

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 8 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*

The Leprosy Mission England and Wales, the Channel Islands and the Isle of Man

Name of Main Contact*

Position in organisation*

Telephone Number*

Email address*

Isle of Man Charity Registration Number(s)*

1251

Isle of Man Registered Address

Address line 1*

Address line 2*

Address line 3

Postcode*

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

Yes

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

The Leprosy Mission England and Wales, the Channel Islands and the Isle of Man has had a presence on the Isle of Man for over 40 years. Every year, it undertakes various awareness-raising activities to increase public support for its work and receive feedback on it. It has regular support through churches on the Island as well as but also, individual supporters who have consistently supported the work for several years. Last year our supporters in the Isle of Man raised £23,606.81. Throughout the year, we correspond with these

individuals through regular verbal and written communication.

The Leprosy Mission's Regional Managers for the North-West of England and the Isle of Man makes annual trips to the Island to speak in Manx churches and schools. In 2017, two regional managers gave talks about our work in 12 churches, 10 schools and one youth group. They spoke on Manx Radio and organised a well-known annual inter-church quiz evening raising support for The Leprosy Mission's work overseas. The Leprosy Mission has a Board Member located in the Isle of Man. In 2018, The Leprosy Mission team gave presentations on the Island focused about the World Leprosy Sunday campaign, which runs from January to April and encourages churches to host a Sunday service focusing on leprosy. The focus country was Niger, where The Leprosy Mission is working to break the chains of leprosy in families and communities through education, water and sanitation, income generation and self-help groups. In Manx schools, The Leprosy Mission has educated children about leprosy, the reality of leprosy in the context of the countries where it works and how The Leprosy Mission can learn from others around the world.

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.*

Management and Administration: The Board-appointed National Director is responsible for strategy, planning and the daily management of operations. The National Director is supported by a senior management team (SMT) which has delegated authority for key aspects of The Mission's operations including programmes, fundraising & communications and human resources. The SMT supports a 46-staff team. Management of international grants and projects rests with the Programmes team. The proposed project will therefore be managed by a dedicated Programmes Officer responsible for Nigeria programmes. This officer reports to the Head of Programmes who is on the senior management team and reports directly to the National Director.

Governance: The National Director reports to the Trustees on progress against the indicators and targets in the corporate strategy. The National Director and appropriate members of the senior management team attend and report at meetings of sub-committees. There are four sub-committees: Finance & Planning, Fundraising, Personnel & Bursaries, and Programmes.

The following is the list of Board members:

Name	Role on Board	Date appointed
[REDACTED]	Chair	April 2017
[REDACTED]	Treasurer/Chair, Finance & Planning Committee	September 2017
[REDACTED]	Chair of Fundraising Committee	June 2015
[REDACTED]	Member	January 2009
[REDACTED]	Member	December 2005
[REDACTED]	Member	September 2016
[REDACTED]	Member	January 2013
[REDACTED]	Chair of Personnel and Bursaries Committee	June 1996
[REDACTED]	Member	September 2016
[REDACTED]	Member	September 2016
[REDACTED]	Chair of Programmes Committee	November 2016
[REDACTED]	Member	September 2016
[REDACTED]	Member	September 2018

The Leprosy Mission is an international charity that supports detecting, treating and providing specialist care to people affected by leprosy and other neglected

tropical diseases (NTDs). Our vision is defeating leprosy and transforming lives. Our mission, striving to break the chains of leprosy, empowering people to attain healing, dignity and life in all its fullness.

We value:

- Partnership Working: we embrace partnership working both in the UK and overseas to enable us to deliver effective projects. Our partners include professional bodies and members of TLM Global Fellowship. Importantly, our partners also include volunteers in England, Wales, the Isle of Man and overseas. We adopt a life-long learning approach for staff.
- Excellence: We strive for excellence in every aspect of our work, effectively utilising the resources available. Within the UK, we seek to be authorities on the subject of leprosy, a go-to place when people want information. We seek to support our overseas partners through knowledge gained from each project. We offer advice and support, especially in terms of capacity development, to see our partners empowered and enabled to move forward with sustainable projects and livelihoods
- Operational Integrity: we say what we do and do what we say. There is seamless correlation between our message and our actions.
- Sympathy: Care for others is at the heart of who we are
- Passion: We are committed and enthusiastic for our cause

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

Details of past and current projects

Previously, The Leprosy Mission have received funding for multiple projects from the Isle of Man. In 2005, we received £21,896 which was used in Sudan to increase access to functional assistive devices for people affected by disability caused by leprosy and other NTDs. We successfully provided 1,005 people affected by leprosy with assistive devices including crutches, callipers, corner-seats and walkers. This project was monitored by feedback meetings including people with disabilities, verification of distribution logs from the local partner, and visits from our programme manager to monitor how the project activities went.

In 2006, we received £20,000 which was used in India to support the establishment of specialist health services in a general health centre. We successfully provided medical equipment which enabled Naini hospital to upgrade community services and start offering ophthalmic, obstetric, gynaecological, and emergency services. This project was monitored through goods received notes being issued to suppliers, testing the functionality of equipment, monitoring the numbers of people treated using this equipment and a programme manager visit.

We have also received much larger amounts of funding from other institutional donors. Between 2015 and 2017 we received £246,325 from Jersey Overseas Aid which went to Nepal to fund leprosy case finding, reconstructive surgery, leprosy training and awareness raising. We successfully delivered services including leprosy case detection and family member contact examinations through outreach events and centres in high leprosy prevalent districts, reconstructive surgeries were performed, protective footwear and other assistive devices were provided, comprehensive leprosy training was conducted, and leprosy awareness raising radio jingles were broadcasted. This project was monitored by collecting data on the reach of each element of this project, including the number of leprosy cases found, and family member contact examinations conducted, the

number of outreach events and people reached at the outreach centres, the number of reconstructive surgeries performed, the number of assistive devices distributed, the number of leprosy trainings conducted and radio jingles broadcast. A programme manager also conducted monitoring project visits.

We also received £234,438 from Jersey Overseas Aid between 2013-2015 for Niger. This project was to support the building of a water pump, latrines and provide training in food security management. We successfully achieved these aims and the water pump has now been implemented and is being used by the community members, latrines have been built to benefit local families, and community members have received training in food security management. This project was monitored through monitoring the installation of the water pump and latrines, and the number of people who undertook food security management training. Project management visits were also conducted.

The Leprosy Mission have also managed larger sums of money from institutional donors such as DFID, £1.5 million for a project in Nepal, and the European Union, £3 million for the CREATE project in India.

Safeguarding Vulnerable Persons

Please describe how your organisation demonstrates the above four points

The Leprosy Mission supports children and adults affected by leprosy in Africa and Asia. People affected by leprosy are vulnerable because of the combination of a disease that has a severely debilitating effect on the body and the stigma surrounding it. Safeguarding them, children especially, from violence is vital. By violence we mean, all forms of physical, emotional or sexual violence against vulnerable children and adults. We recognise that preventing this is both an individual and organisational responsibility that extends to both our work in the UK and overseas.

The Leprosy Mission's overall approach is rights-based and focuses on three dimensions of safeguarding:

- Organisational safeguarding where the focus is on preventing harm perpetuated by staff, trustees, partners or contractors of The Leprosy Mission. The Leprosy Mission complies with and implements a Safeguarding and Whistle-blowing Policy which has a detailed code of conduct for staff, volunteers, visitors, consultants and other contractors.

- Programme safeguarding where the focus is on activities that address violence against children and adults affected by leprosy supported by our programmes. This includes activities that proactively address identified safeguarding problems in a specific location.

The Leprosy Mission works closely with local partner organisations to ensure that they develop safe organisations and deliver programmes which protect and promote the well-being of the children and adults they work with. We work intensively with partners to develop programmes that have the protection of children and adults at their very heart; staff members, trustees and partners working on TLM supported project are required to sign a code of conduct to do no harm to children, women and men affected by leprosy while working on TLM projects. We share best practice by encouraging good quality reporting and open discussion about difficult issues. Specifically, we support children and communities to be aware of how they can complain.

- Do no harm: an understanding that The Leprosy Mission's interventions are part of the wider social dynamic and their actions and activities can have

positive as well as negative impacts.

One of the values of The Leprosy Mission which underpins its approach to safeguarding is operational integrity. We say what we do and do what we say. There is seamless correlation between our message and our actions. This follows in TLM's attitude to safeguarding. The Safeguarding and Whistle-blowing Policy allows beneficiaries, staff and other associates to come forward to report incidents and concerns with the assurance they will be handled sensitively and properly. There is a Designated Safeguarding Officer (male and female) responsible for coordinating responding to reports at country level in Nigeria. The HR Manager is the 'designated safeguarding officer'. She ensures that available channels for reporting are open and functional. The policy provides step-by-step guidance for the officer and managers, on how to handle and follow up reports and protect whistle-blowers.

The HR Manager has attended comprehensive safeguarding and child protection training and has good experience of handling safeguarding incidences. She is also supported by Safeguarding Working Group which includes departmental heads and programme managers. All have received child protection training.

The Leprosy Mission implements a Safeguarding Policy which has a detailed code of conduct for staff, volunteers, visitors, consultants and other contractors. All are oriented about the policy and are required to sign a commitment to the policy. The policy was last revised in 2018 by The Leprosy Mission's Safeguarding Working Group and endorsed by the Senior Management Team and Board of Trustees. The policy has a clear focus on children and consequences for breaching it are clear. New staff are adequately vetted before employment. Training on the policy is mandatory for all staff/contractors/volunteers.

The policy outlines specific safeguarding steps that need to be followed when conducting activities directly with children and adults touched by TLM's work. Reporting and Reaction Protocols outline the steps to follow in a variety of possible situations including:

- Alleged harm caused, or likely to be caused, to a vulnerable child or adult by a partner organisation's representative, observed by or reported to a Leprosy Mission representative.
- Alleged harm caused, or likely to be caused, to a child or adult by a Leprosy Mission representative whilst overseas, observed by/reported to a partner organisation.
- Alleged harm caused, or likely to be caused to a child or adult by a Leprosy Mission representative whilst in the UK, observed by/reported to a Leprosy Mission representative.
- Leprosy Mission's representatives are obligated to report any concerns about alleged or suspected harm to the Designated Safeguarding Officer or National Director immediately. Concerns related to the National Director must be reported to the Nominated Trustee for Safeguarding and Chair of the Board. Reporting concerns should be within 24 hours (taking into consideration country time differences.). If an incident is reported on a project funded by the Isle of Man or other donors, the relevant Project Manager is required to report it to the representative of The Isle of Man or other donors, within three days of receiving the report. A plan of the incident should be included and will be investigated and managed.

Project Information

Project Name*

Wheels that Heal: Providing Mobile Health Services to Marginalised Communities, in Federal Capital Territory, Nigeria

Project Manager Name*

[REDACTED]

Anticipated Project Start Date*

01 Jul 2019

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

30 Jun 2021

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

- | | | |
|--|---|---|
| <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 checked="" 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 checked="" 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

Yes

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

TLM England and Wales, the Channel Island, and the Isle of Man (TLMEW) will work in conjunction with The Leprosy Mission Nigeria (TLM Nigeria). TLM Nigeria has been working to reduce the burden of leprosy, neglected tropical diseases (NTDs) and disabilities in Nigerian communities since 1986. TLM Nigeria has a 33-year track record of working to support the Government of Nigeria to reduce the burden of leprosy, disabilities and tuberculosis. TLM Nigeria currently supports leprosy, NTDs and tuberculosis projects in 11 States of Nigeria. TLM Nigeria staff members have a breadth of knowledge of the leprosy, disability, and the NTD situation in Nigeria which has been gained by the organisation's long presence in country. Their 5-year country strategy focuses on achieving zero leprosy, zero disability and zero discrimination.

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

We have undertaken a due diligence on TLM Nigeria. TLM Nigeria is part of a Global TLM Fellowship consisting of 29 countries across Africa and Asia. As a member, TLM Nigeria have an active board representation that meets quarterly to discuss the work in country, including financial liability. All TLM Fellowship members are subject to a Members (peer) review, which is led by the Secretariat Head of Quality Assurance and assesses the abilities in areas such as project delivery, financial restoration and safeguarding management. The last member review took place in 2016. The identified strengths include: having a clear management structure leadership team, hosting regular board meeting, sharing learning and encouraging staff members where development opportunities arise, all projects are maintained well through project cycle management processes and all policies (anti-bribery, child protection, safety and security) are in place and have been addressed by TLM Nigeria. TLMEW is also currently

undertaking an enhanced due diligence on the organisation for an anticipated NIHR leprosy research grant. TLM Nigeria has undertaken training of its staff in safeguarding. They are developing incident reporting and reaction mechanisms which will be in place during project implementation. All staff undergo background reference checks.

Project Objectives

Project Objectives/key outcomes of the project:

What the project aims to achieve*

Project outcome:

A healthier life of dignity for people affected by leprosy, disability and internal displacement who live in isolation in the underserved communities of Yangoji, and Karmajiji in the outskirts of Abuja, Nigeria.

Project Objectives:

1. Improved overall health amongst people affected by leprosy, disability, and internal displacement and discrimination in Yangoji and Karmajiji through initiating catalytic quality mobile clinic outreach services and information (including leprosy care and mental health first aid).
2. Increase ownership and skills of Yangoji and Karmajiji government health workers and leaders, for sustaining initiated services through demonstration of mentoring and skilful partnership working.
3. Empower people affected by leprosy, disability, internal displacement and discrimination with information promoting health-seeking behaviours and better inner-wellbeing.

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*

Objective one: We will develop a workplan to train government and The Leprosy Mission Nigeria (TLMN) health workers; provide medicines, products, and equipment to include the purchase of a bus and its renovation into a mobile health clinic. We will choose specific sites in which the mobile clinic will operate and ensure that services can be successfully provided in a safe and private manner in these locations. We will encourage community leaders and mental/community health assistants to advertise the times of the mobile health clinic visits. Once set up has been completed, we will provide treatment to people affected by leprosy, and their close contacts, treat disabilities, and provide other relevant health care.

Objective two: We will, appoint and train two mental/community health assistants living in Yangoji and Karmajiji. They will be trained and mentored to carry out active monitoring of patients presenting problems such as anxiety, depression, low self-esteem or stress which may interrupt their decisions to seek and use of the mobile clinical outreach services. They will improve the patient's awareness and understanding of their mental health problems and support them to engage in self-care patient groups, which will be initiated by the project. The patient self-care groups will be equipped with practical tools and resources to improve their mental wellbeing with self-care (physical and emotional). The mental/community health assistants will be recruited from the targeted communities and will receive on-going training and quality assurance support from a TLM Nigeria Programme Manager, who has received specialist training in Mental Wellness in Communities from Sangath. Mental/community health assistants will also support health education and mobilising communities for mobile

clinical outreaches.

We will also organise joint training sessions on leprosy and other health service provision for government health workers and staff from two partnering hospitals. The aim of these trainings is to transfer leprosy expertise to government health providers who will be ultimately responsible for initiated services.

To achieve this, we will organise quarterly health services initiation and sustainability planning and review sessions with government officials, partnering hospitals and disability specialists and patient community leaders. Together, we will discuss the reasons for lack of services in the two targeted communities and agree plans and strategies to re-start government provision, progressing from our catalytic mobile clinical outreach approach. We will work actively together with relevant government health providers during our mobile clinical outreaches. Training, mentoring and sharing skills and resources. We will specifically target support towards the health workers at the poorly run Yangoji leprosy clinic. The rationale being this currently dysfunctional clinic is already situated in the community. Improving its resources has an immediate impact on sustainability of initiated services.

We will facilitate people affected by leprosy, disability and internal displacement to organise themselves into patient self-care groups in Yangoji and Karmajiji. The groups will provide patients to learn with peer strategies of self-care to prevent progressive worsening of leprosy and disability related impairments. The formation of groups is often regarded as the most effective way to enable participation. As a group, people are able to participate in a broad range of activities and collaborate with services from the mobile clinical outreach, other organisations and service providers. We will support people affected to establish and run strong and active groups. Increasing and strengthening their participation in services which is vital for creating accountability and sustainability.

Objective three: We will facilitate mental/community health assistants to provide face to face sessions with clients and self-guided wellbeing exercises, addressing common mental health problems such as depression, anxiety, stress, loneliness, and ongoing signposting options. Home visits will also be made to encourage patients to attend planned mobile clinic outreaches. We will train self-care groups on inner-wellbeing and safeguarding and provide high-quality mental illness first aid and referrals.

Please provide details of how project activities will be monitored

Our approach to monitoring is tracking information on project benefits from the perspective of people affected by leprosy, disability, and internal displacement and discrimination.

In order to monitor objective one, TLMEW will support TLM Nigeria to develop a simple quality assurance framework to track the reach and functioning of the mobile clinic, including the procurement and renovation of the mobile clinic bus and the distribution of various treatments.

Acquiring a mobile clinic van is vital and therefore will be overseen by a project management team (TLMEW/TLM Nigeria). They will manoeuvre key constraints such as ensuring competitive bids from suppliers, applying for tax exemptions on imported parts and government clearances.

Satisfaction data will be collected from clients. This will ensure TLMN's clinical director and Senior Management

Team (SMT) have timely information to make necessary corrective steps to improve services and ensure targets are met or adjusted appropriately. Ultimately, the Project M&E Officer will be responsible for designing relevant tools for collecting data and ensuring high quality. S/he will receive support from TLMEW's Programme Manager who will ensure Nigeria has access to good database designers.

In order to monitor objective two, our approach to monitoring capacity development will involve collaborative and supportive supervision. We will track information regarding:

- the appointment of mental/community health assistants,
- the number of trained government health workers who are equipped to treat and support people with leprosy effectively,
- the number of self-care groups established, and
- the development of a sustainability plan which will be developed jointly with government officials, partner hospitals, disability organisations, and patient community leaders.

In order to monitor objective three, TLMEW's Safeguarding and inner-wellbeing Adviser will guide TLM Nigeria on developing a quality assurance framework for the work of mental/community health assistants. A self-care group-wide reporting structure will enable us to clearly understand uptake and effectiveness across the communities. We will track information on:

- the number of patients with common mental health problems engaged by mental/community health assistants
- the improvement of mental health conditions in beneficiaries,
- the number of safeguarding incidents reports addressed satisfactorily.

1,500

Overall, the project will reach 1,910 beneficiaries. The direct beneficiaries will be 1,140 including people affected by leprosy, disability and involuntary internal displacement.

Direct beneficiaries:

- 490 (172 men and 319 women) will be aged people affected by leprosy living in the decayed and abandoned Yangoji Leprosy Colony 75km out of Abuja;
- 250 members of families displaced from north-eastern Borno State having fled jihadist Boko Haram violence and set up illegal settlements in the Karmajiji disability sanctuary (78 men, 33 women, 85 boys and 55 girls);
- 350 people with disabilities (105 men, 151 women, 53 boys and 42 girls) who are living in under-served Karmajiji disability sanctuary; and
- 50 (33 men and 17 women) government representatives, leaders and health workers.

We anticipate reaching a further 770 other community members living in Karmajiji and Yangoji (92 boys, 116 girls, 331 women and 231 men) as indirect beneficiaries.

This project will serve two communities in the Federal Capital Territory, Nigeria. One community is Yangoji, situated towards the South of Abuja and provides shelter to communities of people affected by leprosy. The direct beneficiaries from this community are aged people affected by leprosy. They have the following needs:

- Suffer ulcer complications however, they lack drugs in the only health facility that serves the community.
- Although cured of leprosy, they are surviving within a growing young population facing poverty, disease, lack of education and employment.

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

Description of beneficiaries (please differentiate direct and indirect)*

- Live in decayed and uncared-for leprosy colony facilities. Their homes, toilets, clinic, school and water sources are all dilapidated.
 - They are helpless and feel discriminated against, separated from the general population and denied basic amenities.
 - They lack a livelihood and if they dare venture out the colony, they are arrested by the police.
 - The six boreholes in the community are out of service, leaving the people to look for water from unsafe sources.
 - They vulnerable to poor mental wellbeing.
- The community need support to access leprosy treatment, awareness raising of leprosy complications and their management.

The second community is Karmajiji, also situated on the outskirts of Abuja. Initially designed as a sanctuary for the disabled. We will target two groups of direct beneficiaries here:

- Members of families displaced from north-eastern Borno State who have fled jihadist Boko Haram violence and set up illegal settlements here. They have been displaced from their homes by violence. They have lost their livelihoods and have taken up inferior employment in Abuja. Because of their informal settlements, they are not provided health care. They have strained, already fragile health services for people with disabilities. Children and adults are malnourished. Children lack vaccinations and de-worming. Adults and children have poor water and sanitation and hygiene facilities. They are at risk of infection by leprosy or at risk of spreading other NTDs within the disability sanctuary. They are at risk of mental illness from experiences of physical, sexual violence, displacement and depravation. They have escaped persecution, torture severe forms of physical and sexual abuse by Boko Haram regime. They will require a variety of basic health care, both physical (WASH, sexual health advice etc.) and mental health support, to work through effects of trauma to self or others that they have witnesses. To combat these issues, the mobile clinic will provide both physical and mental health care through doctors, nurses, and a mental health first aider. In the two communities, doctors will look for signs and symptoms of leprosy and other Neglected Tropical Diseases (NTDs) and distribute the relevant treatment. Our doctors will treat leprosy complications and other wounds and basic illnesses that beneficiaries may have. Looking for signs and symptoms of leprosy is especially important in the IDP camps as these beneficiaries have fled North Eastern Nigeria where there are no leprosy services or availability of up-to-date leprosy data. Therefore, there is the potential that some of these beneficiaries will be affected by leprosy or other NTDs and will require treatment at the mobile clinic for the disease and/or continual support for MDT.
- People with disabilities living in an under-served disability sanctuary of Karmajiji. They have complex physical, cognitive and mental disabilities. Services in their sanctuary have been seriously strained by influx informal settlers fleeing Boko Haram violence, yet they were already under-resourced. They too are discriminated and isolated by communities.

The fourth group of direct beneficiaries are FCT Government Leaders and Health, Welfare and Child Protection Officers. They lack expertise to provide leprosy health services. Some hold negative discriminatory attitudes towards providing healthcare, safeguarding and protection in the leprosy colony and disability sanctuary. They are uninspired to prioritise delivery of high-quality services. They have not prioritised financial allocations for services in the two sites. Working in partnership with University Teaching

Hospital Abuja and St. Mary's Catholic Hospital, we will aim to provide demonstrational skill sharing with government workers. Specialist doctors will accompany the mobile clinic once a month to care for more serious cases. These will include physiotherapists, audiologists, and ophthalmologists. These doctors will care for the people affected by disability who are also situated in Karmajiji and tend to the physical limitations that they have. This will include prescription of drugs, treating ulcers and other complications and providing referrals to partner hospitals in Abuja. The people affected by leprosy, situated in Yangoji will also access these services.

To combat the mental health issues that the beneficiaries face, due to witnessing or experiencing trauma, or living with the realities of leprosy or disability, our community educators will also set up self-care groups in each community so that beneficiaries can care for themselves and each other when the mobile clinic is visiting other communities. This will enable them to share openly and talk about experiences in a group environment to alleviate mental health stresses. The mental health first aider will identify people with depression and anxiety and will refer beneficiaries to wider counselling services as well as encourage them to join the self-care groups.

Providing these services to these groups of beneficiaries is of upmost importance as they have been left neglected from current health care providers. The mobile health clinic will combat the problem of high transportation costs to medical services as well as the problem of stigma, as the mobile clinic staff will provide a safe, judgement free environment in which patients can receive quality medical care.

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.*

Through the project it is expected that we will develop six key areas of capacity building, which will provide the long-term care and sustainability of the mobile clinic services. 1) We will aim to catalyse the provision of the services, therefore creating demand during the 2 years of the project through reaching out to the communities and increasing the use of the mobile clinic services. 2) By providing the mobile services, we are demonstrating how effective services can be accessed in a non-building environment and therefore, through partnership with the Government it will ensure that the need to expand services is vital to reach the most vulnerable groups. 3) By working closely with Government staff, we will be able to provide opportunities of learning about leprosy and other diseases, which they have not been exposed to in their current roles. Through the clinical mobile services, we will aim to provide ongoing training and mentoring to the Government health staff about leprosy, IDP camps and supporting people with disabilities. 4) We will establish a referral point with Government partners to be able to support new cases of leprosy and treat patients with disabilities, including those who have experienced trauma. 5) During the timespan of the mobile clinic we will be advocating to the local hospital in Abuja to participate in the mobile outreach services, ensuring they can see the positive impact of reaching isolated, vulnerable communities and enabling them to see the benefits of a mobile service offering them care. 6) By training Government workers on identifying leprosy, we will be establishing a sustainable way of preventing transmission of the disease as they become familiar with the signs of the disease and understand the process of leprosy treatment.

The Country and Region of Project

Country and Region of the Project *

This project will be located in Federal Capital Territory (FCT) Nigeria. Specifically, it will be operating in one leprosy community, Yangoji, which is located approximately 70 kilometers away from Abuja as well as an IDP community and disabled persons community in Karmajiji which is located in the suburbs of Abuja.

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.

Since 2009 Boko Haram militia have caused chaos and attacked multiple locations with vulnerable communities around North East Nigeria. This has led to individuals and communities fleeing their homes and villages for safety. By the time communities move into new locations the chaos has followed them, with many families being devastated through bodily harm, rape and kidnap. Once again, many families have fled the location and temporarily housed themselves in make-shift locations where fighting is furthest away. The locations of the make shift camps means less access to continued health provision and unpreserved WASH facilities. Neighbouring these settlements around Abuja are often other communities of the most vulnerable Nigerians, including communities of people with leprosy and disabilities. A survey was conducted in these areas in 2017 when people in these communities discussed the lack of medical services available to them despite the distinct health problems that they face due to poverty and malnutrition

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

Operational risks of this project include the slight risk of low-quality mental health first aid provided by mental health first aiders recruited from Yangoji and Karmajiji. To mitigate this risk, we have designed a mental health Active Monitoring framework which will ensure that a trained mental health specialist provides training, mentoring, and quality assurance of the work of the mental health first aiders. Another operational risk is the mobile clinic vehicle breaking down. To mitigate this risk, we will ensure that spare parts are readily available as the bus will be assembled in Nigeria, and we have budgeted for adequate, comprehensive insurance, breakdown cover, and repair costs. Another operational risk is partnership working failure with relevant government officials. To mitigate this risk, we will be working closely with officers with whom we have already established a good working relationship, we will also include them throughout the different stages of the project so that we can build mutually respectful relationships with them.

Financial risks of this project include the potential for bribery solicitation by Nigerian public officials. To mitigate this risk, we have expended considerable resources to ensure that we avoid coming into contact with corrupt officials, we will also undertake a comprehensive bribery and corruption bribery and corruption risk assessment. Due diligence of TLM Nigeria has been undertaken and we have recommended implementing clear contracts with public officials that refer to anti-corruption procedures as well as a system of review and approval of payments to third parties and a whistleblowing policy.

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

Yes

Total Project Budget

Total Project Budget*

£144036.00

Requested Donation (£10,000 minimum request, £100,000

£99000.00

Maximum request) (maximum of 90% of total project budget)*

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.*

The rest of the budget (£43,036) will be funded by The Leprosy Mission England, Wales, the Channel Islands and the Isle of Man fundraising team including funds from supporters on the Isle of Man. These funds will come in

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.*

during the second year of the project. If the budget cannot be met by fundraising, we will use our organisation reserves to fund the project. Funds received from the Isle of Man will be processed by The Leprosy Mission England, Wales, the Channel Islands, and the Isle of Man. These funds will then be sent on to The Leprosy Mission Nigeria via BACS payment.

Supporting Documents

Project Budget

Your Project Budget*

06022019 Budget Template HW.docx

Project Delivery Plan

Your Project Delivery Plan*

060219 TLMEW TLM Nigeria Project Delivery Plan.docx

Project Risk Assessment

Your Project Risk Assessment*

070219 TLMEW Risk-assessment.docx

Project Communications Plan

Your Project Communications Plan*

07022019 Communications Plan SS.docx

Project Safeguarding Plan

Your Project Safeguarding Plan*

01022019 Safeguarding Template HW.docx

Additional Information

Additional Information

TLM Isle of Man Registration.pdf
Country Review - Nigeria 2016.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. *



INTERNATIONAL DEVELOPMENT – SMALL GRANT FUNDING

Budget Template

Project title	Wheels that Heal: Providing Mobile Health Services to Marginalised Communities, in Federal Capital Territory, Nigeria
Project Reference No	
Applicant organisation(s)	The Leprosy Mission England, Wales, the Channel Islands and the Isle of Man

Description	Unit Cost	Quantity	Total Cost
Provide a description of each item in the budget, giving detail of the purpose and specifications of each item			
You may wish to break down cost areas into categories under headings (e.g. transport, construction, training)			
Develop workplan for a trained & supervised provider team of government & TLM Nigeria health workers			
Ensure availability of relevant and sufficient medicines, products, & equipment (including buying & kitting mobile clinic mini-bus)			
Buy mobile clinic bus, renovate and buy insurance	£56,531	1	£56,531
Purchase medical equipment for mobile clinic	£11,367	1	£11,367
Leprosy detection (biannual community skin camps to screen leprosy & NTDs)	£856.50	4	£3,426
MDA and MDT provision	£321	1	£321
Treatment given for leprosy complications (anti-reaction & ulcer care)	£428.50	2	£857
Provide treatment and complication management to people with disabilities	£749	1	£749
Distribution of L-PEP	£535.50	2	£1,071
Site Selection within Yangoji & Karmajiji to agree mobile clinic sites with Government / community leaders	£64	2	£128
Site Preparation (prepare and disinfect chosen sites ensuring that services can be delivered safely and privately no matter the location.)	£107	2	£214

Demand creation through community mobilization (Support community health assistants to fan out across nearby villages talking to people affected by leprosy, disability, internal displacement and discrimination and community leaders about upcoming mobile outreach visits.)	£257	2	£514
Organise joint training sessions on leprosy & other health service provision for govt health workers. Partnering hospitals, community health assistants & TLMN mobile outreach team	£1,820	1	£1,820
Organize health services initiation & sustainability planning & review sessions with FCT official, St Mary's and University Hospitals, disability specialists, patient & community leaders for referral / linkages	£257	4	£1,028
Health staff at Yangoji clinic are encouraged to deliver leprosy services			
Collaboration with government health care providers (Allowances for 1 doctor, 2 nurses, 2 Community Health Extension Workers - CHEW)			
Encourage community leaders to take a role in the running of the mobile clinic	£300	2	£600
Facilitate Mental Health Aiders/ Community Health Assistants to provide face-to-face sessions with clients and self-guided wellbeing exercises addressing common mental health issues			
Train self-care groups on inner-wellbeing & safeguarding	£385.50	2	£771
Provide high quality mental illness first aid and referrals (Cost of referral)	£32.12	17	£546
Support SCGs with ulcer care materials to manage & prevent worsening disabilities	£42.83	24	£1,028
Appoint mental health first aider (1 person at 20% FTE / month)			
Doctor's costs (1 persons at 30% FTE / month)			
Salary costs for Finance Officer at 10% FTE / month			
Project Officer's Cost (1 Person at 30% FTE)			
Project Driver's Cost (1 Person at 50% FTE)			
Monthly maintenance of mobile clinic (Fuel / Servicing)	£64.25	24	£1,542
Annual project Review	£642	1	£642
Annual Financial Audit	£535	1	£535
Annual project monitoring by The Leprosy Mission England, Wales, the Channel Islands and the Isle of Man	£1,500	2	£3,000
End of Term Evaluation	£2,784	1	£2,784
Total Budget:			£144,036



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INTERNATIONAL DEVELOPMENT – SMALL GRANT FUNDING

Project Delivery Plan Template

Project title	Wheels that Heal: Providing Mobile Health Services to Marginalised Communities, in Federal Capital Territory, Nigeria
Project Reference No	
Applicant organisation(s)	The Leprosy Mission England, Wales, the Channel Islands and the Isle of Man

Project Outcome	Project Objectives	Description of activities to achieve objective	Timeframe for activities	Monitoring mechanisms	Person/Area Responsible(s)
	<i>List the key objectives of the project</i>	<i>List the activities that will take place in order to achieve this objective</i>	<i>Outline the timeframe for these activities (e.g. key dates, deadlines)</i>	<i>How will these activities be monitored in order to ensure that they achieve the project objectives, and remain within the planned timeframe?</i>	<i>Please provide detail of any key persons/bodies responsible for an activity. This is particularly important for partnerships</i>
A healthier life of dignity for people affected by leprosy, disability and internal displacement who live isolation in decaying under-served Yangoji leprosy colony and Karmajiji	1. Reduce illness among people affected by leprosy, disability, internal displacement and discrimination in Yangoji and Karmajiji; by initiating catalytic quality mobile clinical outreach services and information	1.1 Develop workplan for a trained and supervised provider team of government and TLM Nigeria health workers.	Month 3 - 6	Our approach to monitoring is tracking information on project benefits from the perspective of people affected by leprosy, disability, internal displacement and discrimination. TLMEW will support the TLMN to develop a simple quality assurance framework to track the following information during each mobile outreach clinic:	Programme Manager TLMEW Clinical Director TLMN M&E Officer TLMN Director of Health Services FCT
		1.2 Ensure availability of relevant and sufficient medicines, products and equipment (including buying and kitting a mobile outreach mini-bus)	Month 1- 6		

disability sanctuary on the out-skirts of Abuja, Nigeria.	(including leprosy and mental health first aid).	1.3 Site selection within Yangoji and Karmajiji. Agree mobile clinic sites with government leaders.	Month 5-6	1.1 Fully-functional mobile outreach van procured and kitted.
				1.2 Number of new leprosy cases identified early and treated during mobile clinical outreaches (New cases = 50; Leprosy Prophylaxis is = 250; Treatment = 490 (319 Women; 172 Men))
		1.4 Site preparation: prepare and disinfect chosen sites ensuring that services can be delivered safely and privately no matter the location.	Month 5-6	1.3 Number and type of disabilities treated early or successfully referred (preventing complications) during mobile clinical outreaches (Number = 350: 42 Boys; 53 Girls; 151 Women; 101 Men), type = TBD during implementation)
		1.5 Demand creation: Support community health assistants to fan out across nearby villages talking to people affected by leprosy, disability, internal displacement and discrimination and community leaders about upcoming mobile outreach visits.	Month 7-9	1.4 Number of people provided other relevant non-leprosy/disability health services from mobile outreach. (Number = 250: 55 Boys; 85 Girls; 78 Women; 33 Men)
		1.6 Conduct skin camps for leprosy detection	Month 9-21	1.5 Number of mobile clinical outreaches conducted (Once a week X two communities X 13 months = 104)
		1.7 Provide leprosy prophylaxis is to those without skin patches who have come into contact with leprosy cases	Month 9-21	1.6 Percentage increase from baseline in clients who are satisfied with mobile outreach services (at least 40% from baseline).
		1.8 Provide leprosy treatment (multi-drug therapy) to leprosy cases.	Month 9-21	Acquiring a mobile clinic van or mini-bus is a key work package which will be overseen by a project management team (TLMEW/TLMN). They will
		1.9 Treat leprosy complications during outreach	Month 9-21	

		1.10 Treatment of disabilities	Month 9-21	<p>manoeuvre key constraints such as ensuring competitive bids from suppliers, getting tax exemptions on imported parts and government clearances.</p> <p>Satisfaction data will be collected by SMS from clients. Service delivery data, by tablets entering data real time into an online database designed to provide real time analysis of performance. This will ensure TLMN's clinical director and SMT have timely information to takes necessary corrective steps to improve services and ensure targets are met or adjusted appropriately. Ultimately the Project M&E officer will be responsible for designing relevant tools for collecting data and ensuring the data is of good quality. S/he will receive support from TLMEW's Programme Manager who ensure Nigeria has access to good database designers.</p>	
		1.11 Provide other relevant non-leprosy/disability health services during outreach.	Month 9-21		
	2. Increase ownership and skills of Yangoji and Karmajiji government health workers and leaders, for sustaining initiated services through demonstration mentoring and skilful partnership working.	2.1 Appoint Mental Health First-Aiders/Community Health Assistants living in Yangoji and Karmajiji	Month 3 - 6	<p>The approach to monitoring capacity development will be collaborative supportive supervision. We will track information on the following:</p> <p>2.1 Mental Health 1st Aiders/ Community Health Assistants are appointees who live in affected communities (Two CHAs).</p> <p>2.2 Number of trained government health workers who are able treat and support people with leprosy effectively</p>	<p>Programme Manager TLMEW Clinical Director TLMN M&E Officer TLMN Director of Health Services FCT</p>

			with empathy (15 health workers) .	
	2.2 Organise joint training sessions on leprosy and other health services provision, for government health workers, partnering hospitals, community health assistants and TLMN Mobile Clinic Outreach Team.	Month 3-6	2.4 Number of self-care groups established (4 self-care groups with membership of 80) .	
			2.3 Sustainability plan developed jointly with FCT officials, partner hospitals & disability organisations, and patient community leaders.	
	2.3 Organise health services initiation and sustainability planning and review sessions with FCT officials, partnering hospitals and disability specialists and patient community leaders.	Month 6, Month 12, Month 18, Month 24.	(Outline Sustainability plan developed by Month 12, Detailed Sustainability Plan by Month 18, Submission to FCT and other donors for resourcing by Month 24).	
	2.4 Facilitate establishing and resourcing of patient self-care groups in Yangoji and Karmajiji	Month 3- 12		
	2.5 Facilitate government health providers to participate in skill-sharing joint mobile clinical outreaches.	Month 7- 24		
	2.6 Train and mentor health workers at the poorly-run Yangoji leprosy clinic	Month 6-12		

	3. Empower people affected by leprosy, disability, internal displacement and discrimination with information promoting health-seeking behaviours and better inner-wellbeing	3.1 Facilitate Mental Health Aiders/ Community Health Assistants to provide face-to-face sessions with clients and self-guided wellbeing exercises addressing common mental health problems such as Depression, Anxiety, Stress, Feeling alone and ongoing signposting options. Home visits to encourage patients to attend planned mobile clinical outreaches.	Month 9-18.	<p>An active monitoring plan for this objective will be led by a trained safeguarding and inner-wellbeing officer who ensure the quality of service is maintained. A self-care group wide reporting structure will enable enables us to clearly understand uptake and effectiveness across the two communities. They will track the following information:</p> <p>3.1 Number of patients with common mental health problems engaged by Active Monitoring (200, 70 girls, 30 boys, 55 women and 45 men)</p> <p>3.2 Percentage of people engaged who are experiencing clinical levels of depression fully recovered or reliably improved (50%)</p> <p>3.3 Number of safeguarding incidents reported and addressed satisfactorily (TBD)</p>	<p>TLMN Safeguarding and Inner-wellbeing Officer TLMEW Safeguarding and Inner-wellbeing Advisor</p>
		3.2 Train self-care groups on inner-wellbeing and safeguarding	Month 9-12		
		3.3 Provide high quality mental illness first-aid and referrals	Month 6 - 24		



**Isle of Man
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INTERNATIONAL DEVELOPMENT – SMALL GRANT FUNDING

Risk Assessment Template

Project title	Wheels that Heal: Providing Mobile Health Services to Marginalised Communities, in Federal Capital Territory, Nigeria				
Project Reference No					
Applicant organisation(s)	The Leprosy Mission England, Wales, the Channel Islands, and the Isle of Man				
Identified Risks	Potential impact on the 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 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?
Slight risk of low-quality mental health first-aid provided by mental health first-aiders recruited from Yangoji and Karmajiji.	Common mental health illnesses progressing to complications which require lots of resources to treat and therefore limiting the project's ability to promote health-seeking behaviours and improved inner-wellbeing.	Medium	Low	We have designed a mental health Active Monitoring framework. At the core of it, is a well-trained mental health specialist to provide ongoing training, mentoring and quality assurance of mental health first-aiders work. We will also provide them best-practice tools to recognise, assess and manage mental health risks including suicide and self-neglect.	Pius, Trained Mental Health Professional who is on the senior management team of TLMN.

Mobile clinical outreach vehicle breaking down	Conducting planned clinical outreaches would be impossible. The medical team will not be able to access the target communities.	Medium	Low	The bus which will be bought for mobile services is assembled in Nigeria. As such spare parts are readily available. Also, we have budgeted for adequate comprehensive insurance, breakdown cover and repair costs.	TLMN logistics officer.
Partnership working failure with relevant government officials.	Partnership working with government officers is vital for increasing ownership of initiated services. In Nigeria, this is however relatively challenging to achieve.	High	Medium	<p>Our strategy is targeting officer at middle-ranking levels whom we have already established a good working relationship. Secondly, involving them from the beginning of the project in planning services and logistics.</p> <p>We are planning to work with them on developing a sustainability plan for initiated services from the outset of the project.</p> <p>We have planned to support them to develop their individual capacities (individual benefit) as well as strategies to raise funding within the government system (institutional benefit). At the very core have deep</p>	TLMN national director.

				experience of developing mutually respectful relationships with government. This is a must to succeed, and our local partner has a robust experience of this way of working.	
Financial Risks					
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					
Whether at the design stage, approval of permissions and licenses, the government is involved. With decision-making control concentrated in the hands of a relatively small number of people, there are many opportunities for bribery solicitation by Nigerian public officials.	Limiting resources available for providing treatment and they care for people targeted.	High	High	<p>Prevention: TLMEW and TLMN have expended considerable resource to ensure that they avoid even coming into contact with corrupt officials. For each project, we undertake a comprehensive bribery and corruption risk assessment — considering the type and location of projects so that specific risks are identified and understood.</p> <p>We have designed and implemented a code of conduct, with full communication and training for employees.</p>	Programme Manager TLMEW

				<p>We will create and implement a compliance programme with training for employees and third-party employees alike.</p> <p>Detection: We have undertaken due diligence of TLMN and have recommended implementing of clear contracts with public agents that refer to anti-corruption procedures, giving us audit rights over relevant contract records, and undertaking.</p> <p>TLMN implements a system of review and approval of payments to third parties including expenses and claims.</p> <p>We have instituted a whistle-blowing system that is acceptable and accessible to local employees, associates, third parties and the wider community.</p> <p>We are supporting TLMN to develop the capability to</p>	
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				react quickly to any whistle-blower allegations	
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INTERNATIONAL DEVELOPMENT – SMALL GRANT FUNDING

Communications Plan Template

Project title	Wheels that Heal: Providing Mobile Health Services to Marginalised Communities, in Federal Capital Territory, Nigeria
Project Reference No	
Applicant organisation(s)	The Leprosy Mission England, Wales, the Channel Islands, and the Isle of Man

Communications Activity	Reach	Objective	Timeframe
Communications activities in the Isle of Man			
<p>TLM England and Wales has an allocated Regional Manager working across Isle of Man. The Regional Manager will be</p> <ol style="list-style-type: none"> 1. Speaking in churches about the projects 2. Present in Isle of Man school assemblies 3. Showcase the work of TLM and its work in Nigeria through local radio (MANX) during the Sunday morning show. 	<p>1300</p> <p>2000</p> <p>3000</p>	<p>TLM has experience working through churches and local radio to inform and raise funds about the projects. Through this mechanism we will be able to garner support for the project, including additional funds. It will also provide a platform for the communities to learn about the way their money is spent and its impact.</p> <p>Working in schools is important, as this enables young people to think about global development and provide a platform for young people to talk about the poverty in the global context and understand issues around disease stigma.</p>	<p>Dec 2019 to July 2020 every quarter</p>
Communications activities in the project region			
<p>Mobile Clinic will have a sign on side of the bus to show IoM support and wherever the clinic will set up the welcome signs will show IoM flags.</p>	<p>5000</p>	<p>The plaque will provide visibility to beneficiaries and external partners (Govt) on the supportive role of IoM in developing the potential of this project. It will also become a symbol for illiterate beneficiaries of recognising the mobile clinic services.</p>	<p>July 2019 when bus is provided and mobile</p>
Other communications activities			

<p>Publications from TLM will show IoM flag against the project feedback.</p> <ul style="list-style-type: none"> • New day newsletter • Appeals for gifts 	<p>2,600</p> <p>4 (two per year)</p>	<p>Through the newsletter mailing and reach we will ensure the supporters of TLM are aware of the work, showcasing the beneficiaries and their stories. The mailings will also provide an opportunity of raising additional funds for the project, looking towards sustainability after the 2-year duration.</p>	<p>Start of programme to end duration</p>



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INTERNATIONAL DEVELOPMENT – SMALL GRANT FUNDING

Safeguarding Template

Project title	Wheels that Heal: Providing Mobile Health Services to Marginalised Communities, in Federal Capital Territory, Nigeria		
Project Reference No			
Applicant organisation(s)	The Leprosy Mission England, Wales, the Channel Islands and the Isle of Man		
Identified Persons at Risks	Steps Taken	Risk Owner	Procedure for Reporting/ Dealing with Misconduct
Vulnerable adults and children fleeing conflict	<ul style="list-style-type: none">- Ensure the mobile clinic is in a secure location, far away from conflict- Ensure doctors recognise and are able to treat mental wellbeing of trauma victims- Ensure mobile clinic is advertise secure and appropriate ways- Risk assessments will be conducted monthly, and in high incidents/reporting assessments will be conducted weekly to consider location, environment, and reports of conflict/violence	TLM Nigeria Project Office and Country Officer	As per TLM's Safeguarding Policy the Project Officer and Country Officer will be the initial point of contact and they will report to the Designated Safeguarding Officer (DSO). The DSO will share the issue with the TLM Isle of Man DSO, and an investigation will be conducted following the policy guidelines.

<p>TLM Nigeria staff could be in danger, for example due to a breakdown of the vehicle</p>	<ul style="list-style-type: none"> - Follow local media/radio reports of any nearby issues - Conduct risk assessments if there are any reports before departure - Locate safe exit locations if they need to exit by foot - Ensure vehicle is well maintained - Project Officer checks in on arrival and departure including any near misses 	<p>Vehicle driver to maintain vehicle. Project Officer to oversee the preparation of the vehicle and each excursion as well as exit strategies and check ins.</p>	<p>TLM Nigeria's Safeguarding Policy</p>
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<p>Gender privacy within the clinic – private one to one treatment rooms</p>	<ul style="list-style-type: none"> - Ensure all staff are police checked and declared safe to be working with vulnerable adults - Give the option of patients being chaperoned, especially for girls/women - Clinic privacy settings being agreed and ensuring staff comply with them. 	<p>Doctors/staff of TLM Nigeria working in the mobile clinic</p>	<p>Doctors and staff members to notify Project Officer, who will follow the procedure outlined within the Safeguarding policy.</p> <p>Beneficiaries will also have a comments box available, should they have any concerns. The number of the independent Safecall line will also be advertised, for individuals and beneficiaries to report any concerns/whistle blow confidentially.</p>
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Self-perceived conflicts between ethnic groups	<ul style="list-style-type: none"> - Ensure the Christian nature of our work does not discriminate against people of other religions - Be aware of tensions that may exist and plan excursions to communities accordingly - Look where possible to support group mediation sessions, to promote harmony 	Project Officer and Mobile Clinic Staff	Issues reported to the Project Officer in case of any backlash and to safeguard staff.
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<p>More marginalised communities being stigmatised by other members of the community so much that they cannot access health services</p>	<ul style="list-style-type: none"> - Assessing the number of staff needed to meet the demand of the clinic - Assessing the number of times the clinic needs to go to each community - Ensure clinic is available to communities at appropriate times for accessibility - Staff are trained in using appropriate language - Training Government staff / external service providers about leprosy and some of the issues people with Disability and IDPs may have with health services. 	<p>Project Officer and partnerships with local Government leads.</p>	<p>Doctors and other clinic staff report any concerns to Project Officer, who in turns discusses management issues with DSO.</p> <p>Comments box available, for any beneficiaries to report independently any issues</p>
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<p>Clinic duration stop at the location and Staff safety</p>	<ul style="list-style-type: none"> - Ensure clinic services are only run during daylight hours to ensure the safety of mobile clinic staff - Project Officer checks in on arrival and departure including any near misses to TLM Nigeria office. - If staff unable to attend clinics, due to health worries – ensure a protocol in place for when the service can run efficiently and staffed accordingly 	<p>Project Officer</p>	<p>Project Officer to report if an incident occurs during daylight or if a situation has occurred that has meant staff needed to stay past sunset.</p> <p>Pre-arrange holiday covers so ensure the clinic is running efficiently.</p>
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<p>For children:</p> <ul style="list-style-type: none"> - Physical risks - Sexual risks – from staff/community leaders - Emotional risks 	<ul style="list-style-type: none"> - Appropriate procedures will be put in place to safeguard against both the harm of beneficiaries and project staff, for example chaperones being available to beneficiaries and other staff members being close by - Staff are yearly trained/updated with safeguarding training and code of conduct - Self-help groups will be developed and trained in safeguarding and knowing their rights - Expanding on self-help groups we will establish a community based safeguarding/child protection mechanism. – committees set up for reporting → linked to social services. 	<p>Project Officer; DSO Safeguarding Advisor in Nigeria and UK.</p>	<p>Any issues will be reported to the Project Officer in TLM Nigeria and will be reported using the procedure outlined above.</p>
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