

Half Year Report – July 2022



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1. Introduction

This is the 2022 half-year report of the Wouter Nolet Foundation. Under the name Wouter Nolet Scholarship Fund (WNSF), the Foundation provides scholarships to healthcare professionals in Sierra Leone who want to follow the Surgical Training Program (STP) of CapaCare and thus become an assistant surgeon or midwife.

In addition, we have recently started supporting a new health care project, called 'Maternal Outreach Program (MOP)', which provides information and ultrasound scanning diagnostics to pregnant women in remote areas around the Masanga hospital.



2. Background

We do this to help improve the healthcare system in Sierra Leone. Sierra Leone is the 182nd of the 189 countries on the Human Development Index ranking. More than half of the population lives below the poverty line, with high and increasing inequality. Sierra Leone has only 245 doctors out of a population of 7.5 million. That amounts to 0.033 per 1000 inhabitants. For comparison: the Netherlands has 3.3 doctors per 1000 inhabitants. That's 100 times as much. It is estimated that about 60% of the population has never visited a doctor in their lifetime.

3. Organization

In the past six months, we have been able to continue the upward trend of the previous six months. We have received donations from a number of charitable foundations, we have been able to add new students and we have worked on the project plan for the new 'outreach' project for pregnant women. A lot of attention has been paid to the cooperation with the local CapaCare organization. During the implementation of our plans, intensive contacts were maintained with the CapaCare medical doctor / program coordinator (successor of Wouter), the local HR officer and the admin / finance officer. The social media team has been busy with the preparation of the CPC loop in September, postings on WhatsApp and Instagram as well as the renewal of the website. All enthusiastic people who carry a warm heart towards the Foundation. We are very grateful for that.

4. Funds

The total amount raised in charity has risen to EUR 250,000 in the 1st half of 2022. This is sufficient to provide scholarships to about 40 students over a period of 7 years, taking into account a 3-year STP training. After 7 years, we expect that local institutions will be able to take over this facility for students.

In the 2nd half of this year we go a step further. We will participate in a new project called 'Maternal Outreach Program (MOP)' (refer to section 7). For this project, we will start a new fundraising round in September to raise an additional EUR 120,000 for the first two years of this project. We have foreseen the following fundraising activities:

- Runners event: contribution of our community participants to the CPC The Hague
- Network campaign: aimed at charity Foundations and private individuals

5. Students

In April of this year, we gave six new Clinical Health Officers (CHO's) a scholarship. We used a specific selection method in which CapaCare Nederland was also involved. Three of the six candidates immediately received a full scholarship. They were nominated by the partner hospitals and brought sufficient experience in healthcare. The other candidates came from the School of Clinical Science Makeni (SCSM), a study centre in the health sector. They seemed to have a limited work experience in healthcare. For that reason, we have been somewhat reluctant towards them and have included a trial period of 7 months to the transitional STP exams. If they pass the exams they also receive a full scholarship.

The first 8 students: Abdulai and Sheka were selected in October 2021, the others in April 2022

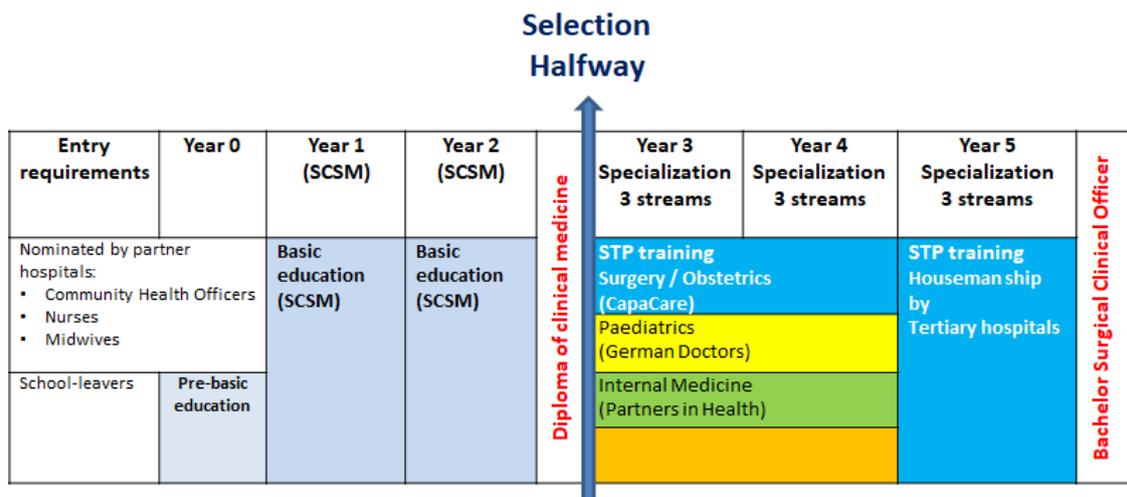


We maintain direct contacts with these students. One of them acts as a central point of contact. On the website of WNSF (www.wnsf.nl) a separate domain has been set up where, on the one hand, candidates can apply for a scholarship electronically, on the other hand sponsored students can upload their study results. Sponsored CHO's receive monthly allowances of EUR 150,- plus one-time a laptop. We have opened an account with a local Bank in Sierra Leone for these payments.

6. SCSM

CapaCare's current Surgical Training Program (STP) lasts three years. Graduates receive a **degree** and become **Surgical Assistant Clinical Health Officers (SACHOs)**. The SACHOs have built up a good reputation but run increasingly into difficulty to admit to the (district) hospitals. There are several reasons for this. Doctors in hospitals are reluctant to leave surgical treatments to assistants (earning less money). And the government believes that these assistant surgeons/midwives should be deployed at the Public Health Units (PHUs) instead of at the hospitals. Only doctors belong at the hospitals.

Wouter has already recognized this problem and at the time entered into discussions with the Ministry of Health and Sanitation to upgrade the curriculum of the training to an official medical standard. Three months ago, the integration between the STP training and the School of Clinical Science Makeni (SCSM) was established and students now obtain a **bachelor degree** with the title of **Surgical Clinical Officer**. This recognition of the program will certainly help, but more is needed to make it easier for our graduates to get employed in the (district) hospitals. (see section 7)."



By connecting with SCSM, a 2-year basic education (light blue cells) is added to the current 3-year STP specialization in Surgery/Obstetrics (dark blue cells). SCSM will be the final responsible party for the entire education. CapaCare will provide the STP training. This new set-up has an important impact on our WNSF scholarship facility. First of all, we will not include the 2-year basic education into our scholarship program. We focus on the 3-year STP training. Secondly, we have to select our candidates from a group of unknown SCSM graduates ('Selection Halfway') instead of from experienced Clinical Health Officers, nominated by partner hospitals. And third, the scholarship facility must be aligned with that of 2 other specializations to prevent students from compromising on a specialization for financial reasons:

- Pediatrics (yellow cell) by German Doctors
- Internal Medicine (green cell) by Partners in Health

We have started discussions with these 2 NGOs to make a coordination of the scholarship programs possible.



7. MOP

The Masanga hospital has long experimented with 'outreach projects' in which a form of mobile health care was provided from the hospital to people in remote areas (radius of 35-70 km around the hospital). They cannot come to the hospital due to lack of transport, bad infrastructure or poverty.

The most vulnerable group in those areas are the pregnant women who are thus deprived of any form of professional pregnancy control and thus at high risk in case of complicated deliveries. This is one of the main reasons why the Maternal Mortality Rate (MMR) is so high in Sierra Leone.



The Masanga hospital has developed a special project, called 'Maternal Outreach Program' (MOP), which aims to diagnose pregnant women in the Tonkilili district with the help of regular ultrasound scanning and to provide better information about family planning, safe pregnancy and institutional delivery. With the help of a specially equipped ambulance, visits are made to four pre-selected remote villages. High-risk pregnancies are referred and escorted to the nearest hospital. These interventions are carried out by Maternal Health Officers, who are partially recruited from our sponsored STP students.

In addition to our scholarship activities, we have decided to support this MOP project financially and assist them with good advice. A preliminary pilot has shown that this kind of interventions can have a substantial impact on health care in local communities. And as training of health care workers is at the center of our mission, the involvement of our students will increase their knowledge of more complicated obstetrics (surgery) and gain experience with health care in rural areas.

Furthermore, it appeals to us that great emphasis will be placed on the cost-effectiveness of these interventions. The starting point is that this will save the lives of pregnant women and children and prevent disabilities as a result of heavy childbirth. This can all be properly monitored and subsequently related to the costs of the entire 'operation'. We expect the first results of the evaluations at the end of the first year.