



## CapaCare Annual Report 2020

*May 2021*



# Contents

Summary	3
CapaCare International	4
CapaCare Norway	4
CapaCare Sierra Leone	5
CapaCare Netherlands	5
CapaCare Liberia	5
Surgical Training Programme – Project Locations	6
Surgical Training Programme – Output student and graduate	10
Surgical Training Programme – Surgical output	11
Surgical Training Programme – Role and procedures	12
Surgical Training Programme – Tutors and Trainers	13
Media and Publications – Online	14
Media and Publications – Publications	14
Partners / Donors	15
Financial Overview	16
India Research	17
Lassa Fever Internal Audit Report	19
COVID-19	20

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# Summary

2020 was a year dominated by the impact of the COVID-19 epidemic. As with the rest of the world, Sierra Leone was affected by the virus and responded quickly to the threat. Policies were implemented, not only to contain the pandemic, but also to protect essential health services. Earlier evidence from the Ebola epidemic, including CapaCare research results, suggested that the greater threat in Sierra Leone may well be the indirect effects of COVID-19 on access and delivery of essential health services.

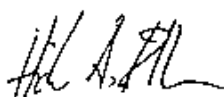
Together with the National Sierra Leonean COVID-19 Response Centre and the King's College London Centre for Global Health and Health Partnership, CapaCare took part in documenting the indirect effects of COVID-19 on access and delivery of essential surgical health services during the pandemic. We found a significant decrease in health service utilisation, however this decrease was less than in other countries. There are several explanations to this decrease, partly related to patients not seeking care because of fear of contracting COVID-19, or less ability to pay for services. Many hospitals also reduced surgical activity as they were not able to protect staff adequately.

Surgical activity levels for our graduates and trainees dropped accordingly in 2020, down from around 8,000 major surgeries the previous years to just above 5,000. This is partly due to lower activity within the hospitals, but could also be due to some fatigue for registering surgeries performed by the graduates. We are currently implementing and testing a new digital App-based e-logbook where the students can register their procedures performed on their mobile phones. Hopefully, this will make it less of an obstacle to register surgeries performed in the midst of busy clinical work.

Due to the pandemic we were unable to start with a batch of students in April, as was planned. It has been a challenge for trainers to visit Sierra Leone. I am sure many of us engaged with CapaCare experience life coloured slightly more greyish because we were unable to visit friends and colleagues in Sierra Leone.

In 2020, CapaCare continued its re-structuring process. CapaCare Netherlands was formally established in 2020 and we welcome this new chapter into the CapaCare family. Among many other tasks, CapaCare Netherlands will support our International Programme Coordinators more structurally than we have been able to do in the past. Given the tremendous challenges and at times workload, this is highly welcomed support.

Living conditions in Sierra Leone have not improved during the pandemic. On the contrary, increased food and fuel prices, inflation and unemployment have all contributed to hardship. This hardship is also experienced by our graduates, who are still fighting for appropriate regulation of their clinical services and the long awaited scheme of service is yet to be implemented. We hope those crucial elements will reach decision makers in 2021, when the effects of the pandemic hopefully are less.



Håkon A. Bolkan  
CapaCare International Chairperson

Trondheim, Norway – May, 2021

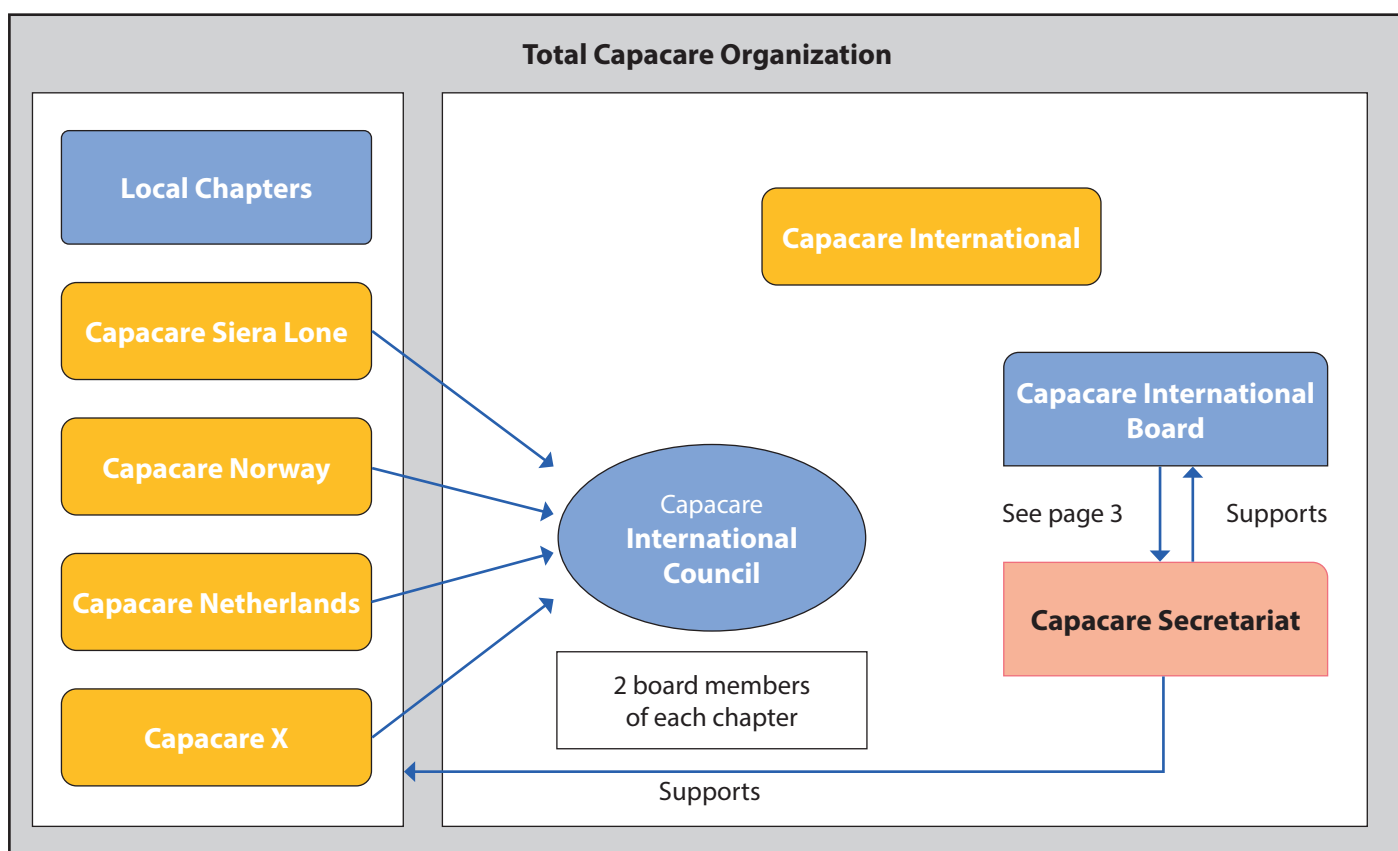


# About CapaCare

## INTERNATIONAL

In recent years, CapaCare International has been developed as the entity that oversees and coordinates the activities of the national CapaCare Chapters. CapaCare International consists of the CapaCare International Council where two members of each national Chapter hold a seat. This is the highest decision-making body within the organisation. CapaCare International has an elected Board and is supported by a Secretariat. The main responsibilities of CapaCare International is to decide on all major matters in

the organisation in order to make sure all Chapters agree on the activities of the organisation and how the organisation moves forward. This typically includes election of the CapaCare International Board, approval of the main activities of the whole organisation on behalf of all the Chapters, approval of an overall CapaCare budget, approval of the vision, mission and strategy of CapaCare and finally grant membership to new national Chapters.



## NORWAY

CapaCare Norway (CapaCare NO) has been separated from CapaCare International and we have used 2020 to implement this in practice. New Board members have been introduced to share the work in a better way. To promote involvement of all Board members we have established five working groups to execute our core tasks. The five working groups are: fundraising, communication, 10-years

anniversary, logbook app and Liberia project. All CapaCare Norway Board members participate in one or more of these working groups and most of these groups also have representatives from other CapaCare Chapters. The COVID-19 epidemic has made it difficult to meet physically and most meetings have been online.

# SIERRA LEONE

CapaCare Sierra Leone (CapaCare SL) was established in 2015, and is currently registered at the Ministry of Planning and Economic Development under registration number NNGO/634/2020-21. The organisation actively promotes increased access to emergency surgical and obstetric care in Sierra Leone by strengthening national human resources for those services. CapaCare SL also works to locally raise

funds and recruit health professionals in Sierra Leone to accomplish this purpose. The Board oversees CapaCare's activities in Sierra

Leone and advises both the local management in Masanga and the International Board. CapaCare's main activity, the Surgical Training Programme, is carried out by CapaCare Sierra Leone and is discussed in more detail on page XX.

# NETHERLANDS

## INTRODUCTION

On Monday 16th March 2020, the organisation CapaCare Netherlands (CapaCare NL) was officially established. After careful consideration among the new Board Members, it was decided to focus primarily upon the objectives as described below. These objectives are complementary to the goals of the other country Chapters and to the overarching organisation, CapaCare International. Every objective (goal) has one or more Board Members assigned to be responsible for the progress and follow-up of the activities outlined.

The overall vision of CapaCare Netherlands is to support and foster the sustainable development of the competences of health care workers in low-income countries.

The objectives are as follows:

1. To improve the quality of the education of health care workers by:
  - Developing the curriculum
  - Selecting and guiding (guest) facilitators and trainers
  - Supporting the Programme Coordinators in Sierra Leone and offering 'peer-to-peer' support - 'intervision'.



2. Fostering 'lifelong learning' of graduates of the Surgical Training Programme.
3. Establishing, reinforcing and maintaining a network of (new) partners within and externally to the Netherlands.
4. Fundraising for designated projects and running costs of the organisation.
5. Providing after-care with regards to the untimely death of our colleague, Wouter Nolet.

# LIBERIA

In 2018, CapaCare conducted a surgical mapping of Liberia. A data collecting team travelled all over the country and included 51 of 52 surgical facilities. In each facility information on infrastructure, human resources and surgical activity was collected. The results showed a severe shortage of surgical personnel and operative numbers to be critically low. Furthermore, the survey revealed that almost 60% of the operations were performed by non-specialist medical doctors. In 2020 the organisation prepared for CapaCare

representative Håvard Askim Adde to travel to Liberia in the first half of 2021 to present the results from the surgical mapping and discuss future implications with stakeholders. There is a need to strengthen the surgical sector, and the surgical workforce plays a key role in this. CapaCare is currently discussing how to act on these data with the Ministry of Health and other institutions. The aim is to strengthen surgical services through capacity building and training of human resources, and to take the programme

# Surgical Training Programme

## – PROJECT LOCATIONS

Since the start of the Programme, Masanga Hospital has been the home of the Surgical Training Programme (STP) in Sierra Leone. It is the place where the local management team is based and where all the students commence their basic training. The cooperation with Masanga Hospital makes it

possible to provide, besides the theoretical and skills training, practical courses in basic surgical skills. After several weeks in the Programme, the students are introduced to the wards, outpatient department and operating theatre.



After six months of basic training in Masanga, the students continue their clinical rotations in 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 take their 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 2020 (Figure 1). 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 skilled tutors presently available in the country.



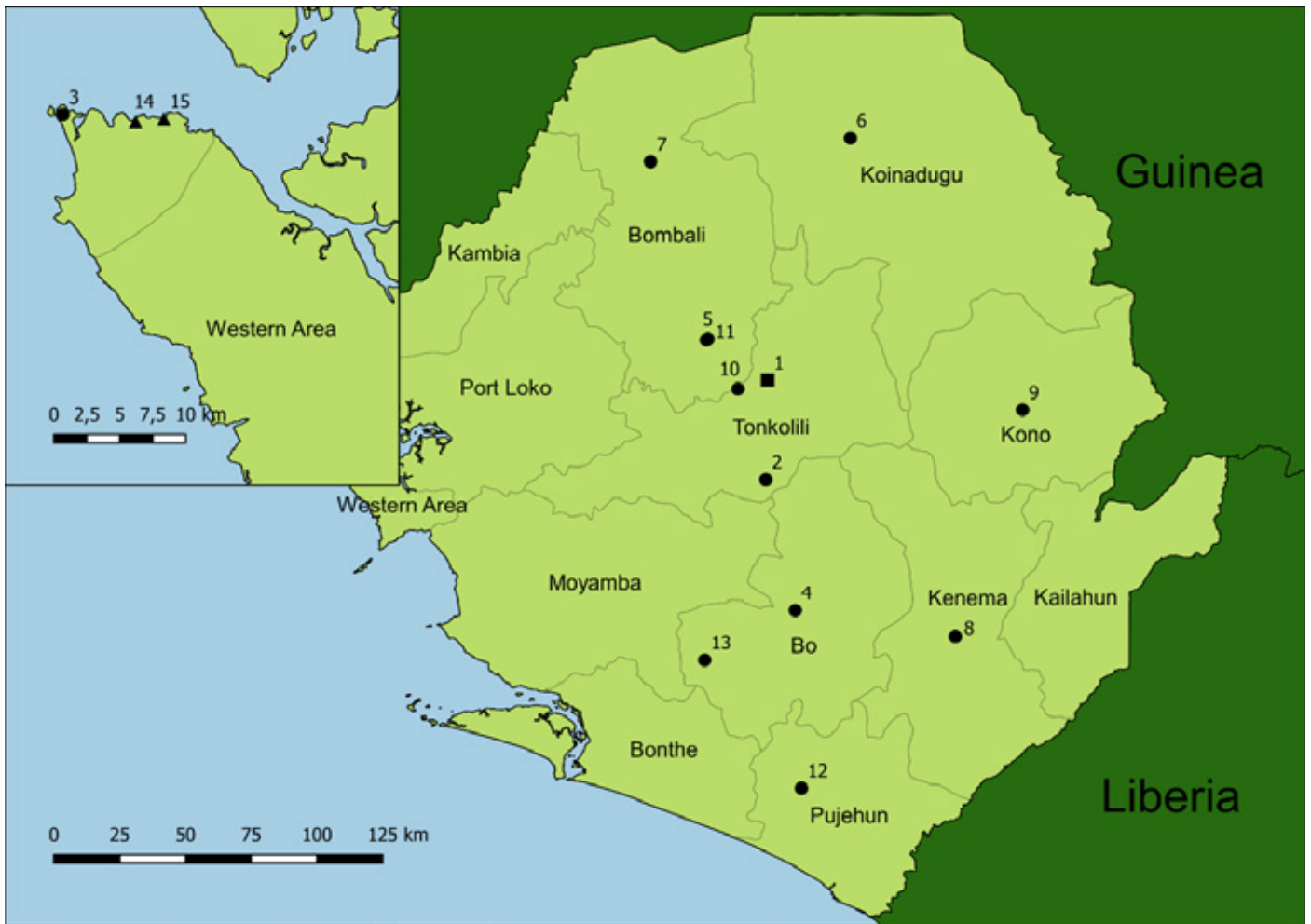


Figure 1. Training hospitals 2020

■ **Basic training**

- 1. Masanga Governmental Hospital

● **Clinical rotations**

- 2. Lion Heart Medical Center Yele
- 3. Aberdeen Womens Clinic Freetown
- 4. Bo Governmental Hospital
- 5. City Garden Clinic Makeni
- 6. Kabala Governmental Hospital
- 7. Kamakwie Mission Hospital

- 8. Kenema Governmental Hospital

- 9. Koidu Governmental Hospital
- 10. Magburaka Governmental Hospital
- 11. Makeni Governmental Hospital
- 12. Pujehun Governmental Hospital
- 13. Serabu Catholic Hospital

▲ **Housemanship**

- 14. Connaught Freetown
- 15. PCMH Freetown



# Graduate locations

After successful completion of the training, the Surgical Assistant Community Health Officers (SACHOs) are posted by the government to the different hospitals (Figure 2). The number of hospitals where the SACHOs are posted remained

with 25 hospitals the same. The hospitals where the SACHOs are posted consist of both governmental and private non-profit hospitals and have an essential role in the provision of emergency obstetric and surgical care in the country

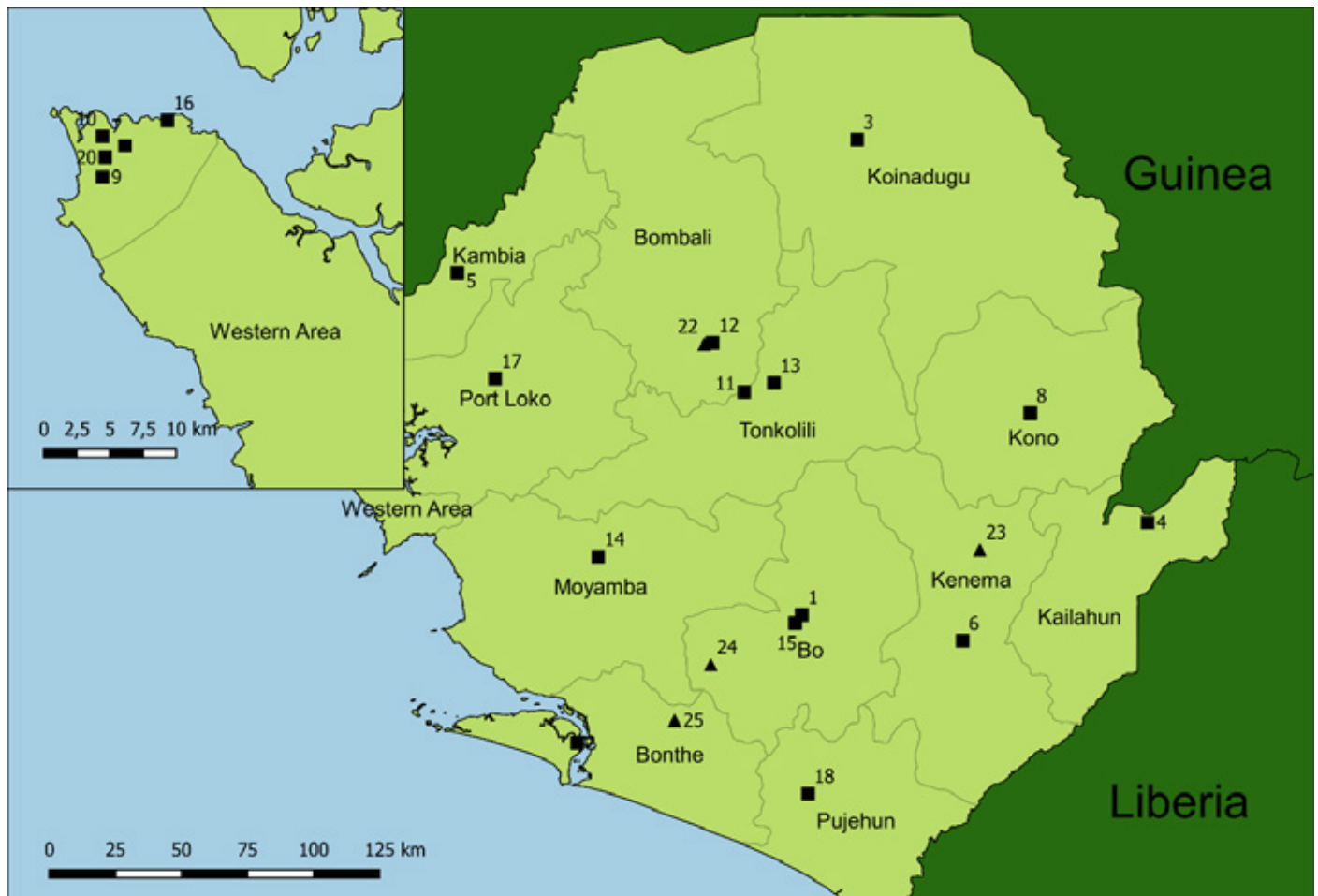


Figure 2. Location of graduates (SACHOs) in 2020

## ■ Governmental

1. Bo Governmental Hospital
2. Bonthe Governmental Hospital
3. Kabala governmental hospital
4. Kailahun Governmental Hospital
5. Kambia Governmental Hospital
6. Kenema Governmental Hospital
7. King Harman Road Hospital
8. Koidu Governmental hospital
9. Lumley Governmental Hospital
10. Macauley Street Hospital
11. Magburaka Hospital
12. Makeni Governmental Hospital
13. Masanga Governmental Hospital
14. Moyamba Governmental Hospital
15. Njala Governmental Hospital
16. PCMH Freetown
17. Port Loko Hospital
18. Pujehun Governmental Hospital
19. Rokupa Hospital, Freetown
20. Wilberforce Military Hospital

21. Lion Heart Medical Center, Yele
22. Magbenteh Makeni
23. Panguma Mission Hospital
24. Serabu Catholic Hospital
25. UMC Hospital Matru

## ▲ Private non-profit

## – OUTPUT STUDENT AND GRADUATE

At the beginning of 2020, thirty-seven students were participating in the STP. Because of the COVID pandemic and restrictions on international travel we only started one batch of eight students in September 2020, instead of our normal amount of 16 new students. Two students from the Makeni School of Clinical Sciences (MSCS) started with the STP. During the year, two students dropped out of the Programme. By the end of 2020, 20 students were in basic training (first two years of the 2020 Programme) and 15 were conducting their final rotations in Freetown (housemanship students).

Twelve students graduated from the Programme in 2020, they are currently awaiting posting by the Ministry of Health and Sanitation (MoHS). The total number of graduates now is 52, of which 36 are posted by MoHS. All but six of the graduates are posted in hospitals outside of Western Area. 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 in 2021.

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	January 2020		December 2020	
	Male	Female	Male	Female
Basic training	25	2	20	2
Housemanship	12	1	12	1
Graduates (MD)	40 (2)	3	52 (2)	3



## – SURGICAL OUTPUT

Since the start of the Programme in 2011, the students and graduates combined have participated in and performed over 61,000 surgeries. The total number operations for 2020 alone was 5,379. Students within the initial two years of training performed 3,276, those in housemanship 343, while the graduates performed 1,622 operations.

Out of the 1,622 procedures registered by graduates in 2020, only 167 procedures (10.3%) were performed within Western Area. A total of 492 of the surgeries performed by graduates outside of Western Area were caesarean sections. However, at the time of writing of this annual report, some data from the graduates is yet to be submitted. This must be considered when interpreting these numbers. Additionally, the COVID-19 pandemic has most likely caused a reduction in surgical volume during 2020.

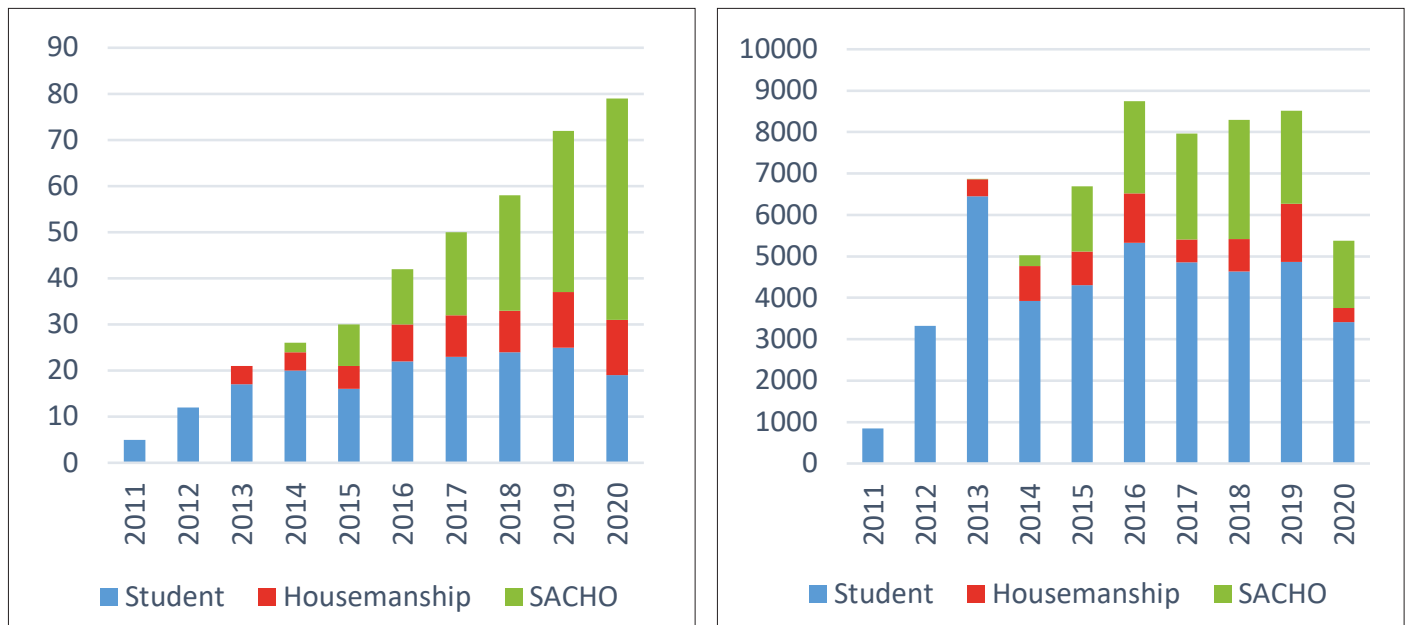


Figure 3. Accumulated number of students, interns, and graduates (left) in the Programme and annual volume of surgical activity (right) since the start of the Programme in 2011

## – ROLE AND PROCEDURES

The most common procedure for both the students and graduates in 2020 was caesarean section. The graduates performed over 70 % of their surgeries fully independently.



STUDENTS (INCL. HOUSEMANSHIP)				GRADUATES		
No	Procedure	n	%	Procedure	n	%
1	Caesarean section	1,785	49.6	Caesarean section	557	35.3
2	Inguinal hernia repair	579	16.1	Inguinal hernia repair	486	30.8
3	Appendectomy	167	4.6	Appendectomy	106	6.7
4	Laparotomy	114	3.2	Scrotal hydrocele	47	3.0
5	Dilatation & curettage	67	1.9	Femoral hernia repair	37	2.3
6	Hysterectomy	62	1.7	Laparotomy	35	2.2
7	Manual vacuum aspiration	62	1.7	Umbilical hernia repair	32	2.0
8	Scrotal hydrocele	55	1.5	Hysterectomy	27	1.7
9	Salpingectomy	53	1.5	Strangulated hernia repair	26	1.6
10	Incision & drainage	49	1.4	Myomectomy	22	1.4
	Total	2,993	83.2	Total	1,375	87.2

Table 1. Top 10 procedures for students and graduates in 2020.

STUDENTS (INCL. HOUSEMANSHIP)				GRADUATES		
No	Role	n	%	Role	n	%
1	Surgeon independent	1,449	40.0	Surgeon independent	1,159	71.5
2	Surgeon supervised	1,240	34.2	Assisting	228	14.1
3	Assisting	744	20.5	Surgeon supervised	145	8.9
4	Observing	186	5.1	Observing	90	5.5
	Total	3,619	100.0	Total	1,622	100.0

Table 2. Role during operation for students and graduates in 2020.

## – TUTORS AND TRAINERS

A core element of the STP is module-based training by international and national tutors. These training modules are conducted in Masanga by specialist gynaecologists, midwives, surgeons, tropical doctors, emergency doctors, radiologists, and nurses. In 2020, the international trainers came from Germany, the Netherlands, Norway, Sweden, and

the United Kingdom. All international tutors are engaged on a voluntary basis. CapaCare provides support for transportation, accommodation, visas and vaccines. The local tutors receive an honorarium for the training they provide. In 2020, 9 training modules were conducted, which is less than anticipated due to COVID.

MODULE	TRAINEES	DURATION	MONTH	TUTOR
<b>Surgical Skills</b>	MD	5 days	Jan	Katja Maschuw (S)
<b>CPD Course Urology (Similar course was given 3 times)</b>	SACHO, MD	3 x 2days	Jan	Dag Halvorsen (S)
<b>Surgery &amp; the abdomen</b>	STP	15 days	Feb	Dag Halvorsen (S), Ella Teasdale (S), Foday Ansumana (senior STP), Katja Maschuw (S), and Tambah Kongoneh (SACHO)
<b>Emergency obstetrics</b>	STP	15 days	Feb	Elisabeth Vock (G), Risa Hoffmann (G)
<b>Surgery &amp; Abdomen</b>	STP	10 days	Mar	Lesley Hunt (S), Hassan Sherrif (SACHO), Sayo Kane (SACHO)
<b>Basic Surgical Skills</b>	STP	15 days	Sep	Hassan Sherriff (SACHO), Hindowa Lavally (SACHO), Katja Maschuw (S),
<b>CPD Surgical Skills</b>	MD	5 days	Oct	Katja Maschuw (S)
<b>Surgery &amp; Abdomen</b>	STP	10 days	Oct	Lesley Hunt (S)
<b>CPD Abdominal Surgery</b>	SACHO	3 days	Oct	Lesley Hunt (S)
<b>Pig course</b>	STP	5 days	Oct	Lesley Hunt (S), Joseph Kama (SACHO), Ishiaka Konneh (senior STP), Sajoy Kane (SACHO)
<b>Basic Obstetrics</b>	STP	5 days	Nov	Jaap Gunneweg (T), Rosa Roemers (T), Arvind Subramaniam (G)

Obstetrician/Gynaecologist(G), Surgeon (S), Surgical Assistant Community Health Officer (SACHO), Surgical Training Programme students (STP), Tropical Doctor (T)

Table 3. Rotations of tutors in 2020.

Apart from the trainers, there were also several support visits in 2020, mostly to offer mentoring and monitoring of the local administration and research related activities (Table 4). The majority of those visits have been externally financed.

PURPOSE	DURATION	MONTH	SUPPORT STAFF & RESEARCH STUDENTS
<b>Research</b>	1 month	Jan/Feb	Janine Martens (CC), Giulia Mönnink (AMC)*
<b>Research and Project support</b>	3 weeks	Feb/Mar	Josien Westendorp (B, NTNU)*
<b>Research</b>	2 months	Feb/Mar	Helene Solberg (NTNU)*, Sara Hoel (NTNU)*

\*External funding

Academic Medical Center Amsterdam (AMC), Board (B), Norwegian University for Science and Technology (NTNU), CapaCare (CC)

Table 4. Staff and Research visits in 2020.



# Media and Publications

## – ONLINE

Online, CapaCare’s main communication channels are through our website [www.capacare.org](http://www.capacare.org) and via social media. According to Google Analytics our website was viewed more than 6,700 times, by more than 5,200 individual users. Our

Facebook site currently has 1,145 followers and our most popular post reached more than 4,200 users. We are also present on Instagram, YouTube and Twitter.

## – PUBLICATIONS

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

### Scientific peer-review publications:

1. **Wehrens E**, Bangura JS, Falama AM, Kamara KBB, **Dubbink JH**, **Bolkan HA**, Grobusch MP. Primum non nocere: Potential indirect adverse effects of COVID-19 containment strategies in the African region. *Travel Med Infect Dis.* 2020 May-Jun;35:101727.
2. **van Duinen AJ**, **Westendorp J**, **Kamara MM**, Forna F, Hagander L, Rijken MJ, Leather AJM, Wibe A, **Bolkan HA**. Perinatal outcomes of caesarean deliveries in Sierra Leone: A prospective multicenter observational study. *Int J Gynaecol Obstet.* 2020 Aug;150(2):213-221.



3. **van Duinen AJ, Kamara MM**, Hagander L, **Ashley T, Koroma AP**, Leather A, Elhassein M, Darj E, Salvesen Ø, Wibe A, **Bolkan HA**. Caesarean section performed by medical doctors and associate clinicians in Sierra Leone. *British Journal of Surgery*. 2019 Jan;106(2):e129-e137.
4. **Adde HA, van Duinen AJ**, Oghogho MD, Dunbar NK, Tehmeh LG, Hampaye TC, Salvesen Ø, Weiser TG, **Bolkan HA**. Impact of surgical infrastructure and personnel on volume and availability of essential surgical procedures in Liberia. *BJS Open*. 2020 Sep 18;4(6):1246-55. doi: 10.1002/bjs5.50349.
5. **Lonnée HA**, Taule K, Knoph Sandvand J, Koroma MM, Dumbuya A, Jusu KSK, Shour MA, **van Duinen AJ**. A survey of anaesthesia practices at all hospitals performing caesarean sections in Sierra Leone. *Acta Anaesthesiol Scand*. 2021 Mar;65(3):404-419.

## Partners / Donors

CapaCare's main financial partners are the United Nations Population Fund (UNFPA), Torun and Ole's Stiftelse, and the Norwegian Agency for Development Cooperation (NORAD). All main sponsors continued to support CapaCare in 2020. The Norwegian University of Science and Technology (NTNU) and Trondheim University Hospital, St. Olav have contributed with funds for evaluation of the initiative via two PhD scholarships, four medical students writing their master thesis. Furthermore, they have funded the development of an app for data collection and allowed employees paid leave to take part in the training.

Since 2015 CapaCare has been an Implementing Partner of UNFPA in Sierra Leone. Annual and quarterly plans and budgets are submitted to the UNFPA, and all the spending in Sierra Leone is audited both by internal and external UNFPA auditors as well as the registered accountant firm Bertin & Bertin.

Masanga Hospital Rehabilitation Project continues 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 act 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.

In 2020 we also had the pleasure of welcoming the first two students of the Makeni School of Clinical Health Sciences (MSCS) into our Programme. The partnership with the MSCS is currently being established with the aim of integrating the Surgical Training Programme into formal educational institution.



## Torun and Ole's Stiftelse



# Financial Overview

The annual financial statements for CapaCare Norway and CapaCare Sierra Leone are audited in accordance with International Standards of Auditing (ISA). During this process and through internal and external audits carried out by UNFPA no financial irregularities have been identified. CapaCare regularly reviews its financial practices, and endeavours to maintain the highest standard of financial accountability and transparency. CapaCare has an Anti-Corruption and Bribery Policy in place, and a suite of safeguarding policies including a Disclosure of Malpractice in the Workplace Policy. All staff and Board Members are required to act in accordance with these policies.

## Finance – key figures

Both the financial report of CapaCare Norway and CapaCare Sierra Leone will be made available online at [www.capacare.org](http://www.capacare.org).

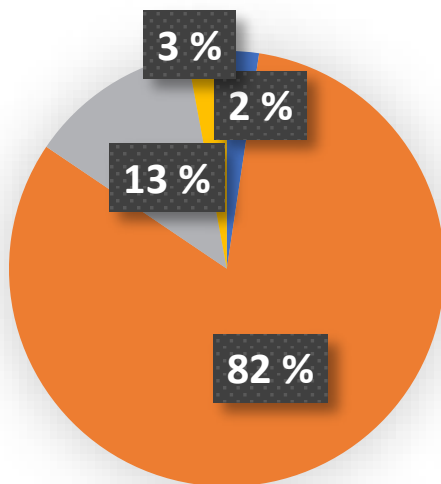
## Income

Income in 2020 was 4.5 million NOK, the same as in 2018 and 2019, of which 1.3 million NOK was received in Sierra Leone. The majority of the income was for the Surgical Training Programme in Sierra Leone and was donated by Norad and UNFPA. Furthermore, funds have been received from several research institutions and from private donors.

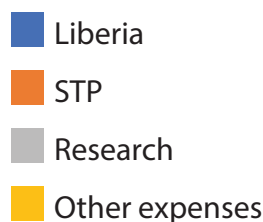
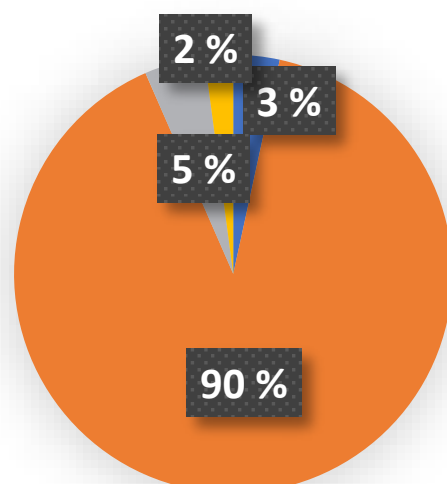
## Expenses

Expenditure in 2020 was 3.8 million NOK compared to 4.3 million in 2019, a decrease of 12%. The decrease was mainly caused by the limited opportunity for international travel in 2020 as a result of the COVID-19 pandemic. In both 2019 and 2020, the majority of CapaCare’s expenses were related to the Surgical Training Programme in Sierra Leone. The research expenses are presented separately, but are related to the Surgical Training Programme in Sierra Leone.

### Expenses 2019



### Expenses 2020





# India Research

In February 2020, Alex van Duinen travelled to Bihar state in India in order to strengthen the collaboration with a local organisation, called Care India. This organisation partners with the health authorities to improve the health system in Bihar. Bihar is one of the poorest states in India and has about 110 million people. Many of the challenges to provide safe and effective health care are similar to the situation in Sierra Leone. During this visit we shared experiences and visited health facilities. There is a clear intention to

strengthen our cooperation and work together in the area of surgical training.

However, due to the current COVID epidemic, traveling has been impossible, and this has delayed further developments. Nevertheless, in the field of research we have been able to organise weekly meetings in which young Indian researchers are supported in their research projects.



Care India representatives Monali Mohan (left) and Nohbojit Roy (right) visited by CapaCare representative Alex van Duinen.



Visiting a primary health facility in Masarhi, Bihar state, India

# Lassa Fever Internal Audit Report

At the beginning of 2020 an internal Lassa fever audit was performed by members of the International Board of Masanga Hospital Rehabilitation Project (MHRP). Consequently, a taskforce called the Health and Safety Committee was established in 2020 to ensure follow-up and adequate implementation of the recommendations presented in the report. The overall aim of the taskforce, named the Health and Safety Committee, was to transform and embed robust infectious disease prevention control (IPC) practices and measures across all MHRP activities. The Committee had monthly online meetings in the period June 2020 until March 2021.

The members of the Committee are Dr. Edward Colle (Chairman), Dr Jan Henk Dubbink (Medical Superintendent Masanga Hospital), Dr Marieke Oostvogels (Executive Board Member CapaCare International), Ms Sara Thordal (Board Member Masanga Denmark), Mr Kelfala Kamara (Project

Manager MHRP). Guest members of the Committee are local health workers at Masanga Hospital - Thomas Kargbo, Matron Sister Victoria and Emily Bailey. The Committee prepared a report that was approved at the International Board meeting of MHRP at the end of January 2021. The report is for internal use within the involved organisations and stakeholders. The highlights of the report are depicted in the text box below.

The International Board meeting of MHRP also agreed upon the importance of the continuous focus on IPC practices and measures and internal monitoring and evaluation procedures within MHRP. It was decided that the Health and Safety Committee should be an integral part of the organisational structure of MHRP. Dr. Håkon Bolkan has taken over the role of Chairperson of the Committee.

MHRP Health and Safety Commission Report Highlights:

1. A focused Health and Safety Committee established to spearhead prevention and management of safety issues.
2. 82% (23 of 28) of all Lassa Fever Audit Recommendations (15 IPC, 7 Sick Staff Policy, 3 Management and 3 MOHS) are fully or partially implemented. Some recommendations require time and funding to implement: e.g. improvement to laboratory and malaria diagnostic. Others are ongoing activities by their nature: e.g. nurse and staff IPC training programmes.
3. \$68,040 IPC budget produced to support IPC in 2021 and \$60K raised, including \$28K from Dr Wouter Run and \$19K from Ramboll.
4. MHRP now adopts clear protocols for local and expat staff sickness management, reporting and communication. Dissemination and ongoing training are key to success going forward.
5. 100% staff sickness policy completion. All seven sick-staff policy recommendations are in place. This aspect of the recommendations is considered closed.
6. A substantial repository of IPC protocols, training materials and safety posters of over 60 documents have been assembled.
7. An 18 page Expat Manual has been produced; with a section on health risks by Professor Martin Grobusch, a specialist in infectious diseases. This is mandatory reading for all expats going to Masanga.
8. Several IPC staff training sessions held. A rolling training programme needs planning and to be resourced.
9. We lack resources and personnel for continuous Monitoring and Evaluation, IPC supplies and rolling programme of staff training.
10. COVID-19 adversely affected the speed of implementation, stopping travel. Protocols and measure for COVID were also developed.

# COVID-19

## IMPACT OF COVID-19 ON THE CAPACARE SURGICAL TRAINING PROGRAMME

2020 was, the year of the COVID-19 pandemic. The STP was also affected by this global crisis. During the outbreak of COVID-19 in Sierra Leone, the STP was impacted in several ways.

### ***Impact of infection on staff and students***

During the COVID-19 outbreak in Sierra Leone, two of our staff and two of our students tested positive for the virus. Although none of the cases were severe, all had to be relocated to treatment centres, where they stayed for several weeks before being released. During this time, CapaCare supported them with communication allowances. In this way they were able to stay in touch with friends and family who were worried for their health. CapaCare was also able to offer some logistical support to the staff members who were in a treatment centre 3.5 hours' drive from Masanga.

### ***Impact of quarantine on staff and students***

In addition to the staff and students who tested positive, another staff member and seven students had to go into quarantine in a designated quarantine home for two weeks. One of these students tested positive and had to be moved to a treatment centre after testing.

CapaCare gave support to the quarantined staff and students. This varied from logistical support, to providing meals when quarantined in Masanga, as well as a communication allowance. Which made it possible for those in quarantine to follow up the rules and regulations set, and make the most out of the circumstances.



### ***Impact of risk of infection on students in the Programme***

From the moment that COVID-19 was deemed to be a problem in Sierra Leone, discussions started around the safety of our students. After extensive deliberation, it was decided that the STP students should continue their work in their placement hospitals. As licensed health professionals (CHOs), they were deemed as capable of handling the situation in a safe manner. However, if any student felt that he or she was not able to perform their work in a safe manner, we encouraged them to contact CapaCare management for evaluation of the situation. This could be the case if for instance not enough Personal Protective Equipment (PPE) was available. None of the students reported feeling unsafe in this manner.

### ***Impact of lower exposure on students in rotations and housemanships***

During the COVID-19 outbreak in Sierra Leone, there was a risk of shortages of PPE such as gloves and masks. This had to do with problems of delivery, as most countries stopped exporting such goods. Because of these shortages, all hospitals stopped performing elective surgeries. In addition, many Sierra Leoneans avoided hospitals because they were afraid of getting infected with COVID-19 in the facilities. All of this contributed to temporary lower exposure to surgery for all STPs in the Programme.

***Impact of national travel restrictions on supervision and advocacy activities*** In an attempt to slow down the spread of COVID-19 in Sierra Leone, the government decided to put an inter-district lockdown in place. This meant that we were no longer able to travel from Masanga to our partner hospitals or Freetown. During the period of the lockdown, we were only able to perform a handful of supervision visits. Meetings with our partners in MoHS were also challenging, as most of them were understandably very occupied with the COVID-19 response.

### ***Impact of international travel restrictions on training capacity***

Apart from the national travel restrictions, the Programme was even more impacted by the international travel restrictions. As part of the COVID-19 response, the Government of Sierra Leone (GoSL) decided to temporarily close all international borders. Because of this, international trainers were not able to come to Masanga from March until August 2020. For this reason, the intake of new students in April 2020 had to be postponed until September of 2020.

### ***Distance learning***

To be able to give some further training to those students that were already in the Programme before March 2020, distance learning tools were further developed. These have not been able to replace the face-to-face hands on training that is normally given, but it has been a good way to keep in touch with the students and encourage them to develop skills and techniques when the Programme was on hold.

### ***Local / in country trainers***

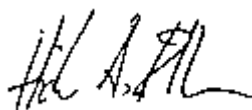
CapaCare has also tried to make more use of local trainers / international doctors that were already in Sierra Leone. However this was limited due to the travel restrictions as well as the high workload of these healthcare workers.

We are very thankful that none of our students, graduates or staff had serious health consequences as a result of COVID-19. Below, we have added a description of the way these issues have impacted the Programme.

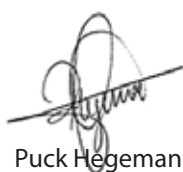
**We want to thank everybody that has contributed to the work of CapaCare  
and for the support that we have received!**

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