



Surgical Training Programme

March 2019

Annual Activity Report 2018

Summary

For the Surgical Training Programme, 2018 was both an exciting and challenging year. Since we are a small, but closely connected group of trainees, graduates and trainers, we have no one to spare. It was therefore very painful on the 30th of August when we lost a student, friend and colleague in Christopher Sandi who sadly passed away in Masanga Hospital. He was only a month short of becoming a graduate. His passing means a big loss for his family, but also for the Programme and the friends in the CapaCare family he left behind. May his soul rest in peace.

The year has also been exciting as we have introduced new courses. We have offered two-week intensive courses in surgery and obstetrics for medical doctors respectively. The feedback has been very good, and we believe further training is key for any health professional. Along the same lines we started offering Continuous Professional Development (CPD) courses where both MDs and SACHOs are invited.

In CapaCare we believe research and thorough evaluations are a key component of what we do. Task-sharing in surgery and obstetrics is new, and many are sceptical about what kind of quality and what kind of impact such an initiative may deliver. At the end of the year CapaCare board member Alex van Duinen published a study in the British Journal of Surgery, where he followed 1,276 women undergoing a caesarean section for 12 months.

The study documents low post-operative morbidity and mortality of operations performed by the SACHOs and that the outcomes are similar to medical doctors. He also documented that in hospitals with both SACHOs and medical doctors, the graduates of the CapaCare Programme in Sierra Leone now perform more of the emergency caesarean sections than the Sierra Leonean medical doctors do. Those findings suggest that surgical task sharing, as introduced with the presented training scheme, is a safe strategy for expansion of the surgical workforce in Sierra Leone.

In 2018, we revisited all hospitals offering surgery in Sierra Leone. The good news is since 2012, there has been an increase of almost 40% in volume of surgery. The majority of those additional operations are due to the SACHOs activity. Non-specialist medical doctors are performing the same volume of operations in 2017 as in 2012. For the coming year we will continue to work towards formal recognition of SACHOs and inclusion in the upcoming scheme of service and systems that ensures increased quality of surgical care.

Welcome to this graduation ceremony, congratulations to the trainees, their families, trainers, supervisors and colleagues at hospitals across Sierra Leone. We hope the graduates will be welcomed in their new work places and that they will continue to receive guidance, mentoring and encouragement to take on the challenge of offering high quality surgical care across Sierra Leone.

Trondheim, Norway,
March, 2019



Håkon Angell Bolkan
Chairperson CapaCare

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STP-graduate Mohamed Kamara with nursing staff at Kambia Government Hospital

About CapaCare

CapaCare is a **member-based** non-governmental organisation registered with the Norwegian Central Coordinating Register for Legal Entities, "Brønnøysundsregistret", organisation number 992100125 with headquarters in Trondheim, Norway. The Annual General Meeting functions as CapaCare's highest authority.

CapaCare's purpose is to train medical professionals in areas where there is a shortage of such personnel. The International Board is responsible for the Association's operations and management of finances between Annual General Meetings. The Board hires consultants for finance management. All positions on the Board are voluntary and there are no paid honorariums for Board work. The Board was strengthened with one new member in 2018.

Since 2015, a local organisation, **CapaCare Sierra Leone** (CapaCare SL) is currently registered at the Ministry of Finance and Economic Development under registration number NNGO/634/2018-19. The purpose of the organisation is to oversee CapaCare's activities in Sierra Leone and to advise both the local management in Masanga and the International Board. CapaCare SL also works to locally raise funds and recruit health professionals in Sierra Leone to accomplish this purpose. The organisation actively **promotes**

increased access to emergency surgical and obstetric care in Sierra Leone by strengthening national human resources for those services.

In 2018, an organisational restructuring of CapaCare was initiated and presented for the Annual General Meeting, which gave the mandate to develop a model where the organisation is divided into three different entities; a "donor" chapter in donor countries (CapaCare donor), an "executive" chapter in countries receiving assistance (CapaCare executive) and an international supervisory body overseeing and guiding the activity (CapaCare International). The relationship between these entities has to be defined, but there has to be room for flexibility. Relations between donor and executive chapters should not always have to go through the international body, even though the nature of the activity should adhere to the general principles laid down by the international body. Thus, the organisation would consist of an international body based on national chapters. The organisation of these national chapters would be based on their main activity. We hope to come back next year with more detailed information on the structure.



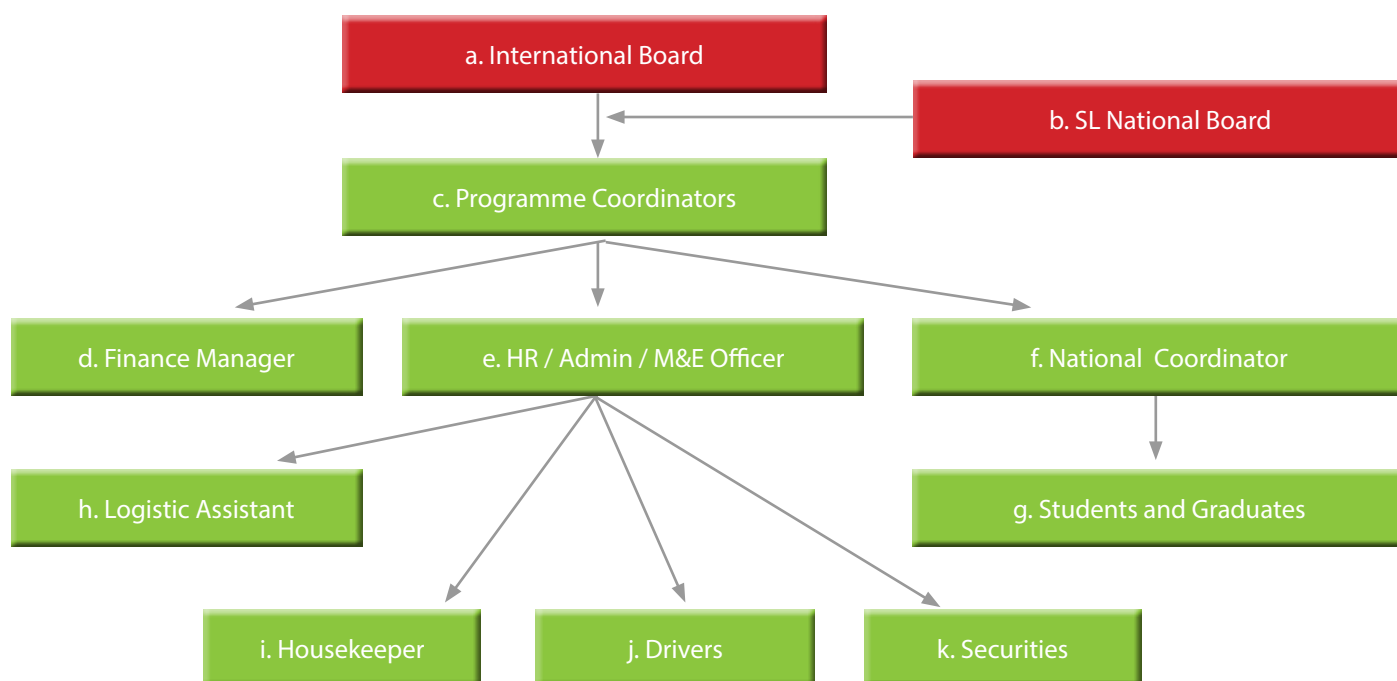
Organisation

For 2018, the following organogram depicts the organisation in Sierra Leone (Figure 1). Management capacity remained stable.

The Programme in Sierra Leone is expanding continuously. The main aim is still to train 60 Surgical Assistant Community Health Workers (SACHOs) by 2021 in partnership with the Ministry of Health and

Sanitation (MoHS) and United Nations Population Fund (UNFPA). In addition, training of medical doctors and Continuous Professional Development of the SACHOs will be prioritised. Therefore, it is necessary to further strengthen the capacity of the local management in Sierra Leone in 2019.

Figure 1. CapaCare organogram 2018



a. Håkon A. Bolkan (chair)
 b. Oversees CapaCare Sierra Leone
 c. Daniel Van Leerdam, Martelien Grootjans, Wouter Nolet
 d. Mohammed John Turay
 e. Francis S. Vandy
 f. Samuel M. Sankoh

g. Trainees/housemanship/graduates
 h. Alpha Kargbo
 i. Osman Conthe, Francis Kargbo
 j. Rugiatu Koroma
 k. Usifu Kamara, Idrissa Bangura, Foday Jokai

Surgical Training Programme

Background

Sierra Leone is a republic in West Africa, bordering Guinea, Liberia and the Atlantic Ocean. It is categorised by the World Bank as a **low-income country**. The country, with roughly seven million inhabitants (census 2016), has been severely affected by Civil War (1991-2001), and more recently by the **Ebola outbreak** (2014-2016). This has affected the whole population, and the effect is evident also in the health sector. Sierra Leone has an estimated maternal mortality ratio of 1,360 death 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, economic stagnation and collapse of the health care system. Health care workers were particular 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. After the Ebola outbreak, substantial initiatives have been taken to rebuild the Sierra Leonean health care system and its human resources. Central among those are the 'Reproductive, maternal, newborn, Child and adolescent health strategy 2017-2021'⁵, which is a priority area for the Government of Sierra Leone. The strategy states the importance of task-sharing as an approach to increase access to emergency obstetric services.

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 needed 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. In 2018 we visited the same hospitals as in 2012 and found a 36% increase in volume of surgery offered. This growth was particularly strong for operations related to emergency obstetric care. The majority of the additional operations performed in the country over this 5-year period were performed by graduates of this Programme. As

Sierra Leone is currently experiencing a considerable population growth, the downside is that the number of operations per inhabitant per year has only increased to 407 surgeries per 100,000 inhabitants. Although volume of surgery increases, the number each Sierra Leonean has access to has not changed much since 2012. This tells us there will be a large need for surgical health care workers going in to the future.

Research conducted together with renown international collaborators has demonstrated that the quality of care and the outcomes of the operations have not become worse after the introduction of this Programme. In 2018 we finalised multi-centre non-inferiority studies at all nine hospitals in Sierra Leone where both graduates of this Programme and medical doctors performed caesarean sections. Patients undergoing caesarean section were followed for 30 days and there were no differences in maternal mortality, perinatal events and maternal morbidity between graduates and medical doctors. This allowed us to conclude that caesarean sections⁸ performed by non-doctors are not inferior to those undertaken by doctors. Task-sharing can be a safe strategy to improve access to emergency surgical care in areas where there is a shortage of doctors.

Vision

The aim of the Surgical Training Programme is to **increase the level of surgically-skilled health staff at district hospitals** in Sierra Leone. The goal of the Programme is to train a total of 60 Medical Doctors or Surgical Assistant Community Health Officers (SACHOs) by 2021, each for three years. We will provide the graduates of the Surgical Training Programme **with knowledge and skills** to address the most common **surgical and obstetrical emergencies** that without treatment would lead to disability or death.

Training locations

Masanga Hospital has since the start of the Programme been the home of the Surgical Training Programme (STP) and is where the local management of CapaCare is based. All of the students commence their training in Masanga with **a theoretical and practical course in basic surgical skills**. After several weeks, they are introduced to the wards, outpatient department and operation theatre. Half of the new students continue in Masanga hospital for seven months, while the other half are also partly located at Serabu Catholic Hospital in Bo district and in Lion Heart Medical Centre in Yele.

1. Central Intelligence Agency. The World Factbook – Sierra Leone, 2019.
2. World Health Organization, Ebola Situation Report - March 2016
3. Evans et al., The Lancet Global Health, 2015
4. Kilmarx et al., Morb Mortal Weekly Rep, 2014

5. Ministry of Health and Sanitation, 2017
6. Groen et al., Lancet, 2012
7. Bolkan et al., Surgery, 2015
8. Van Duinen et al, British Journal of Surgery, 2019

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

After successful completion of the rotations, the students are to take the final oral and written examinations at the end of year two, conducted by the Ministry of Health and Sanitation (MoHS) in collaboration with CapaCare. Upon graduation, the students enter a one-year housemanship stage (six months of obstetrics and six months of surgery) in the two largest tertiary governmental hospitals in Freetown. The housemanship is organised by the MoHS.

Fifteen of the surgically most active hospitals in Sierra Leone with experienced surgeons, obstetricians and/or surgically inclined Medical Officers were active **partners of the Training Programme in 2018** (Figure 2). 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 offered their premises to the Programme, ensuring that each candidate is exposed to the most highly-skilled tutors presently available in the country.



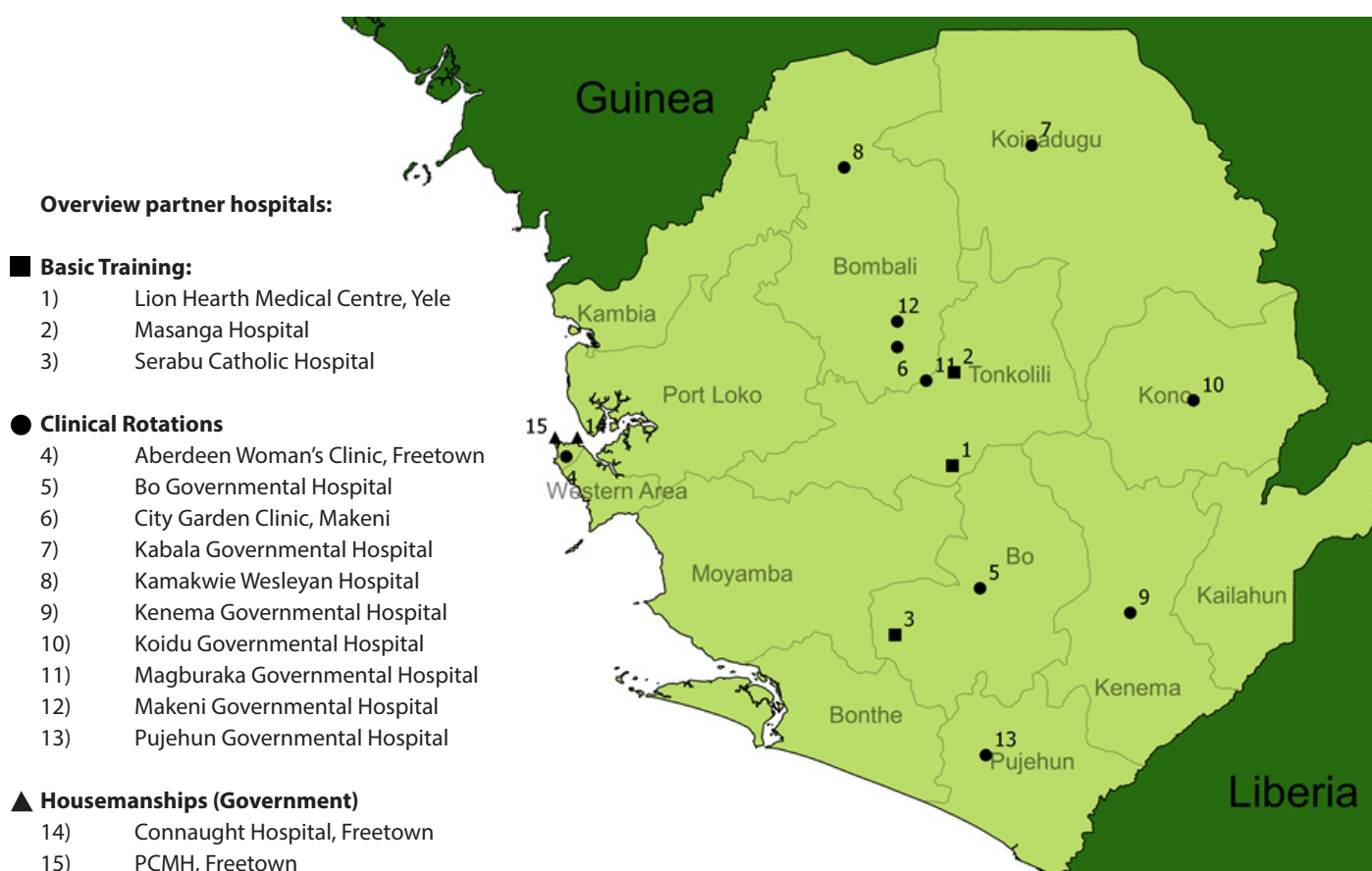


Figure 2. Training hospitals in 2018

Output – Students and Graduates

At the beginning of 2018, thirty-four students were partaking in the STP and since the start of the Programme 20 graduates had been posted in hospitals by the MoHS (Table 1).

Fourteen new students were selected and started in April (7) and October (7). During the year, nine students graduated while two students dropped out of the Programme. By the end of 2018, twenty-five students were still in basic training (first two years of the Programme), and nine were conducting their internships in Freetown (housemanship students).

Of the thirty-one graduates, nineteen SACHOs are posted to governmental hospitals. Nine are currently working in private nonprofit hospitals. In addition, two medical doctors (MDs) completed the STP. One is specialising in surgery in the UK and is planning to come back to Sierra Leone as a surgeon. The other medical doctor is working as a medical officer in a governmental hospital. Both MDs are conducting research on surgical outcomes in Sierra Leone. All but three of the graduates are posted in hospitals outside of Western Area.

	January 2018		December 2018	
	Male	Female	Male	Female
Basic training (2 years)	21	1	23	0
Housemanship (3rd year)	7	1	8	1
Graduates (SACHO/MD)	12/1	21/0	12/8	1/0

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

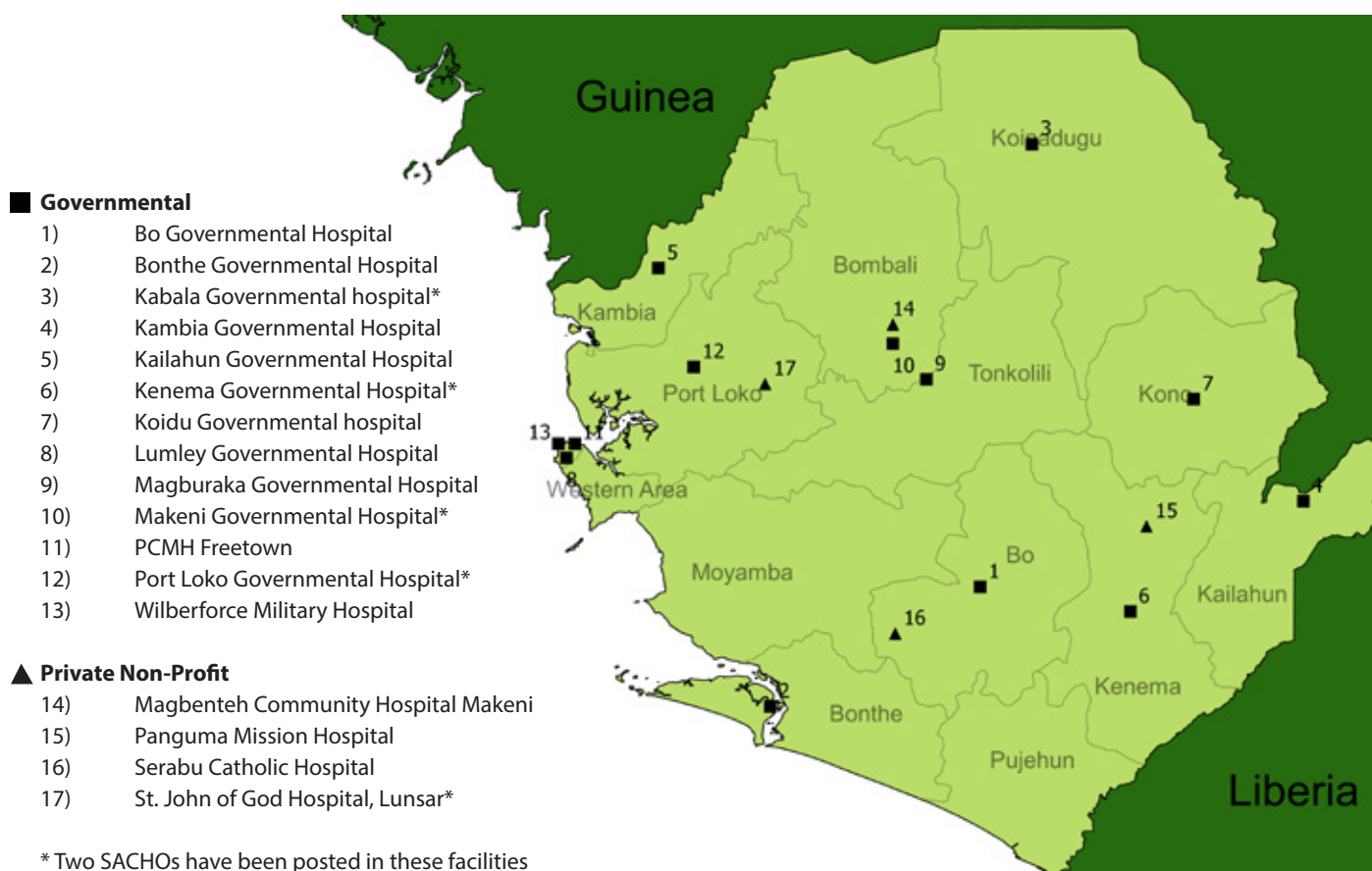


Figure 3. Locations of the graduates (SACHOs) on 31-12-2018

Output - Surgical activity

Since the start of the Programme in 2011, the students and graduates combined have participated in and performed more than **47,000** surgeries. The total **number operations for 2018 alone was 8,321**. Students within the initial two years of training performed 4,646, those in housemanship 780, while the graduates performed 2,895.

2,456 (84.8%) of the 2,895 surgeries performed by CapaCare graduates were performed outside of Western Area. 685 of the surgeries performed by graduates outside of Western Area were caesarean sections.

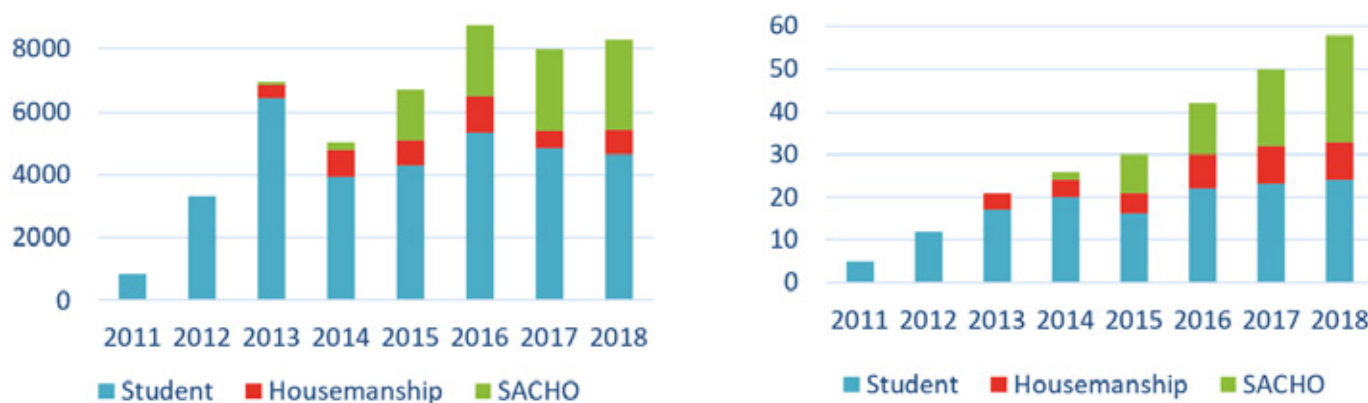


Figure 4. Accumulated number of students, interns and graduates (left) in the Programme and annual volume of surgical activity (right) since the start of the Programme in 2011.

The number of reported entries from 2018 is slightly reduced compared to 2016 results. This is most likely due to missing reports from a combined total of 81 months of activity, i.e. approximately 12 % of all CapaCare activity from 2018.

Role and Procedures

The most common procedure for both the students and graduates in 2018 was caesarean section. The students participated in most procedures as surgeon supervised while the graduates performed over 80% of their surgeries fully independent.

Students (incl. housemanship)				Graduates		
No	Procedure	n	%	Procedure	n	%
1	Caesarean section	1,886	34.8	Caesarean section	1035	35.8
2	Inguinal hernia repair	1,068	19.7	Inguinal hernia repair	678	23.4
3	Laparotomy	352	6.5	Appendectomy	228	7.9
4	Appendectomy	273	5.0	Laparotomy	197	6.8
5	Dilatation & curettage	151	2.8	Strangulated hernia repair	74	2.6
6	Hysterectomy	122	2.2	Hydrocele	67	2.3
7	Hydrocele	118	2.2	Hysterectomy	66	2.3
8	Other soft tissue surgery	108	2.0	Incision & drainage	52	1.8
9	Incision & drainage	98	1.8	Umbilical hernia repair	42	1.5
10	Strangulated hernia repair	83	1.5	Myomectomy	35	1.2
Total		4259	78.5	Total	2474	85.5

Table 2. Top 10 procedures for students and graduates in 2018.

Students (incl. housemanship)				Graduates		
No	Role	n	%	Role	n	%
1	Surgeon supervised	2,075	38.2	Surgeon independent	2,426	83.9
2	Assisting	1,623	29.9	Assisting	233	8.1
3	Surgeon independent	1,401	23.1	Surgeon supervised	222	7.7
4	Observing	321	5.9	Observing	12	0.4
Total		5,420	100.0	Total	2,893	100.0

Table 3. Role during operation for students and graduates in 2018.



Tutors

A core element of the STP is module-based training by international and national tutors. These training modules are conducted in Masanga by specialist surgeons, gynaecologists, radiologists, anaesthesiologists and nurses. In 2018, the international trainers came from Germany, Gambia, the Netherlands, Norway, and the United Kingdom. All international tutors are engaged on a voluntary basis.

CapaCare provide support for transportation, accommodation, visa and vaccines.

In 2018, 24 training modules were conducted, compared to 7, 10, 6, 7, 13 and 13 in the previous six years. In addition to this, **local trainers are engaged** for theoretical modules. The local tutors receive an honorarium for the training they provide.

Module	Trainees	From	To	Tutor
Surgery & the abdomen	STP	22 Jan	9 Feb	Lesley Hunt (S), Dag Halvorsen (S)
Emergency obstetrics	STP	12 Feb	2 Mrt	Gunvor Eikeland (G), Adam Forrest (G)
Basic Surgical Skills	STP	9 Apr	27 Apr	Lesley Hunt (S), Andrew Deytrikh (S), Downie Bailey (OT)
Pig course & resuscitation	STP	30 Apr	4 May	Herman Lonnee (A), Markus Walsø (A), Lesley Hunt (S)
Basic Obstetrics	STP	15 May	17 May	Ennet Chipungu (G)
Advanced Emergency Obstetrics	MD	17 May	2 June	Alice Clack (G), Arfang Faye (M)
Surgery & the abdomen	STP	1 July	20 July	Katja Maschuw (S), Katharina Grass (S)
Surgical skills & the abdomen	MD	16 July	27 July	Lesley Hunt (S)
Emergency obstetrics	STP	3 Sept	19 Sept	Risa Lonnee Hoffmann (G)
Basic Surgical Skills	STP	8 Oct	26 oct	Lesley Hunt (S), Astrid Rydning (S), Hjørdis Havdahl (OT), Astrid Rydning (S)
Pig course & resuscitation	STP, MD	29 Oct	2 Nov	Åsmund Øpstad (A), Elaine Yip (A), Lesley Hunt (S), Hindowa Lavally (SPT), Anthony Abbot Kamara (STP)
CPD Emergency Medicine	SACHO, MD	23 Oct	1 Nov	Elizabeth Wood (EM), Aatish Patel (EM)
CPD Orthopaedics	SACHO, MD	29 Oct	& 15 Nov	Fritjof Schmidt-Hoensdorf (O), Wolfgang Haller (O)
Anaesthesia & Emergency Medicine	STP	5 Nov	16 Nov	Elaine Yip (A), Aatish Patel (EM)
Basic Obstetrics	STP	26 Nov	30 Nov	Patricia Tutelaer van Ham (MW)
Ultrasound training	STP, MD	12 Nov	30 Nov	Taymoor Asghar (R), Thomas Peachey (R), Emmauel Sahr Musa Tamba (SACHO)
Trauma & Orthopaedics	STP, SACHO	3 Dec	21Dec	Pim van Rutte (O), Erik Manning (PS)
Distant Learning Obstetrics	STP	One session a week since beginning of December		Alice Clack (G)

Anaesthesiologist (A), Emergency Medical Doctor (EM), Gynaecologist (G), Medical Doctor (MD), Midwife (MW), Orthopaedic surgeon (O), Scrub nurse (OT), Plaster cast specialist (PS), Radiologist (R), Surgeon (S), Surgical Assistant Community Health Officer (SACHO), Surgical Training Programme students (STP), Tropical Doctor (T)

Table 4: Rotations of tutors in 2018.

Apart from the trainers, there were also several support visits in 2018, mostly to offer **mentoring and monitoring** of the local administration and **research related activities** (Table 5). The majority of those visits have been externally financed.

Purpose	From	To	Support staff & Research students
PhD and Project support	21-Feb	3-Mar	Alex van Duinen (NTNU,B)*
Medical bachelor's degree	Feb	March	Andreas GjØra and Barbro Lindheim-Minde (NTNU)*
Project support	27-Apr	4-May	Håkon Bolkan (B)
Medical master's degree	Sept	Oct	Marit Svinndal and Nana Aanderaa (NTNU)*
Production PR materials	9-Oct	23-Oct	Magnus Endal (B)
Finance and Project support	20-Oct	26-Oct	Annemarie van Duinen (C)
PhD and Project support	17-Oct	24-Oct	Alex van Duinen (NTNU,B)*

*External funding, Board (B), CapaCare staff (C), Norwegian University for Science and Technology (NTNU)

Table 5: Rotations of support staff and research personnel in 2018.



STP-student Daffline Khadijah Kanu practising in the Masanga Skillslab

Media and publications

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

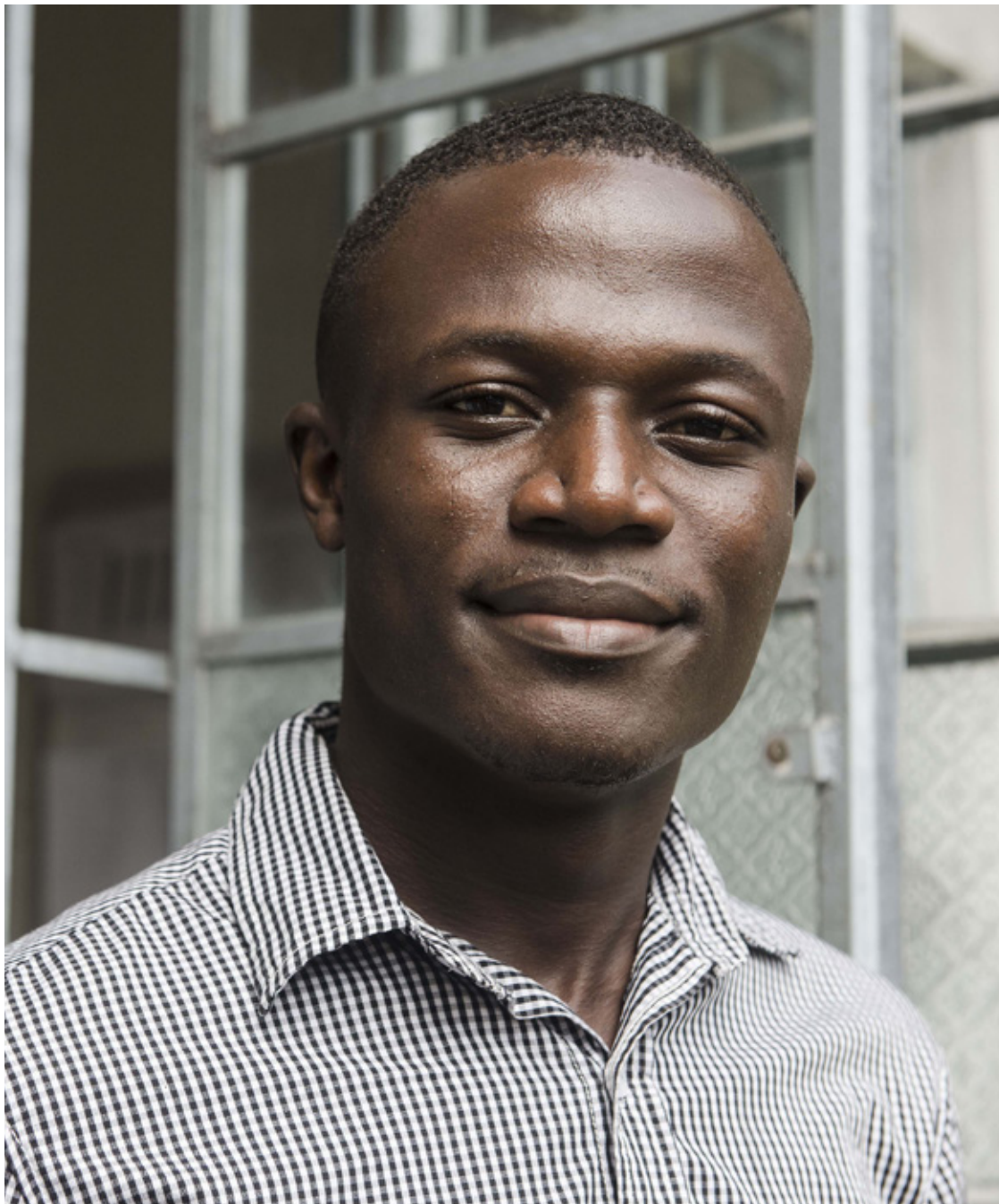
Website

Online, CapaCare is available through our website **www.capacare.org** and through our social media accounts on Facebook and Instagram. In 2018 the website was updated monthly with news, videos and articles. According to Google analytics the website was viewed more than 4,800 times by more than 3,600 individual users. Our Facebook page currently has 984 followers and our most popular posts in 2018 reached more than 5,500 people.



Dr. Alex Van Duinen with former patients in Tonkolili District

In Memoriam



In memory of STP-student Christopher Sandi (1982–2018)



CapaCare Annual Activity Report 2018

Publications

Bold – Contributions from CapaCare Board members, trainers, trainees and graduates.

Scientific peer-review publications:

1. **van Duinen A. J, Kamara M. M**, Hagander L, Ashley T, Koroma A. P, Leather A, Elhassein M, Darj E, Salvesen Ø, Wibe A, **Bolkan HA**. Comparing caesarean sections performed by medical doctors and associate clinicians in Sierra Leone – A prospective observational multicentre non-inferiority study of maternal and perinatal outcome. *British Journal of Surgery*, 2019;106(2): e129-e37
2. Liu B, **Hunt LM**, Lonsdale RJ, Narula HS, **Mansaray AF, Bundu I, Bolkan HA**. Comparison of surgical skill acquisition by UK surgical trainees and Sierra Leonean Associate Clinicians in a task sharing program – an experimental study. *British Journal of Surgery Open*, 2019
3. **Bolkan HA, van Duinen A**, Samai M, Bash-Taqi D.A, Gassama I, **Waalewijn B**, Wibe A, von Schreeb J. Admissions and surgery as indicators of hospital functions in sierra leone during the west-african ebola outbreak. *BMC Health Services Research*, 2018;18:846
4. Grimes CE, Quaife M, Kamara TB, Lavy CBD, Leather AM, **Bolkan HA**. The Macro-economic Costs of the Unmet Burden of Surgical Disease in Sierra Leone: A retrospective economic analysis. *British Medical Journal Open*, 2018;8:e017824.
5. Tracy L, **Bolkan HA**, Sagbakken M. Distance, accessibility and costs. Decision- making during childbirth in rural Sierra Leone: A qualitative study. *PLoS ONE*, 2018;13(2): e0188280.
6. **Bolkan HA, van Duinen A**, Waalewijn B, Elhassein M, Kamara TB, Deen G.F, Bundu I, Ystgaard B, von Schreeb J, Wibe A. [Safety, productivity and contributions to national volume from a surgical task-sharing programme in Sierra Leone.] **58 Annual Conference of the West African College of Surgeons, Banjul, The Gambia**, February 2018 – *Oral Presentation*
7. **Bolkan HA**. [Addressing Surgical Needs Where There Are No Surgeons - and the role of task-sharing] **Symposium; From turmoil to sustainability, Copenhagen, Denmark**, March 2018 – *Oral Presentation*
8. **Bolkan HA**. [CapaCare - Capacity building for a better future] **Health Innovation and Entrepreneurship, NTNU, Trondheim, Norway**, March 2018 – *Oral Presentation*
9. Bakke E, Øseth E, Fofonah T, Sesay I, **Bolkan HA, van Duinen A**, Lonnée-Hoffmann RAM. [Vacuum Deliveries in Sierra Leone an Governmental Hospitals: A register and questionnaire based study.] **Norwegian Global Health Conference, Oslo, Norway**, April 2018 – *Poster*
10. **Bolkan HA, van Duinen A**, Waalewijn B, Elhassein M, Kamara TB, Deen G.F, Bundu I, Ystgaard B, von Schreeb J, Wibe A. [Safety, productivity and predicted contribution of a surgical task-sharing programme in Sierra Leone.] **Norwegian Global Health Conference , Oslo, Norway**, April 2018 – *Poster*
11. **van Duinen A, Koroma AP, Bolkan HA**. [Number of caesarean section in Sierra Leone before, during and after the Ebola outbreak.] **Norwegian Global Health Conference , Oslo, Norway**, April 2018 – *Poster*

Scientific presentations/invited speakers from CapaCare:

1. **van Duinen A, Koroma AP, Bolkan HA**, [Number of caesarean section in Sierra Leone before, during and after the Ebola outbreak.] **58 Annual Conference of the West African College of Surgeons, Banjul, The Gambia**, February 2018 – *Oral Presentation*
2. **van Duinen A, Hagander L, Kamara MM, Ashley T, Koroma AP, Leather A, Elhassein M, Darj E, Salvesen Ø, Wibe A, Bolkan HA**, [Maternal and perinatal outcome after caesarean section in Sierra Leone – A prospective multicentre study comparing medical doctors and associate clinicians.] **58 Annual Conference of the West African College of Surgeons, Banjul, The Gambia**, February 2018 – *Oral Presentation*
3. **Bolkan HA**. [Where there are no surgeons: Increasing the access to emergency obstetric care by task-sharing], **Clinic of Obstetrics and Gynecology, St. Olavs Hospital, Trondheim, Norway**, April 2018 – *Oral presentation*
4. **Van Duinen AJ**, [Task-sharing, the solution for the unmet surgical need?], **Dutch Surgical Society, Veldhoven, the Netherlands**, May 2018 – *Oral presentation*

- 12 Van Duinen AJ. [How to improve surgical care after the Ebola epidemic?], **Symposium Health in Emergencies Course, Copenhagen, Denmark**, May 2018 – *Oral Presentation*
- 13 Bolkan HA. [Global surgery and CapaCare's Surgical Training Programme.] **Summer school International health, University of Copenhagen, Copenhagen, Denmark**, August 2018 – *Oral presentation*
- 14 Bolkan HA. [Foreign doctors used for 'on the job' training of health workers in low resources settings] **Global Surgery Amsterdam, Amsterdam, The Netherlands**, September 2018 – *Oral presentation*
- 15 Bolkan HA. [Surgical capacity building in West africa] **Global Surgery Stockholm, Stockholm, Sweden**, October 2018 – *Oral presentation*
- 16 Lindheim-Minde B, Gjora A, van Leerdam D, Smalle I, Bundu I, Bolkan HA. [Surgical activity and surgical workforce in Sierra Leone in 2017.] **9th Annual Research Symposium of the Sierra Leone Health and Biomedical Research Group, Freetown, Sierra Leone**, October 2018 – *Oral Presentation*
- 17 Adde H, van Duinen A, Rijken M, Kamara M, Bolkan HA. [Uterine atony as cause of post-partum hemorrhage after cesarean section in Sierra Leone.] **9th Annual Research Symposium of the Sierra Leone Health and Biomedical Research Group, Freetown, Sierra Leone**, October 2018 – *Oral Presentation*
- 18 Bolkan HA. [Where there are no surgeons: Increasing the access to surgery by task-sharing], **Faculty of Nursing, Norwegian University of Science and Technology, Trondheim, Norway**, October 2018 – *Oral presentation*
- 19 Van Duinen AJ. [Maternal and perinatal outcome after caesarean section in Sierra Leone.] **Internundervisning thorax-kirurgisk avdeling St Olav University Hospital, Trondheim, Norway**, November 2018 – *Oral presentation*
- 20 Bolkan HA. [Task-sharing in emergency obstetric surgery], **31. Perinataldagene, The Norwegian Society of Perinatal Medicine, Stavanger, Norway**, November 2018 – *Oral presentation*
- 21 Van Duinen AJ. [Global Surgery], **Midt-Norsk Gastroenterologisk foreign høstmøte, Trondheim, Norway**, November 2018 – *Oral presentation*
- 22 Bolkan HA. [Task-sharing in surgery – experiences from Sierra Leone], **University of Lund, Lund, Sweden**, December 2018 – *Oral presentation*



View of West Point from Ducor Hotel in Monrovia, Liberia.

Research

One of the core activities of CapaCare is evaluation and research activities to assess the impact and quality of the Programme activities we are delivering. Together with the Norwegian University of Science and Technology we have now one postdoctoral position and two PhD positions attached to our activities in Sierra Leone. The research initiatives are important not only for documenting results and lessons learned, but also to explore new ways of surgical training, and how the health system in Sierra Leone accepts task-sharing. Research has in the past allowed us to draw attention towards the surgical health care system in the country, as reflected by high impact scientific papers ^{9,10}, opinions pieces ^{11,12}, editorials. ^{13,14}

CapaCare are collaborating with several leading academic institutions on global surgery. Together with Karolinska Institute in Sweden and NTNU we have conducted the first ever blind randomised trial evaluating the efficacy and safety of task-sharing in mesh hernia repair. Part one was completed in 2017, where 230 men were randomised for surgery by a Medical Doctor or a SACHO. The primary outcome is hernia recurrence at one year and postoperative complications at two weeks. Preliminary analysis after two-weeks revealed no significant difference in postoperative complication or patient satisfaction between the study arms. The one-year follow-up has just been completed with more than a 90% follow up rate.

In 2018 we also revisited (first time visited in 2013) all health care facilities offering surgical care in Sierra Leone. Although the volume of surgery has increased more than 35%, the number of operations per inhabitant per year is the same as in 2012. This is due to a considerable population growth in the same time period. It will require immense efforts to upscale the surgical capacity to such an extent that those targets can be reached.



Michael Kamara at the HBIOMED in Freetown

Potential expansion – Surgical Training Programme in Liberia

Surgical mapping of Liberia

From September to November 2018 representatives from CapaCare were present in Liberia to conduct a mapping of the country's surgical activity, infrastructure and workforce. The data collection was a joint operation between researchers from CapaCare and the Liberian Ministry of Health. The research team travelled to all parts of the country, and a total of 51 surgical facilities were included in the study.

At each facility surgical logbooks were investigated and key personnel were interviewed to collect information on surgical infrastructure. The study is meant to inform both local and international stakeholders and decision makers on the surgical situation in Liberia. The results will provide numbers on the amount of surgical procedures, density and productivity of surgical providers, and the cost of the unmet need for surgery. The research team will present the findings for key stakeholders in Liberia, and the study will provide a solid foundation for further discussion on how to best reduce the burden of surgical disease in Liberia.



Håvard Adde and Theophilus C. Hampaye of the Liberian Physician's Assistant Association alongside staff at Richard & Helen Devos Medical Center

9 Bolkan HA, van Duinen A, Waalewijn B, et al. Safety, productivity and predicted contribution of a surgical task-sharing programme in Sierra Leone. *Br J Surg* 2017; 104(10): 1315-26.

10 Waalewijn BP, van Duinen A, Koroma AP, Rijken MJ, Elhassein M, Bolkan HA. Learning Curve Characteristics for Caesarean Section Among Associate Clinicians: A Prospective Study from Sierra Leone. *World J Surg* 2017; 41(12): 2998-3005.

11 Milland M, Bolkan HA. Enhancing access to emergency obstetric care through surgical task shifting in Sierra Leone: confrontation with Ebola during recovery from civil war. *Acta Obstet Gynecol Scand* 2015; 94(1): 5-7

12 Milland M, Bolkan H. Surgical task shifting in Sierra Leone: a controversial attempt to reduce maternal mortality. *BJOG* 2015; 122(2): 155.

13 Stewart BT. Editorial Commentary on Bolkan et al. "The Surgical Workforce and Surgical Provider Productivity in Sierra Leone: A Countrywide Inventory". *World J Surg* 2016; 40(6): 1352-4.

14 Fatal fallout. *Nature* 2015; 519(7541): 5-6.

Partners

CapaCare's main financial partners are the United Nations Population Fund (UNFPA), Torun and Ole's Stiftelse, Norwegian Agency for Development Cooperation (NORAD). All main sponsors continued to support CapaCare in 2018. Norwegian University of Science and Technology (NTNU) and Trondheim University Hospital, St. Olav have contributed with funds for evaluating the initiative via two PhD scholarships and by allowing employees paid leave to take part in the training.

As an Implementing Partner of UNFPA CapaCare has been able to strengthen relations to the Ministry of Health and Sanitation in 2018. Annual and quarterly plans and budgets are submitted to the UNFPA, and all the spending in Sierra Leone is revised by an international accounting firm.

Masanga.dk, that runs Masanga Hospital continue to be 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 invigilators. 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.

Finance – key figures

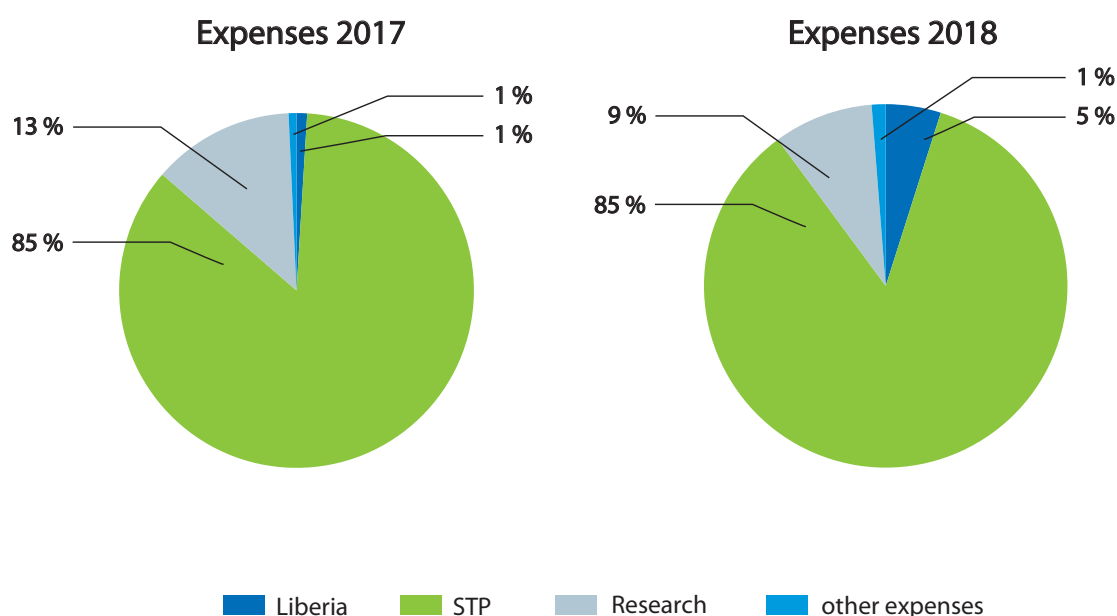
Both the financial report of CapaCare Norway and CapaCare Sierra Leone were not finalised as this report went to print. These financial reports will be made available online at www.capacare.org in due course.

Income

Income in 2018 was 4.5 million NOK, an increase of 20% compared to 3.7 million NOK in 2017. This income was donated by several major donors, Norad and UNFPA for our operations in Sierra Leone and Turinn & Oles Stiftelse for Liberia. Total income in Sierra Leone was 1.5 million NOK both in 2017 and 2018, so the increase in income was from funds raised in Norway.

Expenses

Expenditure in 2018 was 4.2 million NOK compared to 3.7 million in 2017, an increase of 14%. In both years the majority of the expenses (85%) were spent on the Surgical Training Programme in Sierra Leone.

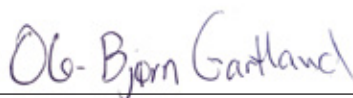


We want to thank everybody that has contributed to the Programme for the support that we have received!

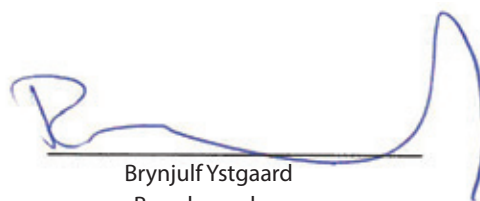
CapaCare Board
Trondheim, Norway
Masanga, Sierra Leone
March, 2019



Håkon Angell Bolkan
Chair



Ole-Bjørn Gartland
Treasurer



Brynjulf Ystgaard
Board member



Anne Husby
Board member



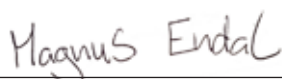
Peter Bo Jørgensen
Board member



Alex Van Duinen
Board member



Kurt Østhuus Krogh
Board member



Magnus Endal
Board member



Håvard Askim Adde
Board member



Øyvind Veel Svendsen
Board member



Bart Waalewijn
Board Member

*Pictures are taken by Magnus Endal, CapaCare trainers and local team.
All patients have consented in the use of the photos.*

Front picture: STP-student Julius Justin Kaipumoh Class of April 2017

Back picture: STP-student Hindowa Sao Lavally performing surgery with CapaCare trainer Dr. Lesley Hunt at Masanga Hospital



www.capacare.org

Medical education and training to increase the number of skilled staff at district hospitals.

facebook

Please visit CapaCare's page on Facebook.

**Årsregnskap 2018
for**

Capacare

Foretaksnr. 992100125

Organisasjonens art

Organisasjonen driver med opplæring av medisinsk fagpersonell i områder hvor det er mangel på slikt personell. Organisasjonen arbeider også for å samle inn midler og rekruttere helsearbeidere for å oppnå dette formålet: I 2012 ekspanderte prosjektet fra et lokalt initiativ i Tonkolili distrikt til å bli et landsomfattende treningsinitiativ i for kirurgi i Sierra Leone. I 2018 undersøkte CapaCare mulighetene for å starte opp kirurgisk opptrening i Liberia.

Utvikling i resultat og stilling

	2018	2017	2016
Driftsinntekter	2,992,904	2,233,723	2,523,075
Driftsresultat	327,080	139,238	951,994
Årsresultat	327,080	139,238	951,994
	31.12.2018	31.12.2017	31.12.2016
Balansesum	2,733,581	2,382,084	2,244,744
Egenkapital	2,696,461	2,368,645	2,229,407
Egenkapitalprosent	98.6%	99.4%	99.3%

Driftsinntektene i organisasjonen endret seg fra kr 2 233 723 i fjor til kr 2 992 904 i år, en økning på 34%. Årsresultatet ble kr 327 080 mot kr 139 238 i fjor.

Det har ikke inntruffet andre forhold etter regnskapsårets slutt som har betydning for det framlagte årsregnskapet. Årsregnskapet gir en rettvise oversikt over utviklingen i organisasjonen, for resultatet i regnskapsåret og stillingen ved regnskapsårets slutt.

Fortsatt drift

Årsoppgjøret er avlagt under forutsetning om fortsatt drift. Det bekreftes at denne forutsetningen er til stede.

Organisasjonens økonomiske og finansielle stilling kan beskrives som tilfredsstillende.

Forsknings- og utviklingsaktiviteter

Organisasjonen driver ikke med FoU-aktiviteter, og har ikke hatt slike aktiviteter i regnskapsåret.

Arbeidsmiljø og personale

Arbeidsmiljøet betraktes som godt, og det iverksettes løpende tiltak for forbedringer. Organisasjonen har to ansatte i deltidsstilling, som tilsvarer 0,5 fulltidsansatte. Det har i regnskapsåret ikke forekommet skader eller ulykker.

Likestilling mellom kjønnene

Styret består av 10 menn, 1 kvinne.

Personell består av 2 kvinner

Miljørapport

Det er ingen forhold ved organisasjonens virksomhet som har påvirkning på det ytre miljø.

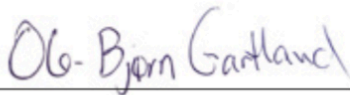
ORGANISASJONENS INNTEKTER OG KOSTNADER		2018	2017
		kr	kr
1	<u>ANSKAFFEDE MIDLER</u>		
1a	Medlemsinntekter	7,147	8,591
1b	<u>TILSKUDD</u>		
1b i	Offentlige tilskudd	2,000,000	650,000
1b ii	Andre tilskudd		
	Sum tilskudd	2,000,000	650,000
1c	Innsamlede midler, gaver m.v.	984,523	1,572,820
1d	<u>Opptjente inntekter fra operasjonelle aktiviteter</u>		
1d i	- som oppfyller organisasjonene formål		
1d ii	- som skaper inntekter		
	Sum opptjente inntekter fra operasjonelle aktiviteter		
1e	Finans og investeringsinntekter	1,234	2,312
1f	Andre inntekter		
	Sum anskaffede midler	2,992,904	2,233,723
2	<u>FORBRUKTE MIDLER</u>		
2a	<u>Kostnader til anskaffelse av midler</u>		
2a i	Kostnader til innsamling av midler	737	8,700
2a ii	Andre kostnader til anskaffelse av midler		
	Sum kostnader til anskaffelse av midler	737	8,700
2b	<u>Kostnader til organisasjonens formål</u>		
2b i	Gaver, tilskudd, bevillinger til oppfyllelse av formål	844,698	796,943
2b ii	Kostnader til aktiviteter som oppfyller formålet	1,739,799	1,249,461
	Sum kostnader til organisasjonens formål	2,584,497	2,046,404
	Administrasjonskostnader	72,809	34,427
	Finanskostnad	7,044	4,955
	Sum forbrukte midler	2,665,088	2,094,486
3	AKTIVITETSRESULTAT	327,817	139,238
4	TILLEGG/REDUKSJON FORMÅLSKAPITAL		
4a	Endring grunnkapital		
4b	Endring formålsskital med lovpålagte restriksjoner		
4c	Endring formålsskapital med eksternt pålagte restriksjoner	182,512	835,888
4d	Endring formålsskapital med selvpålagte restriksjoner	50,000	50,000
4f	Endring annen formålsskapital	95,305	(746,650)
	SUM TILLEGG/REDUKSJON FORMÅLSKAPITAL	327,817	139,238
Innsamlingsprosent		100	99
Formålsprosent = Kostnader til formålet / Sum forbrukte midler		98	98
Administrasjonsprosent = Administrasjonskostnader / Sum forbrukte midler		2	2

		2018	2017
			kr
	EIENDELER		
A	Anleggsmidler		
A 1	Immaterielle eiendeler		
A 2	Bevaringsverdige eiendeler		
A 3	Andre driftsmidler		41,793
A 4	Finansielle anleggsmidler		
T 030	Sum anleggsmidler		41,793
B	Omløpsmidler		
B 1	Beholdninger		
B 2	Fordringer		
B 3	Investeringer		
B 4	Bankinnskudd, kontanter m.v.	2,733,581	2,340,291
T 040	Sum omløpsmidler	2,733,581	2,340,291
T 050	Sum eiendeler	2,733,581	2,382,084
	FORMÅLSKAPITAL OG GJELD		
C	Formålskapital		
C 1	Grunnkapital		
C 2	Formålskapital med lovpålagte restriksjoner		
C 3	Formålskapital med eksterne restriksjoner	1,262,061	1,079,549
C 4	Formålskapital med selvpålagte restriksjoner	198,500	148,500
C 5	Annen formålskapital	1,235,900	1,140,595
T 060	Sum formålskapital	2,696,461	2,368,645
D	Gjeld		
D 1	Avsetning for forpliktelser		
D 2	Annen langsiktig gjeld		
D 3	Kortsiktig gjeld	37,119	13,439
T 070	Sum gjeld	37,119	13,439
T 080	Sum formålskapital og gjeld	2,733,581	2,382,084
	FORHOLDSTALL		
T 090	Formålskapital i prosent av totalbalansen	99	99

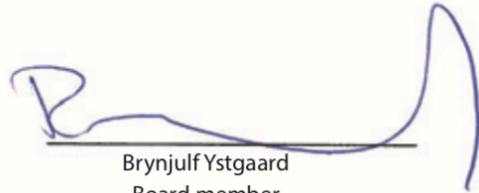
Trondheim den 30. april 2019



Håkon Angell Bolkan
Chair



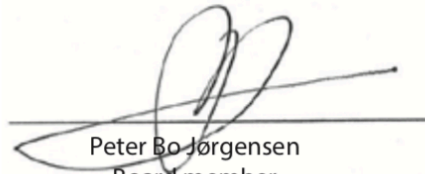
Ole-Bjørn Gartland
Treasurer



Brynjulf Ystgaard
Board member



Anne Husby
Board member



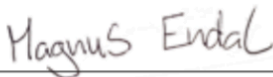
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Magnus Endal
Board member



Håvard Askim Adde
Board member



Øyvind Veel Svendsen
Board member



Bart Waalewijn
Board Member

Regnskapsprinsipper:

Årsregnskapet er satt opp i samsvar med regnskapsloven av 1998 og god regnskapsskikk for ideelle organisasjoner. Alle beløp i notene er oppgitt i hele kroner dersom ikke annet er angitt. Organisasjonen har videre fulgt relevante bestemmelser i Norsk Regnskaps Standard utarbeidet av Norsk Regnskaps Stiftelse.

De regnskapsprinsipper som er gjengitt i regnskapslovens kapittel 4 om grunnleggende prinsipper og god regnskapsskikk og kapittel 5 om vurderingsregler er ikke gjengitt i denne innledende noten om regnskapsprinsipper dersom det ikke foreligger forhold ved regnskapsposten eller prinsippene og vurderingsreglene som fordrer en presisering (valgdgang mv).

Unntaksreglene i regnskapsloven for små foretak er anvendt der annet ikke er angitt spesielt.

Resultatregnskapet er klassifisert basert på aktivitet fremfor art. Formålet med et aktivitetsregnskap er å vise alle anskaffede midler fordelt på hovedtyper, og hvordan disse er anvendt i løpet av regnskapsåret.

Formålskapital benyttes i stedet for Egenkapital. Dette er i henhold til god regnskapsskikk for ideelle organisasjoner. Til forskjell fra andre virksomheter er denne kapitalen en kapital som skal brukes til organisasjonens formål og ikke til utdeling eller lignende.

Presiseringer mht regnskapsprinsipper:

Inntektsføring

Alle midler er innsamlet i Norge. Alle midler er innsamlet ved at giver har overført gave via bank, ingen kontanter er innsamlet. Gaver/innsamlede midler inntektsføres når de mottas. Arvede midler inntektsføres når organisasjonen har juridisk rett til arven, det er rimelig sikkert at arven vil bli mottatt og verdien kan måles tilstrekkelig pålitelig

CapaCare mottar offentlige midler fra Norad, gaver og innsamlede midler fra andre organisasjoner og privatpersoner. Organisasjonen har ingen direkte kostnader i forbindelse med sine inntekter.

Prosjekter

CapaCare har i 2018 hatt ett prosjekt i Sierra Leone; å drive opplæring av medisinsk fagpersonell i områder hvor det er mangel på slike ressurser. Og i 2018 undersøkte CapaCare mulighetene for å starte en sammenlignbart prosjekt i Liberia.

Klassifisering og fordeling av kostnader

I aktivitetsregnskapet klassifiseres kostnader i to hovedgrupper; kostnader til formålet og administrasjonskostnader. Alle kostnader tilhørende en aktivitet er henført til denne.

Klassifisering og vurdering av eiendeler og gjeld

Eiendeler som knytter seg til prosjekter, fordringer som tilbakebetales innen et år samt eiendeler som ikke er bestemt til varig eie eller bruk for virksomheten er klassifisert som omløpsmidler, øvrige eiendeler er klassifisert som anleggsmidler. Tilsvarende prinsipper er benyttet for gjeldsposter.

Omløpsmidler vurderes til laveste verdi av anskaffelseskost og virkelig verdi. Anleggsmidler vurderes til anskaffelseskost, men nedskrives til virkelig verdi dersom verdifallet ikke forventes å være forbligående.

Varige driftsmidler

Varige driftsmidler balanseføres til anskaffelseskost inkludert innkjøpskostnader, og avskrives over driftsmidlets levetid dersom denne er over 3 år og har en kostpris som overstiger kr 15 000. Direkte vedlikehold av driftsmidler kostnadsføres løpende. Påkostninger eller forbedringer tillegges driftsmidlets kostpris dersom det er sannsynlig at påkostningen bidrar til fremtidige økonomiske fordeler, og kostnaden kan måles pålitelig.

Varige driftsmidler avskrives over forventet brukstid etter lineær metode.

Pensjoner

CapaCare betaler ikke forpliktelser ifm pensjoner og har således heller ingen pensjonskostnader.

NÆRSTÅENDE PARTER

CapaCare har bortsett fra styret, ingen nærstående parter. Det har ikke skjedd noen utbetaling til styret utover ordinær reisegodtgjørelse.

AKTIVITETSRAPPORT

Forøvrig henvises til fylldig aktivitetsrapport som er vedlagt regnskapet

Note 1 - Anskaffede midler

Dette gjelder

	2018	2017	2016
Gave/tilskudd fra private givere	73,146	194,567	181,457
Lions Club	8,000	8,000	164,075
Torunn og Ole's stiftelse	0	970,000	1,317,733
Norad	2,000,000	650,000	650,000
Gaver fra andre organisasjoner	903,377	400,278	200,000
Sum	2,984,523	2,222,820	2,513,265

Note 2 - Varige driftsmidler

CapaCare har kjøpt en bil i juli 2015.

Note 2 - Varige driftsmidler

	2018	2017
Anskaffelseskost pr. 1/1		
+ Tilgang		
- Avgang		
Anskaffelseskost pr. 31/12	250,760	250,760
Akk. av/nedskr. pr 1/1		
+ Ordinære avskrivninger	41,793	83,587
+ Avskr. på oppskrivning		
- Tilbakeført avskrivning		
+ Ekstraord nedskrivninger		
Akk. av/nedskr. pr. 31/12	250,760	208,967
Balanseført verdi pr 31/12	0	41,793
Procentsats for ord.avskr	0.0	16.7

Note 3 - Formålskapital med eksterne restriksjoner

	2018
CapaCare IT	78,349
Surgical Training Program Sierra Leone	72,011
Liberia	762,881
Forskning	348,820
	<hr/>
	1,262,061

Note 4 - Lønnskostnad

	I år	I fjor
Lønn	160,947	87,301
Arbeidsgiveravgift	20,102	10,922
Totalt	181,049	98,223

Kr. 181 049,- av lønnskostnad i 2018 gjelder lønn og arbeidsgiveravgift for planlegging, organisering og logistikk og sees på som prosjekterelatert kostnad.

Note 5 - Annen driftskostnad

Selskapet har ytet godtgjørelse til revisor med følgende beløp (alle beløp er inkludert mva):

	I år	I fjor
Revisjon	26 500	17 500
Andre tjenester	30 031	13 125
Totalt	56 531	30 625



UAVHENGIG REVISORS BERETNING

Til årsmøtet i CapaCare

Uttalelse om revisjonen av årsregnskapet

Konklusjon

Vi har revidert foreningen CapaCare årsregnskap som viser et overskudd på kr 327 817. Årsregnskapet består av balanse per 31. desember 2018, resultatregnskap og oppstilling over endringer i egenkapital for regnskapsåret avsluttet per denne datoen og noter til årsregnskapet, herunder et sammendrag av viktige regnskapsprinsipper.

Etter vår mening er det medfølgende årsregnskapet avgitt i samsvar med lov og forskrifter og gir et rettviseende bilde av foreningens finansielle stilling per 31. desember 2018, og av dets resultater for regnskapsåret avsluttet per denne datoen i samsvar med regnskapslovens regler og god regnskapsskikk i Norge.

Grunnlag for konklusjonen

Vi har gjennomført revisjonen i samsvar med lov, forskrift og god revisjonsskikk i Norge, herunder de internasjonale revisjonsstandardene (ISA-ene). Våre oppgaver og plikter i henhold til disse standardene er beskrevet i *Revisors oppgaver og plikter ved revisjon av årsregnskapet*. Vi er uavhengige av foreningen slik det kreves i lov og forskrift, og har overholdt våre øvrige etiske forpliktelser i samsvar med disse kravene. Etter vår oppfatning er innhentet revisjonsbevis tilstrekkelig og hensiktsmessig som grunnlag for vår konklusjon.

Styrets ansvar for årsregnskapet

Styret er ansvarlig for å utarbeide årsregnskapet i samsvar med lov og forskrifter, herunder for at det gir et rettviseende bilde i samsvar med regnskapslovens regler og god regnskapsskikk i Norge. Ledelsen er også ansvarlig for slik intern kontroll som den finner nødvendig for å kunne utarbeide et årsregnskap som ikke inneholder vesentlig feilinformasjon, verken som følge av misligheter eller utilsiktede feil.

Ved utarbeidelsen av årsregnskapet må ledelsen ta standpunkt til foreningens evne til fortsatt drift og opplyse om forhold av betydning for fortsatt drift. Forutsetningen om fortsatt drift skal legges til grunn for årsregnskapet så lenge det ikke er sannsynlig at virksomheten vil bli avviklet.

Revisors oppgaver og plikter ved revisjonen av årsregnskapet

Vårt mål er å oppnå betryggende sikkerhet for at årsregnskapet som helhet ikke inneholder vesentlig feilinformasjon, verken som følge av misligheter eller utilsiktede feil, og å avgi en revisjonsberetning som inneholder vår konklusjon. Betryggende sikkerhet er en høy grad av sikkerhet, men ingen garanti for at en revisjon utført i samsvar med lov, forskrift og god



ALL~REVISJON AS

revisjonsskikk i Norge, herunder ISA-ene, alltid vil avdekke vesentlig feilinformasjon som eksisterer. Feilinformasjon kan oppstå som følge av misligheter eller utilsiktede feil. Feilinformasjon blir vurdert som vesentlig dersom den enkeltvis eller samlet med rimelighet kan forventes å påvirke økonomiske beslutninger som brukerne foretar basert på årsregnskapet. For videre beskrivelse av revisors oppgaver og plikter vises det til <https://revisorforeningen.no/revisjonsberetninger>

Uttalelse om øvrige lovmessige krav

Konklusjon om registrering og dokumentasjon

Basert på vår revisjon av årsregnskapet som beskrevet ovenfor, og kontrollhandlinger vi har funnet nødvendig i henhold til internasjonal standard for attestasjonsoppdrag (ISAE) 3000 «Attestasjonsoppdrag som ikke er revisjon eller forenklet revisorkontroll av historisk finansiell informasjon», mener vi at ledelsen har oppfylt sin plikt til å sørge for ordentlig og oversiktlig registrering og dokumentasjon av foreningens regnskapsopplysninger i samsvar med lov og god bokføringsskikk i Norge.

TRONDHEIM, 30. april 2019
All Revisjon AS

Kjell Eide
Statsautorisert revisor



**Financial Statements for year ended
31st December 2018**

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General Information	1
Report of the Directors	2
Report of the Independent Auditors	3
Statement of Activities	4
Statement of Financial Position	5
Statement of Cash Flows	6
Statement of Changes in Grant Balance	7
Notes forming part of the Financial Statements	8-14
Supplementary Information	15-16

GENERAL INFORMATION

Registered Office

Masanga Hospital
Masanga Village
Tonkolili District.
Sierra Leone

Board of Directors

Dr. Alex Van Duinen
Chairman

Daniel Van Leerdam - Up to 31st October 2018
Secretary

Wouter Nolet - From 1st November 2018
Secretary

Emile Koroma
Dir. HRH Ministry of Health & Sanitation

Dr. Ibrahim Bundu
Orthopaedic Surgeon – Ministry of Health & Sanitation

Abu Conteh
Chief CHO – Ministry of Health & Sanitation

Lawrence T. Kargbo
STP Association President

Dr. Kojo Carew
Managing Director Blue Shield Hospital

Management Team

Daniel Van-Leerdam – Up to 31st October 2018
National Programme Coordinator

Wouter Nolet – From 1st November 2018
National Programme Coordinator

Dr. Martelien Groot Jans
National Program Manager

Samuel Mathew Sankoh
National STP Coordinator

Mohamed John Turay
Finance Manager

Francis Stephen Vandy
Administrator/Human Resources/Monitoring & Evaluation

Bankers

EcoBank (SL) Limited
Makeni Branch, Makeni
Sierra Leone

Auditors

Bertin & Bertin
Chartered Certified Accountants
Freetown, Sierra Leone.

REPORT OF THE DIRECTORS

The directors of CapaCare Sierra Leone present their audited financial statements for year ended 31st December 2018.

Statement of Responsibilities of the Directors

The constitution of CapaCare Sierra Leone and International Financial Reporting Standards (IFRS) requires the directors of CapaCare Sierra Leone to prepare a statement of activities, statement of financial position, statement of cash flows, statement of changes in grant and notes supporting these financial statements including summary of significant accounting policies.

The responsibilities of the directors include designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of these financial statements that should be free from material misstatement, whether due to fraud or error. The directors are also responsible for the selection and application of appropriate accounting policies, and making accounting estimates that are reasonable in the circumstance.

The directors are responsible for maintaining proper accounting records, which disclose with reasonable accuracy at any time the financial position of the organisation and to enable them ensure that the financial statements comply with, International Financial Reporting Standards (IFRS). The directors are also responsible for safeguarding the assets of the organisation and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Funding


The financial activities carried out by CapaCare Sierra Leone for year ended 31st December 2018, were made possible through the generosity of a number of donors who provided funds for specific programme and/or towards the general organisation support.

Members of CapaCare Sierra Leone gratefully acknowledge the support of the following organisations;

	2018 'Le000'	2017 Le'000'
UNFPA	1,441,989	1,207,925
Capacare Norway	799,188	697,951
Other Funders	-	77,895
	<u>2,241,177</u>	<u>1,983,771</u>

The annexed financial statements disclose the financial activities of the organisation for year ended 31st December 2018.

By order of the Board


.....
Wouter Norlet
Secretary to the Board

Date: 21-5-2019

Managing Partner – Emile S Bertin

Bertin & Bertin
B&B

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West Africa
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Chartered Certified Accountants

**REPORT OF THE INDEPENDENT AUDITORS – BERTIN & BERTIN TO
MEMBERS OF CAPACARE SIERRA LEONE**

We have audited the accompanying financial statements of CapaCare Sierra Leone Office for year ended 31st December 2018, including notes and summary of significant accounting policies.

Respective Responsibilities of the Directors and the Auditors

As described on page 2 the board of directors are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards (IFRS) and in the manner prescribed by the Constitution of CapaCare Sierra Leone. Their responsibilities also includes; designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of these financial statements that should be free from material misstatement, whether due to fraud, error or irregularities.

It is our responsibility to form an independent opinion as to whether these financial statements give a true and fair view based on our audit.

Basis of Audit Opinion

The objective of our audit is to express an opinion as to whether the financial statements of CapaCare Sierra Leone for year ended 31st December 2018 give a true and fair view or present fairly, in all material respect, the financial position, result of operation and cash flows in accordance with International Financial Reporting Standards (IFRS) and in a manner required by the constitution of CapaCare Sierra Leone.

We conducted our audit in accordance with International Standards on Auditing (ISA) as promulgated by the International Auditing and Assurance Standards Board (IAASB). Those standards required that we comply with ethical requirements, plans and perform the audit to obtain reasonable, rather than absolute assurance as to whether the financial statements are free of material misstatement, whether due to fraud or error. There are inherent limitations in the audit process; including the use of judgement and selective testing of data and the possibility that collusion or forgery may preclude the detection of material errors or illegal acts. Accordingly, there are some risks that material misstatement of the financial statements may remain undetected. Also, an audit is not designed to detect fraud or error that is immaterial to the financial statements.

Our audit also includes an assessment of significant estimates and judgement made by the directors of the organisation with regards to the preparation of the financial statements, and of whether the accounting policies are appropriate to the circumstances of the organisation, consistently applied and adequately disclosed.

In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the financial statements.

We believe that the audit evidence we have obtained is sufficient, appropriate and relevant for the basis of our opinion.

Opinion

In our opinion the financial statements give a true and fair view of the state of affairs of the organisation as at 31st December 2018 and have been properly prepared in accordance with the International Financial Reporting Standards (IFRS) and the constitution of the CapaCare Sierra Leone.


Bertin and Bertin
Chartered Certified Accountants

Date 21.5.2019
Freetown, Sierra Leone

STATEMENT OF ACTIVITIES

*In Thousands of Leones
(Le000)*

Income	Notes	2018	2017
Project Grant	3,12	2,340,823	2,072,336
Other Income	4	-	5,400
		2,340,823	2,077,736
Expenditure			
Staff and Student Expenses	5	(989,316)	(835,036)
Administrative Expenses	6	(768,466)	(563,823)
Program Expenses	7	(583,041)	(678,877)
		(2,340,823)	(2,077,736)

The notes on pages 8 to 14 form part of these financial statements

STATEMENT OF FINANCIAL POSITION

*In Thousands of Leones
(Le000)*

Non-Current Assets	Notes	2018	2017
Property, Plant & Equipment	8	93,937	149,795
Current Assets			
Receivables & Prepaid Charges	9	269,100	71,995
Cash & Bank Balances	10	<u>45,647</u>	<u>52,468</u>
		314,747	124,463
Creditors: amount falling due within one year	11	<u>(37,920)</u>	<u>(24,438)</u>
Net Current Assets		276,827	100,025
Creditors: amount falling due more than one year	12	(220,590)	(50,900)
		<u>150,174</u>	<u>198,920</u>
Represented by			
Deferred Fund	13	150,174	198,920
		<u>150,174</u>	<u>198,920</u>

These financial statements were approved by directors of CapaCare Sierra Leone.

on 21st of May2019


Wouter Norlet
Secretary

 21/05/19
Mohamed John Turay
Finance Manager

STATEMENT OF CASH FLOWS

	<i>In Thousands of Leones (Le000)</i>	
	2018	2017
Net Cash Flow from Operating Activities	(6,821)	(45,742)
Net Cash Outflow	(6,821)	(45,742)
Reconciliation of Change in Deferred Grant to Net Cash Flow from Operating Activities	2018	2017
Change in Deferred Fund	(48,746)	(71,355)
Adjustment for:		
Depreciation	55,858	55,870
Changes in Operating Assets & Liabilities		
Change in Receivables	(197,105)	(71,995)
Change in Creditors falling due within one year	13,482	(9,162)
Change in Creditors falling due more than one year	169,690	50,900
Net Cash Flow from Operating Activities	(6,821)	(45,742)
Analysis of Cash & Bank Balances during the year	2018	2017
At the start of the year	52,468	98,210
Net Cash Flow	(6,821)	(45,742)
At the end of the year	45,647	52,468

The notes on pages 8 to 14 form part of these financial statements

STATEMENT OF CHANGES IN GRANT BALANCE

*In Thousands of Leones
(Le000)*

Year 2018	Capital Fund	Cash Grant	Total
At the start of the year	149,795	49,125	198,920
Net Movement during the year	(55,858)	7,112	(48,746)
At the end of the year	93,937	56,237	150,174

Year 2017	Capital Fund	Cash Grant	Total
At the start of the year	205,665	64,610	270,275
Net Movement during the year	(55,870)	(15,485)	(71,355)
At the end of the year	149,795	49,125	198,920

The notes on pages 8 to 14 form part of these financial statements

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

1. Background Information of CapaCare Sierra Leone

CapaCare Sierra Leone is a National Non-Governmental Organisation bearing Registration Certificate Number: NNGO/634 registered with the Sierra Leone Association of Non-Governmental Organisation (SLANGO).

CapaCare Norway is a member based organisation registered with the Norwegian Central Coordinating Register for legal entities "Brønnøysundsregistret" organisation number 992100125 with headquarters in Trondheim, Norway. The Annual General Meeting functions as CapaCare Norway's highest authority.

In line with the recommendation from the 2010 Health Sector Performance report, the Non-governmental Organisation (NGO) CapaCare in collaboration with the Ministry of Health & Sanitation initiated a Surgical Training Program (STP) for Non-Physician Clinician (NPCs) and Medical Doctors' (MDs) in Sierra Leone.

The Organisation's Aim, Goal and Objectives

Aim

The aim of the surgical training program is to increase the level of surgical skilled health staff at district hospitals in Sierra Leone.

Goal

The goal of this program is to train sixty (60) medical doctors of Surgical Assistant Community Health Officers (SACHOs). CapaCare 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.

Objectives

The Key Objectives of the Organisation are:

- to train medical professionals in areas where there is a shortage of such personnel.
- to work in order to raise funds and recruit health professionals to accomplish this purpose.

Program Activities

- Procure course materials.
- Recruit new students and promote surgical training program of government and NGO staff.
- Monitor students on in clinical placement.
- Procure models and phantoms for skills lab, and maintain the skills lab.
- Provide food for expert lecturers and support to expert lectures from Sierra Leone.

1.1 Background of Projects Undertaken in year 2018

In 2018, an organisational restructuring of CapaCare was initiated and presented for the Annual General Meeting, which gave the mandate to develop a model where the organisation is divided into three different entities; a "donor" chapter in donor countries (CapaCare donor), an "executive" chapter in countries receiving assistance (CapaCare executive) and an international supervisory body overseeing and guiding the activity (CapaCare International). The relationship between these entities has to be defined, but there has to be room for flexibility. Relations between donor and executive chapters should not always have to go through the international body, even though the nature of the activity should adhere to the general principles laid down by the international body. Thus, the organisation would consist of an international body based on national chapters. The organisation of these national chapters would be based on their main activity.

The programme in Sierra Leone is expanding continuously. The main aim is still to train 60 Surgical Assistant Community Health Workers (SACHOs) by 2021 in partnership with the Ministry of Health and Sanitation (MoHS) and United Nations Population Fund (UNFPA). In addition, training of medical doctors will be prioritised. Therefore, it is necessary to further strengthen the capacity of the local management in Sierra Leone in 2019.

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

2.0 Summary of Significant Accounting Policies

2.1 Basis of Preparation

The financial statements have been prepared in accordance with the provisions of International Financial Reporting Standards (IFRS).

The organisation's accounting policies set out below have been consistently applied in all material respect.

The financial statements are presented in thousands of Leones.

2.2 Use of Judgement

The preparation of financial statements requires the directors and the management of the organisation to make estimates and assumptions that affect the reported amounts of assets and liabilities as at the date of the statement of financial position, the reported amount of income, and expenses as at that date. The determination/estimation require the exercise of judgement based on various assumptions and factors such as experience, current and expected economic conditions. Actual results could differ from estimates.

The more significant area requiring the use of management estimates and assumptions relate to depreciation and amortisation calculations, estimate of assets impairments, write down of inventory to net realisable values, post-employment, post retirement and other employee benefit liabilities, and the accounting treatment of financial instruments.

The judgements that management have applied in the application of accounting policies, and the estimates and assumptions that have a significant risk of causing a material adjustments to the carrying values of assets and liabilities to the next financial year, are discussed below.

2.3 Provisions

Provisions are recognised when the organisation has a present legal or constructive obligation as a result of past events for which it is probable that an economic benefit will occur and where a reliable estimate can be made of the amount of the obligation. Where the effect of discounting is material, provisions are discounted.

2.4 Receivables

Receivables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less accumulated impairment.

Impairment of receivable is established when there is objective evidence to prove that the organisation will not be able to collect or utilise the amount due because of the original terms of the contractual arrangement and agreed terms.

The amount of the impairment is the difference between the assets carrying values and the present value based on estimated future cash flow.

2.5 Foreign Currency Translation

Items included in the financial statements are measured using the currency of the primary economic environment in which the organisation operates (the functional currency). The functional currency of the organisation is Sierra Leone Leones where the organisation is domiciled. Foreign currency transactions are translated into the functional currency using the approximate exchange rate prevailing at the date of the transaction. Foreign exchange gain and losses resulting from the settlement of foreign currency transactions and from the translation of monetary assets and liabilities are recognised as part of the statement of activities, except for derivatives balances that are within the scope of IAS 39.

2.6 Cash and Cash Equivalents

Cash and cash equivalents are defined as cash at hand, demand deposits and short-term highly liquid investments which are readily convertible to known amounts of cash and are subject to insignificant risk of change in value. They are measured at cost which is deemed to be fair value as they have short term maturity.

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

2.0 Summary of Significant Accounting Policies – Continued

2.7 Tangible Fixed Assets/ Property, Plant & Equipment

Tangible fixed assets are recorded at cost less accumulated depreciation/amortisation and impairment, including future decommissioning costs.

If there is an indication that the recoverable amount of any property, plant and equipment is less than the carrying value, the recoverable amount is estimated and an allowance is made for the impairment.

Subsequent costs are included in the assets carrying values only when it is probable that future economic benefits associated with such costs will flow to the organisation, and the costs of the addition can be measured reliably.

All other repairs and maintenance are transferred to the statement of activities in the financial period in which they are incurred.

2.8 Depreciation

Depreciation of tangible fixed assets is provided on a straight-line basis at the following annual rates, calculated to write off the cost of each asset over their expected useful lives:

	Rate
Motor Vehicles	20%
Office Equipment	20%
Furniture and Fittings	15%

2.9 Impairment of Assets

Assets that are subject to amortisation are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable.

An impairment loss is recognised for the amount by which the assets carrying value exceeds its recoverable value. The recoverable value is the higher of an assets fair value, less costs to sell and value in use.

2.10 Grant

Grants from donors are recognised at their fair value where there is a reasonable assurance that the grants will be received and CapaCare Sierra Leone will comply with the conditions attached to the grants.

Grants relating to revenue expenditures are deferred and recognised in the statement of activities over the period necessary to match the grants with the costs they intended to compensate. Grants relating to capital expenditure such as property, plant and equipment are treated as part of capital fund. The amount transferred to the statement of activities on a yearly basis is calculated to match the useful lives of these assets.

<i>In Thousands of Leones (Le000)</i>		
3. Project Grant	2018	2017
UNFPA	1,441,989	1,207,925
CapaCare Norway	799,188	697,951
Other Donors	-	77,895
Capital Grant (Portion of Donated Assets)	55,858	55,870
	2,297,035	2,039,641
 4. Other Income	2018	2017
Donation in Kind	-	5,400
	-	5,400

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

*In Thousands of Leones
(Le000)*

5. Staff & Student Expenses	2018	2017
Staff Expenses	298,193	254,950
Student Expenses	691,123	580,086
	989,316	835,036
Staff Expenses	2018	2017
National Staff Salaries	186,244	149,650
National Staff NASSIT	31,241	26,127
National Staff PAYE	42,091	31,861
National Staff Leave Allowance	32,304	16,842
Staff End of Service Benefits	-	25,450
Other Staff Support	6,313	5,020
	298,193	254,950
Student Expenses	2018	2017
Student Allowances	520,450	435,730
Housemanship Allowance	-	1,600
Housing & Travel Allowance	50,690	11,870
Graduate Support	90,490	89,322
Student Union Support	6,152	6,634
Recruitment Expenses	6,721	6,166
Allowance for National Trainers	6,900	11,850
Other Staff Support	9,720	16,914
	691,123	580,086
6. Administrative Expenses	2018	2017 - Restated
Office Supplies	27,289	20,109
Telecommunication/IT & Data Collection	18,769	30,977
Rent	75,300	30,545
Water & Electricity Charges	8,400	7,200
Repairs – Furniture & House Hold Equipment	1,520	546
Travel Expenses	11,794	14,997
Fuel & Oil	82,990	80,379
Vehicle Repairs & Maintenance	78,132	91,183
DSA & Lodging	75,300	59,015
Meals & Accommodation	87,884	50,648
General Maintenance & Supplies	141,265	44,635
Depreciation	55,858	55,870
Public Relation	-	200
Audit Fees	34,615	24,438
Annual Fees	11,688	9,255
Annual Meeting	19,462	13,840
Bank Charges	35,669	29,986
Other Administrative Expenses	2,531	-
	768,466	563,823
7. Program Expenses	2018	2017 - Restated
Hermia Research	112,798	300,000
Dr. Alex's Research	163,783	44,416
General Research	13,635	-
Hospital Support	196,738	215,748
Food for Maternity Patients	36,760	9,090
Training	25,032	-
CDP Materials	25,100	-
Course Material	3,690	6,801
Examination Expenses	5,505	4,050
Graduation Ceremony	-	43,797
Other Program Expenses	-	54,975
	583,041	678,877

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

8. Property, Plant & Equipment

Cost	Motor Vehicles & Bikes	Office Equipment	Furniture & Fittings	Total
At the start of the year	264,075	8,500	8,950	281,525
Balance at the end of the year	264,075	8,500	8,950	281,525
Depreciation				
At the start of the year	124,412	3,525	3,793	131,730
Charges for the year	52,815	1,700	1,343	55,858
Balance at the end of the year	177,227	5,225	5,136	187,588
Carrying Amount				
As at 31.12.2018	86,848	3,275	3,814	93,937
As at 31.12.2017	139,663	4,975	5,157	149,795

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

*In Thousands of Leones
(Le000)*

9. Receivables & Prepaid Charges 2018 2017

Prepaid Rent	48,510	71,995
Staff End of Service Benefits		
Reserve with CapaCare Norway	220,590	-
	269,100	71,995

10. Cash & Bank Balances 2018 2017

CapaCare GP Bank Account	17,632	22,942
CapaCare – UNFPA Account	6,069	55
CapaCare UBA USD Bank Account	662	-
Massanga CapaCare Association SL	15,230	24,410
Petty Cash	6,054	5,061
	45,647	52,468

11. Creditors: Amount falling due 2018 2017
within one year

Accrued Audit Fees	34,615	24,438
Withholding Tax & PAYEE Payable	3,305	-
	37,920	24,438

12. Creditors: Amount falling due 2018 2017
more than one year

Provision for End of Service Benefits	220,590	50,900
	220,590	50,900

13. Deferred Fund

	2018			2017		
	Capital Grant	Cash Grant	Total	Capital Grant	Cash Grant	Total
At the start of the year	149,795	49,125	198,920	205,665	64,610	270,275
Total Grant Received/ Receivable during the year	-	2,241,177	2,241,177	-	1,983,771	1,983,771
Adjustment for Staff End of Service Benefits/2017 Opening Balance	-	50,900	50,900	-	17,210	17,210
Grant utilised during the year	(55,858)	(2,284,965)	(2,340,823)	(55,870)	(2,016,466)	(2,072,336)
At the end of the year	93,937	56,237	150,174	149,795	49,125	198,920

NOTES FORMING PART OF THE FINANCIAL STATEMENTS

14. Capital Commitments

There were no capital commitments at the end of the year (2017-Nil)

15. Contingent Assets/Liabilities

There were no contingent assets or liabilities at the end of the year (2017-Nil)

16. Board of Directors and their Interest

No member of the board during the year had/have a material interest in any contract or arrangement of significance to which the organisation was, or is a party.

17. Taxation

CapaCare Sierra Leone is exempted from income tax in accordance with Section 9a (1) of Sierra Leone Income Tax Act, 2000 (as amended).

18. Post Balance Sheet Events

Events subsequent to the date of the statement of financial position are only reflected to the extent that they are material. There were no such events when these financial statements were approved and signed.

SUPPLEMENTARY INFORMATION

*In Thousands of Leones
(Le000)*

3. Project Grant	UNFPA & CapaCare Norway Surgical Programmes	Research Programmes	Total 2018	Total 2017
UNFPA	1,441,989	-	1,441,989	1,207,925
CapaCare Norway	517,846	281,342	799,188	697,951
Other Donors	-	-	-	77,895
Capital Grant	55,858	-	55,858	55,870
	2,015,693	281,342	2,297,035	2,039,641
4. Other Income	UNFPA & CapaCare Norway Surgical Programmes	Research Programmes	Total 2018	Total 2017
Donation in Kind	-	-	-	5,400
	-	-	-	5,400
5. Staff and Student Expenses	UNFPA & CapaCare Norway Surgical Programmes	Research Programmes	Total 2018	Total 2017
Student Allowances	520,450	-	520,450	435,730
National Staff Salaries	186,244	-	186,244	149,650
Graduate Support	90,490	-	90,490	89,322
National Staff Leave Allowance	32,304	-	32,304	16,842
Housing & Travel Allowance	50,690	-	50,690	11,870
Housemanship Allowance	-	-	-	1,600
Other Student Support	9,720	-	9,720	16,914
National Staff NASSIT	31,241	-	31,241	26,127
National Staff PAYEE	42,091	-	42,091	31,861
Student Union Support	6,152	-	6,152	6,634
Recruitment Expenses	6,721	-	6,721	6,166
Allowance for National Trainers	6,900	-	6,900	11,850
Staff End of Services Benefits	-	-	-	25,450
Other Staff Support	6,313	-	6,313	5,020
	989,316	-	989,316	835,036
6. Administrative Expenses	UNFPA & CapaCare Norway Surgical Programmes	Research Programmes	Total 2018	Total 2017
Office Supplies	27,289	-	27,289	20,109
Telecommunication/IT& Data Collection	18,769	-	18,769	30,977
Rent	75,300	-	75,300	30,545
Water &Electricity Charges	8,400	-	8,400	7,200
Repairs- Furniture &House Hold Equipment	1,520	-	1,520	546
Travel Expenses	11,794	-	11,794	14,997
Fuel & Oil	82,990	-	82,990	80,379
Vehicle Repairs & Maintenance	78,132	-	78,132	91,183
DSA & Lodging	75,300	-	75,300	59,015
Meals & Accommodation	87,884	-	87,884	50,648
General Maintenance & Supplies	141,265	-	141,265	44,635
Depreciation	55,858	-	55,858	55,870
Public Relation	-	-	-	200
Audit Fees	34,615	-	34,615	24,438
Annual Fees	11,688	-	11,688	9,255
Annual Meeting	19,462	-	19,462	13,840
Bank Charges	34,896	773	35,669	29,986
Other Administrative&Operational Expenses	2,531	-	2,531	-
	767,693	773	768,466	563,823

SUPPLEMENTARY INFORMATION

*In Thousands of Leones
(Le000)*

7. Program Expenses	UNFPA & CapaCare Norway Surgical Programmes	Research Programmes	Total 2018	Total 2017
Hernia Research	-	112,798	112,798	300,000
Dr Alex's Research	-	163,783	163,783	44,416
General Research	13,235	400	13,635	-
Hospital Support	196,738	-	196,738	215,748
Food for Maternity Patients	36,760	-	36,760	9,090
Training	25,032	-	25,032	-
CDP Materials	25,100	-	25,100	-
Course Material	3,690	-	3,690	6,801
Examination Expenses	5,505	-	5,505	4,050
Graduation Ceremony	-	-	-	43,797
Other Program Expenses	-	-	-	54,975
	306,060	276,981	583,041	678,877
Result for the year	(47,376)	3,588	(43,788)	(32,695)