



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 is stable at 3/1,000. In Cameroon, Liberia and Uganda it is 26/1,000. The UN's 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. The third Sustainable Development Goal 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 the good health of babies and children. To work to reduce mortality rates in low- and middle-income countries, by assisting in the provision of training courses and other healthcare projects.

Objectives:

- To teach Neonatal Care provider courses to frontline practitioners from all sectors of health care in low- and middle- income countries.
- To promote sustainability, by training local staff to become instructors and teach the Neonatal 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 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 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 this course every year since 2014. NICHE instructors are currently active in Cameroon, Liberia and Uganda.

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

The Generic Instructor Course (GIC) is widely regarded as one of the best short Train the Trainer courses available. It covers educational theory, 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 have 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. NICHE International, ALSG and Bwindi Community Hospital are in partnership for the Uganda project.

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/>). 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 9 currently in Cameroon, step 5 in Liberia and step 1 in Uganda.

Overall plan for 2022-2023:

Steps do not necessarily equal years, nor even visits from UK instructors. More than one step can be covered per visit. See: https://www.nicheinternational.org.uk/front-page/truly-sustainable-training/ for more information on the "10 steps"										
COUNTRY	2014	2016	2017	2018	2018	2018	2018	2019	2022	2023*
Cameroon	2014	2016	2017	2018	2018	2018	2018	2019	2022	2023*
Liberia	2018	2019	2019	2019	2019	2023?				
Uganda	2022	2022*	2022*	2022/3*	2023*					
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

Plan of courses for 2022/3:			
April 2022	Cameroon	2 NCCs (48 learners) and GIC (8 candidates) and IDD (10 candidates)	4 UK instructors
October 2022	Uganda	2 NCCs (48) and GIC (for 12)	5 UK instructors
April 2023	Uganda	2 NCCs (48) and GIC (for 12)	5 UK instructors
April/May 2023	Cameroon	2 NCCs (48) and GIC (8) and IDD (20)	4 UK instructors
NCC: Neonatal Care Course GIC: Generic Instructor Course IDD: Instructor Development Day(s)			

Impact:

- Number of trained practitioners to date: 450
- Number of trained trainers: 28
- Approximate number of babies cared for by NCC trained practitioners (@ 1,000 per annum per practitioner) 470,000

If each healthcare professional keeps their 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 the countries in which NICHE works is going down but it is not easy to statistically prove which interventions have had an effect. The thing that 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.

Accountability:

In common with all CIOs, NICHE International submits annual accounts and reports to the Charities Commission which will produce reports for individual funders as required by them.

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 in Cameroon (increased chance of sustainability with this influential and committed local partner)
- Partnership with Bwindi Community Hospital in Uganda
- 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 less 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 practiced regularly to ensure maintenance of knowledge. *Solution:* obstetricians were involved in the courses in Liberia and they run monthly update sessions in newborn resuscitation with staff have to sign up for.
- *Challenge:* newborn care skills need local champions for attitudes and practices to be well embedded over time. *Solution:* we have a local champion in all 3 of the 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, 2019 and 2022 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. Bwindi Community Hospital in Uganda is a remote, fairly autonomous health facility which has been very positive about the project.
- *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. Bwindi hospital has a nursing college on site with suitable candidates for an educator working within it.
- *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 and Uganda while the civil unrest continues in Cameroon.

Summary of costs:

Item 1: cost of sending one UK instructor to either Cameroon or Uganda 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.

£350 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 4 simulation teaching sets

£2000 per annum

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)

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.