

# ***Wouter Nolet Foundation***

## **Annual Report**

# **2024**



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*Ultrasound Scanning in Maternal Outreach Project (Bumbuna, Tonkolili District, SL)*

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## Preface

It is with great pleasure and deep sense of gratitude that we may mark our third year of service to the people of Sierra Leone, benefitting them with our scholarship program and maternal outreach project. As we reflect on the past year we are delighted to share the progress that we have made in supporting medical students with our scholarship program and providing maternal care to pregnant women who are at risk while giving birth at home.

Throughout 2024 we have provided scholarships to 61 students in 3 advanced medical trainings: Surgery/Obstetrics, Pediatrics and Internal Medicine. The overall aim of the training is to ensure that medical students from Sierra Leone gain knowledge, skills and experience in the development of their profession. So that we can make healthcare more accessible to the people. For more details we refer to paragraph 2.

During the reporting year a number of our sponsored students worked -as certified scanners- in our Maternal Outreach Project (MOP). The professional outreach team performed 4,565 scans and diagnosed 409 High-Risk Pregnant (HRP) women who need institutional birth. These volumes clearly highlight the significance of early screening of women living in remote, rural areas and referral

of complicated pregnancies to hospitals for birth giving.

Last year we also appointed 9 Maternity Agents -in the function of Mentors- in the area of Mathonkara whose task is to be supportive to High-Risk Pregnant (HRP) women. Their major problem is to overcome economic and cultural barriers to go to the hospital for birth giving. As these Mentors are trusted members of the community they are able to convince the women and actually ensure that they show up at the hospital with our aid.

We can build on our achievements and address new challenges to continue and improve high-quality maternal care in Sierra Leone. For more details we refer to paragraph 3.

None of this would have been possible without the contributions of our charity funds and donors. Their participations are crucial and guarantee the sustainability of our activities. This year, many new donors have again found their way to the Foundation. We are very grateful for the trust they all put in us. We will make sure that the money is responsibly spent.

Thanks to the dedication and hard work of our staff and team, we hope to have made a lasting impact on the health care system of Sierra Leone. Overall we are proud of the work undertaken and look forward to see significant progress throughout 2025.

Pim Nolet  
Chairman

# 1. Country Overview

Sierra Leone is a West African republic with a democratically elected government. The country gained independence from the United Kingdom in 1961. A devastating civil war from 1991 to 2002 and Ebola outbreak in 2014 had a profound impact on the nation. It has 8,4 million inhabitants. English is the official language.

Before the civil war, most health and welfare services were provided by the central government. However, the destruction wrought by the civil war, left the health care system in shambles, with acute shortages of medical equipment and supplies, medication and trained medical personnel.



It is one of the poorest countries in the world. According to the United Nations index it ranks 181st out of 189. This index measures poverty, illiteracy, education and life expectancy. Poverty is mainly found in rural areas: some 78% of the population lives below the poverty line.

According to the World Health Organization, there should be at least 25 medical professionals per 10,000 inhabitants in a country. Sierra Leone had a paltry 1.9 of those desired professionals. And of those, another 211 died during the Ebola outbreak, including 11 specialist doctors.

## Netherlands versus Sierra Leone

	Netherlands	Sierra Leone
Gross domestic product (GDP) per capita	about \$58,000	about \$500
Percentage of the population living below the poverty line	Low (below 1%)	High (about 50-60%)
Life expectancy	about 82 years	about 55 years
Infant mortality (per 1,000 live births)	about 3	about 80-90

3/5/2025 20

With the help of NGO's like CapaCare, German Doctors and Partners in Health that came back after Ebola, medical care can be built up again. The structures and medical capacity, that these aid organizations are setting out, strengthen the health care system and will hopefully be taken over by the government in time.

## 2. Wouter Nolet Scholarship Fund (WNSF)

WNSF offers scholarships to disadvantaged health care workers in Sierra Leone, enabling them to undertake the advanced training in one of the key medical disciplines:

Surgery/Obstetrics (run by CapaCare), Pediatrics (run by German Doctors) and Internal Medicine (run by Partners in Health). The programs are founded on the principles of problem-based learning to facilitate student-centered knowledge transition, approaches and techniques.

Through the medical training and clinical experience students develop among others strong diagnostic reasoning, basic clinical skills, patient counselling and team collaboration.



Students, graduating from the trainings, receive a bachelor's degree and become Clinical Officers, equipped with an operating license of the Medical Identical Council in Sierra Leone. The government has committed itself to offer them an employment contract in one of the governmental hospitals.

Our monthly grants cover the personal costs of the students, including food, clothes, purchase of transportation, mobile data and communication. The scholarship applies to the entire 3 year training period, including a last one-year houseman ship.

	Batches 22-23	Batches 2024	Total
<b>CapaCare</b>	13	9	<b>22</b>
<b>German Doctors</b>	18	11	<b>29</b>
<b>Partners in Health</b>	10		<b>10</b>
<b>Total</b>	41	20	<b>61</b>

In 2024 we have issued 20 new scholarships to students of CapaCare and German Doctors. Partners in Health did not start new batches in 2024. At the end of 2024, a total of 61 students are included in our scholarship system

By financially supporting these middle level clinicians, WNSF aims to increase the level of skilled staff in hospitals who may fill the gap in human resources between medical doctors and physicians. This will ultimately lead to a form of task sharing between doctors and assistants.



### 3. Maternal Outreach Project (MOP)

In September 2022, WNF started an outreach project operating out of Masanga Hospital. The core principle of outreach is to bridge the gap between the Hospital and local communities for whom it is difficult to get to the hospital due to poverty, lack of transport and/or poor infrastructure. Outreach projects bring hospital services to the communities.

The **Maternal Outreach Project (MOP)** is aimed at pregnant women living in remote, rural areas who -in case of diagnosed 'High-Risk Pregnant (HRP) '- are at risk during child birth. Despite government initiatives, they still tend to deliver at home or at local health facilities (CHC/PHU) where they lack proper medical equipment and/or facilities.

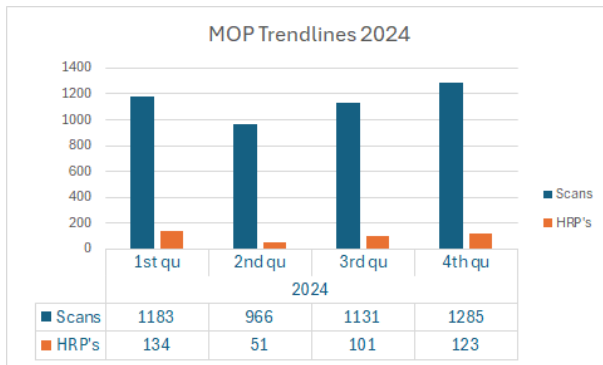


The MOP project includes paying visits to the remote villages around Masanga Hospital, conducting ultrasound scanning examinations and referring the HRP's to the hospital. We at the same time provide information to the communities about Family Planning and Child Health.

If a HRP woman is identified during scanning (i.e. twin or breech) the woman gets a medical consultation, conducted by the MOP scanning professionals. An official referral letter is handed out explaining the reason why we think the woman should give birth at the hospital.



The interventions are supported by local Maternity Agents (Mentors) who support and advise the HRP woman in the critical follow-up process of going to the hospital. The HRP woman is usually not capable to make the trade-offs and take the decisions for birth giving at the hospital. A Mentor is an experienced and trusted member of the community who inspires confidence and to whom a HRP woman is faster prepared to entrust personal information. Also partners and family are involved and encouraged by the Mentor as they usually have different opinions and interests.



During the outreach visits, data of the women diagnosed are entered into an information system that monitors the progression of pregnancy and alarms for follow up. In 2024, 4,565 women were scanned of whom 409 were identified as 'High-Risk Pregnant' (HRP) and referred to Masanga Hospital.



A Break-down in HRP categories shows that 45% of the HRP's relates to Teenagers and 29% to Grande Multipara (more than 5 previous pregnancies).

HRP's Break-down in Categories	2024					Year
	1st quarter	2nd quarter	3rd quarter	4th quarter		
Teenage Pregnancies	55	18	42	67		182
Grande Multipara	56	13	23	27		119
Multiple Gestation	9	9	14	16		48
Previous CS	4	5	12	9		30
IUFD	6	3	5	3		17
Breech	2	0	0	1		3
Pre-eclampsia	0	1	3	0		4
Others	2	2	1	0		5

In 2023, an evidence-based **Research** was started in order to evaluate the influence of our maternal outreach program and the installation of Maternity Agents (Mentors) on the decision making process of High-Risk Pregnant women as to where to give birth. The first step was a baseline study evaluating among others how many pregnant women gave birth at home and what barriers prohibited them from going to the hospital. Simultaneously a qualitative **Research** study has been done to explore the perceptions and lived experiences of pregnant teenagers, in the social cultural context of rural areas.



A follow-up study in Mathonkara area in 2025 will indicate the impact of the MOP program and the Maternity Agents (Mentors) on the HRP women and what needs to be improved.

## 4. Annual Financial Report 2024

<b>Income and Expenditures</b>					
		<b>2024</b>	<b>2024</b>	<b>2023</b>	<b>2025</b>
		<b>Actual</b>	<b>Budget</b>	<b>Actual</b>	<b>Budget</b>
<b>Income</b>					
	Periodic donations	<b>16.550</b>	85.000	91.350	60.000
	One-off donations private	<b>7.368</b>	10.000	7.778	10.000
	One-off donations institutions	<b>26.661</b>	0	0	0
	Runners Event donations	<b>1.852</b>	0	0	2.000
	Interest from saving account	<b>121</b>	1.000	552	250
	<b>Total Income</b>	<b>52.552</b>	96.000	99.680	72.250
<b>Expenditures</b>					
	Funding WNSF	<b>12.669</b>	25.000	17.897	20.000
	Funding MOP running	<b>57.125</b>	45.000	27.591	65.000
	Funding MOP research	<b>0</b>	10.000	0	10.000
	Overhead	<b>2.546</b>	2.000	1.808	2.000
	<b>Total Expenditures</b>	<b>72.340</b>	82.000	47.296	97.000
	<b>Operating Result</b>	<b>-19.788</b>		52.384	-24.750
<b>Balance Sheet</b>					
		<b>31-12-2024</b>		<b>31-12-2023</b>	
		<b>Actual</b>		<b>Actual</b>	
<b>Assets</b>					
	Current bank account	<b>6.268</b>		5.237	
	Savings bank account	<b>116.674</b>		141.553	
	Commitment periodic contracts	<b>145.500</b>		162.050	
	<b>Total Assets</b>	<b>268.442</b>		308.840	
<b>Liabilities</b>					
	Equity	<b>122.942</b>		142.730	
	Provision project funding	<b>145.500</b>		162.050	
	Provision SLL account	<b>0</b>		4.060	
	<b>Total Liabilities</b>	<b>268.442</b>		308.840	

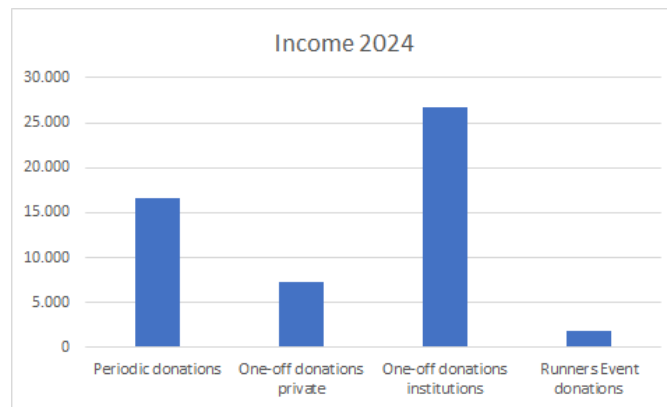
### Income

2024 was a challenging year for the Wouter Nolet Foundation. We awarded scholarships to 20 new students and the MOP project experienced strong growth in terms of the number of visits to the villages and the scans carried out on the pregnant women. This has led to higher costs that were not directly covered by the donations received in 2024 (negative operating result).

This is not a problem because the reserves on the Balance Sheet (bank and savings account) are high enough to absorb this. In addition, we have requested some Foundations to postpone their annual periodic donations in 2024 to 2025. Otherwise, the reserves on the Bank would be even higher.

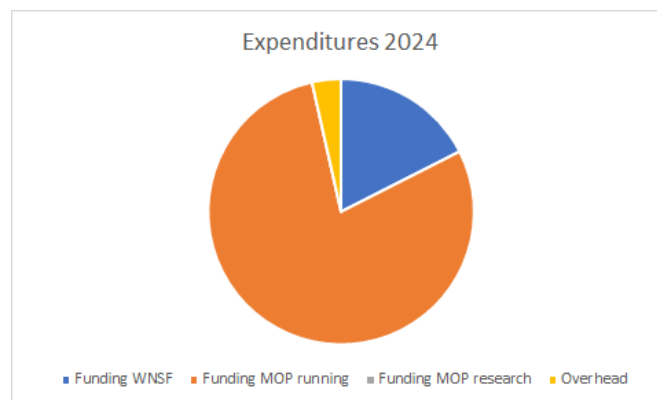
The One-off donations of Institutions is new this year. This has to do with the purchase of our own means of transport for the MOP project: an ambulance and a few motor bikes.





## Expenditures

The management of the Foundation in the Netherlands could be carried out for a minimum of costs. The website ([www.wnsf.nl](http://www.wnsf.nl)) was renewed on a voluntary basis. Overall, overhead costs amounted to 3.5% of expenditures, well within the target of 10% that is considered as yardstick for this kind of Foundation in the Netherlands.



## Balance sheet and Profit & Loss statement

As far as the balance sheet is concerned, it can be noted that the Foundation has maintained a healthy situation. The large savings in the bank account together with the periodic donations contracts provide more than sufficient resources to ensure the continuity of our activities in Sierra Leone in the coming years.

## Accountability

The Foundation employs a Dutch doctor, on location in Masanga, who is ultimately responsible for the 'local' finances in Sierra Leone and reports to the treasurer in the Netherlands on a monthly basis. An audit committee has checked the financial records of the Foundation. No irregularities have been observed and the committee has approved the financial statements and granted discharge to the board of WNF.