

Pre-application Requirements

Please be advised that this application form must be completed in one session. You will **NOT** be able to save your progress and return at a later date. If your screen remains idle for too long the page will timeout and you will have to start the application from the beginning. We therefore strongly advise that you read through the [Small Grant Guidance document](#) and ensure that you have all the required information ready prior to commencing the application.

The following supplementary documents must also be included with your application. Please ensure these are completed **prior to completing** the online application form. You will be asked to **attach these documents at the end of the application**. You can find a template for each document at the below links:

[Project Delivery Plan](#)

[Project Budget](#)

[Risk Assessment](#)

[Communications Plan](#)

[Safeguarding Plan](#)

If your charity's application is successful and you plan to carry out your project in a high risk jurisdiction, please be aware that in accordance with Anti-Money Laundering Compliance, the details of your charity and proposed project will be provided to the Isle of Man's Financial Intelligence Unit (FIU) for their information. Please be advised that the FIU is able to provide advice and guidance on money laundering risks or terrorist financing risks in that jurisdiction if required.

The **deadline for submission** of Small Grant funding is **5pm Friday 15 February 2019**. Funding decisions will be made by the Cabinet Office Political Group at its meeting in **February** and applicants will be notified shortly afterwards.

If you have any queries regarding this application please contact internationaldevelopment@gov.im or phone (01624) 687168.

Charity Information

Are you applying as a single charity or making a joint application by multiple charities?*

Single Charity

Single Charity Application

Name of Organisation*

British Red Cross

Name of Main Contact*

[REDACTED]

Position in organisation*

Trust & Statutory Funding Officer

Telephone Number*

[REDACTED]

Email address*

[REDACTED]

Isle of Man Charity Registration Number(s)*

0752

Isle of Man Registered Address

Address line 1*

[REDACTED]

Address line 2*

Address line 3

Postcode*

[REDACTED]

Is your Charity registered as a Specified Non-Profit Organisation (SNPO) with the Isle of Man's Financial Services Authority*

No

Please indicate why registration is not required. Written confirmation of this should be provided as an additional document at the end of this application*

Please note that we were informed in 2018 by the Isle of Man's Financial Services Authority that we did NOT need to be registered as a Specified Non-Profit Organisation (SNPO). This was confirmed in an email on 9 July 2018 from [REDACTED] External Relations Executive Officer, IOM Government Cabinet Office: "The Financial Service Authority (FSA) has provided final confirmation that the British Red Cross will not have to register as a 'Specified Non-Profit Organisation' (SNPO). This is because the British Red Cross is a UK, as well as an Isle of Man registered charity, and any funds provided by the

Please state and provide details of how the Charity has a physical presence on the Isle of Man*

Isle of Man Government would be paid direct to the UK charity's bank account." This was also confirmed in an email from [REDACTED] at the Isle of Man Financial Services Authority on 12 July 2018. We are happy to provide copies of both these emails if required.

The charity is registered in the Isle of Man and our business premises are currently based in the Isle of Man Business Park in Braddan.

We currently employ 7 members of staff plus volunteers, and run a number of services across the island.

- We operate a mobility aids loan service from the Braddan office (we offer short-term loans of wheelchairs and other independent living aids)
- We run a community connector scheme, employing 2 coordinators and a number of volunteers working directly with people affected by loneliness and social isolation, offering encouragement, practical help and emotional support)
- Our Red Cross training team also offer first aid training on the Isle of Man

We run a number of fundraising activities on the island, including the Red Cross shop in Douglas.

Organisation Background

Please outline your organisational structure, governance and administrative framework. In the interests of accountability the names of the Chairman, Board of Directors and Trustees must be provided. Please also include a brief description of how your organisation is run.*

The British Red Cross (BRC) is governed by a board of Trustees. Their purpose is to ensure that as an organisation we are effective in working towards achieving our vision, using our resources to maximum effect and upholding our core ethos and values. The board meets at least five times a year and is made up of the following people:

Chairman: [REDACTED]

Vicechairs: [REDACTED]

Trustees: [REDACTED]

Treasurer: [REDACTED]

The executive leadership team meets once a month and is responsible for the day to day management of the organisation. This is made up of:

Chief executive: [REDACTED]

Executive director of UK operations: [REDACTED]

Interim executive director of people, learning and strategic change: [REDACTED]

Chief supporter officer: [REDACTED]

Executive director of international: [REDACTED]

Chief financial officer: [REDACTED]

Chief information officer: [REDACTED]

Executive director of communications and advocacy: [REDACTED]

The work of the British Red Cross in the UK and internationally is delivered by 3,900 members of staff and 19,600 volunteers. We are part of the International Red Cross and Red Crescent Movement, a unique, worldwide humanitarian network, which is made up of 191 National Red Cross/Red Crescent Societies around the world. We work together to help those most in need, supporting each other with funds, expertise and capacity.

The British Red Cross helps people in crisis, wherever and whenever they are. Our work, both in the UK and internationally, aims to help individuals and communities to become more resilient and able to withstand crises.

Our vision is of a world where everyone gets the help

Charity Vision & Mission*

they need in a crisis and our mission is to mobilise the power of humanity so that individuals and communities can prepare for, deal with and recover from a crisis.

Our international development work focuses on preparing communities to deal with and respond to disasters, helping communities to recover following a crisis, health and social care, water and sanitation, HIV, food security and livelihoods. We work together with many National Red Cross/Red Crescent Societies around the world to share knowledge and resources. We have ongoing partnerships in 29 countries, and have also provided staff and funding to National Societies and projects in several other countries.

Has your organisation(s) completed projects on this scale Yes previously

Details of past and current projects

The British Red Cross (BRC) have successfully supported an Emergency Obstetric Care (EmOC) unit embedded within the Yemen Red Crescent Society (YRCS) Health Centre in Hajjah City (northern Yemen). Working together as part of the International Red Cross Red Crescent Movement, the world's largest global humanitarian network, the British Red Cross (BRC) has been supporting the German Red Cross to deliver this project since April 2016. This current proposal builds on the following work successfully implemented to date:

- Overall project budget including any funds raised

The overall project budget has expanded over the years as the EmOC unit has increased the number of beds provided and staff employed. The current annual cost is now approx. £240,000. BRC secured £40,000 from the Jersey Overseas Aid Committee (JOAC) in 2016 and £140,000 from the Disasters Emergency Committee (DEC) (Feb- Dec 2018). Both contributions have supplemented BRC's own emergency funds.

- Project timeframe including start date

BRC has been supporting the EmOC unit from April 2016 to February 2019.

- A brief description of the aims of the project

Since the escalation of violence in March 2015, the healthcare sector in Yemen has been unable to respond to the rising needs. Hajjah has the second highest recorded number of Internally Displaced Persons (IDPs) in Yemen, hosting over 377,000 individuals. Internally Displaced Persons (IDP) households living within host communities are placing a strain on limited resources and it is likely that Hajjah will continue to show high levels of vulnerability.

The Yemen Red Crescent Society (YRCS) Health Centre in Hajjah has been severely impacted, experiencing severe capacity constraints due to lack of staff and medical supplies. The German Red Cross (GRC) began supporting the YRCS Health Centre in December 2015 through the provision of drugs/medical supplies and supporting with operating and staff costs. The support provided by GRC saw a two-fold increase in the number of patient treatments from 776 in December 2015, to 1,482 in February 2016.

Recognising that pregnant and lactating women and infants are especially vulnerable and are in need of specialized medical services, but that appropriate facilities were not available; an Emergency Obstetrics Care (EmOC) unit was established in April 2016. The specific objective of the unit is to reduce maternal and

child morbidity and mortality and to increase the utilization of health services at the YRCS health centre.

- A brief description of the main project activities

The EmOC unit comprises delivery and new born units and is also offering emergency obstetric care as per governmental standards and is embedded within the YRCS health centre. The support is targeted at women with gynecological needs and in particular pregnant women, including antenatal care, assistance during delivery, and postnatal care. Assistance is also provided to children to support with nutrition and feeding.

Due to the increased demand during the last few years since its opening in May 2016, continuous support to the EmOC unit is crucial to ensure safe motherhood and reduced maternal and child mortality rates. While there are other service providers in the area, many patients cannot afford their treatment. YRCS is the only institution to provide these services for free.

- Details of monitoring activities undertaken

Monitoring of activities against outputs and indicators (detailed below) was continually conducted by YRCS and GRC through regular meetings with the branch officials and the project team at the Health Facility. The YRCS and GRC Programme Coordinator, supported by the GRC delegate, held regular meetings with the team on the ground to discuss the activities' progress, challenges faced in the process of implementation and brainstormed on mitigation measures. Financial monitoring was carried out and audited by GRC, and financial and progress reports provided on a six-monthly basis to BRC. Periodically, BRC held meetings with the GRC delegate and project staff to discuss the project progress and impact on the community.

- A brief description of the outcomes/key results of the project

April 2016- Jan 2017

BRC contribution: £40,000 (Jersey Overseas Aid funding)
Output: The planned EmOC Unit is established, functional and utilized, and is directly contributing to the quality and quantity of services provided within the YRCS Health Centre (HC) in Hajjah clinic and catchment area

Key results*:

4,376 women supported with delivery, assisted by a skilled birth attendant
7,415 general Reproductive Health (RH) consultations
3,893 mothers received postnatal care at least 2 times in the first two weeks after delivery (52.5% of the RH consultations conducted)

Feb 2017 – Jan 2018

BRC Contribution: £154,000

Output: EmOC remains functional and is directly contributing to sustained quality and quantity of services provided within the YRCS Health Centre (HC) in Hajjah and the general catchment area

Key results*:

Total EmOC and gynaecological services: 12,492, (including 248 deliveries)
Total services: 4,763 (RH consultations: 2,148; Mother Child Health consultations: 2,615)
18.1% of mothers that delivered with assistance from the health centre received postnatal care at least 2 times

Feb 2018- Feb 2019

BRC Contribution: £164,000 (including £140,000 DEC funding)

Output: The EmOC Unit at the YRCS Health Facility in Hajjah City remains functional and is offering quality services

Key results* (February to December 2018, final report pending April 2019):

Number of pregnant women who have attended at least two comprehensive antenatal consultations: 3,413 (unique beneficiaries) / 11,770 (consultations)

Number of births at the health facility assisted by a skilled attendant: 212 (Most cases received in the centre are complicated cases that traditional midwives are hesitant to deal with. The cultural norm for women is to deliver at home assisted by the local midwife. The medical staff at the health facility also assist in home deliveries when called to do so, these numbers are reflected in the result)

Number of general Reproductive Health and Mother Child Health consultations: 18,216 (11,770 general reproductive health services and 4,306 gynaecological services and 2,140 nutrition services)

Number of staff available for the running of the EmOC: 10 (out of which 7 medical staff)

*It is possible that some beneficiaries received more than one service

- Additional BRC experience of managing projects funded by the IOM Small Grants Programme

BRC has also had a great deal of experience successfully managing other projects which have been funded by the IOM International Development Small Grants Programme, including:

- 'Preparing for and responding to cyclical shocks (extreme weather, economic and political) in Chipinge and Mwenzi, Zimbabwe including diversifying food and income opportunities' (funded through the Small Grant Programme in 2017). The grant, SG003.17, is for £69,765 over 24 months, and the project is ongoing, after starting later than anticipated whilst our SPNO registration status was clarified

- 'Community Resilience, incorporating Food Security and Livelihoods, Water, Sanitation and Hygiene, in Zimbabwe' (SG001.15 for £32,089) funded from February 2016 to January 2017 which rehabilitated 24 boreholes and also trained 24 water point committees on water point management and finance

- 'HIV Prevention and Behavioural Change Communication Project in Pokhara, Nepal', (SG 013.14, £35,995, 2015-2016) which successfully raised awareness of HIV prevention and changed behaviour amongst female sex workers

- 'Lesotho Food Security and HIV Programme' (SG 020.13, 2013-2014) which worked to reduce the spread of HIV and its impact on communities in five districts in Lesotho and increase food security & provide livelihoods support to vulnerable communities

Safeguarding Vulnerable Persons

Please describe how your organisation demonstrates the above four points

1. That you provide a safe and trusted environment which safeguards anyone who your organisation has contact with, including beneficiaries, staff and volunteers:

We are committed to the following IFRC and sector standards for safeguarding, protection and accountability:

- The Core Humanitarian Standard for Quality and Accountability which includes a new revised PSEA index
- IFRC Minimum Standard Commitments to Gender and Diversity: Dignity, Access, Participation and Safety

Safeguarding has been a particular focus for the British Red Cross over the last year, as well as for many of our donors. Our Board and Executive Leadership Team are deeply committed to providing a safe and secure environment for all our people and those we seek to assist.

Internationally, BRC operates overseas as part of the International Red Cross and Red Crescent Movement, the world's largest global humanitarian network. Together with Movement partners the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC), we have zero tolerance of any form of sexual harassment and misconduct, including sexual exploitation and abuse. All British Red Cross staff and volunteers undergo recruitment checks and screening; safeguarding, PSEA and child protection induction training; and sign a Code of Conduct. Additionally those working overseas sign up to the IFRC Code of Conduct (or the ICRC Code of Conduct, if they are seconded to the ICRC), which outlines the standards of behaviour expected. This includes prohibition of sexual exploitation and abuse, harassment, discrimination, sexual activity with children and those who look to us for protection or assistance, and use of sex trade workers.

BRC international has adopted good practice standards for safeguarding and PSEA, which are based on requirements of the Core Humanitarian Standard (CHS), to which we are committed as an organisation. Safeguarding is included in our due diligence of partner organisations. Additionally, all international projects funded through BRC, which provide direct assistance to people in crisis, must comply with our safeguarding requirements. These are:

- 1) Staff, volunteers and communities understand the expected standards of behaviour for staff and volunteers, including a zero tolerance of discrimination and abuse, sexual exploitation and abuse.
- 2) Project design is based on assessment of risks of abuse and harm to community members, including children and vulnerable adults, and their capacity for self-protection.
- 3) Measures are included within the project activities to mitigate and prevent risks of abuse and harm for children and vulnerable adults, e.g. recruitment checks, adequate supervision, safe spaces, empowerment, community training.
- 4) Children and vulnerable adults know their rights and are empowered to report concerns relating to abuse or harm. Staff and volunteers work to create a safe and trusted environment, based on integrity and respect, in which to deliver project activities within community settings.
- 5) Concerns and complaints are responded to in a timely, fair and appropriate manner, always prioritising the safety and needs of any person/s experiencing abuse or harm.
- 6) Monitoring and evaluation includes assessment of impact and outcomes of action to prevent, report and respond to issues of discrimination and abuse, including sexual exploitation and abuse.

We are committed to working with partners to help strengthen capacity in order to comply with the safeguarding requirements, where needed.

2. That you set an organisational culture that prioritises safeguarding, so that it is safe for those affected to come forward, and to report incidents and concerns with the assurance they will be handled sensitively and properly.

BRC is committed to making safeguarding a priority across the whole organisation– we want everyone to feel safe and able to raise any concerns they may have, understand the clear expectations of behaviour that all of our people must meet, and actions our people must take if they are concerned about the welfare of a child, young person or vulnerable adult.

To support this, we use the 4Rs approach:

- Recognise the signs of abuse and be alert to them;
- Respond appropriately if someone discloses abuse or if you suspect abuse;
- Respect the wishes of the survivor; and
- Report concerns and incidents so that they can be dealt with appropriately.

All our safeguarding policies and procedures have been reviewed and updated in the past 12 months. Furthermore, in August 2018 we launched our Protection from Sexual Exploitation and Abuse (PSEA) Action Plan which includes four work streams that are aimed at strengthening our safeguarding policies and procedures; recruitment processes and checks; induction and capacity building for staff; and work to support partners to strengthen their safeguarding.

Within this project, we are working with our partners the German Red Cross (GRC) who manage the Emergency Obstetrics Care Unit within the Yemen Red Crescent Society Health Centre. GRC have a similar commitment to tackling any form of discrimination, sexual harassment or assault, and has adopted strict regulations for that purpose. GRC international delegates are bound by their Code of Conduct which strictly prohibits sexual harassment, misconduct and purchase of sexual services. We will work with the German Red Cross to ensure that the above safeguarding requirements are met.

3. That you have adequate safeguarding policies, procedures and measures to protect people and these are shared and understood.

As part of the PSEA Action Plan BRC has strengthened our safeguarding policies and procedures including:

Safeguarding policy - as part of our commitment to providing children with the highest attainable standards of safeguarding and protection. This policy makes sure that all volunteers, staff, trustees, delegates and other representatives of the British Red Cross understand the duties placed upon them to know how to respond appropriately when they have concerns about the welfare of a child, young person or adult. The safeguarding children procedure supports people to protect and safeguard children and young people under 18 and supports implementation of the safeguarding policy.

International Complaints, Concerns and Feedback Procedure explains the responsibilities of all of us at BRC

to actively welcome complaints and feedback, and to proactively report any concerns that we may have. This procedure describes how complaints, concerns and feedback may be raised, both internally and externally, through one overarching complaints mechanism. It describes the way in which we must respond, both individually and as an organisation. BRC welcome complaints, concerns and feedback about:

- Our international work e.g. delivery of programmes, response to emergencies, funding and advocacy etc.
- Allegations or concerns relating to sexual abuse or exploitation, other forms of abuse and misconduct of our staff, volunteers and/or persons outside of the British Red Cross
- Allegations or concerns relating to fraud, corruption and misuse of funds.

International Safeguarding/Protection from Sexual Exploitation and Abuse (PSEA) Procedure sets out - in greater detail - the means by which we will respond appropriately to safeguarding concerns regarding the welfare and safety of any child, young person or adult. At the British Red Cross, we confirm in our Code of Conduct that we have a zero tolerance policy towards sexual harassment, sexual exploitation, sexual abuse and sexual violence. We expect all of our people to report any concerns or disclosures they become aware of, so that we can take appropriate action once a report has been received. A copy of this procedure is attached.

Our partners in this project, GRC, have a number of applicable control mechanisms and binding regulations in place. Special protection standards against sexual violence for GRC facilities are in place. GRC has for over ten years instituted an independent ombudsman mandated with recording and investigating reports of abuse. In addition to that, a whistleblower hotline was established in 2005 by the IFRC with the intention of providing a means of reporting corruption, sexual misconduct and other unethical behaviours committed by Red Cross/Red Crescent staff. GRC is among the National Societies participating in the whistleblower hotline.

4. That you have absolute clarity as to how incidents and allegations will be handled should they arise, including reporting to the relevant authorities and to funding partners such as International Development, Isle of Man Cabinet Office.

As well as the two procedures mentioned above that set out how BRC will handle incidents and allegations, we have a Grant Agreement Document (GAD) with the German Red Cross which clearly states their responsibilities regarding safeguarding and the Prevention of Sexual Exploitation, Abuse and Harassment. This includes their agreement that:

- they will take all necessary measures to prevent, stop and, if proven, take action against any sexual exploitation, abuse and harassment;
- they shall investigate and, following fair and proper procedures, take immediate action if they have reasonable grounds to believe that any staff or volunteers, or any of their activities funded by this GAD may be in breach of the agreement;
- they will inform the BRC as soon as practicably possible if they reasonably suspect that any instances or occurrences of sexual exploitation, abuse or harassment may have occurred in relation to the Project
- should a staff member or volunteer directly involved in the Project be reasonably suspected of being associated with, or engaged in, sexual exploitation, abuse or harassment, the BRC shall be entitled to suspend funding so long as the said staff member or volunteer remains

involved in the Project and said reasonable suspicion continues

- they understand the obligation for the BRC to report such instances to the UK Charities Commission and any donors funding this GAD (such as the Isle of Man Government).

As part of BRC's safeguarding and PSEA processes our International Management Team and our Head of Governance have clarity as to how incidents and allegations will be reported should they arise, including reporting to the Board and relevant authorities, including the police and statutory and regulatory bodies such as the Charity Commission, and Isle of Man Cabinet Office, and funding partners such as DFID, Isle of Man Government, etc.

Project Information

Project Name*

Project Manager Name*

Anticipated Project Start Date*

Anticipated Completion Date for the activities for which funding is requested*

Which Sustainable Development Goal or Goals are being targeted by the project?*

Emergency Obstetrics Care for Conflict-Affected People in Hajjah, Yemen

01 May 2019

28 Feb 2021

- | | | |
|---|---|---|
| <input type="checkbox"/> SDG1 No poverty | <input type="checkbox"/> SDG2 Zero hunger | <input checked="" type="checkbox"/> SDG3 Good health and well-being |
| <input type="checkbox"/> SDG4 Quality education | <input checked="" type="checkbox"/> SDG5 Gender equality | <input type="checkbox"/> SDG6 Clean water and sanitation |
| <input type="checkbox"/> SDG7 Affordable and clean energy | <input type="checkbox"/> SDG8 Decent work and economic growth | <input type="checkbox"/> SDG9 Industry, innovation and infrastructure |
| <input type="checkbox"/> SDG10 Reduced inequalities | <input type="checkbox"/> SDG11 Sustainable cities and communities | <input type="checkbox"/> SDG12 Responsible consumption and production |
| <input type="checkbox"/> SDG13 Climate action | <input type="checkbox"/> SDG14 Life below water | <input type="checkbox"/> SDG15 Life on land |
| <input type="checkbox"/> SDG16 Peace, justice and strong institutions | <input type="checkbox"/> SDG17 Partnership for the goals | |

Will a partner organisation be used in the beneficiary country

Details of the partner organisation(s) used in the beneficiary country where the project is run

Yes

The German Red Cross (GRC) is the third largest Red Cross society in the world, offering a wide range of services within and outside Germany. GRC is operational worldwide in the field of humanitarian aid, both in acute emergency situations (disaster relief) and in long-term development projects. GRC is currently working in about 50 countries in Africa, Asia, the Middle East and Latin America, with projects focused on: disaster relief and disaster reduction, the supply of drinking water, basic health, fighting epidemics including HIV/Aids and Ebola, tackling poverty, and rehabilitation and reconstruction.

In 2013 GRC started supporting several health centres in Yemen run by the Yemen Red Crescent Society (GRC's local implementing partner) including centres that are run by the government through projects funded by the German Federal Foreign Office (GFFO). GRC's support for the Health Centre in Hajjah commenced in December 2015.

Yemen Red Crescent Society (YRCS) is part of the

Details of due diligence checks your organisation has carried out on the partner organisation

International Red Cross and Red Crescent Movement, the largest humanitarian organisation in the world. YRCS is working to respond to the humanitarian needs of conflict-affected people in Yemen. YRCS's work is impartial and based solely on people's needs. Their main focus is to continue supporting life-saving and essential activities for the people of Yemen. This includes the provision of food, clean water, and essential household items as well as support to health structures. As part of its large health programme, YRCS is running several health centres across the country.

BRC have worked in a programmatic partnership in Yemen with GRC since April 2016, supporting the EmOC unit embedded within the YRCS Health centre in Hajjah. As part of this partnership BRC has remotely monitored the programme progress and ensured project objectives have been accomplished. As mentioned previously, an assessment for the health center and the primary catchment area was conducted in the third quarter of 2018 by the YRCS HQ health control officer and volunteers from Hajjah branch. The assessment established the needs of the health centre in terms of equipment, an assessment of staff capacities, patient record keeping as well as a survey of community needs and feedback about the provided services. The findings of this assessment will be shared with BRC in Q1 2019.

The British Red Cross has recently strengthened the due diligence checks we carry out on all partners. We are in the process of completing this formal due diligence with the German Red Cross in 2019 (whilst we are not expecting any concerns should there be any issue that could impact this project we would of course let the IOM Government know). We have a Grant Agreement Document (GAD) in place with GRC and there are agreed service regulations for the procurement of goods, services and work for international operations performed by GRC offices/representatives abroad. Spending of funds is closely monitored by the project delegate and high level of transparency will be maintained throughout the project.

The German Red Cross has carried out due diligence on the Yemen Red Crescent Society, and will continue to provide in-country support with the programme.

Project Objectives

Project Objectives/key outcomes of the project:

What the project aims to achieve*

The project aims to improve maternal and child health through offering increased and sustained access to Emergency Obstetric Care (EmOC) in the Yemen Red Crescent (YRCS) Health Centre in Hajjah City. This is part of the support of health facilities in Yemen which the British Red Cross (BRC) and the German Red Cross (GRC) have contributed to over recent years.

The key outcomes of the overall project during the proposed IOM Government funding period will be:

- 6,562 pregnant women will have attended at least two comprehensive antenatal consultations
- 656 births at the health facility will be assisted by a skilled attendant
- 263 women and newborn babies will receive postnatal care
- 7,875 General Reproductive Health and Mother and Child Health consultations

These are based on numbers seen in previous years.

(NB: It is possible that some beneficiaries will receive more than one service)

Overview of project activities:

What the planned activities will be to ensure the objectives are met. More detail on the project activities should be provided in the Project Delivery Plan*

The intervention is part of the continuation of the Red Cross Movement's strategic support of health facilities in Yemen. This proposal will see emergency obstetric care activities carried out in the YRCS health centre in Hajjah, which has been supported by GRC for several years, with funding and other support from the British Red Cross.

BRC will support women to have sustained access to the Emergency Obstetrics Care (EmOC) unit within the Hajjah health centre from March 2019 to February 2021. We are asking the Isle of Man Government to contribute to staff costs for the EmOC unit, plus a small contribution towards related medicine and other supplies and lab services, with a total of £81,989 over 21 months*.

Any grant from the IOM Small Grants programme will support the EmOC through the procurement of essential drugs and medicine, medical supplies and laboratory solutions, as well as support the staffing costs of both medical and support staff such as a gynecologist, medical doctors, anesthetist, midwives, medical assistants, nurses, security and cleaning. This will enable:

- Comprehensive antenatal consultations for pregnant women
- Safer births through the assistance of skilled birth attendants (midwives, doctors, nurses etc)
- Postnatal care
- Reproductive health consultations (antenatal and postnatal care)
- Mother and Child Health Consultations

All services are offered in a confidential manner and will be provided free of charge or for a negligible fee.

* The requested donation from the IOM Government is approximately one-sixth of the total budget of £480,000 (the total budget covers the costs of the EmOC unit staff, plus staff from the health centre who provide services to the EmOC unit, and the full costs of supplies, lab services, security, etc).

Please provide details of how project activities will be monitored

Quality assurance is achieved by applying financial and logistics guidelines and by monitoring the project activities. For financial monitoring, electronic files and supporting documents (including financial reports, proof of expenditure, etc) are sent monthly to GRC's Regional Office and then to the General Secretariat in Berlin. A financial proof of use is then sent to the British Red Cross. This is also examined by the GRC internal audit service. Procurement processes of more than EUR 500 require the approval of the GRC and the GRC participates in the selection procedure for larger procurements.

GRC subject specialists in the General Secretariat in Berlin support the project implementation, especially in the areas of health, construction / rehabilitation and security and thus contribute to quality assurance.

The facility has standard patient registration and documentation, according to the regulations of the Yemeni Ministry of Health. In 2019 electronic registrations, and a financial and centre information management system will be installed in all departments of the health centre under a current German Ministry of Foreign Aid (MoFA) funded project by the German Red Cross. This will allow improved data management and

subsequently lead to better monitoring.

It is necessary to point out that YRCS branches are currently operating under high security risk and constantly changing conditions which can sometimes lead to minor delays/complications in monitoring and reporting. However, all previous grant reports required have been completed through working with experienced employees of the branches as far as possible.

1,050 women directly through IOM donation, of an estimated total of 7500 women

The direct beneficiaries will be pregnant women, and newborn children, who are the most high-risk groups and are in desperate need of the specialised and lifesaving medical services provided by the EmOC. Without access to reproductive health, both mothers and children face an increased risk. Around 84% of the women give birth at home without the attendance of a skilled and trained midwife. Complications during pregnancy or birth happen quite frequently particularly in crisis situations. The health and physical wellbeing of women and girls is often neglected, due to many families struggling to meet other basic needs. Living conditions are dire and communicable diseases are spreading. There is a severe lack of quality reproductive and pre- and postnatal care services, which is particularly important as most of the centre's patients are women and girls.

The wider target group (indirect beneficiaries) consists of vulnerable members of the local population, Internally Displaced Persons (IDPs), their host families and returnees in the catchment area of the health centre. Approximately 77% of patients to the Health Centre are females. In Hajjah, many households consist of more women than men.

It is expected that the EmOC unit will provide up to 9,000 consultations/interventions (antenatal consultations, safe deliveries, postnatal care, reproductive health consultations, mother and child health consultations, etc) for an estimated 7,500 women over 24 months. The requested donation from the IOM Government is expected to support 3,150 consultations/interventions for an estimated 1,050 women over 21 months, recognising most women will receive two, three or more consultations. There will be a further estimated 6,450 indirect beneficiaries from the IOM grant.

Please indicate the approximate number of beneficiaries relating to the requested donation only.*

Description of beneficiaries (please differentiate direct and indirect)*

It is essential that the project is sustainable after funding has been utilised.

Please describe the planned continuity of the project in the beneficiary country once funding ceases, including details of any continued operation and maintenance of project facilities.*

This project forms part of the continuation of BRC support for the EMoC unit for another two years to February 2021. Previous phases of this project have provided much needed equipment, staff and rehabilitation of facilities. These will remain in place after this current funding period has finished.

The Hajjah-based staff and volunteers are well connected with the community, and community-based and outreach activities around Maternal and Child Health, which will embed knowledge in the local community.

Other financial support to the Hajjah health centre is provided by the German Red Cross through funding from the German Federal Foreign Office. It is the intention that the current EmOC staff and facilities will be part of the German Red Cross's future funding after the current funding through BRC/IOM is utilised.

The Country and Region of Project

Country and Region of the Project *

Yemen, Hajjah City

A description of the current situation in the region being targeted is required. This should detail why the location is requiring international development work and the importance of the work for the region.

After nearly four years of conflict, the situation in Yemen continues to deteriorate to unprecedented levels and remains the biggest humanitarian crisis in the world. Daily bombings and attacks by the warring parties on both sides of the conflict have become part of the Yemeni daily life. The government is no longer able to deliver basic services to people in need, including basic healthcare, nutrition services, water and electricity supply, and social safety net services & the humanitarian situation is rapidly deteriorating. Water and power plants, factories, markets and shops stopped functioning in many locations, or have been damaged by the war. Salaries of public servants have not been paid for over a year, inflation and a liquidity crisis further expose civilians to poverty and destitution. The large-scale destruction of civilian infrastructure throughout the country and its devastating consequences for the population have become a sad reality of everyday life.

Currently, over 22.2 million people, or 80 percent of the population, are in need of some sort of humanitarian aid. The health risks for the population are immense as their resilience is decreasing, given that over 15.7 million people do not have access to safe water and adequate sanitation services and 17.8 million people are food insecure. Of particular relevance to this project is the fact that 3.3 million children and pregnant or nursing women are acutely malnourished.

An estimated 16.4 million people lack access to basic health care. Only 45% of the health facilities in the country are fully functional, and those that are open lack essential equipment, medication, electricity, running and clean water. Due to the scarcity of medication and supplies - the costs have significantly increased are almost unattainable for the average citizen. Pregnant women fall under the most vulnerable groups and are in need of specialized medical services. Without access to reproductive health, both, mothers and children face an increased risk. Around 84% of the women give birth at home without the attendance of a skilled and trained midwife. Complicated deliveries can often not be managed on time, nor is a timely referral organized.

The healthcare sector is unable to respond to the rising demand caused by the conflict and outbreaks of disease. Due to a lack of personnel, diesel fuel for the electricity and water supply, medicines and other medical consumables (oxygen, X-ray films, etc) services are mostly extremely limited.

It is only through international support that this situation can be addressed. YRCS is being supported by the German Red Cross to run several health centres across the country BRC has been supporting GRC to run the EmOC unit embedded with the YRCS health centre in Hajjah City. In previous phases of support, much needed equipment and rehabilitation of facilities has been provided, and the centre is now able to cater to the high demand with well-established quality services.

It is recognised strategically by YRCS, based on responses from the medical staff at the Hajjah health facility and other medical agencies in the region, as well as feedback from the patients, that the EmOC support provided is crucial to serve the needs in Hajjah and the wider catchment area.

Please explain what risks are associated with working in this country and how these have been addressed*

Humanitarian assistance in the country is often hampered by access and import restrictions. The airport in Sana'a has been closed for over two years, and accessibility remains a problem due to the ongoing fighting and different security check points that sometimes delay movement of staff and goods. YRCS

continues to engage Hajjah-based staff and volunteers. Working with well-known local experienced members of staff, and informing local authorities of project and movement information has helped and continues to help counteract these risks.

The neutrality and impartiality of the Red Cross/Red Crescent are well recognised, but nevertheless all employees and volunteers in Yemen work under extremely high security risks. A task force of all Red Cross/Red Crescent Partners with presence in Yemen regularly meets for the assessment of the situation in Sana'a and the combat zones in the country. All safety-related processes and measures in Yemen are co-ordinated by the ICRC. GRC has agreements that regulate the implementation of security-related services such as transport, accommodation and communication, which are integrated into the crisis and emergency procedures of the ICRC.

Under the guidance of the ICRC, ongoing dissemination work on international humanitarian and human rights law continues to be conducted to better inform all parties involved in hostilities about the protection of humanitarian workers under international law. All relief actions are announced in advance and the protection emblems are clearly visible, and movements are 'green-lighted' from coalition and local actors. In addition, volunteers and staff receive special training in the ICRC module "Safer Access".

Despite the situation in Yemen remaining fragile and unpredictable, during the previous phases of the project all the planned activities were implemented fully and the project is contributing to sustained quality and quantity of services provided.

Is the country ranked as 'Low Development' by the United Nations? *

Total Project Budget

Total Project Budget* £480000.00

Requested Donation (£10,000 minimum request, £100,000 Maximum request) (maximum of 90% of total project budget)* £81989.00

Please set out how you aim to raise the remainder of the project budget (minimum 10%) providing details of any donors, partners or fund raising activities that will be involved or have already taken place.*

Please describe the method used to transfer the funds from the charity's bank account to the beneficiary country or any partner organisation(s), when transfers will take place and how these will be safeguarded from loss.*

The remainder of the funding (£400,000 over two years) will be provided from BRC's appeal funds, which are being raised through a variety of fundraising sources and activities, including donations to our Yemen Emergency Appeal, private donors, and other funding partners. Yemen is a funding priority for BRC, given the scale of the issues caused by conflict there.

The British Red Cross will sign a comprehensive Grant Agreement Document (GAD) with the German Red Cross, which will cover this and other grant funding for this project. The GAD includes details such as the date of the agreement, total budget amount, rules of engagement between the national societies, including reporting requirements, safeguarding standards and procedures, procurements procedures, and schedule for financial transfers.

On a six-monthly basis the German Red Cross will submit a cash request to the British Red Cross which will be reviewed by the BRC Country Manager, Country Support Office and Financial Accountant. The cash request will be accompanied by a half-yearly finance report which details expenditure incurred during the previous six months: this information is provided by the Yemen Red Crescent and collated and audited by the German Red Cross. All cash transfers will be six-monthly and provided in advance.

Any grant from the Isle of Man Government will be tracked using a unique donor code, which will allow us to identify exactly how the grant has been spent. All funds for this specific project are allocated to a unique project code, which enables us to keep track of all funds for the project from various sources.

Supporting Documents

Project Budget

Your Project Budget*

BRC Yemen Budget.xlsx

Project Delivery Plan

Your Project Delivery Plan*

BRC Yemen Project Delivery Plan.docx

Project Risk Assessment

Your Project Risk Assessment*

BRC Yemen Risk Assessment.docx

Project Communications Plan

Your Project Communications Plan*

BRC Yemen Communications Plan.docx

Project Safeguarding Plan

Your Project Safeguarding Plan*

BRC Yemen Safeguarding Plan.docx

Additional Information

Additional Information

1. Email correspondence concerning our SNPO registration status
2. International Safeguarding and Protection from Sexual Exploitation and Abuse Procedure
SNPO registration.docx
International Safeguarding and PSEA Procedure.pdf

Data Protection

Your data will be processed in accordance with the Data Protection Act 2018 and the GDPR and LED Implementing Regulations 2018.

The [International Development Privacy Notice](#) can be viewed here.

For data queries, please contact the CO Data Protection Officer: DPO-CabOff@gov.im Tel: 01624 686779

Declaration

I declare that the information provided in this application is, to the best of my knowledge and belief, the most accurate and up-to-date information available.

I agree with the above statement*



I confirm that this organisation has a legal authority to operate in the country concerned and understand that proof of this may be requested. *



I declare that the administration costs will be contained within reasonable limits at no more than 10% of the total funding and as much of the requested funding as possible will go directly to meeting the project objectives. *



I confirm that the charity or charities applying are registered as Specified Non-Profit Organisations with the



Isle of Man Financial Services Authority.

I understand that the project is required to produce a 12 month report before release of Year 2 funding and that a final report MUST be submitted no later than 24 months after the agreed project start date and that this will be published in full on the Isle of Man Government website*



I understand that the Isle of Man Government may request financial information or an interim report at any stage of the project. *



Health care and EmOC for conflict-affected people in Hajjah, Yemen March 2019- February 2021

	Description	Unit		Number	Unit costs	%	Cost (USD)	Unit costs GBP	%	Cost (GBP)
1	Drugs and Medical supplies									
1.1	Drugs and operation room materials	lumpsum		24	6,400	100%	153,600	4,795	100%	115,073
1.2	Lab Solutions	lumpsum		24	3,500	100%	84,000	2,622	100%	62,931
1.3	HC Admin Cost Lumpsum (No invoices required)	lumpsum		18	450	100%	8,100	337	100%	6,068
1.4	Ad-hoc support of other Health centres	lumpsum		1	44,072	100%	44,072	33,018	100%	33,018
1.5	maintenance (Equipment & Health Center)	lumpsum		1	5,000	100%	5,000	3,746	100%	3,746
	Sub-Total						294,772			220,836
2	Human Resources-International Staff									
2.1	Salary Delegate	month		24		20%			20%	
2.2	House rent, running costs, HoO Jemen/Djibouti	month		24		20%			20%	
2.3	Security Residence & Movement	month		24		20%			20%	
	Sub-Total						52,320			39,197
3	Human Resources-Local Staff									
3.1	YRCS Hajjah HC EMoC									
3.1.1	Gynecologist	month	1	24		100%			100%	
3.1.2	Medical Doctor (GP)	month	2	24		100%			100%	
3.1.3	Anesthetist	month	1	24		100%			100%	
3.1.4	Midwife	month	2	24		100%			100%	
3.1.5	Nurse (2x)	month	2	24		100%			100%	
3.1.6	Medical Assistant	month	1	24		100%			100%	
3.1.7	Accountant / Cashier	month	1	24		100%			100%	
3.1.8	Security Guards	month	1	24		100%			100%	
3.1.9	Cleaner	month	1	24		100%			100%	
3.2	YRCS Hajjah HC General									
3.2.1	Surgent	month	1	18		100%			100%	
3.2.2	Lab Technician	month	1	18		100%			100%	
3.2.3	Lab Assistant	month	1	18		100%			100%	
3.2.4	Pharmacy Techniciant	month	2	18		100%			100%	
3.2.5	Radiologist	month	1	18		100%			100%	
3.2.6	Nurse	month	2	18		100%			100%	

3.2.7	Guard	month	2	18		100%	
3.2.8	Cleaner	month	1	18		100%	
3.3	GRC Local Staff						
3.3.1	Finance Officer	month	1	24		25%	
3.3.2	Logistics Officer	month	1	24		25%	
						244,620	
4	Local Office Jemen/Djibouti						
4.1	Vehicle Rent (3 vehicles)	monthly	3	24	800	17%	9,792
4.2	Vehicles running costs	lumpsum	2	1	1,000	17%	340
4.3	Vehicles fuel	monthly	2	1	1,000	17%	340
4.4	Office rent	monthly	1	24	500	17%	2,040
4.5	Running Cost GRC Office Sanaa(Electricit, Comm,etc	lumpsum	1	1	4,000	17%	680
4.6	Bank Charge and Postal fee	lumpsum	1	1	1,000	100%	1,000
							-
							14,192
5	Other costs/services						
5.1	Monitoring assessment costs	visits		1	1,000	100%	1,000
5.2	Transport international & National inc loading/off	lumpsum		1	33,801	100%	33,801
	Sub-Total						34,801
						Total	640,705

Average USD/GBP = 1.3348

[illegible]

3,014.47
11,039.61
2,563.83
3,032.76
2,142.42

Jan 1.379264 – 31 days
Feb 1.398409 – 28 days
Mar 1.395957 – 31 days
Apr 1.406596 – 30 days
May 1.347818 – 31 days
Jun 1.329425 – 30 days
Jul 1.317819 – 31 days
Aug 1.287191 – 31 days
Sep 1.303546 – 30 days
Oct 1.302233 – 31 days
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Isle of Man
Government

Reilrys Ellan Vannin

INTERNATIONAL DEVELOPMENT – SMALL GRANT FUNDING

Project Delivery Plan Template

Project title	Emergency Obstetrics care for conflict-affected people in Hajjah, Yemen
Project Reference No	
Applicant organisation(s)	British Red Cross

Project Objective	Description of activities to achieve objective	Timeframe for activities	Monitoring mechanisms	Person/Area Responsible(s)
List the key objectives of the project	List the activities that will take place in order to achieve this objective	Outline the timeframe for these activities (e.g. key dates, deadlines)	How will these activities be monitored in order to ensure that they achieve the project objectives, and remain within the planned timeframe?	Please provide detail of any key persons/bodies responsible for an activity. This is particularly important for partnerships
Women have sustained access to Emergency Obstetrics Care (EmOC) at YRCS Health Facility in Hajjah City	Support of the EmOC's operation in Hajjah through provision of drugs, medical supplies as well as staff costs.	The overall project will take place continuously from March 2019 to February 2021 (any contribution from the Isle of Man will cover the period from May 2019 to Feb 2021, depending on when funding is received)	The facility has standard patient registration and documentation, according to the regulations of the Yemeni Ministry of Health. In 2019 electronic registrations, and a financial and centre information management system will be installed in all departments of the health centre. This will allow improved data management.	The Yemen Red Crescent (YRCS) will provide support through the medical staff (who are all qualified and medical services are provided in line with Ministry of Health/WHO standard protocols). Further support is provided by YRCS's Health Advisor; Health Control Officer; and YRCS volunteers.
	This will enable activities such as: <ul style="list-style-type: none">- Comprehensive antenatal consultations for	These activities will take place continuously from March 2019 to February 2021.	Patient and data collection by the Hajjah Health Center and other medical facilities (by gender and type of treatment); Procurement	The German Red Cross (GRC) will manage the project implementation, through its project delegate (based in Sanna,

	<p>pregnant women</p> <ul style="list-style-type: none"> - Safer births through the assistance of skilled birth attendants (midwives, doctors, nurses etc) - Postnatal care - Reproductive health consultations (antenatal and postnatal care) - Mother and Child Health Consultations 		<p>documents; Superordinate narrative and financial reports will be collected by YRCS on a monthly basis and collated and reviewed against the project objectives by the German Red Cross.</p> <p>These will be collated and shared with the British Red Cross on a six monthly basis prior to the release of the next tranche of funding.</p>	<p>Yemen), Desk Officer (Berlin), Communication Delegate (Beirut). GRC subject specialists in the General Secretariat in Berlin support the project implementation.</p> <p>The British Red Cross (BRC) will provide support through our Health Advisor, Programme Officer, PMEAL advisor, Finance advisor, and Disaster Management coordinator. BRC will provide remote support and guidance.</p>
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INTERNATIONAL DEVELOPMENT – SMALL GRANT FUNDING

Risk Assessment Template

Project title	Emergency Obstetrics Care for Conflict-Affected People in Hajjah, Yemen
Project Reference No	
Applicant organisation(s)	British Red Cross

Identified Risks	Potential impact on project	Severity	Probability	Steps Taken	Risk Owner
<u>Operational Risks</u>					
e.g. delays in procurement, change in project scope, failure by partner organisations, 'on-the-ground' risks	How would this impact on the project's ability to carry out its activities and meet its objectives?	How severe would the impact be? (High, Medium or Low)	How likely is this to occur? (High, Medium or Low)	What steps have been taken, or will be taken during the project, to minimise the risk?	Who is responsible for preventing/ managing this risk?
Shortage of essential drugs, medical supplies and equipment in the country	Detrimental effect on availability and quality of services.	High	High	Well established and close contact with the local suppliers; also to monitor availability of supplies. A stock of drugs will be purchased to ensure that the most needed medications are available even if the supply chain might be disrupted temporarily. If and where needed, international procurement of medicines, supplies and equipment and import to Yemen	GRC
Low take up of service/lack of satisfaction with service	Decision whether to go to the health facility is often not	High	Low	Services are provided free or for minimal cost. Security	YRCS/GRC

	<p>based on the medical need but rather on financial, security or traditional custom.</p> <p>Lack of feedback from patients could lead to poor or inappropriate services</p>			<p>measures in place at facility. YRCS carries out Community Engagement Activities locally. Regular communication between health centre staff and the patients is embedded in the services and regular monitoring visits by YRCS technical staff will be conducted. Surveys and questionnaires will give insight to the patients' satisfaction and support will be given to YRCS to develop a stronger CEA framework under the scope of this project. GRC monitor performance, quality and accountability. An assessment of the current capacities of the health facility has been carried out and GRC are addressing the findings.</p>	
Intensification of security situation in Hajjah and disrupted access to the health facility	Staff and patients unable to gain safe access	High	Low	Close monitoring of the situation; YRCS continually working with the authorities to coordinate and advocate for needed access	YRCS
Disruption of access for YRCS HQ and international staff to the health facility due to the security situation.	Currently, HQ staff can still relatively easily travel although it is extremely cumbersome due to security measures, check points and road	Medium	Medium	Ongoing close communication with the authorities to inform them about purposes of travel and advocate for travel of	YRCS

	conditions. For international staff, travel permits are often not given.			international staff. The Hajjah health centre employs staff from the local area and is therefore inherently based on local capacities.	
<u>Financial Risks</u>					
e.g. fluctuations in currency exchange rates, delays in receipt of funding from partner agencies, risks in the transfer of funds from the Isle of Man to project location, cash handling					
Shortage of money (especially USD) in the country as a result of the collapse of the economy	Difficulties with paying suppliers (of medicines, medical supplies etc) and staff	Medium	High	Prior arrangements by GRC with banks to preposition the needed money to be able to pay suppliers and staff. Continue to seek prior arrangements by GRC with banks before any slightly larger payment that needs to be done. If and when possible, pay the suppliers directly from HQ.	GRC
Extreme currency fluctuation	Reduced purchasing power, which means less funds will be available for staffing and activities.	Medium	High	Use of free market exchange rate as adopted by Central Bank of Yemen and as recommended by ICRC. Close monitoring of the exchange rate situation.	GRC
Misuse or untimely and irresponsible use of funds due to lack of close monitoring.	Less funds available. Funding put at risk. Reputational risk.	High	Low	A sound monitoring and evaluation framework will be developed for all activities in order to assess actions	GRC/YRCS

Risk of corruption				<p>against defined expectations. This ensures that the implementation can be evaluated against pre-established standards, norms and expectations and helps determining whether resources are spent in an efficient and responsible manner.</p> <p>Spending of funds is closely monitored by GRC's project delegate and GRC internal audit staff and high level of transparency will be maintained throughout the project</p>	
<u>External Risks</u>					
e.g. political situation in the region, potential impact of events such as poor weather, natural disasters, outbreak of disease					
Intensification of the conflict in north of and around of Hajjah	Increased influx of IDPs to Hajjah seeking medical assistance at the health facility	Medium	Medium	<p>Close coordination with other medical actors through coordination meetings and information exchange. Increased support to other YRCS or MoH health facilities in the area. Hajjah health facility is experienced in dealing with fluctuating and unpredictable situations.</p>	YRCS

Intensification of the conflict leads to bombing of the health facility	Severe consequences and risk to life of patients, staff and volunteers	High	Low	The health centre shares its coordinates with the parties to the conflict and informs them about its activities. The risk of becoming a direct target is minor. Should the threat increase YRCS will seek possible deconfliction in close cooperation and coordination with ICRC	YRCS
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Communications Plan

Project title:	Emergency Obstetrics Care (EmOC) for Conflict-Affected People in Hajjah, Yemen
Project Reference No:	
Applicant organisation(s):	British Red Cross

Communications Activity	Reach	Objective	Timeframe
Communications activities in the Isle of Man			
Press release announcing the funding	Local journalists on the Isle of Man	Raise awareness of the project and Isle of Man Government funding on the Isle of Man	Upon announcement of funding in 2019
Press release at the end of the project outlining the achievements	Local journalists on the Isle of Man	Raise awareness of the achievements of the funding from the Isle of Man Government	At the end of the project – March 2021
Communications activities in the project region			
Where opportunities arise, the Yemen Red Crescent Society will raise awareness of the Isle of Man Government funding, this is likely to be in the form of coverage by local media	Communities in Yemen	Raise awareness of Isle of Man Government funding and the project	As opportunities arise for YRCS throughout the two year project
Other communications activities			
Blog post OR Web page update on the British Red Cross website subject to content	16,300 unique views on our blog homepage	Raise awareness of the project and Isle of Man Government funding to all external stakeholders	2019 / 2020
Social media activity subject to content	British Red Cross Account followers	Extend the reach of the blog post to more readers	2019 / 2020
Thank the Isle of Man Government for their support in BRC Annual Report and Accounts for 2019 and 2020	External stakeholders – Report and Accounts are available on the BRC website, our Charity Commission page and we print circa 400 copies to send to external stakeholders	Raise awareness of the support of the Isle of Man Government with external stakeholders	April 2020 and April 2021 (reports released in April of the following year)
Communications activities by the German Red Cross – as GRC are also partners in supporting the	Journalists and communities in Germany	Raise awareness of Isle of Man Government funding and the project	Throughout the two years of the project

EmOC they will also publicise the support of the
Isle of Man Government in their communications
(press releases, website, social media, etc)

EmOC they will also publicise the support of the Isle of Man Government in their communications (press releases, website, social media, etc)			
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INTERNATIONAL FUNDING

Safeguarding Template

Project title	Emergency Obstetrics Care for Conflict-Affected People in Hajjah, Yemen
Project Reference No	
Applicant organisation(s)	British Red Cross

Identified Persons at Risks	Steps Taken	Risk Owner	Procedure for Reporting/ Dealing with Misconduct
<p>e.g. vulnerable adults due to financial circumstances, disability etc. persons under 18 years of age.</p> <ul style="list-style-type: none"> Pregnant women Pregnant girls Newborn children Other vulnerable adults, children and young people who may be part of the family <p>Note: Assessment against our safeguarding requirements (based on requirements of the CHS) and IFRC Minimum Standard Commitments to Gender and Diversity will be carried out to validate/further identify appropriate measures to mitigate and prevent risks of abuse and harm for children and vulnerable adults.</p>	<p>What steps have been taken, or will be taken during the project, to minimise the risk?</p> <ul style="list-style-type: none"> In terms of staff behaviour, the Code of Conduct for International Red Cross and Red Crescent Movement applies to all hospital staff(including contract staff, if applicable)In order to respect cultural sensitivities, all the nurses and midwives are women Respect for patient choice e.g. whereas the night shift medical assistant is male, there is always a midwife on call. The female gynaecologist is also on call at night To make the health centre a safe place: a guard is present at the entrance 24/7 and 	<p>Who is responsible for preventing/ managing this risk?</p> <ul style="list-style-type: none"> The Yemen Red Crescent Society manage the Health Centre and are responsible for hospital staff and security The German Red Cross run the EmOC unit embedded with the YRCS health centre and the GRC Project Delegate is responsible for risk management within it BRC will monitor the project and provide support and guidance with risk prevention and management 	<p>What procedures are in place to report or deal with allegations of Misconduct?</p> <ul style="list-style-type: none"> GRC have a number of applicable control mechanisms and binding regulations in place. Special protection standards against sexual violence for GRC facilities are in place. GRC has an independent ombudsman mandated with recording and investigating reports of abuse. A whistleblower hotline managed by the IFRC provides a further means of reporting corruption, sexual misconduct and other unethical behaviours committed by Red Cross/Red Crescent staff. BRC has a grant agreement with the GRC which covers the notification and reporting of allegations

	<p>there is a strict no weapons policy in place</p> <p>During the project additional measures to strengthen safeguarding and PSEA might include:</p> <ul style="list-style-type: none"> • Recruitment/reference checks for all staff • Supervision requirements e.g. all invasive procedures must be accompanied by a nurse • Safe spaces for women and for children including awareness raising on how to raise feedback and concerns • Provision for effective and up to date referrals e.g. support for SGBV, domestic abuse, psycho-social support • Storing confidential information 		
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