



Ardingly Old Jeshwang Association

### **Annual Report - July 2020 – June 2021**

The Trustees are pleased to present their report for the year ended 30<sup>th</sup> June, 2021

Ardingly Old Jeshwang Health Centre is a community-based health facility located in Old Jeshwang Village in the Kanifing Municipality, The Gambia. AOJA was formed in 1993. Its aim is to provide affordable healthcare for the community of Old Jeshwang. To this end, in 2000, we financed, designed and built a modern health centre to which we now contribute the majority of staff salaries and other funds as deemed necessary. Although as yet unable to support it financially, The Gambian government accepts our facility as an integral part of its health care system and it is the permanent home of the Area Public Health Officer, overseeing immunisation and blood donation programmes. It has a well-established local administration responsible for the day-to-day operation of the facility. Following the untimely demise of the original Administrator, a new administration was appointed in August, 2021, ably led by Chernoh Yaddeh. Extracts below (in italics) are taken from his most recent report to our committee.

*This unit today comprises officially appointed personnel who were entrusted with managerial positions in the health facility. Considering the remarkable work done in the initial era which included maintaining the Centre and providing basic clinical and technical services, there were still some prominent gaps and liabilities which hindered the development process of the facility. The primary engagement of the incoming administration was to invite all prominent and influential personalities of Old Jeshwang Community to initiate a new functional and active executive committee that will represent the local community while also being responsible for the external affairs of the association and development programmes. The nominated individuals of the executive committee are respected members of the community which include the village Imam, the Alkalo, the co-founder of the association, current and former ward councilors, active members of the former executive committee and other prominent members of the community. Please note these people are representatives of different cultural, social, religious and political spheres of the community of Old Jeshwang.*

The Charity Registration No. is 1024627 and is governed by its constitution dated July, 1993 as amended Nov, 2006.

Until December, 2021, the registered office was at Avins Bridge Cottage, College Road, Ardingly, West Sussex RH17 6SH and the officers were:-

Chairman – Mr. Stephen Doerr

Vice Chairman/Secretary – Mr. Lynn Wilson

Treasurer – Mrs. Peggy Guggenheim

Assistant Treasurer – Mrs. Barbara Monk

The Trustees were Stephen Doerr, Lynn Wilson, Barbara Monk and David Ogilvie

The charity's bankers are Barclays with three of the four officers as signatories

Sadly, in December, 2021 our Chairman, Stephen Doerr passed away suddenly and therefore a meeting was convened to elect new officers so that, as of 4<sup>th</sup> March, 2022, our officers are now:-

Chairman – Mr. Lynn Wilson

Vice Chairman/Secretary – Mr. Peter Tomlin

Treasurer – Mrs. Peggy Guggenheim

Assistant Treasurer – Mrs. Barbara Monk

The Trustees are Lynn Wilson, Barbara Monk and David Ogilvie

The registered office is now : 35, College Road, Ardingly, HAYWARDS HEATH, West Sussex RH17 6TU

### Finance

The attached Receipts and Payments Account for our financial year ended 30<sup>th</sup> June, 2021 show our cash funds, without charge, stand at £24080. Fundraising has of course been severely restricted due to COVID but our strong sponsorship base helps maintain our financial stability. While maintaining our support of the Clinic, we are moving towards more self-sufficiency so that, in time, the Clinic may be independent, which is in line with the original precept – that of a 'Tesito' (self-help) project.

### Sponsorship

Currently, we have 113 individual sponsors who contribute a total of £1460 per calendar month (£17520 per annum) and an additional two sponsors who contribute a total of £236 annually. Those sponsors who qualify under the Gift Aid scheme generate an additional annual payment from HMRC of around £4500 per annum. With a current outgoing payment commitment of £1040 per month (subject to currency fluctuations) to cover salaries, this means that we are able to maintain a healthy savings account available to be used for any extraordinary payments which the committee feels fall either within our remit or are

otherwise justified, in addition to providing funds towards any authorised future capital expenditure. While it is possible that new sponsors might be attracted, the Trustees are conscious that sponsorship will naturally reduce over time.

### **Risk Assessment**

The Trustees of AOJA have identified and are aware of potential risks to which the charity might be exposed and will keep these under constant review to establish procedures to mitigate them.

### **Activities**

Due largely to the COVID-19 pandemic it has not been possible for a representative of our committee to travel to The Gambia in recent years. Fortunately, the new administration which took effect in August, 2021 has materially changed our lines of communication and regular reporting so that we are now much better informed of the Clinic's activities, successes or difficulties and therefore able to respond more effectively. While this will not deter us from re-activating timely visits, we are much encouraged by these changes.

The most recent report from our Administrator has therefore provided us with the following summary of activities:

*The following services are currently offered to the community by the Health Centre.*

1. *Maternity (mother and child health clinic).*
2. *Medical outpatient (Emergency consultation, diabetes and hypertension management, and other).*
3. *Laboratory/Pathology (haematology, serological screening. Haemoglobin testing, HIV screening, malaria testing, hepatitis screening, covid19 screening, urine testing and others).*
4. *Dental clinic*
5. *Pharmacy services*
6. *Birth registration*
7. *Vaccination (covid19, tuberculosis, hepatitis, polio, HPV, meningitis, rota virus etc.).*

### ***Health Information System***

- v *The current management also ensured the implementation of an Integrated Healthcare Management Solution, called T-Care. The system is modular in design with core functions such as Maternal and Child Health Clinic; medical outpatient; Accident and Emergency Clinic; Laboratory Management Module, Pharmacy Management Module, Dental Services emergency, public health services, etc., integrated with an*

*accrual-based accounting system with automated billing. This integration ensures the Centre's different services do not bill clients but focus on core functions such as health service delivery. Support modules such as Human Capital Management (HR and Payroll), procurement and stock management, and biometric authentication interfaces ensure transparent, efficient, accurate and real-time operations with the attendant reduction in the costs of stationery and consumables. The implementation of the system has brought about renewed vigor in the staff, improved client perception of the health facility and enough revenue for the facility to hire a resident doctor and do a makeover of the facility in terms of furniture, fittings and painting. The system was indeed a landmark achievement of the current administration and assists us make informed decisions based on accurate, complete and up-to-date information.*

#### **MAINTENANCE**

- v Structures, resources and facilities are an integral aspect of any functional institution. Maintenance of these service inputs is greatly essential for the continuous operation of the health facility.*
- V In general, there has been a significant amount of repair and maintenance of valuable items and structures within our disposal in order to create a convenient working environment. The walls of the Centre were in need of maintenance. The Management contracted Sarr Construction Company to repair and paint the walls and other areas and agreed to a payment plan.*
  - V One of the most prominent challenges in this regard was the successful relocation of the main water supply pipe with the meter from a low to high pressure source at the Kanifing estate zone. This initiative came into effect following a consultation with NAWEC (National Water and Electricity Company) to ensure smooth and rapid flow of continuous water supply as required by the Centre. Currently, the entire operational units of the facility, including toilets and shower rooms, have free rapidly-flowing tap water without the need for a pumping machine even though a new one has already been installed. This has saved the facility a lot of money as an amount of GMD25, 000 was regularly spent on this particular issue, through purchasing of the water pump and other plumbing materials.*

#### **Laboratory expansion**

- V Laboratory investigations were significantly increased through introduction of new technical services and procurement of valuable consumables utilized and processed by highly qualified personnel to meet the needs of the people.*

- v This included buying a standard microscope, centrifuge, two haematocrit machines for haemoglobin, a hot plate for proper drying of slides and fixing of 18000btu air conditioner. The scope of test was increased to meet the standard of the community i.e. Hepatitis A, B, and C, covid19 test and stool analysis.*

#### **Maternal and child health clinic**

- v Antenatal routine and follow-up services have also been extended across the week from Monday to Friday which was initially Monday and Tuesday only, with additional screening protocols that will enhance quality assessment and management of pregnant mothers of the community and beyond. These above-outlined processes are therefore available at our disposal which is enhanced by the current administration.*
- v Management, in collaboration with the internal clinical department, established a profound emergency intervention unit for observation and clinical management of all critical cases.*
- v Fully functional labor ward provided with relevant inputs and medications required for all normal deliveries.*

#### **Dental department**

- v The Dental department has also been upgraded with supplementary services by providing useful tools and consumables for better quality outcome required by the general public.*
- v Management was also involved in negotiation with the available dentist by providing him with additional incentives in order to secure his services.*

#### **Introduction of 24 hours services**

- v The health centre management also recently introduced night duty services across all clinical and technical departments including laboratory, pharmacy, finance and maintenance departments. This initiative is geared towards providing accessible and continuous quality services round the clock which enhances life expectancy and well-being of people within the community and the surrounding areas at all times.*

#### **Proper referral system**

- V A meeting was held with the administration of Kanifing General Hospital administration for agreement terms to effectively complement our services*

*through referral of all critical cases beyond our mandate and capacity. This was a successful meeting where all matters regarding our referrals were tabled.*

- v The management has worked hard to repair the current ambulance and as a result there is a functional ambulance available in the facility.*
- v Official agreement has been reached with the National Blood Transfusion Service through the NPHL to initiate blood banking and transfusion services in AOJHC for emergency needs.*
- v A Memorandum of Understanding was signed with the regional health directorate for providing basic resources required for services in return for delivery of quality data that is used to generate reliable information required for decision makers.*
- v Agreement was reached with NAS for provision of PMTCT allowances for most of our clinical and technical staff as a form of motivation and risk cover.*
- v Collaboration with AGA (Altogether Giving Africa) who provided technical support through Sister Isatou Lovelace and Sister Angela Rose made the transition possible and enabled Health Awareness Day to take place. This is a promotion campaign which also involved donations of many valuable medical and other items to the Health Centre.*
- v We also received a number of valuable materials from individuals and small-scale organisations through donations of useful equipment such as electric washing machines, hospital beds, Autoclaves for sterilization, printers, flat screen televisions etc.*

It is to be hoped that travel restrictions may make it possible for a site visit in the very near future.

Signed, on behalf of the Trustees.....

Lynn C. Wilson, Chairman

Date: 24<sup>th</sup> March, 2022

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