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| OSC**r** | Trustees’ Annual Report for the period |
|  | Period start date |  | Period end date |
|  | Day | Month | Year |  | Day | Month | Year |
| From | 01 | 04 | 2018 | To | 31 | 03 | 2019 |
| Office of the Scottish **Charity Regulator** |  |  |  |  |  |  |  |  |

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| Reference and administration details |

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| Charity name |  | THE ANN, CIARA AND NIAMH COPELAND 200 CLUB TRUST FUND |
| **Other names charity is known by** |  | COPELAND 200 CLUB TRUST FUND |
| **Registered charity number** |  | SC043683 |
| **Charity’s principal address** |  | CLOVER COTTAGE |
|  |  | SCHOOL ROAD |
|  |  | LANDRAKE, SALTASH |
|  |  | CORNWALL | Postcode PL12 5EA |

##### Names of the charity trustees on date of approval of Trustees’ Annual Report

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|  | **Trustee name** | **Office (if any)** | **Dates acted if not for whole year** | **Name of person (or body) entitled to appoint trustee (if any)** |
| **1** | BARRY COPELAND | Chairperson/Treasurer | Whole Year | Trust Founder |
| **2** | JEAN HASLAM | Secretary | Whole Year | Trust Founder |
| **3** | JOHN TAVENDALE |  | Whole Year | Trust Founder |
| **4** | ANDRINNE CRAIG |  | Whole Year | Trust Founder |
| **5** | GAVIN CALDER |  | Whole Year | Trustees 1 - 4 |
| **6** | LISA SINGLETON |  | Whole Year | Trustees 1 - 4 |
| **7** | JAMES FERRIER |  | Whole Year | Trustees 1 - 4 |
| **8** |  |  |  |  |
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| Reference and administration details |

Names of all other charity trustees during the period, if any, (for example, those who resigned part way through the financial period)

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| **Name** | **Dates acted if not for whole year** |
| NONE |  |
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| Structure, governance and management |

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| Type of governing document | THE ANN, CIARA AND NIAMH COPELAND 200 CLUB TRUST FUND DEED signed on Thursday 13 December 2012 at 15 West Street, Johnshaven, Montrose, DD10 0HL  |
| Trustee recruitment and appointment | New Trustees can be proposed by any existing Trustee or Trust supporter, appointment to be ratified by a majority of the existing Trustees.  |

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| Objectives and activities |

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| Charitable purposes | To assist in the advancement of health, the relief of those in need by reason of ill-health/disability or other disadvantage and the prevention or relief of poverty. To be primarily achieved through helping to provide *LEPRA Health In Action* with the funds required specifically to run the *Koraput Referral Centre* in Orissa state, eastern India; the Centre’s work having been dedicated to *the living memory of Ann, Ciara and Niamh Copeland*. |
| **Summary of the main activities in relation to these objects** | Selling ‘shares’ by persuading people to commit to paying a minimum of £10 by standing order into the account each month. Funds will also be generated by Sponsored Runs and the like; undertaken or organised by individual trustees and supporters.  |

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| Achievements and performance  |
| **Summary of the main achievements of the charity during the financial period** | The Trust started the year with funds of **£6933**. The annual Trustees Meeting was held on 16 June 2018 and shortly afterwards **£6900** was donated to *LEPRA Health in Action* in order to meet our annual commitment to meet as much as possible of the running cost of the ***KORALEP\* Referral Centre*** in Koraput, Orissa State, India. *\*KORALEP is the abbreviation used by LEPRA for the Koraput Leprosy Eradication Project*Over the period covered by this report £7048 was paid into the Trust’s account. However the monthly donations include an extra £5 paid into the account by myself each month which exactly offsets the banking charge levied by CAF Bank. Thus in reality **£6988** is the true figure raised through monthly and one off donations including funds totalling £1007 through sponsorship giving a balance at 31 March 2019 of **£7021.** Although not strictly relevant to this report it should be noted that the Trustees approved a further donation of **£7000** to *LEPRA Health in Action* and this was duly made in July 2019. In just over 6 years of existence we have thus donated **£35,000** to Koraput. Once again this has been another successful year of fundraising The level of guaranteed UK monthly contributions is now at its highest level yet, at £360 per month, which with our Gift Aid status **guarantees us an income of at least £5,000 each year** before we even take into account funds raised through sponsored events or donations from outside the UK.**At this point I feel a special mention must be made of the efforts of Gavin Calder**, one of the Trustees, who raised all of the £1007 mentioned above through doing the *West Highlands Audax Cycle Challenge* which involved **cycling 1000km (625 miles) in 72 hours**. Most people wouldn’t be too keen to drive that distance in the time allowed!​There are expenses related to the Trust’s website ([www.copelandfamilytrustfund.com](http://www.copelandfamilytrustfund.com)) but not the email address (copeland090108@gmail.com). Like the monthly bank account charge these are covered by private funding so **100% of the funds raised continue to be passed on** to Koraput. **So how is our money to be used?** The latest information from ***Lepra*** is that the annual cost of running the Koraput Referral Centre itself is currently **£11384**, so £7000 constitutes **61.4%** of that sum and is a mighty useful contribution. I would emphasise that we aren’t TOO specific about what should be done with the money; basically **we insist that if LEPRA accepts our donations then it must continue to fund Koraput but trust it to use the money as it sees fit.** We are here solely to raise funds, not to interfere with how the operation is run. It should be noted that the annual cost has been significantly reduced over the last few years as Lepra’s approach has evolved in cooperation with the Indian Government and consequently the Centre’s role has changed. As mentioned at the beginning of this report, the Koraput Referral Centre is part of a wider project in the area called KORALEP. This in turn was merged in 2017 with an adjacent area Bolangir to create a new project named *Swabhiman* (which means self-respect) in order to enable more effective use of limited resources.  |

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|  | This project had a total annual budget of around £77,000 in 2018/19. There has been a shift in emphasis from a predominantly reactive approach of finding and treating people with fairly severe symptoms to a more proactive approach. The Project now is primarily focused on case detection and disability prevention, but with medical treatment provided for those still unfortunate enough to require surgeryThe project focuses not just on active case finding but also screening those likely to have had close contact with someone affected by leprosy. Thus there is particular emphasis on family members who live in the same house and also the surrounding area. Thus 20 households are usually screened whenever a case is detected. School screening programmes have also been put into place. Information, education and communication (IEC) is also implemented through mobile vans, group meetings, market exhibitions and the like. As well as disability prevention and medical rehabilitation through technical input and supplying adoptive devices and protective footwear, the project aims to ensure that affected people have greater awareness of their rights and entitlements. The surgical side of things in the area is now undertaken by the Indian Health Service, using a government medical facility. This move has been encouraged by Lepra, as part of its policy to get the Indian Government to take over responsibility. However the patients still need to be looked after before and after their operations and usually require extensive post-operative physiotherapy, which are roles the Koraput Referral Centre performs. It also treats nerve function impairments, reactions and complicated ulcers. There is also a laboratory facility based there for skin smear examination for the diagnosis of difficult cases. During the year 2018/19 the project diagnosed 284 persons with leprosy. 231 of these cases were found using active case finding methods as outlined above. The other 53 presented themselves through a self-reporting system – that is a huge, huge step forward! 220 skin smears examinations were conducted during the same year. Of those 187 were newly diagnosed cases and the other 33 were older cases examined for reaction or relapse. Most importantly 75% of the detected cases were minor in nature because they were found early. They could be cured easily by a short course of inexpensive drugs and hence did not require in-patient services. If all this doesn’t seem much just remember that these are not just physical cures and the benefits are not just confined to the individuals concerned. The psychological benefits to the patients are also enormous, particularly in terms of self-esteem and worth. A middle aged man can become the head of the family again, through work and fulfilling his role as the primary breadwinner. For a young woman it means being able to marry and then look after her children. These are vital benefits in a patriarchal and conservative society. Additionally the multiplier effect is enormous for their extended families and local communities in general. Often 20 – 30 people rely in some part on the ability of the healed man to earn a living and play a part in society. Likewise the woman may earn a vital dowry for her family by being able to marry. Also both may become part of the early detection and prevention programmes, encouraging others to come forward by leading the rural support groups and generally spreading the news.  |

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|  | I have always felt that our contributions are greatly appreciated. The impression was strengthened further when Gavin Calder and I visited Lepra UK in Colchester on Wednesday 3rd July. Geoff Prescott (CEO) and Paul Watson (Director of Programmes) were on the ball but reassuringly not too corporate in their manner. They were both certainly of the opinion that although the Indian Government might be planning to announce the eradication of leprosy in the country, the Swabhiman Project and thus Koraput will continue to be needed for the foreseeable future. They were also very grateful that although our donation is restricted to use at Kopraput we don’t impose any other limitations, as so much of their income is now micro managed by their donors.  |

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| Financial review |

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| **Brief statement of the charity’s policy on reserves** | As the Trust has no overheads or expenses, there is no need to hold large amounts of funds in reserve. The only real financial policy of the Trust is that outgoing payments to Lepra will always be covered by assets; in other words no overdrafts or loans will be taken out.  |
| Details of any deficit | None |
| **Donated facilities and services (if any)** | None |

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| Other optional information |
| As previously reported, in July 2013 the Charity Commission suspended the online donations portal [*www.charitygiving.co.uk*](http://www.charitygiving.co.uk) and consequently £2285.86 of Trust funds were ‘frozen’. We did eventually receive £816 early in 2015 and **two further payments totalling £525 were received** in this financial year**.** These payments total **£1341.75** and represent 58.7% of the frozen assets. No further payments are expected unfortunately. |

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| Declaration |

**The trustees declare that they have approved the trustees’ report above.**

**Signed on behalf of the charity’s trustees**

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| **Signature(s)** |  |  |
| **Full name(s)** | BARRY JOHN COPELAND |  |
| **Position (e.g. Chair)** | CHAIR & TREASURER |  |
| **Date** | 7 October 2019 |  |