



CapaCare

Annual Report 2013



Surgical Training Program

Kirurgisk oppreningsprogram

May 2014

Summary

2013 has been another very good year for CapaCare. Our students took part in close to 7 000 surgeries throughout Sierra Leone in 2013. This is more than a quarter of all surgeries performed in the country in 2013. We are proud of this achievement and believe that creating training opportunities when surgeries take place are the only way forward for developing a surgical workforce for the future.

The Surgical Training Program in Sierra Leone is a collective effort. The program continues to develop in a positive way because the Ministry of Health in Sierra Leone, all partner hospitals with its dedicated staff, the volunteer specialist trainers from all over Europe, our financial supporters all have the same goal – to increase access to quality essential surgical services.

I would like to thank all of you that contribute to the program, we could not have done this without you! We have been amazed by the support we have received and are very happy for the good feedback we have gotten on the performance and professional work ethics of the STP students.

The largest thanks goes to the students in the program. For now, 25 very eager, dedicated and highly motivated student that always are willing to do the little extra to be able to gain new skills and knowledge.

It's truly rewarding to listen to the students when they enthusiastically discuss patient cases and how to deal with all the challenges arising in the country's hospitals every day. It gives us urge and motivation to improve the training.

There are still challenges on the horizon. As the first students will finish the housemanship in 2014, they will be posted to district hospitals and start to serve the population. Quality of care and the performance of this newly created group of surgical workforce is of our concern. We want to take part in this quality control by facilitate continuous medical education also after completion of the training. Surgical skills needs a long time to be developed and CapaCare wants to take part in this. We will follow you, monitor you and ensure that you will have the ability to improve your skills also in the future.

The aim of the annual report is to give an overview of CapaCare's work in 2013. We hope it also give you a possibility to follow the development of this program, either you are one of our partners, supporters, volunteers or follower. Good reading and thank again for all the support given in 2013.

Best wishes



Håkon Angell Bolkan
Chairman CapaCare

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About CapaCare

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

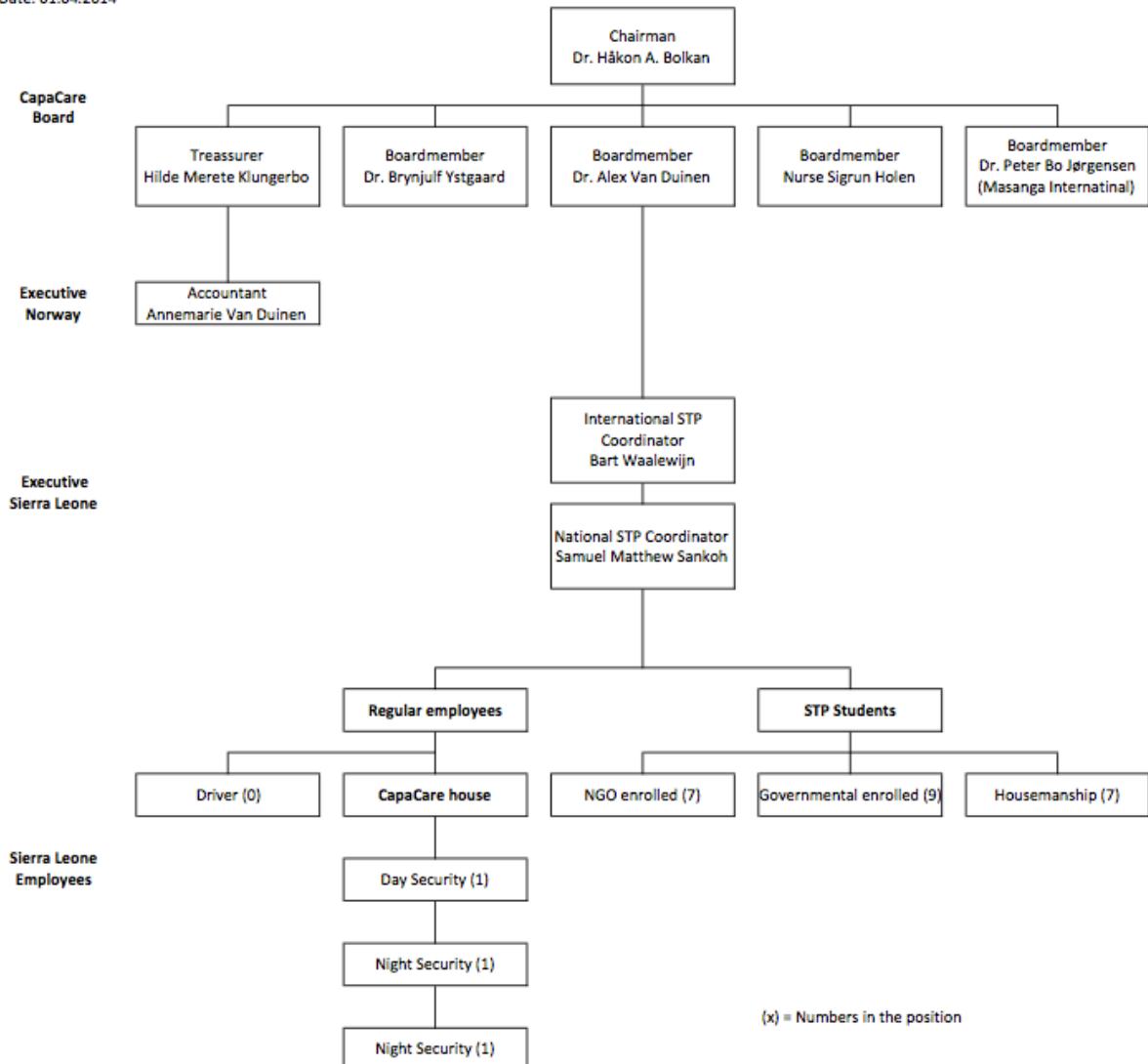
The purpose of the association is training of medical professionals in areas where there is a shortage of such personnel. The association also works to raise funds and recruit health professionals to accomplish this purpose.

The Board is responsible for the association's operations and management of finances between Annual General Meetings. The board hire consultancies for finance management. All positions in the board are voluntary and no honoraries are paid for boardwork.



Organogram:

Date: 01.04.2014



Surgical Training Program

Background

Sierra Leone is a West-African country bordering Liberia to the south and Guinea to the north and east. The capital Freetown is located on the Atlantic coast. The country is 71 740 km² and is divided in 14 administrative districts. The country is still recovering after the civil war between 1991 and 2002. Life expectancy at birth is 49 years, infant mortality and maternal mortality remain high at 89 per 1000 live births and 857 per 100 000 live births, respectively.

In 2008 Sierra Leone only had ten surgeons in the public sector to serve a population of 5.7 million. Over a period of five months 724 surgical interventions were performed in the ten largest governmental hospitals. A total of 82% of those interventions were hernia repairs, appendectomies and caesarean sections. Shortage of qualified professional staff, poor distribution of available staff and weak capacities in training institutions are identified as key challenges in the 2010 Health Sector Performance Report. It is recommended to “support provision of adequately trained and qualified staff at the right place at the right time”. In line with the recommendation from the 2010 Health Sector Performance Report the non-governmental organization (NGO) CapaCare has in collaboration with the MOHS initiated a Surgical Training Program (STP) for Community Health Officers (CHOs) and Medical Doctors (MDs) in Sierra Leone.

Aim

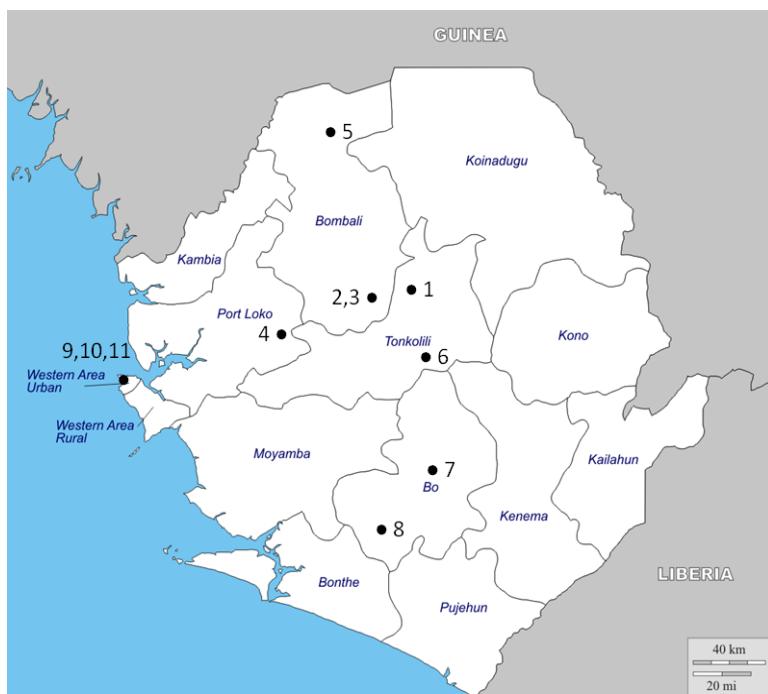
The aim of the surgical training program is to increase the level of surgically skilled health staff at district hospitals in Sierra Leone. The goal of this program is to train, each for two years + one year housemanship MDs or CHOs for the country's district hospitals, to be able to handle the most common surgical and obstetrical emergencies that without treatment would lead to disability or death.

Project locations

Masanga Hospital in Tonkolili District in Sierra Leone was initiated by the government in the sixties as a leprosarium. The running of the hospital was delegated to the seventh day Adventist Church and with help from international experts the hospital started to provide high quality care to the poorest outcast at the most rural place on earth. The hospital had a high reputation and was well known in West-Africa for its effort for leprosy patients.

The hospital was ruined by the rebels during the civilwar (1991 - 2002). Association Friends of Masanga (AFOM) started in 2006 to rehabilitate Masanga Hospital. The focus was not only on leprosy patients but for the whole population. After the reopening, the project developed in a quick tempo. Today the hospital has well-run operation facilities, 6 wards and a outpatient department. The hospital is run by local staff supported by 2 employed Dutch tropical doctors.

All theoretical training of the STP students takes place in Masanga Hospital. All theoretical training takes place in Masanga in addition to the first 6 months of the practical training. After six months the students are sent to other NGO hospitals all over the country to gain further practical training and experience in obstetrics and surgery. After successful completion of the rotations and passing of the oral and written exam the students enter a one year housemanship period (six months obstetrics and six months surgery) in the governmental hospitals in Freetown.



Map of the teaching facilities

Primary Training Center

1. Masanga Hospital

Partner Hospitals

2. Magbenteh, Makeni
3. Holy Spirit, Makeni
4. St John of God, Lunsar
5. Kamakwie Weslian Hospital

6. Lion Hearth Medical Center, Yele

7. Gundama Refferal Center, Bo

8. Serabu Catholic Hospital

9. Aberdeen Womens Center, Freetown

Housemanship Hospitals

10. Canaught University Hospital, Freetown
11. PCMH Maternity Hospital, Freetown

Interview and new training candidates

Since the start of the program there have been 6 rounds of interviews for new candidates to start in the program. Vacant positions are announced at the hospitals, in newspapers and on radio. The interviews are conducted in collaboration with representatives from the Ministry of Health and Sanitation. There has been a very positive development over the 3 years in terms of number of applicants.

Date for Application	October 2010	March 2011	October 2011	March 2012	October 2012	September 2013
Number of Applicants	1	3	8	18	27	37

Student rotations

The number of students in the program has increased in 2013 from 14 to 21. The most important reason for this growth is the desire of the government to add a year for housemanships after successful completion of the training.

The table shows number of students in Masanga, the partner hospitals and the housemanship hospitals.

STP Students	January 2013	December 2013
In Masanga	7	10
Partner Hospitals	7	7
In Housemanship	0	4
Total	14	21

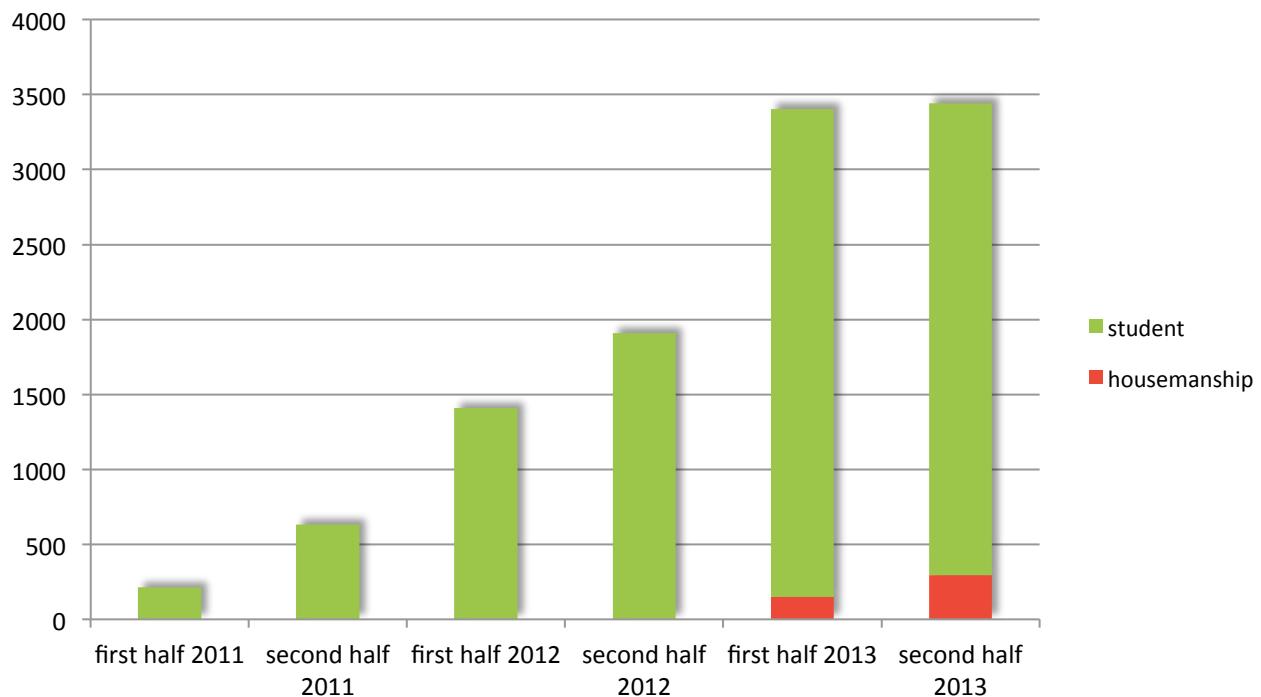
Surgical activity

In 2013 the students have been involved in 6844 procedures either as observer, assistant or performing the operation self. The table shows the top 10 list of procedures with percentages.

Top 10 operations attended by STP students in 2013

Procedure	Number	Percentage
Hernia inguinal repair	1763	25,8%
Cesarean Section	1432	20,9%
Laparotomy explorative	328	4,8%
Tubal ligation	248	3,6%
Scrotal hydrocele	247	3,6%
Dilatation & Curretage	240	3,5%
Appendectomy	238	3,5%
Hysterectomy	185	2,7%
Incision & Drainage	170	2,5%
Obstetrics/gynecology other	168	2,5%

Since the start of the training the students have been increasingly involved in many surgeries. The figure below shows the increase in surgical activity per 6 months since the start of the training in 2011 for both student and housemanship.



Theoretical training

The training is divided in a practical part and theoretical part. All candidates are initially trained 6 - 9 months at Masanga Hospital, later they are posted to partner hospitals on 6 months rotations before the final exams after 2 years of training. The training is followed by one-year surgical and obstetrical housemanship. The Ministry of Health and Sanitation is involved in several crucial steps through the training cycle for each training candidate.

The curriculum for the program is based upon the books:

- Surgical care at the district hospital
- Anesthesia at the district hospital
- Life saving skills manual

The curriculum has been divided into 7 different modules taught by different visiting consultant specialists. All procedures where students participate are recorded in a logbook. During the rotations the progress of the student is evaluated on a regular basis.

Tutors

The core element in the STP-program is training. This training is done by volunteers (surgeons, gynecologists, radiologists, anesthesiologists and nurses). Our trainers come from Norway, Denmark, the Netherlands, England and Austria. In 2013 there was 10 rotations, compared to 6 in 2011 and 7 in 2012. A team of plastic surgeons from the dutch branch of Doctors of the World gave training in basic plastic surgery.

Rot #	Dates		Medical Doctor: S=Surgeon G=Gynecologist A=Anesthesiologist Ra=Radiologist B= Basic Sciences	Nurse: A=Anesthesia W=Ward MW=Midwife	Other: Ad=Administrator R=Research IT
	To:	From:			
1/13	09.01.13	27.01.13			Håkon Bolkan (Ad/R)
	20.01.13	27.01.13	Herman Lonnee (A)		
	13.01.13	27.01.13	Brynjulf Ystgaard(S)		
2/13	13.01.13	27.01.13	Mari Ystgaard (B)		
	15.02.13	02.03.13	Maria Milland (G)	Anne Husby(MW)	
3/13	28.02.13	16.05.13	Adam Forrest (G)		
4/13	10..03.13	24.03.13	Thomas Finsen (Ra)		
	10.03.13	24.03.13	Gregor von Schweder (Ra)		
5/13	11.03.13	18.03.13			Morten Koefoed (IT)
	23.03.13	13.04.13	Vilhjalmur Finsen (S)		
6/13	28.04.13	26.05.13	David Connor (G)		
7/13	05.05.13	30.05.13	Tore Gauperaa (S)	Jorunn Korsvik (W)	
	01.09.13	28.11.13	Lesley Hunt (S)		
8/13	01.09.13	19.09.13		Kyrre Nergaard (A)	
	31.08.13	07.09.13			Håkon Bolkan (Ad/R)
	31.08.13	07.09.13			Brynjulf Ystgaard (Ad)
	16.09.13	26.09.13	Mina Lahlal (B)		
9/13	16.09.13	26.09.13	Maria Dunkl (B)		
	12.11.13	08.12.13	Frank van Raaij (S)		
	16.11.13	08.12.13	Mark Versluis (S)	Neetje Blok (MW)	
	12.12.13	19.12.13	Karen and Tom Asher (S)		Volunteers internal SL
10/13	02.11.13	15.11.13	Doctors of the World (S)		Addition to surgical camp

Media and publications

Our main communication channels are the web page, Facebook, Twitter, Instagram and publications in Medical Journals. We have also presented the program and preliminary results on international medical conferences. 2 oral presentations at the World Congress of Surgery, Obstetrics and Anesthesia and the 5 World Health Organisation meeting for the Global Initiative for Essential and Emergency Surgery in Trinidad & Tobago.

Webpage

The webpage (www.capacare.org) was updated during fall 2013. The site is now available in both Norwegian and English language. One of our major aims for this “new” website was to make the site more available for our African users.

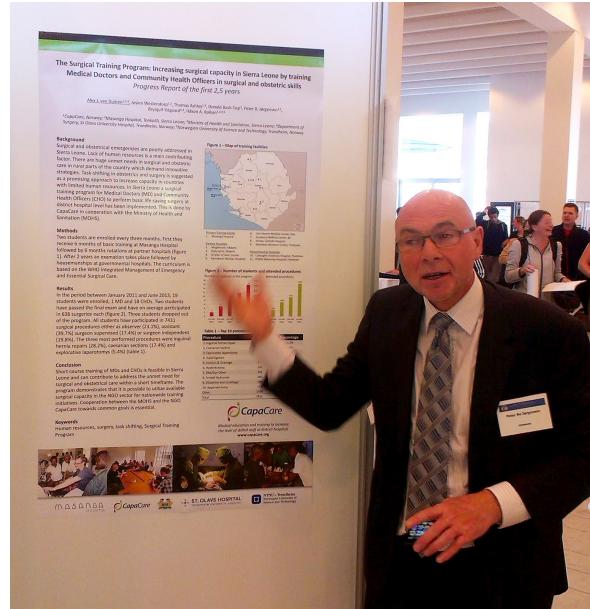
The website has more information about the STP-program and task shifting, and there is a possibility to download a CapaCare-presentation. We have included more photos on the site, and even added videos through our YouTube-channel. The STP-students contributes with blogposts on a regular basis.

Views 2013 (total): 9758

The screenshot shows the CapaCare website homepage. At the top, there is a navigation bar with links to various sections like Home, About CapaCare, Surgical training program, Photo/Video, Support us?, and Blog. Below the navigation bar, there is a large image of five medical professionals in scrubs sitting together. To the left of this image is a smaller thumbnail showing hands performing surgery. To the right of the image is a sidebar titled "Recent Posts" featuring a list of articles. The overall design is clean and professional, with a red header and white background.

Publications

1. [Ultralyd på diesel - NORAFORUM 2013; Nr 3, årgang 21](#)
2. **Poster:** [The Surgical Training Program: Increasing surgical capacity in Sierra Leone by training Medical Doctors and Community Health Officers in surgical and obstetric skills - Progress Report of the first 2,5 years.](#)
Conference: 8th Conference on Global Health and Vaccination Research
3. **Poster:** [The Surgical Training Program: Increasing surgical capacity in Sierra Leone by training Medical Doctors and Community Health Officers in surgical and obstetric skills - Progress Report of the first 2,5 years](#)
Conference: 8th European Congress on Tropical Medicine and International Health
4. [Kirurgi og global helse
Overlegen; 2013;3:20-23](#)
5. [Kirurgisk opplæring i Sierra Leone
Kirurgen; 2013: 2, 61-63](#)
6. [Surgery and task shifting in the rainforest
Tidsskr Nor Legeforen; 2013; 133:1618–20](#)
7. "Falder i søvn til lyden af guldgraverne ved floden ..."
Ugeskrift for læger 2013;11



Social media/PR

CapaCare are present on Facebook, Twitter, LinkedIn, Instagram and Youtube.

For presentations we share our slides on SlideShare.

Pr May 2014 we have 288 "likes" on Facebook and 22 followers on Twitter.

For the first time we offered Christmas cards for members/others who wanted to donate money to CapaCare instead of buying Christmas presents. This was well received and something we want to do more of.

CapaCare and the STP-program were also a part of Kavlfondets Christmas card and mentioned in an article about Kavlfondet in Bergensavisen on new years eve 2013.



IT solutions at Masanga Hospital

Internet

Since late 2013 Masanga Hospital is having a functional satellite communication system. After some startup problems this satellite has greatly improved communication opportunities. Technical assistance was provided by Tiwai Memory Masters (Freetown) to solve several disturbances. From February 2014 the usage of WIFI greatly improved because on non-surgery days a cable connected the administration building with a small external generator from the Tonkolili College of Health sciences. Practically Masanga Hospital can use the internet during all week days and in evenings when power is on. Internet speed is depending on the amount of users, but even skype calls have done.

Laptops and projector

All students outside Masanga Hospital have a personal laptop. Currently these are used for their logbooks and personal study. From May 2014 an experiment with data collection will start using 3G tablets. We want to find out if future work will be made easier if these tablets are used. A local simcard should enable even STP candidates in remote places to send their summaries of data.

For teaching purposes a small PICO pix projector is again in use now. Trainers may use this projector to facilitate their teachings.

Partners

CapaCare's main financial partners are the Kavli Trust, Torun and Oles Stiftelse and Lions Club. All three main sponsors have expressed willingness for continuous support in 2014. Norwegian University of Science and Technology and Trondheim University Hospital has contributed with funds for evaluation via a PhD-scholarship and for allowing employees paid leave to take part in the training.

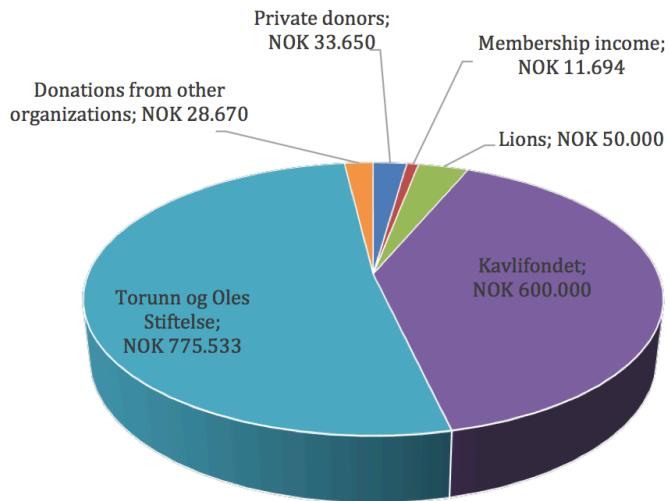
Accosiation Friends of Masanga who run Masanga Hospital is the main partner in Sierra Leone together with the Sierra Leonean Ministry of Health and Sanitation. The ministry grants 2 year paid study leave for half of the Community Health Officers in the program. The Ministry takes part in interviewing new candidates and as examinators. Finally it is the Ministry that oversees the housemanship, the last part of the training of the students. There has been good cooperation with the Ministry and this ensures local ownership.

Finance – key figures

Income

The total income during 2013 was NOK 1.499.548. This amount was largely donated by 2 major donors namely Kavlifondet and Torun og Oles Stiftelse. Together they donated almost 92% of CapaCares income. Just over 50 people are now a member of CapaCare, they all contributed the annual membership fee of NOK 200.

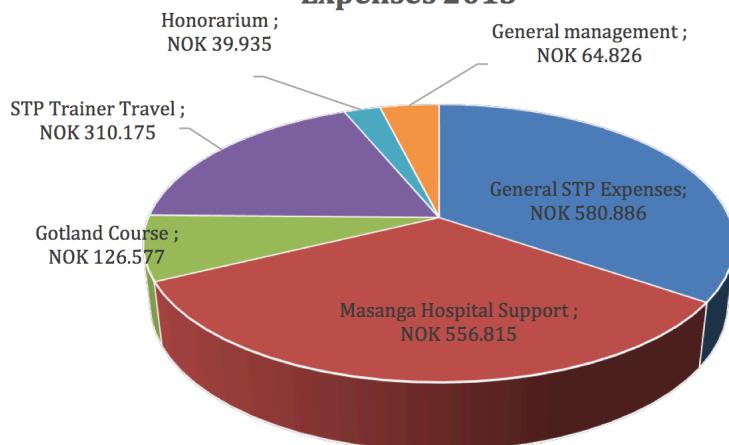
Income 2013



Expenses

Total expenses in 2013 were NOK 1.679.214. Of this 93,7% (NOK 1.574.453) where direct expenses for the surgical training program. As you can see in the graph above the direct STP expenses consist of: General STP Expenses, Masanga Hospital Support, Gotland Course, and STP Trainer Travel. The remaining 3,9% was spent on general management / administration and 2,4% on honorariums.

Expenses 2013



Balance

CapaCare had a negative result of NOK 216.262. Therefor the equity reduced to NOK 527.415. Looking at the expenses this means CapaCare now has a reserve of just over 3 months operational activity. At the end of 2012 this reserve was still more than 6 months. The reason the reserve decreased is that the surgical

training program grew again compared to the previous year. Leading to extra expenses. However the income stayed more or less the same.

CapaCare Board

June 2, 2014



Håkon Angell Bolkan
Chair

Hilde Merete Klungerbo
Treasurer

Brynjulf Ystgaard
Board member

Sigrun Aase Holen
Board member

Peter Bo Jørgensen
Board member

Alex Van Duinen
Board member

Appendix 1 – Annual accounts (Norwegian)

Capacare

Årsberetning 2013

Stiftelsens art

Stiftelsen driver med opplæring av medisinsk fagpersonell i områder hvor det er mangel på slikt personell. Stiftelsen 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

Utvikling i resultat og stilling

	2013	2012	2011
Driftsinntekter	1 461 462	1 390 711	962 802
Driftsresultat	-217 752	94 943	290 985
Årsresultat	-216 262	95 785	291 508
	31.12.2013	31.12.2012	31.12.2011
Balansesum	724 525	907 636	824 060
Egenkapital	527 415	743 677	647 892
Egenkapitalprosent	72,8%	81,9%	78,6%

Driftsinntektene i stiftelsen endret seg fra kr 1 390 711 kr i fjor til 1 461 462 i år, en økning på 5,1 %. Årsresultatet ble kr -216 262 mot kr 95 785 i fjor, en reduksjon på -325,8 %.

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

Fortsatt drift

Årsoppgjøret er avgjort under forutsetning om fortsatt drift. Det bekreftes at denne forutsetningen er tilstede.

Stiftelsens økonomiske og finanzielle stilling kan beskrives som tilfredsstillende.

Forsknings- og utviklingsaktiviteter

Stiftelsen 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.

Stiftelsen har ingen fast ansatte. Det har i regnskapsåret ikke forekommet skader eller ulykker.

Likestilling mellom kjønnene

Styret består av 2 kvinner og 3 menn.

Miljørappoert

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

Trondheim den 23. mars 2014

Håkon Angell Bolkan
Styrets/dagl leder
sign

Brynjulf Ystgaard
Styremedlem
sign

Peter Bo Jørgensen
Styremedlem
sign

Hilde Merete Klungerbo
Styremedlem

Sigrunn Aase Holen
Styremedlem

Alex van Duinen
Styremedlem

Resultatregnskap

	Note	2013	2012
AKTIVITETSREGNSKAP forr kaldeneråret			
Gaver/innsamlede Midler			
Anskaffede midler	1	1 461 462	1 390 711
Sum gaver/innsamlede midler		1 461 462	1 390 711
Forbrukte midler			
Direkte tilsk.til det kirurgiske oppreningsprogr.	2,5,7	1 574 453	1 231 984
Lønnskostnad	3	39 935	39 935
Annen driftskostnad	7	64 826	23 849
Sum forbrukte midler		1 679 214	1 295 768
Sum aktivitetsregnskap for kalendeneråret		(217 752)	94 943
FINANSINNTEKTER OG FINANSKOSTNADER			
Finansinntekter			
Annen renteinntekt		1 491	842
Sum finansinntekter		1 491	842
NETTO FINANSPOSTER		1 491	842
ORDINÆRT RES. FØR SKATTEKOSTNAD		(216 262)	95 785
Skattekostnad på ordinært resultat		0	0
ORDINÆRT RESULTAT		(216 262)	95 785
ÅRETS AKTIVITETSRESULTAT		(216 262)	95 785
OVERF. OG DISPONERINGER			
Overført til KIRURGIPROSJEKT		(216 262)	95 785
SUM OVERFØRINGER OG DISPONERINGER		(216 262)	95 785

Balanse pr. 31.12.2013

	Note	31.12.2013	31.12.2012
EIENDELER			
OMLØPSMIDLER			
Fordringer			
Andre fordringer	4	135 081	0
Sum fordringer		135 081	0
Bankinnskudd, kontanter o.l.	5	589 444	907 636
SUM OMLØPSMIDLER		724 525	907 636
SUM EIENDELER		724 525	907 636
EGENKAPITAL OG GJELD			
FORMÅLSKAPITAL			
Formålskapital med pålagte restriksjoner			
Avsatt til KIRURGIPROSJEKTET	6	527 415	743 677
Sum formålskapital med pålagte restriksjoner		527 415	743 677
SUM EGENKAPITAL		527 415	743 677
GJELD			
KORTSIKTIG GJELD			
Skyldig offentlige avgifter		0	4 935
Annен kortsiktig gjeld	5	197 110	159 024
SUM KORTSIKTIG GJELD		197 110	163 959
SUM GJELD		197 110	163 959
SUM EGENKAPITAL OG GJELD		724 525	907 636

Underskrifter

Noter 2013

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. Stiftelsen 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 (valgadgang 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. 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 ingen offentlige midler, kun gaver og innsamlede midler fra andre organisasjoner. Organisasjonen har således ingen kostnader i forbindelse med sine inntekter.

Prosjekter

Capa Care har de siste år kun hatt ett prosjekt; å drive opplæring av medisinsk fagpersonell i områder hvor det er mangel på slike ressurser. I 2011, 2012 og 2013 er dette lokalisert til Sierra Leone.

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. Da Capa Care kun har ett prosjekt blir også kostnader til IT, lokaler, porto, telefon o.l. fordelt på denne aktivitet.

Klassifisering og vurdering av eiendeler og gjeld

Eiendeler som knytter seg til prosjekter, fordringer som tilbakebetales innen 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 benyttet for gjeldsposter.

Noter 2013

Note 2 - Direkte tilskudd til Masanga

Dette gjelder Direkte tilskudd til det kirurgiske oppreningsprogrammet.
Her ligger bl.a reisekostnader Masanga, oppussing lokaler Masanga, reiseutgifter, rekvisita, kongressutgifter, avsatte IT-midler(planlagt opplæring over internett o.l.) og andre kostnader

Note 3 - Lønnskostnad

Dette gjelder lønn og arbeidsgiveravgift for planlegging og logistikk for reise til og fra og bemanning av prosjektet og sees på som prosjektrelatert-kostnad.

Note 4 - Andre fordringer

Dette er fordringer på refunderbar forskning fra NTNU og forskuddsbetalt, refunderbare stipend.

Note 5 - Bankinnskudd, kontanter o.l.

I denne summen er kr 197.109 øremerket til avsatte IT-midler. Pengene som står på IT-konto skal brukes til å oppnå bedre kommunikasjon med CapaCare sine studenter i Sierra Leone. Pr dag er Internett meget ustabilt og det å overføre data tar ofte altfor lang tid, noen ganger er det til og med umulig.

Med disse midlene som er avsatt på egen IT-konto håper vi å kunne etablere IT-systemer som letter kommunikasjonen mellom CapaCare (styret og /eller frivillige trenere) og studentene. Dette er viktig fordi studentene skal rapportere sine resultater tilbake på fast basis. Dette er en viktig del av dr Håkon Bolkan sin doktorgrad.

Samtidig ønsker vi å etablere linjer som er gode nok til å drive med undervisning over Internett – enten via liveoverføringer (forelesninger) eller via nettbasert læring.

Resten av stiftelsens bankbeholdning er disponibelt for prosjektet i sin helhet.

Noter 2013

Note 6 - Avsatt til KIRURGIPROSJEKTET

	Gunn kapital	Overkurs fond	Annen Formålskapital	Sum formålskapital
Pr 1.1. Pr 1.1.	0	0	743 677	743 677
-Til årets resultat			-216 262	-216 262
Pr 31.12.	0	0	527 415	527 415

Note 7 - Annen driftskostnad

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

	I år	I fjor
Revisjon	10 000	8 500
Andre tjenester	19 125	4 500
Totalt	29 125	13 000

Aktivitetsregnskap CapaCare	2013	%
(alle beløp er i tusen kroner)		
Medlemsinntekter	11,7	0,8 %
Offentlige tilskudd	-	
Andre tilskudd		
Gaver/Innsamlede midler	1 449,8	99,1 %
Andre inntekter		
Renter	1,5	0,1 %
Sum anskaffede midler	1 463,0	100,0 %
Kostnader til innsamling av midler	0	
Andre kostnader til anskaffelse av midler	0	
Kostnader til organisasjonens formål	1 626,4	110,3 %
Administrasjonskostn(lønn,regnsk&rev,kontorrekv,gebyr mv)	64,8	4,4 %
Finanskostnader	-	
Sum forbrukte midler	1 691,2	
Aktivitetsresultat	-228,2	-14,8 %
Sum tillegg/reduksjon egenkapital(Kirurgiprosjektet)	-228,2	-14,8 %

Noter 2013

Balanseregnskap	2012
(alle beløp er i tusen kroner)	
Kortsiktig fordringer	135,00
Bankinnskudd	589,5
Sum eiendeler	724,5
Formålskapital - KIRURGIPROSJEKTET	527,4
Gjeld arbeidsgiverang	0
Avsatte IT-midler	197,1
Sum formålskapital og gjeld	724,5

INNSAMLINGS OG FORMÅLSPROSENT

CapaCare har ingen kostnader vedrørende innsamlede midler og gaver.
Innsamlingsprosenten er således 100% (alt går til det innsamlede formål)

Formålsprosenten er ifølge aktivitetetsregnskapet på 99,1 %