



TRIP REPORT # 0-42

TRAVELERS: James Veney, INTRAH Evaluation Officer

COUNTRY VISITED: SIERRA LEONE

DATE OF TRIP: January 11-18, 1985

PURPOSE: Development of INTRAH/MOH project evaluation design and identification of potential candidates for INTRAH evaluation workshop

TABLE OF CONTENTS

EXECUTIVE SUMMARY i

SCHEDULE OF ACTIVITIES ii

I. PURPOSE OF TRIP 1

II. ACCOMPLISHMENTS 1

III. BACKGROUND 2

IV. DESCRIPTION OF ACTIVITIES 3

V. FINDINGS 3

VI. CONCLUSIONS 6

VII. RECOMMENDATIONS 7

APPENDIX A
Persons Contacted

APPENDIX B
Forms Used by PPASL

APPENDIX C
MCH Monthly Activity Report, Kanema District

EXECUTIVE SUMMARY

James E. Veney, INTRAH Evaluation Officer and Professor of Health Policy and Administration, University of North Carolina, visited Sierra Leone from January 11 to January 18, 1985. The objectives of the visit were to assist in development of the INTRAH/Ministry of Health (MOH) training project proposal to assure that a strategy for evaluation of INTRAH/MOH training activities was included in the proposal from the outset, and to identify possible candidates for a two-summer sequence of training in evaluation to be held in Chapel Hill, North Carolina. During the course of the activity, work was carried out with the MOH Core Training Team and other MOH staff. Visits were made to the Planned Parenthood Association of Sierra Leone (PPASL) headquarters in Freetown and to the offices of the Population Commission for Sierra Leone. A field trip was taken to health services clinics in Bo and Kanema in the Southern and Eastern Provinces. Of particular concern in all activities was an assessment of the extent to which the MOH has a functioning record-keeping system on which can be built the basis of an evaluation scheme for INTRAH/MOH training activities.

Results of the visit indicate that Sierra Leone will require significant assistance if it is to implement a successful family planning component into an integrated maternal and child health program through the auspices of the MOH. The trip to Bo and Kanema revealed a substantial lack of infrastructure for providing family planning services, including a lack of supplies, limited or no ability to communicate effectively with field workers because of shortages both of transport and of petrol, and no system for maintaining records of use of supplies or services, including no way to estimate the need for re-supply. While PPASL does have a functioning record-keeping and logistics system, there appear to be barriers to the successful collaboration of PPASL and the MOH. INTRAH recommends that Sierra Leone seek assistance from various sources in improving its capability to provide family planning services in a successful manner, including, specifically, that the country seek support from CDC in Atlanta for record-keeping and logistics.

Sierra Leone does offer the opportunity for a useful experimental examination of alternative strategies for providing both supervision and service in family planning if the problems of logistics, supplies and

transportation, as well as training, can be resolved. Family planning service delivery will depend, in large part, on approximately 1,100 MCH/FP Aides in rural areas who will be supervised by District Nursing Sisters (DNS). The current pattern of supervision is for the Aides to come monthly to the district level for reporting, supervision and training updates. It has been suggested that an effort should be made to send the DNS's to the Aides' posts in selected experimental districts, as a means of testing whether this first-hand supervision, and the ability of the DNS to provide a variety of services during the visits will result in higher morale among the Aides, reinforced learning by them about family planning and better satisfaction and continuation of family planning by clients. This setting provides an opportunity to pursue practical research into the provision of services as part of the overall training activity.

Several persons were identified as possible candidates for the two-summer evaluation short course sequence in Chapel Hill, but no final decision was made.

SCHEDULE OF ACTIVITIES

Jan. 11		Departure from RDU Airport
Jan. 13	13:00	Arrival Sierra Leone, met by Sister Val Gilpin, Ministry of Health Core Training Team (CIT)
	20:00	Visit at hotel by Dr. Gba-Kamara and Matron Alghali, Ministry of Health
Jan. 14	08:30-18:30	Meeting with Dr. Gba-Kamara and CIT, Connaught Hospital
Jan. 15	09:30-10:30	Meeting with AAO, Mr. William Lefes and his assistant, Ms. Yomi Decker, USAID
	11:00-12:00	Meeting with CMD, Dr. Belmont Williams and Deputy CMD, Dr. Moira Browne, Ministry of Health
	14:00-15:00	Meeting with Mr. S.A.T.P. Horton, Chief Medical Statistician, Ministry of Health
Jan. 15	15:00-18:30	Meeting with Dr. Gba-Kamara and CIT, Connaught Hospital
Jan. 16	06:00	Departure for Kanema, Bo
	10:00	Visit to Yamandu Health Center, Bo District
	12:00	Visit to District Hospital, Kanema
	13:00	Visit to Serabu MCH/FP Aide Post, Kanema District

Jan. 16 (cont.)	15:00	Visit to Bo-Pujehun Rural Development Project
	19:00	Return to Freetown
Jan. 17	08:30-11:00	Meeting with Dr. Gba-Kamara and CTT, Connaught Hospital
	11:00-12:30	Visit to Planned Parenthood Association of Sierra Leone, Freetown
	14:30-15:30	Visit with Mr. Gerald John, Executive Director, National Population Commission
Jan. 18	10:00-12:00	Meeting with Dr. Gba-Kamara and CTT, Connaught Hospital
	14:30-16:30	Debriefing with CMD Dr. Belmont Williams, Deputy CMD Dr. Moira Brown, Director of Maternal and Child Health Dr. Gba-Kamara, Ministry of Health and AAO Mr. William Lefes, USAID
	17:00-17:30	Debriefing with Dr. Gba-Kamara and CTT, Connaught Hospital
	18:30	Departure for U.S.

I. PURPOSE OF TRIP

To assist in development of the plan of action for training in Sierra Leone and to assure that an acceptable evaluation framework for the training is included in the overall project design. A secondary purpose of the trip was to identify persons who would be likely candidates for the Chapel Hill two-summer course sequence on evaluation.

II. ACCOMPLISHMENTS

During five working days in Sierra Leone, it was possible to accomplish the following:

1. Gain first-hand familiarity with the INTRAH/MOH training project and the status of family planning activities in Sierra Leone through discussion with members of the MOH Core Training Team and other MOH staff, the AID Affairs Officer, the Director of the Population Commission of Sierra Leone, staff of the Central Office of the PPASL and through a visit to MOH health facilities in Bo and Kanema Districts.
2. Assist in the development of the INTRAH/MOH training project proposal with the goal of assuring that evaluation of the program is built from the beginning.
3. See first-hand the state of recording and reporting of activities within the existing family planning program of the MOH, as well as the state of supply availability, logistics systems, and supervision/communication methods as a means to better understand the problems facing both a successful family planning effort in Sierra Leone, and the problems facing a successful evaluation of training activities.

4. Participate in a discussion of the possibility of initiating an experiment in the provision of family planning services by the MOH that would examine the training and service benefits of two alternative supervision and communication patterns between the District Health Sisters and the MOH/FP Aides at the local level. One pattern of supervision and communication would follow the current model in which MOH/FP Aides come monthly to the district level headquarters for supervision and further training. The other model would have district level supervisors travel on a monthly basis to MOH/FP Aide posts within their districts to provide health services, family planning and supervision/training in the local setting. Assessment of the experiment would include morale and skills of MOH/FP Aides, and satisfaction with and services provided to clients.
5. Discuss the possible attendees at the two-summer short course sequence on evaluation to be held in Chapel Hill with appropriate persons from the MOH.

III. BACKGROUND

The INTRAH project has both a responsibility and a mandate to provide for evaluation of its training program. This visit to Sierra Leone was an attempt to assure that evaluation is built into the training component of the project at the outset and becomes a part of the project from its inception and that a core group of persons in Sierra Leone will be trained to take up the tasks of evaluation of the INTRAH/MOH activities in a timely manner.

IV. DESCRIPTION OF ACTIVITIES

Primary activities involved in this visit were the following:

1. Briefing by the AID Affairs Officer in the offices of the American Embassy in Freetown.
2. Briefing by the CMD Dr. Belmont Williams and Deputy CMD Dr. Mbiru Browne, Ministry of Health in the offices at Youyi Building.
3. Discussions and program planning with members of the MOH Core Training Team and Director of MOH Dr. Gba-Kamara on several separate occasions at Connaught Hospital Library, Freetown (see Schedule of Activities).
4. Meeting and discussions with personnel of the PPASL, the Chief Medical Statistician of the MOH and the Executive Director of the Population Commission of Sierra Leone.
5. Field trip to Bo and Kanema Districts where visits were made to Yamandu Health Center (Bo District), the district hospital at Kanema, to the Serabu MOH/FP Aide Post (Kanema District), and the Bo-Pujehun Rural Development Project.

V. FINDINGS

Main findings of the visit to Sierra Leone are as follows:

1. Sierra Leone has, at the present time, no centrally mandated or directed system for the recording or reporting of family planning activities within the MOH health system. Further, Sierra Leone has major problems of supply, logistics, communication and

supervision within its family planning program, and indeed, within the entire MCH service system in rural areas (at least based on conditions observed in Bo and Kanema). The Chief Medical Statistician is confident that the Medical Statistician's Office will be able to maintain records on family planning activities if a satisfactory record-keeping system can be devised. One problem in devising such a system is the current requirement on the part of the MCH that the reporting system be fully integrated to include not only family planning, but all other major aspects of MCH as well.

2. The PPASL in Sierra Leone has an active recording and reporting system that is similar to that used by the Nigeria and Uganda PPA's. Sierra Leone does not, however, make use of the "continued acceptor" concept employed in Uganda -- that of a woman who has practiced family planning for at least one year. It was noted at the central PPASL clinic in Freetown that the Nursing Sister in charge had recognized the need for a method to identify those women who did not return at the expected time for resupply of contraceptives or for other family planning services they were expected to receive. A simple chronological record of expected revisits has been devised to solve this problem. The method could be a useful component of any MCH record-keeping system.

According to estimates given by staff of PPASL, there are about 8,000 women who are acceptors of family planning provided through PPASL. Of these, fifty percent use oral contraceptives, about twenty percent use IUD's, ten percent use injectibles, and the remainder use other methods. This is ample indication that oral contraceptives and IUD's, methods which the MCH cannot provide because of lack of supplies, are the methods of choice.

3. Family planning activities in rural areas, as provided by the MCH, are practically nonexistent, if Bo and Kanema are representative. At the Ymandu Health Center, one person had been given a two-month supply of condoms and one person had been given three foaming tablets

during the four-month period prior to the visit. About ten persons had been referred to Bo for IUD insertions, but there was no record of whether these had been done or not. There are about 600 new antenatal visits and 1,200 return visits at this health center annually.

At the Serabu Health Aide Post, serving an estimated 250 women in childbearing years, condoms or foaming tablets had been provided to about fifteen persons during the four months prior to the visit. In each case, only one condom or tablet had been supplied, and no one had returned for resupply.

In Kanema District there are forty-one MCH Aides providing either condoms or foaming tablets. Both methods are widely acknowledged to be unacceptable to the local population. Any woman wishing either an IUD or pills cannot be served within the MCH system for lack of supplies and are referred to PPASL. No record is kept of this referral by the MCH, and the District Health Sister was unable to say how many persons in her district may be using either pills or IUD's.

4. At the Bo-Pujehun Rural Development Center, a microcomputer is being used for evaluation purposes. The computer has been installed at the project site for three years, but has only been in use during the past year and a half (i.e., only since a computer programmer from Canada was assigned to the project).
5. Several persons were mentioned as possible candidates for the two-summer short course sequence in Chapel Hill on evaluation. A number of these persons were found to be unqualified for various reasons. Upon departure from Sierra Leone, only the following appeared to be likely candidates: Sister Louise Vincent, Ms. Fatou Yunkella and Dr. Noah Conteh.

6. While the latest census figures for Sierra Leone are those provided by the 1963 Census, it was suggested by the Executive Director of the Population Commission that good estimates of the number of women of childbearing years in Sierra Leone could be obtained from the recent (last one or two years) ILO population projections for the country. Population figures are crucial for estimations of population to be served.
7. Sierra Leone provides an excellent opportunity to assess the value and benefits of two alternative forms of training and supervision within a family planning program. One pattern of supervision and communication would follow the current model in which MCH/FP Aides come monthly to the district level headquarters for supervision and further training. In the alternative model, selected district level supervisors travel monthly to MCH/FP Aide posts within their districts to provide health services, family planning and supervision/training in the local setting. Assessment of the experiment would include morale and skills of MCH/FP Aides, and satisfaction with and services provided to clients.

VI. CONCLUSIONS

1. Service delivery through the MCH system can only be effective if a number of problems are addressed and solved, including supply, logistics, communication and supervision at the district and Aide post levels. Without a concerted attack on these problems, training in family planning service provision can only be academic.
2. Useful assistance in record-keeping could be provided to the MCH by the PPASL; however, PPASL does not use a recording format that provides for integration of all aspects of MCH, so additional input to the MCH record system is required.

3. Much effort will have to be exerted to make the MOH family planning effort a viable one. Even with training of providers, perceptions about acceptable contraceptive methods on the part of recipients will continue to be a problem. This will have to be done within the context of the overall program to provide generally acceptable contraceptive methods.
4. Experience at the Bo-Pujehun Rural Development Center in regard to the microcomputer available there suggests that some microcomputer training, as part of an overall program of training in evaluation, will be useful. There is interest in evaluation training.
5. Sierra Leone provides a valuable opportunity for the assessment of the effect of two different methods of supervision at the local level (see Section V. 7).

VII. RECOMMENDATIONS

The following recommendations are made:

1. The INTRAH training project must coincide with efforts in other areas of family planning activity in Sierra Leone. Training is a necessary, but not sufficient cause of an effective program. Sierra Leone should seek additional support in supply and supply management, logistics, record-keeping (especially from CDC in Atlanta) and any other support that might be available to assist in improving family planning services.
2. As PPASL presents a functioning model of family planning service provision, the MOH should be encouraged to call on PPASL for consultation whenever feasible. This could be particularly effective

in projections of supplies that will be needed, and in some aspects of recording and reporting.

3. To support the evaluation of INTRAH activities and to upgrade the evaluation capability of the MOH, three persons from the country (at least two from the MOH) should be asked to attend the two-summer short course evaluation sequence in Chapel Hill beginning in 1985 (possible candidates are mentioned in section VI. 5).
4. Because of the opportunity provided, an effort should be made to organize a study to assess the values and costs of a comparative study as indicated in Section V. 7.

APPENDIX A

Persons Contacted

USAID Mission, Freetown

Mr. William Lefes, AID Affairs Officer

Ms. Yomi Decker, Assistant to the AAO

Ministry of Health

Dr. Amadu Gba-Kamara, Director, MCH

Matron P. B. Alghali, Coordinator MCH, Core Training Team (CTT)

Sister V. L. Gilpin, CTT

Sister E. Siddique, CTT

Sister C. Spaine-Cole, CTT

Dr. Belmont Williams, Chief Medical Officer

Dr. Mbira Browne, Deputy Chief Medical Officer

Mr. S.A.T.P. Horton, Chief Medical Statistician

Yamandu Health Center, Bo District

Mr. E. M. Kpaka, Dispenser

Ms. Marha Goba, MCH/FP Aide

Ms. Tara Gembah, MCH/FP Aide

Western Provincial Hospital, Kanema

Ms. Joyce Bona, Community Health Sister

Ms. Hanna Dassama, District Health Sister

Serabu MCH Center, Kanema District

Ms. Lillian Sondufu, MCH/FP Aide

Bo-Pujehun Rural Development Project

Mr. Paul Senge, Evaluation Officer

Mr. Wolfgang Theis, Nutritionist, German Agency for Technical Cooperation (GIZ)

Planned Parenthood Association of Sierra Leone

Ms. Nance Jere-Jones, Executive Director

Sister Eileen Beresford-Cole, Clinical Services Administrator

PPASL Clinic, Freetown

Ms. Claudia Labor, Nursing Sister

National Population Commission

Mr. Gerald John, Executive Director

Appendix B
Forms Used by PPASL

Patient Record Form

Appendix

PLANNED PARENTHOOD ASSOCIATION OF SIERRA LEONE
FAMILY PLANNING REVISITS

DATE.....

1. Examination done.....

Date of last menstrual period.....

2. Continuants of method employed on last visit

Pills users — blood pressure.....Urine.....Weight.....

IUD users — in place/expelled/removed

Injection users—blood pressure.....Urine.....Weight.....

Other (specify).....

3. Change of Method:- Yes/No (delete one)

a) Method Changed to.....

IUD inserted/reinserted (size).....

Injection: (type).....No. of months.....

Pills (type).....No. of cycles.....

Condom.....

Other (specify).....

b) Reason for CHANGE:

Husband objects/Medical reasons/Other (underline one)

4. Termination:- Yes/No (delete one)

Reason for Termination

Husband objects/Wants pregnancy/Is pregnant/Can't follow instructions/Other

Medical reasons (specify).....

Other.....

5. REMARKS:.....

Date of Next Visit.....

Prescribed by.....

Patient Record Form

Appendix

Planned Parenthood Association of Sierra Leone

- 1. Date.....2. Clinic No.....3. Client No.....
- 4. Client's Full Name.....
- 5. Address.....
- 6. Ethnic Group.....
- 7. Husband's Full Name.....
- 8. Husband's Occupation.....

UNDERLINE THE APPLICABLE AND FILL IN THE INFORMATION REQUIRED

- 9. Marital Status: Single/Married/Divorced/Widowed
- 10. No. of Marriage (s) — Type of Marriage—Polygamous, Monogamous
- 11. Formal Education of Client: None/Primary/Secondary/College/University
- 12. Religion—Moslem, Romancatholic, Protestant, Other
- 13. Client's Occupation.....
- 14. Age.....Age at Marriage.....
Gravida.....
- 15. Parity.....Date of last Delivery.....
- 16. Number of Children alive.....None.....
- 17. No. of Abortions.....Date of last Abortion.....
- 18. Last Menstrual Period (M.P.).....
- 19. Breast Feeding: Yes/No
- 20. Previous Contraceptives Used; Yes/No Pill, Diaphragm, Rhythm, Condom, Intra Uterine
Device, Withdrawal, None, Others.....Clinic (specify).....
- 21. Reason for Change.....
- 22. Reason for Request of F, P. Service.....
- 23. Other Services: Sub & Infertility, Pap Smear, Pregnosticon Test, S. T. D.

APPENDIX B

Patient Record Form

24. MEDICAL HISTORY

Inflammation of Veins: Yes/No
Asthma: Yes/No
Diabetes: Yes/No
Thyroid Disease: Yes/No
Liver Disease: Yes/No
Drinking Habit: Yes/No
Epilepsy: Yes/No
Venereal Disease: Yes/No
Smoking: Yes/No
Renal Disease: Yes/No
Malignancy: Yes/No
Tuberculosis: Yes/No

Current illness.....

Past illness.....

Operation.....

Vaginal Discharge Yes/No

Family Medical History

25. MENSTRUAL HISTORY

Cycle.....Days of Bleeding.....Regular/Irregular.....

Dysmenorrhoea—Yes/No

Intermenstrual Spotting or Bleeding—Yes/No

MENSTRUAL FLOW

Light []

Moderate []

Heavy []

26. Breast: Normal/Abnormal (Specify).....

27. Blood Pressure.....

Urine.....Weight.....H.B.....

28. PELVIC EXAMINATIONS

Uterus: Anteverted/Mid-Position/Retroverted/Mobile/Fixed

Adnexa: Normal/Abnormal (Specify).....

Cervix: Normal/Abnormal (Specify).....

Vaginal Discharge: Yes/No

Investigation: Pap Smear.....High Vaginal Swab.....

29. METHOD ADOPTED

(a) Pill: (type).....No. of Cycle.....

(b) Injection: (type).....No of Months.....

(c) I.U.D. (Size).....

(d) Condom.....

(e) Other: (Specify).....

30. GENERAL REMARKS

.....
.....
.....
.....

31. Date of Next Visit.....

32. Prescribed By.....

APPENDIX B

Patient Appointment Form

NEXT APPOINTMENT

THE PLANNED PARENTHOOD
ASSOCIATION
OF SIERRA LEONE

..... Clinic

Case No.....

Name

Address

.....

APPENDIX B

Clinic Monthly Service Report

PLANNED PARENTHOOD ASSOCIATION OF SIERRA LEONE

FORM C1

NAME OF BRANCH/CLINIC/HOSPITAL.....

MONTHLY REPORT FORM

1st of..... TO 20th of..... 1983

TABLE I

ACCEPTORS	CURRENT MONTH	SAME MONTH LAST YEAR
1. NUMBER OF NEW ACCEPTORS		
2. NUMBER OF FIRST REVISITS OF YEAR BY OLD ACCEPTORS		
3. TOTAL ACCEPTORS (Add line 1 and 2)		
4. OTHER REVISITS BY OLD AND NEW ACCEPTORS		
5. TOTAL VISITS (Add line 3 and 4)		
6. NUMBER OF HOURS CLINIC WAS IN SESSION		

TABLE II

METHOD BY ACCEPTORS	PILL	LIPPE LOOP	COPPER 7	COPPER-T	MULTILOAD 250	DEPO-PROVERA	FOAM (Santoon) (Enko) (Delfen)	JELLY	DIAPHRAGM	CONDOM	TUBAL LIGATION	NATURAL FAMILY PLANNING	TOTAL
1. NO. OF NEW ACCEPTORS													
2. NO. OF 1st REVISITS OF YEAR													
3. TOTAL VISITS Add line 1 & 2													
4. OTHER REVISITS													
5. TOTAL VISITS Add line 3 & 4													

How many became pregnant for the following reason:

- a. Desired pregnancy..... specify contraceptive in each case
1. Pill -
 2. I.N.D. -
 3. D.P.V. -
 4. Others -

b. Method failure please specify.....

c. Any other comments (side effects, treatment and results change over etc)....

OTHER SERVICES

Sub and Infertility

1. New Clients (a) infertility (b) subfertility
2. Subsequent visits (a) infertility (b) subfertility
3. Total visits 1 + 2
4. Comments on above

POTENTIAL ACCEPTORS

1. New
2. Subsequent visits
3. Total visits 1 + 2
4. Comments.....

NAME OF OFFICER:.....

SIGNATURE OF OFFICER.....

DATE:.....

PLANNED PARENTHOOD ASSOCIATION OF SIERRA LEONE
MONTHLY QUARTERLY, HALF YEARLY, OR ANNUAL CLINIC REPORT

FIGURES FOR:YEAR.....

BRANCH	NEW ACCEPTORS	CONT. ACCEPTORS	TOTAL ACCEPTOR	TOTAL VISITS	PILLS				I.U.D.				
					N.A.	C.A.	T.A.	T.V.	N.A.	C.A.	T.A.	T.V.	
HEAD QUARTERS													
BO													
KENEMA													
MAKENI													
PORT LOKO													
LUNSAR													
KONO													
MOKANJI KAMBIA/MCH & F.P.													
LUNLEY H. CENTRE													
NETLAND M. HOSPITAL													
SMITH'S M. HOME													
POSTNATAL & FERTILITY CONTROL													
WELLINGTON IND. HEALTH CENTRE													
M. CENTRE URAH BAY LEGE													

APPENDIX B
 Clinic Monthly Activity Report



APPENDIX B
Clinic Monthly Activity Report

- 2 -

BRANCHE	DEPO PROVERA				CREAMS/ JELLIES				DIAPHRAGMS				CONDOMS				SAMPOON				OTHE
	N.A.	C.A.	T.A.	T.V	N.A.	C.A.	T.A.	T.V	N.A.	C.A.	T.A.	T.V	N.A.	C.A.	T.A.	T.V	N.A.	C.A.	T.A.	T.V	
HEAD QUARTERS																					
BO																					
KENEMA																					
MAKENI																					
PORT LOKO																					
LUNSAR																					
KONO																					
MOKANJI																					
KAMBIA/ MCH & FP																					
LUMLEY H. CENTRE																					
NETLAND M.HOSPITAL																					
SMITH'S M. HOME																					
POSTNATAL & FERTILITY CONTROL																					
WELLINGTON IND. HEALTH CENTRE																					
U.M. CENTRE																					
FOURAH BAY COLLEGE																					

18

PLANNED PARENTHOOD ASSOCIATION OF SIERRA LEONE

.....CLINIC

CLINIC SESSIONS FOR THE MONTH OF.....TO.....

SESSION	DATE	DURATION OF CLINIC	NAME OF DOCTOR IN ATTENDANCE (USE BLOCK CAPITALS)	DOCTOR'S INITIALS	NAME OF SISTER IN-CHARGE(USE BLOCK CAPITALS)	SISTER'S INITIALS	NAME OF FIELDWORKER	INITIAL OF FIELDWORKER
1		From.....to.....						
2.		From.....to.....						
3		From.....to.....						
4		From.....to.....						
5		From.....to.....						

COUNTERSIGNATURE OF MOST SENIOR WELFARE WORKER
OF BRANCH OFFICE.

DATE.

Clinic Monthly Stock Report

APPENDIX B

5

APPENDIX B

Clinic Monthly Financial Report

PLANNED PARENTHOOD ASSOCIATION OF SIERRA LEONE

CLINIC..... FORM LC4

CLINIC RECEIPTS FOR 21ST OF..... TO 20TH OF.....1983

- 1. REGISTRATION FEES @ LE3 PER CLIENT.....
- 2. MEDICAL CHECK-UP FOR & SUPPLIES OF PILLS @ LE2 PER CLIENT.....
- 3. MEDICAL CHECK-UP FOR & INJECTION OF DEPO-PROVERA @ LE2 PER CLIENT.....
- 4. MEDICAL CHECK-UP FOR I.U.D @ LE1 PER CLIENT.....
- 5. REMOVAL OF I.U.D @ LE4 PER CLIENT.....
- 6. REVISITS FOR COMPLAINTS OTHER THAN SIDE EFFECTS OF PILLS -
@ LE1 PER CLIENT.....
- 7. REVISITS FOR COMPLAINTS OTHER THAN SIDE EFFECTS I.U.D -
AT LE1 PER CLIENT.....
- 8. REVISITS FOR COMPLAINTS OTHER THAN SIDE EFFECTS - DEPO-PROVERA
@ LE1 PER CLIENT.....
- 9. CONTRACEPTIVE SUPPLIES: PILLS, CONDOM ETC. @ LE1 PER CLIENT.....
- 10. GRAND TOTAL.....

NAME:.....

SIGNATURE.....

DATE.....

22

