

# MASANGA HOSPITAL

## ANNUAL REPORT 2020



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## FOREWORD

-BY EDWARD COLE

Welcome to our 2020 annual report I hope, as you read it, you will be inspired to join our charity work.

It has been a privilege to chair our team of five international board strategic partners through another successful but challenging year. The number of outpatients turning to Masanga Hospital for medical care increased by 20%. We carried out 14% more surgical procedures than in the previous year. The dedication of our board members who bring expertise as volunteers to lead our three service pillars of Masanga Hospital, Tonkolili College of Health Sciences and Masanga Medical Research, is inspirational.

We wish to express gratitude to our funders that make our work possible. Our 2020 operating expenditures were Le3 Billion (\$294K). 58.4% of the funding to cover our operating costs came from international partners donations, 25% from service users cost recovery, 7.9% from the Government of Sierra Leone subvention, 7.3% from CapaCare, and 1.4% from reserves brought over from the previous year. Operational costs are in addition to infrastructure capital costs, and exclude our education and research work.

Our outstanding national team worked collaboratively across multiple services to make Masanga Hospital a healthcare provider of choice for many people from all parts of Sierra Leone. The professionalism and commitment of all our people are key to delivering high quality compassionate care to over 8500 patients in 2020. We provide needed healthcare in surgery, maternity, paediatric, and general medicine, free to pregnant women and children up to age five, and at nominal cost recovery fee for other groups to support sustainability. We have now served over 120,000 people since 2006 when the hospital opened its doors.

Our management team, under the leadership of our Program Director, Mr Kelfala Kamara, and our resident Medical Superintendent, Dr Jan Henk Dubbink, delivered infrastructure and service improvements designed to raise standards further and widen the range of services we offer. You will see this as you go through this report.

We are grateful to receive financial support from AFAS to create a modern emergency critical care unit, build staff accommodation, refurbish and upgraded our renewable energy solar power system. Our partner, Masanga Holland, was instrumental in securing the AFAS grant. Our Danish Partner Masanga DK, successfully secured a grant to establish an ophthalmic department to expand our service offerings to eye care. We are indebted to the International Lion's Club for this financial support.

2020 will go down in history as the year when COVID 19 tested the resilience of people, communities, economies and world health systems. National leaders were forced to make trade-offs between the lives of their citizens and the value of their economies. Our commitment to stand beside the people of Sierra Leone in times of health crisis was once again called on. When the Government of Sierra Leone searched for a suitable site to set up a COVID treatment centre for northern Sierra Leone, Masanga Hospital was selected. We worked closely with Tonkolili District Medical Officer, Dr Abdul Falama, the Director for Primary Healthcare at the Ministry of Health, Dr Alie Wurie, and the COVID coordinator for Tonkolili District, Mr Kamatoh Sesay, to run the Masanga COVID Treatment Centre; while the hospital safely attended to patients with other medical needs. Under the leadership of His Excellency President Maada Bio and his Minister of Health and Sanitation, Sierra Leone contained the COVID pandemic to a manageable case load and averted fears that COVID would overwhelm health systems in regions we serve.

Lead by the Principle of Tonkolili College of Health Sciences, Mr Fornah, we launched the first degree course in physiotherapy in Sierra Leone. This will help build up human resources capacity to accelerate patients rehabilitation. The college, affiliated to the University of Sierra Leone, opened a new nurse accommodation to house 80 students.

Through Directorship of Professor Martin Grobusch, Masanga Medical Research Unit adds evidence based research and service innovation for sustainable capacity building.

Throughout 2020, we operated a multidisciplinary service delivery model covering capacity building, empowerment of local leaders, health improvements, poverty reduction through skills transfer, community outreach programs, sponsorship for young girls and boys from deprived background to gain education. Many thanks to the heads of our Masanga Education Sponsorship and Masanga Outreach programmes.

The health and safety of our people take precedence over all we do. A committee on health and safety was created with Board reporting mandate and began work in second half of 2020.

We ended the year with a Dr Wouter Run to raise funds for infection prevention control, in memory of the life and work of the late Dr Wouter Nolet who served Masanga.

We are looking for donors, supporters, and health and management professionals to join the 'Masanga family'. Please get in touch to help make a difference.

We look forward to continue working with the Ministry of Health and Sanitation, our strategic partners, the Tonkolili District Council, community stakeholders, donors and supporters. We deeply appreciate our working relationships.

Together Forward

**Edward Cole**

*Chairman MHRP International Board*



## INTRODUCTION

-BY KELFALA KAMARA

The operational activity in Masanga Hospital has been highly affected by the COVID-19 pandemic outbreak. Despite extensive preparations for the year 2020 after the Lassa Fever at the end of 2019, we managed to start new development with support from AFAS in the rehabilitation of the Operating Theatre, a new Maternity ward and the rehabilitation of the old Maternity ward. In total Masanga Hospital took care of 29 COVID-19 cases as Masanga hospital was used as a treatment centre by the District through the recommendation by the District Medical Officer (DMO) to the Ministry of Health and Sanitation. One of our new projects, the Masanga Eye Care project, has to be interrupted due to the Eye Care building being used as a COVID-19 treatment centre.

Currently Masanga Hospital is in the re-building phase as we are still experiencing COVID-19 in the country. At further sections of this annual report full details are provided.

The latest statistics demonstrate an overall decrease incidence of COVID-19 cases starting in March 2020. Amongst all employees of the international humanitarian aid organisations and the government of Sierra Leone (GoSL) there is good hope that the worst part of the outbreak is behind us. Clearly, obstacles still need to be overcome, but discussions to (re)build a health care system have started. Masanga Hospital Rehabilitation Project (MHRP) is very keen to be part of these development improvements. Furthermore, MHRP believes that it can function as a key stakeholder with her Tonkolili District College of Health Sciences (TDCHS), Surgical Training Program (STP), Physiotherapy training, Research Unit, the Eye care, Dental & Bee project and possibly more future trainings or projects. The business section of the project has to be shut down because it was not sustainable as expected.

With support from AFAS, improvements were made to the solar park to provide 24/7 electricity, an IDA-order with a year's supply of high quality medication and a large quantity of hygiene materials (washing stations, alcohol dispensers, cleaning materials etc.) were procured.

In 2020 Masanga Hospital will continue to further strengthen the collaboration with Magburaka Government Hospital and the District Health Medical Team. Moreover, Masanga plans to strengthen her position as a teaching hospital by becoming an educational centre of excellence. More focus will be on those activities that need to be put in place to run teaching purposes. Also, more involvement of the GoSL and Ministry of Health and Sanitation (MOHS) is part of official and ongoing discussions. More detail on this in further section of this annual report.

**Kelfala Kamara**  
*Programme Director*





## HOSPITAL HISTORY & BACKGROUND

-BY JAN HENK DUBBINK

In 1964 the Government of Sierra Leone (GoSL) established Masanga Leprosy Hospital in Tonkolili District, Northern Province. Soon after opening the hospital developed an international reputation for treating Leprosy; it owes its remote jungle location partly to the fear, half a century ago, that leprosy was contagious. Until 1997 the Seventh-Day Adventist Church ran the hospital as a Leprosy institute.



During the civil unrest the hospital was occupied and heavily damaged by the rebels. In 2006 the hospital re-opened with support of the Danish organization Association Friends of Masanga (AFOM) and the English based Sierra Leonean Adventists Abroad (SLAA). The two organizations signed a Memorandum Of Understanding (MOU) with the GoSL on Thursday the 13th of July 2006. In the MOU both NGO's were held responsible for rehabilitating and managing Masanga Hospital. Since then, permanent and rotating staff – both national and expatriate – have been working to do so.

The hospital offers free health care to leprosy patients, under-fives, and pregnant women. To enable the hospital to provide affordable care to all in a sustainable fashion, a cost recovery system was installed in 2012 for all other patients.

Since 2006 Masanga Hospital has provided medical care for patients coming from Tonkolili District and beyond (as far as Guinee and Liberia). The former leprosy health facility has now been transformed into a 120 bed general hospital and established as a teaching platform to build the medical expertise of health care workers.

The attached college, Tonkolili District College of Health Sciences (TDCHS), has enrolled several hundreds of State Enrolled Community Health Nurse (SECHN) students since the opening in 2012. Furthermore, Masanga Hospital provides the first six months of CapaCare three years task shift training programme of community health officers (CHO's), nurses, midwives and other health professionals into surgically trained CHO's (SACHO's). Masanga Hospital is the main training site for this innovative, highly needed – and rewarding – surgical and obstetrical training programme.

## TRANSITION TOWARDS GOVERNMENTAL FACILITY

The MOU signed in 2006 was intended to last for a 20 year consecutive period with an evaluation moment in 2016. From 2016 onwards the government of Sierra Leone have been highly encouraged to step into the project more and more until the facility is fully run by local management with support from the ministry of health and sanitation. In 2017, we had one midwife on governmental payroll. In the consequent sections you will find that currently 21 of our staff are on the governmental payroll including two newly enrolled doctors and our matron. In the meantime the current NGO's continue to improve the facility on a structural level. Masanga hospital will serve as an educational centre of excellence for the Northern Province of Sierra Leone.

Masanga Hospital is one of the three hospitals in Tonkolili district serving nearly 450.000 inhabitants. The hospital is run by a dedicated team coordinated by the medical superintendent and matron who are supported by the administration and medical team comprised of the programme coordinator of Capacare, 2 Sierra Leonean medical doctors, a medical doctor sent by Masanga UK to support the internal medicine wards, 2 community health officers, 7-8 CapaCare's Surgical training Program Students, 2 midwives, and a dedicated team of nurses and technicians working in the various wards as described above.

Several volunteer staff have reinforced the project. A long-lasting relationship has been set up with the Dutch training institute for MD Global Health and Tropical Medicine. These MD's are enrolled in a 3-year course in surgery, obs/gyn and tropical medicine and spend their last 6 months working abroad in a low resource setting. The first MD in training has spent 6 successful months at Masanga hospital in 2017, the sixth was placed in 2020. Due to the COVID-19 pandemic no medical interns were able to come to Sierra Leone. However, trainers from Capacare, dentists, PhD-students, and eye care specialist came to visit the hospital for the benefit of ongoing projects.

In 2020 the hospital offered a broad range of services using the paediatric ward, surgical ward (combined female and male), maternity ward including a labour ward, emergency unit (currently being renovated), isolation unit with 4 single rooms, operating theatre, outpatient department, wound clinic, x-ray department (currently being renovated), clinic-in-a-can with ultrasound utilities, laboratory, and pharmacy. We serve the community of Tonkolili as a second level district hospital with all-round services including care for Covid-19 patients. The specific update from the various departments can be found below in different sections.

### PROJECTS

Update about the different projects that were started/(dis)continued last year:

1. Bee project was continued, read more below
2. Masanga Eye Care Clinic (MECC) was continued, read more below
3. Dental Training was enrolled after years of preparations, read more below
4. Medical Outreach was started, read more below
5. Many quality control measures, read more below

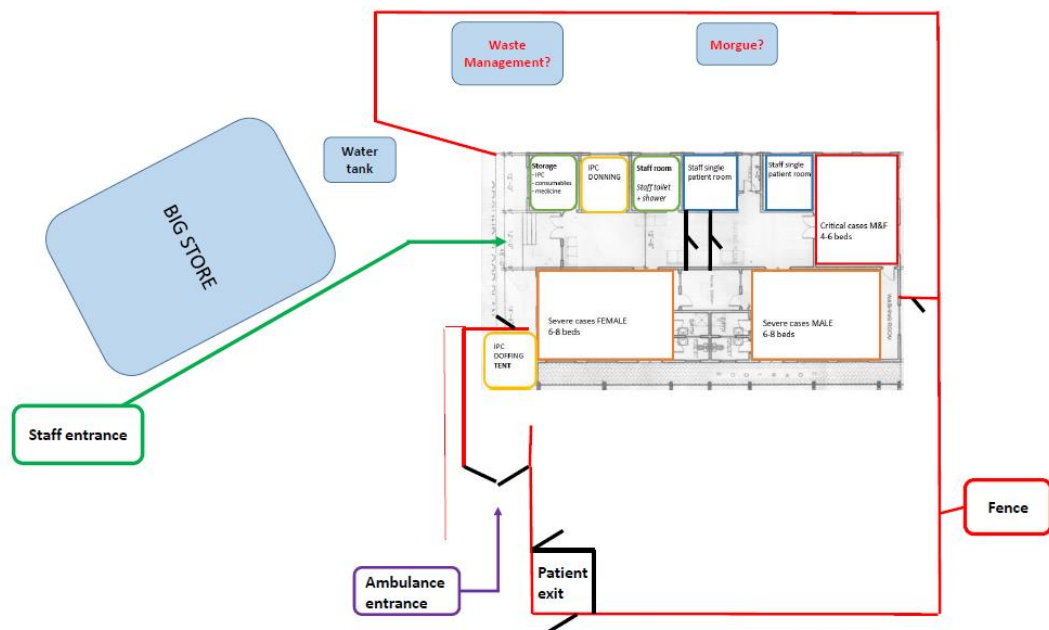
### TRAININGS

Health workers in our facility benefited from various workshops and trainings as follows:

1. Various IPC trainings throughout the year including VHF & Covid-19 for all staff
2. Nursing trainings e.g. Vital signs/Early warning Scores
3. Donning and Doffing of Personal Protective Equipment
4. Human Resource Management
5. Disease Surveillance (IDSR)
6. Upgrade and trainings of three senior nurses of the Government of Sierra Leone.

## COVID-19

Just like most countries worldwide were seriously hit by Covid-19 or containment measures, Sierra Leone faced serious consequences from both the virus and the contingency methods. Masanga played a role in the case management of Covid-19 when a Community Treatment Center (CTC) was opened in an existing eye care building within the hospital compound. The Masanga CTC was opened on Friday 26<sup>th</sup> of June 2020 after many months of preparations and numerous inspections of MoHS staff. Furthermore, protocols and trainings were created and rolled out to prepare for COVID-19 cases for various situations (low or high caseload) as the world was unsure how hard it would affect countries like Sierra Leone and we didn't want to take any chances. Below you can find an image of the overview of the CTC from above and the interior of the CTC. Furthermore, some pictures of the opening of the CTC by local representatives.

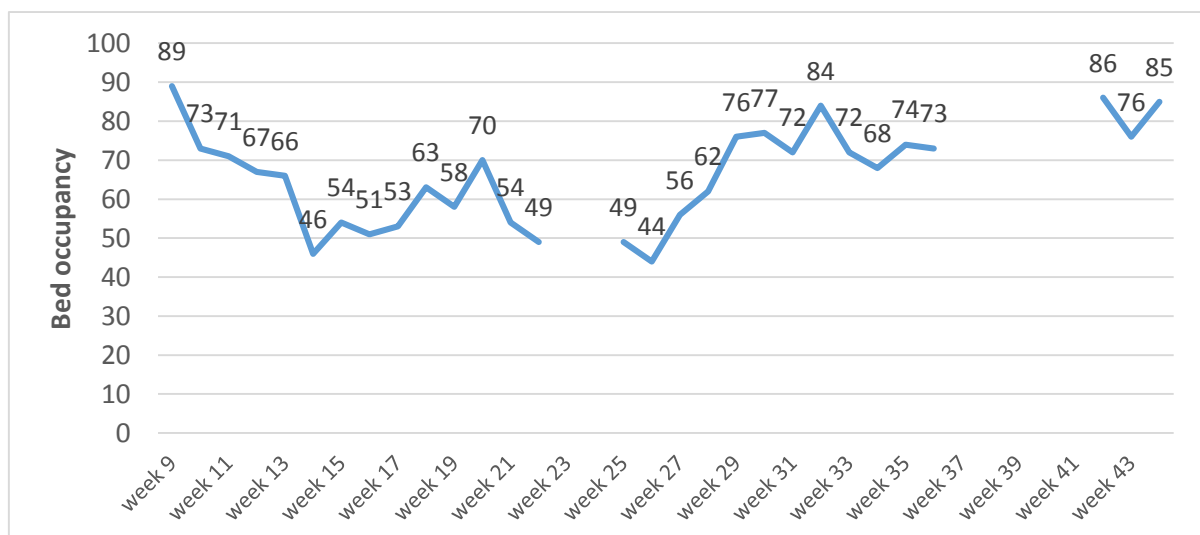
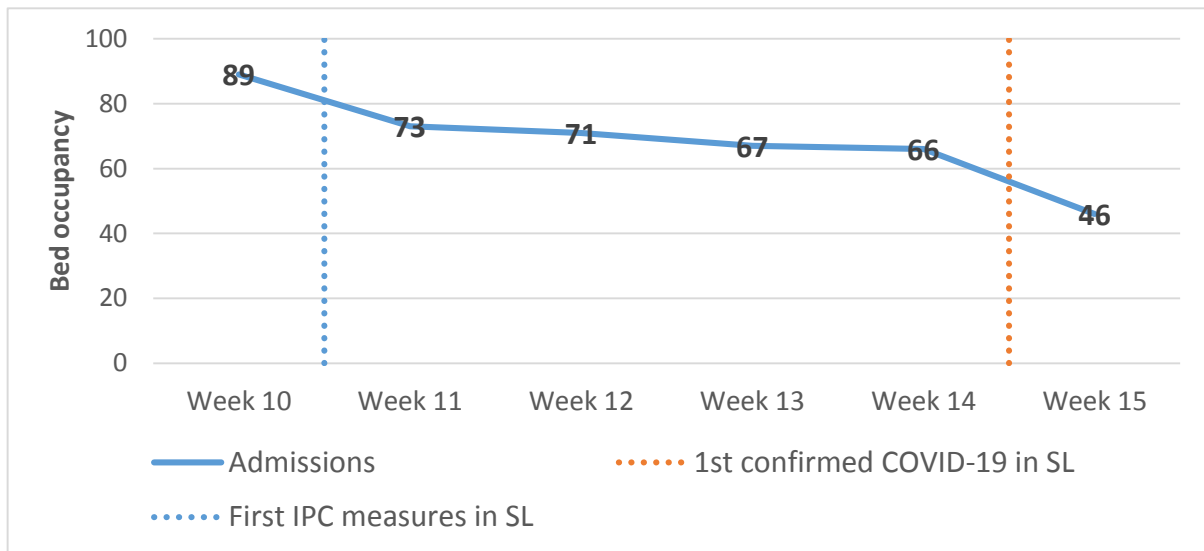




## MASANGA CTC

In the treatment center 26 patients were treated (15 males, 11 females) and only 3 patients were symptomatic (23 asymptomatic). Nobody died in the CTC. The last discharge was 7<sup>th</sup> of October 2020.

As in many other places Masanga experienced a sharp decrease in the amount of admissions, OPD visits, deliveries and surgeries from April until August visualised by the following graphs showing bed occupancy (normally ranging from 80-100) in Masanga:







## HOSPITAL ACTIVITIES AND PROJECTS

**Bee project.** First of all we want to thank Dr. Jonathan and Dr. Hanna for coming up with this great idea of keeping Bees. Honey happens to be one of the products used at the wound dressing department for healing people with big wounds, but most of the honey the hospital buys is mixed with water and sugar which is not good. So these two doctors mentioned above thought it fit to start up this project of producing our own honey, which is not mixed. With the help of Dr. Koame from Ghana, who organised the first set on how to prepare basket hives and wooden hives and on the behaviour of bees, 22 people including me benefit from this training. From the 22 people that were trained 60% have honey at their hives, which is good news to report on. We are expecting to have the second set of training by March or April this year when Dr. Koame will come depending upon the situation of the Corona- virus lockdown.

(Update by: **Wusu Conteh** / *logistics assistant*)

**MECC.** The Masanga Eye Care Clinic preparations have had some challenges largely due to covid19 as the building was used for the covid19 response. However, further preparations have started. Plans were made to go ahead with the MECC early 2021. Some efforts that were made in 2020: A Toyota Landcruiser for the eye care and outreach was identified (to be expected Spring 2021), there were ongoing conversations with eye care consultants in Europe to man the surgical part in the clinic and plans were made for a building to host a long-term eye care consultant on the compound.

**Dental project.** In 2019 Pim Bongers conducted his final internship in Masanga hospital as a tropical doctor in training. The severity and quantity of young people with dental abscesses caught his attention. He looked into the subject and discovered there was almost no dental care available nationwide. People with toothache had (have) no place to go, other than the traditional healer. Additionally, there was no oral health prevention plan in place. Pim devoted his public health assignment to this matter and arranged funding for oral health and established a relationship with the DHIN (Dental Health International the Netherlands). Since then, the next two AIGT tropical doctors in training pursued this project from scratch. After years of preparations by various partners and donors, Berthelle (dentist) & Jan (chairman Dental Health International Netherlands) found their way to Sierra Leone in 2020 for a first explorative visit and two dental courses for health professionals to become dental technicians. They included 4 health workers from Masanga but also from Yele, Mile91, Makeni and Magburaka.

**Outreach.** The hospital started a medical outreach campaign as a reaction to the sharp drop in admissions due the contingency measures in response to Covid-19. The first attempts were made to create awareness in villages already reached by non-medical outreach DK and furthermore Community Health Centers were advised. Afterwards a maternity and dental abscess outreach was continued to address the high maternal and dental abscess mortality in the communities and peripheral health facilities.

**AFAS projects.** Although AFAS is a donor mentioned on the last page, the long partnership we started in 2020 is worth mentioning. AFAS funded the new operating theatre and maternity blocks in 2020 and construction was started for a new emergency ward and staff houses. Furthermore, plans and drawings are made for extension of the administrative building, improvement of the IPC including new waste management incinerators. We are very thankful for this cooperation and long-term improvement for the hospital as a whole.



*Opening of new Maternity February 2020 With AFAS Donors and Minister of Health*

**Dr Wouter Run.** The year 2020 was marked by one major local fundraising project. On December 20th 2020, we organized a fundraising 10 km run in and around Masanga Hospital. The run was organized in honour of Dr. Wouter, a Dutch doctor who passed away last year on November 23rd 2019 due to Lassa Fever. A committee of 6 volunteers helped make this run possible. Masanga UK, Masanga NL, Masanga DK, SLAA and Capacare all worked very hard together to reach as many people as possible through use of social media. The donations were collected mostly through our hospital website but also by an English website (Virgin money giving), the Danish mobile Pay and Dutch Tikkie. A video and poster informing and asking for donations was created, as well as a post on Masanga Hospital FB page. Together we managed to raise an incredible total of 23 071 € for Masanga Hospital. We were happy to share this success with the donors by sending them a thank you video and poster. The international board of Masanga Hospital has chosen Sara Thordal, Vice Chairman of Masanga DK and in charge on fundraising for MHRP, to organize the IPC purchases in 2021. No costs linked to the run (approximately 400\$) or costs of money transfers to SL account will be deducted from this amount. The run itself was a great success! We had a total of 157 registered runners; they included staff and people from the community. Participation fee was SL 5000 Leones and included the run, breakfast, water and a free Finisher's T-shirt to the first 135 participants. The first 3 fastest woman and men received a prize envelope. After the run, the runners each shared breakfast (bread with eggs, cookies and a drink) and danced happily to loud music at the hospital gate. People from the entire village came to cheer and celebrate the runners. (Update by: **Claire Plumey** / volunteer manager)



Dr. Wouter Fundraising Run December 2020

**Volunteers/expats/housing.** The year started off slowly as expats returned to Masanga hospital mid-January after the Lassa Crisis. From then until the middle of March, almost 30 expats excluding the Capacare trainers came to Masanga for various reasons and projects: tropical doctors in training and mentors, donors (AFAS), Outreach, Physio, Research, 3D Project, and other training purposes such as the Dental training and Helping Babies Breathe course. Mid-march, Corona changed many plans for visiting expats. Several trips were cancelled and several expats were sent home by the IB as their presence on the ground during the pandemic was considered “unessential”. End of August, the first volunteers were allowed to return to Masanga Hospital.

Masanga is a popular place for people to come to as a volunteer and to visit, but it is important to note that each volunteer also brings additional work and responsibility to the project. During the first few months of 2020, all the volunteer procedures and contracts were revised to make sure everyone coming had a true added value to the project but also to keep everyone safe on the ground. A Sick Expat flow chart was created, and is now linked to the expat contract. Coordination was done between sending parties to also align on working methods and processes. One main change is that only people wishing to come for more than 12 weeks are welcome.

The question of housing in Masanga is always a challenging one. The houses need frequent maintenance and restoration due to the materials used but also to the climate. In 2020, the UK House was used consecutively by two doctors sent my Masanga UK. Since October there are another two doctors and a UK Nurse staying there. Maintenance of the house was initiated in 2020 and should be completed early 2021, including changing floors, closets, all the mesh, kitchen tiling, and electricity and water maintenance. The hostel Guesthouse has 14 rooms available and though it was used to its full capacity in the month of March 2020, once the pandemic started, it remained relatively unused. It is a great building and very useful, but could benefit greatly from some maintenance in 2021 in order



to keep it up to high standards (checking plumbing and electricity system). The guesthouse is also a way for the hospital to get some income as guests pay 10\$/day for food and room, which is another reason why it is important to keep it an attractive place to stay. The Physio House was used by 2 volunteers who came for a month in early 2020. Both Sierra Leone Doctors have been provided housing in the Masanga Compound. (Update by: **Claire Plumey** / *volunteer manager*)

**Quality control & transparency.** In 2020 many procedures and processes were evaluated and changed or improved if necessary. Some of them you can find below:

*IPC protocols and standards.* During the reopening of the hospital new IPC protocols were created (e.g. VHF-suspect isolation & PPE protocol; PPE posters) or adjusted (e.g. triage forms, expat protocol) after the Lassa Epidemic to increase safety. Frequent trainings are planned (e.g. PPE donning/doffing).

*Big store clean up.* The Big store was lacking an office area, was too full, roof was leaking and overview inside was lost. Furthermore, one of the rooms was full with expired medicine and the cold store containing valid medicine was not structured. In March, a team of about 20 people took a whole week to remove all items & medicine that were years beyond their expiry date or damaged (sometimes due to rats or rain as the roof was leaking). The inside was restructured and one side room was designated as emergency IPC room containing all essentials for a future outbreak (PPE, gloves, soap, alcohol, visors, gloves, chlorine, hand alcohol, buckets, sprayers, etc). One office was made for the store keepers. The cold-room was restructured to simplify the procedures and find medicine quickly.



*Registration.* The registration of outpatients is done using surname and first name. The registration officers have difficulty finding previous charts/records of patients. Preparations were made to start a new system as of 1-1-2021 to register all patients using a unique ID-numbers. Patients will go home with a small ID card containing hospital information and ID numbers. Similar system was implemented for inpatients.

*Pharmacy procedures.* With a thankful contribution of Pharmacists without Borders an online drive was started to supervise medicine stock and anticipate out of stocks. Excel based lists are used to update the stock every day, and weekly updates of the cold store in the big store.

*On call medicine cupboard.* To simplify the work for the pharmacy team and improve emergency patient care one on call cupboard was created containing all emergency medicine. The different medicine in the various wards are removed as these were often incomplete or contained expired medicine. The on call cupboard is checked and restocked on a daily basis.

*Expat nurse.* A vacancy was created to attract a long-term expat nurse to improve nursing care. The first nurse, with emergency and intensive care experience and a completed tropical course, was sent by Masanga UK.

*Weekly general meeting.* Monday morning after the medical handover a general meeting was implemented in April 2020 to improve transparency and communication. All staff come together and are addressed by the programme director and necessary management members according to the challenges and questions raised by the staff. New staff are introduced and certificates are handed out during this meeting.

*On call rosters published.* All the departments who work in shifts to accomplish a 24/7 availability publish their roster in the admin building for transparency and safety purposes. Everyone knows who is on call and how to contact them.

*Social media.* A more active role of social media was started to show locals and international the ongoing work, challenges and progress in Masanga.

*Local leadership.* The head of the departments received more responsibility including a contribution to this report from their department as can be read below. As Masanga Hospital is understaffed and clinical care has the first priority sometimes proper registration and data entry becomes challenging resulting in underreporting of presented cases, deliveries, and surgeries as not all are entered. We hope to motivate the Government to invest in a pin coded M&E (monitoring & evaluation) officer for Masanga.

**End of the Year Bag of Rice Bonus.** A fundraising was started end of the year to facilitate all Masanga Hospital staff with a full bag of rice as reward for hard and ongoing work and dedication towards the project. It is vital to keep staff motivated to provide quality work.

**Jan Henk Dubbink**

*Medical Superintendent*

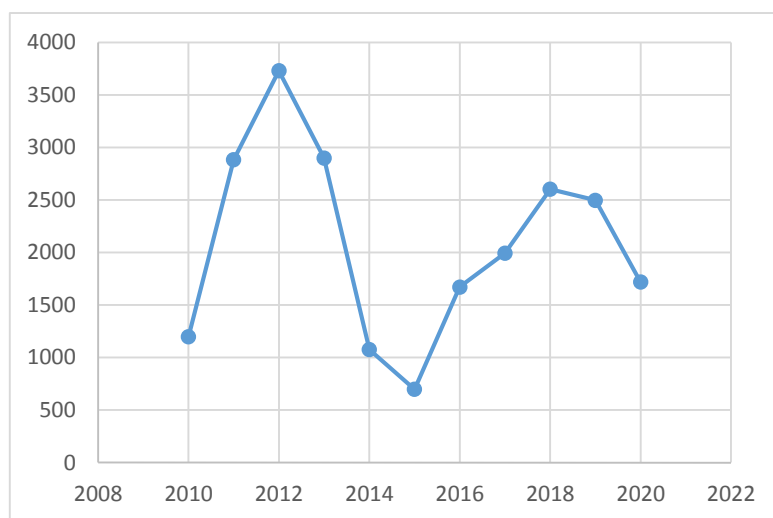


## KEY HOSPITAL STATISTICS 2020

-BY JAN HENK DUBBINK

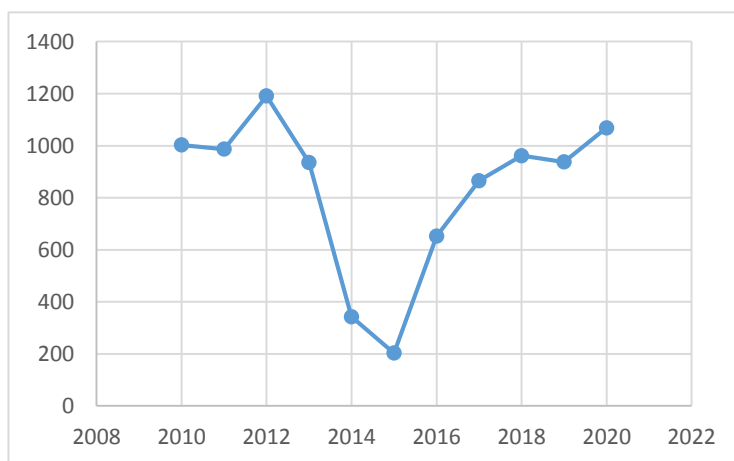
### ADMISSIONS

Year	No	Average/day
2010	1200	(3.3 / day)
2011*	2884	(7.9 / day)
2012*	3731	(10.2 / day)
2013	2900	(8.0 / day)
2014	1076	(5.1 / day)
2015	699	(1.9 / day)
2016	1672	(4.6 / day)
2017	1994	(5.5 / day)
2018	2603	(7.1 / day)
2019	2498	(6.8 / day)
<b>2020**</b>	<b>1719</b>	<b>(4.7/day)</b>



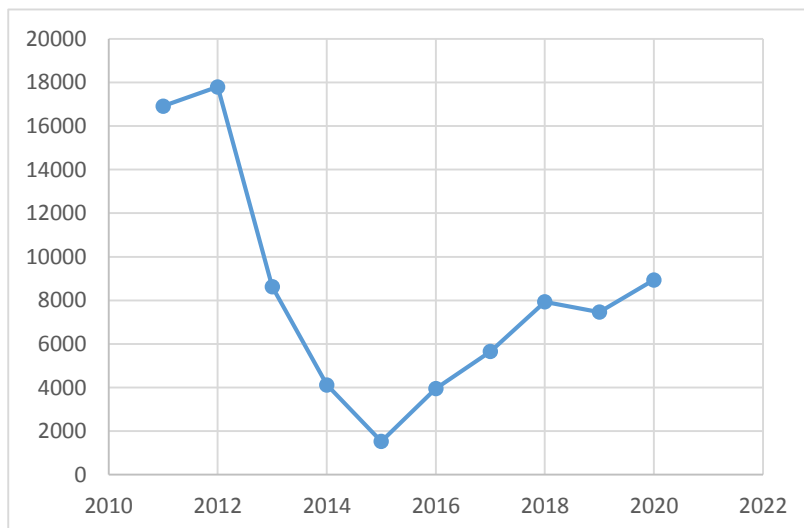
### SURGERIES

Year	No	Average/day
2010	1003	(2.8 / day)
2011*	987	(2.7 / day)
2012*	1191	(3.3 / day)
2013	935	(2.6 / day)
2014	343	(1.6 / day)
2015	203	(0.6 / day)
2016	652	(1.8 / day)
2017	866	(2.4 / day)
2018	962	(2.6 / day)
2019	938	(2.6 / day)
<b>2020**</b>	<b>1069</b>	<b>(2.9/day)</b>



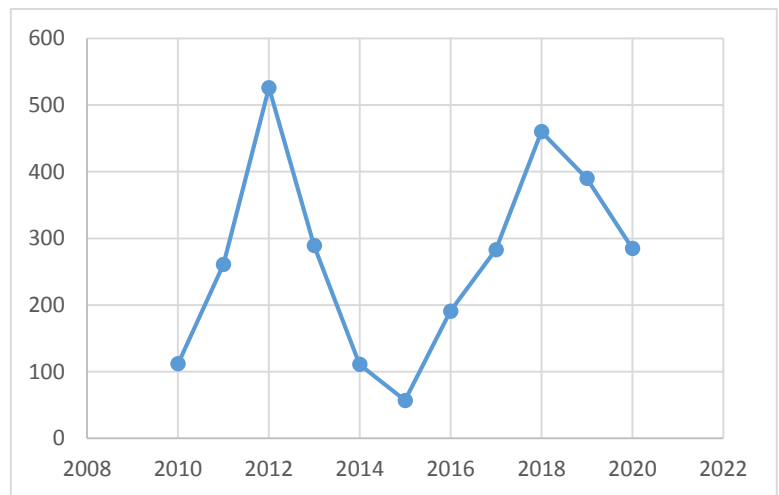
### OPD PATIENTS

Year	No	Average/day
2010	NA	NA
2011*	16916	(46.5 / day)
2012*	17800	(48.8 / day)
2013	8628	(35.4 / day)
2014	4121	(19.4 / day)
2015	1525	(4.2 / day)
2016	3953	(10.8 / day)
2017	5653	(15.5 / day)
2018	7931	(21.7 / day)
2019	7463	(20.4 / day)
<b>2020**</b>	<b>8939</b>	<b>(22.6/day)</b>



## DELIVERIES

Year	No	Average/day
2010	112	(0.3 / day)
2011*	261	(0.7 / day)
2012*	526	(1.4 / day)
2013	289	(0.8 / day)
2014	111	(0.5 / day)
2015	57	(0.2 / day)
2016	191	(0.5 / day)
2017	283	(0.8 / day)
2018	460	(1.3 / day)
2019	390	(1.1 / day)
2020**	285	(0,78/day)



\*Magburaka Hospital was closed those years

\*\*The COVID-19 pandemic and the containment measures (lockdown, curfew) clearly resulted in a drop in admissions, OPD visits, surgeries and deliveries during the hard hit months (April-August 2020). Interestingly the total surgeries and OPD visits was still increasing compared to years before indicating a high potential for 2021 if no negative effects of the pandemic/epidemics were to be observed.





## HOSPITAL UPDATE FROM VARIOUS DEPARTMENTS

*Below you will find the contributions from the Head of the Wards of the different wards in Masanga Hospital.*





The emergency unit is a ward specifically created for treating clients with emergency cases. The unit has seventeen admission beds with two extra emergency examination beds. The unit admits both male and female clients with different diseases and conditions as follows.

Dental abscess	Anaemia	Sepsis
Road traffic accident (RTA)	acute appendicitis	Fractures
Malaria	Inguinal hernias	Burns
Peptic ulcer diseases	pneumonia	Pulmonary tuberculosis (PTB)
Diabetes	Syphilis	Typhoid
urinary tract infection (UTI)	hypertension	cellulitis & osteomyelitis
Hepatitis	Asthma	Chronic leg ulcer (CLU)
Pelvic inflammatory disease	abdominal pain	

Other additional facilities this unit has are resuscitation machines to nurse clients from the operating theatre who need special care. This unit also offers care to all critical cases within the hospital.

#### ADMISION AND DEATH STATISTICS 2020 IN EMERGENCY UNIT

MONTH	MALE	FEMALE	TOTAL	DEATH
JANUARY	20	19	39	5
FEBRUARY	28	12	40	5
MARCH	23	12	35	3
APRIL	15	7	22	2
MAY	30	20	50	6
JUNE	17	11	28	5
JULY	17	11	29	2
AUGUST	28	14	42	4
SEPTEMBER	21	13	34	9
OCTOBER	35	16	51	6
NOVEMBER	42	22	64	7
DECEMBER	25	21	46	4
<b>TOTAL</b>	<b>301</b>	<b>178</b>	<b>479</b>	<b>58</b>
<b>PERCENTAGES</b>	<b>63%</b>	<b>37%</b>		<b>12%</b>

The total percentages admitted in this unit for 2020 is 479: 63% are male 37% are female and 12% are the death cases.

#### APPRECIATION

I would like to give thanks and appreciation to the administration of masanga hospital for their relentless effort. A very big thanks to the medical doctors, the matron and the surgical training programme students (STPs) for the relentless work throughout the year. I would also like to thank the vibrant and hard-working staff in the unit. And also to the support staff and cleaners for always keeping the wards clean and tidy. God will surely bless you abundantly.

Once again thank you very much. I wish every staff of this noble institution a prosperous new year.

## CHALLENGES

Though there are good things that have been done by the project and the staff but there are some challenges which are as follows:

- No wheel chair
- No ward clock
- Bed screens are broken
- Insufficient nasal prongs
- No cupboard to store medical items
- No thermometers

## UNIT STAFF 2020

- Kadiatu sanloh
- Hawnatu H. Jebbie
- Juliet y. kamara
- Aminata koroma
- Lovelth freeman
- Salamatu fofanah
- Zainab turay
- Nancy john
- Ramatu koroma

There was a cordial relationship among us. And other college nurses in and out of the ward and also with doctors, matron, stps, other views were respected, there was also a cordial relationship.

### **Kadiatu Sankoh**

*Head of the Emergency Ward*



Maternity ward has a parental ward, which is a waiting house for expectant mothers to prepare for the birth and postnatal ward where all postnatal cases are admitted. However, because of the ongoing construction of the new emergency ward, the post natal ward is now (since December 2020) the emergency ward until further notice. Prenatal and postnatal mothers are admitted in the maternity waiting house.

### DEVELOPMENT 2020

- S.E.C.H .N - 8
- Nursing Aid - 1
- Mid wives -2
- Some working tools such as scales, B.P machine, freeze Doppler's etc.
- Isolation delivery room for suspected infectious cases.
- Two maternity buildings: pre- and postnatal.
- Regular electricity supply.
- New hospital bed and mattresses- 14.

### CHALLENGES

Inadequate supply of equipment and water equipment such as Doppler, blood pressure machine, thermometer.

### RECOMMENDATIONS

1. Maintenance: do hospital round every day to identify dampness and broken equipment for possible replacement or repairs.
2. To increase supplies of vital equipment such as Dopplers, pulse oximeters, thermometer etc.
3. We are appealing to management to allocate a room after the new ward constructions have been completed as special care baby units.

Thanks to the management medical and non-medical team for job well done. Below you can find our statistics.

**Fatmata Bangura**

*Head of the Maternity Ward*



## MATERNITY WARD STATISTICS JANUARY TO DECEMBER 2020

		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
1	Admission	38	45	44	33	32	47	43	44	50	41	53	40	510
2	Delivery	17	36	34	17	32	22	31	12	24	41	17	17	282
3	CS	3	4	5	11	7	7	8	9	12	4	7	7	86
4	PPH	2	3	4	3	2	4	2	3	3	3	1	1	32
5	APH					1	1	1	1			1	1	05
6	Obst. Labour	3	4	5	3	4	6	7	6	8	4	3	3	56
7	Sepsis								1	2	1	1		05
8	Eclampsia	1	1	1	5						1	1	1	11
9	pre-eclampsia			1					1			1	1	04
10	Assisted		1	1			2	2	2			1	1	09
11	Abortion	6	3	4	5	2		2	2	5	5	6	6	40
12	Anemia					1		1	1		1			04
13	PIH	1						1		1				03
14	Malaria	2	2	1	2	3	10	4	7	5	4	2	2	42
15	STI	5	-	3	-	-	4	2	3	6	4	1	1	28
16	HIV					1	1	1					1	04
17	Maternal Death						2			1	1	1		05

The ward consists of 0-59 months (Under Fives) and 50 months to 16 years and it also has in-patients facilities (IPF). For malnutrition patients there are 22 beds for admission and 1 examination bed. There are 8 SECHN and 1 Nursing aid. CHOs, ATP and Doctors work according to their schedule. Also volunteer Doctors and medical students work with schedules as well as nurses. Students from the college work during their ward placements. Thanks and appreciation to each and every one working with relentless effort to save the lives of the patients. Also thanks and great job done by the management team of MHRP in their collective effort to provide consumable and non- consumable materials in order to help save and promote life.

### ACHIEVEMENT

1. Thanks and appreciation to MHRP for providing 2 doors for the nurses room and main door in the toilet
2. Increasing staffing
3. Motivation of on-call teams (lab and pharmacy)
4. Providing 24 hours light in the ward
5. Providing new bed linen

### CHALLENGES

1. Broken windows and meshes as this will lead to hospital acquired infections (HAI). E.g. Some children will be admitted for pneumonia but before discharge will become positive for malaria.
2. Lack of oxygen apparatus
3. Lack of electrical extensions
4. Lack of wall clock
5. Back and front door broken
6. Broken beds

Below you can find the statistics.

### **Fatmata H. Turay**

*Head of Paediatric Ward*





MONTHS	MALE	FEMALE	UNDER FIVE	ABOVE FIVE	MALARIA	PNEUMONIA	MALNUTRITION	GASTRO ENTERITIS	ANAEMIA	HELMENTIASIS	HERNIA	D&V	OTHERS	DEATH	GRAND TOTAL
January	17	19	24	10	20	0	5	0	5	0	0	0	6	0	36
February	17	16	25	8	11	3	3	0	2	0	0	1	11	2	33
March	40	17	51	6	24	6	5	0	6	1	0	1	11	2	56
April	18	18	28	8	11	4	4	0	4	0	1	1	2	9	36
May	43	25	63	5	31	5	7	1	11	0	1	1	2	9	68
June	32	25	53	4	35	5	3	1	3	0	0	1	3	6	57
July	35	19	44	10	30	7	3	0	2	2	2	0	5	5	56
August	16	7	18	5	10	3	4	1	2	0	0	0	1	2	23
September	26	17	32	11	20	5	5	1	2	1	1	0	3	3	41
October	17	19	28	8	16	4	7	0	3	1	0	1	0	4	36
November	17	17	32	2	13	6	4	0	3	0	1	0	5	2	34
December	27	17	40	4	12	8	5	1	3	1	0	0	10	4	44
<b>Total</b>	<b>305</b>	<b>216</b>	<b>438</b>	<b>81</b>	<b>233</b>	<b>56</b>	<b>55</b>	<b>5</b>	<b>46</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>59</b>	<b>48</b>	<b>520</b>

Surgical ward comprises of two wards: male and female ward. The ward consists of fifty two (52) admission beds plus one examination bed. We mainly admitted patients with the following conditions:

**Hernia**  
**Chronic leg ulcer**

**Hydrocele**  
**Osteomyelitis**

**Fracture**  
**Cellulitis**

#### NUMBER OF PATIENT ADMITTED IN THE WARD FROM JANUARY TO DECEMBER 2020

Male 281

Female 144

Total 395

The highest cases that were admitted in the year are: Hernia, chronic leg ulcer

#### NUMBER OF STAFF IN THE WARD 2020

STAFF NURSE	1	NURSING AID	1	TOTAL	12
SECHN	8	CLEANERS	2		

A great thanks goes to the management of the above project for their great effort towards the surgical ward for 2020. The surgical ward now has twenty four hours electricity with a lot of ward equipment such as fan, clock, and some medical equipment. Special thanks goes to the medical superintendent Doctor Jan for providing an electronic blood pressure machine with a pulse oximeter. This machine makes the work easier in surgical ward. I say bravo to our logistics manager Mr. Kamara, Matron, human Resource manager, the program director, and the entire medical personnel for their good job during 2020. Finally, greater thanks go to the entire surgical staff for the cordial relationship between Doctors, STP, CHO, Patient and the Management. Although the management has tried very hard there are still a few challenges in the ward and below are the following:

- 24 hours water supply especially to the toilets
- Commode chair
- Bed screens
- Some beds and mattresses to be replaced
- Electrical extensions
- Papers and perforator
- Wheel chair

**Daniel Turay**

*Head of the Surgical Ward*



## TRIAGE

Triage is the process of separating patients according to their complaints and severity. For example: stable and alert patient to OPD, unstable or unconscious patient and accident cases are to be sent to the emergency ward for further management. The contagious (for example coughing) and haemorrhagic cases are to be isolated immediately, like COVID-19, TB, Cholera, or Lassa Fever suspects.

## ACHIEVEMENTS

With honour and respect, we thank the management for their great effort they rendered to our ward

1. Full electric power of 24 hrs
2. Water supply
3. Ward working materials e.g. BP machine, pulse oximeter, standing scale, thermometer etc. Those are the materials that we value to work well and easy.

## CHALLENGES

Just what I said above to all that the management has done to satisfy the working process, but still they need to do more like the following:

1. Rubber chairs for each room
2. Rubber chairs for the nurses office
3. Small cupboards for patients in each room
4. Community pit latrine
5. To help for more nurses
6. To fence the isolation ward

## STAFF CAPACITY

The staff capacity in the isolation as we only have 1 Nursing Aid, 3 SECHN Nurses and 1 cleaner

## STATISTICS OF TRIAGE/ISOLATION

	TRIAGE	ISOLATION	DEATHS
Male	3531	52	17
Female	4519	44	0
Under Five	1815	0	0
Pregnant women	2172	2	0
<b>Total</b>	<b>12037</b>	<b>98</b>	<b>17</b>

May our challenges reach the ears of the management and the international board of MHRP

Thanks,

**Samuel Koroma**

*Head of Isolation Ward*





Masanga hospital is surrounded with a wire fence and has three entry gates. The two main entry gates have hand washing stations with soap and water and alcohol hand rubs as options. It has a permanent triage and isolation structure with strict rules. Every patient is screened before entering the hospital at both day and night (24 hours)

The hospital has 28 hand washing stations with soap and water and alcohol hand rub as an optional with work place reminder posters. There are 36 waste bins for both general and infectious waste with waste posters and 16 sharps containers. There is an IPC committee, which meets every month to plan matters relating to IPC and implement actions and plans.

Management also support an IPC monthly cleaning with cleaning materials and water as refreshment

### ACHIEVEMENT

- The Masanga hospital staff has an IPC workshop for two days including 120 staff
- There is an IPC training conducted by volunteer doctor on the use of PPE for nurses and other health care workers
- The national IPC assessment is done every month and we maintain our standard with scores ranging from 80 to 82%
- There is a constant water supply
- IPC supplies from DHMT, Ministry of Health and Sanitation, the purchase of IPC materials by the hospital management.
- Thirty unvaccinated hospital staff with regular patient contact during their duties have got a sponsored hepatitis B vaccine.
- No death from any staff by COVID 19 in Masanga hospital
- The good number of surgeries made only 46 pats have a SSI
- We still have a functional placenta pit (Biological pit)

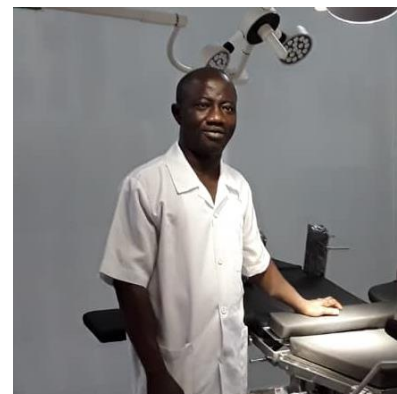
### CHALLENGES

- Need for more cleaners
- Upgrade of IPC office
- Provision of admitting offensive wounds patient as an emergency.
- Provision of a gate light at the main gate
- No IPC in-service training for newly employed staff (for example nurses and cleaners)
- Improve the burning pit (incinerator)
- Improve the sterilization department for the hospital

Thanks for the yearly contribution and assistance to the IPC unit.

**Thomas Y Kargbo**

*IPC Focal Person*





## UPDATE OUTPATIENT DEPARTMENT (OPD)

-BY VICTORIA KAMARA

The year of 2020 resulted in a few records in our outpatient department. In September 2020 the record was broken and a new total of 1438 patients were seen in the OPD. The two months after the record was broken again with a new record of 1536 patients seen in November 2020. Following the re-opening of the hospital the numbers were low in the first months of the year. Numbers came down due to the containment measures of COVID-19.

At the end of the year we observed normal OPD routine and in the festive season in December we observed fewer patients visiting the hospital for outpatient service. Refer to statistics below:

The outpatient department is manned by two very hard working community health officers (CHO's) with a lot of experience, clinical and ultrasound skills:

- Mohammed Kallon
- Moses Conteh

## MASANGA HOSPITAL OUT-PATIENTS ANNUAL REPORT FOR 2019/2020

Year	Jan	Feb	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
2020	451	716	564	286	279	140	624	885	1438	1482	1536	538	8939

Regarding the increasing numbers during 'normal' times we have to expect a lot more outpatients visiting the hospital the coming years. Therefore the CHO's advice to facilitate growth in the OPD with extra examination rooms and to enrol new colleagues to help with the burden of work. Given the numbers of the 'normal' months a 'normal year' without epidemics/pandemic could facilitate up to 18.000 visitors: a more than 100% increase.

Prepared by:

**Mohammed Kallon**  
*CHO*



**Moses Conteh**  
*CHO*



**Victoria Kamara**  
*Matron*



**Jan Henk Dubbink**  
*MS*



In 2010 the pharmacy was operated by four nurse-Aids, a volunteer and the logistics officer. Later in 2011 two more staff were added, who worked for three years and were dismissed in 2014, two out of the four that remained went for studies for five years, while the remaining two continued working for the rest of their colleagues' course. In 2016 the pharmacy was upgraded as it received the first technical staff with a certificate in nursing (State Enrolled community health Nurse (SECHN) who served the pharmacy as a manager for two years with only one nurse –Aid. In 2018 the pharmacy further developed when it received the first pharmacy technician (Diploma in pharmacy) who resumed on duty as pharmacy manager. We thank the international board and management for their collaborative effort for sending volunteers to the pharmacy every year; they have contributed immensely to the development of the pharmacy by providing teachings, dispensing skills and the arrangement of different drug classes according to WHO setting.

The following are names of volunteers we received (number, name, year of visit):

1	Sarah Patching	2009	9	Stine Trolle	2016
2	Anni Matte	2010	10	Signe B Nielson	2017
3	Lena Deturah	2010	11	Malene	2017
4	Anne Hauge	2011	12	Michelie	2018
5	Sofie Moults	2012	13	Simon	2018
6	Signe Madsen	2013	14	Lasse Itoe	2018
7	Tina H Nielsen	2014	15	Nelleke	2019
8	Louise	2016			

We did not receive any volunteer in 2020 but we tried our best.

However, 2020 was a successful year even so, because we worked alone without a volunteer. Although it was very challenging we achieved a lot in terms of improving the pharmacy.

## ACHIEVEMENTS

- Separation of Free Health Care (FHC) medicine and cost recovery medicine
- Making requests and report in timely manner
- Attending workshops at both district and national level (CPD-continuous pharmaceutical development studies)
- Two of us are government posted staff
- Maintain standard drug temperature in the cold room in big store
- Improving drug chain supply in operating theatre, emergency cupboard, wards, out-patient department and big store.

## STAFF PRESENTLY WORKING IN THE PHARMACY

1.	Adama Lakoh	State Enrolled Community Health Nurse
2.	Hassan Kanu	Nurse-Aid
3.	Mohamed Tholley	State Enrolled Community Health Nurse
4.	Osman G. Bangura	Pharmacy Technician

## MAIN PHARMACY FUNCTION

Besides reports and requests (documents), dispensing is the main practical work in Masanga hospital pharmacy which comprises of the following dispensing procedures:

- Interpretation of prescriptions/charts
- Labelling of containers
- Quantification of tablets, capsules, injectables and other products
- Counselling of patients on how to take their medication correctly
- Filling of orders, charts from wards, restocking emergency cupboard and Operating Theatre
- Monthly stock count to know the consumption rate of medicine per month

## PHARMACY LAYOUT

- There are two dispensing areas and one mini store in the pharmacy
- The dispensing area is L shaped with three cupboards, two tables and three shelves.
- The mini store has one big table at the centre and three shelves

## REPORTING TOOLS /DOCUMENTS USE IN PHARMACY

- Inventory/ stock card
- Daily health commodities dispensing book
- Supply registration book
- Stock counting book
- Claims and returns book
- Report Review and Issue Voucher (RRIV)

## LIST OF DRUG SUPPLY RECEIVED, DATE AND SUPPLIERS NAMES

### POORMAN's PHARMACY

21/1/2020	21/2/2020	9/4/2020	11/11/2020
23/1/2020	25/2/2020	26/5/2020	18/11/2020
5/2/2020	5/3/2020	25/9/2020	23/11/2020
6/2/2020	6/3/2020	2/11/2020	17/12/2020
9/2/2020	5/4/2020	5/11/2020	

### DAUDA'S PHARMACY

27/1/2020	12/2/2020	6/3/2020	12/5/2020
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**YELE HOSPITAL** (medicine exchange due to expiry date) 26/2/2020

**FREE HEALTH CARE** (truck from Free Town and smaller deliveries from district office)

27/2/2020	6/5/2020	2/9/2020	
25/3/2020	17/7/2020	6/9/2020	14/12/2020
01/4/2020	29/7/2020	2/10/2020	
10/4/2020	19/8/2020	4/12/2020	

**PEOPLE'S PHARMACY** (quarterly supplies)

30/3/2020	12/4/2020	6/7/2020	30/7/2020
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## CHALLENGES

- Understaffing
- Drugs not coming on time
- No AC in the pharmacy
- Broken cupboards
- Leakages
- Lack of cleaning materials
- Poor Toilet Facility
- Broken sink for hand washing
- Broken door

## RECOMMENDATIONS

- More Staff should be added to the pharmacy, so that the work will be divided and nobody will be overloaded and that we work in shifts as those in the wards do.
- Communication should be improved in the purchase of drugs, so that drugs supply chain will be maintained
- All drugs should be stored at a recommended temperature in order to maintain their potency
- Cupboards should be changed in order to have a standard or decent pharmacy, because now other items besides medicines will be kept in them
- Repair ceiling to avoid moisture or destruction of drugs
- Cleaning materials should be added and also a cleaner for the pharmacy.
- Our toilet has not been working for over ten years. We do need repairs of our toilet
- Our hand washing station is not working. Reports have been made that it needs urgent repairs
- We recommend that the door in the pharmacy should be changed to wooden door

**Osman Bangura**

*Pharmacist technician*



The laboratory has five staff, two of them trained and qualified lab technicians, one SECHN nurse, one Nursing Aid and a cleaner. Throughout the year the lab staff have made a tremendous effort to execute the daily routine investigations to diagnose and make prognoses for the 10,461 patients that went through the laboratory. Below are some of the data of patients that the lab carried out; they are reliable tests and recorded;

Total outpatients seen	3,628
Total inpatients seen	3,230
Payable outpatients	2,863
Pregnant and Lactating mother	158
Under five's	226
Leprosy patients	47
Other patients/disabled (blind, dumb etc),	309

As we all know, our lab is divided into three sectors: Microbiology, Haematology and Biochemistry. below are some of the recorded Highlights of our findings throughout the year on the two sectors that are functioning well. The Biochemistry sector has not functioned throughout the year due to Machine breakdown.

**Diseases investigation** and their total numbers that were recorded as follows;

Urine microscopy 1,588 patients seen.	HCV 132 patients screen
Urine dip stick 584 patients seen	VCCT 2,963 patients screen
HCG 324 patients seen	Skin snip 233 patients tested
Stool microscopy 1,123 patients seen	Skin smear 33 tested
Haemoglobin 3,974 patients seen	Gram staining 7 tested
ESR 1 patient seen	Sputum smear 363 patients tested
WBC 96 patients seen	Others in fluids 40 patients tested
Blood glucose 307 patients seen	RDT for malaria 1,246 patients tested
Sickling 151 patients seen	Malaria microscopy 2463 patients tested
Widal 491 patients seen	Blood group 1,250 tested
VDRL 1,257 patients screen	Blood Transfusion 504 recipients
HBSAG 960 patients screen	Blood screening 713 people screen

**Communicable diseases** recorded with positive result and the cases reported were;

Schistoma haematobium 9	E/histolitica 0
T/ vaginalis trophozoites 355	Taenia 65
Others in urine 34	Others in stool 18
HCG 91	Anaemia<8g/dl 1,082
Ascariasis 200	Sickle cell disease 33
Thichuris 2	Typhoid fever 190
E/vermicularis 66	Syphilis 230
Hook worm 160	HBSAG 191
Strongyloides 36	HCV 1
Schistoma Mansoni 309	HIV 186
Giardia 427	Onchocerciasis 135

Motile parasites 90  
Leprosy 4  
Gram staining positive 3  
Gram staining negative 2

Tuberculosis 108  
Extra pulmonary TB 58  
Malaria 2,191

### Blood groups

O+ 627	A+ 275	B+ 340	AB+ 72
O- 14	A-6	B- 8	AB- 0

## FINANCIAL REPORT

From the start of covid 19 in March the hospital experienced a drop in patient numbers and consequently business in the lab. However, the laboratory recorded 81,961,000 leones from the payable patients that pay directly into the cashier's office with their receipt numbers recorded in the lab registers. Other payable patients, like the college, Dr.Roland, Tom Johnson, MEA and MESP pay directly to the finance office. The lab just has their names recorded together with the test requested, but not their money.

## ACHIEVEMENTS

Throughout the year lab staff have managed to improve in data reporting system, both internally and externally, to get the data to the various reporting sites on time. Since result output of patients is sent on time with good and quality investigation, people that are sick are enticed to come from all directions to Masanga hospital for our quality services and delivery. Two trained and qualified staff will join us whereas one is studying and one is also to go for further studies soon. Masanga Management recently bought a haematology analyser that will help the lab to carry out a full blood count in all the patients that doctors feel are to undergo routine findings in haematology. Lab staff have had 24 hours of training in malaria blood film smears, which also help the lab staff to carry out all Malaria investigation successfully.

## CHALLENGES

Lab is facing the following problems which hinders the daily activities of the laboratory. In order for the lab to carry out its functions well, the following challenges need to be looked into;

## EQUIPMENT

The laboratory needs a new microscope due to the fact that the two scopes that we are using are too old and sometimes give us problems to carry out work on time. The Haemocue machines that we have are broken; only one is functional and it can give errors at any time. Therefore we need an extra machine. We have only one functioning centrifuge; we also need one more. Reflotron liver function machine is broken. Throughout the year no liver function test could be carried out: therefore we have an urgent need of one. Our electrophoresis machine chamber is leaking; it's also an essential need to the lab for sickeling test. Cold chain refractors need to be added: only two are in good condition. We have only one laptop computer, we need more computers to ease the work.

## REAGENT

There are some reagents that the lab is in need of like powdered sodium chloride, Sodium metabisulphate, field stain A & B, Glycerol, Gram staining set, Formaldehyde, Acetone, Lugols solution, giemasa solution, methyl alcohol, to name but a few. We thank dr Jan for his trust to supply all rapid tests directly to the lab.

## BLOOD DONOR SOCIETY

The lab is opting to have a blood donor society which will help the hospital to stop chasing people to donate for recipients that are in critical need of blood all the time.

## GXPRT MACHINE

The Laboratory is always finding it difficult to get result of sputum samples that are sent to makeni regional hospital for gxpert, therefore the MHRP lab needs a machine of its own to run all activities of sputum.

## CD4 COUNT Machine

Our lab recorded a good number of HIV patients; the lab therefore needs a CD4 Machine.

## AIRCONDITIONING

To up keep the potency of reagents and samples in the lab and to offer more good services to our patients, the lab needs the normal temperature that it's supposed to have.

## MATERIALS

Like tip, 50 micrlit, 100 micrlit, 200 microlit, 1000 microlit, western green pippet, and the like are also needed in the lab to measure samples accurately.

## RECOMMENDATIONS

All the above mention challenges should be met to keep up the daily activities of the laboratory

Thank you thus far for your time taken to go through these reports.

**Omrimaxwell M Sesay**

*Head of Department Laboratory*







As usual, it is mandatory to give annual report to management; it will help management to see challenges and find solutions to tackle them and it also enables management to do proper planning for the next year.

I will start with the consumed rate of consumable items we supply to our customers (the wards) as we have about 16 Wards:

1. Isolation ward	7. Wound Dressing	13. College
2. Emergency Ward	8. X-Ray	14. Laundry
3. Maternity Ward	9. Leprosy and wound	15. Incinerator
4. Operating Theatre	10. Lab	16. Physio
5. Paediatrics Ward	11. OPD	
6. Surgical Ward	12. Admin Building	

*Due to the outbreak of COVID-19 a lot of IPC materials were consumed, materials like Examination Gloves, Hand wash soap, Hand rub and face masks:*

	<b>Received 2020</b>	<b>Supplied 2020</b>
Examination Gloves	331,050	319,585
Hand wash soap	326	296
Hand rub	415	330
Masks	296,700	290,450

*Some of the materials in high demand are:*

Cannula (all sizes)	35,845	25,390
Gauze roll (all sizes)	395	393
Bandages	10,520	9,586

In spite of the shortage of IPC Materials in the country, management tried their best to make this material available at all time and as a result the running of the big store interims of materials was smooth.

However, there are some challenges we have been facing in the big store.

- The store Building is small
- Ventilation system in the store is poor
- Electricity supply is poor
- Office system for store keepers is not standard
- Salary scale

As the Management of the store, we strongly recommend some of the challenges

We kindly ask management to expand the store building, they can expand by a 20\*40 feet space at the side of the store building and give it a door inside the big building. That store can be used as Free Health (F.H.C) store.

Ventilation. The last time we went to MSF Store at Magburaka, we saw how they manage to protect their medical stuffs from the heat: they have insulated the entire area where they keep the medical items and installed AC all over the store. So we recommend to management to do the same, the whole store needs to be insulated and AC or fans installed.

The medicines must be kept cool all the time, but if there is no adequate electricity how can we realise that? We need at least 12 Hours of electricity a day.

The office setting. We are pleading to management to set up a decent office. Our office is the backbone of the Hospital, we need it to be installed like any other standard office, we want it to be insulated, door fixed, tiled and AC installed. We are Human like any staff in this Hospital, the heat in the store is unbearable.

Our salaries: Our office is one of the offices with a high flow of valuable materials, we deal with materials worth millions of Leones, but we are paid little. Yet we are content with what we receive, but, please, increase our salaries.

With all regards, we thank the M.H.R.P. International Board and Management, we are looking forward to working with them in the next year.

**Margaret Conteh**

*Senior Store Keeper*



The Logistics Department, which is the main auxiliary and one of the biggest departments in MHRP operations, is divided into the following sectors/ departments:

The Store Department.

Security Department.

Maintenance Department.

Hygienist Department.

This Logistics report will focus on the following points in each of the departments above: Successes in 2020, Challenges and general solutions or recommendations.

The Logistics team is made up of 33 permanent staff members with 7 supporting staff and 1 Administrative Head, so a total of 41 staff. the Maintenance department is sub-divided into two (the Power house team and the carpentry team).

The big store, which is the main Logistics Hub in MHRP operations, is responsible for storing all lifesaving items both medical and non-medical consumables items, and this department highly cleverly and successfully manages to avoid a total shortage of any of the items used by the hospital. This team is responsible for distributing all non-medical items to the 20 departments within the hospital based on request and approval by the Logistics Manager, the hospital Medical Superintendent, the Hospital Matron and the Program Director. Information, successes and challenges of the store department can be read in section 'Big Store' above.

### Maintenance Department

The maintenance team is the 24/7 running engine for MHRP operations. They are in charge of a stable and steady 24/7 electricity supply and good quality water supply for all MHRP Components, which include the college, staff quarters and staff welfare quarters. They also take care of major and minor repairs of all MHRP facility throughout the year and all wood maintenance is done by the carpentry team. The maintenance team is sub-divided into two (The power house, the technical and carpentry team)

The Power house is the most complex department within the maintenance department. It is into two main sections: the Solar system and the standby Generators. To maintain a steady electricity supply the two systems have to be fully managed and maintained. In 2020 the solar system was upgraded and installed. Unfortunately, a series of breakdowns occurred which led to running of a lot of Fuel on Generators to maintain electricity for the hospital. Only finance department can tell how much was spent on fuel and generator services. In total, for every 4 to 5 days of breakdown, we used one drum of fuel. This was our major challenge in 2020. Another challenge is that the hospital depends on only two boreholes for the entire MHRP operation which means a very limited source of water for this rapidly growing development project (the college, staff and the hospital). This leads to a lot of shortages of running water within the facility.

### Security Department

This department is to secure life and property of the staff and the hospital, and the good thing is that no break-ins and major stealing of properties were discovered by Management in 2020.



## Hygiene department

The most common interactive team in the Hospital, which maintains the IPC standard operating procedure (SOPs) in the hospital to maintain safety for all staff.

Finally, the fleet Management department which is directly managed and controlled by the Logistics Manager and which is the transport department for all staff and both for national and international volunteers. This department deals with the proper care and maintenance of all cars and motorbikes for the project operations and also with the use of train transport. Qualified professional drivers maintain staff safety and keep the vehicles in operation. In 2020 there was no operational accident and neither was there a major breakdown of one of our operational cars. This is a big success for 2020.

## Recommendations for 2021 running operation

1. MHRP smooth running operations needs two or more bore holes as additional sources of water to complement the water supply system, with a resolver.
2. The hospital should be made totally separate from staff quarters sources of water.
3. The new sources should be located based on the landscape to facilitate smooth water running system.
4. There is a high need to write a project on connecting Masanga to the Government electricity power supply from Matora to avoid a shortage and minimize fuel running cost by 90%.
5. The big store needs expansion and a proper ventilation control system to avoid heat from the Sunlight which damages and destroys most of items in the store before their expiry date.
6. The security needs a quarterly training and instructions to maintain standards as security system.
7. The carpentry department highly needs a total rehabilitation and structure for the project to gain proper output from it.
8. The IPC training should continue for the Cleaners to refresh their duties and responsibilities
9. The Logistics Manager is preparing a vehicle-user policy, which will cover a Vehicle daily user check list, who is permitted to drive the project vehicles out of Tonkolili District without a driver and vehicle maintenance policy procedures, etc.

**Sheku Kamara**

*Logistics Manager*



The MHRP financial policy is designed to maintain the long-term viability and sustainability of the hospital and its sub components by creating an operating environment in which staff is accountable and responsible for the efficient and effective stewardship of our resources. We continue to ensure and build on our successful financial management in meeting the opportunities and challenges of an increasingly changeable higher financial landscape. To do this, we need to generate cash (locally and from donor) required to support our strategic programme and our ability to maintain and enhance our infrastructure. We will control costs, making sound strategic decisions on activities that are either financially sustainable (going concern) or are in alignment with the MHRP Strategic Plan.

### Income and expenditure Statement for the year 2020

Expenses		Income	
Description	Amount	Description	Amount
Salaries	1,254,235,672	Opening Bal. 1 Jan 2020	40,714,000
NASSIT	122,047,132	<b>OPD Income</b>	
NRA	76,770,521	Consultation	68,830,000
Leave allowance	80,281,046	Drugs	209,323,500
End of service benefit	320,954,479	Laboratory	93,288,000
Hiring of labour	35,703,000	Others	8,132,000
Fuel for vehicles	37,292,500	<b>Inward income</b>	
DSA	7,461,000	Surgery	202,604,000
Vehicle License	2,140,000	admission	143,334,000
Vehicle maintenance	53,850,900	x-ray	13,760,000
Fuel for Generator	62,955,000	laboratory/ WD	2,928,000
Distilled water solar batteries	7,335,000	Wound dressing	6,185,000
Generator maintenance	10,352,000	<b>Other Income</b>	
Stationary	17,060,000	Donor Transfer	1,747,284,434
Electrical appliances	27,643,000	Government	237,740,000
Cleaning materials	41,111,000	Capacare	218,500,000
Communication	32,014,000		
Printing external	16,470,000		
Drugs	325,935,040		
Medical consumables	248,179,350		
Feeding Programme	21,445,000		
Staff welfare	11,586,000		
Rehabilitation, building maint.	42,109,500		
Unforeseen	38,243,000		
Transportation to Staff	16,800,000		
Bank charges	13,688,353.63		
End of year bonus to staff	38,190,000		
<b>Total Expenses</b>	<b>2,961,852,494</b>	<b>Total Income</b>	<b>2,992,622,934</b>
<i>Surplus/Deficit</i>	<i>30,770,440</i>		

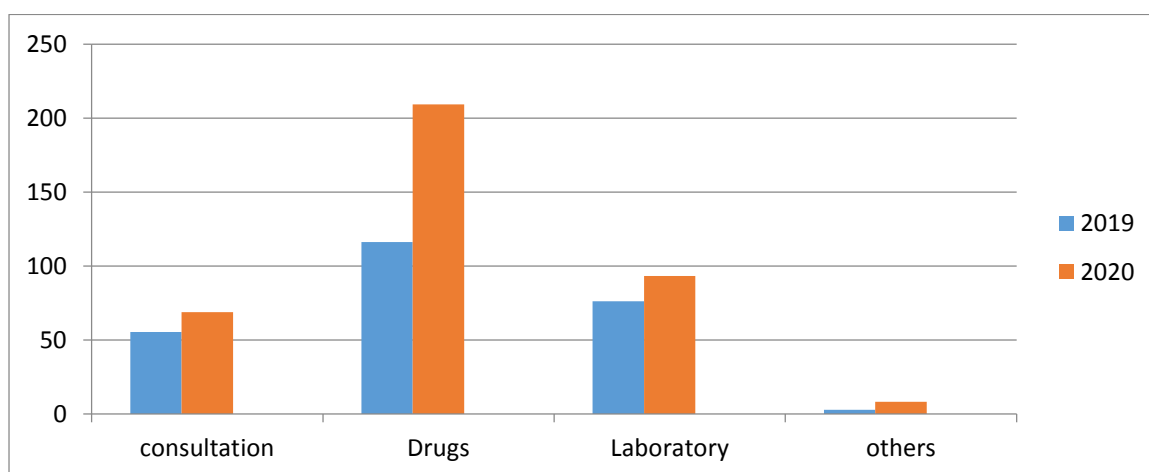
The income and expenditure statement comprises of the income earned and the actual expenses in the year under review. The major sources of funds for the MHRP are Donor funding, locally generated

income, government support and Capacare SL, which all contribute to an efficient running of the project. From the table above we can see that we earned more funds but also that more expenditure was incurred than last year. Here are some of the reasons responsible for the increase in both income and expenditure. The locally generated income increased by 18%, this was due to high increase of income from drugs. The amount of money transferred from the international board was also increased because of the absence of some medicines and consumables in the IDA container due to covid19 pandemic that lead to local procurement of huge quantities of drugs and medical consumables. There is also a slight increase in government support and slight decrease in the Capacare support compared to the previous year. For the expenditure items 'end of service benefit' has sharp increase of over 150% for the previous year which means many employees resigned, retired, were government pin coded and some died.

### INCOME FROM OPD

OPD Income	2019 (LE)	2020 (LE)
Consultation	55,410,000	68,830,000
Drugs	116,205,000	209,323,500
Laboratory	76,175,000	93,288,000

*Illustration of the outpatient department income for the year 2019 and 2020.*

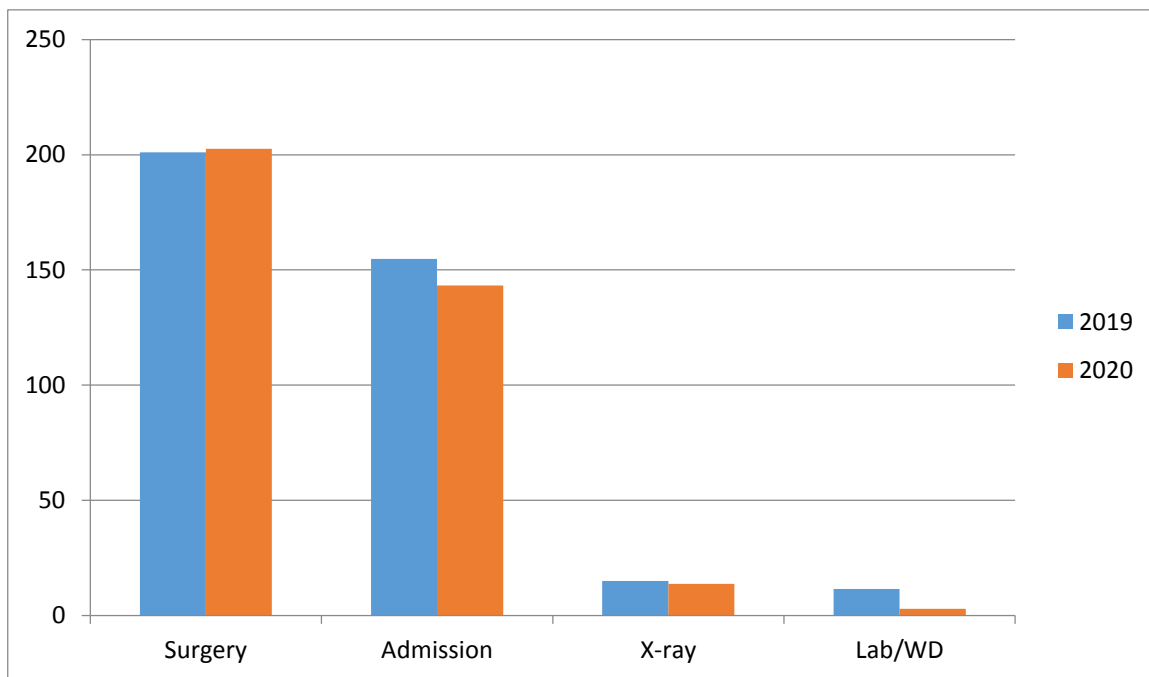


From the graph there is a high increase of locally generated income from drugs for the year 2020 and also some slight increase from the other areas in the OPD sector.

### INWARD PATIENT INCOME

Inward income	2019 (LE)	2020 (LE)
Surgery	201,196,000	202,604,000
admission	154,822,000	143,334,000
x-ray	14,950,000	13,760,000
laboratory/ WD	11,546,000	2,928,000
Total	382,514,000	362,626,000

Graph showing the inward patient income for 2019 and 2020

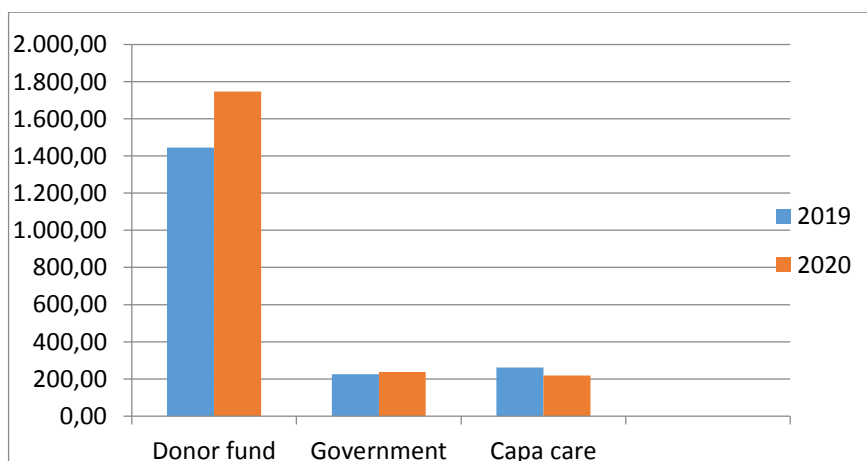


From the graph: although a sharp decrease in surgeries during the months April-August the contribution of surgery made a slight increase in 2020 compared to 2019 and a decrease in admission which was due to the Lassa fever outbreak in November 2019 and also the outbreak of COVID-19 in April 2020. The other items decreased because of the low admission of patients in the inward department for the period under review.

## OTHER INCOME

Other Income	2019 (LE)	2020 (LE)
Donor Transfer	1,444,898,537	1,747,284,434
Government	225,000,000	237,740,000
Capacare	260,566,047	218,500,000
Total	1,930,464,584	2,203,524,434

The graph showing other forms of income for 2019 and 2020.





From the graph above you see that the donor fund increases from 2019 to 2020. This was so because more drugs and medical consumables were needed in 2020 than in 2019. Government and Capacare support had slight increase and decrease respectively for the period under review.

### Summarized Income and expenditure for the year 2020

Expenses		Income	
Description	Amount (LE)	Description	Amount (LE)
Personnel cost	1,889,991,850	Opening Balance	40,714,000
Vehicle running cost	100,774,400	Local income	748,384,500
Electricity cost	108,285,000	Donor Support	1,747,284,434
Office supplies	33,530,000	Gov. support	237,740,000
Sanitation	41,111,000	Capacare support	218,500,000
Communication	32,014,000		
Building maintenance costs	42,109,500		
Drugs	325,935,040		
Medical consumables	248,179,350		
Feeding Programme	21,445,000		
Staff welfare	11,586,000		
Miscellaneous expenses	51,931,354		
Fuel support to senior staff	16,800,000		
End of year bonus to staff	38,190,000		
<b>Total Expenses</b>	<b>2,961,852,494</b>	<b>Total Income</b>	<b>2,992,622,934</b>
<i>Surplus/Deficit</i>	<i>30,740,440</i>		

From the summarized table, it is evident that our highest expenditure item is personnel cost as it is the case for most other organisations and second on the list is medical drugs and consumables which also are vital for the smooth running of the hospital. Electricity is the third high expenditure item and vehicle running cost is the fourth item. Just these four items make up over 90% of our total expenditure for the year 2020. The remaining items on the expenditure sheet form 9.6%.

### CHALLENGES

- Electricity is a major problem. There is a high need for proper electricity supply for the effective and efficient functioning of the hospital and this costs us huge sums of money to provide.
- Water supply. For proper hygiene and to meet IPC standards we need proper water supply. Even though we have water supply, it needs improvement.
- Security. Currently at Masanga there is huge gap within the security sector which needs to be treated with all seriousness.
- Capacity building / Software installation. There is a need for staff training and system software for certain departments like M&E, HR and FINANCE etc for the timely and accurate reporting.

## RECOMMENDATIONS

The Board and Management are to agree on means of getting electricity from the national power authority at Magburaka, which is far cheaper than running our own generator. If the electricity problem is solved, it might help to solve the water supply issue when we try to increase the number of boreholes to salvage the situation. The management needs to take robust measures against securities for ignoring their duty post. For better staff performance, management needs to do refresher trainings and also provide software system updates for keeping hospital information safe.

**Sidi Manseray**

*Finance Officer MHRP*





As in other institutions, the HR Department is directly responsible for staff matters of the Hospital, ranging from recruitment to compensation, knowledge management to staff discipline, training and development to performance management. Masanga Hospital staff could be described as a determined, energetic and competent workforce that have positioned our facility to where it is today. Irrespective of the inevitable challenges faced by the staff, the passion to serve humanity, which is a fundamental motive of our Hospital, has been the driving force to their work and made them resilient enough to stand the test of time.

It is also worth noting that the Masanga Hospital workforce is made up of both national and international staff and volunteers and that constitutes a unique workforce that has made Masanga Hospital an (unofficial) Regional Referral Hospital. The case load of patients in the Hospital relative to the Human Resource is highly disproportionate but the staff performance in working round the clock is incredibly amazing. We are proud of our staff to have contributed to the Sierra Leone Health Care System and to save the lives of Sierra Leoneans as is the purpose of Masanga Hospital Rehabilitation Project-MHRP.

## RECRUITMENT

As stipulated in the guiding principles of MHRP, the Hospital is run and staffed by local people and our recruitment approach thus prioritizes local people. Without compromising Ministry of Health staffing policy especially for the recruitment of nurses, our recruitment strategy takes the form of local approach by bringing our locally trained nurses as volunteers to assist in clinical procedures under the supervision of other senior colleagues, including the in charges, STPs and Medical Doctors. Upon a satisfactory performance of the volunteering period of nurses, they will then be considered as fit for full recruitment and subsequently incorporated onto the MHRP payroll. This recruitment has worked well over the years and tends to promote and fulfill the vision of our Project as a locally based recruitment strategy.

However, the recruitment pace of the Hospital is incredibly slow due to the limited funds of the project. As of August 2020 we have recruited five (5) SECHNs to support clinical function and three (3) auxiliary staff to support the maintenance team of the Hospital.

## STAFF DISTRIBUTION

Although Masanga Hospital can be considered as understaffed relative to its case load of patients, the HR Manager and the Hospital Matron remain on top of the situation and evenly distribute the available staff to effectively deliver the desired work. Currently, the Hospital consists of 116 staff distributed as follows: 64 medical staff (ranging from volunteer nurses to medical doctors) and 52 non-medical staff (ranging from cleaners to managers). The table below shows further distribution by categories/departments of local workforce. However, there are also ten (10) auxiliary volunteer nurses without even a stipend and they are excluded from the total of 116.

<u>Category/department</u>	<u>Number of staff</u>
pin-coded staff (including 2 Medical Doctors and Matron)	21
Non pin-coded medics staff (nurses)	43
Non-Medical Staff	52
TOTALS	116

*Non-Medical Staff Further Distribution*



Managing staff including Matron	6
Security	6
Maintenance	4
Carpentry	3
Caretakers	5
Cleaners/potters	17
Drivers	2
Volunteer nurses with stipend	5
Business Unit	5
International Volunteers	Varied 5-9

## TRAINING AND DEVELOPMENT

In spite of the Hospital's partnership with the Government of Sierra Leone, the Masanga Hospital Nursing Staff have not benefited much from the Ministry of Health's routine trainings such as national protocols on IPC, HIV and Aids etc. conducted in other Government facilities across the country.

However, our nursing staff are equipped with on-the-job training by the pool of senior colleagues such as Medical Doctors (national and international), STPs and other senior staff nurses including the hospital matron. They are therefore motivated by the diversified learning opportunities of the Hospital.

## RESIGNATIONS

Unlike in other institutions, resignation in our facility does not always mean staff turnover. This means that not all resigned staff does leave the Hospital but may resign from MHRP payroll due to Government approval and continue to work as a government posted staff to Masanga Hospital. While others resign for other employment opportunities, some resign to further their studies and others resign for unknown reasons. However, the HR Manager has developed an exit interview form to investigate the unknown causes of other resignations. As of the year 2020, five Nurses resigned due to Government approval, two for other employment opportunities, one for further studies and one for unknown reason.

### **Alhassan Kalokoh**

*Human Resource Manager*



## GOVERNMENT OF SIERRA LEONE PINCODED STAFF

On my (matron) arrival in 2018, there were only *three* government pin coded staff, and currently, we now boast of *twenty* Pin coded in the Facility, half of them MHRP employed State Enrolled Community Health Nurses (SECHN).

The Government of Sierra Leone have provided MHRP with two Sierra Leonean doctors, one Senior Nursing Officer (Matron), two Nursing Officers, one SACHO, one State Registered Nurse, ten SECHNs, and two Nurse Anaesthetists. We are grateful to the government for this commitment.

## SIERRA LEONEAN CLINICAL PIN CODED STAFF LIST (2021)

NO	NAME	DESIGNATION/DEPARTMENT
1.	James S Bangura	Medical Officer In Patients and Operating Theatre
2.	Musa Conteh	Medical Officer In Patients and Operating Theatre
3.	Victoria I Kamara	Senior Nursing Officer Management
4.	Adama A Conteh	Nursing Officer College (resigned in 2020)
5.	Fatmata H Bangura	Nursing Officer Maternity
6.	Amara Conteh	SACHO Operating Theatre
7.	Osman G Bangura	Pharmacy Technician Pharmacy
8.	Alieu A Sesay	State Registered Nurse Anaesthetist Operating Theatre
9.	Daniel Turay	State Registered Nurse Surgical ward
10.	Foday Bangura	SECHN Anaesthetist Operating Theatre
11.	Fatmata A Turay	SECHN Paediatric ward
12.	Mary Walker	SECHN Surgical ward
13.	Andrew Kamara	SECHN Operating Theatre
14.	Thomas Y Kargbo	SECHN Infection Prevention and Control
15.	Aminata E Sankoh	SECHN Operating Theatre
16.	Ramatulai J Barrie	SECHN Operating Theatre
17.	Kadiatu Sankoh	SECHN Emergency ward
18.	Adama Lakoh	SECHN Pharmacy
19.	Fatmata N Jalloh	SECHN Surgical ward
20.	Ramatu S Kalokoh	SECHN Operating Theatre
21.	Fatima Fornah	SECHN Midwife

## SIERRA LEONEAN NON PIN CODED CLINICAL STAFF LIST (2021)

NO	NAME	DESIGNATION/DEPARTMENT
1.	Mohamed K Mansaray	CHO Out patient
2.	Moses I Conteh	CHO Out patient
3.	Fatima Fornah	Midwife Maternity ward
4.	Maxwell M Sesay	Laboratory Technician Laboratory
5.	James Bangura	Laboratory Technician Laboratory
6.	Juliet Y Kamara	SECHN Maternity ward
7.	Marie S I Koroma	SECHN Maternity ward
8.	Aminata Bangura	SECHN Paediatric ward
9.	Isatu K Turay	SECHN Paediatric ward
10.	Humu Lawan	SECHN Emergency ward
11.	Aminata Y Kamara	SECHN Registration
12.	Susan G Saidu	SECHN Maternity ward
13.	Mariama Kabba	SECHN Maternity ward

14.	Mohamed Tholley	SECHN	Pharmacy
15.	Sahr Brima	SECHN	Operating Theatre
16.	Aminata B Koroma	SECHN	Emergency
17.	Hawanatu Jabbie	SECHN	Emergency
18.	Salamatu A Fofanah	SECHN	Surgical ward
19.	Isatu Fofanah	SECHN	Maternity ward
20.	Aminata I Sesay	SECHN	Surgical ward/Wound Dressing
21.	Fatmata Sankoh	SECHN	Paediatric ward
22.	Teresa Koroma	SECHN	Paediatric ward
23.	Kadiatu Tholley	SECHN	Emergency ward
24.	Hannah Lakoh	SECHN	Emergency ward
25.	Lovette Freeman	ECHN	Emergency ward
26.	Isatu Kalokoh	SECHN	Paediatric ward
27.	Isata B Koroma	SECHN	Maternity ward
28.	Ramatu Koroma	SECHN	Paediatric ward
29.	Issa Sesay	SECHN	Operating Theatre
30.	Emma Sesay	SECHN	Paediatric ward
31.	Kadiatu Senesie	SECHN	Surgical ward
32.	Gladys Conteh	SECHN	Emergency
33.	Nancy John	SECHN	Paediatric ward
34.	Mariatu Bangura	SECHN	Surgical ward
35.	Fatmata U Bangura	SECHN	Surgical ward
36.	Isha Turay	SECHN	Isolation/Triage
37.	Salamatu A Bangura	SECHN	Isolation/Triage
38.	Adamsay Sesay	SECHN	Isolation/Triage
39.	Samuel Koroma	Nursing Assistant	Isolation/Triage
40.	Mohamed Bob Cole	Nursing Assistant	Emergency ward
41.	Marie T Y Tholley	Nursing Assistant	Emergency ward
42.	Zainab Turay	Nursing Assistant	Pediatric ward
43.	Hassan Kanu	Nursing Assistant	Pharmacy
44.	Salamatu Kargbo	Nursing Assistant	Maternity
45.	Frank Sankoh	Nursing Assistant	Wound Dressing
46.	Tamba Conteh	Nursing Assistant	Wound Dressing
47.	Abdul Komeh	Nursing Assistant	Wound Dressing
48.	Allred Sesay	Ophthalmic Assistant	Registration
49.	Osman Sow	Registration Assistant	Registration
50.	Abdul T Koroma	Physiotherapy Assistant	Physiotherapy
51.	Idrissa Koroma	Physiotherapy Assistant	Physiotherapy
52.	John Koroma	Laboratory Assistant	Laboratory

## MANAGEMENT STAFF

1. Kelfala B. B. Kamara - Program Director
2. Jan Henk Dubbink - Medical Superintendent (MD Global Health and Tropical Medicine, PhD)
3. Alhassan Allan Kalokoh - Human Resource Manager (BA in HR, Masters in HR)
4. Sidie Mansaray - Finance Manager (BSC HONs in Accounting and Financing )
5. Sheku Kamara - Logistics Manager (HND in MIS, Dip. Computer, Dip. In Networking)
6. Victoria I. Kamara - Matron/Senior Nursing Officer

## SIERRA LEONE GOVERNMENT SUBVENTIONS 2019 and 2020

### 2019

Quarter 1: 105,000,000

Quarter 2: 120,000,000

Quarter 3: 148,000,000

## 2020

Quarter 1: 55,000,000

Quarter 2: 0

Quarter 3: 34,740,000

## FREE HEALTH CARE DRUGS AND SUPPLIES

The hospital has benefited from Free Health Care drugs, consumables, equipment and supplies in 2018, 2019 and 2020. These supplies are received from Central Medical Stores, Freetown, and District Medical Stores, Tonkolili.

## RECOMMENDATIONS

1. The Directorate of Nursing to post more Senior Nurses for our wards and Operating Theatre.
2. The posting of midwives has remained a challenge as those posted were not retained.
3. Requesting for a utility vehicle, motor cycle, and ambulance for conveying dead bodies.
4. Automated Anaesthetic machine is highly recommended for the Operating Theatre.
5. Industrial laundry machine has also been one of our major challenges.
6. Provision of National electricity to reduce the cost on fuel consumption.
7. Provide printer and WIFI internet for the Matron's office.

## CONCLUSION

Generally, it has been a successful year. Although we are experiencing a Covid19 outbreak and have a need for the treatment center the good news is that all confirmed cases survived in our hospital.

The Covid 19 Treatment Centre commenced in June 2020 in Masanga Eye Care building, which was converted to 24 bedded spaces for admission of patients. A total of twenty six patients including two children and one pregnant woman were admitted, all have survived so far.

I am very grateful to God Almighty, the Government, Management and the Clinical team for their support to make this year a success. Thank you so much to our International Donors, Doctors and volunteers of MHRP /CapaCare with our Surgical Training Program and students who have worked so hard this year. We look forward to another fruitful year for 2021.

**Victoria I Kamara**

*Matron*



## EDUCATION

*In this section you can read an update from the college referred to as TDCHS: Tonkolili District College of Health Sciences and an update from our vital partner Capacare. Photo's: Newly Constructed Students Hostel and current batch STP students of Capacare (Sept 2020)*





## ABOUT TDCHS

Tonkolili District College of Health Sciences (TDCHS) was accredited by Tertiary Education Commission and approved by the Nurses and Midwives Board of Sierra Leone in 2011 and officially commenced the Certificate in Community Health Nursing (CCHN) training programme on 17th September 2012. The main aim of this institution is to help develop sustainable healthcare services through quality education that is accessible to all.

The institution is currently operating with three (4) programmes, which are; Bachelor in Physiotherapy, Diploma in Physiotherapy, Diploma in Nursing and Certificate in Community Health Nursing.

The College has modern facilities with six (6) classrooms, newly renovated multi – disciplinary skills lab and a library that is open to students both during day and evening hours.

## ACADEMIC ACTIVITIES

### 1. PHYSIOTHERAPY PROGRAMMES

#### A. Bachelor in Physiotherapy

- Promotional Examination for 17 Bachelor in Physiotherapy students has just completed in October 2020 and results are still pending.
- These 17 students are presently on clinical postings for first-hand experience for a period of two months starting from November 2020 to January 2021.

#### B. Diploma in Physiotherapy

- Radio and television advertisements for the Diploma in Physiotherapy programme for 2020/2021 academic year is ongoing. The institution is substituting this Diploma in order to complement the Bachelor in Physiotherapy programme at present.

### 2. DIPLOMA IN NURSING

- 33 Diploma in Nursing second year students attempted their promotional examination; awaiting results. They are presently on clinical postings. Successful candidates will promote to year three (3)
- 98 First year Diploma in Nursing Students have just completed their examination awaiting results and are presently on clinical postings. Successful candidates will promote to second year.
- 95 Applicants for Diploma in Nursing introductory were interviewed in September 2020 and 75 were recruited. Classes for introductory started on 15th October 2020 and will last for a three (3) months period.

### 3. CERTIFICATE IN COMMUNITY HEALTH NURSING (SECHN)

- 23 Certificate in Community Health Nursing students sat their State Enrolled Community Health Nursing State Final Examination in September 2020 and 19 of them with clear Passes, 3 with References and 1 total failure.

- 11 Certificate in Community Health Nursing students resat the State Enrolled Community Health State Final Examination in September 2020, 8 with clear passes, 2 with references.

## ADMINISTRATIVE ACTIVITIES

### 1. STAFFING

- 17 academic staff are presently available for the training of all three programmes. These, plus another 18 including Administrative staff, Securities, Cleaners, Driver, Matrons, Librarian, Finance Officers and Handyman make up the 35 staff that are serving the institution currently.
- Two international lecturers, a midwife from Denmark and a Physiotherapist from England lectured in the institution for one month.
- Two Physiotherapists from Spain, Professor Joe and colleague delivered two weeks of lectures in 2019 and 2020 respectively.
- Two Dentists from Holland delivered lectures on tooth decay preventive measures in the early months of November 2019 and November 2020 respectively.

### 2. CONSTRUCTION AND REHABILITATION

- 3 bedroom staff quarters has been rehabilitated and handed over to Administration, and is presently occupied by guest Lecturers.
- A single bedroom in one of the existing quarters has been renovated and this is presently occupied by the Finance Officer.
- 20 bedroom students' hostel self-contained has been constructed since 2019, and handed over to Administration. This facility is presently occupied by 81 students including those from Kamakwie.
- Expansion of another classroom by the side of the skills lab building has been completed, and is presently in use for lectures.
- Rehabilitation and partitioning of skills lab has been completed and handed over since 2019.
- Rehabilitation of computer skills lab is presently ongoing and will soon be completed.
- Second hand Prado Vehicle has been bought from Capacare to ease transportation of lecturers from Freetown and back.

### 3. FURNITURE FABRICATION

- 40 beds, 40 chairs, 10 tables and 10 wardrobes have been fabricated for the newly constructed students' hostel.
- 100 tables have been fabricated for classroom activities such as group work, and proper sitting accommodation.
- 25 new foam mattresses have been bought for hostel accommodation.
- The fabrication of 70 chairs and 30 tables is ongoing at the Masanga wood shop.
- 6 Wall fans have been inserted in three classrooms for proper ventilation and friendly classroom.

### 4. GRADUATION AND MATRICULATION

- 98 First year Diploma in Nursing students matriculated on the 18th September 2020
- There has been no graduation since 2019 because of the global pandemic outbreak which prompted Government to stop all public gathering until further notice. Administration is now proposing for a big graduation come 2021.

## 5. AFFILIATION

- Affiliation for Bachelor degree was granted to TDCHS by College of Medicine and Allied Sciences.
- Memorandum of Understanding for affiliation between TDCHS and North West College Health and Agricultural Science has been completed during the Board meeting.
- Memorandum of Understanding between Physiotherapy group in Denmark and TDCHS for responsibilities of each party has been completed and signed.
- Curricula for both Bachelor in Nursing and Diploma in Physiotherapy have been reviewed by National Experts. These programmes will commence in 2021 academic year.

## 6. DONATIONS

- 10 computers and 25 memory sticks were donated by the Physiotherapy group in Denmark for ICT lectures.
- One home theatre projector was donated by the Sierra Leone Nurses Association. Thanks to Sister Rebecca Amara who is the secretary general for this wonderful Association.
- Professor Joe donated a brand new projector for lectures

## INCIDENTS WORTH NOTING

- 3 final years Certificate in Community Health Nursing students died during the period of 2019/2020 academic year.
- Five staff of TDCHS lost their relatives/loved ones in the period of 2019/2020

## CHALLENGES

- There is a proposal for the introduction of new programmes, but the institution still lacks classroom space to fulfil this dream.
- The institution is rapidly growing. In that light, there is urgent need for student canteen in order to ease food challenges for students.
- Recreational facilities within the school premises are also important, as this will help to propel the three domains of learning – i.e. Cognitive, Affective and Psychomotor.
- No internet facility with the college campus. This is not good for modern teaching and learning.
- There is need for fabrication of more furniture and purchase of foam mattresses for hostel use.

**Amara Fornah**  
*Principle TDCHS*



## SUCCESES AND CHALLENGES

The year 2020 was a challenging year for both Masanga Hospital and CapaCare. The Covid-19 pandemic took us all by surprise, and will mark this year for times to come. For CapaCare, as an NGO that focuses on healthcare education, Covid-19 posed challenges in many different ways. Nonetheless, we have pushed forward in our dedication to the improvement of Obstetrical and Surgical care in Sierra Leone. Masanga hospital is one of our most important partners in this: as a base for our management team, our courses and as the primary clinical rotation for the first 6 months of the surgical training program.

## STUDENTS

We started this year with 25 students (2 female) in the first two foundational years of our program. Eight of those were training in Masanga, and the other 17 were posted in their rotations in our partner hospitals. In any normal year, we would have taken in eight new students in April of 2020. However, in March it became clear that Covid-19 was spreading across the entire world. This made it impossible for our international trainers to travel to Masanga. As we are for now still reliant on these international trainers for the basic training of our students, we decided to postpone taking in new students until such travel was feasible again.

This moment finally arrived in September of 2020, making it possible for us to admit eight new students to our program. Of these eight, two are also enrolled in the Makeni School of Clinical Sciences (MSCS). One of them is a nurse, and the other a female midwife. This is an important landmark in our collaboration with the MSCS.

At the moment of writing we have 20 students in their foundational years as over the course of 2020 12 students have moved on into their housemanship year. Seven of our students are based for their primary rotation in Masanga Hospital.

## TRAINING

The year of 2020 started out with a full schedule of training by international and national trainers. In January, February and March we conducted nine training modules on site in Masanga Hospital. After a long break due to Covid-19 we were able to start training again in September, resulting in another seven training modules conducted between then and November.

Of these 16 training modules, 10 were aimed at students in their first two years of training, four were aimed at Medical Doctors and the remaining two were aimed at graduates of the STP program. For nine of our training modules, our international trainers were assisted by national trainers.

Apart from courses conducted by international trainers visiting Sierra Leone, we organised 28 digital lectures in abdominal surgery for our students to compensate for the lack of face to face training.

## GRADUATES

We started 2020 with a total of 40 graduates. During the year, an additional 12 students graduated from their housemanships, all of them started their training program in Masanga Hospital. This brings

the total number of our graduates to 52. Currently, 33 of our graduates are posted in governmental hospitals. 30 of them are posted in hospitals outside of Western Area. Eight of our graduates are currently awaiting posting by MoHS.

**Erik Wehrens**

*Programme coordinator Capacare*



**Håkon Bolkan**

*CapaCare Chairman*





## RESEARCH – MMRU

-BY DIEDÉ VAN DELFT

The Masanga Medical Research Unit (MMRU), our platform to promote medical research in Sierra Leone, was started in 2018. Due to a lack of resources and education only little is known on the epidemiology and the best treatment methods for diseases in Sierra Leone. The MMRU aims to bring Sierra Leonean healthcare professionals together with a large network of international partners to perform medical research together. We hope to improve access of Sierra Leonean researchers to academic degrees, and, at the same time, to improve patient care at Masanga Hospital and beyond.

### BACKGROUND

Due to health care system challenges, there are few opportunities for medical research in Sierra Leone. After a temporary influx of international attention during the West African Ebola outbreak in 2014, most international partners have shifted their focus away from Sierra Leone. Consequently, little is known on important topics such as best clinical practices, antibiotic resistance patterns and regional pathogen prevalence. Additionally, there are relatively few Sierra Leonean healthcare professionals able to obtain higher academic degrees such as a PhD.

### MISSION

The Masanga Medical Research Unit (MMRU) was established with the primary goal to enable Sierra Leonean healthcare professionals perform medical research in Sierra Leone. The mission of the MMRU is to provide a platform for national and international partners to promote, facilitate and coordinate medical research and related activities at Masanga Hospital and in the rest of Sierra Leone. The primary objectives are to:

- strengthen medical research capacity
- empower Sierra Leonean healthcare professionals to initiate and perform medical research
- connect Sierra Leonean healthcare professionals to international research networks
- study best clinical practices tailored to Sierra Leone and directly improve healthcare

Prior to seeking ethical approval at the Sierra Leonean Ethics Review Committee, new proposals are seen by the MMRU Scientific Review Committee, consisting of 12 international and Sierra Leonean reviewers with a professional background in medical research.

### ACCOMPLISHMENTS 2020

As with all hospital activities, Covid-19 also impacted the work of the MMRU in 2020. Nevertheless, certain accomplishments were still made.

- In January, Laerke Winther headed a research project in collaboration with the Physiotherapy group at TDCHS: 'Activities of daily living for habitants in a rural district of Sierra Leone: A qualitative study'.
- Merel van der Stelt from the 3D Sierra Leone group returned to Masanga to research the feasibility of 3D printed leg prostheses.

- The PRESSCO-2019 fieldwork was completed after an interruption due to the Lassa outbreak. From the 15th February until the 7th of March, data was collected. This completed the data collection phase of the project, writing of articles is currently ongoing.
- Christina Pugliese started a research project into 'Point-of-care ultrasound to assess volume status and pulmonary oedema in malaria patients'. However, the project was halted due to Covid-19.
- Dr. Tiago M Branco, in collaboration with Dr. James Bangura, started a research project into 'Ultrasound Scoring for Prediction of Outcome in COVID-19 patients'. The site for this research was the Covid-19 treatment centre that was attached to Masanga Hospital. Due to low patient numbers however, insufficient data was collected for proper analyses.
- Dr. Rosa Roemers, supervised by Dr Jan Henk Dubbink, started a case series about dental abscesses in collaboration with Lion Heart Medical Center in Yele as well as a study protocol for a larger prospective study to be conducted in both Yele and Masanga in 2021.
- Dr. Alex Turnbull, supervised by Dr Jan Henk Dubbink, started a study protocol about a temperature method comparison study to be conducted in Masanga in 2021.

## DONATIONS AND FUNDING

- The 3D Sierra Leone group has made the generous donation of a car to Masanga Hospital. This car can be used for research projects in and around Masanga, easing the pressure of research projects on the Hospital vehicles.
- Dr. Frieder Schaumburg was able to secure funding from GIZ to improve the lab in order to improve the Covid-19 and related care in Masanga Hospital, as well as improving the research possibilities on site.

## OTHER PROJECTS THAT WERE CONTINUED (IN COLLABORATION WITH CAPACARE)

- Jurre van Kesteren continued his PhD-research on "Computer-based surgical learning in a low-resource setting", mainly focusing on the CapaCare Surgical Training Program students.
- Jonathan Vas Nunes continued his PhD-research on the aetiology of wounds in Sierra Leone.
- Hanna Mathéron continued her PhD-research on infections around pregnancy in Sierra Leone.
- Merel van der Stelt continued her PhD-research about low-cost 3D-printed transtibial prosthesis for lower-income countries including Sierra Leone.
- Josien Westendorp continued her PhD-research which, amongst others, is about maternal health in Sierra Leone, using a nationwide household survey.
- Alex van Duinen continued his PhD-research on caesarean section performed by medical doctors and associate clinicians in Sierra Leone and maternal and perinatal outcome.

## PUBLICATIONS IN 2020

Editorials:

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 Medicine and Infectious Disease*. 2020;35:101727.

Dubbink JH, Branco TM, Kamara KBB, Bangura JS, Wehrens E, Falama AM, Goorhuis A, Jorgensen PB, Sevalie SS, Hanscheid T, Grobusch MP. COVID-19 treatment in sub-Saharan Africa: If the best is not available, the available becomes the best. *Travel Medicine and Infectious Disease*. 2020;37:101878.

#### Articles:

Proos R, Mathéron H, Vas Nunes J, Falama A, Sery Kamal P, Grobusch MP, van den Akker T. Perspectives of health workers on the referral of women with obstetric complications: a qualitative study in rural Sierra Leone. *BMJ Open*. 2020 Dec 10;10(12):e041746. doi: 10.1136/bmjopen-2020-041746. PMID: 33303460.

Van der Stelt M, Verhulst AC, Vas Nunes JH, Koroma TAR, Nolet WWE, Slump CH, Grobusch MP, Maal TJJ, Brouwers L. Improving lives in three dimensions: the feasibility of 3D printing for creating personalized medical aids in rural area of Sierra Leone. *Am J Trop Med Hyg*. 2020 Apr;102(4):905-909. doi: 10.4269/ajtmh.19-0359.

Shittu A, Deinhardt-Emmer S, Vas Nunes J, Niemann S, Grobusch MP, Schaumburg F. Tropical pyomyositis: an update. *Trop Med Int Health*. 2020 Jun;25(6):660-665. doi: 10.1111/tmi.13395.

Hamilton D, Beck A, Connor A, Hunt A. The challenges of assessing the incidence and severity of community acquired acute kidney injury among unselected emergency admissions in a rural district hospital in Sierra Leone. *British Journal of Renal Medicine* 2020; Vol 25 No 1: 18-22.

van Duinen AJ, Adde HA, Fredin O, Holmer H, Hagander L, Koroma AP, Koroma MM, Leather AJ, Wibe A, Bolkan HA. Travel time and perinatal mortality after emergency caesarean sections: an evaluation of the 2-hour proximity indicator in Sierra Leone. *BMJ Glob Health*. 2020 Dec;5(12):e003943. doi: 10.1136/bmjgh-2020-003943.

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*. 2020 Nov 10. doi: 10.1111/aas.13736. Epub ahead of print.

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. Epub ahead of print.

van Duinen AJ, Westendorp J, Kamara MM, Forna F, Hagander L, Rijken MJ, Leather AJM, Wibe A, Bolkan HA. Perinatal outcomes of cesarean deliveries in Sierra Leone: A prospective multicenter observational study. *Int J Gynaecol Obstet*. 2020 Aug;150(2):213-221. doi: 10.1002/ijgo.13172. Epub 2020 May 29.

## FUTURE PERSPECTIVES

For 2021, MMRU hopes to continue and intensify the collaboration on research projects in Masanga. Infrastructural improvements will be undertaken in the lab and the library. Due to the funding of AFAS, it will also be possible to build housing for researchers on the Masanga compound. On the HR side, we are on track to hire a full time research nurse for the MMRU from the beginning of 2021 onwards.

## HOW CAN YOU BE INVOLVED?

To be involved with the MMRU, to propose research or to assist in funding opportunities for the MMRU, please send an e-mail to our general manager Ms Diede van Delft at [masangaresearch@gmail.com](mailto:masangaresearch@gmail.com), to Jan Henk Dubbink ([medicalofficer@masanga.dk](mailto:medicalofficer@masanga.dk)), or to Martin Grobusch ([m.p.grobusch@amsterdamumc.nl](mailto:m.p.grobusch@amsterdamumc.nl)).



**Diede van Delft**  
*General Manager MMRU*



**Jan Henk Dubbink**  
*Medical Superintendent*



**Martin Grobusch**  
*MMRU Director*





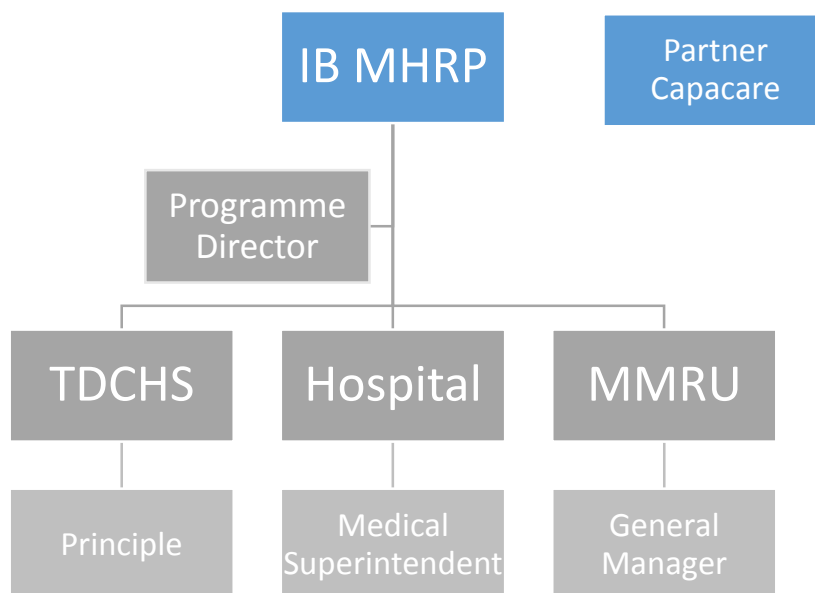
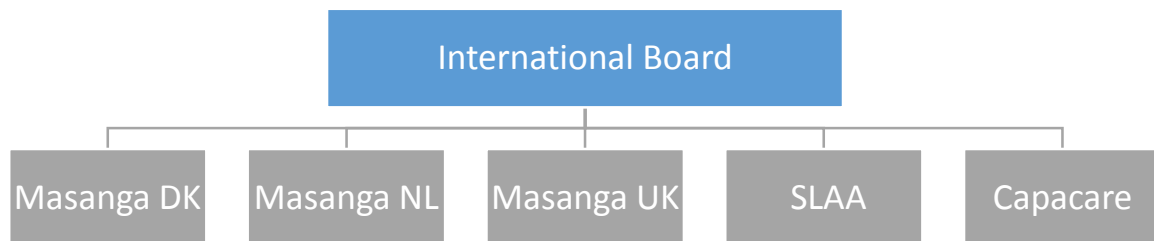
## INTERNATIONAL COOPERATION

*Below, the various international partners summarize their efforts conducted in 2020: Masanga Denmark (DK), Masanga the Netherlands (NL), Masanga United Kingdom (UK) and Sierra Leoneon Adventists Abroad (SLAA). Furthermore, their relation with the International Board is visualized.*

*Pictures in memoriam: Mikalo Bangura, carpenter working for Masanga Hospital Carpentry, and below the Carpenter Team*







After directing most of our energy towards assisting with practical arrangements for the re-opening of Masanga Hospital on January 6th 2020, Masanga DK was able to focus a bit more on our regular functions – assisting the project in ad hoc needs, including management of Danish run sub projects, but most importantly securing a steady inflow of funds for running costs.

This year has – despite the pandemic – been no different from others in the sense that it is still the funds for running costs that are the hardest to come by.

Masanga DK managed to uphold our annual meeting before a lock-down was introduced in Denmark. Since then, all but one of our meetings have been held digitally or with regional groups gathering and participating digitally.

This year we were blessed with increased resources for fundraising activities, in that our vice-chairman, Sara Thordal offered to dedicate 6 months of her (fulltime) expertise to the project. This has led to a substantial increase specifically in the funds for running costs, but also to a survey of the entire project mapping MHRP. The intention was to get a more coherent understanding of the entire project, to create more transparency and get a better overview of the project for all the stakeholders involved. We believe this was successful and has seeded the grounds for establishing a local fundraising committee which Sara consolidated during her visit to Masanga in November.

Due to COVID-19 our usual volunteer activities have been very limited.

Again, in the COVID-19 spirit, the autumn symposium was held as a webinar entitled "Health systems in times of crises - preparing for the future / Lessons learned from the past and the present". In collaboration with IMCC and the international faculty of the University of Copenhagen, we presented a colourful collection of celebrated speakers and believe it to have been a success – in a format that could very well be re-used.

### DANISH SUB-GROUPS

Our physio sub-group has focused its energy on the establishment of international virtual teaching seminars for the physio-candidates, assisting TDCHS in these difficult times. A much-awaited MOU between this group and TDCHS was finalized during this year and the continued search for student sponsorships has led to 14 out of 17 physio students now being sponsored during their education.

The Masanga Educational Sponsorship program has 92 students sponsored, equally distributed between primary/ secondary school and higher teaching institutions. This sub-project is working hard every day to ensure these students' education locally through a structured approach.

Masanga outreach has internally had a change of chairmanship and is going through internal restructuring. Within the hospital this subproject has been added to the medical out-reach department – an initiative from the hospital itself that has expanded during the pandemic. We expect this to be of mutual benefit.

We enter 2021 with high hopes and lots of energy.

**Susanne Haas**

*Chairman, Masanga DK*



Again in 2020 the Dutch group continued its collaboration with the Masanga Rehabilitation Project by raising funds, supporting students and participating in the International Board.

This year the collaboration with AFAS foundation really started to take shape and the first stages of the 5-year plan were started. This collaboration will have a huge impact on the project for the coming years and we are thankful for all the hard work, especially by Hanna Matheron and Jonathan Vas Nunes, which has gone into the realization of this collaboration.

We look forward to the implementation in the coming years.

During the year we were grateful that a number of faithful donors continued their support to the project and new donors were found through a new donation platform, which started at the end of 2019 with the 'More for Masanga' initiative.

In December there was a sudden request to raise money to provide funds to double the X-mas gift to the staff from a half to a full bag of rice. This coincided with the request for sponsoring the Dr. Wouter Run. The response was enormous, which once again showed the involvement and strength of the network we have built in the past years.

### STUDENT SPONSORSHIPS

Since education and training is one of the main goals of Masanga Netherlands, we as a foundation have been contributing for years to increase the knowledge within Masanga Hospital by means of the student sponsor project. Through this project talented, motivated and hardworking employees of the hospital can get the financial support to study. Back in the hospital, they can use their newly acquired knowledge to improve the quality of care. In addition to the advantages for the hospital, we also believe that education is a key driver for reducing poverty, equality and social development. As in previous years, the study costs of 5 employees of Masanga Hospital in 2020 were fully reimbursed by the sponsorship program. This year Aruna Kargbo completed his studies as a pharmacy assistant and has offered his services to Masanga first, as agreed.

We hope to keep contributing to the great work of the team in Masanga in 2021 and many years to come.

### CURRENT BOARD MEMBERS

Frank van Raaij, chairman

Marco Versluis, secretary

Anne Marie de Soet – Keus, coordinator sponsorship programme

#### **Frank van Raaij**

*Chairman Masanga the Netherlands*



2020 was a busy year for Masanga UK, with four volunteers going out to work in Masanga.

At the beginning of the year we were represented by Tiago Branco from Portugal. This was the first time we have had a non-UK doctor volunteer with the organisation in the field and we thank Dr Tiago for his dutiful clinical care and commitment to education. Unfortunately, his deployment was cut short by the COVID-19 pandemic and he had to return to Europe.

For the past few months, we have had two volunteer doctors working on the EU, Alex Turnbull and Harry Putnam. They have risen to the challenges on the ground and are well respected members of the team. We are grateful that they have extended their stay until the summer.

In another first, we have had a long-term nursing volunteer join the team. Emily Bailey has been working on infection prevention and control (at a very pertinent time!) and assessing vital signs and Early Warning Scores. We are very pleased to have a volunteer nursing presence in the Emergency Unit and are aiming to continue this after Emily has moved on.

2020 also saw the publication of a study on Acute Kidney Injury on the EU (Hamilton, Beck, Connor and Hunt. The challenges of assessing the incidence and severity of community acquired acute kidney injury among unselected emergency admissions in a rural district hospital in Sierra Leone. *British Journal of Renal Medicine* 2020; 25; 1) undertaken by former volunteers Oliver Hamilton and Adele Beck in 2017-2018. Little is known about the prevalence of AKI in rural African settings and this data fills an important knowledge-gap.

Our committee has changed this year. After years of service Oz Hunt has transferred the chair to Aatish Patel. The rest of the new committee is made up of Sam Rowe, Lorna Abraham, Oliver Hamilton and Adele Beck. We thank Oz and many others for the leadership and commitment they have shown and hope to continue their legacy.

Finally, our UK volunteers raised an incredible €8000 for the Dr Wouter run which will go towards equipment for the hospital.

COVID-19 has put some of our other plans on hold, such as making improvements to HIV management and creating a formal internal medical teaching programme for CHOs, but we hope that 2021 will be more forgiving!

**Oliver Hamilton**

*Masanga UK Volunteer Coordinator*



SLAA is a diaspora UK charity, founded in 1992 by students attending Adventist Newbold College to provide welfare aid to displaced people and refugees during Sierra Leone's civil war.

SLAA co-signed the MoU with the Government of Sierra Leone for Masanga Hospital Rehabilitation Project. Our members have strong association with Masanga Hospital; a number worked at the hospital when the Adventists managed it prior to its damage and closure by the war.

SLAA brings Sierra Leonean community and cultural context to management of MHRP. In line with our health and education charitable objectives, we also run a national education grant program for university and secondary school students from disadvantaged background. Over the past 25 years, the program sponsored students that have gone on to develop careers in medicine, teaching, journalism, law, business and agriculture to help development in Sierra Leone. We depend on donations to help others and our main source of funding comes mainly from monthly membership donations.

In 2020, we worked steadily in our two main charitable projects with our involvement in Masanga mainly focused at developing strategy and local management support. In previous years, SLAA members visited Masanga to support local management, sometimes with our international partners in stakeholders meetings with the Government of Sierra Leone Ministry of Health officials to lobby for support to MHRP. The COVID 19 pandemic affected our planned trips to the country, and adversely influenced funding. Our contributions to the hospital operating costs for 2020 were in the low thousands pounds (£).

SLAA constantly look to identify grant opportunities in the UK for MHRP. During 2020, SLAA submitted 3 funding applications: The Mayor of London Covid19 Emergency Relief, The UK Lottery Fund and UKAid for a Maternal Community Outreach work in Masanga. Unfortunately, though the applications received good reviews none made it through to grant award due to high competition. SLAA secured free use of Oracle Netsuite for MHRP; a web based accounting software worth £27,000. It will better equip MHRP Accounts Dept to manage financial reporting once implemented. Through support from ADRA UK, SLAA registered as an NGO in Sierra Leone with an office address. This initiative was an attempt to access grant opportunities in Sierra Leone and build local network in the charity sector.

SLAA participated in the late Dr Wouter's Fundraising run for infection prevention contract, and attracted Cheam Rotary Club UK as a new MHRP donor, with a first donation of £1000. SLAA is committed to continue supporting MHRP. We are targeting operating cost contribution of £10,000 in 2021.

Our Board of Trustees: Mr Brima Abibu Chief Trustee; Mr Harry Sama; Ms Ramatu DumbuyaOur Executives: Dr Edward Cole CEO; Ms Susan O'Brian Coker Deputy CEO; Mr Edward Vandí Treasurer; Dr Andrew Curtis Communication Director.

**Edward Cole**  
*Chairman SLAA*





## FUTURE PERSPECTIVES -BY KELFALA KAMARA & SARA THORDAL

Over the years MHRP has grown into a wide international project with many volunteers and local employees being part of the project. Centred in Masanga, the project reaches out to partners and volunteers from England, Nederland and Denmark, and many stakeholders play an important part in the project.

Over the past couple of years, the project has become so large, with so many different stakeholders that the International Board found it relevant to do a mapping of the entire project. The object of the mapping was to structure the project, create transparency between the various initiatives, join forces towards the exit strategy and state a clear directions for the projects.

The survey had 23 responses from IB, hospital management, College, MMRU, CapaCare and Masanga DK and NL. Based on the survey it became more concrete how the mission for MHRP is to provide sustainable healthcare to people in need and support and strengthen the development of the healthcare system of Sierra Leone through education and research.

The survey also outlined the collaborating and important partners to MHRP, which are the International board members and volunteers from Masanga DK, SLAA, Masanga NL, Masanga UK, and CapaCare. Together with the Sierra Leone Government and essential donors these are the vital partners until handover in 2026.

By making this survey it has become easier to approach new partners and foundations for supporting the project, while making a stronger commitment with external donors and key partners.

Since June 2020 I, Sara, have worked fulltime on fundraising and coordinating activities for MHRP under Masanga DK. I believe there is a need to create more partnerships with foundations like AFAS, partners who will support the most important phase of the project history towards the exit in 2026.

**Sara Thordal**

*Vice-chairman Masanga DK & Fundraiser*



**Kelfala Kamara**

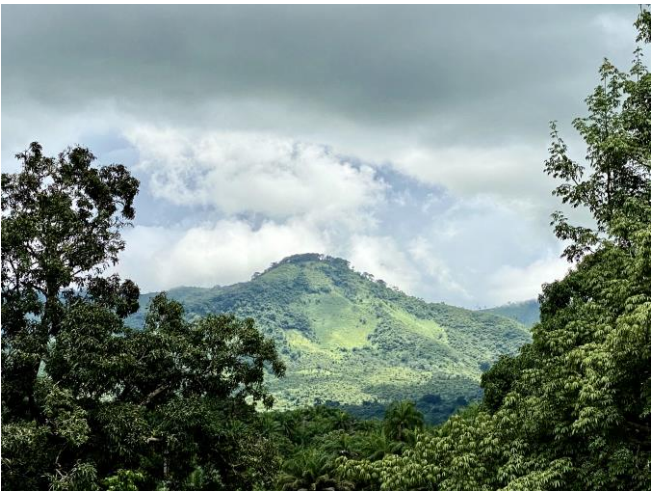
*Programme Director*



## THANKS TO DONORS









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**ANNUAL REPORT 2020**

