Country: Sierra Leone

Reporting Period: January – December 2011

Programme Component: Reproductive Health

Project ID: SLE 4R211A

Project Title and ID: Diagnostic and preventive reproductive health services SLE 4R211A

Co-Financing Donor: Heineken Africa Foundation

Programme Component Manager: Jennifer Renner-Thomas

Implementing Partners: MEPS Trust Well Woman Clinic

**Purpose**

The 2011 annual work plan was based on the extended country programme activity plan for the period 2011-2012 under the program component “sexual reproductive and reproductive and neonatal health and rights.”

The expected country output as per the above component is “increase access to skilled birth attendants and reproductive and child health information and services, with an emphasis on family planning, emergency obstetric care, neonatal care, HIV and cancer prevention.” The MEPS Trust Well Woman output indicators are listed below:

**Indicators**

* 30% increased access to Clinic attendance for wellness, breast cancer and prenatal screeningsby December 2011
* 50 women trained in five communities in breast self examination by September 2011
* 1000 women screened for breast cancer in the selected areas by December 2011
* 725 women screened by ultrasound for early detection of complications and immediate referrals for treatment
* cervical cancer screening centre established at the Well Woman Clinic by December 2011
* Baseline research study on reproductive cancers (breast, cervical, uterine and ovarian cancer) developed by July 2011

**Resources**

Total approved budget: **S93,696**

Core Resource: **$75,000**

Non Core Resource: $**24,696,**

ZZT06 : 18,696

Standard Chartered : 6,000

PREP : 6,000

**RESULTS**

|  |  |
| --- | --- |
| **Indicator I**   * **30% increased access to Clinic attendance for wellness, breast cancer and prenatal screenings by December 2011**   **Activities**   1. **Develop and produce IEC materials on breast, cervical and healthy living for dissemination in the selected communities**        1. **organize community outreach programmes (3 screening and treatment activities at the Clinic and 6-8 information and teaching activities at community and institutional levels).Also radio and TV discussions and phone in programmes**   C:\Users\Well Woman Clinic\Pictures\104NIKON\DSCN1017.JPG  C:\Users\Well Woman Clinic\Pictures\102NIKON\DSCN0420.JPGH:\DCIM\103NIKON\DSCN0759.JPG  C:\Users\Well Woman Clinic\Pictures\102NIKON\DSCN0423.JPG   1. **Commemorate breast cancer awareness month in October**   D:\IMG_1436.JPG  D:\IMG_1426.JPG  C:\Users\Well Woman Clinic\Pictures\Breast Cancer1\DSC07482.JPG  **iv) strengthen screening facilities at the**  **Clinic for breast and prenatal health**  **and provide screening activities**  DSCN0502.JPG  **Indicator 2**   * **50 women trained in five communities in breast self examination by September 2011**     C:\Users\Well Woman Clinic\Pictures\104NIKON\DSCN0869.JPG  **Indicator 3**  **725 women screened free by ultrasound for early detection of complications and immediate referrals for treatment & management of pregnancy**  C:\Users\Well Woman Clinic\Pictures\102NIKON\DSCN0425.JPG  **C:\Users\jennifer\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\DSC00257.jpg**  **Indicator 4**  Cervical cancer screening centre established at the Well Woman Clinic by November 2011  **Indicator 5**  **Baseline research study on breast cervical and ovarian cancer developed by July 2011**    **Attend annual breast/cervical conference (AORTIC) for developing countries in**  **S Africa for information sharing & advocacy**  C:\Users\Well Woman Clinic\Pictures\aortic\DSC00290.JPG | **Overall Result**  **The number of public accessing screening at the Clinic increased. The target of 30% increased access to the Clinic was exceeded. There was an increase of 98% as compared to same period in 2010.**  **Activities achieved**   1. **IEC Materials**   i)**Dissemination of leaflets**: Developed and printed 1000 leaflets on breast self examination. These were disseminated to schools, institutions and organisations in Freetown and the provinces. Also at the clinic, private and government hospitals and at outreach activities.  iii) **Production and dissemination of health hint diaries:** developed and produced 500 health hints diaries as part of 5th anniversary celebrations. The diaries contained information on breast, cervical and prostate cancers; also health hints on wellness including diabetes, high blood pressure and other ailments. Useful for women from all walks of life.  iv)**WEBSITE Development**: improvement in website  v) **Documentary clips**: produced clips for discussion programmes on TV  vi) **Production of jungles**: produced jungles and aired on 4 radio stations.   1. **Community Outreach**   **i)Teaching and educational activities at community and institutional levels attracted 1,489 participants:**  4 schools and 5 institutions received educational talks on breast and cervical cancer, early detection and breast self examination. Some institutions also received talk on personal hygiene and STIs   * Apex sec school =146 participants * Grace school of science= 50 participants * St Joseph secondary school=400 participants * Murray Town municipal school= 220 participants * Women’s vocational institute = 241 participants * Yoruba union SL=197 participants * Evangel church of God = 50 participants * Bethel church outreach =85 participants * National women’s ministry = 100 participants   ii (a) **Community screening and education outreach in Freetown and the provinces attracted 1,502 participants and** included screening for early detection of breast cancer, education and wellness on hypertension, obesity, and diabetes. Collaboration with other organisation contributed to the organisation’s success  **Freetown**   * World cancer day at the Clinic = 50 participants. * IWD grand community 2 day outreach at the Stadium and at the Clinic in collaboration with Standard Chartered Bank= 650 participants * World population day and breast cancer awareness at YWCA = 200 participants * World @ 7 Billion fair at Youyi building = 320 participants   **Provinces**   * Visit to Africa Minerals operational sites -Makeni, Tonkolili & Pepel for screening & educational talks to employees and families and women in surrounding villages on breast cancer, STI’s inc HIV/AIDS and personal hygiene = 302 participants   **ii (b)Radio interactive programmes**: 12 radio discussions on various health topics including breast and cervical cancers, personal hygiene and chronic diseases were held on SLBC and culture radio in FNA, radio Tombo [Sussex]and radio Viasciaty [Waterloo] in rural areas and Radio Makeni and SLBC radio Bo in the provinces.  **Overall Results**   1. **Increase in public awareness on breast cancer and the need for early detection.** 2. **increase in the funds raised to support the work of the Clinic** 3. **Increase in male participation** 4. **Greater participation of dignitaries including Government officials**   **Activities achieved**  i)One day community breast screening and educational programme at the YWCA;  ii)Sponsored walk awareness and sensitization;  iii)Public discussion on family cancers;  iv)Production of a Skit promoting early detection by Tabule theatre and aired on SLTV;  v)Production and display of early detection posters and banners in Freetown, Sussex, Waterloo, Bo and Bombali districts;  vi)Production and airing of public service announcement(PSA) on big screen TV in 2 areas in Freetown (Lumley and Clock Tower);  vii) Production of a documentary and aired on TV and on hovercraft and ferry to and from Lungi Airport;  viii) Aired jingles everyday on radio;  xi) Participated in at least 4 discussion programmes on TV;  x) Organised a ‘wear pink to work day’ for organisations and offices in the Freetown area; and  xi) participated in the world @ seven billion health fair at Youyi building.  **Overall Results**   1. **Affordable access to Clinic** 2. **Contribution to achievement of indicator 1 of increase in women attending the Clinic** 3. **Improved efficiency**   **Activities Achieved**   * Purchased a breast probe for use with the Voluson Ultrasound machine and commenced screening for breast cancer by ultrasound; * Trained the in house doctor, head nurse, two medical doctors from referring government hospitals and the project officer as sonographers; * Established a monitoring process for PREP and breast cancer patients. Employed a monitoring nurse and purchased a lap top for monitoring; * Consulted the services of an obstetrician to further enhance the ultrasound screening; * Purchased TV& DVD for awareness in the Clinic; * Purchased consumables to strengthen screening and examinations   **Overall Results**   1. **Increase in communities with access to breast cancer information and teaching on self breast education.** 2. **Surpassed indicator by 83 trainees;** 3. **Increase in women performing self breast examination on a regular basis (behavioural change)** 4. **Contributed to overall increase in attendance at the Clinic from expansion areas**   **Activities achieved**  A total of 113 women were trained as peer educators [mainly TBA’S and MCH Aids] on breast self examination and breast cancer awareness following orientation meetings in the regions.  Makeni: 29 peer educators [2 per chiefdom]+ 13 stakeholders  Bo: 30 peer educators [2 per chiefdom]+ 15 stake holders  Sussex; 10 peer educators  Waterloo: 16 peer educators  The peer educators are expected to act as trainers and also train others in their different regions.  The effectiveness of the training will be properly assessed during the monitoring schedule for next year. Furthermore the follow up survey on breast cancer awareness planned for 2013 will also act as monitoring tool. However early signs of effectiveness are already being observed with the increase in the number of enquiries and turnout at the Clinic and at outreach sites.  **Overall Results**   1. **Increase in the number of pregnant women referred for and accepting screening by ultrasound as a means of detecting complications for immediate referral for treatment or management. Target exceeded by 44 %.** 2. **No maternal deaths reported though a number of still births were reported**   **Activities Achieved**  i) 1048 pregnant women benefited from free screening by ultrasound through the Clinic’s PREP project;  ii)3 medical doctors and two nurses and the project officer were trained as sonographers  iii)Monitoring of pregnancies with abnormal results to ascertain outcome. **[see outcome of monitoring for summary of results]**  **voluson_730_pro**    **Overall Result**  The cervical screening room together with the reception area was established and furnished. The Clinic awaits MoH to move the programme forward as they prepare to commence a baseline survey on the prevalence of cervical cancer in Sierra Leone. This led to the indefinite postponement of the project. The remaining funds [Le 7,339,000] were diverted to the expansion program and operations cost (le56,389) with approval from UNFPA. Plans are now afoot to adapt the use of the room for screening of STIs in collaboration with Ramsy Laboratory.  **Overall Results**  A monitoring tool established. The baseline survey on awareness of cancers of the reproductive organs was conducted in collaboration with Statistics SL Ltd and results compiled and launched by the MOH and distributed to stakeholders.  **Activities Achieved**  i)Clusters in four regions Freetown, Bo, Kenema and Makeni were surveyed  ii)Monitoring visit by project officer  [For results findings see survey report]  **Overall Results**  Capacity building and improved advocacy.  The biennium breast/cervical cancer conference attended [AORTIC] in Egypt:  i)Provided insight into the work of other African countries in combating cancer, whilst taking into consideration cultural and religious beliefs.  ii)Provided access to discussion and review of research findings in breast and cervical cancer management in African countries.  iii)Established a network base with leading consultants involved in the fight against cancer especially in African countries. The contacts established and vital information gained will assist the work of the organisation through international fundraising and technical support. |

**Facilitating factors**

The MEPS Trust Well Woman Clinic was able to achieve most of its objectives in 2011 as could be seen not only from the financial implementation statement but also from the impact made in the country. This was manifested especially from the humanitarian and leadership award presented to the programme director by the NOSLINA group in the USA as part of the country’s 50th celebration activities. Facilitating factors which contributed to the organisation’s success are as follows:

**Resources:** January 2011 marked the start of the organisation’s first year as an implementing partner with the UNFPA. The total amount of funding received of $90,681and technical support from UNFPA, together with financial support and support in kind from the MEPS Trust, other donors such as Standard Chartered, Heineken Africa Foundation, Rokel Commercial bank, Sierra Leone Commercial bank, National Petroleum, Africa Minerals, Sierra Leone association of Switzerland and funds generated from fund raising activities combined with a robust team of staff, enabled the Clinic to increase its activities and meet its objectives and targets as set out in the annual work plan for the year.

**Outreach Activities:** The outreach screening activities held at the Clinic and in the community contributed greatly to the increase in Clinic attendance and also in raising awareness about general wellness and cancers of the reproductive organs, especially breast cancer. Our first experience in holding a grand outreach at the national stadium in collaboration with Mercy Ship was a good learning curve. The use of the mobile clinic ensured that more women were screened both for breast cancer and complications in pregnancy while teaching and education on general wellness, breast cancer and prenatal health simultaneously took place. This was the first time a mobile clinic was used and the assistance received from doctors and nurses from various institutions was very impressive. Outreach activities where services are taken to the people is the only way vulnerable women could be targeted for screening programmes in Sierra Leone unlike the method used in the developed countries.

**Collaboration**: Collaborating with organisations aimed at improving their corporate social responsibilities was also an advantage in achieving the organisation’s outcome. The organisation collaborated with Standard Chartered bank and Mercy Ship for International Women’s Day at the national stadium as explained above and we were able to see 650 women over a two day period. Not only did the nurses and doctors cooperate, we also had great cooperation from the staff of Standard Chartered. Africa Minerals invited a team from the Clinic to all areas where they operate in the provinces to ensure that their staff and families participated in our wellness and breast cancer programme. Comium mobile network, with a wide national coverage assisted in communicating the information on most of our activities during the breast cancer awareness month and International Women’s day. The Young Women’s Christian Association (YWCA) collaborated also by allowing us free use of their hall during the breast cancer awareness month outreach activity which was also combined with the UNFPA celebration of the world at 7 billion activity.

**Monitoring:** apart from all the obvious advantages of monitoring, the following positive positive feedbacks were discovered:

1. Patients felt closer to the nurses at the clinic;
2. Patients were given options on family planning methods;
3. Patients with prognosis of congenital abnormalities who had been counselled indicated how pleased they were to have acquainted themselves with the problem before medical intervention or delivery. They were able to go to the hospital to give birth rather than give birth at home where the parents of these babies are usually frowned upon by the community. Some of these babies born with congenital abnormalities such as the absence of a face are usually referred to as from the “devil;” and
4. Patients expressed that they felt valued as they had never experienced such close monitoring. They were willing to pass the message on to friends and family about the services rendered at the Well Woman Clinic. This hopefully will encourage more women to attend the Clinic.

**Media:** The radio and TV discussion programs on breast cancer awareness and other health related topics including ultrasound screening in pregnancy contributed to the increase in clinic attendance and raised awareness about early detection and prevention of breast cancer. Media in both the Freetown area and the provinces were utilised. The service of SLBC TV was also utilised for discussion programs involving leading stakeholders in healthcare and the televising of screening activities done at the Clinic, breast cancer awareness activities such as the sponsored walk and a skit throughout the month of October.

**Accelerated awareness during breast cancer awareness month:** all activities were carefully planned to attract the entire public with the message “Early detection is key to survival”. The use of the public system announcement [PSA] on the two screens in the western & eastern areas of Freetown further ensured that the early detection messages reached a significant number of the public, thus contributing to the increase in clinic attendance. The sponsored walk attracted dignitaries including the minister of health and sanitation, minister of defence, the consul for South Africa, the UNFPA representative, executive directors of institutions who had sponsored the our work during the year. We intend to capitalize on this relationship in our advocacy campaign in 2012 to Government and commercial houses for improved cancer care in the country.

**The expansion program**: This program targeted women in the rural areas and the provinces who hitherto had no access to the Clinic. The training of peer educators in Bombali and Bo district and Sussex and Waterloo communities provided an opening for women from these regions to access screening and information on breast cancer disease and practise breast self examination. Unfortunately, the monitoring exercise scheduled for Bo & Makeni had to be postponed to 2012 due to lack of funds. Monitoring in Sussex and Waterloo indicated success of the peer educators in delivering the early detection message for breast cancer and also highlighted some of the social problems in these communities such as high number of teenage pregnancies, STIs and cultural taboos regarding breast cancer.

**Baseline survey:** The survey on awareness of cancers of the reproductive organs [including prostate for men], conducted by statistics S/L ltd gave a great insight into the perception of the public about the Clinic and the general lack of awareness throughout the areas surveyed. This document will serve as a great tool for developing strategies for intervention and for assessing the effectiveness of the organisation’s awareness raising activities.

**Constraints**

**Budget restraint**: Though much research was put into preparing the annual budget, some areas were grossly underestimated, for example activities required for the expansion programme was significantly under budgeted. This led to a delay in conducting the training of peer educators in the Bo district and also in significantly reducing the number of participants recommended at the orientation meetings for the rural areas and the provinces. Furthermore the orientation meeting and training for Kenema had to be postponed to 2012 and the training venue for peer educators from Sussex and Waterloo had to be transferred to the clinic instead of being held in their communities, thus reducing the number trained.

**Transportation:** Lack of an official vehicle hindered the expansion activities and also the progress of the monitoring process for the ultrasound and breast cancer screening and expansion activities as staff had to rely on personal or public transportation. Furthermore the use of a hired vehicle in carrying out expansion activities in the provinces is costly and to a certain extent unsafe. Lack of an official vehicle will hinder the further expansion programs.

**Inadequate/insufficient patient information:** Inadequate information from patients made the process of monitoring the breast and prenatal patients difficult. Some patients who did not want to be monitored wilfully gave incorrect addresses and telephone numbers.

**Lack of commitment: I**t was difficult to commence the cervical cancer screening project without the manifestation of commitment from the MoH.

**Lack of local qualified technicians:** Despite all effort to repair the mammogram, the lack of qualified in country technicians resulted in the mammogram still being out of order. The organisation will endeavour to seek technical assistance from the manufacturers in Belgium, preferably a visit by their technician with the aim of repairing the machine. Alternatively, the Clinic must consider acquiring a replacement mammogram machine.

**Lessons Learnt/outcome**

1. A realistic budget needs to be prepared taking into account the different expenditure line items in an activity budget. An orientation meeting with the stakeholders and community representatives is vital in developing a realistic budget for peer education.
2. The organisation worked very well with a project management team (PMT) for the free ultrasound screening project, known as PREP (prenatal equipment project). The PMT which is made up of men and women from different professional background met at least once a quarter. The PMT monitored the progress towards achieving the targeted outcome and issues which impacted on the project were effectively handled. The issue of insufficient/inaccurate patient information on the monitoring process was quickly highlighted and dealt with successfully. Other issues were also raised and effectively handled.
3. The inability to repair the mammogram led to the purchase of a breast probe for the ultrasound machine to enable diagnosis by breast ultrasound which should meet the needs of most women. This has proved a worthwhile exercise towards meeting the Organisation’s vision of a one stop shop for women in its cancer care programme. However, efforts to repair or replace the mammogram is still on-going.
4. CD messages used for peer education training which were originally recorded in one dialect had to be produced in the different local dialects for more effective training. Peer educators in the expanded areas used local skits to demonstrate breast self examination (BSE) which turned out to be a great tool in cascading the message effectively to grass root women.
5. The use of a mobile Clinic enhances activities. This Clinic could be used for a combination of health services.

**Capacity development**

Two members of staff (the project officer and the head nurse) benefited from the results based management training (RBM) in 2011. The admin/finance assistant and the programme director attended the training in 2010. This provided a great insight into reporting results achieved and an opportunity for staff members to understand the programming process.

Three doctors, two nurses and the project officer were trained as sonographers. The Admin/Finance assistant received in-house one to one training on accounts following the results based management training received in 2010. The project officer participated in the AORTIC conference in Egypt. The project director participated in the Gobal Health Initiative (GHI) meetings in the USA.

**Management Structure**

The structure of the organisation is a contributing factor to the efficiency of service rendered at the Clinic and timely reporting.

MEPS Trust Board

Fund Raising and Awareness Committee

Chairperson: Dr. Fifi Obama Dean

MEPS Trust Well Woman Clinic Management Committee

Chairman

Dr Nnenna Mbonu

PMC PREP:

Chairman: Dr Bernard Frazer, consultant OBGYN

Programme Director

Mrs Jennifer Renner-Thomas (Trustee)

Finance and Budget Committee

Chairperson: Treasurer

Project Officer

Mrs E O Popoola

Clinicals (Doctors and Nurses)

Outreach activities (staff & Volunteers

Administration

The organisation also received technical support from the reproductive health team at UNFPA especially the project officer and the project assistant who were very instrumental in assisting our staff with the development of the annual work plan and FACE returns.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Financial Implementation**   1. **STATEMENT OF FUNDS RECEIVED FROM UNFPA IN 2011** | | | | | | |
| **ZZT05** |  |  |  |  |  |  |
| **PERIOD** |  | **AMOUNT** |  | **AMOUNT** |  | **BALANCE** |
|  |  | **RECEIVED** |  | **SPENT** |  |  |
| 1ST QUARTER |  | 75,855,240.00 |  | 41,077,120.00 |  | 34,778,120.00 |
| 2ND QUARTER |  | 78,250,000.00 |  | 104,335,025.00 |  | (26,085,025.00) |
| 3RD QUARTER |  | 127,543,155.00 |  | 88,541,119.00 |  | 39,002,036.00 |
| 4TH QUARTER |  | 27,885,500.00 |  | 75,580,631.00 |  | (47,695,131.00) |
| **Total balance as at 31st Dec** | | **309,533,895.00** |  | **309,533,895.00** |  | **-** |
| **ZZT06** |  |  |  |  |  |  |
| 4TH QUARTER |  | 80,391,500.00 |  | 75,864,638.00 |  | 4,526,862.00 |
|  |  | 389,925,395.00 |  | 385,398,533.00 |  |  |
| **$4,300** |  | **$ 90,680.32** |  | **$ 89,627.57** |  | **$ 1,052.76** |
| Balance as per cash book |  |  |  |  |  | 4,526,862.00 |
| for refund to UNFPA |  |  |  |  |  |  |

1. **STATEMENT OF FINANCIAL IMPLEMENTATION**

As shown above, a total amount of Le389,925,395 (equivalent $90,682.32) was transferred to the organisation and a total of Le385,398,533 (equivalent $89,628) was spent under the listed categories. The difference of Le4,526,862 (equivalent $1053) unspent amount was returned.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **BUDGET DESCRIPTION** | **EXPENDITURE**  **LE** | **EXPENDITURE**  **US$** | **%** |
| 1 | Develop and produce IEC materials on breast, cervical and preventive health for dissemination in the selected communities and use on radio stations and SLBC/TV | 16,715,000 | 3,887 | 4 |
| 2 | Organize and implement Community outreach activities:  Three free community health and treatment at the Clinic;  Ten at various institutions, commercial establishments, market places etc | 5,625,000 | 1,308 | 1 |
| 3 | Commemorate breast cancer awareness month in October:  Accelerated programme on awareness and education on early detection and prevention of breast cancer. | 53,773,050 | 12,505 | 14 |
| 4 | Expansion of services: Advocate with stake holders for sensitisation on breast and cervical cancers up the provinces (Bo, Kenema, Bombali districts) and 2 areas in the western rural area (Sussex and Waterloo) | 64.099,000 | 14,907 | 17 |
| 5 | Strengthen screening facilities at the Clinic for breast and prenatal health and provide screening activities | 44,175,000 | 10,273 | 11.5 |
| 6 | Prenatal health care: perform 2-3 free ultrasound examinations for at least 725 underprivileged pregnant women | 49,200,000 | 11,442 | 13 |
| 7 | Capacity Building for Cervical Cancer programme | 29,684,711 | 6,903 | 8 |
| 8 | Undertake a baseline research study on breast, cervical, ovarian & prostate cancers: | 45,150,000 | 10,500 | 12 |
| 9 | Meetings:  Attend 3 Review meetings | 12,543,500 | 2,917 | 3 |
| Attend AORTIC breast and cervical cancer conference | 19,350,000 | 4,500 | 5 |
|  | **Sub Total** | **345,935,261** | **80,450** | **88.5** |
| 10 | Administrative and operations cost | 39,463,272 | 9,178 | 11.5 |
|  | **Total Cost** | **385,398,533** | **89,628** | **100** |

**Future work plan**

In planning the organisation’s future work plan (2012) the successes, constraints and lessons learned from previous years were closely considered and so was the country situation. The presidential elections scheduled for the last quarter of the year has implications for the expansion programme in the provinces and also to a certain extent for the breast cancer awareness month activities in October.

Therefore, this year implementation will be effected during the first three quarters of the year (January- September) and the focus of work will be on the following:

a)education and the dissemination of information on breast, cervical, prostate cancers and healthy living;

b)expansion of breast and cervical cancer awareness up the provinces and western rural areas will take place during the first and second quarters of the year in order to avoid the incidences associated with the election campaigns and the rainy season;

c)pre-natal health care focusing on early detection of complications during pregnancy and referrals for immediate treatment/management of pregnancies with an emphasis on behavioural change as a means of assisting in the reduction of maternal and neonatal mortality rates in Sierra Leone;

d)Outreach activities which proved successful in previous years will be enhanced as the main vehicle for reaching thousands of otherwise unreachable women with reproductive health information and services;

e)Strengthening of the Clinic to meet the above commitments especially in the areas of breast cancer screening and outreach activities ensuring screening by mammogram and ultrasound; preparation for the commencement of STI screening in preparedness for a cervical screening programme; preparation for minor surgeries for the relief of breast abscesses; the acquisition of tools and equipment to facilitate teaching and training; the purchase of an outreach vehicle; and access to a mobile clinic.

**Monitoring**

**Introduction**

A monitoring tool was developed by the monitoring committee made up of two doctors, the project officer and the head nurse and supervised by the programme director. A monitoring assistant was employed and supervised by the project officer and the in-house doctor. All abnormal cases in the prenatal ultrasound project and malignant diagnosis in breast screening were monitored. However, the initial constraints of inaccurate patient information and lack of a dedicated vehicle made monitoring difficult and sometimes impossible

**Outcome**

**Pregnancy ultrasound screening**

A total of 1048 women benefited from the Pregnancy ultrasound screening project for the period January to December 2011 and of these, 3% had abnormalities with their pregnancies. These abnormalities might have gone undetected until the time of delivery and may have resulted in still births or maternal deaths had medical interventions not been undertaken.

**Types of referrals**

The decrease in the number of emergency scans in the second half of the project could be viewed as an indication that the need for ultrasound as part of routine antenatal care is slowly being recognised.

**Distribution by age**

Though majority of the women scanned were between the ages of 20-35 years, a closer examination of the numbers highlights an alarming age range of teenage pregnancy (13%) of which 17% were 16 years and below. Another age range of <13 had to be included as two 12 year old pregnant girls were sent for screening.

**Implication**

This indicates that there is an urgent need to address the issue of teenage pregnancies and its effects on maternal and neonatal wellbeing in the country. Although the free health care for pregnant women and under fives is a major step in the right direction in reducing maternal and infant mortality, nevertheless, if the issue of teenage pregnancies is not thoroughly addressed the real impact of the free health initiative might be undermined. The increase in teenage pregnancies also highlights the need to target girls from aged 10 years old, for the national cervical screening vaccination programme, before they become sexually active which is generally assumed to commence at puberty.

**Distribution by Trimester**

As highlighted in the above graph, majority of the women scanned were already in the third trimester of their pregnancies. This could be due to a number of reasons such as cultural and lack of awareness of the benefits of early screening. With the advantages of the 1st Trimester ultrasound screening in the management of pregnancies so well documented, more effort needs to be made in encouraging women to attend antenatal clinics as soon as the pregnancy is confirmed. Awareness campaigns targeting women especially those in the lower income brackets should be accelerated.

**Referral Clinics**

The majority of scan requests were sent from PCMH. It is noted that most of the women who could not be traced during the monitoring process also came from PCMH and access to medical records also posed some difficulties.

Nevertheless, of those reached and monitored [between Jan-Sept 2011] from all the referring sites 40% of the abnormal scans resulted in live births whilst 30% resulted in still births and a further 30% could not be traced to ascertain outcome. No maternal deaths were reported.

**Assumptions**

i)Untraceable patients are still being delivered by TBAs. This is one reason for women giving inaccurate/insufficient information at the time of screening. Women need to be counselled and the use of incentives such as the birth pack will ensure that more women are traced for monitoring and supervision purposes after birth.

ii)A 30% still birth case reported could have been lower if **all** patients had been traced

iii)On the other hand, the percentage of still birth could have been higher if screening by ultrasound and management of abnormal pregnancies had not taken place.

**Summary of PREP results Jan 2011 – Dec 2011**

|  |  |  |  |
| --- | --- | --- | --- |
| Details | Jan-Dec 2011 | Remarks |  |
| No. of women scanned | 1048 | Target no by Dec 2011 was 775 women |  |
| No of scans | 1088 | Difference represents those who had more than one scan |  |
| No. of emergency scans | 82 (8%) | Women more aware about the benefits of scans during pregnancy |  |
| No. of routine scans | 966 (92%) | More women are visiting the Clinic for routine scans suggesting that the message is filtering through though the majority still visit during their 3rd trimester of pregnancy |  |
| Normal results routine scans | 995 [95%] | Encouraging |  |
| Abnormal results routine and Emergency scans | 53 [5%] | Most common abnormalities are placenta praevia, polyhydramnious,/ oligohydramnious, IUFD, cranial abnormality, IUGR, kyphoscoliosis, ectopic |  |
| **Monitoring:** | Jan –Sept 2011 | Oct – Dec awaiting delivery |  |
| Traceable women | 21 (68%) |  |  |
| Non traceable women | 10 (32%) |  |  |
| Medical intervention of abnormal scans (traceable women) | 5 [31%] | Emergency caesarean, induced labour following ultrasound results |  |
| Management | 16 [69%] |  |  |
| No. Live births (traceable women) | 17 [81]% |  |  |
| No. Foetal deaths/still births | 4 [19]% | Cranial abnormality (2), kyphoscoliosis (1) IUFD (2) |  |
| No. Of maternal deaths | None |  |  |

**Breast Cancer Screening**

**Screening**

The awareness campaign appears to be effective as the Clinic attendance for clinical breast examination has increased. The full effect of the campaign will be measured in 2013 using the results of the awareness survey 2011 by Statistics SL as a baseline. Unfortunately, despite numerous efforts to repair the mammogram machine it is still not functional. However the clinic was successful in purchasing a breast probe for the existing GE Voluson 703 pro ultrasound machine and has commenced breast ultrasounds. This is a major step towards achieving the ’one stop’ program for its clients. All patients attending the wellness clinic were offered a clinical breast examination.

**Clinical results**

All patients attending the Clinic in 2011 for wellness screening, received clinical breast examination and education on breast self examination. A total of 2730 had clinical breast examination and education. This was an increase of 34% from the previous year, which recorded 2025 women attending for wellness screening.

**Findings**

Majority of the women screened had normal findings, thus were reassured and encouraged to continue with monthly self breast examinations. Of the abnormal, most were benign tumours and treated accordingly. However a significant number did not return with their test results. This could be due to number of reasons such as cost or fear of the unknown, though the cost involved could be the major contributing factor. Unfortunately resources were not available to follow them up. The Malignant diagnosis received family counselling and referral to appropriate medical facility for management.

**Monitoring of Malignant diagnosis**

Monitoring of the malignant cancer diagnosis commenced this year. A monitoring assistance was employed and supervised by the project officer. All women diagnosed with malignant cancer in 2010 were included for monitoring. Unfortunately despite all effort made by the team some of the women could not be reached for various reasons such as distance [provinces], wrong address and telephone numbers and death. Thus some results could only be achieved from clinical notes and telephone.

**Results of 2010 cancer diagnoses**

Majority of the women diagnosed with malignancies were in the over 50 years and above age bracket closely followed by the age 41 – 50 years age bracket. This in line with research finding that indicates, women over 40years are more at risk. However it is worth noting that the percentage of women in the lower age bracket was also significant. A 12% in the 20-30 yrs bracket should not be ignored.

Majority of the women had two or more investigations before being diagnosed. This is significant as there is no room for a false cancer diagnosis, thus the physician must ensure that the results of the investigations are correct,

[combination therapy includes chemotherapy and radiotherapy with further prescription]

Tamoxifen was the only additional treatment for majority of the women reached. The women who received combination therapy all received their treatment from other countries such as Ghana and Nigeria, as tamoxifen was the only available therapy in Sierra Leone. Though most received some form of therapy, a significant 13% percentage did not. Reasons for this ranged from lack of finances to personal choice. With the monitorng system now in place the WWC is better placed to reach and assist those who cannot afford the cost of tamoxifen. However it is worth noting that Tamoxifen though widely used is not always the correct therapy to be administered, but is the only affordable one currently available in Sierra Leone.

Unfortunately 17% of the women diagnosed in 2010 are now deceased. The outcome of those that could not be located could well add to that percentage. All who had received combination therapy were still alive and surviving. This further emphasises the urgent need for treatment therapy to be available in the country. Long term monitoring of survivors to assess life span following diagnosis must be encouraged. Also the establishment of a cancer registry is greatly recommended.

**Wellness**

The wellness program continues to grow. For the period of Jan-Dec , 2,730 patients accessed the services of the Clinic for wellness screening for hypertension, diabetes and obesity and breast and ultrasound screening as compared to 1,384 for the same period in 2010, an increase of 97%.

**Wellness Analysis Jan-Dec 2011**

The percentage of STIs is significant. This further highlights the need for the commencement of not only the STI screening program but also the cervical screening program. WWC is currently working on plans to commence STI screening in collaboration with Ramsey Laboratory.

Baseline Survey

The cancer awareness survey carried out by Statistics S/L was historic as it was the first survey undertaken by Statistics S/L on awareness of cancers of the reproductive organs. Due to limited finance the study could not be national; nevertheless a good sample size was obtained focussing on the larger districts and the Freetown area. Men and women of childbearing age were canvassed. The main objective of the survey was a] to provide baseline information for assessing cancer awareness mainly breast, cervical, ovarian, uterine and prostate. b] to provide information on public’s knowledge of the risk factors associated with the cancers aforementioned and c] to assist GoSL in achieving the Millennium development goals in 1] assessing the current level of awareness and 2] plan for the future health needs of the population with regards to cancer awareness, early detection, prevention and treatment.

**Summary of results**

**Cancer awareness**

**Percentage of respondents for cancer examination by districts and sex.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Self examination | | Medical examination | |
|  | Male | Female | Male | Female |
| Kenema | 10 | 10 | 9 | 5 |
| Bombali | 16 | 18 | 7 | 2 |
| Bo | 6 | 10 | 14 | 1 |
| Western Rural | 21 | 16 | 12 | 7 |
| Western Urban | 16 | 13 | 26 | 7 |

The fact that more men reported undergoing self and medical examination for cancer than women in the western area was surprising but could be an indicator that the awareness message is also reaching a significant number of men.

**Cancer symptoms**

The study looked at the different symptoms of breast, cervical, ovarian and prostate cancer in the past one month before the survey, whether or not medical advice was sought and which health facility was visited. It also considered uterine cancer but since the symptoms of both cervical and ovarian cancers are similar, results for the above will also represent knowledge of uterine cancer. The results showed that both sexes have the symptoms of the different types of cancer though at different percentages.

|  |  |
| --- | --- |
| Cancer Type | Percentage of symptoms |
| Breast cancer (women) | 17 |
| Cervical cancer(women) | 32 |
| Ovarian cancer (women) | 25 |
| Breast cancer (men) | 10 |
| Prostate cancer (men) | 17 |

**Types of health facilities visited**

0

10

20

30

40

50

Government

Hospital

Community

Health Center

Private

Hospital

Pharmacy

Traditional

Healer

Breast cancer

Cervical cancer

Ovarian cancer

Prostate cancer.

Despite campaigns encouraging the public to seek medical assistance from established medical facilities, the table above highlights the fact that the first port of call for a significant number of the public is still traditional healers and not medical doctor/ centres.

**Knowledge about cancer within the districts**



Bombali scored the least for both male and female in knowledge about cancer. With the peer educators now trained and outreaches and radio programmes planned for 2012, an increase in awareness of breast cancer is expected. There was more awareness of breast the cancer than the other types of cancer. 71% of male participants and 82% of female participants was reported. Less than 10% however had knowledge about ovarian cancer.

The increase knowledge about breast cancer could be attributed to the awareness campaign of the Well Woman clinic.

**Knowledge about Well Woman Clinic within districts by sex**



The survey results showed an abnormal trend in knowledge about Well Woman Clinic, especially when compared to the increase in clinic attendance 2011. The low knowledge results about Well Woman Clinic in the Western Area could be due to the small percentage of the population canvassed in the sampled clusters compared with the other districts. Nevertheless measures to further increase public awareness will be increased.

**Quality of service at Well Woman Clinic**

The quality of service received for cancer screening at Well Woman Clinic is crucial for early detection and treatment of the disease. The results of the survey indicated that in total, 13 and 32 percent of male and female respondents respectively were satisfied with the quality of service they received at Well Woman Clinic. All men and half of the women in Western Urban were satisfied with the quality of service they received from Well Woman Clinic. The low rate of satisfaction may be attributed to the fact that Well Woman Clinic is diagnostic clinic with screening facilities for breast cancer but public perception could be that Well Woman Clinic offers treatment for cancer which causes dissatisfaction when women do not receive treatment.

**Risk factors associated with cancer**

Respondents were asked to identify the risk factors associated with cancer to obtain knowledge about their awareness of such factors. The result revealed that most respondents were not aware of the risk factors and behaviours that might lead to cancer. Majority identified myth factors including putting money or cell phone in the breast. However, tobacco was identified by one out of every ten men (10 percent) as a risk factor for cancer compared with just approximately 3 percent of women. Similarly, more men than women were aware that alcohol drinking is a risk for cancer (8 and 2 percent respectively). A good question however is whether the knowledge of alcohol and tobacco’s increase risk to cancer development has any influence on their lifestyle.

**Conclusion**

Over the last five years the MEPS Trust WWC has strived towards achieving its vision of a one stop shop of providing health services for women at free or affordable cost. The achievements to date have highlighted the significance of the work of the WWC especially in the field of breast cancer awareness and prevention and its contribution to maternal health care through its PREP project of free ultrasound screening for pregnant women. As the Clinic continues to grow emphasis will be made on strengthening existing services and at the same time introducing new innovative services which should assist the Government in the reduction of the incidence of maternal and neonatal deaths and deaths from reproductive cancers.

**Appreciation**

MEPS WWC continues to be indebted to UNFPA for both financial and technical assistance in implementing the objectives of the country programe activity plan under the component “sexual reproductive and reproductive and neonatal health and rights.” Other sponsors over the years have been the Heineken Africa Foundation for their valuable financial contribution in making the PREP project a reality. Special thanks are extended to all our well wishers and supporters for their various contributions, both moral and financial. Our appreciation also goes out to our chairman and the members of the management committee of the MEPS Trust Well Woman Clinic and the chairman and members of the project management team of the PREP project. The invaluable work of the team of efficient health professional s, administrative and programme staff and volunteers cannot be over emphasized. We would also like to thank all collaborating hospitals/clinics for taking part in the PREP project, and also organisations for their invaluable role in our outreach activities on breast, wellness and PREP. Our sincere thanks go to Standard Chartered for sponsoring the outreach on International Women’s day and for all those who supported us in kind throughout the year. We look forward to a more successful 2012 as we strive to improve the health of women and children in Sierra Leone.

**ANNUAL WORKPLAN (AWP) QUARTERLY REPORT MATRIX (OUTPUT 1)**

# Government of Sierra Leone/UNFPA Country Programme

**AWP Code:**  **PN 5563** **Reporting Period**: January – December, 2011

**AWP Title:** Diagnostic and preventive reproductive health services **Implementing Period:** Jan- December 2011

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **RECEIPTS** | **EXPENDITURE** | **BALANCE** | **COMMENTS** |
| CP **output Indicators:**  **Output 1.1:**Improved access to skilled birth attendants and reproductive health information and services, with emphasis on family planning, emergency obstetric care, neonatal care, HIV and cancer prevention  **INDICATOR 1.1.1:**  30% increased access to Clinic attendance for wellness, breast cancer and prenatal screenings **by December 2011** | **(1)Develop and produce IEC materials on breast, cervical and healthy living for dissemination in the selected communities. Produce 2 jingles and one song (cervical cancer) and air on radio**:  i.Produce jingles and one song (cervical cancer) and air on radio:  ii.Produce clips for 4 discussion programmes on SLBC; and participate in 10 radio discussions  iii.Prepare, print and disseminate 1,000 educational leaflets each on cervical and breast cancers as preventive health methods  iv. Finalize health hints diary(04/2011-03/2012)  v.support website to include more educational materials and improve on presentation | 22,685,000 | 22,335,000 | **350,000**  **(350,000)** | **NIL Balance**  **Amount transferred to Operations Cost for increase in budgeted bank charges (COT and GST) due to increase in Donor Amount by $18696** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **(2) Community outreach activities**  i.Provide three Community outreach activities at the Clinic and ten at institutions  ii.Community health outreach at the national stadium attracting 2000-3000 women from all districts for teaching BSE, preventive health and screening of pregnant women | 5,625,000 | 5,625,000 | NIL | **NIL Balance** | |
|  | **(3)** **Commemorate breast cancer awareness month in October:**  i.Two days community health and treatment programme at Clinic  ii.Sponsored walk awareness and sensitization  iii.Public discussion on family cancers (including entertainment by Freetong players)  iv) Produce posters, banners, PSA on big screen TV in at least 2 areas, jingles, radio and TV discussions | 34,400,000  21,500,000  **55,900,000** | **53,773,050** | **2,126,950** | **Balance to refund to UNFPA** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **output indicators**  **INDICATOR 1.1.2:**   * 50 women trained in five communities in breast self examination by September 2011   **INDICATOR 1.1.3:**   * 1000 women screened for breast cancer in the selected areas by December 2011 | **(4)** **Advocate with stake holders for sensitisation on breast and cervical cancers up the provinces (Bo, Kenema, Bombali districts) and 2 areas in the western rural area (Sussex and Waterloo):**  i.Expenses advocates to hold meetings and negotiate with district officers, TBAs, health officials in 5 areas including hire of vehicle  ii.Conduct 8 days training and sensitization in selected areas: 3x2 days +1+1 in existing structure in provinces and w rural areas for early detection examinations  iii.provide incentives to health workers  iv. Monitoring of activities | 38,700,000  18,060,000  56,760,000 | 64,099,000 | **(7,339,000)**  **7,339,000**  **NIL** | **Nil Balance**  **Readjusted from cervical screening balance of Le7,339,000** |
|  | **(5) Strengthen screening facilities at the Clinic for breast and prenatal health and provide screening activities**  **A) Establish routine structure**  i.Establish monitoring structure  ii.Purchase of consumables  iii.Maintenance of mammogram and ultrasound machines for clinical breast examinations (CBE) and ultrasound for antenatal care | 8,600,000  30,081,500  38,681,500 | 44,175,000 | **NIL** | Nil Balance |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **B) Procurement:**  iv.Purchase one laptop & accessories for monitoring officer to aid monitoring  v) Purchase one desktop computer and accessories for cervical screening room to connect with existing LAN  (Photocopier and printer purchased instead) | 5,493,500  **44,175,000** |  |  |  |
|  | **6)** Attend annual breast/cervical conference (AORTIC) for developing countries in ihase consumnsie to purc  S Africa for information sharing & advocacy | 19,350,000 | 19,350,000 | **NIL** | **NIL BALANCE** |
| **INDICATOR 1.1.4:**   * 725 women screened free by ultrasound for early detection of complications and immediate referrals for treatment & management of pregnancy | **(7) Provide prenatal health screening**  Provide Free ultrasound screening for pregnant women targeting 725 and monitoring progress (900 scans) | 43,000,000  **8,600,000**  51,600,000 | 49,200,000 | **2,400,000** | **Balance refunded to UNFPA** |
|  | **(8) Capacity Building for Cervical Cancer program:**  i.Refurbish existing room & equip for screening  ii. Prepare & print operations manual and protocol on cervical cancer  iii.Purchase consumables initial consumable  iv.TA for the training on VIA from the sub-region (south Africa): See matrix  v.Workshop on return/after training & pilot testing  vi.Familiarisation/Study tour of cervical clinic in Ghana/Nigeria | 37,080,000 | 29,684,711 | **7,395,289**  **(7,395,289)** | **NIL BALANCE**  **Request Balance amount Le7,395,289:**  **transferred as follows:**  **a)Le7,339,000 to Expansion prog (see AWP addendum)**  **b)Le56,289 to operations cost** |
| **INDICATOR 1.2.1:**  Baseline research study on reproductive health cancers (breast cervical ovarian & prostate) developed by July 2011 | (9) **Undertake a baseline research study on breast, cervical, ovarian & prostate cancers:**  Hire Consultant (SSL | 43,000,000  **2,150,000**  45,150,000 | 45,150,000 | **NIL** | **NIL BALANCE** |
|  | **(10) Attend 3 Review meetings** | 12,900,000 | 12,543,500 | **356,500**  **(356,500)** | **NIL BALANCE**  Transferred to operations cost to maintain the 12% ratio since additional funding did not include operations cost |
|  | **(11) Administrative cost** | 25,800,000 | 25,800,000 | **NIL** | **NIL BALANCE** |
|  | **(12) Operations cost** | **12,900,395** | 13,663,272 | **(88)**  350,000  56,289  356,500  **(762,789** | **Balance adjusted ZZT06**  **Transfer from Development IEC materials**  **Transfer from capacity building (CC)**  **Transfer from Review meetings** |
| **Total** | ZZT05  ZZT06 | **309,533,895**  **80,391,500**  **389,925,395** | **385,398,533.** | **4,526,862** | Balance as per cash book 31/12/11 |