**END OF YEAR REPORT ON PREPO: (JANUARY-DECEMBER 2013)**

**Executive Summary of PREPO yearly report**

The prenatal equipment project outreach [PREPO] is an expansion of the prenatal equipment project [PREP], a joint project between the Heineken Africa Foundation (HAF) and the Melvine Edith Patricia Stuart (MEPS) Trust Well Woman Clinic with support from the ministry of health and sanitation, UNFPA and the community.

**Agreement**: The agreement between Heineken Africa Foundation and MEPS Trust Well Woman Clinic was signed in January 2013, approximately 3 months later than expected. A total of Eur125,000 was transferred on the 7th February 2013 and Eur46,250 on the 21st November. Because of the delay in signing the contract and transfer of funds, the order of the vehicle, machines and consumables was also delayed. The commencement of the project was therefore delayed until after the launching in Makeni in May 2013.

**Operations Manual:** this manual containing the administration of the project was a key document during the launching ceremony and was handed over to the district medical officer and made available to all the operational areas. It has proved very useful to new entrants in the project.

**Operational areas**: The operational areas are Bo, Kenema and Makeni in the provinces and Sussex, and Waterloo in the western rural area and the WWC in Freetown representing the western urban area.The MEPS WWC collaborated with the ministry of health and sanitation and worked closely with the district medical officers (DMOs), the district health sisters, matrons in hospitals, three hospitals in the provincesand a public health facility in Sussex and Waterloo together with antenatal clinics in the provincial areas, Waterloo and Freetown urban in order to carry out its work.It is worth noting that there are no antenatal clinics in Sussex which means that all pregnant women will were registered at the Government health center where PREPO screening took place during the year.

**Training**

 The Clinic was privileged to use the services of DrAlimSwarrayDeen who arrived from Ghana a few days before the training of nurses. DrDeen conducted the training together with the head nurse, Adija Salam.

a) Nurses/midwives: 9 nurses from the PREPO participating areas were trained. Two nurses from WWC and the project assistant also participated. The training was coordinated by the project officer. It is observed that although nurses/midwives attended this one week training session at the clinic earlier in the year and training continued during outreach activities yet they have still not reached a level of proficiency. This is because the clinics/hospitals do not possess ultrasound machines for on going training after PREPO outreach activities; b)Training of peer educators: 24 peer educators were trained to cascade the message to other peer educators in the various operational areas in Sussex, Waterloo, Bo, Maken i and Kenema;

**Screening**

WWC commenced screening in January so as not to create a gap between PREP and PREPO and to at least endeavor to meet the screening indicators as set out in the work plan:

**Results**

|  |  |  |  |
| --- | --- | --- | --- |
| Period | Indicator | Actual | comments |
| 1st Quarter | 370 | 215 | screening activity took place only at the Clinic. Results: 1% emergency and 99% routine scans; 6% abnormal scans and 94% normal; Teenage pregnancy rate 13.5% |
| 2nd Quarter | 710 | 558 | Screening commenced in June in other parts. Results: 1% emergency and 99% routine; 3.6% abnormal and 96.4% normal; Teenage pregnancy rate 16%. |
| 3rd Quarter | 350 | 670 | Despite the inclement weather screening continued. Results: 1% emergency and 99% routine; 4% abnormal and 96% normal; Teenage pregnancy rate 22%. |
| 4th Quarter | 900 | 765 | It was difficult to meet the target because of vehicular problems and late transfer of funds. Results: 1% emergency and 99% routine; 4% abnormal and 96% normal, Teenage pregnancy rate 16% |
| Total | 2330 | 2208 | The low rate of emergency scans could be attributed to PREP which spanned over a period of 3 years (2010-2012) |

**Operations**: The project Officer, Mrs Millicent Campbell had to leave the organisation to pursue a course at the Milton MargaiTraining College. Millicent was employed in February after the departure of Mrs Popoola, project officer WWC. Ms. Binta Sankoh was recruited initially to understudy Millicent and then took over as project assistant in September 2013.

**Finance: Funding -** a)HAF-A total of Eur 171,250(equivalent $224,150) was received during the year in February and November; b) UNFPA – A total of Le86,170,693 (equivalent $20,000) was received during the year for registration of women.

**Analysis: Income and Expenditure**

1. Capital Expenditure: 58% of the total expenditure is attributed to the purchase of equipment and vehicle because of the nature of the project (prenatal **equipment** project outreach). Three mobile ultrasound machines were purchased together with stands and spare parts and also a brand new toyota vehicle.
2. The programme expenses: include the regular outreach expenses to the operational areas.
3. Admin/Personnel: It is interesting to note that personnel and administrative expenses make up only 12% of the total expenditure indicatve of the support received from MEPS Well Woman Clinic.

**Monitoring Results**: Unfortunately there were 2 maternal deaths from the provinces and 10 foetal deaths from other operational areas(see page 10 for more details) .The target of 60% for monitoring could not be achieved because out of the 50 women to be monitored, only 24 women (48%) could be traced for monitoring.

**Challenges:** Our main challenge is the unsuitability of the project vehicle to transport staff members to outreach points. We have had cause to use the other project vehicle at times thus increasing actual amount spent on DSA and fuel; b) inclement weather; c) turnover of staff (project officers); and d) delay in transfer of funds.

Apart from the type of vehicle ,maintanace by Reelin SL LTD Toyota has proven expensive and not very efficient.

**Recommendations**

a) Purchase of a more suitable vehicle;

b) teenage pregnancy to be closely monitored;

c) WWC to link up with teenage pregnancy programme

d) refresher course on awareness for peer educators to be organsised to help reduce teenage pregnancy and to increase number of women sent to clinic in 1st and 2nd trimesters;

e) development of leaflets showing benefits of ultrasound recommended; and

f) training of midwives to continue with consideration sgiven to the purchase of ultrasound machines for the centres especially those in the provinces.

**REPORT JANUARY-DECEMBER**

**Summary of Results**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | Indicator: number women screened | Actual number women screened | Difference  | Remarks |
| January  | 115 | 15 | 100 | Waiting launching of machines therefore delaying PREPO Outreaches to the provinces. |
| February  | 115 | 100 | 15 |
| March  | 140 | 100 | 40 |
| Total 1st Quarter | 370 | 215 | 155 |
| April  | 240 | 100 | 140 | Outreaches commenced in earnest in June. |
| May  | 240 | 140 | 100 |
| June  | 230 | 318 | -88 |
| Total  | 710 | 558 | 152 |
| July  | 110 | 205 | -95 | The actual surpassed the indicator despite poor weather conditions. |
| August  | 110 | 175 | -65 |
| September | 130 | 290 | -160 |
| Total 2nd Quarter | 350 | 670 | -320 |
| October  | 300 | 227 | 73 | Slight decrease in the actual women scanned due to technical problems with the PREPO vehicle making it difficult to reach PREPO operational areas. |
| November | 300 | 247 | 53 |
| December  | 300 | 291 | 9 |
| Total 4thQuarter | 900 | 765 | 135 |
| TOTAL Year 2013 | 2330 | 2208 | 122 |

**Number of women screened by area January to December**

|  |  |  |  |
| --- | --- | --- | --- |
| Area  | Indicator: Number of women screened | Actual number of women screened | Remarks  |
| Freetown  | 600 | 1235 | 12 months outreach |
| Waterloo  | 380 | 261 | 7 months outreach |
| Sussex  | 300 | 149 | 5months outreach |
| Bo  | 350 | 201 | 5 months outreach |
| Kenema | 350 | 191 | 4months outreach |
| Makeni | 350 | 171 |  5 months outreach |
| Total  | 2330 | 2208 |  |

**Analysis of indicator and actual women scanned January –December 2013**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of women screened | No. Emergency scans (1) | No. Routine scans (2) | Total No.Women scanned(1+2) | No. Normal scans | No abnormal (complications)For monitoring | Monitoring |
| January | 0 | 15 | 15 | 12 | 3 | JUNE |
| February | 1 | 99 | 100 | 98 | 2 | JUNE |
| March | 2 | 98 | 100 | 93 | 7 | JUNE |
| April | 2 | 99 | 100 | 98 | 2 |  |
| May | 1 | 139 | 140 | 138 | 2 |  |
| June | 4 | 314 | 318 | 302 | 16 |  |
| July | 1 | 204 | 205 | 194 | 11 | September |
| August | 1 | 173 | 175 | 168 | 7 | November |
| September | 2 | 288 | 290 | 283 | 7 | November |
| October | 1 | 226 | 227 | 216 | 11 | November |
| November | 1 | 246 | 247 | 235 | 12 | December |
| December | 4 | 287 | 291 | 283 | 8 |  |
| Total | 20 | 2188 | 2208 | 2120 | 88 |  |

**Analysis of Emergency vs. Routine and Normal vs. Abnormal**

The above graph results above show that the message has filtered through as more and more women attend clinics for routine scanning (99%).

**Analysis by Age January – December 2013**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Months** | **Age****Under 12** | **Age 13-19** | **Age 20-35** | **Age36-45** | **Age over 45** | **Total** |
| January | 0 | 1 | 13 | 1 | 0 | 15 |
| February | 0 | 15 | 75 | 10 | 0 | 100 |
| March | 0 | 13 | 81 | 5 | 1 | 100 |
| April | 0 | 12 | 84 | 4 | 0 | 100 |
| May | 0 | 24 | 104 | 12 | 0 | 140 |
| June | 0 | 54 | 237 | 27 | 0 | 318 |
| July | 0 | 60 | 135 | 10 | 0 | 205 |
| August | 0 | 32 | 121 | 22 | 0 | 175 |
| September | 0 | 53 | 210 | 27 | 0 | 290 |
| October | 0 | 41 | 177 | 9 | 0 | 227 |
| November | 0 | 31 | 203 | 13 | 0 | 247 |
| December | 0 | 36 | 240 | 14 | 1 | 291 |
| **Total** | **0** | **372** | **1680** | **154** | **2** | **2208** |

**Analysis of Ages and Teenage Pregnancy vs. others**

Teenage pregnancy continues to be a problem. Results show that it is even higher than pregnant women between the age range of 36-45 years.

|  |  |
| --- | --- |
| Trimesters | Total |
| 1st trimester | 8 |
| 2nd trimesters | 66 |
| 3rd trimesters | 298 |
| total | 372 |

**Teenage pregnancy on trimesters Analysis of teenage pregnancy on trimesters**

|  |  |
| --- | --- |
| TRIMESTERS | Total |
| 1ST TRIMESTER | 132 |
| 2ND TRIMESTER | 420 |
| 3RD TRIMESTER | 1656 |
| TOTAL | 2208 |

**Trimesters January to DecemberAnalysis on Trimesters of total women scanned**

These results indicate that more women continue to access the Clinic’s services in their 3rd trimester (75%) and 19% in their 2nd trimester.There is therefore a pressing need to accelerate awareness about the importance of ultrasound scans in the early stages i.e. 1st and 2nd trimesters.

**Referral clinics/Hospitals Freetown and Outreaches**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Clinics/Hospital | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
| Murray Town Health Centre | 0 | 32 | 22 | 29 | 32 | 22 | 15 | 21 | 25 | 21 | 10 | 18 | 247 |
| Lumley Health Centre | 3 | 12 | 11 | 13 | 12 | 14 | 17 | 9 | 10 | 0 | 4 | 11 | 116 |
| Princess Christian Maternal Hospital | 7 | 4 | 3 | 5 | 3 | 2 | 6 | 7 | 3 | 2 | 1 | 4 | 47 |
| 34 Military Hospital | 1 | 4 | 7 | 8 | 7 | 9 | 12 | 1 | 5 | 10 | 11 | 19 | 94 |
| MarieStopes | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 5 |
| Rokupar | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 5 |
| Wilberforce Health Center | 1 | 14 | 4 | 7 | 8 | 12 | 3 | 10 | 1 | 10 | 10 | 25 | 105 |
| Others | 3 | 33 | 53 | 37 | 36 | 40 | 47 | 50 | 55 | 56 | 84 | 122 | 616 |
| Outreaches | 0 | 0 | 0 | 0 | 40 | 218 | 105 | 75 | 190 | 127 | 127 | 91 | 973 |
| TOTAL | 15 | 100 | 100 | 100 | 140 | 318 | 205 | 175 | 290 | 227 | 247 | 291 | 2208 |

Outreaches include PREPO participating referral clinics in Waterloo,Sussex,Bo,Kenema and Makeni.

Others include the following clinics: Good shepherd clinic; Scan Drive health post; Aberdeen women centre; Sussex community health centre; Thompson bay community health center; Red cross; Rapha clinic.

REFERRAL CLINICS PREPO OUTREACHES

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BO**  | JUNE | JULY | AUG | SEPT | NOV | DEC | **Total** |
| BO GOV'T HOSPITAL | 30 | 23 | 0 | 29 | 31 | 18 | 130 |
| TENGBEWABU MCHP | 10 | 0 | 0 | 8 | 6 | 3 | 27 |
| NDEGBOMEI MCHP | 4 | 0 | 0 | 5 | 10 | 3 | 22 |
| NAFAYA  | 4 | 0 | 0 | 5 | 2 | 1 | 11 |
| NEEDY CHC | 2 | 0 | 0 | 5 | 1 | 0 | 8 |
| PARA MEDIA | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| **TOTAL** | 50 | 23 | 0 | 52 | 50 | 26 | 201 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **KENEMA** | JUNE | JULY | AUG | SEPT | NOV | DEC | **Total** |
| SAMAI TOWN CHP | 1 | 0 | 0 | 0 |  0 | 0 | 1 |
| KENEMA GOV'T HOSPITAL | 55 | 0 | 0 | 58 | 50 | 25 | 188 |
| KPAYAMA MCHP | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| **TOTAL** | 58 | 0 | 0 | 58 | 50 | 25 | 191 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WATERLOO** | MAY | JUNE | JULY | AUG | SEPT | OCT | DEC | **TOTAL** |
| LUMPA CHP | 20 | 23 | 42 | 39 | 37 | 36 | 11 | 208 |
| GRASS FLIED CHP | 5 | 0 | 0 | 5 |  0 | 3 | 4 | 17 |
| KISSY TOWN CHC | 3 | 1 | 3 |   |  0 | 4 | 3 | 14 |
| MABUREH CHP | 1 | 1 | 0 |  0 | 1 | 3 | 2 | 8 |
| CAMPBELL TOWN | 0 | 0 | 1 |  0 | 0  | 0 | 3 | 4 |
| WATERLOO CHC | 0 | 0 | 0 | 1 | 1 | 3 | 4 | 9 |
| NEWTON |  0 | 0 | 0 | 0  | 0  | 1 | 0 | 1 |
| **TOTAL** | 29 | 25 | 46 | 45 | 39 | 50 | 27 | 261 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUSSEX** | MAY | JUNE | JULY | AUG | SEPT | OCT | DEC | **TOTAL** |
| SUSSEX MCHP | 0 | 40 | 36 | 29 | 0 | 26 | 4 | 135 |
| HAMILTON CHC | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| OGGO FARM | 0 | 0 | 0 | 0 | 0 | 2 | 4 | 6 |
| LAKKA CH | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| ADONKIA HC | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| NO.2 RIVER | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| MILE 13 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 |
| **TOTAL** | 0 | 40 | 36 | 30 | 0 | 30 | 13 | 149 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MAKENI** | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | **TOTAL** |
| MAKENI GOVT HOSPITAL | 11 | 42 | 0 | 0 | 39 | 33 | 27 | 152 |
| S/L RED CROSS | 0 | 1 | 0 | 0 | 2 | 10 | 0 | 13 |
| TONKO CLINIC | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| MAKAMA HP | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| MASUBA | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 4 |
| **TOTAL** | 11 | 45 | 0 | 0 | 41 | 47 | 27 | 171 |

|  |  |  |  |
| --- | --- | --- | --- |
| Detail | Target | January 2013- December 2013 | Remarks |
| No. of woman scanned | 2030 | 2164 | Despite the late start, we were able to surpass the target by 134 |
| No of scans | 2330 | 2208 | Only 44 women were scanned twiceIncrease in awareness needed |
| No of emergency scans |  | 19 (1%) | Women are aware of the benefits of ultrasound scans during pregnancy. |
| No of routine scans |  | 2189 (99%) | More women are visiting the clinic but a large number of them still visit during their 3rd trimester of pregnancy |
| Normal result |  | 2120 (96%) | Encouraging  |
| Abnormal result of routine and emergency scans |  | 88 (4%) | Most common abnormalities are placenta previa,polyhdramous,oligohydramous,IUD, carnialabnormality,iugr, ectopic. |
| MonitoringJanuary2013-December 2013 |
| Complicated cases for monitoring |  | 50(63%) | 63% represents women to be monitored. 38 women are still pregnant and will be contacted soonest |
| Traceable women |  | 24 (48%)  | 48% represents women that were monitored. |
| Non traceable women |  | 26 (52%) | 52% represents women that were not monitored because their locations could not be traced. It is believed they might have opted out of the mainstream health facility for home delivery by TBAs |
| No. women to monitor |  | 38 (43%) |  43% represent the women that could not be monitored because they were still pregnant. |
| Management |  | 14(58%) | 58% represents women whose pregnancies were monitored in order to ensure the safety of both mother and child. |
| No of live births(traceable women) |  | 14 (58%) |  |
| No of foetal deaths/ still birth |  | 10 (41%) | Makeni: 4, Waterloo: 4, Sussex:1 and Bo:1.3intrauterine death and 7 still births. |
| No of maternal deaths |  | 2 (8%) | Maternal deaths occurredMakine due to lack of proper medical attention. |

**Summary of Monitoring Results**

**Types of abnormalities for January - December**

|  |  |
| --- | --- |
| Type of abnormality | Number of cases |
| Oligohydramnios (deficiency of amniotic fluids) | 50 |
| Polyhydramnios ( excess of amniotic fluids)  | 32 |
| Myoma/ fibroid | 2 |
| Ectopic ppregnancy | 2 |
| Complete abortion | 1 |
| Bilateral polycystic ovary disease | 1 |
| total | 88 |

**Types of abnormalities January - December**

**Analysis of Questionnaires**

Objective: to examine women’s knowledge of the ultrasound service; to describe women’s expectation of the scan; and to ascertain behavioural change

Method: a series of questions was asked throughout the year to examine women’s expectations and behavioural change towards the ultrasound scan service.

Knowledge of ultrasound: most (99%) women had no knowledge of the benefits of ultrasound before the scan. After the scan they all claimed to understand the benefits of ultrasound scans.

When asked how they would grade the service, 100% said the service delivered was very good.

When asked if they would pay for the service they all said no but when asked further if they would pay if they could afford the cost, they all said yes.

**Appreciation**

Our appreciation goes to Heineken Africa Foundation (HAF) for funding the project on early detection of complications in pregnancy through which it is hoped that maternal and neonatal deaths will be reduced in the country. We special thanks are extended to UNFPA for technical and financial support and finally to the Ministry of Health and Sanitation for collaboration especially for allowing the Clinic to make use of the main hospitals and Clinics in the areas of operation.