CapaCare

Annual Report
2025

MAY 2026

Contents

Front page photo: *STP Wet Lab training Alpha Osmanie Barrie and Mohamed M M Kamara.*

All patients have consented to the use of the photos.

Layout/print: bk.no

Summary

Dear friends and colleagues

I would like to sincerely thank our trainees, trainers, staff, partners, and donors for their dedication and commitment throughout 2025. Your contributions continue to drive our mission of improving access to safe, life-saving surgical and obstetric care.

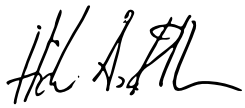
2025 was a year of strong delivery and important milestones. In Sierra Leone, the Surgical Training Programme remained central, with 39 active trainees and over 100 graduates, nearly 87% serving in rural areas. Training activity was high, with more than 380 participants across core modules and Continuing Professional Development (CPD) courses, increasingly led by national trainers, reflecting growing local ownership. Key achievements included the graduation of new Surgical Assistant Community Health Officer (SACHO)s and the first BSc-trained Surgical Assistant Clinical Officers, as well as the opening of the Wouter Nolet Skills Lab, strengthening our training capacity.

In Liberia, we expanded our support to postgraduate training through rural rotations and targeted surgical skills courses, while contributing to national surgical system assessment and capacity building.

At an organisational level, we strengthened our foundation through the formal registration of CapaCare International, development of a new ten-year strategy, and external evaluation confirming the high impact and cost-effectiveness of our model. Our research continued to demonstrate that task-sharing is an effective and scalable approach to expanding equitable surgical access.

We remain mindful of ongoing challenges in workforce, infrastructure, and access. The launch of Sierra Leone's National Surgical, Obstetric and Anaesthesia Plan provides an important framework for aligning future efforts with national priorities. Looking ahead, our focus remains clear: to institutionalise our training programmes, strengthen local capacity and leadership, and ensure sustainable integration within national systems. We will continue to invest in partnerships, innovation, and research to maximise our impact.

Thank you to everyone who has contributed, your support makes this work possible and impactful.



Håkon A. Bolkan
CapaCare International Chairperson

Trondheim, Norway – May, 2026

CapaCare International

In 2025, CapaCare International (CCI) maintained a high activity level, organising two Council meetings and nine Executive Board (EB) meetings and completion of the formal registration of CCI in Norway. Strategic planning was a core activity in 2025, culminating in the development of a ten-year strategy and an implementation plan to guide future organisational development and growth towards the end of the year. The Board also focused on academic excellence, finalising a restructured Surgical Training Programme (STP) Training Manual. Furthermore, the EB successfully facilitated an external mid-term evaluation for NORAD, which validated the high impact of our training programmes while providing valuable recommendations for future enhancement.

Governance and HR were further strengthened through the recruitment of key international staff and the establishment of a Staff Development Fund. Additionally, the EB explored new research collaborations in Global Health Equity. These efforts reflect a year dedicated to institutionalising CapaCare's mission while ensuring robust oversight of its life-saving training programmes.

→ *From left to right: ABD, Dr. Wurie, Professor Peter S Coleman and Håkon Bolkan at the CapaCare Strategic Meeting, February 2025, Masanga, Sierra Leone.*

CapaCare Strategy Meeting, participants from all CapaCare Chapters and external stakeholders from Sierra Leone and Liberia, February 2025, Masanga, Sierra Leone.

CapaCare Norway

In 2025, the CapaCare Norway (CCNO) Board convened online every two months. The Board is composed of seven members (with two long standing members stepping down at the AGM) and one Observer. A Nomination Committee, to help with recruitment of Board Members was established consisting of two members. The Board is also supported by CCI staff.

CCNO was represented at the international meeting in Masanga which focused on the development of the strategic plan and the SACHO graduation. The trip made a lasting impression. Board Members travelling to other Chapters make an important contribution to the Norwegian Board, sharing insights and knowledge.

Active Working Groups

CapaCare Norway facilitated three active working groups in 2025:

Logbook App Development

Work on the further development of the app has commenced. The objective is to enable the STP student app users and supervisors in Sierra Leone to access the surgical data registered through the CheckWare portal. This will remove the need to distribute regular updates on recorded data and will allow the presentation of statistics related to each individual user's procedures.

Implementing this functionality requires individual login to the app. A solution for this has already been developed and CheckWare has initiated the process, however, due to limited capacity, no further progress has been made since 2024. This work should be resumed in order to continue the development process, with the aim of completing the app development during 2026.

Child Hernia Repair Project

The paediatric inguinal hernia project in Sierra Leone progressed according to plan including completion of a qualitative study exploring challenges and enablers in accessing paediatric hernia surgery at government hospitals. In parallel, prospective quantitative data collection has continued at participating hospitals, with ongoing registration of surgical activity and follow-up outcomes.

Based on earlier capacity assessments, planning of the intervention phase has begun. The intervention, scheduled to start in 2026, will include structured training, provision of essential paediatric surgical instruments, and community awareness activities aimed at improving timely access to care. Overall, the project has moved from assessment to active implementation planning while continuing systematic data collection.

Innovation Camps for Healthcare Personnel

Following last year's success, we participated as a case-provider in an innovation camp for 3rd year nursing students at the Norwegian University of Science and Technology (NTNU). Approximately 70 students worked on our case, the Child Hernia Repair Project, to develop new tools for communicating the various aspects of the surgery. We are planning to continue participating as case providers to similar innovation camps in 2026.

Beyond these working groups, CCNO has contributed to:

- Writing grant applications.
- Fundraising efforts.
- Engaging the public through social media platforms.
- Developing the new website.
- Establishing a fresh approach to membership engagement.
- Planning travels for Board Members to visit CapaCare Sierra Leone and Liberia in 2026.

CapaCare Netherlands

Objectives and activities in 2025 were as follows:

Fundraising, Communication and Visibility

To strengthen strategic focus in 2025, the former Fundraising and Communications Group was divided into two dedicated working groups: one for Fundraising and one for Communications. This restructuring was intended to enhance clarity of roles, increase effectiveness, and allow for more targeted efforts in both areas.

In 2025, we further strengthened our communications and (social) media activities through the Communications Core Group, with representation from the different Chapters and CapaCare staff in Sierra Leone and Liberia.

We also took steps to shorten communication lines between the social media team and in-country staff. Through more direct contact and faster alignment, field updates, photos, and stories are now shared more efficiently and translated into timely content across our channels.

Supporting 'Lifelong Learning'

The continuous professional development course, Evidence Based Medicine was developed into a Quality Improvement course delivered in 2025 by Dr. Alex van Duinen from CapaCare International and Emmanuel Marx, Amsterdam University Medical Center (AUMC) PhD student and Sierra Leonean Medical Doctor.

Dutch Society for Surgery (NVvH) and the Netherlands Society for International Surgery (NSIS)

In 2025 three modules were conducted in the final year of the initial three-year pilot phase of the collaboration with the NVvH; vascular surgery, endocrine surgery and surgical oncology. The training modules consisted of lectures, practical sessions, and for the endocrine module also a week of conjoint live operations in Phebe Hospital, Liberia. All modules were evaluated and without exception well received by trainees, a total of 18 residents. In early 2026 the pilot phase was evaluated and NVvH Global decided to continue the collaboration with CapaCare.

Global Health Summer School

Facilitated by CapaCare Netherlands (CCNL), 12 SACHOs from Sierra Leone participated in the Global Surgery Summer School of the University of Utrecht.

Psychosocial support for long term expatriates

To ensure the mental well-being of our long-term expatriates, CapaCare continuously evaluates and enhances our psychosocial support programme in collaboration with Kaz de Jong from Doctors Without Borders. Recognising the mental challenges of working abroad, CapaCare offers personalised support tailored to individual needs. After a one-year pilot and evaluation the support programme has been formally continued to provide ongoing, structured assistance.

Establishing the CapaCare Staff Development Fund

The Staff Development Fund, to create possibilities for continuous professional development amongst CapaCare salaried staff, was launched in 2025. Currently one employee has been allocated funds from this resource and will start additional training in 2026. This Fund will continue to be promoted amongst all CapaCare staff.

Establishing Research Fund

In 2025, we initiated the development of the CapaCare Research Fund to support students and early-career professionals involved in CapaCare in presenting their work and participating in relevant conferences, workshops, or other educational events. The Fund offers financial support to promote opportunities for a broader group of applicants, based on relevance to CapaCare's mission.

Continued collaboration with the Wouter Nolet Foundation

As in previous years, Board Members of CCNL helped with the selection procedure of students for a scholarship through the Wouter Nolet Scholarship Fund. Last year, seven STP, five Paediatric Training Programme (PTP) and six Medical Training Programme (MTP) students were selected for a scholarship. Since the beginning of the collaboration, 29 STP, 34 PTP and 16 MTP students have received scholarships. The costs of these scholarships are fully borne by the Wouter Nolet Foundation.

Organising Committee for the Global Health Summer School, Utrecht University.

CapaCare Sierra Leone

Since its establishment in 2015, CapaCare Sierra Leone's (CCSL) mission has been to improve access to life-saving surgical and obstetric care in Sierra Leone. The organisation is currently registered with the Sierra Leone Ministry of Planning and Economic Development under registration number: NNGO/25/20588.

CCSL exists to address the ongoing unmet need for Surgical and Emergency Obstetric care in Sierra Leone. Whilst marked improvements have been realised over the past decade, with increased surgical capacity, output, and declining maternal mortality the need for skilled surgical and emergency obstetric clinicians remains high, particularly in rural areas.

The aims of CCSL are in line with those of CCI, we seek to:

- Improve equitable access to essential surgical and obstetric services in Sierra Leone.
- Strengthen the national healthcare workforce through comprehensive training.
- Support sustainable healthcare development by integrating trained personnel into the national system.
- Promote community health through advocacy and education on surgical and maternal health issues.

The work of CCSL is overseen by a National Board which offers strategic oversight to the local management team and ensures compliance with national regulations.

The core activity of CCSL is the Surgical Training Programme (STP) for Community Health Officers (CHOs), Physician Assistants (PAs) and junior medical doctors (MDs), developed in 2011 through collaboration with the Sierra Leone Ministry of Health (MoH). This programme equips trainees with the skills to perform life-saving surgical and obstetric procedures, with a focus on improving equity of access for rural communities. The principal training base for the programme is Masanga Hospital.

Alongside the STP, we also deliver Continuous Professional Development (CPD) courses for our STP graduates and MDs. Engagement with the national Surgical Residency training programme began in 2023 and continues.

Throughout the year, advocacy and collaboration at a national level continued. Importantly, CapaCare was a key stakeholder in the process to finalise a National Surgical, Obstetric and Anaesthesia Plan (NSOAP) for Sierra Leone which was launched in November 2025. As an organisation we continue to engage with the MoH to support the future implementation of this plan.

Visit of the Chief Minister Dr. David Moinina Sengeh to Masanga. From left to right: Jonathan van Nunes, Thomas Ashley, Dr Alie Bangura MS, Alhaji Medical Clinical Officer, Chief Minister, Dr Marx Kanu.

In February, 18 SACHOs graduated in Masanga. It was a joyful ceremony with many supporters; family, friends alongside national and international guests. The Ambassador of Iceland, UNFPA and NORAD representatives all made speeches and Dr Wurie, Deputy Chief Medical Officer gave the keynote speech. In December, the graduation of 16 BSc Surgical Assistant Clinical Officers (SACOs) took place at the School of Clinical Sciences, Makeni (SCSM). This marked the first graduation ceremony of a cohort of over 50 Clinical Officers since CapaCare, German Doctors, and Partners in Health signed an agreement with the SCSM, in 2021. Each graduate completed a specialist track: Surgery & Obstetrics (CapaCare), Paediatrics (German Doctors), or Internal Medicine (Partners in Health). These new Clinical Officers will be licensed under the Sierra Leone Medical and Dental Council (SLMDC), formally recognising and regulating their cadre in providing task-sharing for the country.

SACHO graduation, February 2025, Masanga, Sierra Leone.

SACO Graduation, December 2025, Makeni, Sierra Leone.

Opening of the Wouter Nolet Skills Lab

On Friday 28th November, Masanga hospital staff, partners and wider community gathered for the annual memorial event, remembering those who have been part of our history over the past decades but are sadly with us no longer. We remember those who have been dedicated to their work and died in active service, including eight SACHOs, four of whom died during their training. This memorial event was followed by the official opening of the new Skills Lab, named in memory of Wouter Nolet, former Programme Coordinator for CapaCare who lost his life to Lassa Fever in 2019. We are able to celebrate the legacy of Wouter's life and work with this second, larger skills lab, a great asset for training used by many different groups of staff and students on a weekly basis.

Annual memorial event, Masanga, Sierra Leone.

Memorial plaque on the skills lab, gifted by the SACHO Union.

Annelien van Binsbergen from the Wouter Nolet Foundation delivering a speech at the opening of the new Skills Lab, named in memory of Wouter.

CapaCare Liberia

CapaCare Liberia (CCL) was established in 2021 with the aim of improving access to surgical care in Liberia by training health workers. In 2022, we received NGO accreditation from the Ministry of Finance and Development Planning and started the first training activities in collaboration with the Liberian College for Physicians and Surgeons, John F Kennedy Medical Center (JFK) in Monrovia and Jackson F Doe Regional Referral Hospital (JFD) in Tappita.

CCL aims to increase the availability of essential obstetric and surgical services for the population with limited or no access to surgical care in Liberia. We support the specialisation for medical doctors in the fields of Obstetrics & Gynaecology and Surgery by implementing surgical training. The two main activities to support postgraduate training include:

- Provide rural rotation for residents in JFD Hospital in collaboration with Liberia College of Physicians and Surgeons (LCPS), JFK and JFD.
- Provide specific, skills-based surgical and obstetric training courses for health workers.

In 2025, we continued our partnership with the Dutch Surgical Society (NVvH), offering specialised training courses. We also worked with the Working Party on International Safe Motherhood and Reproductive Health (ISM&RH) of the Dutch Society of Obstetrics and Gynaecology (NVOG) and the Dutch Society of Tropical Medicine and International Healthcare (NVTG) to plan for Emergency Obstetric training courses in Liberia. Several trainers were trained in the Liverpool School of Tropical Medicine and Hygiene methodology.

We established a partnership with the Liberia Medical and Dental Council (LMDC) for CPD courses, and piloted the first few courses for non-specialists. In 2025, we added Phebe Hospital as a partner hospital for several training activities.

Finally, CCL was involved in several research activities. The results of the nationwide surgical assessment that was conducted in 2024 were published in a report together with the Ministry of Health (MoH), and presented widely to national and international stakeholders including the MoH. Other research projects looking at the outcomes of postgraduate training and the training needs for surgical providers were continued, and a training course in research methods was held to build research capacity in Liberia.

Endocrine training at the John F Kennedy Memorial Hospital, Monrovia, Liberia.

Endocrine training outreach at Phebe Hospital, Liberia.

Surgical Training Programme, Sierra Leone

Project Locations

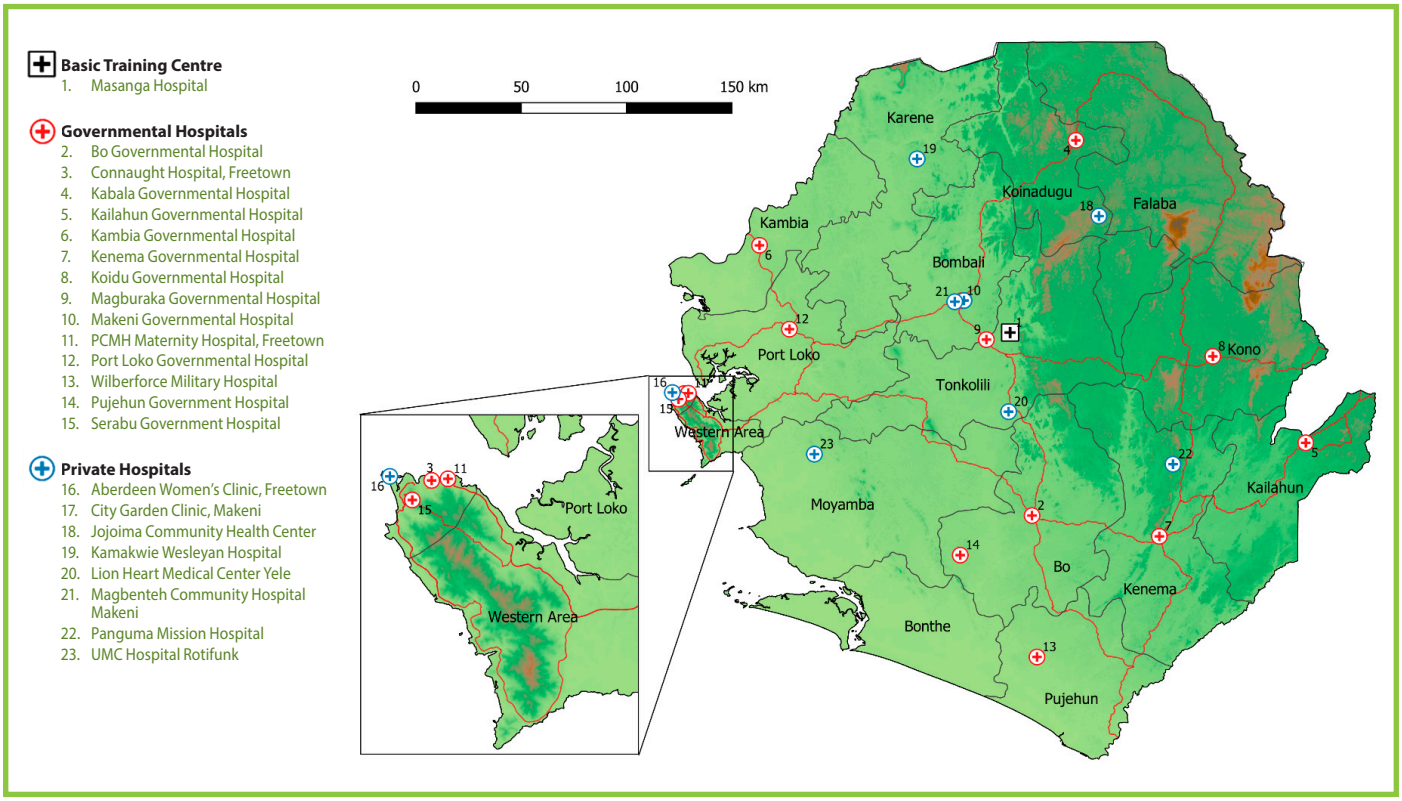


Figure 1: *Training Hospitals - Surgical Training Programme, Sierra Leone in 2025.*

Masanga Hospital continues as the base for the STP. All new students initially spend six to seven months there undertaking their basic training before being posted to other hospitals across the country. Masanga provides a rich learning environment alongside trainees in our partners' Paediatric (German Doctors) and Medical Training (Partners in Health) programmes. It's a place where trainees are encouraged to ask questions and where teamwork is strongly emphasised in an open and safe learning environment.

With more than 1,000 surgeries performed in 2025, Masanga is a leading hospital in terms of surgical activity nationwide. This makes it an ideal place for the students to build their foundation in becoming a reliable, professional, skilled and knowledgeable surgical provider.

Nineteen students completed their first six months of basic training in Masanga in 2025, learning lifesaving surgical and obstetrical skills through different courses, in operating theatres, on the wards, through bedside teaching, scenario training, case-based discussions and participation in regular oncall duties. Following basic training the students are posted to different facilities for their rotations. They rotate for six months in three different facilities after which they take their final oral and written examinations at the end of year two, conducted by the MoH in collaboration with CapaCare. The partner hospitals where the students have been rotating are spread throughout the country and can be seen in **Figure 1**.

Graduate Locations

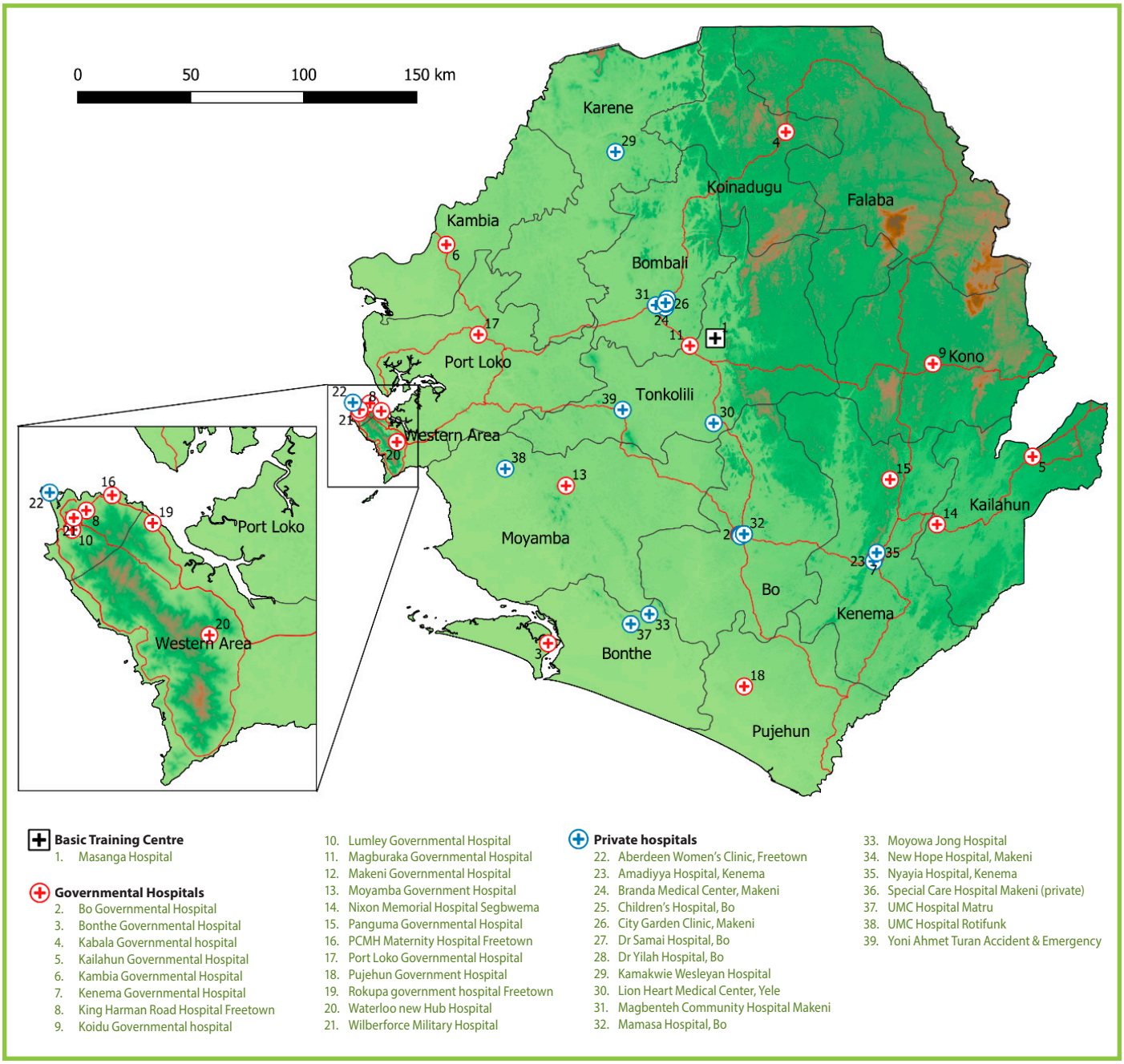


Figure 2: *Graduate locations, Sierra Leone in 2025.*

After the successful completion of their training, the graduates work in different facilities across the country, including government, NGO and private facilities. In 2025 the graduates worked in 39 different hospitals throughout the country. As can be seen, the hospitals are mainly outside the capital of Freetown (**Figure 2**) in order to serve the people where it is needed most.

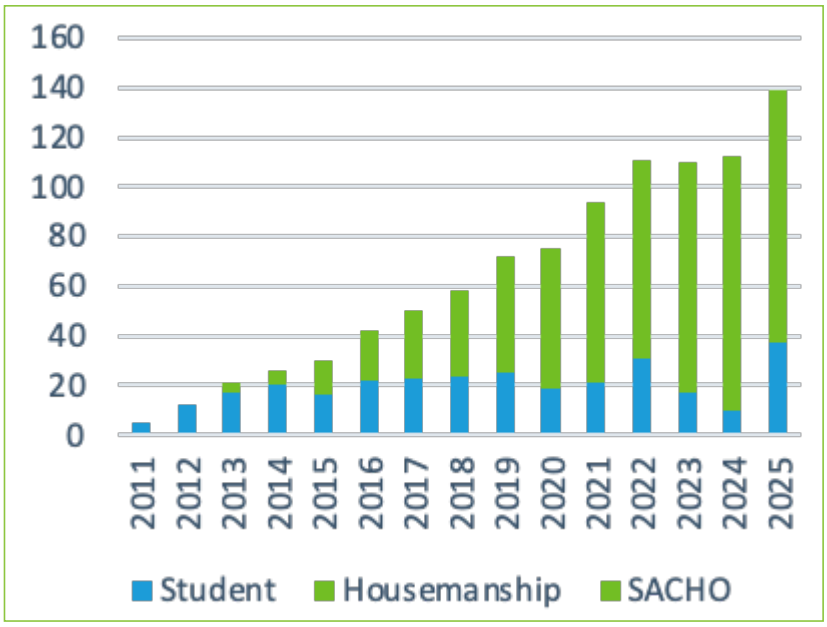
Output Student and Graduate

In 2025, we had 39 continuing students in the STP. Of the 39 students, nine were in Masanga Hospital, three have dropped out of the programme, one has suspended their training and the remaining 18 are posted in various partner hospitals across the country whilst nine students were in their final year doing their internship at PCMH, Connaught Hospital, Kenema Government Hospital and Bo Government Hospital.

	JANUARY 2025			***DECEMBER 2025***		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Basic Training	8	2	10	6	3	9
Housemanship	0	1	1	0	0	0
Graduates (incl. MDs)	93 (5)	10 (0)	103 (5)	97 (5)	13 (0)	111 (5)

Table 1: *Students / graduates in training and cumulative figures for graduates of the Programme, including number of Medical Doctors.*

In 2025, one student finished their surgical training (female) who holds a BSc Community Health Officer (CHO) and is currently in medical school. Due to the lack of intake of students in 2023 there were no other graduates of the programme this year. The graduation ceremony that took place in February 2025 was for students who started the STP in 2020.



The total number of graduates since inception of the Programme is 111 (5 MDs, 16 PAs and 90 CHOs), of which 99 are currently active surgical providers and of these, 86.9% work in rural areas of Sierra Leone.

There were 10 supervision (22 visits) trips to our students in various partner hospitals throughout 2025 – these visits enabled CapaCare to keep close contact with supervisors and students in partner hospitals. The visits are joint monitoring and supervision trips in collaboration with representatives from CapaCare, the SCSM and MoH.

Figure 3: *Number of students/interns in the programme (right).*

Roles and Procedures

The most common procedure for the students in 2025 was caesarean section. Although we know there is a clear underreporting of surgeries performed by the students, it does give an idea about the scope of service of what is being taught. Nearly all surgeries are directly or indirectly lifesaving surgeries. This shows clearly what the students are being trained for: to be able to perform lifesaving surgeries and interventions.

	Students (incl. housemanship)		
No	**Procedure**	**Number**	**%**
1	Caesarean Section	514	59.6
2	Inguinal Hernia Repair	117	13.6
3	Appendectomy	49	5.7
4	Laparotomy	30	3.5
5	Umbilical Hernia Repair	23	2.7
6	Strangulated Hernia Repair	14	1.6
7	Amputation Above Knee	14	1.6
8	Scrotal Hydrocele	10	1.2
9	Cystectomy	9	1.0
10	Salpingectomy for Ectopic Pregnancy	8	0.9
	Total	**788**	**91.4**

Table 2: *Top ten procedures for students in 2025.*

	Students (incl. housemanship)		
No	**Procedure**	**Number**	**%**
1	Surgeon supervised	395	45.3
2	Surgeon independent	230	26.4
3	Observing	142	16.3
4	Assisting	105	12.0
	Total	**872**	**100**

Table 3: *Role during operation for students in 2025.*

Courses and Trainers

Throughout the core training programme, we continued to deliver training pairing national and international trainers and for a second consecutive year the number of national trainers outnumbered international trainers. For the first time we had Liberian consultants delivering training in Sierra Leone. We hope to further develop this South-South collaboration in 2026.

In 2025, the international trainers came from Norway, Sweden, the Netherlands, and the UK. All international trainers are engaged on a voluntary basis. CapaCare provides support for transportation, accommodation, visas and vaccines. National trainers receive an honorarium for the training they provide. In 2025, 22 STP training modules were delivered with 221 participants.

In addition to the core training programme, continuous professional development (CPD) courses have been a key part of CapaCare's activity in 2025. Sixteen courses were provided with a total of 137 participants (60 SACHOs / COs, 59 MDs, 8 Residents / Specialists and 10 from the anaesthetic team).

Module	Trainees	Duration	Month	Trainer	International	National	Participants	Female
Urology	April 2024 STPs	2 days	Jan	Dag Halvorsen (U)	1	0	9	1
CPD Urology	MDs	2 days	Jan	Dag Halvorsen (U)	1	0	11	0
CPD Urology	SACHOs	2 days	Jan	Dag Halvorsen (U)	1	0	7	0
CPD Urology	MDs	2 days	Jan	Dag Halvorsen (U)	1	0	5	0

Emergency Obstetrics	October 2024 STPs	2 weeks	Jan	Arvind Subramaniam (G), Geraldine George (G)	1	1	10	4
WHO Surgical Safety checklist	Operating theatre personnel	2 days	Jan	Lifebox trainers: Rémy Turc (Programme Manager), Hassan Sheriff (SACHO), Assefa Tesfaye (MD)	2	1	19	5
CPD Obstetric Fistula prevention	SACHOs	2 days	Jan	Awol Yemane (G)	1	0	8	0
Hernia course	October 2024 STPs	2 days	Jan	Katja Maschuw (C)	1	0	10	4
CPD Regional anaesthesia	Anaesthetic team	2 weeks	Feb	Masanga UK Allison Ingham (A), Toby Johnson (A), Mohammed Kallon (AN), Jonathan Cubitt (PSC), Peter Drew (PSC), Stephen Clements (A)	5	1	10	2
Soft tissue and abdominal emergencies	October 2024 STPs	8 days	Feb	Katja Maschuw (C) & Hindowa (SACHO)	1	1	10	4
Introduction week	New April 2025 STPs	1 week	April	Kosse Dasselaar (TD), Francis Vandy, (CCS) Mohamed John Turay (CCS)	1	2	10	2
Basic Surgical Skills	April 2025 STPs	2 weeks	April	Katja Maschuw (C), Jonathon van Neunes (S), Ishaika (SACHO), Emmanuel (SACHO), Sheku Farnah (SACHO)	2	3	10	2
Basic Obstetrics	April 2025 STPs	1 week	April	Kosse Dasselaar (TD), Sheku Farnah (SACHO), Samuel Robert (SACHO)	1	2	10	2
CPD Residents: Wet lab 1: Basic thoracic and abdominal procedures	Surgical Residents (Liberia and Sierra Leone)	3 days	April	Beata Rieber (C), Katja Maschuw (C), Prof Coleman (C), Dr Kokulo (C), Mohamed Kalon (AN)	4	1	5	0
Wet lab	October 2024 STPs	1 week	May	Katja Maschuw (C), Sayo Kanneh (SACHO), Alieu Sesay (AN)	1	2	10	4
CPD Burns course	MDs	4-5 days	May	Maria Bakker (TD), Sheku Farnah (SACHO), Jonathan Vas Nunes (TD)	2	1	9	0
CPD Burns course	SACHOs	4-5 days	May	Maria Bakker (TD), Sandi Gangha (SACHO), Emmanuel Tamba (SACHO)	1	2	2	1
Hernia course 3D model	April 2025 STPs	1 week	May	Olle Bladin (MD), Tairu Farnah (SACHO), Chernor Jalloh (SACHO)	1	2	10	2
Hernia course Using 3-D model	April 2024 STPs	1 week	June	Tairu Farnah (SACHO), Chernor Jalloh (SACHO)	0	2	8	1
Hernia camp	April 2025 STPs	5 days	june	Dr Robert-Jan (C), Dr Hans (C)	2	0	11	1
Soft tissue and abdominal emergencies	April 2025 STPs	8 days	June	Katja Maschuw (C), Hassan Sheriff (SACHO), Hindowa Lavally (SACHO)	1	2	10	2
CPD Maternal medicine, obstetrical trauma (MOET) and maternal global health	SACHOs	4 days	Juen	Dr Gareth Lock (G), Augustine Amara (SACHO), Dr Hannah Raval (G)	2	1	5	1
CPD Maternal medicine, obstetrical trauma (MOET) and maternal global health	MDs	4 days	July	Dr Gareth Lock (G), Augustine Amara (SACHO), Dr Hannah Raval (G)	2	1	10	3
CPD Trauma course	MDs	1 week	July	Prof Kehinde Oluwadiya (O)	0	1	12	9
Global Surgery Summer School (CPD)	SACHOs	1 week	July	Online in collaboration with University of Utrecht	0	0	7	3
Refresher Soft tissue and Abdominal emergencies	April 2024 STPs	1 week	July	Katja Maschuw (C), Sheku (SACHO)	1	1	9	1

Emergency Obstetrics	April 2025 STPs	2 weeks	July	Frederike Rothe (G), Noreen Jankowski (M), Sheku Farnah (SACHO)	1	2	10	2
Refresher Obstetrics	April 2024 STPs	1 week	Aug	Frederike Rothe (G), Noreen Janowski (M), Samuel Roberts (SACHO)	1	2	9	1
CPD Groin hernia repair	SACHOs	2 days	Aug	Katja Maschuw (C), Sheku Farnah (SACHO)	1	1	9	0
Wet lab	April 2025 STPs	1 week	Sep	Katja Maschuw,(C) Sayo Kanneh (SACHO), Hindowa Lavally (SACHO)	1	2	10	2
CPD Residents Wet lab 2: Advanced thoracic and abdominal procedures	Residents	3 days	Sep	Beata Rieber (C), Katja Maschuw (C), Prof Wolfgang Hiller (C), Prof Coleman (C), Prof Olatoke (C), Thomas Ashley (S)	4	2	3	0
CPD Amputation course	SACHOs	2 days	Sep	Jonathan van Nunes(S), Yusuf Kanu (SACHO), Amara Conteh (SACHO)	1	2	10	2
Introduction week	New October 2025 STPs	1 week	Oct	Thomas Ashley (S), Francis Vandy (CCS), Mohamed John Turay (CCS), Hawa Marah (CCS), Hannah Ashley (CCS)	1	6	9	3
Basic Surgical Skills	October 2025 STPs	2 weeks	Oct	Thomas Ashley (S) Hindowa Lavally (SACHO), Sheku Farnah (SACHO), John Paul Koroma (SACHO)	0	4	9	3
Basic Obstetrics	October 2025 STPs	1 week	Nov	Hanna Matheron (G), Sheku Farnah (SACHO), Samuel (SACHO)	1	2	9	3
Anaesthesia and emergency medicine	April 2025 STPs	1 week	Nov	Andy Read (GD), Katie Beckett (GD), Mohamed Kallon (BSc Anesthesia)	1	2	10	2
Trauma and orthopaedics	April 2025 and October 2024 STPs	1 week	Nov	Wouter Ten Cate (O), Hay Winters (PSC), Dr Pim Bongers (S), Job Wernand (TD), Thomas Ashley (S)	3	2	19	6
Open fracture course	Surgical Residents	4 days	Nov	Dr Bundu (O), Dr Lavaly (O), Wouter Ten Cate (O), Hay Winters (PSC), Dr Pim Bongers (S), Job Wernand (TD), Thomas Ashley (S)	3	4	6	0
QI Course CPD	MDs and SACHOs	2 days	Nov	Marx Kanu (MD), Alex van Duinen (CCS)	1	1	24	3
Soft tissue and abdominal emergencies	October 2025 STPs	2 weeks	Dec	Thomas Ashley (S), John Paul Koroma (SACHO), Sheku Farnah (SACHO)	0	3	9	3
					55	**62**	**383**	**84**
Type of courses delivered: CPD courses = 16 Resident courses = 3 Quality Improvement courses = 1 Train the Trainer courses = 0 STP courses = 22					Total number of participants = 383 (84 female) STPs = 221 SACHOs / COs = 60 MDs = 59 Residents / Specialists = 14 Operating theatre personnel = 19 Anaesthetic team = 10			

Table 4: *Anaesthetist (A), Anaesthetic Nurse (AN), CapaCare Staff (CCS), Global Health Doctor (GHD), Gynaecologist (G), General Doctor (GD), Internal Medicine Consultant (IMC), Midwife (M), Orthopaedic Surgeon (O), Paediatric clinical officer (PCO), Paediatric Surgeon (PS), Plastic Surgeon Consultant (PSC), Radiologist (R), Radiology Trainee (RT), Resident in Anaesthesia (RA), Surgeon (S), Surgical Assistant Community Health Officer (SACHO), Surgical Training Programme students (STP), Trauma Surgeon Consultant (TSC) and Urologist (U).*

↑ *CapaCare and Ministry of Health meeting, November 2025, Sierra Leone.*

→ *STP Hernia Course Dry Lab. Jibba Kamara and Isata Bangura.*

Programme Support

Apart from the trainers, there were also several support visits, mostly related to research projects or general programme support.

Purpose	Duration	Month	Personnel
Research Caesarean Section	Three weeks	January	Josien Westendorp*
Graduation and Strategy Meeting	Five days	February	Representatives from all four CapaCare Chapters, staff members, NORAD, UNFPA, MoH, Icelandic Ambassador and local dignitaries
NORAD external evaluation undertaken by the WHO Centre for Collaboration, George Institute	One week	November	Anita Gadgil and Priyansh Nathani
Visit from STCFK (donor visit)	One week	November	Burkhard and Claire Klein*
Engagement on NSOAP and NORHED proposal	One week	November	Håkon Bolkan (Chairperson, CCI EB), Alex van Duinen (CCI EB)* and Ard Gerrits (CCI CEFO)
Paediatric Hernia Research	One week	November	Johan Ahlbäck (CC NO)
Opening of Wouter Nolet Memorial Skills Lab	One day	November	Håkon Bolkan (Chairperson, CCI EB), Alex van Duinen (CCI EB)* and Ard Gerrits (CCI CEFO)
Graduation from School of Clinical Sciences Makeni	One day	December	16 SACOs, first graduation from SCSM

Table 5: *CapaCare International Executive Board (CCI EB), CapaCare Liberia (CCL), CapaCare Netherlands (CCNL), Norwegian University for Science and Technology (NTNU), University of Groningen (UG).*
**Travelled with external funding.*

Surgical Training Programme, Liberia

Project Locations

CCL currently has three partner hospitals in Liberia for training activities:

- Jackson F. Doe Memorial Regional Referral Hospital, Tappita, Nimba County.
  For medical doctors who are following postgraduate training in Surgery or in Obstetrics & Gynaecology, Jackson F Doe Hospital serves as a location for their rural rotation.
- John F. Kennedy Medical Center, Monrovia, Montserrado County.
  JFK Medical Center is the main training hospital for postgraduate training programmes in Liberia. CCL is supporting the postgraduate training in Surgery and Obstetrics & Gynaecology here by delivering different surgical training courses.
- Phebe Hospital, Suakoko, Bong County.
  Phebe Hospital is a publicly funded health facility located in Bong County. It serves as a regional referral centre and hosts a School of Nursing.

In addition, Redemption Hospital in Monrovia hosted CPD training activities in 2025.

Postgraduate Training - Graduate Locations

Since the start of the programme, 16 residents who completed a rural rotation at JFD have graduated, several others are still in training. After completion of postgraduate training, the specialists are posted by the MoH. The map below shows the locations where they have been posted by the Ministry.

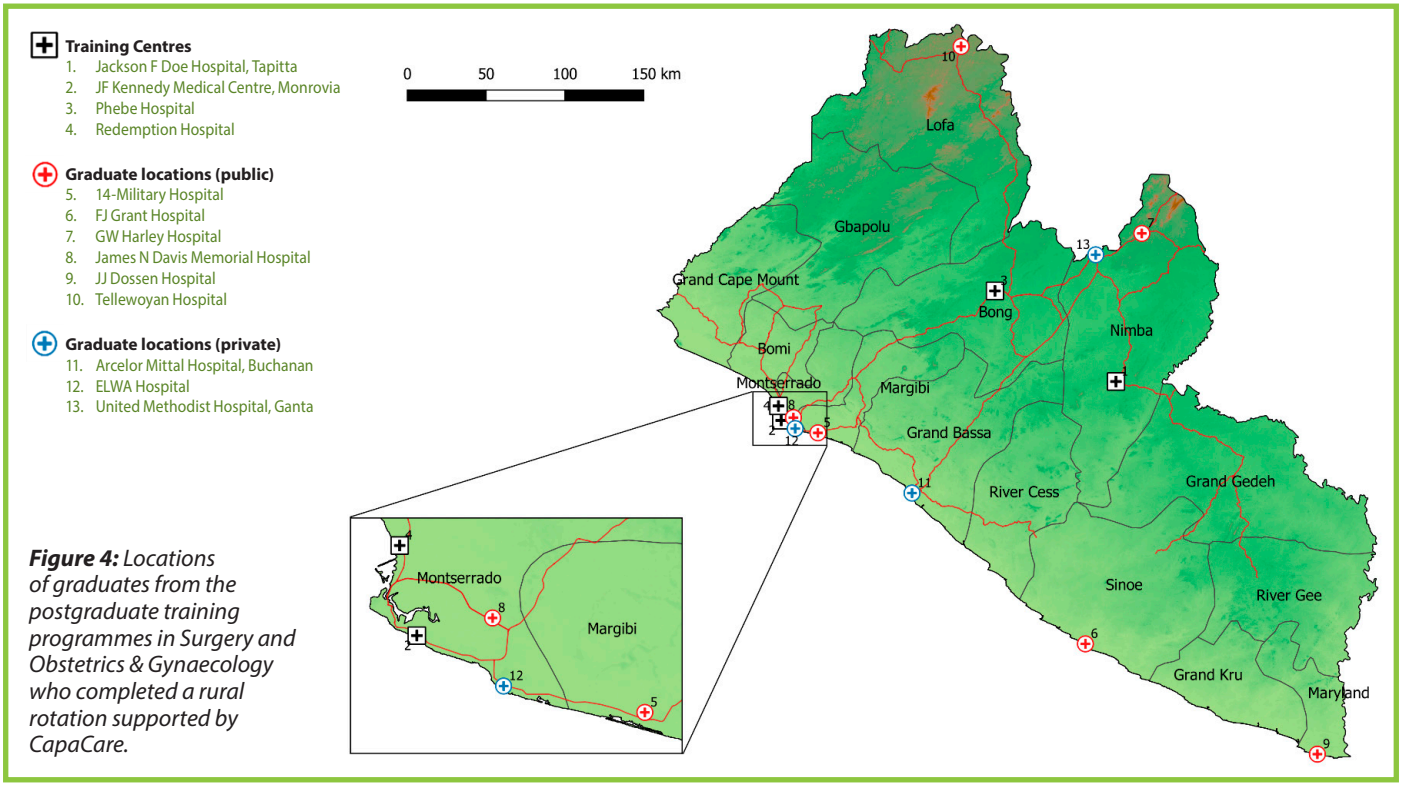


Figure 4: *Locations of graduates from the postgraduate training programmes in Surgery and Obstetrics & Gynaecology who completed a rural rotation supported by CapaCare.*

Surgical Output – Rural Rotation

The surgical training is divided into two sub-activities:

- Rural rotation for residents in Surgery and Obstetrics & Gynaecology.
- Surgical skills courses.

Rural rotation in JFD, Tappita, Nimba County

The postgraduate training in Liberia is accessible for Medical Doctors with at least two years working experience. The training takes three years, with rotations in different departments. Residents are evaluated annually before starting the next year. One of the requirements of the Liberian College of Physicians and Surgeons (LCPS) and the West African College of Surgeons (WACS) during postgraduate training is a rural attachment.

No.	Year	Arrival	Specialisation	Gender	PG Year	Duration in 2025 (weeks)
1	2025	Dec'24	Surgery	M	2nd	9 (total 12)
2	2025	Dec'24	Surgery	M	2nd	9 (total 12)
3	2025	Feb	OBGYN Rotation in Radiology	M	3rd	6
3	2025	March	OBGYN Rotation in Radiology	M	3rd	4
4	2025	Feb	OBGYN	M	3rd	8
5	2025	July	Surgery	M	2nd	10
6	2025	July	Surgery	M	2nd	12
7	2025	Oct	Surgery	M	2nd	10 (continued to 2026)
8	2025	Oct	Surgery	M	2nd	10 (continued to 2026)

**Includes procedures performed independently, with assistance, and assisting.*

Table 6: *Overview of rural rotation for postgraduate training in Jackson F. Doe Hospital in 2025.*

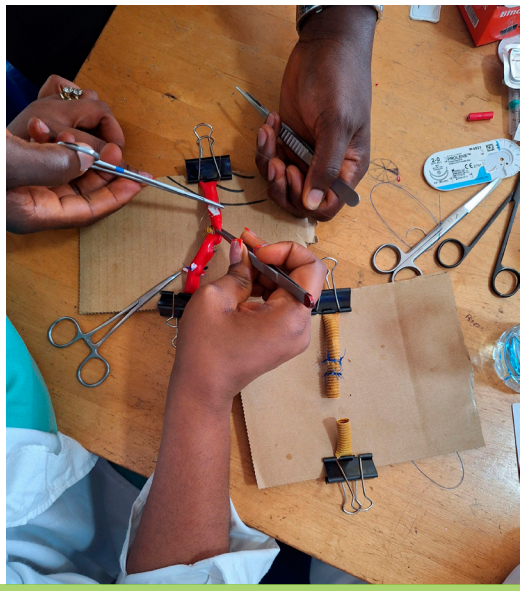
Surgical Skills Courses

In total, there were nine skills-based courses for residents in 2025 with a total number of 92 participants. **Table 7** gives an overview of the courses. The courses aim to combine theoretical understanding with practical, hands-on training. Three courses were conducted in collaboration with the Dutch Surgical Society (NVvH), namely Vascular Surgery, Endocrine Surgery, and Surgical Oncology. For the Endocrine Surgery course in October, theoretical training in JFK was combined with an outreach to Phebe Hospital, where a team of national and international surgeons supervised senior residents in thyroid surgery.

Training module	Duration	Month	Tutor	Location	Residents Surgery	Residents OBGYN	Other	Participants Total (F)
Vascular Surgery#	1 week	April	Rutger Hissink (VS), Dennis Dolmans (VS)	JFK[1]	JFK1	-	3	17 (2)
Wet Lab I	3 days	April	Beata Rieber (S), Katja Maschuw (S), Prof Coleman (S), Dr Kokulo (S), Mohamed Kalon (AN)	Masanga Hospital[2]	3	-	-	3 (0)
Advanced Emergency Obstetrics	6 days (3 cohorts)	July	Arvind Subramaniam (G)	JFK	-	14	-	14 (6)
Emergency Obstetrics (CPD)	1 day	July	Arvind Subramaniam (G)	Redemption Hospital	-	-	17	17 (15)
Basic Surgical Skills and Emergency Interventions	1 week	August	Katja Maschuw (S)	JFK	6	3	-	9 (3)
Wet Lab II	3 days	Sep	Beata Rieber (S), Katja Maschuw (S), Prof Wolfgang Hiller (S), Prof Coleman (S), Prof Olatoke (S), Thomas Ashley (S)	Masanga Hospital	2	-	-	2 (0)
Endocrine Surgery#	3 days	Oct	Jaap Hamming (S), Inne Borel Rinkes (S), Jonathan Vas Nunes (S), Tresor Mabanza (S)	JFK	15	-	-	15 (2)
Endocrine Surgery Outreach#	4 days	Oct	Jaap Hamming (S), Inne Borel Rinkes (S), Jonathan Vas Nunes (S), Tresor Mabanza (S), Prof. Peter S Coleman (S)	Phebe Hospital[3]	3	-	1	4 (1)
Research Methodology	1 day	Dec	Alex van Duinen (CCS)	JFK	5	4	-	9 (1)
Surgical Oncology#	1 week	Dec	Marije Gordinou de Gouberville (S), Tom Gresnigt (S), Tresor Mabanza (S)	JFK	16	3	1	20 (3)

 # In partnership with the Dutch Surgical Society (NVVH)
[1] John F. Kennedy Medical Center, Monrovia, Montserrado County, Liberia
[2] Masanga Hospital, Tonkolili District, Sierra Leone
[3] Phebe Hospital, Suakoko, Bong County, Liberia

Table 7: *Overview of skills-based courses in 2025. Anaesthetic Nurse (AN), CapaCare Staff (CCS), Gynaecologist (G), Surgeon (S) and Vascular Surgeon (VS).*



Vascular surgery training at John F Kennedy Memorial Hospital, Monrovia, Liberia.

Digital Logbook

In collaboration with the LCPS, two students from the NTNU worked on designing a digital version of a logbook for residents in Liberia. Through interviews with several stakeholders, an app was designed that could assist in collecting data regarding progress of the residents and replace the current paper logbooks. This design can now be used for the basis of building the actual application.

Nationwide Surgical Activity Assessment

In 2024, we partnered with the MoH to carry out a nationwide assessment of surgical services in Liberia. During the assessment we visited every hospital and clinic where surgeries are performed across all counties.

This nationwide surgical activity assessment in Liberia included 77 facilities, an increase of 26 facilities from 2018. In 2024, 28,808 surgical procedures were performed, resulting in a surgical volume of 549 procedures per 100,000 population. Obstetrics and gynaecology constitute most of these surgeries at 52%, followed by general surgery at 32.5%. There are significant geographic inequities in surgical volume, ranging from as low as 149 per 100,000 in Grand Cape Mount to 915 per 100,000 in Maryland. Nevertheless, the national unmet need for surgery remains remarkably high at 89% based on global recommendations of minimum 5,000 annual surgeries per 100,000 population. Paediatric surgery for patients under 15 years accounts for only 7.4% of all surgeries, which is low given Liberia's predominantly young population. Most paediatric procedures are limited to hernia repairs and circumcisions, with specialised paediatric surgical care largely unavailable. Caesarean sections (CS) have increased to 12,598 annually, 43.7% of all surgeries nationwide. The national CS rate is 7.4% with 6.9% in rural areas and 8.4% in urban areas. This has been a notable improvement in rural access to operative obstetric care since 2018.

Presentation of the results of the Nationwide Surgical Activity Assessment at the Ministry of Health, Liberia.

JFK Basic Surgical Skills Course for Residents in Surgery and Obstetrics.

The surgical workforce has expanded significantly from 286 providers in 2018 to 471 in 2024, equating to 371 full-time equivalent positions (FTE). This growth is especially prominent among specialists and obstetric clinicians. Both cadres have substantially increased their contributions to surgical volume. Despite the increase in providers, surgical provider density remains low at 7.1 per 100,000 population. The specialist surgeon, obstetrician, and anaesthetist (SOA) workforce density of 2.6 per 100,000 population is far below the recommended international minimum threshold of 20 per 100,000 population. Anaesthesia provider density is 3.4 per 100,000, but physician anaesthesia providers constitute only 0.3 per 100,000, whereas the recommendation is four per 100,000.

Infrastructure, equipment, and supply challenges persist throughout the country. This limits the availability to provide essential life-saving services, such as blood transfusion. Key barriers include absent or out-of-stock equipment, lack of trained personnel to use it, and inadequate infrastructure.

Programme Support

Visits for programme support and research to Liberia:

Purpose	Duration	Month	Staff
Programme support and research dissemination	2 weeks	September	Alex van Duinen (CCI)*
Collaboration NVvH-CapaCare-JFK	2 weeks	October	Inne Borel Rinkes (NVvH)*
Engagement on NORHED proposal and programme support	1 week	December	Ard Gerrits (CCI), Alex van Duinen (CCI)*

Table 8: *CapaCare International (CCI) and Dutch Surgical Society (NVvH).*
**Travelled with external funding.*

Collaboration

Collaboration with Connaught University Hospital and the University of Sierra Leone and Accreditation by the West African College of Surgeons (WACS)

In 2025, we have further strengthened our collaboration with the postgraduate Surgical Residency programme in Freetown. Our consultant general surgeon continued to make regular visits to Connaught Hospital supporting the residency training. Following the accreditation of Masanga Hospital by the WACS in 2024, we welcomed two surgical residents for their three-month rural posting during 2025, with excellent feedback and they took part in 91 surgeries between them.

South - South Collaboration

We also hosted senior specialist surgeons from Freetown for Surgical CPD courses alongside specialists from Liberia, a key step in increasing South - South collaboration between the activities of CapaCare in Sierra Leone and Liberia. We look to further this collaboration in 2026 with more co-ordination of training between the two countries for both national and international trainers.

Representatives from CCSL and CCL digitally attended the Summer School in Global Surgery and Obstetrics and Gynaecology (OB/GYN) organised by the Dutch University of Utrecht. Both teams were able to contribute substantially to share the contextuality and challenges of surgical and OB/GYN care from the ground.

Colleagues and external stakeholders from Liberia on the road to the Strategy Meeting in Sierra Leone. From left to right: Theophilus Hampaye, Mwenda Kazadi Jr, Dr Onaji Kingsley, Julius Gleekia, Juul Bakker, Clarence Yaskey, Professor Peter S Coleman, Alex van Duinen, Dr Benetta Collins Andrews and Reuben Saywah Jr.

Collaboration with the Norwegian Hernia Society and Alfred Surgery

CapaCare collaborated with the Norwegian Hernia Society and Alfred Surgery on improving training for hernia surgeries for the students in the CapaCare programme in Sierra Leone. Alfred Surgery is a Norwegian based software company that has created an online learning platform for surgical procedures. This platform has been implemented for hernia surgery training in Norway and Ghana. Together with the Norwegian Hernia Society, Alfred and CapaCare organised a hernia camp in April 2025 where the platform was tested in Masanga.

Norwegian Hernia Society and Alfred Surgery hernia training, Masanga, Sierra Leone.

Collaboration with India

For the last five years CapaCare has been collaborating with the WHO Collaborating Centre for Emergency, Critical and Operative Care. This collaboration has been mainly focused around research activities. In 2025, Anita Gadgil and Priyansh Nathani performed an evaluation of the project in Sierra Leone. Their recommendations have contributed to new insights in the project implementation and future direction.

In addition to the above collaboration, a project was started to develop surgical training in three rural District Hospitals in India (Gaya, Ziro and Ayodhya). In 2025, pre-implementation research was done by two NTNU Medical Students (Adrian Moe and Julie Iversen). Together with the team from AIIMS New Delhi and The George Institute, they found that all three hospitals had functioning emergency units, core infrastructure, and basic laboratory, pharmacy, and transfusion capacity. However, surgical capability differed widely. Across all sites, key challenges included equipment shortages, limited ICU capacity and 24/7 surgical access, heavy outpatient demand, and defensive referral practices driven partly by fear of violence. Based on this study, training has been prepared and planned to be implemented in the first quarter of 2026.

From left to right: Vishnu Kumar Vijayan, Sonia Ravichandran and Devisree Ajitha Sreekantan from AIIMS New Delhi during data collection in Ayodhya District Hospital, Uttar Pradesh, India.

From left to right: Håkon Bolkan and Ellen Judith Kjolstad and nursing staff from Ayodhya District Hospital, Uttar Pradesh, India.

Media and Publications

Social Media and Website

In 2025 we focused on increasing our online visibility and sharing stories about training, collaborations, and impact. We aimed for a consistent and recognisable flow of content, working with colleagues across all Chapters for updates and photos. We also developed a Social Media Code of Conduct to guide decisions on what is appropriate to share (and what is not), ensuring our posts align with CapaCare's values and respect the people and communities we work with.

Our Facebook following grew from 1,351 followers in 2024 to 1,400 followers in 2025. Overall we posted 27 times in 2025 with 35 stories, most were crossposting with Instagram. Similarly to Facebook we were able to grow our Instagram following further in 2025. Increasing to 766 followers with 27 posts over the year, complemented by 35 stories.

We also use LinkedIn however, this is primarily used for staff updates and posts highlighting collaboration with partner organisations and professional associations, next to vacancies within CapaCare; and to a limited extent X (Twitter) which we used for a small number of posts, mainly to share and promote research-related updates.

For our Annual End of Year campaign, we focused on raising funds for surgical supplies and training materials for our skills labs in both Sierra Leone and Liberia. In total we raised almost €3,000 from donations in Norway and the Netherlands.

The new CapaCare website was launched in May 2025 (www.capacare.org) and is managed by the Communications Working Group.

CapaCare Online

Ministry of Health, Liberia, August 2025:
https://moh.gov.lr/news/2025/moh-capacare-liberia-convenes-nationwide-health-care-assessment-meeting-to-spotlight-surgical-progress-and-gaps/

Ministry of Health, Sierra Leone, November 2025:
https://www.facebook.com/61580519586965/posts/capacare-engages-ministry-of-health-leadership-on-strengthening-nsoap-implementa/1221154595130173 19/

Netherlands Society for International Surgery (NSIS) newsletter December 2025:
https://nsgh.nl/en/working-groups/dutch-society-for-international-surgery

Publications

Ashley T, Ashley HF, Wladis A, Nordin P, Ohene-Yeboah M, Smalle IO, Beard JH, Löfgren J, Bolkan HA, van Duinen AJ. Outcomes after elective inguinal hernia repair with mesh performed by associate clinicians versus medical doctors in Sierra Leone: 5-year follow-up of a randomized clinical trial. **Br J Surg**. 2025 Dec 10

Bakker JM, van Duinen AJ, Patil P, Nathani P, Gyedu A, Adde HA, Bhushan P, Roy N, Gadgil A, Bolkan HA. Exploring the concept of surgical transition: surgical activity in the light of economic development in Sierra Leone, Liberia, Ghana and India. **Front Surg**. 2025 Aug 15

Martens JPJ, van Leerdam D, Kanneh S, Smalle IO, Sankoh O, van Duinen AJ, Bolkan HA; PRESSCO 2020 Study Group. Surgical Volume in Sierra Leone: A Comparison Between Population and Facility-Based Data Collection. **World J Surg**. 2025 Sep

van Kesteren J, Langeveld M, Ashley T, Fofanah T, Bonjer HJ, Bolkan HA. Surgical task-sharing in Sierra Leone: barriers and enablers from provider and facilitator perspectives. **BMJ Glob Health**. 2025 May 26

Vas Nunes J, Wassill L, Mönnink G, Falama AM, Mathéron H, Conteh A, Sesay M, Sesay A, Bolkan HA, Grobusch MP, Schaumburg F. Suspected Buruli ulcer cases in Tonkolili District, Sierra Leone- a prospective cohort study. **Infection**. 2025 May 21

Furre ME, Svengaard M, Øvreås E, van Duinen AJ, Ashley T, Grobusch MP, Bakker J, Gunneweg J, Roy N, Kabba MS, Bolkan HA. The impact of surgical task-sharing in Sierra Leone: a nationwide longitudinal observational study on surgical workforce and volume, 2012-2023. **BMJ Glob Health**. 2025 May 6

Dawkins B, Shinkins B, Ensor T, Jayne D, Ashley T, van Duinen AJ, Bolkan HA, Meads D. Evaluating Access Improving Interventions: An Economic Evaluation of Surgical Task-Shifting for C-Sections in Sierra Leone. **Appl Health Econ Health Policy**. 2025 Apr 30

Logstein E, Torp R, Ashley T, Kamara MM, Koroma AP, Dumbuya AB, Suma MS, Moijue AR, Westendorp J, Kujabi ML, Rijken MJ, Wibe A, Hagander L, Leather AJM, Bolkan HA, van Duinen AJ. Long-term maternal outcomes 5 years after cesarean section in Sierra Leone: A prospective cohort study. **Int J Gynaecol Obstet**. 2025 Mar

Underscored - Contributions from CapaCare Board Members, staff, trainers, trainees and graduates.

Research

Cost effectiveness of the Surgical Training Programme in Sierra Leone

A 2025 publication "Evaluating Access Improving Interventions: An Economic Evaluation of Surgical Task-Shifting for C-Sections in Sierra Leone" provides critical scientific validation for CapaCare's mission. Published in Applied Health Economics and Health Policy, the study offers a comprehensive economic analysis of the STP, specifically focusing on its impact on the provision of life-saving caesarean sections.

By evaluating the STP through the lens of "access-improving interventions," the authors demonstrate that our graduates are not only a clinical necessity but a highly cost-effective public health strategy. A key finding of the paper is the cost-effectiveness of the task-shifting model. When compared to traditional physician-led care in a resource-constrained environment, the STP model provides a sustainable pathway to achieving Universal Health Coverage. The analysis highlights that Associate Clinicians, after undergoing CapaCare's rigorous training, deliver outcomes comparable to medical doctors but at a significantly lower cost to the healthcare system. This efficiency allows for a broader geographical distribution of surgical services, reaching rural and underserved populations who previously faced insurmountable barriers to care.

Furthermore, the paper underscores the "value of access." By reducing the distance and financial hurdles patients face, the STP prevents catastrophic health expenditures for families and reduces maternal and neonatal mortality. For CapaCare, this peer-reviewed evidence serves as a powerful tool for advocacy. It proves to international donors and national policymakers that investing in task-sharing is a high-yield strategy for strengthening health systems and achieving health equity in sub-Saharan Africa. This research reinforces our commitment to data-driven interventions that save lives efficiently and sustainably.

Clinical Decision Making for Caesarean Deliveries in Sierra Leone in a task-sharing context (PhD Project)

At the beginning of the year interviews of the qualitative part of this research project led by PhD student Josien Westendorp were finalised. Lisa Cornelissen and Cindarella M. Koroma interviewed both healthcare providers and patients in eight different governmental hospitals. These three women went to conduct the first four scenario embedded workshops in January and February with the

donated MamaBirthie CS simulators to five hospitals, Lion Heart Medical Centre, Makeni, Koidu, Bo and Kenema governmental hospital. The remaining three hospitals, Kambia, Pujehun and Magburakah, were visited by CapaCare Training Coordinator Kosse Dasselaar, SACHO Sayoh Kanneh and midwife and researcher Cindarella M. Koroma. These three hospitals also received the MamaBirthie CS obstetric device donated by Lærdal after a successful application in 2024.

In September and October 2025 a thorough evaluation was conducted by Cindarella, Sayoh and two Norwegian 5th year medical students Hedda Børsting Saltnes and Stina Johanne Sandberg. This master thesis entitled: "A Qualitative Study on the Effect of Simulation-Based EmONC Training in District Hospitals in Sierra Leone" and the Lærdal report are available for insight. The obstetric quality of care improvement initiatives are ongoing, and we look forward to sharing more about the research and the implementation in the next report.

MamaBirthie training with the obstetric team at Kenema Governmental Hospital, Sierra Leone.

MamaBirthie training at the John F Kennedy Memorial Hospital, Monrovia, Liberia.

Presentations (online and in-person): chronological

14th European Congress on Tropical Medicine and International Health, Hamburg: organised session with the Norwegian Research School in Global Health, September 2025:
Josien Westendorp: Quality Maternal Care on the margins: "Ummet need or epidemic of Caesarean deliveries in the changing surgical landscape in Sierra Leone"

Liberia College of Physicians and Surgeons Annual General and Scientific Meeting, Monrovia, Liberia, October 2025:

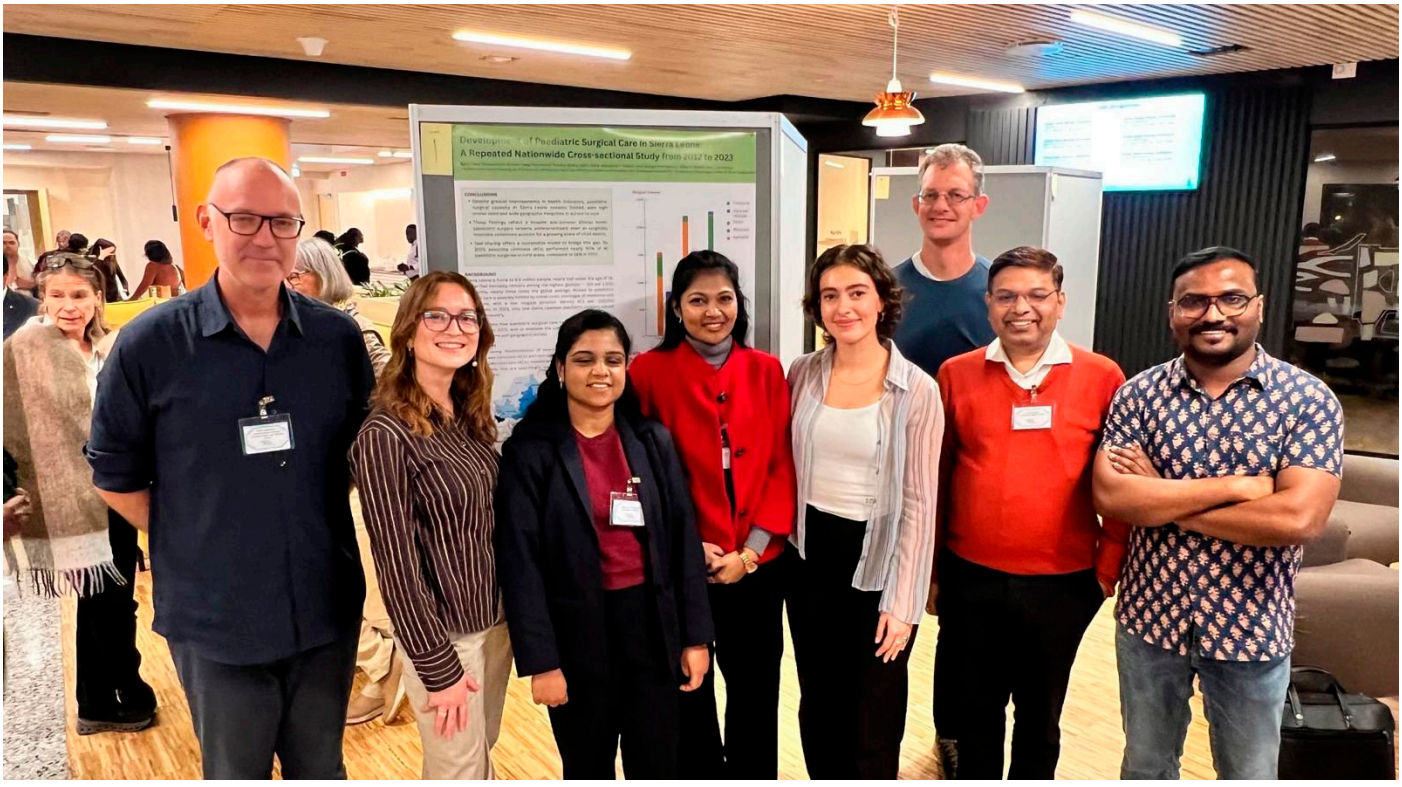
- Theophilus Hampaye: "Changes in surgical volume, workforce and infrastructure in Liberia between 2018 and 2024"
- Juul Bakker: "Obstetric & Gynaecologic Surgery in Liberia – Preliminary findings of a nationwide assessment during a one-year period 2023-24"

25th FIGO World Congress of Gynaecology and Obstetrics, Cape Town, South Africa, October 2025:

- Juul Bakker: ePoster: "Nationwide assessment of Obstetric & Gynaecologic Surgeries in Liberia during a one-year period"
- Alex van Duinen: ePoster: "Obstetric outcomes before and after the Ebola epidemic in Sierra Leone: Results from a repeated nationwide household survey"
- Maria Lise Odland: ePoster: "Patterns and Predictors of Contraceptive Use Among Post-Caesarean Women in Sierra Leone"

Juul Bakker, CapaCare Country Director, Liberia presenting results of the Nationwide Surgical Activity Assessment at the Ministry of Health, Liberia.

From left to right: Håkon Bolkan, Anniken Høeg Halvorsen, Devisree Ajitha Sreekantan, Sonia Ravichandran, Sara Aakre Faradonbeh, Alex van Duinen, Tej Prakash Sinha, Vishnu Kumar Vijayan at the Global Health Norway Conference 2025, Bergen.



Partners and Donors

The support of private donors and foundations has been invaluable as well as the support from our longstanding institutional donors UNFPA and NORAD. Both The W Initiative as well as the STCFK Stiftung have joined us as partners in the past two years. Wilde Ganzen has also continued to support defined project areas, for 2025 this was faculty development.

In addition, we've continued our partnerships with the Norwegian University of Science and Technology (NTNU) in the area of research. With their support we are able to undertake several scientific research projects that give us and policy makers valuable insights into the impact of our activities and trends and developments in the health sector in Liberia and Sierra Leone.

Masanga Hospital has continued to be our main training site in Sierra Leone. The MoH is an important partner in incorporating the training programme and our graduates into the Sierra Leonean healthcare system. They also support us by taking part in the selection process of new candidates and overseeing the internship – the last part of the training. Together with the Ministry and the SCSM we've continued working on sustaining the programme and expanding local ownership.

In addition, CapaCare, as a key partner, is part of the Transition Board of Masanga Hospital. Together with the other partners on the Transition Board, we're guiding the process of establishing the structures required to make Masanga Hospital more sustainable and less dependent on overseas support. As of July 2026 the hospital will be handed back to the government, marking the next stage of the transition.

In Liberia we continued our collaborations in providing rural rotations and skills-based training courses for postgraduates in Surgery and Obstetrics & Gynaecology. We did this in collaboration with the LCPS, JFK Medical Center, and JFD Regional Referral Hospital. In partnership with the LMDC continuous professional development courses have been planned. Besides that our partnership on facilitation of training with the NVvH continued, while we scheduled a first emergency obstetric training course with the ISM&RH working party from the Netherlands to take place in early 2026. In 2025, first steps were made to collaborate with Phebe Hospital. In 2026 we will explore suitable ways to shape and formalise this partnership further.

We would like to thank every individual supporter, donor, agency, Trust and Foundation for their invaluable support. Without this, our work would not be possible.

Ministry of Health and Sanitation

THE W INITIATIVE

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MASANGA HOSPITAL

NTNU
Norwegian University of Science and Technology

Nederlandse Vereniging voor Heelkunde

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LIBERIA MEDICAL AND DENTAL COUNCIL
LMDC
JFK Medical Center Compound
Monrovia, Liberia, West Africa
Tel.: +231886578615 / 886383487
Email: lmedena@yahoo.com

PHEBE HOSPITAL

WILDE GANZEN

Financial Overview

Income

Income in 2025 was 8,065,186 NOK compared to 5,955,364 NOK in 2024. This is an increase which can mostly be attributed to a major private donation received in 2025. Most of our income has been earmarked for the Surgical Training Programme in Sierra Leone. The share of our income from Norway and the Netherlands has increased, while the Sierra Leonean share has decreased. This is due to the following: 1) our UNFPA funding unfortunately decreased; 2) we received a major private donation in the Netherlands. CapaCare Liberia has not been able to raise funds yet.

Income & Expenses CapaCare 2025
All figures in NOK

"Income (purpose / received by)"	Norway	Netherlands	Sierra Leone	Total
Sierra Leone (STP)	3 229 113		1 215 724	4 444 838
Liberia	536 537			536 537
Research	312 120		141 999	454 119
Unrestricted	142 341	2 487 351		2 629 692
Total	**4 220 112**	**2 487 351**	**1 357 723**	**8 065 186**

Income	Sierra Leone	Liberia	Research	Unrestricted	Total
Norad	2 000 000				2 000 000
STCFK Stiftung	1 229 113	536 537			1 765 650
The W Initiative*					
UNFPA	765 866				765 866
Wilde Ganzen			141 999		141 999
Other	449 858		312 120	2 629 692	3 391 670
Total	4 444 837	536 537	454 119	2 629 692	8 065 185
Expenses	**Sierra Leone**	**Liberia**	**Research**	**Other**	**Total**
Expenses	5 554 486	1 295 207	352 020	674 854	7 876 567
Income - expense	-1 109 648	- 758 670	102 099		188 618

**The W Initiative 2025 contribution was received in December 2024.*

Expenditure

During 2025 all CapaCare Chapters had a total expenditure of 7,876,567 NOK. The majority of expenses, like previous years, has still been for the Surgical Training Programme in Sierra Leone. Overall the net result for 2025 was 188,618 NOK. However as The W Initiative 2025 contribution was received in December 2024 it is not the case that CapaCare has had to spend all the unrestricted additional funds received in 2025 to cover the costs in Sierra Leone and Liberia. These were covered by The W Initiative donation.

Overall CapaCare continues to operate in a way that funds are only spent when available, meaning that plans and budgets are adjusted accordingly.

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

CapaCare International Executive Board
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Malen, The Netherlands
Arnhem, The Netherlands
Hemmen, The Netherlands
Helsinki, Finland

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CPD course for SACHOs Tension Free Groin Hernia repair. Sheku Farnah, Dr Katja Maschuw, Emmanuel M M Conteh, Augustine Amara.

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