



NICHE International - Business Plan

The Organisation:

Who we are: a small medical charity working in international newborn care.

Mission: Our mission is to make outstanding care of newborn babies in the first month of life an everyday thing in resource poor areas of the world.

The need: Neonatal mortality (the number of deaths in the first 28 days of life per 1,000 live births) in the UK in 2017 stood at 3/1,000. Cameroon's was 26/1,000, Liberia's 25/1,000 (Source: <https://data.worldbank.org/>). The UN's 2016 Sustainable Development Goals (SDGs) are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity (<http://www.undp.org/content/undp/en/home/sustainable-development-goals.html>). SDG number 3 concerns Good Health and Well-being and, within it, is the goal to reduce neonatal mortality to at least as low as 12/1,000 by 2030. SDG number 17 is entitled "Partnerships for the Goals"; to be sustainable, there must be buy-in and collaboration from all parties.

Aim: to relieve sickness and to promote and protect good health in newborns within the developing world, in particular, but not exclusively, Cameroon. We work to reduce infant and child mortality by assisting in the provision of training courses and other healthcare projects to doctors, nurses, midwives and allied healthcare staff.

Objectives:

- To teach Newborn Care provider courses to frontline practitioners from all sectors of health care in Cameroon and other low- and middle- income countries.
- To promote sustainability, by training local staff to become instructors and teach the Newborn Care course to others.

Management of the charity: NICHE International is a Charitable Incorporated Organisation (CIO) in England, registered number 1174977. There are 6 trustees, 4 of whom are doctors, and the chair of the trustees rotates every 2 years. Trustees have experience working for teaching and medical charities in Cameroon, Liberia and other resource poor countries, in project management, post-graduate teaching, IT and business. All the trustees carry out the objectives of the CIO in a voluntary capacity and there is more information about each of them at <http://www.nicheinternational.org.uk/our-trustees/>. Meetings are held in accordance with the constitution.

Background and related experience:

The volunteers for NICHE International are doctors, nurses and resuscitation officers with appropriate clinical backgrounds who have been accredited by the Advanced Life Support Group (ALSG) and/or the Resuscitation Council (RC(UK)) to teach neonatal and other life support courses in the UK. All have considerable experience of instructing; most of them train instructors regularly in the UK, some of them are course directors and educators, one is the neonatal lead for the European Resuscitation Council and all of them have knowledge and experience of teaching and/or working in low- and middle-income countries. Instructors are recruited through ALSG, and through teaching contacts of current instructors. Volunteer instructors from the UK have been donating considerable amounts of their time developing and facilitating courses in Cameroon every year since 2014. They ran the first two Newborn Care Courses in Liberia in November 2018.

The Newborn Care Course (NCC) was designed by ALSG (www.alsg.org) and the charity Maternal and Childhealth Advocacy International (www.mcai.org) especially for resource limited settings, and it has been further adapted for Cameroon and Liberia by the NICHE International instructors over the last 5 years. The educational content and the governance of the course is overseen by the Strengthening Emergency Care Sub-Committee of ALSG. Two of the NICHE International trustees are members of this sub-committee. Check this is the correct name for committee

The NCC uses simple equipment, and emphasises basic care, concentrating on the four areas identified by the World Health Organisation which contribute most to neonatal mortality rates: resuscitation at birth, early breast-feeding, skin-to-skin mother care to keep babies warm and recognition and management of seizures, infections and respiratory problems in early postnatal life (https://www.who.int/maternal_child_adolescent/topics/newborn/enap_consultation/en/).

The ALSG Generic Instructor Course (GIC) is widely regarded as one of the best Train the Trainer courses available. It covers educational theory, and practical teaching assessment and feedback skills. Candidates learn how to run simulations, how to deliver effective lectures, teach clinical skills and run small group workshops. A GIC in the UK, run for 24 candidates, requires a course director, an educator who is suitably qualified in adult education and 12 other trainers. NICHE International GIC trainers have been adapting this course since 2016 so that it can now be run for 12 candidates by just 5 overseas trainers (including the educator and course director).

Operational Plan:

Partnership:

In 2016, MCAI entered into a formal partnership with the Cameroon Baptist Convention Health Services (CBCHS) to provide NCCs in the anglophone regions of Cameroon. CBCHS provided teaching premises as well as in-country accommodation and transport for UK Instructors. MCAI provided volunteer instructors and training equipment and ALSG were educational guarantors for the course. MCAI was instrumental in successfully setting up the Newborn Care Courses in Cameroon and has now moved on to similar obstetric and neonatal projects in Liberia. NICHE International was set up in 2017 by the instructors previously working with MCAI, to continue the neonatal training in Cameroon - and the GIC courses in particular - in partnership with CBCHS and with a continued link with ALSG. MCAI, ALSG and NICHE International have entered into a formal partnership for the extension of this project to Liberia.

Teaching plan and sustainability:

Aware that resuscitation skills in particular decline over time and that one-off infrequent courses are not considered particularly sustainable, NICHE International instructors have been devising a 10-step route to local NCC faculty development and training self-sufficiency, which starts with delivery of a first provider course, and ends with a country having its own faculty to teach the courses and develop further instructors (see <http://www.nicheinternational.org.uk/sustainable-learning/> and Appendix 1). In this way, depending on the number of courses taught each year, the role of international instructors will decrease over 5-8 years. The NCC project is at step 8 currently in Cameroon and step 1 in Liberia, as depicted on the teaching plan below:

Steps do not necessarily equal years, nor even visits from UK instructors. More than one step can be covered per visit.										
COUNTRY	2014	2016	2017	2018	2018	2018	2018	2019	2021	2022
Cameroon	2014	2016	2017	2018	2018	2018	2018	2019	2021	2022
Liberia	2018	2019	2019	2020	2020	2021	2021	2022		
Country 3	2020	2021	2022							
Country 4	2023									
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
	2 NCCs	1 st GIC	Local instructors supervised	Local instructors supervised	Training of local NCC course director	Local GIC instructor candidates (need to have taught on at least 4 NCCs)	2 nd GIC	UK instructors for GICs, no need for UK instructors for NCCs	Local GIC course director and educator shadowing UK equivalents	No UK instructors for either NCC or GIC

NB: The darker shaded areas denote the trips in 2019 and 2020 for which we are currently fundraising.

In 2019, we are planning a week's trip to help facilitate 2 NCCs with 24 candidates each in Cameroon. There are already 8 fully trained local instructors there, one of whom can now course direct. The role of the two UK instructors will be to mentor 12 partly trained instructors through their first two NCC courses, thereby leaving 20 fully trained Cameroonian instructors to continue the project without us. UK instructors will only be needed in Cameroon from 2020 to teach the generic instructor course (GIC Steps 7 to 9). Having achieved sustainability of the NCC in Cameroon, NICHE International is now ready to replicate this model in other resource poor areas of the world. Thus, in November 2018, we facilitated the first 2 NCCs in Liberia. We are planning 2 trips to Liberia in 2019, one to run 2 NCCs and a GIC (Step 2) and one later in the year to mentor the new partly trained instructors on their first 2 NCCs (Steps 3 and 4) whilst simultaneously training another 48 healthcare workers in the care of the newborn infant in the first 28 days of life.

Impact:

- Number of trained practitioners to date: 200
- Number of trained trainers: 20
- Number of babies cared for by NCC trained practitioners (@ 1,000 per annum per practitioner) 200,000

If each healthcare professional keeps his/her skills up to date and works for 20 years and the local instructors run even one course per annum between them, something akin to 8,800,000 newborn babies will have been cared for by NCC trained practitioners by the time this first cohort of local instructors retires.

We have observed improvements in practice, for example in hand washing and in the introduction of skin-to-skin mothercare. Feedback from candidates on the courses is collected, and training modified accordingly; sessions on handwashing techniques, intraosseous needle insertion, CPAP and the oxygen concentrator have all been added or extended over the years. Neonatal mortality in both Cameroon and Liberia is going down but it is not easy to statistically prove which interventions have had an effect. What drives us on as a charity is that, whilst it is very hard to measure the economic outcomes of this work, the human value and potential for lives saved is immense. **The cost of the project to date works out as significantly less than 1p per baby safely seen through the first 28 days of life.** That seems a small price to pay.

Finances:

Funding for the training comes from charitable trusts, individual fundraising and grant giving bodies. There are no employees and no business premises. The 6 trustees run the charity in a voluntary capacity. Costs are for volunteers' expenses, training equipment, course manuals and support for local candidates and local instructors in West Africa.

Funds held as of January 2019:	Restricted for use in Cameroon	£308.67
	Other restricted funds	£0
	Unrestricted funds	£2070.00

We could send 2 instructors to Liberia to facilitate 2 NCCs now but NICHE International believes that NCCs on their own are not sustainable. We have done Step 1 in Liberia and now need to run their first GIC so we hope to fairly quickly raise the first £9000 of the projected cost for all the planned 2019 and 2020 teaching, a total of £48,624 (see budget below).

Accountability:

In common with all CIOs, NICHE International submits annual accounts and reports to the Charities Commission and reports can be produced for individual funders as required by them. The annual report for the CIO's first year appears as Appendix 2 and the accounts to October 2018 are available on the Charity Commission website.

Strengths and challenges (with solutions):

Strengths:

- Significant expertise and experience of the instructors
- Experience and skills of all the NICHE trustees which is freely given
- Partnership with ALSG (educational and academic rigour)
- Partnership with CBCHS (increased chance of sustainability with this influential and committed local partner)
- Partnership with MCAI in Liberia (collaboration over neonatal nurse practitioner training and selection of suitable candidates, in-country links with UNICEF and WHO which mitigates against some of the risks of UK volunteers abroad)
- Sustainability with reduced costs with each course run as fewer UK instructors are needed
- Strong, successful formula to the courses which can be taken anywhere in the world thereby maintaining the honour and interests of the medical profession and promoting the achievement of high-quality health care
- Good supply of enthusiastic, well trained and highly motivated volunteer instructors willing and able to give small aliquots of their time to this project which they feel is rewarding and worthwhile. Their involvement in courses overseas “counts” towards the time that ALSG and RC(UK) require them to do to maintain their instructor status.
- Fairly low-cost project with high impact, including positively influencing infant mortality rates, as long as there is good local engagement

Challenges and solutions:

- *Challenge:* Resuscitation skills need to be practised regularly to ensure maintenance of knowledge. *Solution:* obstetricians were involved in the courses in Liberia and they run monthly update sessions in newborn resuscitation which staff have to sign up for.
- *Challenge:* newborn care skills need local champions for attitudes and practices to be well embedded over time and to coordinate local instructors’ activities and maintenance of their skills. *Solution:* we have a local champion in both countries where we are currently active and would only accept an invitation to a new country if a similarly enthusiastic, inspirational and influential person was willing to take on this role.
- *Challenge:* the November 2017 course had to be postponed due to civil unrest in the English-speaking areas of Cameroon and FCO advice against travel there. *Solution:* we have mitigated this on-going risk by moving the course to the French speaking area for March 2018 and 2019 and organising for our anglophone instructors and many of the candidates to be bussed to Yaoundé. 2 of the UK instructors and 3 of the local instructors can speak French which helps the Yaoundé based learners whose first language is often French.
- *Challenge:* the course organization relies heavily on full engagement from local hosts. *Solution:* we have achieved this in Cameroon because of excellent buy-in from CBCHS and in Liberia because of support from MCAI who are involved in similar grass roots projects and are well established in that country. Our experiences in Cameroon and Liberia will guide us in the future when we start to establish the course in other countries.
- *Challenge:* the GIC requires an educator who must hold a postgraduate qualification in adult education. *Solution:* currently one of the UK instructors is trained as an educator but we need to make contact with local educational institutions to find local educators and we might need to pay them which will require extra fundraising.
- *Challenge:* we need more robust outcome measures to objectively prove the worth of this project and to secure funding in the future. Data on neonatal mortality and stillbirths are collected in the anglophone regions but the current political problems in Cameroon mean that data are not clean. The evening curfew in Bamenda for example leaves labouring women without an attendant at night which will affect the neonatal mortality rates – if the births are registered at all. *Solution:* collect data from Liberia while the civil unrest continues in Cameroon.

Summary of costs:

Item 1: cost of sending one UK instructor to either Cameroon or Liberia for 7-10 days to run two NCCs or two NCCs and 1 GIC (includes air fare, visa, immunisations, insurance, UK travel, instructor and educator CPD expenses marketing and recruitment material, 2 uniform polo shirts)

£1500 per capita per course

There are usually 2 instructors for NCC courses and 5 instructors if teaching a GIC

Item 2: cost of each student's Newborn Care Course teaching kit to keep. (Includes training manual, stethoscope, fob watch, pen torch, ballpoint pen, notepad, cotton tote bag, knitted baby hats, certificate of achievement). Also allows for government employees' expenses.

£55 per capita per course

There are usually 24 learners on each NCC course and we run two NCCs per trip. 5 on each course are government employees whose accommodation and travel are not provided by our partner organisations.

Item 3: cost of each instructor trainee's kit to keep. (Includes GIC instructors' booklet, log book, certificate of achievement, uniform polo shirt.) Also allows for travel and accommodation expenses for government employees who are not sponsored by our partner organisations.

£214 per capita per course

There are 8 – 12 learners on a GIC course of which 2 or 3 are government employees

Item 4: replacement teaching equipment per annum. Much of our small equipment is donated by UK hospital trusts but larger items such as bag valve masks (£15), manikins (£120), pulse oximeters (£200) and projectors (£400) have a cost per annum to upkeep and replace.

£1000 per annum

Item 5: teaching equipment which we leave in-country after the first GIC course so that the newly trained instructors have the tools to teach the skills with. (Includes a projector, a pulse oximeter and 1 or 2 simulation teaching sets which have in them, 4 manikins, 4 stethoscopes, 8 towels, 4 bag valve masks, 4 suction catheters, 4 nasal prong sets, 8 syringes, 4 blood collection tubes, 4 cannulae, 4 oxygen masks, 4 knitted baby hats)

£2000 per annum

We aim to leave this set in each country once we have local instructors. As with item 4, there is an annual upkeep and replacement cost.

Item 6: Emergency reserve fund. We have a responsibility for the safety of our instructors when overseas. We have appropriate insurance including Medivac (included in item 1) but we need to be prepared as an organisation to pay to remove instructors from a country in an emergency.

£5000 initially, topped up if necessary

There is a maximum of 5 NICHE International instructors overseas at any one time.

In 2019 and 2020, NICHE International intends to do the following:

March 2019	Cameroon	2 NCCs only	2 UK instructors
April/May 2019	Liberia	2 NCCs and GIC	5 UK instructors
November 2019	Liberia	2 NCCs only	2 UK instructors
April/May 2020	Liberia	2 NCCs and GIC	5 UK instructors
November 2020	Liberia	2 NCCs only	2 UK instructors
Total cost of this 2-year programme:			£48,624

APPENDICES:

Appendix 1 10 steps to self-supporting faculty development

Appendix 2 Annual report 2017-18

Appendix 1: 10 Steps of NCC Faculty Development:

	Step 1	2	3	4	5	6	7	8	9	10	
NCC Courses	1		1	1	1	1		1			
<i>Local Faculty</i>	0		4 ICs	4 ICs	4 full trainers 4 ICs (from step 1 GIC)	4 full trainers 4 ICs (from step 1 GIC)		4 full trainers (+ ICs as available)			
<i>Local Trainees</i>	24 NCC candidates		24 NCC candidates	24 NCC candidates	24 NCC candidates	24 NCC candidates		24 NCC candidates			
<i>Obligatory Outside faculty</i>	4 instructors, one to be course director		4 outside faculty* 1 to be course director	4 outside faculty* 1 to be course director	2 outside faculty (limiting factor is the OSCE)* 1 to be course director	2 outside faculty (limiting factor is the OSCE)* 1 to be course director		No obligatory outside faculty			
<i>Local Course Director</i>	No		No	No	No	1 local instructor to shadow outside course director.		Yes			
<i>Faculty Development</i>	8 local candidates to be chosen as GIC instructor Candidates		4 local instructors to do first Instructor candidate	4 local instructors to do second Instructor candidate	4 more instructors to do 1 st IC 4 Instructors doing 3 rd NCC instruction (2 IC + 1 full)	4 more instructors to do 2 nd NCC IC 4 Instructors doing 4 th NCC instruction (2 IC + 2 full) 1 to shadow course director					
			List of suitable local candidates to be chosen for GIC (8/ GIC session)								

GIC courses		1					1	1	1	1
<i>Local NCC Instructor Candidates</i>		8					8	8	8	8
<i>Local GIC Instructor Candidates</i>							4 #	4 #	4#	4#
<i>Obligatory Outside Faculty</i>		All i.e. Instructors (x 4) Course Director Course Educator					2 i.e. Course director + Educator	2 i.e Course director + Educator	1 i.e Course director (1 local GIC instructor to shadow course director) Local educator possible	0
<i>Total Local Providers Trained</i>	24	24		48	72	96				
<i>Local NCC Trainers trained</i>	0	8 ICs	8 ICs	8 ICs	4 Full NCC instructors 4 NCC ICs	4 Full NCC instructors 4 NCC ICs	8 full instructors	8 full instructors		
<i>Local NCC course director</i>	No	No	No	No						Yes

Terminology:

NCC = Neonatal Care Course i.e. to train in provision of neonatal care

GIC = Generic Instructor Course i.e. to train trainers for NCC

IC = Instructor Candidate i.e. someone instructing on a course under supervision. NCC IC = instructing on NCC under supervision. GIC-IC = instructing on GIC under supervision.

Full Instructor = instructor who has successfully trained as a supervised Instructor Candidate (i.e. IC).

Footnotes:

*24 OSCEs required. If OSCE to be examined by pairs of two then pairs of 1 outside and 1 local trainer can be developed fairly quickly i.e. 2 pairs of outside examiners with an observer each. Each of these local observers will then join one of the outside instructors who will do the first OSCE and the local instructor will do the second.

those who have trained on 4 courses at step 6



Trustees' Annual Report for the period

Appendix 2

From	Period start date			To	Period end date		
	04	10	2017		03	10	2018

Section A Reference and administration details

Charity name Newborn, Infant and Child Health Education International

Other names charity is known by NICHE International

Registered charity number (if any) 1174977

Charity's principal address 66 Ambler Road
 London
 Postcode N4 2QR

Names of the charity trustees who manage the charity

	Trustee name	Office (if any)	Dates acted if not for whole year	Name of person (or body) entitled to appoint trustee (if any)
1	Julia Thomson	Chair		
2	Sebastian Palmer			
3	Alistair Morris			
4	Alison Earley			
5	John Madar			
6	Alison Grove			
7				

Names of the trustees for the charity, if any, (for example, any custodian trustees)

Name	Dates acted if not for whole year

Names and addresses of advisers (Optional information)

Type of adviser	Name	Address

Name of chief executive or names of senior staff members (Optional information)

Description of the charity's trusts

Type of governing document (eg. trust deed, constitution)	Constitution adopted 4 October 2017, amended 12 February 2018
How the charity is constituted (eg. trust, association, company)	Charitable Incorporated Organisation. The charity trustees are the only voting members.
Trustee selection methods (eg. appointed by, elected by)	Trustees are appointed for a term of two years by a resolution passed at a properly convened meeting of the charity trustees.

Additional governance issues (Optional information)

You **may choose** to include additional information, where relevant, about:

- policies and procedures adopted for the induction and training of trustees;
- the charity's organisational structure and any wider network with which the charity works;
- relationship with any related parties;
- trustees' consideration of major risks and the system and procedures to manage them.

There are 6 trustees, 4 of whom are doctors, and the chair of the trustees will rotate. Trustees have experience working for teaching and medical charities in Cameroon and other resource poor countries, in project management, post- graduate teaching and business.

The charity Trustees give their time voluntarily and receive no remuneration or other benefits in return for their work.

The charity operates a safeguarding policy and a code of conduct to which all trustees and volunteers must adhere.

In Cameroon, the charity works in partnership with the Cameroon Baptist Convention Health Services (CBCHS) in the anglophone regions of Cameroon. Course candidates come from both the CBCHS health facilities and the government hospitals in all areas of Cameroon.

The charity has a Memorandum of Understanding in place with two other health education charities working in developing countries:

- MCAI (Maternal & Childhealth Advocacy International) registered as a SCIO No. SC043467
- Advanced Life Support Group (ALSG) Registered Charity 1045478

Risks relate to travelling and working in developing countries with poorly resourced health systems and / or political instability. Each trip is risk assessed with reference to in-country advisors and Foreign & Commonwealth Office guidelines. The charity provides comprehensive travel and medical insurance. A Security and Safety Operating Procedures handbook (SOPS) is provided to all trustees and volunteers.

Summary of the objects of the charity set out in its governing document

To relieve sickness and to promote and protect good health in the developing world in particular, but not exclusively, in Cameroon by working to reduce infant and child mortality by assisting in the provision of training courses and other healthcare projects to doctors, neonatal nurses, midwives and allied healthcare staff.

Summary of the main activities undertaken for the public benefit in relation to these objects (include within this section the statutory declaration that trustees have had regard to the guidance issued by the Charity Commission on public benefit)

In planning our activities for the year, we have kept in mind the Charity Commission's guidance on public benefit at our trustees' meetings.

Our focus is to continue to teach the Newborn Care Provider courses to frontline practitioners from all healthcare sectors in Cameroon and other poorly resourced areas of the world.

These courses have been designed by ALSG and MCAI especially for resource limited settings and we have made further adaptations for our work in Cameroon and Liberia. Two of the charity trustees sit on the ALSG Strengthening Emergency Care committee, which oversees the educational content of the Newborn Care Course. The course covers resuscitation at birth and problems which occur in the first 4 weeks of life. Simple equipment is used and there is an emphasis on basic care such as breast feeding and skin-to-skin care in line with the World Health Organisation's 'Every Newborn Action Plan'.

We aim to promote sustainability by training local staff to become instructors and to teach the Newborn Care course to others. Training local trainers is done through the ALSG Generic Instructor Course (GIC), which covers educational theory and practical teaching, assessment and feedback skills. We believe that training local instructors is vital for embedding new ways of working and for the sustainability of the project.

We are working to encourage peer to peer skills practice among local health care staff.

We continue to develop partnerships with our in-country hosts in order to deliver these courses as widely as possible, and also with organisations in the UK which develop and promote healthcare courses and course materials which are designed for middle- and low-income countries.

Additional details of objectives and activities (Optional information)

You **may choose** to include further statements, where relevant, about:

- policy on grantmaking;
- policy programme related investment;
- contribution made by volunteers.

The volunteers who work for NICHE International are doctors, nurses and resuscitation officers with appropriate clinical backgrounds who have been accredited by the Advanced Life Support Group (ALSG) and/or the Resuscitation Council (RC(UK)) to teach neonatal and other life support courses in the UK. All have considerable experience of instructing, some of them as course directors, and also have knowledge of teaching in low- and middle-income countries. Instructors are recruited through ALSG, and through teaching contacts of current instructors.

These volunteers give up their time and expertise to deliver the Newborn Care course alongside the qualified NICHE trustees.

Summary of the main achievements of the charity during the year

The charity has developed a 10 -step route to Newborn Care training self- sufficiency, which starts with delivery of a first provider course, and ends with a country having its own faculty to teach the courses and develop further instructors. Details of this system can be found at <http://www.nicheinternational.org.uk/sustainable-learning/> In this way, depending on the number of courses taught each year, the role of international instructors in each country will decrease over 5- 8 years. The dwindling of the international instructor role in one country allows the charity to initiate and develop delivery of these courses in additional areas of the world.

This path to self-sufficiency has already been started in Cameroon, where several of the charity's trustees taught the NCC course in 2014, 2015 and 2016. In March 2018, NICHE International organised and funded seven instructors from the UK and Ireland to travel to Yaoundé in Cameroon to deliver two Newborn Care courses to a total of 48 candidates over two days. The group comprised three paediatricians, two neonatologists and two resuscitation officers (with nursing/midwifery and paramedic clinical backgrounds). Three of these were NICHE International trustees and four were volunteers.

Eight local Instructors, who undertook Instructor training in 2016, were supported to teach and an additional separate Instructor course was delivered to 12 more local candidates. At the end of the visit, we therefore had eight fully qualified and 12 more partially-trained local instructors. The latter will finish their training by teaching on Newborn Care courses while supervised by experienced instructors. There is now a cohort of Cameroonian trainers, who may now deliver the course to their peers in areas often inaccessible to our UK trainers.

This also means that for the next two courses, only two international instructors will be required, rather than five. Similarly, as local candidates take part in Generic Instructor training, the number of international Instructors for the GIC course will also decrease.

The charity aims to start this process in other resource poor areas of the world as the course becomes established and sustainable without UK instructors in Cameroon. The first trip to Liberia is planned for November 2018. Plans are well advanced for this visit, which is being undertaken in partnership with MCAI and ALSG.

Section E

Financial review

Brief statement of the charity's policy on reserves

This is the charity's first year of operation so no substantial reserves are held. The funds available have been used for charitable activities. A small reserve of £400 remains in the funds restricted for use in Cameroon. This will be used the next time the charity is able to run a course in Cameroon.

Should the charity be in the position to build up reserves in unrestricted funds, this would be used in the first instance to provide an emergency fund in case the charity's volunteers working overseas need to be extracted in a hurry.

Details of any funds materially in deficit

N/A

Further financial review details (Optional information)

You **may choose** to include additional information, where relevant about:

- the charity's principal sources of funds (including any fundraising);
- how expenditure has supported the key objectives of the charity;
- investment policy and objectives including any ethical investment policy adopted.

During the year, funding has come from a mixture of grants and fundraising by the trustees.

All funds have been used to deliver the Newborn Care course (NCC) and Generic Instructor course (GIC) in Cameroon and to fund the upcoming courses in Liberia.

FUTURE PLANS:

In 2019, NICHE International will help facilitate two NCCs for a total of 48 candidates in Cameroon. There are already 8 fully trained local instructors in Cameroon, one of whom can now direct the course. The role of the two UK instructors will be to mentor 12 partly trained instructors through their first two NCC courses, thereby leaving 20 fully trained Cameroonian instructors to continue the project without us. UK instructors will only be needed in Cameroon from 2020 to teach the Generic Instructor course (GIC).

NICHE International has been invited to replicate this model in Liberia and will facilitate the first two NCCs in November 2018. We are planning two further trips to Liberia in 2019, one to run two NCCs and a GIC and one later in the year to mentor the new partly trained instructors on their first two NCCs. During these trips, a further 48 healthcare workers will be trained in the care of the newborn infant in the first 28 days of life.

With the project in Cameroon very nearly self-supporting and work underway in Liberia, the charity will be researching other suitable resource-limited countries where this training model can be replicated.

The charity trustees are focused on developing methods and systems to evaluate the impact of these courses on the health of newborn babies. Feedback collected has already highlighted the danger of skills decay among healthcare workers and NICHE International is addressing this issue in consultation with our in-country partners as well as with the health education charities, MCAI and ALSG.

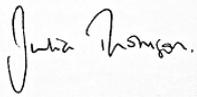
The total cost of the next 2-years' sustainable training programme is £48,624. This cost is modest when the following is taken into account – the number of healthcare professionals trained, the number of new instructors created and the cascade effect of the courses they will deliver. When this is multiplied by the years these trained practitioners are likely to work in their countries' health services and the number of babies cared for over the years, the cost works out as significantly less than 1p per baby managed by skilled hands.

Fuller details of NICHE International's background, achievements and future plans may be found in the charity's current business plan which is on the website, www.nicheinternational.org.uk.

Section G Declaration

The trustees declare that they have approved the trustees' report above.

Signed on behalf of the charity's trustees

Signature(s)		
Full name(s)	Julia Thomson	Sebastian Palmer
Position (eg Secretary, Chair, etc)	Chair of trustees 2017-2019	Trustee

Date