



Surgical Training Program Kirurgisk opptreningsprogram

April 2016

CapaCare – Annual Report 2015

 **NTNU**
Norwegian University of
Science and Technology



Ministry of Health and Sanitation

 **CapaCare**

Allen Bockarie Mansaray

1957 - 2015



On June 17th, the Surgical Training Program (STP) student Allen was driving his motorbike on the way to the hospital, when a car hit him from behind and killed him instantly. Allen was both a nurse and a Community Health Officer (CHO) and had extensive surgical experience. He worked as an operation theatre nurse during the eighties where he assisted surgeons and also started to perform minor surgical procedures. Allen had more than 25 years of experience in the field of surgery and was a trainer in surgery at the School of Community Health and Clinical Sciences at Njala University before joining us in January 2014.

Allen impressed us with his dedication to providing high quality surgical care for his people. He demonstrated this by leaving a senior teaching post to further develop his surgical skills, bringing his rich wealth of previous experience into the heart of the STP program. He took the very bold decision to join much younger colleagues, many of whom Allen himself had previously trained. Trauma and surgical emergencies are poorly managed in Sierra Leone and Allen died from a condition he was eager to learn how to manage.

Allen was married with three children. We learned to know Allen as a warm, humble, and wise man with a wonderful personality. He was full of easy charm, and had a great sense of humour which he shared with us. He was invariably cheerful and a real pleasure to work with. He was rarely seen without his cap on his head and a smile on his face. Thank you for the enriching time we were allowed together with you Allen.

Summary

The devastating Ebola outbreak dominated our activity also in 2015. The rapid decrease of new Ebola patients during the first quarter of 2015 and assessments performed between January and April allowed us to start the program in a safe manner during the end of the Ebola outbreak. Both Masanga hospital and CapaCare invested heavily throughout 2015 in safety measures which allowed a careful re-start of the program.

At the end of 2015, nine Surgical Assistant CHOs had been posted in various district hospitals in Sierra Leone. This included Kambia, Port Loko, Magburaka, Kabala, Kenema, Bonthe and Princess Christina Maternity Hospital (PCMH). Graduates were also posted at the non-profit hospitals Magbenteh and Serabu.

The volume of surgical procedures our students and graduates took part in during the last six months of 2015 was a record-high. A rapid assessment revealed that during the last three months of 2015, the graduates of the program, the Surgical Assistant CHOs performed 33% of all the Caesarean Sections in the hospitals they worked in. If PCMH, as a tertiary hospital in the capital Freetown, was excluded, over 50% of all the Caesarean Sections were performed by the Surgical Assistant CHOs in the hospitals they were posted.

These numbers bear testimony that the Surgical Training Programme is fulfilling its main objectives. We want to congratulate the Ministry of Health and Sanitation and our partners with these achievements, as the program seems to meet its intention to increase access to surgical care at the district level. Maternal lives are saved and capacity to manage emergency obstetric and surgical care has been added to the district hospitals.

The renowned scientific periodical, Nature, published an editorial about CapaCare's surgical task-sharing program in Sierra Leone in March 2015, summarising: "...the Ebola epidemic shows that the **people trained by CapaCare are extraordinarily committed to their patients**. In this setting, many people faced a choice of being cared for by the Surgical Assistants CHOs or receiving no care at all."

2015 has been called "The year for global surgery". The World Health Organization member states unanimously adopted a resolution to strengthen emergency and essential surgical care in all member states. At the same time, the Lancet Commission on Global Surgery and the World Bank's Disease Control Priorities, provided convincing evidence of the need to improve access to surgery worldwide.

Refining the structure of the training, improve absorption, recognition and supervision of the Surgical Assistant CHOs after ending the training program are priorities for CapaCare in 2016. We also aim to align stronger with local and international partners that share the goal of strengthening emergency surgery and obstetric care at district level in Sierra Leone.

Thanks to all partners, supporters, trainers, students and graduates that have contributed to increase access to surgery at the district level in Sierra Leone.

Trondheim, Norway

April, 2016

Best wishes



Håkon Angell Bolkan

Chairman CapaCare

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Anaesthesiologist Herman Lonee, Bart Waalewijn and students Ibrahim Fortune, Mohamed Dauda and Lawrence T. Kargbo during trauma surgery training

About CapaCare

CapaCare is a member-based non-governmental organization registered with the Norwegian Central Coordinating Register for Legal Entities, "Brønnøysundsregistret", organization number 992100125 with headquarters in Trondheim, Norway. The Annual General Meeting functions as CapaCare's highest authority. In 2015 the local organization CapaCare Sierra Leone was registered at the ministry of Finance and Economic Development under reg. no. INGO/164/2015.

CapaCare's purpose is to train medical professionals in areas where there is a shortage of such personnel. The association also works to raise funds and recruit health professionals to accomplish this purpose.

The Board is responsible for the association's operations and management of finances between Annual General Meetings. The board hires consultancies for finance management. All positions on the Board are voluntary and there are no paid honorariums for Board work. The board was strengthened with several new board members in 2015.

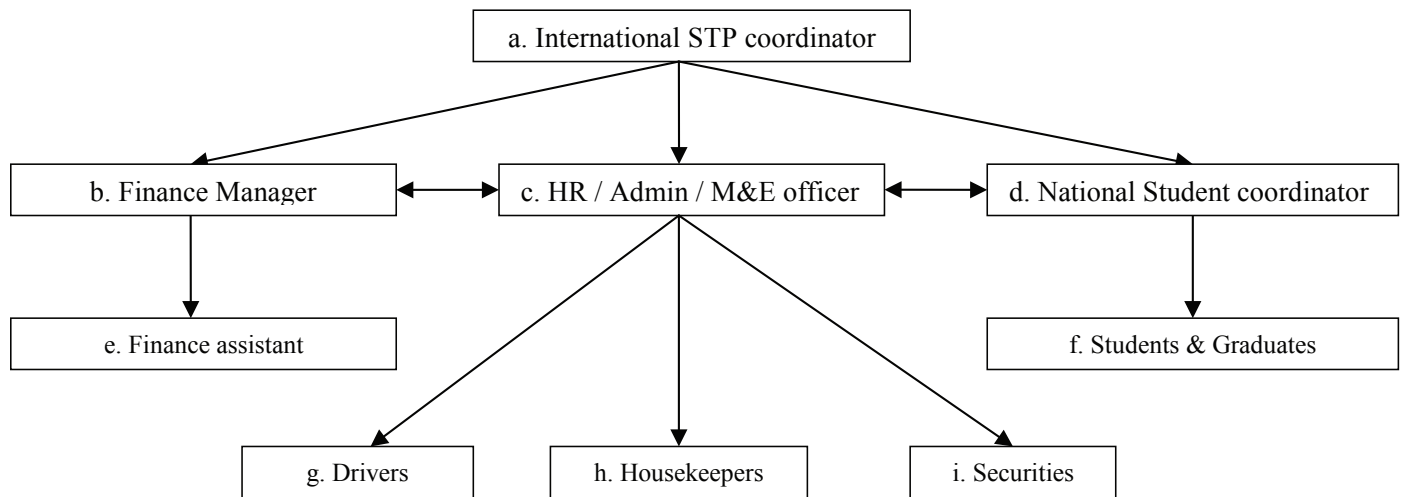


STP students Alimamy P. Bangura, Seibatu Kemoh, Christopher Sandi and Ibrahim Sesay.

Organization

For 2015, the following organogram depicts the organisation in Sierra Leone. Capacity has increased with the start of a new Human Resource, Monitoring & Evaluation, Administration Officer. Based on the expansion of the program, as well as the new aim of training 60 Surgical Assistant Community Health Workers (CHO) and Medical Doctors with the partnership of United Nation People Fund (UNFPA), it was highly necessary to strengthen the local management in Sierra Leone.

The local NGO CapaCare is overseen by a board which consist of boardmembers from Capacare Norway, representative of the STP student Union and two external boardmembers. The international STP coordinator act as a secretary of CapaCare Sierra Leone board and coordinate and is the main responsible the implmentation of CapaCare's work in Sierra Leone.



a. Bart Waalewijn
 b. Mohamed John Turay
 c. Francis S. Vandy
 d. Samuel M. Sankoh
 e. Peter Dawo

f. Government / NGO / Housemanship / Graduates
 g. Osman Conteh and Alpha Kargbo
 h. Rugiatu Koroma and Sentu Kamara
 i. Usifu Kamara, Idrissa Bangura, Abubakarr Jalloh

Figure 1. CapaCare organogram 2015



Masanga operation theatre before the Ebola outbreak

Surgical Training Program

Background

Sierra Leone is a republic in West Africa, bordering Guinea, Liberia and the Atlantic Ocean, designated by the World Bank as a low-income country. The country, with roughly seven million inhabitants, has been severely affected by Civil War (1991-2001), and most recently the Ebola outbreak (2014-2016). This has affected the whole population, and the effect is evident also in the health sector, with an estimated maternal mortality ratio of 1360 deaths per 100 000 births – the world's fifth highest¹, which is in part due to lack of adequate surgical services.

Sierra Leone was the country **most affected** by the devastating West African Ebola outbreak. More than 14 100 infections and close to 4 000 deaths were the direct effects of the epidemic². As devastating as these effects were, there were also **indirect effects** in the form of unemployment, epidemic stagnation and collapse of the health care system. Health care workers were particularly vulnerable to contracting Ebola. **Close to 7 % of the country's doctors, nurses, and midwives died of Ebola**³, which was 100 times higher than for the general population⁴. The ultimate consequence of the Ebola epidemic is that even fewer severely sick Sierra Leoneans received the necessary medical treatment with a subsequent **rise in mortality rates**. CapaCare conducted important **research on Ebola's impact** on the health care system in 2015. Our findings documented a 70% decline in hospital admissions during the Ebola epidemic in Sierra Leone⁵.

Surgery in Sierra Leone

The **need for surgical care in Sierra Leone is pressing**. Prior to the Ebola outbreak roughly 1 in 4 people in Sierra Leone were in need of some form of surgical treatment, with a similar number of deaths requiring, but not receiving surgical care⁶.

More than **90%** of the estimated surgical need in Sierra Leone was **unmet before the Ebola outbreak**. Only 24 152 surgical procedures were identified in the country in 2012, corresponding to a national rate of 400 surgeries per 100 000 inhabitants⁷. This contrasts to high income countries with rates of 11 000 major surgeries/100 000 inhabitants annually⁸.

Hospitals in Sierra Leone experience a **glaring lack of qualified surgical providers**, with only a handful of specialists. In 2012, there was a total of 164 full time equivalent positions of national and international health care providers (all categories included: surgeons, obstetricians, ophthalmic specialist, ENT specialist, non-specialist medical doctors, nurses, associated clinical staff) providing surgery across all sectors⁹. Only a **quarter of this total surgical workforce** and just one-tenth of the specialists **worked in the rural areas** where more than 60% of the population resides. The overall density of surgical providers was eight times higher in urban areas than in rural areas.

Scarcity of human resources is considered a main reason against expansion of surgical care. There is an obvious need for innovative strategies to address this largely unfulfilled need for surgery in Sierra Leone, particularly the extensive shortages of qualified surgical providers outside the main urban areas.

¹ Central Intelligence Agency. *The World Factbook – Sierra Leone, 2016*.

² World Health Organization, *Ebola Situation Report - 30 March 2016*

³ Evans, *The Lancet Global Health, 2015*

⁴ Kilmarx, *Morb Mortal Wkly Rep, 2014*

⁵ Bolkan, *PLoS Currents, 2014*

⁶ Groen, *Lancet, 2012*

⁷ Bolkan, *Surgery, 2015*

⁸ Weiser, *Lancet, 2008*

⁹ Bolkan, *World Journal of Surgery, 2016*.

Aim

The aim of the Surgical Training Program is to **increase the level of surgically-skilled health staff at district hospitals** in Sierra Leone. The goal of the program is **to train a total 60** Medical Doctors or Surgical Assistant Community Health Officers by 2019, each for three years. We will provide the graduates of the Surgical Training Program **with knowledge and skills** to address the most common **surgical and obstetrical emergencies** that without treatment would lead to disability or death.

Project locations

Masanga Hospital is the home of the Surgical Training Program and its where the local management of CapaCare is based. All of the students commence their training in Masanga with a practical and theoretical course in basis surgical skills. After two weeks they are introduced to the wards, out-patient-department and operation theatre. Half of the new students continue in Masanga hospital for six months, while the other half are also partly located at Serabu Catholic Hospital in Bo district.

After six months, the students are introduced to the CapaCare partner hospitals, for three rotations of six months each, in total 18 months. In this period, they will receive further practical training and gain experience in management of obstetric and surgical emergencies.

Upon successful completion of the rotations and if the students pass the oral and written examinations at the end of year two, the students enter a one-year housemanship stage (six months obstetrics and six months surgery) in the two largest governmental hospitals in Freetown.

Fourteen of the surgically most active hospitals in Sierra Leone with experienced surgeons and/or obstetricians are **partners in the training program**. These partner hospitals are selected on the basis of their surgical capacity, coverage of supervision, and the availability of surgical tutors. The hospitals and their national and international staff have provided their premises to the program, **ensuring that each candidate is exposed** to the **most highly-skilled tutors presently available** in the country.



Figure 2. Locations of CapaCare's partner institutions 2015

Clinical rotations

- 2 Magbenteh, Makeni
- 3 Makeni Gvt. Hosp
- 4 St John of God, Lunsar
- 5 Lion Hearth Medical Center, Yele
- 6 Port Loko Gvt. Hosp
- 7 Panguma Hosp, Kenema
- 8 UMC Kissy General Hosp, Ft
- 9 Aberdeen Womens Clinic, Ft
- 10 Bo Gvt. Hosp
- 12 Kamakwie Hosp
- 13 Magburaka Hospital (MSF/Gvt.)

Basic training

- 1 Masanga Hosp
- 11 Serabu Catholic Hosp

Housemanships

- 14 PCMH, Ft (Gvt)
- 15 Connaught Hosp, Ft (Gvt)

Gvt. - Governmental
Ft - Freetown



Freetown street market

Output - Students and Graduates

At the beginning of the year there were 20 students in the program and three graduates. Thirteen new students were selected and started in April (7) and October (6). During the year, **six students graduated** while four students dropped out of the program. At the end of the year, there were 23 students in the program and nine graduates (Table 1).

All the six **graduates received postings** by the Ministry of Health and Sanitation. Although the graduates experienced challenges related to the postings, most of them **managed to serve in the district hospitals** proposed by the ministry.

	January 2015	December 2015
Basic training	14	18
Housemanship	6	5
Graduates	3	9
Total	23	32

Table 1. Number of Students in basic training, housemanship and graduates



Ward rounds with Nurse Ramatulia, STP student Mohamed Dauda and sister Alice H. Kamara

Output - Surgical activity

The number of procedures attended by the students dropped drastically during the Ebola outbreak. In the second half of 2015, we see a clear recovery to pre-Ebola level with around 4500 attended surgeries in a six month period.

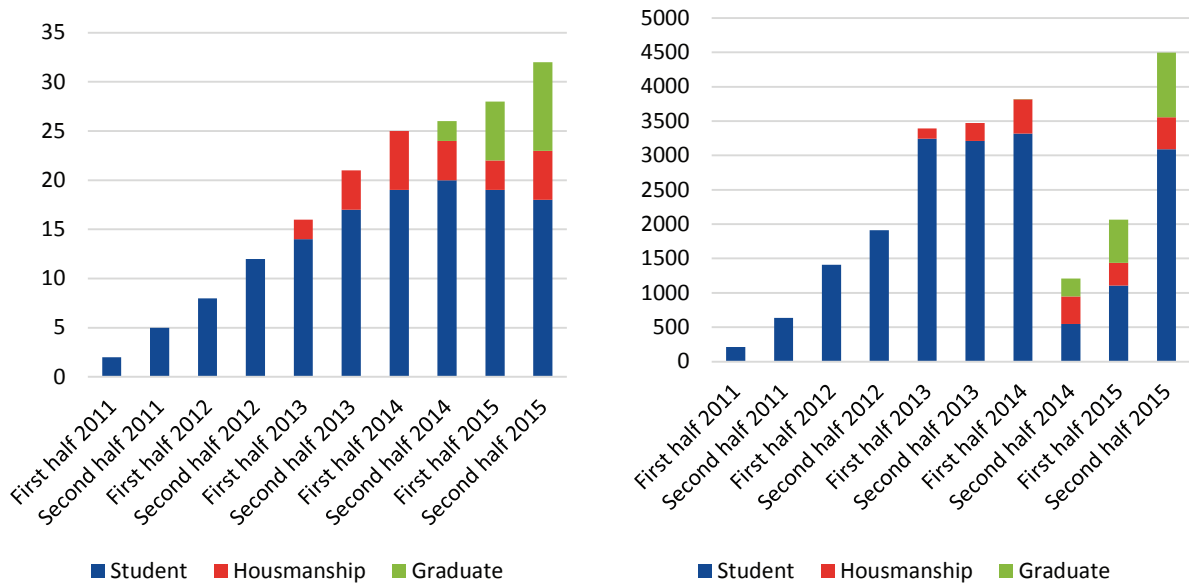


Figure 3. Number of students (left) in the program and surgical activity (right) since the start in 2011.



Tropical Doctor Claudia Bijen supervizing STP student Nyayia Salamatu Saidu on a hernia repair

Role and Procedures

Since the start of the Surgical Training Program in 2011, our students have participated in more than 25 000 surgical operations. The most common procedure for both the students and the graduates in 2015, was caesarean section, followed by inguinal hernia repair. The students participate in most procedures either as assistant or as surgeon supervised while the graduates performed over 85% of their surgeries fully independent.

Students (incl. housemanship)				Graduates		
No	Procedure	n	%	Procedure	n	%
1	Caesarean section	1600	32,1	Caesarean section	800	51,0
2	Inguinal hernia repair	849	17,0	Inguinal hernia repair	196	12,5
3	Expl. laparotomy	246	4,9	Appendectomy	73	4,7
4	Appendectomy	172	3,4	Dilatation & curettage	63	4,0
5	Hysterectomy	154	3,1	Hysterectomy	40	2,6
6	Incision & drainage	137	3,7	Obstetric other	38	2,4
7	Surgery other	122	2,4	Strangulated hernia	32	2,0
8	Necroectomy	103	2,1	Expl. Laparotomy	32	2,0
9	Umbilical hernia	102	2,0	Ectopic pregnancy	28	1,8
10	Laparotomy other	95	1,9	Wound suturing	26	1,7
	Total	4991	100,0	Total	1568	100,0

Table 2. Top 10 procedures for students and graduates in 2015.



Students Emmanuel Tamba, Peter Mboma, Hassan Sheriff and tutor Miss Lesley Hunt, Consultant Colorectal and General Surgeon during the basic surgical skills course

Students (incl. housemanship)				Graduates		
No	Procedure	n	%	Procedure	n	%
1	Assisting	1822	36,4	Surgeon independent	1358	86,6
2	Surgeon supervised	1468	29,4	Assisting	114	7,3
3	Observing	1034	20,9	Observing	55	3,5
4	Surgeon independent	668	13,4	Surgeon supervised	41	2,6
	Total	5001	100,0	Total	1568	100,0

Table 3. Role during operation for students and graduates in 2015.

Tutors

The core element of the STP program is training. This training is performed by surgeons, gynecologists, radiologists, anesthesiologists, and nurses who in 2015 came from Norway (No), the Netherlands (NL), South-Africa (SA) and the United Kingdom (UK). All international tutors are engaged on a **voluntary basis**, CapaCare provide support only in form of transportation, accommodation, visa and vaccines.

In 2015, there were seven rotations, compared to six rotations in 2011, seven in 2012, 10 in 2013, and six in 2014. The number of rotations was reduced from 2013 levels because of the Ebola outbreak. After closure of practical training during the height of the Ebola outbreak (August 2014 – March 2015), the training resumed in April while Ebola was still present in the country.

In 2015, we started to **engage local trainers** also for theoretical modules. Sierra Leone's only qualified orthopedic surgeon, Dr. Ibrahim Bundu started to provide **regular teaching sessions in 2015**. Additional local tutors are also considered. The local tutors receive a honorarium for the training they provide.

#	Module	From	To	Tutor	Tutor
1	Basic Surgical Skills	20/5	5/6	Lesley Hunt, UK (S)	Herman Lonee, No (A)
2	Wet lab & resuscitation	21/5	27/5	Lesley Hunt, UK (S)	Herman Lonee, No (A)
3	Surgery & the abdomen	27/6	18/7	Iain Smith, SA (S)	Marieke Oostvogels, NL (T)
4	Trauma & orthopaedics	12/6	25/8	Iain Smith, SA (S)	
5	Emergency obstetric care	25/8	3/10	Marianne Stephen, UK (G)	Janne Hunsbeth, No (MW)
6	Basic Surgical Skills	27/9	17/10	Lesley Hunt, UK (S)	Sigrun Holen, No (OT)
7	Trauma & orthopaedics	13/11	2/12	Monica Sailer, No (O)	Kyrre Nergaard, No (AN)

Anesthesiologist (A) Orthopedic (O) Gynecologist (G) Midwife (MW)
 Anesthesia nurse (AN) Scrub nurse (OT) Surgeon (S) Tropical Doctor (T)

Table 4: Overview of rotations of tutors in 2015.



Most surgeries in 2015 was performed with full personal protective equipment

Apart from the trainers, there were also six support visits in 2015, mostly focussing on **safety aspects** to restart the program after the Ebola epidemic, and to offer **mentoring and monitoring** of the local administration.

Purpose	From	To	Support staff	Support staff
UNFPA meetings	26/1	27/1	Håkon Bolkan, No (Ad /B) *	
Post Ebola start-up investigation	15/2	25/2	Alex van Duinen, No (B)	Bart Waalewijn, NL (C)
Support visit	2/4	10/4	Håkon Bolkan, No (Ad /B) *	
Finance	16/10	26/10	Annemarie van Duinen, No (C)	
Planning 2016	23/10	30/10	Håkon Bolkan, No (Ad /B) *	Ole-Bjørn Gartland, No (B)
Interviews	11/12	18/12	Alex van Duinen, No (B)	

Administration (Ad) Board (B) CapaCare staff (C) *External funding

Table 5: Overview of rotations of support staff in 2015.



Media and publications

Our main communication channels are through the website (www.capacare.org) and Facebook. We also have accounts on **Twitter, Instagram and YouTube** that have been mostly dormant. Other mentions in media are through publications in Medical Journals, as well as magazines and newspapers. We have also presented the program and its preliminary results at **several international medical conferences** (see Publication List).

Website

The website (capacare.org) is available in both Norwegian and English. This makes the site available for users to **access all over the world**. It contains information about the STP program, our students and trainers, partner hospitals, and publications. **The STP students contribute regularly to blog posts.**

There are also two restricted access areas on the website: one for volunteers and one for our students. The area for volunteers contains all relevant information for the training module, the stay at Masanga, and what is expected of each volunteer. The purpose of the restricted access area for STP students is to improve communication and share knowledge and experience.

Number of page views in 2015: **11 715 (total) by 3690 unique users** (based on Google analytics) compared to 15 828 page views by 4029 unique users in 2014. The statistics from the 2014 annual report is based on another system and is not comparable to the 2015 numbers. We see that publishing new content closely correlates with increased number of users and page views and this has led to an increased focus on social media in 2016.



The Masanga amputee soccer players Pa. Saidu, Daniel Mansaray, unknown and Mohamed Kuyateh

Publications

Bold – CapaCare boardmembers or trainers

- **Bolkan HA**, Hagander L, von Schreeb J, Samai MM, Bash-Taqi DA, Kamara TB, Salvesen Ø, Wibe A. The Surgical Workforce and Surgical Provider Productivity in Sierra Leone: A Countrywide Inventory. *World Journal of Surgery*, DOI: 10.1007/s00268-016-3417-1.
- **Bolkan HA**, von Schreeb J, Samai MM, Bash-Taqi DA, Kamara TB, Salvesen Ø, **Ystgaard B**, Wibe A. Met and unmet need for surgery in Sierra Leone: a comprehensive retrospective countrywide survey from all healthcare facilities performing surgery in 2012. *Surgery*. 2015;157(6):992-1001
- Bjerring AW, Lier ME, Rod SM, Vestby PF, Melf K, Endreseth BH, Salvesen O, von Schreeb J, Wibe A, Kamara TB, **Bolkan HA**. Assessing cesarean section and inguinal hernia repair as proxy indicators of the total number of surgeries performed in Sierra Leone in 2012. *Surgery*. 2015;157(5):836-42
- **Milland M, van Duinen AJ, Bolkan HA**. Enhancing access to emergency obstetric care through surgical task shifting in sierra leone; Progress report of the first 4 years. *International Journal of Obstetrics & Gynaecology* 2015;131:S5.
- Molnes R, Frøseth TW, Darj E, **van Duinen AJ, Bolkan HA**. Impact of ebola: how distribution of cesarean sections between health care providers have changed during the epidemics in sierra leone. *International Journal of Obstetrics & Gynaecology* 2015;131:S5.
- **Bolkan HA**, Hagander L, von Schreeb J, Bash-Taqi D, Kamara TB, Salvesen Ø, et al. Who is performing surgery in low-income settings: a countrywide inventory of the surgical workforce distribution and scope of practice in Sierra Leone. *The Lancet*. 2015;385:S44.
- **Bolkan HA**, von Schreeb J, Samai MM, Bash-Taqi DA, Kamara TB, Salvesen Ø, et al. Rates of caesarean section and total volume of surgery in Sierra Leone: a retrospective survey. *The Lancet*. 2015;385:S19.
- Bjerring AW, Lier ME, Rod SM, Vestby PF, Melf K, Endreseth BH, Salvesen O, von Schreeb J, Wibe A, Kamara TB, **Bolkan HA**, Assessment of caesarean section and inguinal hernia repair as proxy indicators of total number of surgeries. *The Lancet*. 2015;385:S21.
- **Milland, M. and Bolkan HA**, Surgical task shifting in Sierra Leone: a controversial attempt to reduce maternal mortality. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2015;122: 155.
- **Milland, M. and Bolkan HA**, Enhancing access to emergency obstetric care through surgical task shifting in Sierra Leone: confrontation with Ebola during recovery from civil war. *Acta Obstetrica et Gynecologica Scandinavica*. 2015;94: 5–7.



Emanuel Tamba, Hassan Sheriff, Mariama Koroma, Peter Mboma, Abdulrahman Kamara, Chernor Wurie Jalloh and scrub nurse Sigrun Holen during a session about the surgical domain



Posters/scientific presentations

- **Milland M, van Duinen AJ, Bolkan HA.** [Enhancing access to emergency obstetric care through surgical task shifting in sierra leone; Progress report of the first 4 years]. XXI FIGO World Congress of Gynecology & Obstetrics, Vancouver, Canada, October 2015 - Presentation
- Molnes R, Frøseth TW, Darj E, **van Duinen AJ, Bolkan HA.** [Impact of ebola: how distribution of cesarean sections between health care providers have changed during the epidemics in sierra leone] XXI FIGO World Congress of Gynecology & Obstetrics, Vancouver, Canada, October 2015 – Presentation
- **van Duinen AJ, Ystgaard B, Waalewijn BP, Bolkan B.** [Increasing surgical capacity in Sierra Leone by training Medical Doctors and Community Health Officers in surgical and obstetric life-saving surgery]. 9th European Congress Tropical Medicine International Health, Basel, Switzerland, September 2015 - Presentation
- **van Duinen AJ, Eriksson A, AM Ekström, Brodin K, Bolkan HA.** [The indirect effects of Ebola to the health system in Sierra Leone]. 9th European Congress Tropical Medicine International Health, Basel, Switzerland, September 2015 - Poster
- **van Duinen AJ, Ystgaard B, Waalewijn BP, Bolkan B.** [Ebola's effect on postgraduate surgical training in Sierra Leone. GLOBVAC konferanse februar 2015 i Oslo]. 9th Conference on Global Health and Vaccination Research, Oslo, Norway, March 2015 - Poster



Orthopaedic surgeon Monica Sailer in clinical teaching session with David Kain, Lawrence T Kargbo, Hassan Vandy and Suliaman P Kamara

Media coverage

English:

- Fatal fallout: Nature Editorial – Volum 519, page 5-6, 05 March 2015
- Maternal health: Ebola's lasting legacy, Nature News Feature – Volum 519, page 24-26, 05 March 2015 (mention of STP candidates Samuel Batty and Amadu Jawara)
- Ebola claims another CapaCare student, Gemini.no February 2015

Norwegian:

- Trøndersk hjelpe-organisasjon får skryt i toppmagasin (adressa.no Publisert mars 2015)
- Skal utdanne sykepleier til kirurger (Sykepleien.no november 2015, intervju med trener)
- Flere bør under kniven (Bistandsaktuelt.no september 2015)
- Mer damer, renere luft og seier over ebola (klikk.no, kvinneguiden desember 2015)
- Kirurg, men ikke lege (kavlifondet.no juni 2015)
- In addition, several CapaCare board members and trainers contributed in the Norwegian foreign medical team during the Ebola outbreak in Sierra Leone, CapaCare is mentioned in some of the media coverage.
- Hjelper alle, redder mange (helsedirektoratet.no januar 2015)

In addition, several CapaCare board members and trainers contributed in the Norwegian foreign medical team during the Ebola outbreak in Sierra Leone, CapaCare is mentioned in some of the media coverage.

- Hjelper alle, redder mange (helsedirektoratet.no januar 2015)



Orthopaedic surgeon Ibrahim Bundu giving anatomy lessons

Partners

CapaCare's **main financial partners** are the **United Nation People Fund (UNFPA), Torun and Ole's Stiftelse, Norwegian Agency for Development Cooperation (NORAD) and the Lions Club**. All four main sponsors will **continue to support CapaCare in 2016**. Norwegian University of Science and Technology (**NTNU**) and Trondheim University Hospital, **St. Olav** has contributed with funds for evaluation the initiative via **two PhD scholarships** and by allowing employees paid leave to take part in the training.

The approval of CapaCare as an **Implementing Partner of UNFPA** in 2015 is important and **strengthen further our relations to the Ministry of Health and Sanitation**. The requirements of becoming an Implementing Partner of a United Nation body demanded a **significant reorganization of CapaCare** locally in Sierra Leone. A local legal entity was established, and policies on all major aspects of CapaCare's work has been developed. Further more, annual and quarterly plans and budgets are submitted to the UNFPA, and all the **spendings in Sierra Leone are revised** by an international accounting firm.

Masanga Hospital (www.masangahospital.org) is the main partner in Sierra Leone together with the Sierra Leonean Ministry of Health and Sanitation (MOHS). The MOHS continues to **grant three-year paid study leave** for the Community Health Officers enrolled from the governmental sector. The Ministry also takes part in interviewing new candidates and as exam invigilator. Finally, it is the Ministry that oversees the internship - the last part of the training. To date, there has been **good cooperation** with the Ministry to ensure local ownership.

CapaCare has also received substantial support from **private donors**. In particular the **Benson Family**, which also develop a primary school in Freetown, has been important contributor in 2015.



Samuel Mathew Sankoh, Bart Waalewijn, Osman Conthe and Freetown Lions member in front of car donated by Lions International and Lions Club 104B2, Norway

Financial overview

Due to the establishment of the local CapaCare Sierra Leone, the accounts for 2015 has not been finalized. The audited accounts, both in Sierra Leone and in Norway will be made available at our web page www.capacare.org and as an addendum to this report.

CapaCare Board

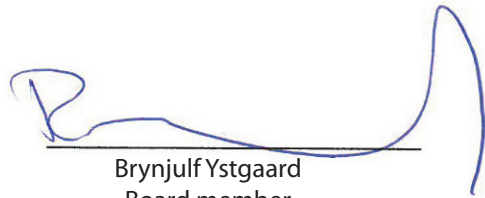
April, 2016



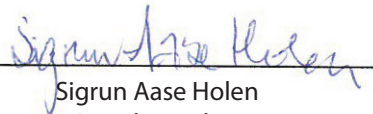
Håkon Angell Bolkan
Chair



Ole-Bjørn Gartland
Treasurer



Brynjulf Ystgaard
Board member



Sigrun Aase Holen
Board member



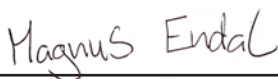
Peter Bo Jørgensen
Board member



Alex Van Duinen
Board member



Kurt Østhuus Krogh
Board member



Magnus Endal
Board member



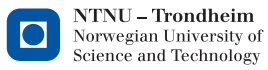
Lise Ystgaard
Board member



Solveig Svendgaard
Board member

*Pictures are taken by Børge Olsen, Magnus Endal, Alastair Hunt, CapaCare trainers and local team.
Some pictures are taken in 2013 and 2014, before the Ebola outbreak.
All patients have consented in the use of the photos.*

**We could not have done this without support from our collaborators,
thank you!**



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Housekeeper Mr. Education brushes the compound of the CapaCare house



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