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ANNUAL REPORT LION HEART FOUNDATION

Sierra Leone

Officially the Republic of Sierra Leone, is a country in West Africa. Sierra Leone covers a total area of 71,740 km2 and has a population estimated at 6.5 million. It gained independence from Great Britain in 1961 and

The ambitions and core values of the Lion Heart Foundation:

We work on the sustainable development of health care, economical activities and knowledge transfer in Sierra Leone, with the aim to support the local population as well as the local economy in developing themselves. Our mission will be fulfilled when over time we will make ourselves redundant. The Lion Heart Foundation stands for:

Open and trustworthy

Transparency and openness towards each other and the world around us form the basis for trust, a responsibility we are acutely aware of and which drives our actions.

Passionate and involved

The success of the LHF is dependent on the cooperation with each other and the collaboration with our local partners and the population of Sierra Leone. This solidarity drives each, energetically and passionately, to bear responsibility for the final results.

What we do we want to do well

We respect the differences in background, culture and interests, stick out our necks, improvise, come up with unusual solutions and are entrepreneurial. It is this combination that makes us unique, and we are proud of that.

Enterprising and delivering

LHF is living proof that entrepreneurship and foreign aid (Best of Both Worlds) go well together. It is this inspired and creative entrepreneurship that has brought the LHF to where we find ourselves.

Sustainable and realistic

The belief in a better world starts with ourselves and the contribution we can make as a team. This is our firm belief, and we live up to that on a daily basis through our pragmatic approach – which is delivering. We share the sum of our extensive experience and passion with the population of Sierra Leone, as only a sustained development of medical care, education and economical activity will help the local population in escaping the poverty trap in which they find themselves.

Millennium Development Goals

Through the Best of Both Worlds programme, the LHF contributes to achieving the following Millennium Development Goals (http://www.un.org/millenniumgoals/):

MDG1 eradicate extreme poverty and hunger
MDG2 achieve universal primary education
MDG3 promote gender equality and empower women
MDG4 reduce child mortality
MDG5 improve maternal health
MDG6 combat HIV/Aids, malaria and other diseases
MDG7 ensure environmental sustainability

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1 PREFACE

I am very proud to present you the 4th Lion Heart Foundation annual report. Looking back on 2009, we can conclude that the Lion Heart Foundation has grown into a professional organisation that is being supported by the Ministry of Foreign Affairs and other backers. Together with the people in Sierra Leone we still have a long way to go in meeting our ambitions. Last year's G-8 meeting in Italy and President Obama's speech in Ghana are reassuring as they reflect the approach that LHF is putting in practice on a daily basis with the local population through our Best of Both Worlds programme. The principle of this programme is to generate economic returns that will contribute to meeting the operational costs for the welfare provisions such as the improvements to healthcare and education, and the installation of infrastructure.
In brief: opportunities for the region to escape the poverty trap and work at a better and brighter future. The concept can easily be applied in other regions.
Our adopted hospitals in Makeni and Lungi have had a very successful year. A total of 30,000 patients received medical treatment, a doubling of patient numbers in comparison with 2008. 15,000 of these were children under 5 years of age. Within the healthcare our focus remains on driving back the mortality rates of mother and child.
The Magbenteh Community Hospital has grown into an important regional hospital and training centre, and has become so professional that, in line with our ambition to make ourselves redundant, it can shortly be transferred to the local management.
Meanwhile preparations have started for the construction of a fully fledged hospital in Yele, some 80 km south of Makeni. During 2009 the school, the plant, the preparations for and construction of the hydroelectric power station and the repair of the water treatment plant have been the most important activities in the sustainable development of Yele, and will continue to be so in 2010.
We hope we can continue to count on your support and backing, and promise you that trust, realism, delivery on promises and an entrepreneurial approach will remain our core values, which we will continue to strive for with passion and professionalism as we move into 2010.

Fred Nederlof, Chairman

is now a constitutional democracy. The country has a tropical climate, with a diverse environment ranging from savannah to rainforests. Freetown is the capital, largest city and economic center. English is the official

2 LION HEART FOUNDATION IN THE NETHERLANDS

2.1 Introduction

In the past year the focus for the activities of the LHF in The Netherlands has been on the implementation of the Best of Both Worlds Programme.
President Obama's speech on Africa's future, delivered in Ghana on July 11th, is seen as encouraging as it reflects the approach that LHF is putting in practice on a daily basis with the local population: shared responsibilities, sustainable projects that are less pretentious and more ambitious, have been properly prepared and will deliver a demonstrable contribution to the sustainable development of Sierra Leone.
In doing so, the team in The Netherlands has concentrated on fund raising, preparation and planning of the economic activities, logistics and the various operational aspects. For raising funds the LHF is dependent on introductions to private individuals, funds and trusts, businesses and the government. The experience to date is that, when given the opportunity to explain its approach, all respond positively. Trust, delivering on promises and demonstrating achievements are essential in this.

2.2 Recommending Committee

The Lion Heart Foundation wishes to express its gratitude for the support it receives from its Recommending Committee, which consists of:

Mr Frits Bolkestein	Former European Commissioner for the internal market, taxation and the customs union
Mr A. Aboutaleb	Mayor of Rotterdam
Mr Ivo Opstelten	Former Mayor of Rotterdam
Mrs Willemijn Verloop	Director War Child the Netherlands

2.2.1 Fundraising

Fundraising efforts were continued throughout 2009. Besides individual contacts with our sponsors, fundraising initiatives were undertaken with various parties.

2.2.2 Office Staff, the Netherlands

The team in The Netherlands consists of: Fred Nederlof, founder and chairman, Simone Scholtz, Martine de Graaff, Pien Bax-Engelsman, Caroline van der Graaf-Scheffer and Jeroen Lieth.

2.2.3 Overseas Staff

Since 2007 staff numbers for both hospitals (Magbenteh Community Hospital and Bai Bureh Memorial Hospital) has grown from a total of 116 to 202. Staff numbers for Magbenteh Community Hospital (MCH) have almost doubled. Medical staff makes up 50% of the total number; the other 50% consist of laboratory staff and support staff (cleaners and guards).
Over the course of the last years, much attention has been devoted to developing local staff, which has resulted in a substantial improvement of the quality of the health care. As in previous years, a team of expatriate medical doctors was on the ground to assist the local staff in professionalising the medical care provided by the MCH.
The conditions under which the expatriate staff work can be challenging and most of them rotate out after 1-2 years. The Lion Heart Foundation has great admiration and appreciation for the commitment, professionalism and dedication shown by both the expatriate and local staff. At the end of the day, they do the real work! The LHF staffing policy aims to over time transfer the various functions filled by expatriate staff to local staff.

Tropical Doctors

The LHF is very grateful to the tropical doctors, and is proud to point out that this year the first expatriate tropical doctor has been replaced by a tropical doctor from Sierra Leone. It is expected that in the course of 2010 the team, consisting of Abd Sesay and Mahamoud Kamara, will be strengthened by another local medical doctor. This will mark the fulfilment of one of LHF's ambitions: a fully local medical staff in the MCH!

Volunteers

Technical specialists

During 2009, once again many volunteers contributed their professional experience and personal efforts to specific projects.

Medical specialists

During 2009, several medical specialists were active in the MCH for short, but highly effective stints. For example: an American team consisting of 17 people supported by local MCH staff, carried out medical surgery during a 5-day period.

2.2.4 Cooperation with Universities

2.2.4.1 Medical Internship

During 2009, the LHF posted 3 medical students to Sierra Leone. All parties involved, including the participating universities, were enthusiastic.
In view of the planned construction of a new hospital in Yele, the selection criteria, as well as the programme for medical internships will be further developed.

2.2.4.2 Delft University of Technology

The Delft student organisation 'Students in Free Enterprise' (SIFE Delft) is setting up the Community Bazaar, a building in central Yele. The Community Bazaar will feature small business accommodations equipped with running water and electricity, where business activities will be set up to stimulate the local economy. In cooperation with Delft Centre of Entrepreneurship, a partner experienced in foreign development, local enterprises will be selected to populate the Community Bazaar with services such as sewing machine rental, freezing chamber, internet cafe and charging station for rechargeable lights.

2.3 Logistics

2.3.1 Container Shipments

The volume of goods shipped to Sierra Leone by the Royal Dutch Navy's Hr.Ms. Johan de Witt, equalled fifteen 40 ft containers and consisted of:

- Hospital beds;
- Mattresses;
- Building material;
- School furniture;
- Dressing material;
- Medical supplies; and
- Medical equipment.

This sizeable logistical operation was well prepared and professionally managed.

language, spoken at schools, government administration and by the media. Mende is the principal spoken language in the south, and Temne is the principal spoken language in the north. The Krio language (a

3 LHF AND HEALTH CARE IN SIERRA LEONE

3.1 Magbenteh Community Hospital

The Magbenteh Community Hospital (MCH) and the Therapeutic Feeding and Stabilisation Centre (TFC) have a joint capacity of 195 beds. The Stabilisation Centre has 100 beds, whereas the hospital has 95 beds, distributed as follows:

- men's ward 24 beds,
- female ward 26 beds,
- paediatric ward 28 beds, and
- obstetric ward 17 beds.

The hospital consists of 2 operating rooms and a dressing station, an outpatient clinic, a laboratory, an x-ray and ultrasound department, a pharmacy and a physiotherapy station. The hospital was set up in 2004 as an outpatient clinic with 24 staff, and included a dilapidated building for the treatment of malnourished and sick children.
The hospital was inaugurated by the President of Sierra Leone on the 27th of January 2006.
During 2009 the hospital was run with 130 employees.

3.1.1 Medical staff

Besides the 5 medical doctors, the MCH medical staff in 2009 consisted of:

- 3 state registered nurses,
- 3 obstetricians,
- 4 state enrolled community health nurses,
- 4 maternal and child health aides, and
- 20 nursing aides.

The local staff was supported and guided by Bernhard Krisifoe, nursing supervisor, a Dutch obstetrician and an expatriate physiotherapist. The laboratory is run by 5 staff, of which 3 double up as radiographers. The pharmacy is run by 5 staff.

3.1.2 Treatment protocols

Starting in 2008, medical protocols were drawn up in an effort to improve the quality of the health care. During 2009 these protocols have been reviewed and compiled in a handy booklet for daily use.

3.1.3 Outpatient clinic

The number of outpatients has increased substantially during 2009, in particular for the under-5 group. The month of July saw a record number of 2,363 outpatients. This high number is the immediate result of the rain season, during which there is a high incidence of malaria and diarrhoea.
Throughout the year, more than 20,000 outpatients were treated. Almost 50% of the under-5 and 25% of the over-5 suffer from malaria. The next most frequent diagnosis is bronchial infections.
For more than 90% of the patients the diagnosis is malaria/anaemia, bronchial infections and or diarrhoea. These can all be easily treated, provided diagnosed timely. This is what makes the 'under-5' clinic so valuable. Unfortunately many parents only bring their children once the disease has progressed too far, which makes successful medical treatment more difficult.
The LHF policy to treat the under-5 free of charge is meant to stimulate parents to bring their children timely.

Thanks to the special training in Integrated Management of Neonatal and Childhood Illnesses, developed by the World Health Organization and recently implemented by the government of Sierra Leone, the nursing staff is able to treat most of these children independently.
During 2009, the local authorities used the MCH to dispense vaccinations for both newborn children as well as pregnant mothers – thus making the children's outpatient clinic a true 'under-5 clinic'.
With the rise in the number of patients, the outpatient clinic has been used to its full potential. The same goes for the laboratory, the x-ray department and the pharmacy.
The x-ray department only had a working unit in the first half of the year. Attempts to repair the unit were made to no avail. Referral to other hospitals was often not realistic in view of the inability of the patient to pay the high costs. Fortunately a temporary solution was found by one of the guests, and the unit is back in operation. However, the LHF is looking for sponsors to procure new digital x-ray units.

Due to the growth of the activities, the space currently taken up by the laboratory is proving insufficient. All laboratory tests and patient tests are currently being performed on 14 square meters. This makes it extremely difficult to maintain the required standards for hygiene. The MCH does not yet have a blood bank.

3.1.4 Hospital wards

The number of hospitalised patients has continued to grow. A total of 3,331 patients were hospitalised during 2009. The highest number of hospitalisations was in November, which coincided with a visiting American surgeon performing groin rupture surgery.

3.1.4.1 Paediatric ward

The average stay for hospitalised patients was 5.1 days.
The total occupancy rate of the MCH has increased from 72% in 2008 to 80% in 2009. The practical implications for the paediatric ward are that often 2 children have to share a bed and that it sometimes proves difficult to accommodate new hospitalisations. In most cases this problem was solved by referring patients to other wards and by moving the long-term patients to the former TFC building. With 11.6%, the overall morbidity has stayed constant vs. 2008 (11.7%). It will be difficult to maintain the quality standard when the rise in patient hospitalisation continues to grow at the same pace – more beds will be needed. This situation is likely to occur during the rainy season, particularly in the paediatric ward.
This will be an important factor in the planning of the new hospital in Yele.

3.1.4.2 Maternity ward

The maternity ward had the lowest number of hospitalisations, but nevertheless shows a steady growth in numbers since its opening in April 2008. During 2009 the number of deliveries increased, as did the number of healthy infants. The peak for deliveries lay in November with 34 infants, amongst which 7 twins!
There were a total of 4 maternal deaths. This presents a distorted picture of maternal deaths, since many expectant mothers died before they reached the hospital or were brought in so late that nothing could be done to save their lives after arrival at the MCH.
The underlying reasons for this are:

- many pregnant women choose not to deliver at the hospital,
- very late referral by the traditional birth attendant and/or the local health centre; and
- lack of transport to the hospital.

Creole derived from English and several African languages and native to the Sierra Leone Krio people) is the principal spoken language of about 10% of the population but is understood by 95%. Despite this, the

However, the rise in deliveries resulted in a rise in healthy infants, which was source of happiness for all. During 2008 58% of the infants were born alive, in 2009 this has risen to 72%.

3.1.4.3 Surgery

A total of 853 operations were performed during 2009. The most frequent of these were:

1. Groin rupture (20%);
2. Laparatomy (13%);
3. Wound treatment (11%);
4. Caesareans (10%).

3.1.5 Stabilisation Centre (previously: TFC)

A separate medical feeding centre, the Stabilization Centre (previously known as the Therapeutic Feeding Centre), is situated on the hospital grounds. Seriously malnourished children and their mothers are admitted here, and the children receive special nutrition and medical care.

Malnourishment is a frequently occurring problem in Sierra Leone. 25% of the children is moderately to seriously malnourished.

The causes of malnourishment are:

- Large families;
- Young mothers who can't yet provide for their child; and
- A relatively short period of breastfeeding.

In addition to the above, many children become malnourished as a result of illness or the yearly seasonal famine. The stock usually runs out in the months of July and August, whilst the new crops are still on the fields. This has a direct impact on the the number of patients.

3.1.5.1 The past year

Because of policy changes at Unicef, the Therapeutic Feeding Centre has been converted to a Stabilisation Centre. In practice this means that children are only admitted to be stabilised in the primary 'danger zone'. Patients who have reached an acceptable weight and have a healthy appetite are being released. Further treatment is provided at home via an outreach programme. As during this phase of the malnutrition treatment the condition is stable enough, the home treatment allows good end results to be achieved. At the same time it allows mothers to care for their other children and return to work. It must be noted that this policy requires the ability to monitor the home treatment. This is currently lacking. The number of Outpatient Treatment Programme sites (OTP), from where the home treatment should be monitored, is currently not sufficient; neither in the Bombali district nor in the rest of Sierra Leone. Ideally speaking, every mother should have such an OTP site situated within 8km (5 miles). If the MCH would release its patients for home treatment, the majority would live more than 5 miles from an OTP site. The LHF and MCH consider the risk of mothers not completing the home treatment as unacceptable, and a decision has therefore been made not to release these patients. They remain as lodgers until they have reached their desired weight.

3.1.5.2 Outreach Programme

During 2009, the MCH together with Unicef set up an Malnutrition Outreach programme in the Makari Gbanti District. Malnourished children in the surrounding villages were located and treated from 3 OTP's. In case of medical complications, the children were transported to the TFC. After having been stabilised, the children were released for further treatment by the OTP at home. These projects have been well received by both local staff and local community.

The number of patients grew for each OTP, and the rate of success for this treatment reached an average of 98%. However, before these projects had been running for a full year Unicef unilaterally changed its policy. Instead of treating malnutrition, its focus shifted to prevention of malnutrition. Unicef wants to achieve this through 'peer education' and has asked the MCH to support it. For financial reasons the medical staff and the LHF are of the opinion that the MCH would not make a suitable partner. The concept is very resource intensive, thus resulting in higher costs that Unicef is not willing to cover. The MCH has therefore had to terminate the outreach programme, and hopes that the local government will play a role in reviving it.

3.1.5.3 Stabilisation Centre Performance

In 2009 a total of 803 children were admitted, vs. 922 children in 2008. This slight reduction was a direct result of the outreach programme. In addition, the volume of harvested crops was better than in previous years.

60% of the children leave the stabilisation centre in a healthy condition. Statistically this could lead to the observation that the 'cure rate' has dropped dramatically in comparison to 2008. Again this can be explained as an effect of the outreach programme. Children could be discharged much sooner with treatment continuing at home – thus not being reflected in the statistics. However, with these being taken into consideration the 'cure rate' increases to almost 100%, a very satisfactory result comparable to the 2008 performance.

The average mortality rate for 2009 was slightly higher than last year, and with 11% was barely acceptable. 80% of the deaths occur during the first phase of treatment, when the children are seriously malnourished – i.e. 70% of the required minimal weight in relation to length and age. The drop-out rate, representing departure against medical advice, remained relatively high at 17%. Causes are often commitments at home and impatience.

3.1.5.4 Outreach Performance

A total of 130 children were treated through the MCH Outreach programme. 97% of these recovered, no child passed away and there was a drop-out rate of only 3%. This low drop-out rate compares favourably with that of the Stabilization Centre, and bodes well for the future.

3.1.5.5 Future Stabilisation Malnourished Children

These numbers illustrate the size of the malnutrition problem in Sierra Leone. The efforts to stabilise malnourished children will continue in the year to come, and in fact will be expanded to Yele. Major steps can be made by preventing malnourishment, but also by identifying and treating malnourishment at an early stage. Unicef's policy change is no reason for the LHF to avoid future cooperation. In fact the LHF is of the opinion that prevention and treatment complement each other, and it will once again stress the importance of reaching a cooperation agreement along those lines.

3.2 Bai Bureh Hospital

3.2.1 Introduction

The Bai Bureh Hospital (BBH) is located on the Lungi peninsula, at some 10 km from the Lungi International Airport.

The hospital currently has 50 beds. Dr Hassan Sesay, the only medical doctor, is being assisted by a medical assistant, David Koroma. During 2009 the medical team was strengthened with a Community Health Office (CHO): George Williams. All three are Sierra Leone nationals.

Krio language has no official status. Sierra Leone is officially home to fourteen ethnic groups, each with its own language and costume. However, the two largest and most dominant are the Mende and Temne, each

3.2.2 Hospitalizations

The total number of hospitalizations during 2009 was equal to that for 2008: 1,510 patients (2007: 1,193, 2006: 1,080); thus almost reaching maximum capacity. 20% of the patients were under-5's, a slight reduction in comparison with 2008 (23%).

3.2.3 Outpatients

During 2009 the number of outpatients increased by 32% to 7,659 (2008: 5,810; 2007: 4,389). 30% of the outpatients suffered from malaria. The next most common diseases were: hypertension, bronchial infections and typhoid.

3.2.4 Laboratory

A total of 20,000 lab tests were performed in 2009, an increase of 34% in comparison with 2008. A quarter of these tests were for malaria.

3.2.5 Surgery

During 2009 a total of 263 patients underwent surgery, a slight reduction in comparison with 2008 (276).

3.2.6 Delivery Room

A total of 101 deliveries took place during 2009. This is a slight reduction in comparison with 2008 (115). More than a third of the deliveries took place via a caesarean. As with the MCH, patients are often referred to the BBH by (unqualified) traditional birth attendants. As a result most deliveries are complicated, which explains the high number of caesareans. Unfortunately, some 26% of the infants were stillborn.

3.3 Infrastructure, Logistics and Maintenance

As mentioned in the 2008 annual report, a considerable number of essential projects had been defined for 2009. However, the realisation of the projects was, and is, largely dependent on securing the required funding. No large (infrastructure) projects were implemented in 2009, but a large number of smaller investment, maintenance and renovation projects were completed.

3.3.1 Water Supply

In order to improve the capacity and quality of the water supply for the MCH, Unicef let a contract to Korean Group to drill a 85m water well and construct a 35m3 storage tank. Water can then be pumped from the storage tank to the water tower. In spite of setbacks this project was completed in December. Unfortunately this project did not include the replacement of the leaking metal storage tank in the water tower by plastic storage tanks with a larger volume. A request has been submitted to Unicef. A new water tower with a 3m3 tank was constructed next to the operating room, thus enabling fresh water supply 24hrs per day.

3.3.2 Mortuary and Cemetery

The floor of the mortuary structure, set up in 2008, has been finished off and tiled, thus creating a proper place to wash and temporarily store bodies. The building has not yet been connected to the water mains, and improvements need to be made to achieve improved hygienic water drainage.
The cemetery for deceased children from the TFC reached its maximum capacity during the year. The Magbenteh Community has since made another plot of land available.

3.3.3 Staff Matters

3.3.3.1 Disbursements

In order to reduce the amount of cash kept at the MCH financial department, the management team decided to make all salary disbursements via bank accounts. Arrangements were made with the ECO bank, and all permanent staff now have a bank account. Staff were free to chose a bank. At the end of every month the ECO bank sends a delegation to Magbenteh, thus allowing cash disbursements. In addition the bank provides credit, thus allowing the MCH to put a stop to providing loans.

3.3.3.2 Terms of Employment

New terms of employment for the health sector in Sierra Leone were negotiated by the Government and the unions in June. In addition, in October the government announced a retroactive reduction in income tax as of March. In addition, the salaries were adjusted for inflation and adjusted accordingly at the end of the year.

comprising 30% of the population. The Mende are predominantly found in the South-Eastern region of Sierra Leone and the Temne likewise predominate in Northern Sierra Leone. The country is a predominantly

4 BEST OF BOTH WORLDS PROGRAMME

4.1 Introduction

In 2006 the LHF started with preparations for the Best of Both Worlds programme. During 2007 the programme was firmed up and frozen, and implementation commenced. In 2008 the first palm oil plant was inaugurated by the Minister of Energy.
Through this ambitious plan a new concept, aimed at intensive cooperation with the population of Sierra Leone and linked to the development of economic activities and sustainable funding of the social services such as healthcare and education, is being implemented.
The essence of the Best of Both Worlds programme is that a large part of the profits from the economic activities will be used to fund social services in a sustainable manner. As much as possible this combination of activities will be implemented within the same geographical region, such that the local population will be the direct beneficiaries of the results and thus will be extra motivated to support this escape from the poverty trap.
Healthcare and education in developing countries, and Sierra Leone in particular, cannot be funded from income generated by patients and provisions from the government. As a result of a 10-year civil war that came to an end in 2001, the local population is penniless. Most hospitals and schools are therefore structurally dependent on external sponsors to cover the substantial budget deficits, with all associated limitations and risks. The LHF is contributing to a permanent solution by establishing sustainable alternative sources of income.

4.2 Programme and Approach

Sierra Leone is a very fertile country with a large prospective agricultural area (approximately 5 million hectares). Historically, Sierra Leone had many oil palm plantations, but due to the war many have not been tended for 20 years. Palm oil is still being produced, albeit on a small scale by local farmers using manual labour. This leads to a substantial loss of quantity and quality, whilst being very labour intensive.
Through the introduction of simple mechanisation, better varieties and improved agricultural management the average production per farmer will increase – a larger area can be tended and less palm oil is lost. It is expected that this will generate a higher income per family.
The new approach includes the structural financing of health care and education facilities in Sierra Leone through the start-up of commercial projects; part of the profits from which will be used to fund the health care and education facilities. These projects must meet the following conditions:

- a good profit-earning capacity;
- a substantial size;
- offer investors an attractive ROI.

Sierra Leone offers good business prospects in terms of agriculture, raw materials, tourism, energy, fisheries etc.
Following careful review of the feasibility and sustainability, the LHF has worked out business plans for a number of projects. Of these, one has successfully been implemented, one will kick-off in the summer of 2010 now that funding has been secured, and the third is currently having its feasibility being assessed:

1. Palm oil press in Yele;
2. Rehabilitation Yele hydroelectric power station;
3. Development of 40,000 hectares Lokomasama oil palm plantation, including a biomass fuelled power plant.

These projects will result in:

- Sustainable economic development in the region.
- Create employment and improve the average income of the local population. The rule of thumb is that one farmer will feed 8-10. Employment for 1,500 farmers therefore directly improves the lives of approximately twelve to fifteen thousand people.
- Education and training of local farmers and local staff on the plantation and power plant.
- Improvement of palm oil quality and quantity for thousands of small oil palm plantations.
- Opening up of the region.
- Improvement of the health care;
- Development of social and economical infrastructure within the region.

4.2.1 Support Programme Local Farmers

The LHF has scoped out a draft agreement with GTZ (a large German NGO). GTZ is interested in supporting the Yele-based project by expanding and professionalising the programme for the local farmers. Each farmer and his plantation will be pinpointed using GPS data, the number of trees and their variety will be counted, and the options to optimise the logistics from farmer to plant will be investigated. This is an opportunity as well as a challenge, as the region produces more fruit than is currently being offered to the palm oil press.
GTZ is awaiting formal approval of the budget, and LHF expects the first phase of this cooperation to kick off by mid 2010.

Each year, farmers will receive some 60 new seedlings – experience has shown this to be the maximum number that a small farmer can tend. The intent of the programme is to break through the vicious circle by enabling farmers to generate more income. In turn this will result in more children going to school, improved healthcare, more food, improved infrastructure, etc. The volume of oil palm fruits supplied to the palm oil press will increase resulting in more profits, which in turn will be used to finance the local hospital. In short: an opportunity for this region to escape the poverty trap and build a better future. The concept can simply be copied in other regions.

4.2.2 Nurseries and Trial Plantation

The main goals for the plantation project are improving the quality and quantity of palm oil produced and improving the management of the small plantations.
Most plantations grow the local Dura palm, which has a relatively low oil yield. As most farmers would like to replace this palm with higher yield varieties, the LHF has set up a plantation with the Tenera palm (a cross breeding between the Dura and Pisifera varieties) to enable this. The nursery, close to the village of Yele, is conveniently located next to a river thus ensuring sufficient water supply throughout the year.

In cooperation with a number of experienced oil palm experts a textbook has been developed to support the training of the local farmers. As it contains simple illustrations, the book can also be used to support the training of the relatively large number of illiterate farmers. In addition, advanced agricultural methods and technology will be introduced. Local surveyors have been hired to support the farmers on their plantations.

If the project works out successfully, the continuation of the nurseries will be considered. However, in that case the farmers will have to start paying cost price for all materials and seedlings. In addition, a course in plantation management will be offered.

Muslim nation, though with a large Christian minority at 35%. Unlike most African nations, Sierra Leone has no serious ethnic and religious divisions. People often marry across tribal and religious boundaries.

4.2.3 Opening Up of the Region

The success of the project is dependent on the construction and improvement of roads and bridges. This will allow delivery of the oil palm crop to the palm oil press by tractor or truck. The opening up of the region will also be of benefit to the local population.
The LHF is looking for additional funding to enable these essential infrastructure projects. The data on location and concentration of farmers, collected by GTZ, will drive the selection of projects and will provide information on cross-river connections required.

4.3 Rehabilitation Yele Hydroelectric Power Station

The Yele hydroelectric power station was put out of order during the civil war, and is currently being rehabilitated through funding by sponsors. The power station will provide electricity to the village and its direct surroundings. At present people are dependent on diesel generators, which are too expensive for most of the population and small businesses. The diesel fuel, which is imported, is expensive, environmentally unfriendly and scarce around Yele.
The rehabilitation is planned for completion in April 2011, and requires not just funding but also the right weather conditions: the river must be at its lowest level for the turbine to be installed. The project is being fully supported by the Sierra Leone Ministry of Energy & Power. Electricity delivery will be based on a system of prepayments, Yele being a suitable test ground for this.

4.3.1 Environmental Impact

Contrary to the negative reporting on palm oil plantations in Malaysia and Indonesia, the palm oil plantations in Sierra Leone can de (re)developed without having to cut down rain forest or having to drain the soil. Sierra Leone is the cradle of the oil palm. Millions of neglected acres are very suitable for being redeveloped sustainably after having been cleared out. It should be noted that young trees absorb more CO_2 than older ones. The certified production of palm oil does not leave any residues that might be harmful to the environment.

4.4 Healthcare and Education in Yele

4.4.1 Yele Clinic

The Yele region currently has little healthcare; a medical station with less than basic healthcare. The community has therefore demanded fully fledged healthcare. The closest hospital is the LHF adopted MCH in Makeni, thus being too far away. In November a start was made with the construction of a new hospital which, besides an outpatient clinic, will gradually be expanded to include a men's-, women's and children's ward, an operations theatre, a delivery room, a laboratory, sterilization room, etc. Dependent on the available funding, a Therapeutic Feeding Centre and an 'under 5 clinic' will be added. New medical staff will need to be appointed for this hospital. It is expected that the first phase of the clinic will be inaugurated mid 2010.

4.4.2 Education in Yele

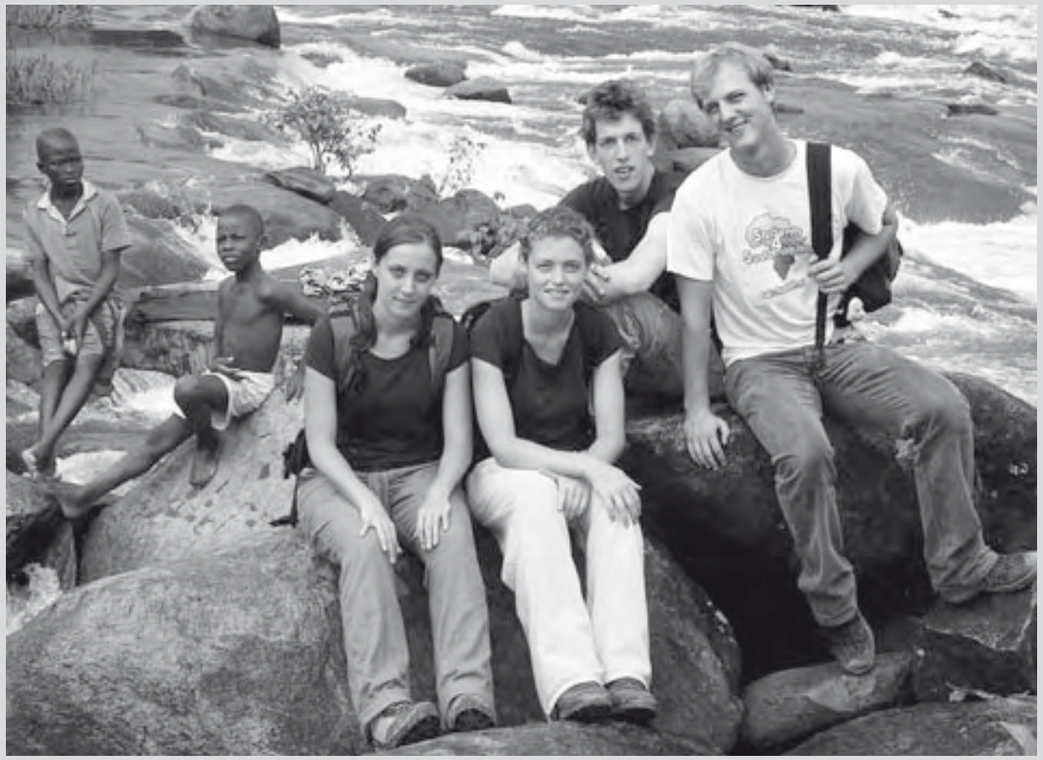
The LHF already contributes to the improvement of the educational situation. Many children do not attend school (anymore) as their families can no longer afford the school fees. Education in Sierra Leone is not free, and schools are fully dependant on fees and own contributions. The LHF believes that the future of Sierra Leone is dependent on the younger generations being educated. In 2009 the LHF started with the phased renovation of the school, including a boarding house where all pupils will receive a meal and where pupils living too far to commute can stay overnight. In addition the LHF has supported the Junior Secondary School in Yele through the setting up of a school fund for the last two years. Students qualify for support when their school fees cannot be borne by parents or family. Good results at the end of the year lead to fees being paid again for the following year. In a next phase, LHF will establish contacts with universities in Sierra Leone. As soon as the hydroelectric power station is operational, the school will be equipped with internet connection. Furthermore the community has the long-held wish for a Senior Secondary School to be established, thus allowing pupils to complete their secondary education. In addition the feasibility of setting up a polytechnic is being assessed, as it is presently impossible to participate in vocational training within the region.

4.5 Insufficient Support for Infrastructural Development

A major challenge in the realisation of commercial projects such as those described above, is the total lack of infrastructural facilities such as: transport, roads, bridges and electricity. These facilities are essential to the success of projects. In principle the financing of such infrastructural facilities cannot be included in the business case for projects in view of the negative effect on the profitability, thus deterring potential investors. In general the government does not have the financial resources or has other priorities.
The LHF therefore appeals to other organizations (such as EU, the World Bank, NGO's and governments) to allocate resources within their existing programmes to address some of these essential infrastructural facilities that will enable further implementation of the Best of Both Worlds programme and delivery against a number of the Millennium Development Goals in one of the poorest countries of the world.

Sierra Leone is very rich in mineral resources. The country has relied on mining, especially diamonds, for its economic base; it is among the top 10 diamond producing nations in the world, and mineral exports remain

the main foreign currency earner. Sierra Leone is also among the largest producers of titanium and bauxite, and a major producer of gold. Despite this natural wealth, the vast majority of its people live in poverty.



Students in Free Enterprise TU Delft

Project Yele : Community Bazaar

‘To whom much is given, much is expected.’

In 2007 we visited Yele, and for the first time we saw a world in which people live without the access to basic technology. Being engineers in-the-making we felt inspired to contribute by bringing basic facilities required for a healthy standard of living, and so we committed ourselves to help the LHF achieve their goal of providing Yele with the required services for development.

It has been said that electricity was the greatest invention achieved by mankind, and nonetheless much of the world still lives in darkness. Our role consists of giving advice and providing momentum to the hydro electric power plant project, as well as providing access to a powerful network of engineers at the Delft University of Technology.

Our first goal was to help the LHF realizing the hydro-electric power plant. This technology has been around for hundreds of years and is ideal for providing renewable energy to a rural environment. The water of the Teye River, which runs through Yele, is converted into a power supply for the village. The potential of this project is tremendous as there are countless rivers that connect rural villages, which could all be given access to power as well.

Once the electricity is generated, it needs to be translated into economic development. Besides distributing the power throughout the village we will build a Community Bazaar where entrepreneurs can make use of additional facilities such as refrigeration, light, electricity and internet to create value-added products for the community in Yele.

By installing a range of strategic facilities in Yele, the LHF is being extremely effective at providing comprehensive opportunities in Yele. We are proud to be able to contribute to LHF’s mission!

Paul van der Boor, Antal van Kolck, Eline van Beest, Wouter Goossens, Eric van der Snoek, Maxim Vos, Evert de Haan (SIFE)

Sierra Leone was an important centre of the transatlantic trade in slaves until 1787, when liberated slaves

5 FINANCIAL OVERVIEW

5.1 Introduction

The following figures refer to the fourth financial year of the LHF, which was established on April 5th 2006. All figures in between brackets refer to the previous financial year.

5.2 Income

Once again the sponsors have made substantial contributions to the financing of the operational costs and specific projects. In 2009 a total income of € 1,558,741 was received (€ 621,903). This includes sponsoring in kind, such as transport, containers, medication and dressing material. The total value of these is estimated at € 347,976 (€ 50,000).

5.3 Expenditure

- The LHF Board is unpaid, although the Chairman is active fulltime.
- Four employees are hired on a part-time basis.
- The office, including facilities such as telecoms and computers, has been made available by one of the sponsors free of charge.
- General costs cover the preliminary initial expenses, fund-raising, building and maintaining the website, etc.
- The LHF strives for minimal overhead. The 2009 overhead amounts to approximately 10% (12%).
- All administrative and financial procedures are being developed in line with CBF requirements, to allow for certification after 3 years.

5.4 Statement of Income and Expenditure 2009 and 2008

	2009		2008	
Income		€		€
Gifts*		1.558.741		621.903
Expenditure	%	€	%	€
Salaries	6.4	111.963	11,0	112.206
Office costs	0.7	12.495	0,6	6.457
Marketing & Communication	0.2	3.405	0,4	3.942
General Costs	1.1	18.993	0,1	516
Fundraising costs	1.6	27.278		213
Travel costs medical teams	0.1	2.344	2,4	24.273
Staff members in Sierra Leone	15.4	467.053	23,8	243.093
Rent			0.6%	10.782
Gifts for investment	9.7	170.246	11,7	119.300
Gifts to cover operational costs	64.2	1.127.430	50,1	511.896
Provisions for projects 2010 / 2009		-196.764		-399.994
Total Expenditure		**1.558.741**		**621.903**

** Notes on the provisions for 2010/2009 projects*

from London set up The Province of Freedom on a peninsula. This was followed up with the founding of

During 2009, the LHF had several employees in Sierra Leone; among them 3 tropical doctors active for the MCH. The wages for expatriate staff are based on PSO norms, and include travel and accommodation costs. The auditors' certificate will be available by end October.

The year 2008 showed a budget deficit of € 399,994, most of which was due to expenditures to a total of € 1,008,772 made in anticipation for the Schokland subsidy.

As of the end of 2009 a total subsidy of € 1,030,229 has been received from the Schokland fund. The income from the Schokland fund thus makes up 42% of the total expenditure (€ 2,467,957) for projects supported by the fund. The expenditure excludes the balance for the LHF main office (€ 147,515) for the years 2008 and 2009.

The following table specifies the expenditures in 2008 and 2009 on projects supported by the Schokland fund.

Project	Description	Amount
		€
1	Support programme farmers	271.373
2	Rehabilitation Yele hydroelectric power station	30.463
3	Support Magbenteh Community Hospital	2.058.342
4	Community Health Post Yele	32.351
5	Construction workshop & home polio patients	45.860
6	Support secondary schools Yele	29.568
7	Investigation infrastructural improvements	-
	Total	**2.467.957**

5.5 Balance sheet as of 31-12-2009

	2009	2008		2009	2008
Assets	€	€	**Liabilities**	€	€
		-	Earmarked reserves	-196.764	-
			Reservation gifts	58.808	58.808
			Received	456.100	-
Bank	305.786	54.860	Creditors	11.796	2.288
			Other liabilities	8.056	4.187
Running account	32.210	32.419	Running account	-	21.996
Totaal	**337.996**	**87.279**		**337.996**	**87.279**

Schokland Fund
In April 2008 the LHF submitted an application for financial aid to support 7 projects. The total budget required to enable these projects for the first 5 years is € 5,283,779. It is expected that some 60% of this (€ 3,170,267) will be covered through gifts and partners.
To our great joy the application was granted, and will cover 40% (€ 2.113.512) of the total project costs over the period from July 2008 through to December 2012. The distribution of costs across the projects for the next 5 years will be as follows:

Project	Description	Amount
		€
1	Support programme farmers	580.000
2	Rehabilitation Yele hydroelectric power station	525.000
3	Support Magbenteh Community Hospital	3.615.379
4	Community Health Post Yele	80.000
5	Construction workshop & home polio patients	270.000
6	Support secondary schools Yele	178.400
7	Investigation infrastructural improvements	35.000
	Total	**5.283.779**

Freetown in 1792 by liberated African American slaves. In 1808, Freetown became a British Crown Colony. The Sierra Leone Civil War began in 1991 and ended in 2000 after the struggling Nigerian-led United Nations

6 PLANS FOR 2010 AND BEYOND

In line with its LHF's objectives, future efforts will shift to the development of health care in Yele and its surrounding area thus focussing the Best of Both Worlds programme in one area. This will help in providing more cohesion between the various projects.
The MCH will become independent as planned in 2010, with the LHF adopting the role of advisor and sponsor.
Approval and planning for the following project is dependent on funding being secured.

Cost estimate: operations and projects (planned as of January 1st 2010)

	project duration mnths	ready	total costs
			€
Magbenteh Hospital			
Operating costs			
Operating costs 2010	12	2010	457.013
Various small investments	12	2010	113.500
Projecten			
Polio housing	12	2010	54.000
Digital X-ray system		2010	75.000
Palaver hut	2	2010	12.000
Bai Bureh Hospital			
Operating costs			
Operating costs 2010	12		72.837
Projects			
Renovation hospital	6	2010	30.000
Yele			
Project support farmers	12	2010	150.000
Hydroelectric power plant	12	2010/11	P.M.
Yele Community Hospital			
Community Hospital (Phase 1)	12	2010	60.000
Community Hospital (Phase 2)		2010/11	150.000
Community Hospital (Phase 3)		2011/12	150.000
Therapeutic Feeding Centre		2011	150.000
Operating costs YCH		2010	60.000
School Yele			
Renovation secondary school Yele	12	2010	25.000
School- en boardingfees pupils Yele			15.000
Internet facilities School			25.000

7 MEDICAL POLICY 2010 AND BEYOND

The year 2009 has shown a substantial growth in the number of patients treated in the MCH. The sustained growth coupled to the consistent results delivered is the main reason for the LHF shifting its attention to Yele, where the basic healthcare is not yet available.

Looking back on the past 4 years, the most impressive achievement has been the growth in the number of under-5 patients. This is a direct result of the starting up of the Therapeutic Feeding Centre in the MCH and the outreach programme. Over these past 4 years the focus has gradually shifted from operating the hospital whilst developing surgical capabilities, to basic healthcare and attention for maternal- and child-care.

A growing number of students from various countries is showing interest in joining the MCH or one of the other LHF hospitals for an internship. The LHF policy is to cooperate for internships that will be recognised by the universities. The LHF is looking into the possibilities of setting up more formal relationships with several universities, such that the internships will count for these universities.

The LHF is currently considering sending medical teams to the Yele hospital. The teams will be specialised in gynaecology, obstetrics, orthopaedics, paediatric or ENT.

8 SPONSORS

The Lion Heart Foundation wishes to express their gratitude to all who have contributed in one way or the other to their activities. With the support of all those mentioned below, both sponsors and volunteers, much has been achieved in 2009. We hope that we will be able to expand our activities even more with the support of these institutions, companies and people involved. Some of our sponsors wish to remain unknown and we obviously respect this wish.

Agerland BV
Anton Jurgensfonds
Architectenbureau Weeda-van der Weijden
St. ASN Foundation
St. Biblionef
Bontrans Transport en Opslag BV
Bouwfonds Ontwikkeling B.V.
Bred Builders
RK St. Bijzondere Gezondheidszorg
Caru Schouten
St. voor Christelijke Ziekenverzorging in Nederland
CleanLeaseFortex
Frédérique Constant SA
Congregatie Zusters Franciscanessen van Oirschot
Cordaid Nederland
Cruise Terminal Rotterdam
Drukkerij G.B. 't Hooft BV
Dudok Invest BV
Dunlop Boots
Dura Vermeer
Elburg Global
E.Novation Group BV
Erasmus MC Sophia
Erasmus Stichting
Eureko Achmea Foundation
Gemeente Rotterdam
Gezelschap van Maria
GIBO Groep
Haëlla Stichting
Havenziekenhuis
Ver. HEAD
St. Henriëtte Fonds
C. van Herpen Electrotechniek BV >>
Dr Hofstee Stichting
St. van den Heer Hoogendijk van Domselaar

troops were heavily reinforced by a British expeditionary force. This resulted in the defeat of rebel forces and restored the civilian government originally elected in 1998. Since then the country has re-established

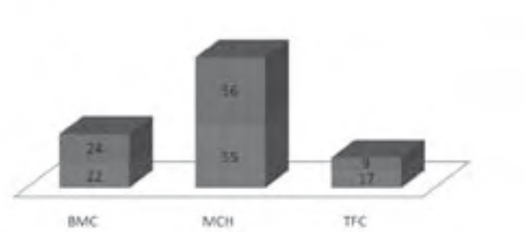
Hudig & Veder BV
Impulsis
IMP bv
ING Bank
De Johanna Donk - Grote Stichting
Johannes Stichting
Johnson & Johnson Medical BV
St. Julia
Katholieke Stichting Jongerenbelangen
KLM Kleding
Kunsthal
Sint Laurensfonds
St. Leye Fonds
Lieshout Advocaten B.V.
St. de Lingeborgh Gig
Lion's Club 'De Oude Duinen'
Omroep Llink
OntwikkelingsBedrijf Rotterdam
Maasmond Rotterdam BV
Maersk Benelux BV
Maqsat BV
Stichting Medic
Multidruk
St. NCDO
Ocean Brokers
Parc Makelaars
Prenger Hoekman
Prokal Stoomtechniek Purmerend
Rabobank Geldermalsen
Rabo Share4More
Remko Poiesz Holding BV
Rijnders Beheer BV
Rotary Dordrecht, Rotterdam en Geldermalsen
Schoklandfonds
Senternovem
Stichting Sierra Leone Now
Sigma Coatings
Sint Franciscus Gasthuis
SK Stichting
Snickers de Bruyn Stichting
SROR
St. Studenten voor Internationale Ontwikkelingsprojecten (TU Delft)
Sunday Foundation
St. Swart-van Essen
Swekoo BV
Sylvia Wilhelmina Stichting
UNICEF
Unilever R&D Vlaardingen
St. Het Vincentrum
Vivisol Nederland
Völcker bedden
H. Vos Verhuizingen B.V.
Waalhaven Groep
Water Bedrijf Groningen
St. Welgelegen
Weststellingwerf BV
St. Wilde Ganzen
Yacht
Zebra Special Products

9 SPECIAL THANKS TO

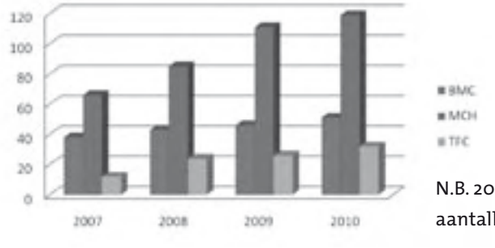
Antal van Kolck - Anne de Groot - Anneke van Dijk - Anneke Sanderse - Arie van der Ham - Bemanning Hr.Ms. Johan de Witt - Berend Boogaerdt 't Hooft - Cees van Herpen - Charles Boissevain - Conrad Rombout - Cornelie de Jong - Diederick Bax - Eline van Beest - Eric van der Snoek - Evert de Haan - Ewoud Goudswaard - Familie Kievit - Feia Hemke - Fa. Prein & Zn - Freja Haak - Guus Blaak - Hanneke Derwort - Hans van Antwerpen - Heike Koutstaal - Jacques van der Meulen - Jan Meijer - Jan Hendrik Ockels - Jan Moerer - Jasper Nederlof - Jeff Smith - Jifke Michielsen - Kathinka Peels - Kirsten de Burlet - Kristense Koutstaal - Lupino - Mariska Nederlof - Martin Zwaan - Max Christern - Maxim Vos - Patricia Brouwer - Paul van der Boor - Paul van der Weijden - Pietie Sarink - Rolf Kroes - Ted van Wees - Steven Hoogslag - Tanya Werkman - Toine van Moorsel - Tom Boer - Ton Hilkemeijer - Tijs Nederlof - Vrienden voor Sierra Leone - Wouter Goossens - Wytze Hoekstra - Zaid Al-Aubaidi

10 APPENDIX GRAPHS

HOSPITAL STAFF 2009

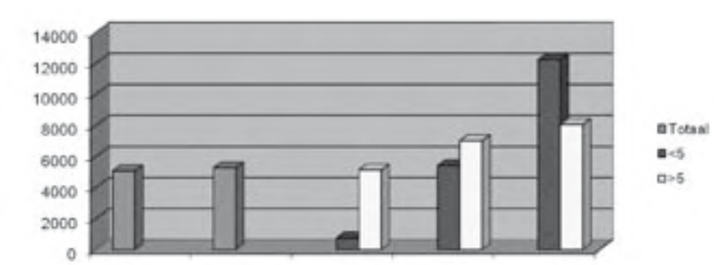


GROWTH IN HOSPITAL STAFF NUMBERS 2009

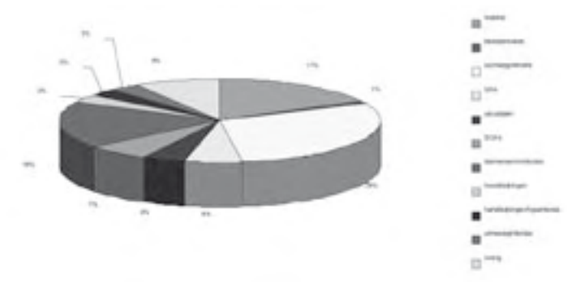


N.B. 2010 betreft gebudgetteerde aantallen volgens behoeftestellingen

MCH OUTPATIENTS 2009

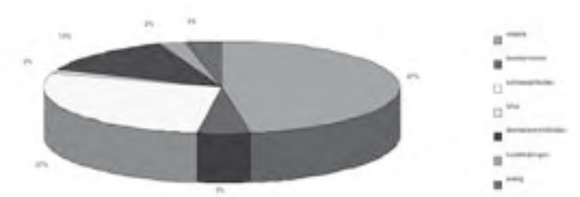


MCH ADULT MORBIDITY 2009

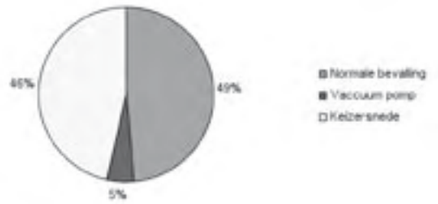


a functioning democracy. The Special Court for Sierra Leone was set up under the auspices of the International Court of Justice in The Hague 2002 to deal with war crimes and crimes against humanity

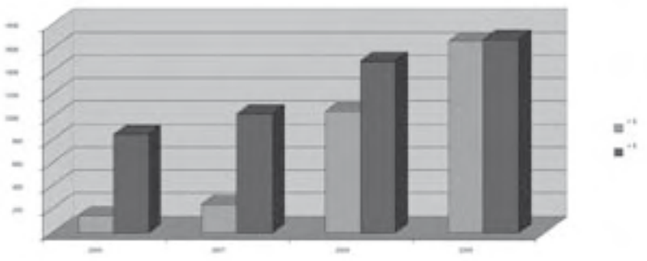
UNDER 5 MORBIDITY 2009



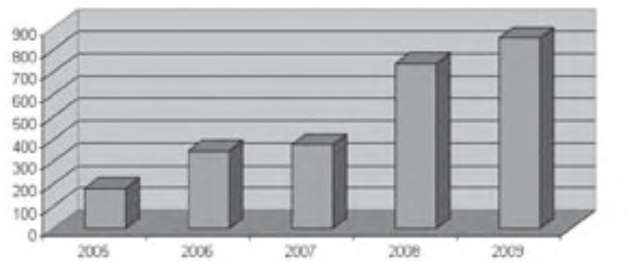
MCH DELIVERY CLASSIFICATION 2009



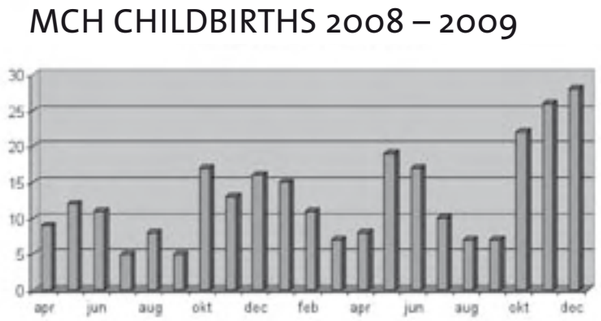
MCH ADMISSIONS 2009



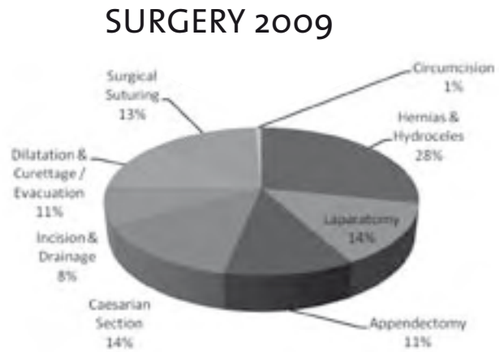
MCH SURGERY 2005 – 2009



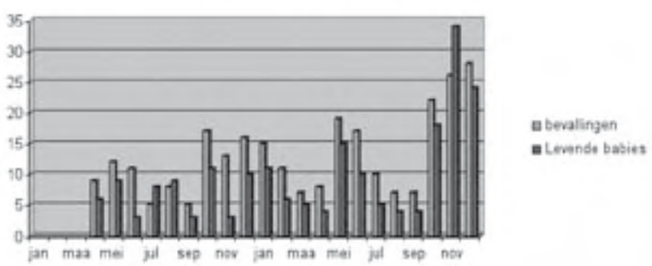
MCH CHILDBIRTHS 2008 – 2009



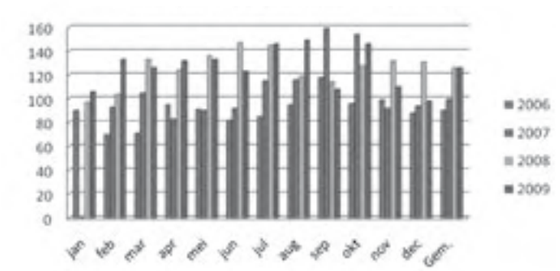
SURGERY 2009



MCH MATERNITY WARD 2008 – 2009

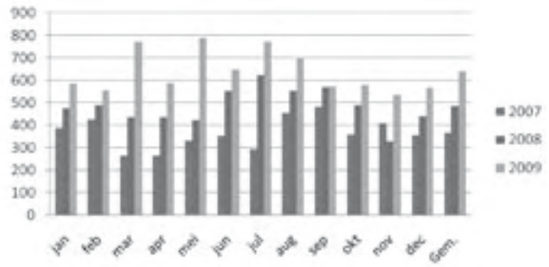


ADMISSIONS 2006 - 2009

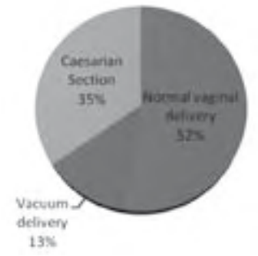


committed during the civil war. The Lion Heart Foundation works on the sustainable development of health care, economical activities and knowledge transfer in Sierra Leone, with the aim to support the local

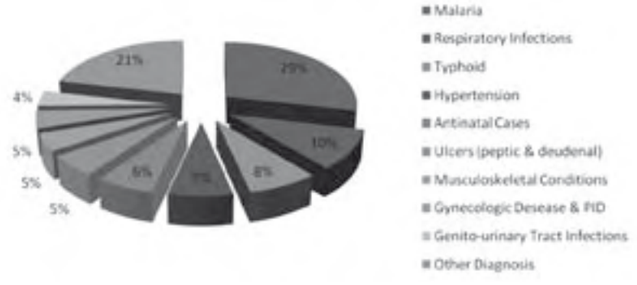
OUTPATIENTS 2007 – 2009



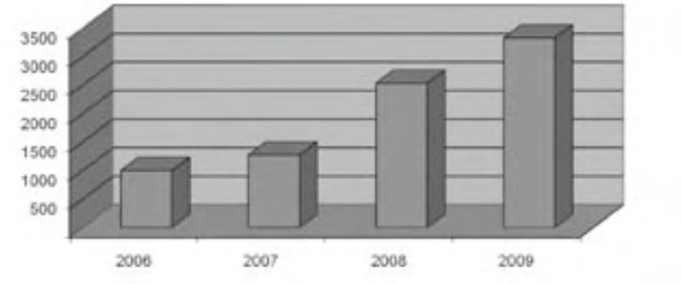
DELIVERIES 2009



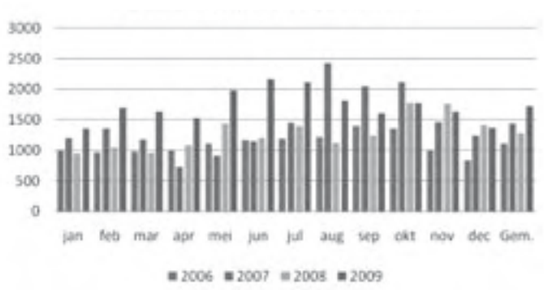
CLINICAL PICTURE 2009



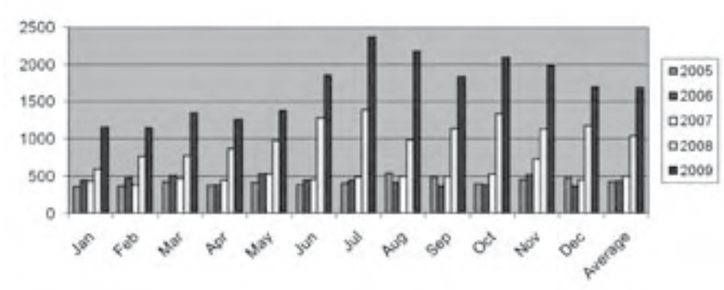
MCH ADMISSIONS 2009



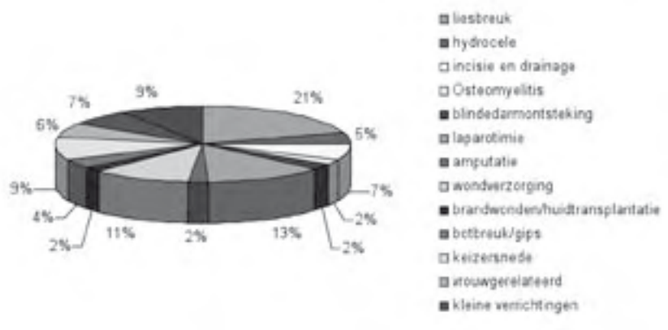
LABORATORY TESTS 2006 - 2009



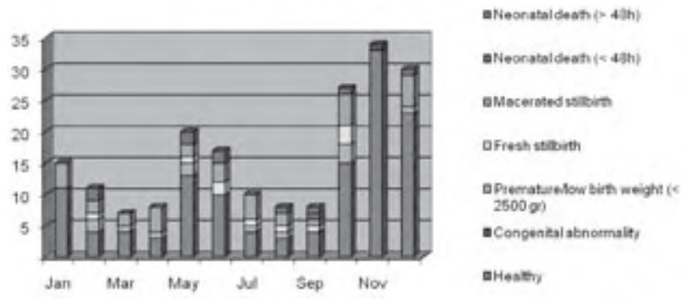
OUTPATIENT TREATMENTS 2005 – 2009



SURGERY CLASSIFICATION MCH 2009



CHILDBIRTH RESULTS 2009



population as well as the local economy in developing themselves. Our mission will be fulfilled when over time we will make ourselves redundant.