a telemedicine service to enable local staff to share images of cervixes and receive on-going diagnostic mentoring from UK based gynaecologists and oncologists. Where treatment is indicated, K4C has procured a washable and rechargeable Cold Coagulation Device which does not require consumables, thus improving sustainability. Supported by these technological innovations, our model has significant potential to increase screening rates and reduce deaths from cervical cancer.

## RESULTS SO FAR

Over the course of the project, 67 nursing and midwifery staff have been trained in cervical screening and treatment. To date, over 2000 women have been screened and over 50 have received cold coagulation treatment or have been referred for further management. These women would unlikely have otherwise been screened and treated and, as a result, may have gone on to develop cervical cancer. Although our UKAid funded project ended in April 2020, K4C has continued to support all three of the screen and treat services setup and we plan to apply for further funding to expand and upscale the service model we have developed and piloted in 2021.



# Antimicrobial Stewardship

## SUMMARY

Antimicrobial Resistance is one of the biggest threats to global health, food security and development in the world today and has the potential to reverse decades of medical progress. Multi-drug resistant bacteria don't respect national borders; what happens in one country affects us all. LMICs such as Uganda are particularly hard hit. Infectious diseases still cause a high proportion of deaths and, as many of the most commonly used antibiotics fail to work, resource-poor settings struggle to cover the costs of newer and more expensive antibiotics. Sepsis is a major cause of maternal mortality in Uganda and is often a result of poor Infection Prevention and Control (IPC) during surgery, leading to surgical site infections.

Our Antimicrobial Stewardship (AMS) project ran from November 2018 to October 2020 and was funded by the Commonwealth Pharmacy Association and the Tropical Health Education Trust (£60,000 in partnership with the University of Salford and Tameside and Glossop NHS Trust).



## ACTIVITIES

K4C's clinical staff and professional volunteers provided comprehensive training and mentoring for over 80 pharmacy and nursing staff at Fort Portal Regional Referral Hospital in areas including prescribing practices, the management of sepsis

and IPC measures. Simon Sseguya (a senior hospital pharmacist) was awarded a British Commonwealth funded fellowship to travel to the UK for 3 months from March to complete placements at Tameside and Glossop NHS Trust and Salford University.

One core element of the AMS project was a Maternal Sepsis Intervention (MSI) which focused on two key contributors to AMS; reducing the incidence of infections (especially those acquired from hospitals) and improving the use of antibiotics to fight the infections that do occur.



*Essential supplies and equipment were purchased and/or maintained for the hospital, including these drugs trolleys*

## RESULTS SO FAR

The full project evaluation is still on-going, however we have seen evidence that the MSI has fostered multi-disciplinary teamworking to improve IPC, wound swabbing and management and the laboratory analysis of swab results to identify the bacteria responsible and target the most effective antibiotic. Since the beginning of the project, the percentage of suspected sepsis cases being tested for culture and sensitivity has risen from 0% to 95%. Furthermore, the hospital's score on the WHO's IPC Infrastructure Audit Tool rose from 58.7% to 96.8%.

The MSI has seen transformational change on the wards. Major improvements have resulted in improved patient outcomes, reduced maternal mortality (to zero!), reduced length of stay on the wards and substantial financial savings for the hospital. Appropriate new and existing tools and protocols have been developed within the hospital; the Medicine Therapeutic Committee has been restarted and the 'Rx system' is now fully functional which will have a positive impact on AMS and the procurement of appropriate antibiotics.

# British Commonwealth Fellowships

## SUMMARY

K4C has hosted and supported over 70 Ugandan Health professionals in the UK between 2013 and 2020, including midwives, nurses, doctors, healthcare managers, record keepers and laboratory and orthopaedic technicians. The fellows have travelled from our partner organisations to the UK for between 1 and 6 months to complete educational courses, such as diploma and Masters modules, and to enhance their experience, knowledge and skills. The structure of each fellowship is designed to meet a specific need that has been identified in advance, and many of these link to K4C's on-going projects.

Each fellowship has been supported by the British Commonwealth Fellowship Scheme which provides funding to cover their travel, accommodation, living and course costs.

## ACTIVITIES

The most recent groups of fellows travelled to the UK for 3 months from March 2020. They included a pharmacist and 5 nursing and midwifery staff from Fort Portal Regional Referral Hospital and Kagote Health Centre. Their fellowships focused on antimicrobial stewardship and cervical screening respectively.

Despite disruption caused by the onset of the Covid-19 pandemic which led to the suspension of some teaching and placement opportunities, the fellowships were still extremely successfully and yielded positive learning outcomes for all of the fellows. K4C maintains a close relationship and provides on-going support for all fellows once they have returned to Uganda, and many continue to support our projects longer-term.



*Professor Louise Ackers (K4C trustee) and Dr Judith Auma (K4C doctor) celebrate with 5 nurses and midwives from Uganda upon successful completion of their fellowships at the University of Salford in May.*

# Infection Prevention & Control

## SUMMARY

Sepsis is one of the most common causes of death of patients in Uganda. Many infections that lead to sepsis are contracted within health facilities and can be avoided by implementing Infection Prevention and Control (IPC) measures and making relatively small investments in hospital equipment and infrastructure, such as sinks and washing facilities. Over the last 5 years, K4C has run several capacity building and infrastructural development projects across multiple health facilities in Uganda, covering various aspects of IPC including hand hygiene, antimicrobial stewardship and surgical safety. For example, we have provided running water to more than 30 hospital wards by fitting new (or fixing existing) sinks and plumbing systems. This work is of even higher priority during the Covid-19 pandemic.

## ACTIVITIES

Throughout 2020, our hand gel project has provided free supplies of locally manufactured alcohol hand sanitiser to 3 public hospitals and 1 primary school in Fort Portal. We have also sold it at cost price (not for profit) to other charities and not-for-profit health facilities in the area.

Through our AMS project, we have purchased various equipment such as autoclaves (for sterilising medical equipment), rubber mattress covers, delivery beds and drugs trolleys and have invested over £2,000 in renovating hospital and health facilities to reduce infection risks.



*Visitors at Kagote Health Centre were urged to wash their hands to reduce the spread of infections.*

Before being repatriated to the UK in March due to the Covid-19 pandemic, our professional nursing, medical and midwifery volunteers provided invaluable training and mentoring for local staff across 3 health facilities to build their skills and capacity. Their training covered a wide range of areas including surgical safety (for example implementing the WHO safe surgery checklist), hand hygiene, appropriate cleaning and decontamination of medical equipment, antibiotic prescribing practices, improved operative techniques (for example transverse c-section) amongst others. Our volunteers also implemented new and existing policies, protocols and guidelines to further support staff clinical practice.



*Albert, a business student from Mountains of the Moon University, demonstrates using alcohol hand sanitiser produced by K4C, with bottles and labels designed and branded by himself and a group of fellow students in Uganda.*

# Prosthetics & Orthotics

## SUMMARY

Limb amputations are far more common in LMICs than in High-Income Countries (HICs). Most are caused by trauma as a result of road traffic accidents or conflict. Other common causes include congenital defects, infections and tumours. Having a limb amputated tends to have severe repercussions in LMICs as more people are reliant on physical activity to earn a living (through manual labour, farming, transportation etc.) and there is no social security system to provide support. Additionally, people's access to prosthetic or orthotic devices is extremely limited due to them being relatively expensive to design, manufacture and maintain.

K4C's focus on prosthetics and orthotics began in 2017, stimulated by a woman named Ninsiima who was a victim of domestic violence whilst being 8 months pregnant. As a result of the attack, Ninsiima lost both of her arms from the elbow down, however thankfully her baby was delivered successfully with the support of K4C's midwifery staff and volunteers. At this point, K4C embarked on a project (in partnership with the prosthetics department at the University of Salford) to provide Ninsiima with prosthetic arms to enable her to care of her 5 children and continue to earn a living through chicken farming. A fundraising campaign was setup and the project subsequently featured on [BBC World News](#).

## ACTIVITIES

Ninsiima's story highlighted the challenges faced by amputees in countries like Uganda. This led a team of researchers at the University of Salford to design a project aimed at developing fit-for-purpose, affordable and locally manufactured upper-limb prosthetic devices in Uganda (in partnership with K4C) and Jordan. The '[Fit-For-Purpose Prosthetics Project](#)' received £1.4M of EPSRC funding and is running from February 2018 through to January 2022.

In 2020, K4C collaborated on a successful MRC grant application titled "Promoting Universal Health Coverage for Amputees through Social Enterprise and Engineering Innovation", in partnership with Makerere, Salford, Manchester and Aga Khan Universities. This exciting new project, led by one of our charity trustees (Dr Robert Ssekitooleko) will begin in 2021 and will continue to improve the lives and opportunities of amputees living in Uganda.



*Prosthetics students from the University of Salford work alongside local staff to cast,*



*design and fit new prosthetic devices for amputees in Uganda during their placement with K4C.*

# Respectful Midwifery Care

## SUMMARY

Uganda has one of the highest maternal mortality rates in the world. The Sustainable Development Goals framework focuses on improving Maternal Health through gender equality, human rights, empowerment and poverty reduction. Disrespectful care not only undermines women's human rights and disempowers them; it also results in poor levels of engagement with public services and damaging delays in accessing them. 99% of all maternal mortality occurs in LMICs; much of this is due to delays in women seeking care. In Uganda, it is not uncommon for women to receive verbal or sometimes physical abuse whilst giving birth in health facilities. Through empowerment of women and collaboration between healthcare staff, stakeholders, families and communities, we aim to improve the health and well-being of mothers and their babies. We received £20,000 from the Wellbeing of Women Foundation in 2018 to research the challenges faced by mothers and staff during pregnancy and birth, and how levels of quality and respect could be improved within maternity care settings (WeCare Project).

## ACTIVITIES

Throughout 2020, we have continued to implement the findings of our WeCare project across 5 health facilities in Uganda (Kasangati, Kiira, Kagote and Bukuuku Health Centres and Fort Portal Regional Referral Hospital). Our staff and professional volunteers have provided training and promoted simple changes in practice, for example urging staff to greet mothers respectfully and introduce themselves by name, allowing mothers their choice of birthing position, providing more information about procedures before beginning them and providing counselling and grieving care. Other interventions have included providing basic new equipment such as privacy screens and curtains, delivery beds and ward mattresses and supporting general maintenance of maternity units, including kitchen, toilet and hand washing facilities.

Implementing these simple, cost effective and sustainable interventions has greatly improved the level of respectful care received by mothers and has led to increasing numbers of women seeking care at the respective health facilities. For example, Kagote Health Centre now averages 45 births per month, compared to just 22 prior to our WeCare project. A publication containing the full WeCare project findings can be [accessed for free here](#).



*Raziqa, a midwifery student from Salford University, cares for a newborn baby at Fort Portal Regional Referral Hospital during her placement with K4C.*

# Covid-19 Response

## SUMMARY

The impact of the Covid-19 pandemic on LMICs has been stark, with health facilities and individual workers struggling to cope with the additional number and nature of hospital patient cases. At one point in July 2020, Fort Portal Regional Referral Hospital reported having only 2 spare intensive care beds for Covid-19 patients to cover a population of over 3 million people.

Providing direct care to patients suffering from Covid-19 is not the only challenge. As is now clear in many countries around the world, reducing the spread of the virus is key to reducing deaths, however this relies heavily on testing capacity which is extremely limited in LMICs.

## ACTIVITIES

From the outset of the pandemic, K4C has increased its focus on Infection Prevention and Control mechanisms in order to reduce Covid-19 transmission between hospital staff and patients in Uganda. This involved stepping up our manufacture and distribution of free hand sanitiser to partner health facilities. We also received £2,000 funding from the University of Salford to create an informative short video to show in hospital waiting areas to improve awareness of Covid-19 and the importance of infection prevention and control.

In order to improve Covid-19 testing capacity in Uganda, K4C partnered with the Uganda Virus Research Institute, Salford and Gulu Universities and Gulu Regional Referral Hospital to apply for grant funding to establish an effective Covid-19 testing facility in Gulu, northern Uganda. £580,000 was received from UKRI in September 2020 and the project began shortly thereafter. Once setup, the testing facility stands to benefit the many highly vulnerable communities living in nearby refugee camps. It will also act as a pilot model that (if successful) can be scaled up and rolled out more widely across the whole country.

## PLANS FOR 2021

The Covid-19 pandemic is ongoing and K4C will continue to find ways to support our partner health facilities, colleagues and the wider population in Uganda. In partnership with Makerere and Salford Universities, we plan to conduct research into the roles of hospital visitors and 'attendants' and how they can be better managed to reduce transmission of hospital acquired infections, including Covid-19. We are also planning action research into the impact of Covid-19 and associated government lockdown measures on children's education in Uganda and health students' University courses in the UK.

As and when it becomes available, we commit to supporting the rollout of a Covid-19 vaccination programme in Uganda. We will do this by committing clinical staff time, consumables and also our capacity in biomedical engineering to ensure effective vaccine supply chains, including maintenance of refrigeration and other equipment.



*Image from a short educational film created by K4C to reduce transmission of Covid-19 between patients at Fort Portal Regional Referral Hospital. We also fitted new TV screens in patient waiting areas for it to be shown on.*

# Child Welfare & Education

## SUMMARY

Worldwide, over 57 million children of primary school age remain out of school and more than half of these children live in sub-Saharan Africa. According to the Ugandan legal framework, all children should be given free and accessible education. However, there appears to be a discrepancy between the policy and practice; in the Kabarole District of Uganda (where K4C is based), 82.4% of children with disabilities are reported to be out of school. The reasons for this are complex and include political factors (such as lacking demographic data and funding), physical barriers (such as inadequate infrastructure and a lack of assistive devices and transport) and social barriers (such as lacking understanding and awareness of disability within wider society).

## ACTIVITIES

Despite being primarily a health focused organisation, K4C recognises the importance of education and the negative impact that poor access to education can have on a child's life opportunities, economic empowerment and subsequently their health needs. We expanded our activities to include primary education in 2018, focusing initially on improving access to education for disabled children, in recognition of the additional challenges faced in this area and the closer link to our experience and capacity in physical and mental health.



*Rose appreciates new learning materials and a wheelchair donated to her school to help her get between classes and avoid getting her knees dirty from crawling.*

K4C supports several local Community Based Organisations (CBOs) working in this field; including the Youth and Women's Empowerment Foundation (YAWE), the Agency for Community Development and Welfare (ACODEWE) and Kyaninga Children's Development Centre (KCDC). This year, we have also begun negotiating a new and exciting partnership with 'Kids Club Kampala' which promotes educational opportunities for vulnerable children living in slum areas of Kampala.

K4C has also continued to support Canon Apollo Primary School which caters for children with physical and mental disabilities. Our work at Canon Apollo has included infrastructural developments, facility refurbishments, the provision of computing equipment and learning aides and providing social work support for families.



*[Left] K4C pharmacist (Clare) teaches school children how bacteria can spread. [Right] K4C midwives (Sylvie and Stella) give a lesson on health promotion.*

# Supporting Local Community Based Organisations

## SUMMARY

Knowledge for Change not only runs its own projects but also supports a number of local, independent Community Based Organisations (CBOs) with similar organisational objectives to our own. Most of these CBOs are relatively small but are highly experienced in their respective fields and run extremely beneficial projects supporting the health and educational needs of local communities. The areas of focus of these CBOs are varied and include women and children's empowerment, mental health services, family planning, HIV screening and counselling, caring for children with physical and mental disabilities and rehousing orphaned children within wider families and communities.

## ACTIVITIES

Throughout this year, K4C has supported our partner CBOs in various ways including providing direct finance, building staff capacity, promoting



*K4C staff support the 'Youth and Women's Empowerment Foundation' to conduct interviews and run workshops to support women in business.*

joint research collaboration and offering use of our office facilities and human resources.

In February, we began building a new partnership with 'Kids Club Kampala' which promotes educational opportunities for vulnerable children living in slum areas of Kampala, however discussions were paused due to Covid-19. They will hopefully resume later in 2021.

In October, we successfully formed a new relationship with the 'Joint Effort to Save the Environment (JESE)' foundation which focuses on environmental sustainability. In order to reduce the environmental impact of our activities, K4C has committed to provide funding to JESU to support the planting of 100 new trees for every international flight taken by our staff, volunteers and students.



*Simona, an Environmental Science student from Liverpool University, spent 4 weeks on placement with K4C and partners at JESE and the Uganda Wildlife Authority in October, placing trackers on wild animals to support research and ensure their on-going protection.*

# Publication and Dissemination of Global Health Research

## SUMMARY

Our experience of designing and implementing the above projects, along with their respective impacts, outcomes and findings, are used to inform our research. This research enables us to constantly analyse and refine our charity's activities to maximise our efficiency and effectiveness.

We also present our research at national and international conferences and policy meetings and publish findings in Open Access books and articles. This helps us lobby for positive changes to policies at organisational, regional and national levels in both the UK and Uganda to improve the way organisations and governments carry out global health and international development activities.

## ACTIVITIES

In collaboration with various partners, we published several books and journal articles throughout 2020, some of which are detailed here and can be accessed for free via our website:

### Antimicrobial Stewardship:

Ackers, H.L., Ackers-Johnson, G., Welsh, J., Kibombo, D. and Opio, S. (2020) *“Anti-Microbial Resistance in Global Perspective”*, Palgrave.  
(<https://link.springer.com/book/10.1007/978-3-030-62662-4>)

Ackers, H.L., Ackers-Johnson, G., Seekles, M., Odur, J. and Opio, S. (2020) *“Opportunities and Challenges for Improving Anti-Microbial Stewardship in Low- and Middle-Income Countries; Lessons learnt from the Maternal Sepsis Intervention in Western Uganda”*. *Antibiotics* 2020, 9, 315; doi:10.3390/antibiotics9060315. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7345100/>)

Ackers-Johnson, G; Kibombo, D; Kusiima, B; Nsubuga, M. L; Kigozi, E; Kajumbula, H. M; Kateete, D.P. Walwema, R; Ackers, H. L; Goodhead, I B; Birtles, R. J. & James C. (2020 – preprint) *“Antibiotic resistance profiles and population structure of disease-associated Staphylococcus aureus infecting patients in Fort Portal Regional Referral Hospital, Western Uganda”*.

<https://doi.org/10.1101/2020.11.20.371203>

### Biomedical Engineering:

Oshabaheebwa, S., Ssekitooleko, R.T., Namuli, L.K., Tusable, M., Nantume, J., Ackers, H.L. (2020) *“Enhancing skills to promote the utilization of medical laboratory equipment in low resource settings”*. *Health Policy and Technology* <https://doi.org/10.1016/j.hlpt.2020.01.001>

### International Development:

Ackers, H.L., Seekles, M., Horder, C. and Nantamu, M. (2019) *“The Impact of Research Council Funding on International Development”* (Unpublished Report), UK Research and Innovation

### Professional Volunteering:

Tyler, N., Ackers, H.L., Ahmed, A., Byrne, G. and Byrne-Davis, L. (2020) *“A questionnaire study of the negative outcomes for UK health professional volunteers in low and middle income countries”*, *BMJ Open* (doi:10.1136/bmjopen-2020-037647)

### Prosthetics & Orthotics

Kenney L., Ssekitooleko R., Mwaka E., Donovan-Hall M., Morgado Ramirez D., Chadwell A., Kyberd P., Sobuh M., Ackers L., Howard D., Holloway C. and Miodownik, M. *“Upper-limb prostheses for low- and middle income countries”*. *Scope*, 2018, 27(4): 38-40.

Ssekitooleko R., Byamukama, S. and Wanda, S., (2019) *“Clinical Engineering in Uganda (Handbook)”* Academic Press. ISBN: 9780128134689.

### Student Placements:

Ackers, H.L., Ackers-Johnson, J., Ahmed, A. and Tate, N. (2019) *“Optimising student learning on international placements in Low Income Settings”*, *Open Journal of Social Science*; Volume 7.



# Key Stakeholder Testimonial

**DR RICHARD MUGAHI**  
**ASSISTANT COMMISSIONER FOR REPRODUCTIVE HEALTH**  
**MINISTRY OF HEALTH, UGANDA**

*I first engaged with Knowledge for Change more than 6 years ago, while I worked as District Health Officer for Kabarole District, responsible for coordinating the delivery of health services to local communities with a population of 500,000, served by 72 health facilities. I was attracted to their work by their unique approach to complex health system issues; using the system strengthening model of engaging health professional volunteers from the UK National Health Service to work closely with the local health workforce and facilitate transfer of knowledge and skills.*

*Unlike many others, their approach (and the research that underpins this) has proven to deliver highly sustainable health systems change. For example, Kagote Health Centre 3 was a failing community health facility that had not delivered a single baby in over 16 years despite having a full establishment of health workers. K4C's sustainable professional volunteering model is based on a principle of 'co-presence', requiring UK volunteers to always be working alongside their Ugandan colleagues. This is the first time I have come across this concept and, at first, it was such a departure from the way that foreign actors engage with us that health workers found it hard to understand and comply with. It is very common for other foreign volunteers to walk into Ugandan health centres and simply take over the work of locals. This contributes to one of the main causes of health systems failure; namely absenteeism and poor time-keeping. Many of these volunteers also assume they have superior knowledge and clinical skills to our local health workers which can undermine relationships and opportunities to share learning.*

*The continued presence of K4C volunteers, working alongside our own health workers, has transformed Kagote Health Centre to one of the best performing Community Health Centres in Uganda. Performance increased across all indicators, admissions, deliveries, reductions in referrals and laboratory testing. We also saw the introduction of the first See-and-Treat cervical cancer prevention program in a public Community health facility in Uganda. This combined state-of-the art devices with a community GIS mapping system that has reached over 3,000 households and resulted in major and continuing increases in screening rates especially amongst women who are HIV positive and sex workers. Kagote was selected as the venue for national celebrations for the International Day of the Midwife in 2018 and was visited by leading health commissioners and colleagues from the Ministry of Health.*

*K4C's work on antimicrobial resistance at Fort Portal Regional Referral Hospital has had a sustained impact on maternal mortality and greatly reduced the length of stay of post-natal women. The impact on hospital budgets demonstrates the sustainability of this approach, again using mentoring and co-working. I am excited to continue this partnership with Knowledge for Change into 2021 and future years.*

A handwritten signature in black ink, appearing to read 'Richard Mugahi', written over a light blue grid background.

**Dr Richard Mugahi**  
31st December 2021



# Governance and Accountability

*Dr Ali Hardie and Claire Horder (Midwife) at Fort Portal Regional Referral Hospital, Uganda*

# Structure, Governance & Management

## CHARITY REGISTRATION IN THE UK

Knowledge for Change was registered with the Charity Commission in England and Wales on 17th April 2012, charity number 1146911. Our working names are 'Knowledge for Change', 'Knowledge 4 Change' and 'K4C'. Our official address is 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX. Our current working and correspondence address is Room L530, Allerton Building, University of Salford, Manchester, M6 6PU.

## OUR TRUSTEES IN 2020

Our UK based trustees throughout 2020 were:

- Professor Louise Ackers (Chairperson) – Chair in Global Social Justice, University of Salford.
- Natalie Tate (Secretary) – Project Manager, Liverpool School of Tropical Medicine.
- Dr James Ackers-Johnson (Treasurer) – Project Manager, University of Salford.
- Professor Anya Ahmed – Chair in Wellbeing & Communities, Manchester Metropolitan University.
- Dr John Chatwin – Post-doctoral Researcher, University of Salford.
- Dr Chris Coey – Grant Writer, University of Liverpool.
- Eileen Cunningham – Lecturer and PhD Researcher, University of Salford.
- Claire Horder – Midwife, University Hospitals Dorset NHS Foundation Trust.

Dr Robert Ssekitoleko, a Biomedical Engineer, also serves as a trustee for K4C whilst being based at Makerere University in Uganda.

## RECRUITMENT, APPOINTMENT & INDUCTION OF CHARITY TRUSTEES

The Trust Deed states that there must be a minimum of 4 trustees acting on behalf of K4C.

There is no maximum term of appointment and trustees can serve until they resign should they continue to fulfil the terms stated in the Trust Deed. Mechanisms for the removal of trustees do exist and are also detailed in the Trust deed. All existing trustees have long experience of the nature of the charitable activity of K4C and, aside from expenses, were not remunerated for their trusteeship. Where new trustees are appointed, they are given a formal induction to the work of the trust and provided with the information they need to fulfil their roles, which include information about the role of trustees and charity law. New trustees are nominated by members of the board of trustees, interviewed by the board of trustees and appointed where they have the necessary skills to contribute to the charity's management and development. Trustees are responsible for monitoring all of the trust's activities and are bound by the terms stated within K4C's Declaration of Trust and amendments.

## AMENDMENTS TO THE BOARD OF TRUSTEES

Knowledge for Change announced the appointment of Claire Horder as a trustee in October 2019. Claire had previously spent 12 months volunteering with us in Uganda and had a great understanding of our work and on-going projects. Throughout 2020, she has proven to be a great asset to our organisation, offering vital clinical input as an experienced midwife. We are delighted that Claire has now committed to remain as a K4C trustee in the longer-term.

There have been no amendments to K4C's board of trustees in 2020.

## ORGANISATIONAL GOVERNANCE

The mechanisms for organisational governance within K4C have remained largely unchanged throughout 2020. The Board of Trustees remains responsible for making decisions on all matters of general concern and importance to K4C including strategic, operational and financial decisions. Many of the K4C trustees are based near the University of Salford and are able to meet on at least a

quarterly basis or often more regularly. Uganda based trustees are engaged virtually.

Comprehensive policies are in place to ensure good governance within K4C, including:

- Safeguarding Children & Vulnerable Adults
- Safeguarding Staff, Volunteer and Student Health, Safety and Wellbeing
- Code of Conduct & Disciplinary Procedures for Staff, Volunteers and Students
- Human Resource Management (including anti-discrimination)
- Risk Assessment
- Conflict of Interest
- Whistleblowing
- Procurement
- Anti-bribery, Counter Fraud & Corruption
- Financial Depreciation of Assets

All policies are formally reviewed and updated on an annual basis, or more frequently as required. They were also subject to successful external review by Mannion Daniels (on behalf of the Department for International Development) as a requirement of our funded cervical screening project in March 2020.

The trustees confirm that there were no cases of breaches of K4C policies in 2020 that require notification to the Charity Commission.

## COVID-19

In the period since March 2020, the Covid-19 pandemic has had a substantial adverse effect on Knowledge for Change's operations and performance in both the UK and Uganda, in some cases marking a deceleration in the pace at which we have been able to deliver our programmes in the many communities that we serve. Where possible, all staff and volunteers have worked from home with office working minimised and subject to rigorous social distancing and cleansing regimes.

As an ethical employer, we have committed to not making any redundancies or salary reductions during the pandemic and we have so far achieved this. However, our financial situation is being continuously reviewed, especially in light of the recent decision by the UK government to reduce its

financial commitment to UKAid from 0.7% to 0.5% of national income, which poses a risk to our current and future projects and income streams.

## OBJECTIVES, STRATEGY AND PUBLIC BENEFIT

The official charitable objectives of Knowledge for Change are as follows:

- To support the relief of sickness and preservation of the health of patients in the UK and in Sub-Saharan Africa, in particular through charitable activities in healthcare centres throughout Sub-Saharan Africa, assisting in the provision of facilities, support services, equipment not normally provided by the statutory authorities and any other charitable purposes/activities.
- To advance the education of the health workers of Sub-Saharan Africa and the UK by promoting education, knowledge exchange and personal experience.

K4C works in close partnership with the University of Salford (UK), Mountains of the Moon University (Uganda) and Kabarole Health District (Uganda). Additional support has been received from the UK Department for International Development, the Tropical Health Educational Trust, the Commonwealth Pharmacy Association and the Ugandan Ministry of Health.

The trustees are aware of the Charity Commission's Guidance on Public Benefit. They have reviewed the objectives of the charity, its activities in 2020 and future plans in the light of this guidance and find that all of these comply.

The activities described within this report have primarily benefited the people who live in the catchment areas of the health and education facilities in which K4C operates. More generally, all professional volunteers, students and British Commonwealth funded fellows that have completed placements through K4C will have gained new skills and experience which will benefit the public in the UK and Uganda more widely depending on where they go on to work. All benefits are related to the objectives of the charity, as stated above. The trustees are not aware of any

direct or indirect harm arising from the activities of the charity, nor of any private benefit which could be considered perverse or unjustified.

## NGO REGISTRATION IN UGANDA

To formalise our operations in Uganda and reduce our costs related to currency exchanges, Knowledge for Change has setup a subsidiary organisation named “Knowledge for Change Uganda” which is was registered with the Uganda NGO office in September 2020 (registration no. 3592). Its registered address is Plot 39, Saaka Road, PO Box 392, Fort Portal, Kabarole District.

Knowledge for Change Uganda (K4C Uganda) is governed by an executive board which is chaired by one of our K4C (UK) trustees, Dr Robert Ssekitoileko. Other members of the board include Allan Ndawula and Jesca Nantume, both of whom have long standing affiliations with K4C.

Although a formal agreement, written in the form of a Memorandum of Understanding (MOU), has been created to govern the relationship between K4C (UK) and K4C (Uganda), each organisation retains its independence and is accountable to the laws, regulations and reporting requirements in the UK and Uganda respectively.

## EXTENDING OUR ETHICAL COMMITMENT TO ENVIRONMENTAL STANDARDS

Knowledge for Change has always committed to making all of its project activities and outcomes as ethical and sustainable as possible. This year, we decided to expand this commitment to better account for the indirect impacts of our projects and activities on the wider environment, in particular making efforts to reduce our organisational carbon footprint. This has involved establishing a mechanism for calculating and evaluating levels of carbon emissions for our activities and finding ways to reduce and/or offset these.

As a result of Covid-19, many of our staff have been forced to work differently, resulting in reduced requirements for local and international travel. We are planning to continue this way of

working as far as possible to ensure continued reduction in travel.

However, we also openly recognise that we will need to resume some forms of national and international travel after the pandemic ends in order to continue to achieve our organisational objectives.

By far, our biggest contribution to carbon emissions results from international flights taken by our staff, volunteers and students. In order to mitigate the impact of this travel, we have now committed to funding the carbon offsetting cost of all flights, as is frequently offered by airlines. Moreover, we have negotiated an exciting new partnership with the Joint Effort to Save the Environment (JESE) Foundation in Uganda. Through JESE, we have committed to funding the plantation of 200 trees for each and every international flight taken by our staff, volunteers and students, beginning in January 2021.

## COMMUNICATIONS

One of Knowledge for Change’s main organisational weaknesses identified relates to our communications strategy. We are very proud of the hugely positive impacts our projects have on local communities. However, with the exception of our academic publications, we often fail to effectively relay this positive news and information to our stakeholders, supporters and the wider public. Such communications are of increasing importance in the ever more competitive global environment, supporting awareness raising, fundraising, engagement and networking.

To rectify this, K4C commissioned ‘Dakini Design’ to develop a new website (due for completion in March 2021). This will be launched along with revamped social media channels including Facebook, Twitter, Instagram and YouTube.



[www.knowledge4change.org](http://www.knowledge4change.org)



@K4C\_Uganda



@Knowledge4Change



@K4CUganda



@Knowledge4Change

# Risk Assessment & Mitigation

Knowledge for Change conducts a comprehensive annual risk assessment which covers all aspects of risk for all parties involved in our activities. Only 2 risks were classified as being ‘major risks’ for the next (2021) financial year. These have been summarised below:

Major Risks and Uncertainties	Potential Impacts	Planned Mitigating Actions
Covid-19 (and related government lockdown regulations)	<b>Financial:</b> <ul style="list-style-type: none"> <li>- Reduced income from student placements (due to inability to travel)</li> <li>- Reduced income from project funding (due to reduction in UKAid budget)</li> </ul>	<ul style="list-style-type: none"> <li>- Diversification of funding sources, for example seeking alternative research / international development grant income streams</li> <li>- Strengthening and diversifying partnerships to widen networks, experience and remit</li> <li>- Reducing expenditure as far as possible whilst ensuring achievement of our charitable objectives</li> </ul>
	<b>Human Resource:</b> <ul style="list-style-type: none"> <li>- Risk to K4C staff health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- Continued assessment of risks and effective mitigating actions taken as required.</li> </ul>
	<b>Strategic:</b> <ul style="list-style-type: none"> <li>- Changing needs and priorities of partners</li> <li>- Restricted organisational growth</li> </ul>	<ul style="list-style-type: none"> <li>- Continued assessment of the priorities and needs of stakeholders and beneficiaries</li> <li>- Maintaining current and building new networks to ensure organisational growth can continue as quickly as possible after the pandemic</li> </ul>
	<b>Operational:</b> <ul style="list-style-type: none"> <li>- Inability to achieve organisational objectives as a result of restricted travel and social distancing</li> </ul>	<ul style="list-style-type: none"> <li>- Continue to review and adapt all current and future activities to ensure they can continue as much as possible and be as effective as possible. For example, continue to deliver training programmes virtually until face-to-face training can safely resume.</li> </ul>
Merging of UK Foreign, Commonwealth & Development Office (FCDO) and Department for International Development (DFID)	<b>Financial/Strategic:</b> <ul style="list-style-type: none"> <li>- Objectives, remit and areas of priority of FCDO differ from DFID, potentially impacting our ability to apply for grant funding</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor grant calls and FCDO publications to assess areas of priority and focus and ensure our activities and future grant applications are aligned</li> </ul>

# Financial review

# Summary

This Annual Report covers the 12-month period from 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020. Total receipts on Knowledge for Change funds for this period were £123,691. These receipts included all income from public donations, various sources of project funding, refunded bank charges and income provided by the University of Salford to cover the costs incurred in running joint projects in Uganda, such as the Antimicrobial Stewardship Project.

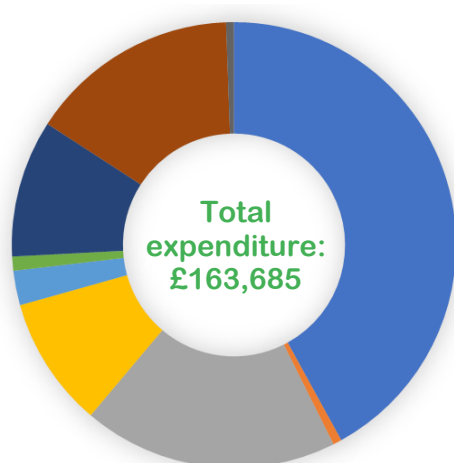
Total payments of Knowledge for Change funds for the 12-month period from 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020 totalled £163,685. This included payments made for all projects including those in the UK and Uganda, those run in partnership with the University of Salford and those funded by external sources.

The total balance brought forward at the beginning of the financial year was £232,271. Over the course of the 12-month period, there was an excess of payments over receipts of £39,994. This gave a combined total fund available at 1<sup>st</sup> January 2021 of £192,277.

## Financial Statement

	Reference Note	Total Funds (31/12/20)	Total Funds (31/12/19)
<b>RECEIPTS AND PAYMENTS ACCOUNT</b>	<b>1</b>	<b>£</b>	<b>£</b>
<b>Receipts</b>			
Public Donations	2a	29,743	159,090
Income from Organisations	2b	67,580	38,018
Refunds	3	26,368	
Miscellaneous Funding		-	390
Sub-total	4	123,691	197,498
Bank Interest/Charge Reversals		-	-
		<b>123,691</b>	<b>197,498</b>
<b>Payments</b>	<b>5</b>		
Ethical Elective Placement Project		68,723	45,820
Biomedical Engineering, Blood Transfusion & Laboratory		1,030	300
Hand Hygiene, Infection Control & Antimicrobial Resistance		30,346	28,231
Cervical Screening Project		15,539	29,810
General Equipment & Infrastructure (Health Systems)		4,100	14,697
General Equipment & Infrastructure (Education Systems)		-	3,273
British Commonwealth Fellowships		1,677	4,707
General Infrastructural Developments		-	-
K4C Uganda Setup Costs		147	-
Website Development		210	147
Bank Charges		209	142
Publishing / Project Dissemination		373	912
Staffing Costs (UK)		32,631	7,455
Staffing Costs (Uganda)		8,700	7,410
		<b>163,685</b>	<b>142,904</b>
<b>Excess of Receipts over Payments</b>		<b>(39,994)</b>	<b>54,594</b>

<b>STATEMENT OF ASSETS &amp; LIABILITIES</b>			
<b>Cash Funds</b>			
Bank Current Account 1 (UK)		<b>183,653</b>	<b>228,647</b>
Bank Current Account 2 (Uganda)		<b>5,280</b>	-
GBP Currency Cards		<b>1,239</b>	<b>1,531</b>
Cash in Hand (Uganda)		<b>2,105</b>	<b>2,093</b>
		<b>192,277</b>	<b>232,271</b>
<b>Liabilities</b>			
Expenses due		-	-
Invoices/Payments due		-	-
Other liabilities		-	-
		-	-
<b>Net Total (Assets – Liabilities)</b>		<b>192,277</b>	<b>232,271</b>



- 42% **£69k** on student placements
- 1% **£1k** on biomedical engineering, blood transfusion and laboratory services
- 19% **£30k** on hand hygiene, infection prevention and control (IPC) and antimicrobial stewardship
- 9% **£16k** on cervical screening services
- 2% **£4k** on non-project specific equipment and infrastructure
- 1% **£2k** on Commonwealth Scholarship Commission Fellowships
- 10% **£16k** on project evaluation, dissemination and publication
- 15% **£25k** on project management/administration (UK and Uganda)
- 10% **<£1k** on 'other' costs including banking and website costs

# Notes to the Financial Statement

- The financial statements of Knowledge for Change have been prepared in accordance with the Charities Act, 2011, and the Charities (Accounts & Reports) Regulations, 2008, using the Receipts & Payments basis. The statements are inclusive of both Knowledge for Change (UK) and Knowledge for Change (Uganda).

- Receipts Analysis

	Total Funds (31/12/20)	Total Funds (31/12/19)
	£	£
<b>a. Public Donations</b>		
Direct Donations	21,560	98,136
BT MyDonate	-	15,767
CAF Donations	-	80
Amazon Smile	5	10
KindLink	387	10,483
Wonderful	7,791	115
HMRC Gift Aid	-	34,469
	29,743	159,090
<b>b. Funding from Organisations</b>		
University of Salford	28,442	1,800
Liverpool John Moore's University	7,505	9,000
DFID	12,633	15,141
Commonwealth Scholarship Commission	19,000	12,077
	67,580	38,018

- As a result of the Covid-19 pandemic and associated governmental lockdown and travel restrictions, a large number of student placements were cancelled. This line represents income from refunds on expenditure by Knowledge for Change, primarily for cancelled and refunded airfares.
- A summary of the public donations and income from organisations intended for specific projects is provided below:

Specified Project	Income (£) to 31/12/20:	Income (£) to 31/12/19:
Student Placement Project	62,049	167,489
Cervical Screening Project	12,633	15,141
Antimicrobial Stewardship Project	28,442	-
Biomedical Engineering / UBTS Projects	-	-
Respectful Care Project	-	-
Children's Education Project	-	1,498
Commonwealth Scholarship Commission Fellowships	20,500	12,077

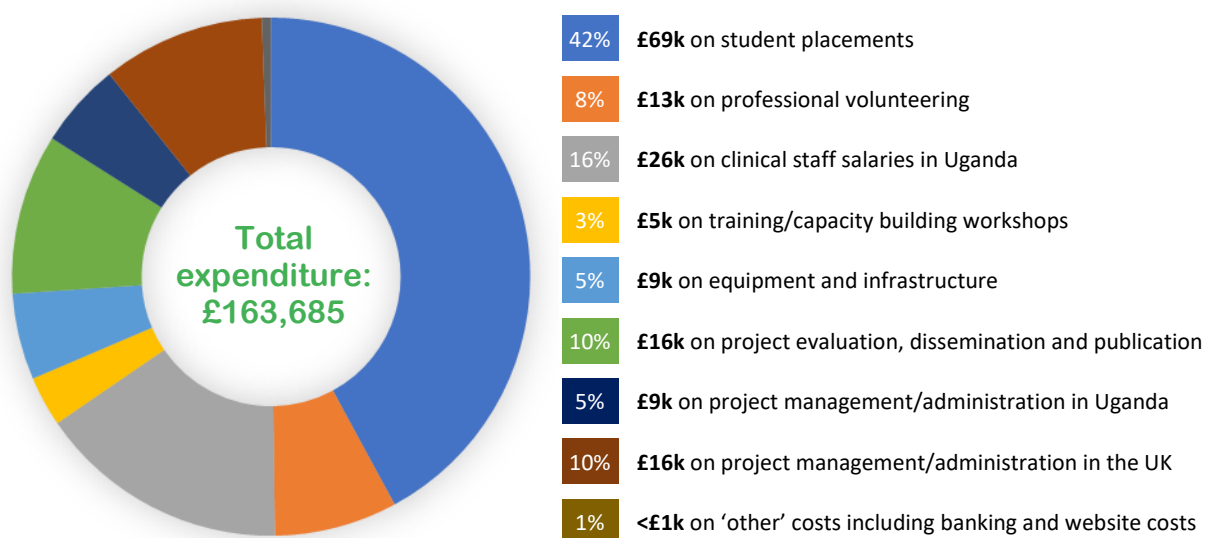
Professional Volunteering Project	-	707
Miscellaneous/Non-Project Specific	68	586
<b>Total</b>	<b>123,691</b>	<b>197,498</b>

5. An alternative breakdown of payments in terms of categories, as opposed to project expenditure, is provided below:

<b>Line Item:</b>	<b>Expenditure (£) to 31/12/20:</b>	<b>Expenditure (£) to 31/12/19:</b>
<b><i>Professional Volunteering</i></b>		
Stipend Payments	5,307	22,896
International Travel Costs	5,247	3,245
Local Travel Costs	2,000	300
<b><i>Sub-Total:</i></b>	<b><i>12,554</i></b>	<b><i>26,441</i></b>
<b><i>Student Placements</i></b>		
International Travel Costs	27,824	32,782
Local Travel Costs	700	3,522
Accommodation Costs	3,600	3,670
Subsistence Costs	-	565
Student Placement Bursaries	-	3,963
Placement Cancellation Costs*	36,770	-
<b><i>Sub-Total:</i></b>	<b><i>68,894</i></b>	<b><i>44,501</i></b>
<b><i>Ugandan Clinical Staff</i></b>		
Salaries	25,665	7,900
<b><i>Sub-Total:</i></b>	<b><i>25,665</i></b>	<b><i>7,900</i></b>
<b><i>Training Workshops/Conferences</i></b>		
Training Programmes in Uganda	3,448	10,000
Training Programmes in the UK	1,677	4,707
<b><i>Sub-Total:</i></b>	<b><i>5,125</i></b>	<b><i>14,707</i></b>
<b><i>International Travel</i></b>		
Project Management	229	3,435
Project Stakeholders	-	-
<b><i>Sub-Total:</i></b>	<b><i>229</i></b>	<b><i>3,435</i></b>
<b><i>UK Admin/Staffing</i></b>		
Salaries	32,631	7,455
UK Travel	130	790
<b><i>Sub-Total:</i></b>	<b><i>32,761</i></b>	<b><i>8,245</i></b>
<b><i>Uganda Admin/Staffing</i></b>		
Salaries	8,700	4,910
<b><i>Sub-Total:</i></b>	<b><i>8,700</i></b>	<b><i>4,910</i></b>
<b><i>Direct Investments/Infrastructural Developments</i></b>		
Student Hosting Contributions	170	18,903
Provision of Medical Equipment	8,648	10,161
<b><i>Sub-Total:</i></b>	<b><i>8,818</i></b>	<b><i>29,064</i></b>

<b>Other</b>		
Office Supplies & Stationery (Uganda)	373	912
Banking Costs	209	142
Website Costs	210	147
'K4C Uganda' Setup Costs	148	2,500
<b>Sub-Total:</b>	<b>940</b>	<b>3,701</b>
<b>Total Expenditure:</b>	<b>163,685</b>	<b>142,904</b>

\*Placement cancellation costs refers to funding reimbursed to students following cancellation of their placements in Uganda due to Covid-19 and associated international travel restrictions. All students were reimbursed in full.



- Knowledge for Change does not possess any fixed assets or short or long-term liabilities; only current assets in the form of cash within the two separate current accounts, several currency cards and the small amount of cash in hand as noted.

# Independent Examiner's Report

I report on the accounts for Knowledge for Change for the year ended 31 December 2020, which are set out on pages 30-35 of the Charity's 2020 Trustee's Annual Report and cover a 12-month period.

## Respective responsibilities of trustees and examiner

The Charity's Trustees are responsible for the preparation of the accounts. The Charity's Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011; and
- state whether particular matters have come to my attention.

## Basis of independent examiner's statement

My examination was carried out in accordance with the general directions given by HMRC and the Charity Commission. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view'. The report is limited to those matters set out in the statement below.

## Independent examiner's statement

In connection with my examination, no matters have come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:


- to keep accounting records in accordance with section 130 of the 2011 Act;
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

11 Newmarket Street  
Skipton, North Yorkshire  
BD23 2HX

Date:

23/04/21



Eric Johnson  
Independent Examiner  
NESTEGG FINANCIAL SERVICES

Knowledge for Change is a registered charity in England and Wales (no. 1146911). Its registered address is 11 Newmarket Street, Skipton, North Yorkshire, BD23 2HX.



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