

Section A **Reference and administration details**

Charity name: **Nigeria Health Care Project**
Other names: **Nil**
Registered Charity Number: **1112932**
Charity's principal address: **1 Gledhow Park Road, Leeds, LS7 4JX**

Trustee name	Office	Date	Name of body
Mr. Peter Grubb	Life President	29.12.05	Trustee Meeting
Miss Jennifer M Benfield	Friends Coordinator	29.12.05	Trustee Meeting
Miss Margaret M Webb		29.12.05	Trustee Meeting
Mr Timothy N E Rogers		29.12.05	Trustee Meeting
Mr Peter Young	Treasurer	29.12.05	Trustee Meeting
Revd Dr Jennifer Smith		11.05.06	Trustee Meeting
Mr Barry Weetman		11.05.06	Trustee Meeting
Dr. David Cundall	Co-ordinator	07.05.09	Trustee Meeting
Mr.David Laycock		29.03.11	Trustee Meeting
Mrs. Susan Solanke	Vice-Chair	14.06.11	Trustee Meeting
Mrs Helen Onilado		11.06.13	Trustee Meeting
Mrs Clare Meachin		03.12.13	Trustee Meeting
Mrs Alison Redmore	Chair	02.12.14	Trustee Meeting
Mrs Fisayo Sotire		02.12.14	Trustee Meeting
Mr Olajide Majekodunmi		12.09.17	Trustee Meeting

Mrs Anne Vautrey and Dr Jill Spencer resigned as trustees during the year

Section B **Structure, governance and management**

Type of governing document: **Trust deed**
How the charity is constituted: **Trust**
Trustee selection methods: **Appointed by existing Trustees**

Additional governance issues:

Methodist Church Nigeria provides information and advice about health facilities that we support. Other information and advice is provided, from time to time, by World Church Relationships Connexional Team, Methodist Church in Britain.

Funds are distributed through Methodist Church Nigeria; each centre is required to present an annual report including a financial report as a condition of further funding. A group of trustees visit these centres triennially. Other first-hand monitoring takes place during training visits, which occur every 18-24 months.

The major risk is the misappropriation of funds in Nigeria. One incident of potential misappropriation was reported to the Charity Commission 27.06.19. An external audit of the hospital accounts was completed by Methodist Church Nigeria. This showed that a grant sent for a named hospital had not been released to the hospital by the relevant Diocese. Further grants to the hospital were withheld until the Diocese rectified the problem. Our plan of action to monitor and rectify this problem was approved by the Charity Commission in July 2019.

Travel in Nigeria by trustees and trainers carries particular risks. Risk assessments, including close attention to current advice for travellers from the Foreign and Commonwealth Office, are completed before each visit.

Section C

Objectives and activities

Purpose:

To promote any charitable purpose, for the benefits of persons living in Nigeria, which will assist in providing particularly, but not exclusively, health care services and facilities.

Aims:

1. To support the local Methodist Church Nigeria leadership in providing health care facilities and trained personnel in areas of Nigeria which have poor or non-existent services as an expression of our common Christian love and discipleship.
2. To work with the Nigerian diaspora to raise awareness and funds for the above cause.
3. To work with the World Church Relationships Team of the Methodist Church in Britain to continue a creative partnership with Methodist Church Nigeria
4. To be good stewards of our financial resources.

Objectives:

Trustees undertook a strategic review during this year, bearing in mind the trend of reducing income from our core supporters (an ageing population) but also an increasing number of legacies. The review is not fully complete but progress has been made on:

- Planning for an in-depth review of each facility we support in Nigeria to enable decisions to be made about whether to continue with our support
- Clarifying that regular income should be mainly allocated to revenue funding and that income from legacies should primarily be used for infrastructure projects in Nigeria that increase sustainability of the facilities we support
- Seeking new supporters for the charity by focussing on 1-2 specific projects, looking for matched funding for time-limited goals.
- Improving our publicity and social media reach.
- Succession planning for key roles within the charity.

Activities:

- i) Fund-raising mainly, but not exclusively, from organisations and individuals connected with the British Methodist Church e.g. coffee mornings, talks, distribution of leaflets, church services etc. Most of our funds are raised by individuals acting in these organisations. The charity is also supported by Christian Guild Holidays, who forward donations to NHCP made by guests.
- ii) Allocation of funds to Nigerian health facilities based on visits by Trustees to Nigeria; information from annual reports and correspondence; information from Methodist Church Nigeria. The grants are used by the various centres/clinics to:
 - a. Facilitate building programmes
 - b. Facilitate purchase of medical equipment
 - c. Fund medical and support staff

- d. Provide support for the mentally ill
- e. Purchase medicines
- f. Facilitate inspections of facilities by the medical Board of Methodist Church Nigeria
- g. Provide health care education
- iii) Training of health workers in Nigeria
- iv) Improving the understanding of Nigeria and its health care needs by talks, leaflets, correspondence and via the charity's website. Encouraging a wider national network of people to prosper this work.

Additional details of activities

All trustees and people supporting the project are volunteers.

Section D

Achievements and performance

Funds raised during the year were just above £53,000. This is an increase on the previous year and is largely due to a single legacy from the estate of Dr Alistair MacDonald. When legacies and other unique gifts are excluded, NHCP's core income is likely to continue to decline because much of it continues to come from relatively elderly people on fixed incomes. However, regular giving through the 'Association of Friends' has remained steady at just under £18,000

Grants made to Nigeria amounted to £37,500. This amount is less than 2018-19. £5000 from the Muriel Frampton bequest is used to supplement the 6- monthly allocation of general funds. This will cease after June 2020

Allocation of funds from the Muriel Frampton legacy has progressed well and the use of these funds is monitored by inspections by members of the MCN Medical Board in Nigeria and during visits by trustees and trainers.

Core costs were 4.2% of the total amount raised, (three year rolling average) excluding the Frampton bequest.

If our income continues to decline it will not be possible to keep our core costs to below 5%, which is one of our key objectives.

We continue to train health workers in Nigeria. Our focus is on two Local Government Areas (LGAs) – Bende in Abia State and Oju in Benue State. A training visit took place in November/December 2019. By the end of the visit, training facilitators from the UK were more confident that local training coordinators at both centres had sufficient capacity and confidence to continue training. As well as training in newborn resuscitation and care, some training in the prevention and management of bleeding at birth (post-partum haemorrhage) was successfully introduced. This training visit was more expensive than previous visits, partly due to the number of training facilitators and partly due to the amount of training materials purchased and transported. Three members of staff from New Foundations, an NGO based in the Delta, attended the training and were able to take training materials, funded by New Foundations, to improve their primary care work in hard-to-reach areas of the Delta.

The Coronavirus pandemic, and the very low price of oil, has had a major economic impact on Nigeria. At the time of writing, the death rates from Covid-19 in Nigeria are relatively low.

We enjoy excellent working relationships with the hierarchy of Methodist Church Nigeria (MCN). We have good links with their Health and Medical Board, the Health Secretary Deaconess Ronke Oworu and the Chair of the Board, Dr Muyiwa Solanke.

Dr Nandini Chakraborty and Dr Alvina Ali of Leicestershire Partnership NHS Trust, trained staff at Edawu mental health centre and were able to expand their training visit in January 2020 to include Agboke mental health centre. This training was well-received and is very beneficial in maintaining standards and enhancing staff morale. It is not part of the activities of NHCP but we coordinate closely with this work.

We currently support 11 centres in Nigeria, down from 12 in the previous year. It is now over 10 years since we were able to visit the two health centres in the North, due to security concerns.

We have more work to do in increasing the diversity of the Trustee Board and in attracting younger people as volunteers and supporters. Currently 4 of the 15 Trustees are British Nigerians, 8 of the 15 trustees are women.

Section E **Financial Review**

No funds are in deficit. Full details of the principal sources of funds are disclosed in the Financial report. Most funds raised are sent to Nigeria every six months and allocated to centres according to need. The Muriel Frampton bequest is being disbursed in phases and closely monitored. The Dr Alistair MacDonald bequest has not yet been allocated as we await confirmation of the next stage of approvals from the relevant authorities in Nigeria for the development of a nursing and midwifery school at Royal Cross Hospital, Ugwueke, Abia State.

Section F **Other optional information**

Section G **Declaration**

The Trustees declare they have approved the Trustees Report above.
Signed on behalf of the charity's Trustees.



Signature

Full Name Alison Redmore

Position Chair **Date** 16.06.20



Signature

Full Name Susan Solanke

Position Vice Chair **Date** 16.06.20