

ASSOCIAZIONE ITALIANA AMICI DI RAOUL FOLLEREAU
Organization for International Health Cooperation



Second year's narrative report of the project:

**“Support for the Strategic Plan for the Fight
against Leprosy in the south-east of Liberia.”**

Period: 1st October 2015- 30th September 2016



AIFO Liberia



ACRONYMS

AIFO	Associazione Italiana Amici di Raoul Follereau
ALM	American Leprosy Missions
BU	Buruli Ulcer
CHOs	County Health Officers
CHT	County Health Team
CBR	Community Based Rehabilitation
DHOs	District Health Officers
EPHS	Essential Package of Health Services
EVD	Ebola Virus Disease
GLRA	German Leprosy Relief Association
GCHVs	General Community Health Volunteers
HDR	Human Development Report
IGAs	Income Generating Activities
LFPs	Leprosy Focal Persons
LDHS	Liberia Demographic Health Survey
LMIS	Liberia Malaria Indicator Survey
MoH	Ministry of Health
NLTCP	National Leprosy and Tuberculosis Control Programme
NCD	National Commission on Disabilities
OICs	Officer in Charge
PHCs	Primary Health Care Staff
PIH	Partners In Health
SHGs	Self Help Groups
WHO	World Health Organization

1. PROJECT TITLE AND GENERAL INFOS

Project Title: “Support for the Strategic Plan for the Fight against Leprosy in South East Liberia”

Location:	Liberia (West Africa). In 5 Counties: Nimba, Bong, Grand Gedeh, River Gee, and Maryland.
Dioceses:	Diocese of Gbarnga (County of Bong) and of Cape Palmas (County of Maryland).
Local partner:	Congregation of the Missionary Sisters of the Consolata in Liberia.
Other partners:	Ministry of Health and Social Welfare (MoHSW), and National Commission on Disabilities (NCD) and German Leprosy Relief Association (GLRA)
Sectors:	Health, socio - economic and education.
Duration:	3 Years
Start date:	1st October, 2014
Overall objective:	To contribute to strengthening the national health system in the five counties of the south-east (Grand Gedeh, Sinoe, River Gee, Grand Kru and Maryland) as provided by the "Strategic Plan on Leprosy 2013-2017" of the Ministry of Health.

Specific objectives:

- 1) Increase the quantity, quality and access to services for the identification and treatment of leprosy provided by primary health centers in the communities involved in the project through specific training of medical and paramedical staff.
- 2) Develop a system of operators of RBC and health volunteers trained for the early identification of people affected by leprosy in communities, strengthening the referral system between the community and primary health centers in the area.
- 3) Improving education and the socioeconomic status of people affected by leprosy and persons with disabilities living in the project, with particular attention to the access of children to primary and secondary school.

On the 8th October 2014, CEI approved the extension of the activities also the Ebola Virus Disease.

2. GENERAL OVERVIEW

This annual narrative report reflects key programmatic activities carried out in the second year of the project by AIFO Liberia and its partners (the Congregation of the Consolata Sisters in Liberia, MoHSW and NCD), in collaboration with the Dioceses of Gbarnga (County of Bong) and of Cape Palmas (County of Maryland). This report focuses mainly on the South Eastern and Central region counties of Liberia namely: River Gee, Grand Gedeh, Maryland, Bong and Nimba. In Nimba County there is the Ganta Leprosy and TB Rehabilitation Center for referral of leprosy related cases, managed by Consolata Sisters, and leprosy and TB related referral are all concentrated in this part of Liberia. The reporting period also witnessed a new administrative management team headed by Sr. Irene Madika who took over from Sr. Augusta Galbusera, former administrator of the Ganta Rehab. The changes took place during the month of May 11, 2016. Sr. Augusta headed the administrative department of the Ganta Rehab for more than 6 years working with various

partners including AIFO to carry out leprosy and TB related programs. Nowadays, services for leprosy is gradually being decentralized in the counties mentioned by the county health institutions, thanks to the collaborative effort of AIFO, GLRA, MOH and other health related partners like Partners in Health.

The drive of the project is to support the fight against **Leprosy** in Liberia, as part of the Ministry of Health Strategic National Leprosy Plan crafted between the periods (2014-2018). During the reporting period, the MoU between AIFO, GLRA and MOH was finally signed thus acknowledging AIFO's unflinching commitment to the fight against leprosy in Liberia. So far, key results have been achieved thus realizing the overall intent of the project which is geared towards supporting the government of Liberia in the fight against leprosy and other neglected tropical diseases. As far **Ebola** is concerned, after two months of going Ebola-free, on 20 November, 2015 a new case was confirmed when a 15-year-old boy was diagnosed with Ebola and two family members subsequently tested positive as well. Health officials were concerned because the child had not recently travelled or been exposed to someone with Ebola and the WHO stated, "we believe that this is probably again, somehow, someone who has come in contact with a virus that had been persisting in an individual, who had suffered the disease months ago." Two members of the US CDC were sent to the country to help to ascertain the cause of the new cases. The infected boy died on 24 November, and on 3 December, 2015 the two remaining cases were released after recovering from the virus. The 42-day countdown toward Liberia being declared Ebola-free, for the third time, started on 4 December 2015 and ended on 14 January 2016 when Liberia was declared Ebola-free after having completed the 42 day time period.

On 1 April, 2016 it was reported that a new Ebola fatality has occurred in Liberia, and on 3 April a second case was reported in Monrovia. On 4 April it was reported that 84 individuals were under observation due to contact with the 2 confirmed cases of the virus. On 7 April Liberia confirmed three new cases since the virus resurfaced. A total of 97 contacts, including 15 healthcare workers are currently being monitored. The index case of the new flare up was reported to be the wife of a patient who died from the virus in Guinea. She traveled to Monrovia after the funeral of her husband but succumbed the disease. On 9 June, 2016 after 42 days, the country was finally declared Ebola-free for the fourth time.

Substantial gains have been made in this fight ranging from training, active case finding, integration of ex-leprosy persons, counter stigma campaigns, increased awareness on the disease among many others. As far as training on the basics of leprosy and other related Neglected Tropical Diseases for primary health care workers, community health volunteers and CBR workers are concerned, the project trained a total of **184 primary health care workers** and **16 community health volunteers and CBR workers**, thanks to the collaboration between GLRA and the Ministry of health.

In relations to economic empowerment and social integration for ex-leprosy persons and family members of ex-leprosy persons as well as persons living with disabilities in the concerned project areas, the reporting period witnessed separate micro grant ceremony for a total of **19 Self Help Groups** throughout the five counties with each receiving at least 800.00 USD. The grants were provided following an intensive training in soap making. At least **371 beneficiaries** are currently benefitting from this activity with an increased production and profit in soap.

In an effort to avert further disabilities for persons already treated from leprosy and other diseases, the project concluded two separate memorandum of understanding with the Ganta United Methodist Hospital in Nimba County and the Phebe Eye Care Unit in Bong County to provide treatment for eye complications in the concerned CBR project areas. At least **thirty five (35) ex leprosy and non-leprosy clients with eye problems** were registered during the period. **18 out of the 35 cases** received **successful surgery** and gained their sight while the remaining 17 cases undertook some minor treatment and received medication. Efforts are underway to extend partnership with the Martha Tubman Hospital in Zwedru, Grand Gedeh County. As far as leprosy and other related NTDs such as Hydrocele, Buruli Ulcer and TB are concerned, the project recorded a total referral of **121 related NTD** cases at Ganta Rehab in Nimba County, JJ. Dossen Hospital in Maryland County, Martha Tubman Hospital in Grand Gedeh County and Fish Town

Health Center in Riverge County respectively. About 60% percent of these cases have undergone successful treatment and is being reintegrated with their families and communities.

At least 22 mobility aids including walking frames, shoes, wheel chairs have been provided to ex-leprosy persons. As far as monitoring and follow-ups of patients previously treated or undergoing treatment for leprosy, persons with disabilities and other NTDs are concerned, the project recorded a total of **1185 patients** who were monitored and/or follow-up, thanks to the combined efforts of CBR workers, leprosy focal persons, community health volunteers and partners.

3. THE CONTEXT

National level

Geographic Size	111,369 km ²
Founded	July 26, 1847
Executive President	President: Ellen Johnson-Sirleaf (2018)
Per Capita Gross Domestic Product	US\$454.34 USD (2013) World Bank
Gross Domestic Product Annual Growth Rate	0.3% (2014-2015 estimate) CBL
Population Living on Less than a Dollar a Day	83.8% (UNDP HDR 2013)
Population	4.294 million (2013) World Bank
Population Growth Rate	2.4%(World Bank 2014 Population Indicators)
Life Expectancy	62.0 (WHO World Health Ranking)
Under Five Mortality	94/1000 live births (2013 LDHS)
Maternal Mortality Rate	770/100,000 live births (2010 WHO)
Access to Improved Drinking Water	73.9% (82.0% urban, 66.1% rural) (2011 LMIS)
Access to Adequate Sanitation	44% (63% urban, 27% rural) (2009 LMIS)
HIV sero-prevalence	2.1% (2.4% female, 1.9% male) (Urban; 2.5% Rural; 0.8%)2013 LDHS
Supervised Childbirth	46% (2007 DHS)
Institutional Deliveries	56% (2013 LDHS)
Vaccination Coverage (full)	51% (2010)

According to the UNDP 2015 HDR report, average life expectancy has increased from 57 to 62 percent representing a steady increase of 5%. Mean years of schooling (which is the average number of years of education received in a life-time by people aged 25 years and older) increased by 2.6 years and expected years of schooling decreased by 1.2 years. The serious economic challenges that usually accompany chronic conflict were also experienced in Liberia, where an estimated 63.8 per cent of the population now lives in poverty. The recent global economic downturn has contributed to the slow economic recovery and will stunt future economic growth for some time. However, Liberia has made some economic progress in recent years. The GDP has resiliently grown at an estimated rate of 6%-7% from the end of the conflict and during the current global economic meltdown. Notwithstanding, a sharp decrease of 0.3% has been observed immediately after the outbreak. One of the most

important news is the final draw down of the United Nations Mission in Liberia which came to an end on June 30, 2016. General security duties are now the full responsibility of the Liberian Government. This is the first time since the civil war ended 13 years ago, marking a historic milestone for the United Nations peacekeeping mission in Liberia and a major benchmark in the country's peace process. From now onwards, the UN peacekeeping forces which will include 1,240 military and 606 police personnel will have a supporting role only. The Government is taking responsibility for all aspects of Liberia's security, including executive protection, unexploded ordinance disposal and marking of Government weapons, which were handed over in recent months. More information on this development can be found on this link: <http://www.un.org/apps/news/story.asp?NewsId=54369#.V3Vj2VdEYZd>

In an effort to signal the boost for gender equality, on 29 September, the Liberian House of Representatives concurred with the Senate to pass the Equal Representation and Participation Act of 2016, establishing seven 'Special Constituencies', among which five seats would be reserved for women, one for youth and one for the disabled. This effort has also been supported by AIFO through several advocacies. More information on this development can be found on this link: www.unwomen.org/en/news/.../liberia-passes-theaffirmative-action-bill

The country's health indicators, though improving, remain unsatisfactory. According to the 2013 Liberian Demographic and Health Survey (LDHS), childhood mortality has decreased substantially. Infant mortality has drastically declined from 139 per 1000 live births to 54 per 1000 live births; under-five mortality has also drastically declined from 219 to 94 per 1000 live birth, representing an improved decline of the 1992-1996 infant and under-five mortality rates. However, Maternal Mortality Ratio in 2013 was 770 deaths per 100,000 live births which still represent one of the highest in the world.

Malaria is the leading cause of attendance in outpatient departments and is also the number one cause of inpatient deaths. Hospital records suggest that at least 33 percent of all inpatient deaths and 41 percent of inpatient deaths among children under age 5 are attributable to malaria (NMCP, 2009). This problem was exacerbated by 15 years of civil conflict that displaced populations and damaged health systems. Although curable and preventable, malaria remains a major public health problem in Liberia, where it takes its greatest toll on young children and pregnant women. Its prevalence (outpatient visits) has reduced from 66% in 2006 to 32% in 2010. According to the Liberia Malaria Indicators Survey (2011), prevalence of malaria among under-five children has reduced to 28%.

The disease Leprosy continues to be a public health problem in Liberia. WHO set an elimination target prevalence rate of less than 1 case in 10 000. Liberia had a prevalence rate of 3.61 cases per 10 000 and an incidence rate of 11.8 cases per 100 000 in 2009. The trend of cases is steadily increasing with 410, 414 and 415 cases in 2007, 2008 and 2009 (National Leprosy and Tuberculosis Control Program, 2009). The response to the leprosy situation has previously been provision of care in the leprosarium. However, the provision of care is now through integrated leprosy services at all facilities in all counties.

Activation of mechanisms for early detection, treatment and referrals is being addressed in the Essential Package of Health Services through increased training of health workers and improved capacity to manage complications. Increased sensitization and awareness about leprosy, through community education by community health volunteers, will reduce stigma associated with the disease. The Ministry of health and partners has also prioritized the involvement of other neglected tropical diseases (NTDs) in the ongoing leprosy program. NTDs affect mostly the poor of society and the disease burden remains underestimated due to their 'neglected' nature. Most of these diseases take many years to show symptoms and therefore often go undiagnosed or misdiagnosed until it is too late to reverse the damage. Around the world, one billion people are infected or at risk of infection with an NTD and 500 million of these people are in Africa, living mostly in rural areas. The Ministry of Health in collaboration with partners has launched a five-year research programme funded by the UK's Department for International Development (DFID). This research focuses on the control

and elimination of key NTDs in Liberia and is firmly set within a health systems perspective. The research work seeks to understand better implementation strategies for current NTD programmes as well as reflecting on how the programme can be better owned by communities and integrated within the health system at district, county and national levels. As the health workforce is critical in NTD programme delivery, the research has therefore identified the need to appreciate and respect the experiences and training needs of health workers to ensure that the programme remains sustainable throughout the research and beyond. AIFO is fully participatory to the process.

Liberia has also established a national vision of becoming a middle-income country by 2030 after successful implementation of the Poverty Reduction Strategy (PRS 1). Therefore, improving the health and social welfare status of the population are among the cardinal contributing factors of human development that will help the country to reach that vision. In that context, the Ministry of health led a participatory process of developing a holistic and comprehensive policy framework and plan to guide the sector over the next ten years. The process included analyzing the health and social welfare situation and lessons learned from implementing the 2007 National Health Plan, revising the National Health and Social Welfare Policy and thereby developing the 2011-2021 National Health and Social Welfare Plan, and Essential Packages of Health Services (NPHS) and (EPHS) respectively.

Local level

The project area is located in the central and northern and south-eastern Liberia on the border with the Ivory Coast, Guinea and is composed of the counties of Grand Gedeh (125,258 inhabitants), River Gee (66,789 inhabitants), Maryland (135,938 inhabitants), Bong (328,919 inhabitants) and Nimba (462,026) for a total of about a million people (1,118,930 inhabitants to be precise) according to the latest census (LISGIS, 2008). This part of the nation especially in the South East is historically the most neglected, ignored and excluded from government policies. The lack of adequate road networks making it almost impassable during the rainy season. It's an area devoid of almost all basic services, other than water that is hardly lacking. They lack electricity, schools and hospitals that offer levels of accessibility and adequacy.

With the progressive abandonment of the area by the international NGOs, as a consequence of the end of the emergency post-conflict, the social and health conditions are likely to return to alarming levels. There are no data on the leprosy patients and people with disabilities; the only findings were the result of interviews conducted with the community during a visit in December 2012 by AIFO Liberia and the National Commission on Disability, which was precisely the aim of monitoring the situation of disability in the southeast of the country. The medical staff is not able to provide adequate services to the population affected by the situation because of the general lack of education and training. In the communities of southeast, leprosy is not only a health problem, but also social, because it is still associated with strong beliefs in witchcraft popular uprisings. People with the disease are therefore discriminated against and stigmatized.

The schooling of children for families is very expensive and often not available in rural communities. There are only the fees to be paid, but also all the school supplies and uniforms are mandatory. Being the very large families is quite hard for them to meet the expenses for all the children and why the school dropout is high. Often children are forced to work for their livelihood and that of the family. The situation of children with disabilities is often dramatic. The popular belief that they see in the sign of guilt disabilities make them subject to stigma and marginalization; schools are not equipped to receive them and the teaching staff has no training. The situation of adults with disabilities is even better because of illiteracy, with the ensuing consequences. Not knowing how to read or write is a source of frustration and discrimination.

Despite the new change in government, inhabitants in these counties are still almost deprived of basic services (such as water, light, hospitals, motorways). Most people find it better to leave for the Monrovia area where the services are concentrated. Sporadic cases of leprosy are pervasive and no effective system is in place to help address this situation. Those affected by the disease are marked by continuous social, psychological and economic problems. There is evidence of hidden cases of leprosy, especially in the five counties covered by this project: Bong, Nimba, River Gee, Grand Gedeh, and Maryland;

There is one Government hospital in each county, which, however, have to face serious management and logistical problems, and are too far away for most people. The only referral hospital in the whole country is the Ganta Leprosy and TB Center which is miles away from the South Eastern Region. Government brags on resources as the main constraints to adequately address the situation of leprosy in the country even though partners like AIFO, GLRA, Ganta Rehab and the Consolata Sisters are doing their very best to help in the situation.

4. ACTIVITIES AND RESULTS

In the following paragraphs a chronogram, narrative description of the activities undergone, a table of the project implementation development and theirs indicators.

Chronogram of the activities for 2nd year - 2015 months (Gantt Chart)

Activities	2015											
	1	2	3	4	5	6	7	8	9	10	11	12
A) Training of health workers										x	x	
B) Purchase, construction and commissioning of a mobile health unit										x		
C) Facilitate the referral of patients to the Ganta Rehab												
D) Ensuring adequate standards of drug treatment, care and rehabilitation										x	x	x
E) Provision of mobility aids and tools for rehabilitation												
F) Establish a system for monitoring and follow-up for patients reintegrated into the community										x	x	x
G) Training of CBR and volunteers of health at the community level												
H) Vocational training for ex- leprosy patients												
I) Placement of ex - patients in the self-help groups and promotion of income-generating activities												
J) Scholarships												

Chronogram of the activities for 2nd year – 2016 (Gantt Chart)

Activities	2016											
	1	2	3	4	5	6	7	8	9			

A) Training of health workers				x		x						
B) Purchase, construction and commissioning of a mobile health unit								x	x			
C) Facilitate the referral of patients to the Ganta Rehab		x	x	x	x	x	x	x	x			
D) Ensuring adequate standards of drug treatment, care and rehabilitation	x	x	x	x	x	x	x	x	x			
E) Provision of mobility aids and tools for rehabilitation			x				x		x			
F) Establish a system for monitoring and follow-up for patients reintegrated into the community	x	x	x	x	x	x	x	x	x			
G) Training of CBR and volunteers of health at the community level				x								
H) Vocational training for ex- leprosy patients			x	x	x							
I) Placement of ex - patients in the self-help groups and promotion of income-generating activities					x	x	x	x	x			
J) Scholarships								x	x			

Activities	Results achieved	% Development (2 nd Year plan)	Final Year Project Activities
A) Training of health workers.	Five separate residential training courses on the basics of leprosy were organized for a total of 184 : primary health care staff (OICs, Screeners, LFPs, CBR Workers, DHOs) in each of the following counties: Maryland, Grand Gedeh, Grand Kru and Bong Counties. Disaggregated figures: Maryland -50, Grand Gedeh-50, Grand Kru-40 Bong-44	204.44% Target: 4 training courses for 90 persons. Results achieved: 5 training courses for 184 primary health care facilities staff.	<p>The project continues to surpass the target of this particular activity. Training remains essential for the overall success of the project. The</p> <p>11 involvement of other NTDs including Hydrocele, Burlui Ulcer, Lymphodema among others in the ongoing leprosy program has triggered the need for additional training to health workers.</p> <p>During the last year of the project at least 1 refresher training will be organized for basic PHC staff in the CEI project counties.</p>

<p>B) Purchase, construction and commissioning of a mobile health unit.</p>	<p>Following the sale of the ambulance which was not in a proper condition to carry us through for the remaining years, a total of five (5) sets of motor bikes were purchased for CBR workers in four counties (Nimba, Grand Gedeh, Rivergee and Maryland Counties) including the Regional Coordinator. Bong County purchase will be carried out during the start of the third project year considering the training of CBR workers on the usage of the bikes. The materials were purchased to make the movement of the CBR workers smooth so as to have direct access in the isolated and rural communities.</p> <p>At least nineteen (19) rural communities throughout the 5 counties have been regularly accessed by CBR workers and MOH Health personnel at county level for detection and home-based care of leprosy.</p>	<p>26%</p> <p>Target: 75 Rural communities of the Counties of Grand Gedeh, Rivergee, Maryland, Nimba and Bong reached regularly by mobile clinic unit duly equipped for detection and homebased care of leprosy depending on the budget</p> <p>Results Achieved: (19) rural communities of the 5 counties have</p>	<p>CBR Workers, LFPs and other PHC staff and the Field coordinator will effectively work together in identifying, referring and treating more NTDs related cases.</p> <p>During the start of the third and final project year, CBR workers and PHC staff will rigorously identify new and isolated communities showing signs NTDs related cases.</p>
<p>C) Facilitate the referral of patients to the Ganta Rehab.</p> <p>As far as referral of patients is concerned, the reporting period</p>	<p>witnessed a total of 121 related NTDs referral cases at Ganta Rehab and other major health facilities at county level.</p> <p>Of the 121 cases referred, 12 cases were confirmed as MB, 36 cases PB, 13 cases of wound care, 5 TB cases, 7 BU cases, 13 Hydrocele cases and 35 cases of eye care for ex-leprosy persons respectively. Some of these cases have undergone or are currently undergoing treatment.</p> <p>been regularly accessed by CBR workers and MOH Health personnel at county level for detection and homebased care of leprosy.</p> <p>173%</p>	<p>Target: at least 70 related leprosy cases for referral at the Ganta Rehab and other health facilities depending on available resources</p> <p>Results Achieved: 121 NTDs related cases referred so far.</p> <p>¹² The referral of patients affected</p>	<p>with leprosy and other related NTDs continue to score high mark in the concerned CBR project areas. Although the project has surpassed the target of this particular activity as for the second year, the need for more referral at county level cannot be underestimated.</p> <p>During the final year, CBR workers and the focal persons on</p> <p>NTDs at county level will jointly execute an outreach supported by</p>



AIFO Liberia in case of an early case detection and referral.

- ❖ CBR workers, MOH Eye Division Unit and regional coordinator will harmonize and execute the referral plan for eye care intervention in the counties for exleprosy persons.

D) Ensuring adequate As far as the reporting period is concerned, this During the final year, AIFO and standards of drug activity recorded a total of five separate joint Ganta Rehab will collaborate to treatment, care and monitoring and supervision missions to the provide Technical training for CBR rehabilitation. Central and South Eastern counties of Bong, 86% workers and LFP's on locally

	<p>Nimba, Maryland, Rivergee and Grand Gedeh counties. The monitoring mission was organized together with GLRA represented by Dr. Krishna, MOH represented by Leprosy Focal Persons from the 5 counties and Mr. Sam Dee of the Ganta Rehab. AIFO National Focal Point, Programme Officer and Regional Coordinator, J. Sylvester Roberts, Luther Mendin and Jonathan Davis also formed part of the mission.</p> <p>The mission was intended to conduct hands on trainings on the Basic of Leprosy with PHCs staff at the counties and districts level and also to assess leprosy clients in the various CBR project communities, visit health facilities and determine the level of care and rehabilitation needed for their full integration in the community. Some hands on rehabilitation activities were carried out together with CBR workers.</p> <p>Also during the period, AIFO concluded arrangements with Ganta United Methodist Hospital and the Phebe Eye Care unit to provide treatment and care for ex-leprosy and non-leprosy patients encountering eye problems in the concerned project areas of Bong & Nimba counties. Arrangements have been concluded with the Eye Department of the County Hospital in Grand Gedeh County to provide similar support.</p> <p>At least 84 leprosy and other NTDs related cases as well as care for eye complications have all undergone some level of treatment or have been treated and rehabilitated in their respective communities.</p>	<p>Target: at least 100 leprosy and other NTDs related cases referred have accessed treatment, care & rehabilitation yearly. 5 designated referral centers are supportive of eye care cases for ex leprosy and nonleprosy persons.</p> <p>Results Achieved: Two referral health centers (Ganta United Methodist Hospital & Phebe Eye Unit) have both reached an agreement with AIFO to support treatment for eye services.</p> <p>84 leprosy and other NTDs related cases as well as care for eye complications have all undergone some level of treatment or have been treated and rehabilitated in their respective communities</p>	<p>made appliances for ex-leprosy persons and/or persons with disabilities.</p> <p>CBR workers, LFPs, and Coordinators will constantly provide home based service to patients and also train parents in doing the same.</p> <p>CBR workers, LFPs, and Coordinators will constantly visit homes of patients in assessing the improvement during the rehabilitation process of patients.</p>
--	---	--	--

<p>E) Provision of mobility aids and tools for rehabilitation.</p>	<p>During the reporting period, a total of 22 mobility aids including wheel chairs, walking frame, crutches and shoes were provided to 22 ex leprosy persons and/or persons with disabilities in Bong Nimba and Grand Gedeh counties, thanks to the partnership between AIFO & Ganta Rehab. The mobility aids have helped greatly in the movement abilities of these affected persons.</p> <p>CBR workers and family members continue to provide practical home based support to the clients to ensure smooth mobility in their respective environment.</p>	<p>88%</p> <p>Target: At least 25 assistive devices /mobility aids of different categories distributed yearly to former leprosy persons in the concerned project areas depending on budget availability as well as conditions at Ganta Rehab.</p> <p>Result Achieved: A total of 22 mobility aids of different categories were provided to exleprosy persons in the concerned project communities.</p>	<p>During the final year, AIFO and Ganta Rehab will collaborate to provide Technical training for CBR workers and LFP's on locally made appliances for ex-leprosy persons and/or persons with disabilities. This will help reduce the many burdens ex-leprosy persons with physical disabilities faced.</p> <p>AIFO will release funds to Ganta Rehab to upgrade their technical workshop.</p> <p>CBR workers will continue to refer clients needing mobility aids to Ganta rehab. Efforts will be made during the dry season to extend this opportunity to counties that have not received.</p>
--	---	--	--

<p>F) Establish a system for monitoring and follow-up for patients reintegrated into the community.</p>	<p>As far as monitoring and follow-ups of patients are concerned, AIFO CBR workers and Partners in Health have both reached a collaborative agreement to carry out joint monitoring and followups visits to patients who have undergone treatment in the concerned CBR project communities of Maryland and Grand Gedeh counties. This visit is done thrice monthly with the help of PIH's project vehicles.</p>	<p>79%</p> <p>Target: At least 1500 patients who were treated including (leprosy and ex leprosy persons and other persons with disabilities) regularly reached through monitoring & follow-ups and rehabilitation</p>	<p>CBR Workers, LFPs, PIH Community Workers, & MOH will on a quarterly basis carried out a joint monitoring visits in the counties</p> <p>Weekly monitoring and follow-ups of patients by CBR workers will be reinforced</p> <p>Collation of all patients reintegrated under the project at</p>
	<p>In Rivergee, Nimba and Bong counties, CBR Workers continues to cooperate with leprosy focal persons to assess and follow-up on patients. In case of severity of the case, said patient is further referred to Ganta Rehab and/or the health facility for additional follow-ups. Social reintegration is then applied at the level of the community by CBR Workers, family members and members of AIFO's SHGs.</p> <p>At least 1185 clients who were previously treated throughout the 5 counties and reintegrated into the communities were regularly reached during the period under review throughout the five counties.</p>	<p>programs.</p> <p>Result Achieved: 1185 clients regularly reached during the period under review</p>	<p>the end of the project</p>

<p>G) Training of CBR workers and volunteers at community level.</p>	<p>Between April 10th-16th, 2016, a week long residential training on integrated NTDs management was held in Bong County for a total of 16 participants including CBR workers and community health volunteers. The training was organized by AIFO in collaboration with GLRA and MOH.</p>	<p>19%</p> <p>Target: 85 CBR Workers and health volunteers trained and updated for early detection of leprosy cases and for the social rehabilitation of former patients.</p> <p>Results Achieved: 16 CBR workers and community health volunteers trained.</p>	<p>AIFO will provide financial and technical support to this training (NTDs Management) while GLRA and MOH will support technically(Presentation and training material, lessons)</p> <p>Considering the budget constraints, the project cannot recruit additional CBR workers but efforts will be made to include other cadres of community health worker to form part of the training.</p>
<p>H) Vocational training for ex- leprosy patients</p>	<p>During the period under review, vocational training in soap making commenced in the initial phase for a period of two months (February and March) for a total of 96 participants comprising of ex-leprosy persons and family members of ex-</p>	<p>149%</p> <p>Target: 250 former leprosy patients supported in accessing vocational training and</p>	<p>2 weeks residential training on micro agriculture for ex-leprosy persons is foreseen during the third year of the project. BAHCAGWE, a DPO based</p>

	<p>leprosy persons from Nimba, Rivergee, Grand Gedeh and Maryland counties. 8 SHGs from the four mentioned counties received basic materials for the training during the period. Qualified trainers' from the counties were selected to spearhead the training.</p> <p>Subsequent refresher trainings on the production of soap and business management skills was intermittently carried out for a total of 275 participants comprising of ex-leprosy persons, persons with disabilities and family members.11 SHGs from the CEI project counties benefited from the intervention.</p> <p>The various kinds of soap being produced are Blue soap, washing soap and bathing soap.</p> <p>At least 96% of the trainees have some form of knowledge on soap making production. The training was recommended by the beneficiaries themselves due to market demand at county level.</p>	<p>provided with small funds to start Income Generating Activities.</p> <p>Results Achieved: 371 ex-leprosy persons and/or family members have benefitted from training.</p>	<p>agricultural group who have partnered with AIFO in similar project will be contacted for this intervention.</p> <p>Regular training on Small Business Management scale will be further reinforced.</p>
--	---	--	---

<p>I) Placement of ex - patients in the self-help groups and promotion of income-generating activities.</p>	<p>19 (nineteen) SHGs from Nimba, Bong, Rivergee, Grand Gedeh and Maryland counties each received an amount of USD 800.00 thereby totaling USD 15,200.00</p> <p>At least 371 persons are currently benefitting from this grant. The amount is being used to produce more soap to generate income and improve the living condition of each member.</p> <p>The amount was given following the successful</p>	<p>149%</p> <p>Target: 250 former leprosy patients supported in accessing vocational training and provided with small funds to start Income Generating Activities.</p> <p>Results Achieved: 371 ex-leprosy persons</p>	<p>Additional grants will be provided to groups that are still managing and maintaining previous grants given them from the last project year. The project staff will lobby with existing micro financial institutions for additional support in this light.</p>
	<p>completion of the training in soap making. As part of the grant distribution exercise, local community leaders and members of the SHGs along with AIFO national staff organized a brief grants distribution program to highlight the essence of the grant and promote the social integration of persons affected with leprosy and/or persons with disabilities.</p>	<p>and/or family members are economically benefitting from a grant provided by AIFO, thanks to the contribution from CEI.</p>	<p>17</p>

<p>J) Scholarships</p>	<p>Following the approval from CEI to support children of ex-leprosy persons and/or children with disabilities to get enrolled in regular school instead of adult literacy, the project supported at least sixty seven (67) children in the regular school system.</p> <p>The full payment of the 2016/2017 academic school year as well as materials including book bags, uniforms, books among others were provided to the students.</p>	<p>45%</p> <p>Target: 150 (children of ex-leprosy persons and children with disabilities) supported in regular school</p> <p>Results Achieved: 67 children of ex-leprosy persons and/or children with disabilities are benefiting from a scholarship program in the regular school system</p>	<p>This support will be given by AIFO based on beneficiaries meeting the requirement</p> <p>AIFO will lobby with MoE in maintaining the county scholarship scheme for its beneficiaries after the end of its scholarship program to children with disabilities</p>
------------------------	---	--	--

A. Training of health worker

Three separate residential training courses on the basics of leprosy were organized for a total of **140** primary health care staff (OICs, Screeners, LFPs, CBR Workers, DHOs) in each of the following counties: Maryland, Grand Gedeh and Grand Kru. The training courses were facilitated by Dr. Krishnan, Senior Medical Advisor from India and co-facilitated by Leprosy focal persons in the afore-mentioned counties, and by other local facilitators, including Clinical Supervisors and Focal Persons on TB & HIV and on leprosy from the government service. AIFO South Eastern Regional Coordinator, Sylvester Roberts coordinated the training sessions. Learning methods during the training were all practical by seeing and doing with patients, treatment card, MDT blister packs and prednisolone.

In other separate trainings, the Liberia National Leprosy Control Programme in collaboration with AIFO and GLRA on the 3rd of June 2016 held two training courses for a total of forty four (44) OICs and Screeners on the basics of LEPROSY, BU, and LYMPHATIC FLARIAIS & HYDROCELE. The health workers who came from all the eight health District of Bong County obtained the knowledge within two (2) days. (Seventeen) 17 were trained on the 2nd of June while Twenty Seven (27) were trained on the 3rd of June 2016. This training was financially supported by GLRA while AIFO was technically involved in the entire training process, like presentation on our CBR approach, preparation of training materials, logistics and etc.

As far as results are concerned, the following have been achieved as a result of the training provided:

- Improved quality of treatment observed at district levels.
- Improved quality of diagnosis on leprosy and Buruli ulcer is much more valid and reliable.
- Appreciable knowledge of other NTDs including Hydrocele, Lymphodema among others.
- Knowledge and skills of OICs & Screeners at district health facility is significantly improved.
- Increased # of detected new cases compared to previous years.

Please find below a table indicating full details of the training:

NO of Traini ng.	TYPE OF TRAINING	DATES	LOCATION	TRAINEES	TRAINERS/CO ORDINATORS
1.	<ul style="list-style-type: none"> • Basics of Leprosy • Information on Buruli Ulcer 	November 2-4, 2015	Zwedru, Grand Gedeh County-Youth Center	PHC Staff(Screeners & OICs) 50 trainees from 25 health facilities	Dr. Anand Krishna-GLRA/MOH Mr. Federick Yarsiah Leprosy Focal Person the Clinical Supervisor, Mr. Sylvester Roberts/AIFO
2.	<ul style="list-style-type: none"> • Basic of Leprosy • Information on Buruli Ulcer 	November 7, 2015	Barclayville, Grand Kru County-City Hall	PHC Staff(Screeners & OICs) 40 trainees from 19	Dr. Anand Krishna-GLRA/MOH Mr. Sylvester

				health facilities	Roberts/AIFO Mr. T. Fannoh Brooks-Focal Person on Leprosy Mr. J. Nepolu Kollie-Clinical Supervisor
3.	<ul style="list-style-type: none"> Basics of Leprosy Information on Buruli Ulcer 	November 5 9-11, 201	Harper CityJJ. Dossen Hospital, Maryland	PHC Staff(Screeners & OICs) 50 trainees from 50 health facilities	Dr. Anand Krishna- GLRA/MOH/Mr. Eugene Glomah-Focal Person on Leprosy and the Clinical Supervisor Mr. Sylvester Roberts/AIFO
4.	<ul style="list-style-type: none"> Basics of LEPROSY, BU, and LYMPHATIC FLARIAIS & HYDROCELE 	June 20162,	Gbarnga City- Phebe Hospital, Bong County	PHC Staff(Screeners & OICs) 17 trainees from 8 health facilities	Mr. Jonathan S. Davies/AIFO Mrs. Dedeh Kesselly/MOH Dr. Anand Krishna- GLRA/MOH/
5.	<ul style="list-style-type: none"> Basics of LEPROSY, BU, and LYMPHATIC FLARIAIS & HYDROCELE 	June 2016 3,	Gbarnga City- Phebe Hospital, Bong County	PHC Staff(Screeners & OICs) 27 trainees from 8 health facilities	Mr. Jonathan S. Davies/AIFO Mrs. Dedeh Kesselly/MOH Dr. Anand Krishna- GLRA/MOH/

Category of Health Staff Trained	Total Number of Health Staff Trained	County
Screeners	25	Grand Gedeh
OICs	25	Grand Gedeh
Screeners	19	Grand Kru
OICs	21	Grand Kru
Screeners	25	Maryland
OICs	25	Maryland
Screeners	22	Bong
OICs	22	Bong
Total # of Health Practitioners Trained on Leprosy & other NTDs: 184		

B. Purchase, preparation and put into operation of a mobile health unit

An ambulance was bought in Year 1, however because of the very bad conditions of the roads in the South East of the Country, the vehicle was heavily damaged in a short time. As a consequence, it had serious financial burden as it relates to maintenance since the vehicle was actually ineffective to carry on the task. Hence, AIFO and the local partner agreed to have the vehicle sold to purchase cost effective motorbikes that will be used by CBR Workers and Leprosy Focal persons to effectively deal with leprosy identification, referral and treatment. This choice made possible to achieve on a more regular basis the most remote areas, because the bikes are able to move where the vehicles fail, coordinating the possible intervention by the vehicle in Ganta Rehab when needed. This made possible to continue to pursue the specific objective, without variation. As for the ambulance, the maintenance of the motorcycles costs are borne by AIFO and its partners: no costs are in the project financial reporting. A specific communication about this point was sent by e-mail to CEI on the 15th March 2016.

During the months of June and July, the ambulance was put on sale to enable the office procure some six (6) motor bike in providing mobility at the level of the counties for CBR workers and Field Regional Coordinator. The proceeds from the sale of the ambulance vehicle was deposited in AIFO Liberia LBDI Bank account. A total of five (5) sets of TVS and ISUZU motor bikes were purchased in August for CBR workers in four counties including the Regional Coordinator. The materials were purchased to make the movement of the CBR workers smooth so as to have direct access on the job. Bong County did not receive due to the two (2) CBR workers inability on bike riding. During the start of the 3rd year, AIFO will provide some technical support in this light and the bikes will be purchased. At least nineteen (19) rural communities throughout the 5 counties will be regularly accessed by CBR workers and MOH Health personnel at county level for detection and home-based care of leprosy and other neglected tropical diseases.

C. Facilitate the referral of patients to the Ganta Rehab

As far as referral of patients is concerned, the reporting period witnessed a total of **121** related NTDs referral cases at Ganta Rehab and other major health facilities at county level.

Of the **121 cases** referred, **12 cases** were confirmed as **MB**, **36 cases PB**, **13 cases of wound care**, **5 TB cases**, **7 BU cases**, **13 Hydrocele cases** and **35 cases of eye care for ex-leprosy persons** respectively. About **60%** of these cases have undergone successful treatment.

All of these cases emanated from Nimba, Bong, Maryland, Grand Gedeh and Rivergee Counties. **Disaggregated figures per county:**

Maryland County:

In **Maryland County**, **3 confirmed PB cases** were referred to the **Pleebo Health Center** on February 12, 2016.

Moreover, during the month of June 2016, the CBR workers in Maryland County implemented the following activities: Identification of **ten(10) hydrocele clients**, **Five(5) confirm MB** and **two(2) confirmed PB leprosy cases**. All of these cases were detected and diagnosed on the 28th of

June 2016, thanks to the general field visit carried out in Barrobo, Maryland County by AIFO CBR workers and PIH field supervisor Mr. Zazay. All of the patients were referred on the 4th of July 2016 at the JJ Dozen hospital and are currently undergoing treatment.

River Gee County:

In Rivergee County, CBR workers identified a total of **nineteen(19)** suspected cases of both TB and Leprosy. This took place intermittently on March, and May, 2016 respectively. Out of the **19 suspected cases, eighteen(18)** were confirmed by both focal person and CBR workers. **Eighteen(18)** of the **nineteen(19)** confirmed cases were all **PB** and **one(1) TB**. All of the cases were put on treatment on the 17th of June 2016 at Fish Town Health Center in Rivergee County.

Grand Gedeh County:

In Grand Gedeh County, at least **five (5) cases** both **MB, hydrocele and TB** were identified on the 18th of June 2016 and July 12, 2016 respectively; unfortunately, the TB client died on the 20th of June 2016 while on his way to the facility for check-up .The **two (2)hydrocele clients** and **two(2) confirmed MB cases** were schedule on the 4th of August 2016 for treatment. At least **4 ex leprosy clients** received shoes from PIH as a result of referral made by CBR workers.

Nimba County:

In Nimba County, CBR workers were able to identify **eighteen(18) patients** both TB, BU, leprosy and hydrocele clients.Out of the eighteen, **three(3) were TB positive, six(6) were positive PB cases six(6) BU, two(2) confirmed MB cases and one(1) hydrocele**. All were put on treatment in both Kpain clinic and Ganta Rehab for proper medication. A total of **8 cases** of wound care referred from Wuo's Town and LPRC communities were also treated.

Bong County:

During the reporting period, **three (3)** of AIFO's clients, **Tenneh King Martha Tokaph** and **Moses Momo** of Bong county all underwent treatment for **MB treatment**. Of the three (3) clients, two under-went amputation on May 29, 2016. The two received a wheel chair from Ganta Rehab and has since been reintegrated with their family and community. An amount of USD 100.00 each was given by AIFO as welfare fund. At least **7 confirmed PB and 3 wound care cases** referred were also treated at Ganta Rehab.

As far as referral for eye care services are concerned, a total of thirty three five **(35) ex leprosy and non leprosy clients** with eye problems were registered during the period in Nimba and Bong Counties. Out of the **35 registered cases, 18 cases** referred to the Ganta United Methodist Hospital underwent a successful surgery on the eye. The remaining 17 clients undertook some minor treatment and receive medication at the Phebe Eye Unit and Ganta Hospital respectively.

Grand Gedeh	
MB Cases	2
PB Cases	0
Children	0
Grade 2 Disability	4
Total # of Buruli Ulcer Cases Detected	0
Total # of Hydrocele Cases Detected	2
Total # of TB Cases Detected	1
Total # of eye care cases Detected for exleprosy Persons	0
Total # of Patients currently on Treatment	3

Total # of Patients Treated	6
Rivergee	
MB Cases	0
PB Cases	18
Children	2
Grade 2 Disability	0
Total # of Buruli Ulcer Cases Detected	0
Total # of Hydrocele Cases Detected	0
Total # of TB Cases Detected	1
Total # of eye care cases Detected for exleprosy Persons	0
Total # of Patients currently on Treatment	21
Total # of Patients Treated	0
Maryland	
MB Cases	5
PB Cases	5
Children	1
Grade 2 Disability	1
Total # of Buruli Ulcer Cases Detected	0
Total # of Hydrocele Cases Detected	10
Total # of TB Cases Detected	0
Total # of eye care cases Detected for exleprosy Persons	0
Total # of Patients currently on Treatment	12
Total # of Patients Treated	10
Nimba	
MB Cases	2
PB Cases	6
Children	2
Grade 2 Disability	8
Total # of Buruli Ulcer Cases Detected	6
Total # of Hydrocele Cases Detected	1
Total # of TB Cases Detected	3
Total # of eye care cases Detected for exleprosy Persons	18
Total # of Patients currently on Treatment	16

Total # of Patients Treated	30
Bong	
MB Cases	2
PB Cases	7
Children	3
Grade 2 Disability	3
Total # of Buruli Ulcer Cases Detected	0
Total # of Hydrocele Cases Detected	0
Total # of TB Cases Detected	0
Total # of eye care cases Detected for exleprosy Persons	17
Total # of Patients currently on Treatment	10
Total # of Patients Treated	22

D. Ensuring adequate standards of drug treatment, care and rehabilitation

Between **November 2-11, 2015**, a joint mission to the South Eastern counties of Maryland, Grand Kru and Grand Gedeh was organized together with GLRA represented by Dr. Krishna and Mr. Sam Dee, CBR National Coordinator on Leprosy assigned at the Ganta Rehab. AIFO South Eastern Regional Coordinator, J. Sylvester Roberts also formed part of the mission.

The mission was intended to conduct training on the basics of leprosy for PHCs staff at counties and districts level and to assess leprosy clients in the various CBR project communities, visit health facilities, understand CBR workers work at community level and determine the level of care and rehabilitation needed for the full integration of ex-leprosy persons including other people with disabilities. Some hands on rehabilitation activities were carried out together with CBR workers.

Local health nurses have also been tasked with the responsibility of prescribing the right medication and treatment when cases of leprosy emerge in the various communities. This exercise will be a continuous effort to ensure that effective care and treatment for leprosy affected persons are carried out at community level.

During the months under review, CBR Workers and leprosy focal persons worked collaboratively to ensure treatment and care for identified leprosy persons undergoing treatment.

At least **84** leprosy and other NTDs related cases as well as care for eye complications have all undergone some level of treatment or have been treated and rehabilitated in their respective communities.

On **March 11 and 12, 2016**, separate visits were made to PIH in Maryland and Grand Gedeh counties to identify working synergies for effective community based support for leprosy affected persons. AIFO National Focal Person, Sylvester Roberts and AIFO Programme and Communications Officer, Luther Mendin as well as CBR workers assigned in Grand Gedeh and Maryland counties participated to the meetings. The meeting concluded with a mutual understanding to support CBR workers in the discharge of their duties at community level. PIH promised to provide additional logistical and capacity building support to CBR workers and provide information sharing in Maryland and Grand Gedeh County.

Moreover, **two(2)** of AIFO's clients, **Tenneh King** and **Moses Momo** of Bong county all underwent treatment for **MB treatment**.. One of the two clients was finally amputated on May 29, 2016 and was provided a wheelchair. They both have since been reintegrated with their family and community. At least 100.00USD each was given to them by AIFO as welfare fund.

Also during the period, AIFO concluded arrangements with Ganta United Methodist Hospital and the Phebe Eye Care unit to provide treatment and care for ex-leprosy and non-leprosy patients encountering eye problems in the concerned project areas of Bong & Nimba counties. The partnership for eye care at Ganta United Methodist Hospital and Phebe Eye Care Unit ended as of August, 2016. Continuation of this partnership will be pursued as of the next project year. The partnership between these two institutions yielded substantial results ranging from treatment of complicated eye cases to surgery. At least **35 ex-leprosy** persons from Bong and Nimba counties have so far received care for the eye and/or successful surgery. Leprosy, BU and other NTDs are still been referred at designated health facilities in the counties. The treatment and monitoring of these cases are being guaranteed by health staff at Ganta Rehab, Leprosy Focal persons and CBR workers respectively. Arrangements have been concluded with the Eye Department of the County Hospital in Grand Gedeh County to provide similar support.

E. Provision of mobility aids and tools for rehabilitation

During the reporting period, a total of 22 mobility aids including wheel chairs, walking frame, crutches and shoes were provided to 22 ex leprosy persons and/or persons with disabilities in Bong Nimba and Grand Gedeh counties, thanks to the partnership between AIFO & Ganta Rehab that purchased the aids and tools. Therefore there are no costs related to the purchase of the materials in the financial reporting.

The mobility aids have helped greatly in the movement abilities of these affected persons. CBR workers and family members continue to provide practical home based support to the clients to ensure smooth mobility in their respective environment.

A two days exercise took place on the 17th of June, and 19th of September 2016 basically for the provision of mobility aids to clients that were referred by CBR workers.

AIFO will continue refer clients needing mobility aids to Ganta rehab. Efforts will be made to extend this opportunity to other counties in the south east particularly Maryland and Rivergee.

F. Establish a system for monitoring and follow-up for patients who were treated at Ganta Rehab and reintegrated into the community

As far as monitoring and follow-ups of patients are concerned, AIFO CBR workers and Partners in Health have both reached a collaborative agreement to carry out joint monitoring and followups visits to patients who have undergone treatment in the concerned CBR project communities of Maryland and Grand Gedeh counties. This visit is done thrice monthly with the help of PIH's project vehicles.

In Rivergee, Nimba and Bong counties, CBR Workers continues to cooperate with leprosy focal persons to assess and follow-up on patients. In case of severity of the case, said patient is further referred to Ganta Rehab and/or the health facility for additional follow-ups. Social reintegration is then applied at the level of the community by CBR Workers, family members and members of AIFO's SHGs.

At least 1185 clients who were previously treated throughout the 5 counties and reintegrated into the communities were regularly reached during the period under review throughout the five counties.

G. Training of CBR and volunteers of health at the community level

A residential training for Community Health Assistants (**CHAs**) and Community Based Rehabilitation Workers (**CBR**) was held from **April 10- 16th, 2016** at the Estella Hotel Compound in Gbarnga, Bong County. The training organized by AIFO in collaboration with GLRA and the Ministry of Health was intended to promote the integration of neglected tropical diseases (**NTDs**) in ongoing health related programs implemented by international partners especially those implementing some of the NTDs like leprosy, TB etc. In fact, this was an agreement reached by the MOH and all NTDs partners in the country following a 3 days NTDs meeting held in Grand Bassa County.

Initially, AIFO had requested to the MOH that CHAs form part of the training but according to the head of the TB and Leprosy Control Programme, **Mrs. Dede Keselly**, they would prefer for the TB/Leprosy & HIV Focal Persons at county level to undergo the training so as to provide further training at community level for CHAs. Therefore, a total of **6 persons** from the National Leprosy and TB Control Program representing **Nimba, Bong, Grand Gedeh, Rivergee, Grand Bassa and Rivercess counties** formed part of the training. As far as AIFO CBR workers are concerned, a total of **10 persons** representing **Bong, Nimba, Grand Gedeh, Rivergee and Maryland**

Counties formed part of the training. Overall, a total of **16 persons** participated to the 1 week training course.

Two Facilitators in person of **Dr. Anand Krishna of GLRA and MOH** and **Miss. Susu Thompson of the Leprosy Control Program** served as facilitators for the Training Course. **Mr. Luther Mendin and Mr. Jonathan S. Davies** ably coordinated the training sessions throughout the week and led a facilitation on CBR and CBID. A general discussion and brainstorming on the way forward for the project was also carried out during the last day of the training. During the first two days of the training, Mrs. Susu Thompson did an in-depth presentation on TB. Before her presentation, a pretest was given to CBR workers to test their knowledge on TB. Following the pretest, Mrs. Thompson drew conclusions on where she could effectively facilitate as far as her topic was concerned. Therefore, her presentation during the two days (**April 11-12**) period centered around the **signs and symptoms of TB, patient treatment and community based home care, types of TB, effective health communication skills etc.** Miss. Thompson then demonstrated the proper medication of a TB patient on a treatment card. Each participant received a sample of the treatment card to carry on the demonstration. TB & Leprosy Focal persons attending the training provided lessons learnt and best practices.

On **April 13-14**, Dr. Krishna led an introductory training on the below subjects;

- Hydrocele,
- Lymphatic filarial, • Buruli ulcer &
- Leprosy.

The topics covered were the facts about the disease, cause, intermediate host/ vector, transmission of the disease, environmental factors, symptoms, signs of the diseases, treatment, preventive methods, and complications of the disease. As part of the facilitation, there was a visit to the community to practice community education, cases of Tuberculosis, Leprosy, Buruli ulcer, hydrocele, lymphatic filarial cases identification. The total number of participants was divided into two groups and sub groups to deliver the message & for passive case finding in the community. The first group went to Leprosy camp in Bong County while the second group went to 3 different communities in SKT community -in the same county. The second group also included a visit to the primary school for sensitization on Tb & leprosy in the community. Both groups were accompanied with the facilitators and course coordinators/ organizers. During the community visitation, three persons were referred to the Ganta Rehab, one for lab investigation, one for palliative care and one for management of complications due to leprosy. The second group examined suspects. After returning from the communities the groups presented their work done at different communities & had group discussions to share their lessons learnt. During the last day of the training, Mr. Luther Mendin led an interactive session on CBR, its evolution, concept, principles and the evolving trend from CBR to Community Based Inclusive Development (CBID) etc. CBR Workers shared their knowledge with the newly recruited workers from Bong County so as to provide better understanding of the approach. On the same note, Mr. Mendin led a group discussion on the CBR Matrix whereby the participants were grouped into five to discuss possible activities under each of the matrixes. During the afternoon and evening sessions, Mr. Mendin and Mr. Davies led an open discussion on the CEI project, results achieved for Year 1 and the way forward. CBR workers brainstormed and provided alternative means to ensure an effective output of the CEI project during its second year of implementation. To be specific, discussions centered on the effectiveness of the SHGs, the referral pathway for suspected cases and linkages with partners at county level as a means of sustainability for the project. A simplified reporting format taking into consideration all of the activities of the project were concluded upon.

H. Vocational training for ex-leprosy patients

During the period under review, vocational training in soap making commenced for a period of two months (**February and March**) for a total of **96** participants comprising of ex-leprosy persons and family members of ex-leprosy persons from **Nimba, Rivergee, Grand Gedeh and Maryland** counties. **8 SHGs** from the four mentioned counties received basic materials for the training during the period. Qualified trainers' from the counties were selected to spearhead the training. In Rivergee County, Mrs. Hannah Brooks served as the soap making trainer. In Grand Gedeh County, Mrs. Catherine Sarpee served as trainer while in Maryland County, Mr. Chris D. Yanti served as trainer. As for Nimba County, there was no need to provide training since the two established groups have already gained sufficient training in animal husbandry and agriculture during past periods. Notwithstanding, the groups benefitted from the grant distribution. The various kinds of soap being produced are Blue soap, washing soap and bathing soap. At least 95% of the trainees have some form of knowledge on soap making production. The training was recommended by the beneficiaries themselves due to market demand at county level. Please find below the training outline that was provided to the SHGs members:

Vocational Training Outline in Soap Making for Former Ex-Leprosy Persons: CEI Second Year Project Activities				
Module 1 – Introduction				
#	Content	Theory	Practical/ Activities	Learning Outcome
1.	Introduction	<ol style="list-style-type: none"> 1. Introduction to course 2. Course Syllabus 3. Expectations of students 4. Soap Making as Profession and Need 5. Learning a New Skill 	<ul style="list-style-type: none"> • Discussion, Visual presentation • Introducing the Products • Display of information about products 	Awareness about the significance and scope of soap making.
2.	History of Soap Making	<ol style="list-style-type: none"> 1. History of soapmaking? 2. Different brands and soaps in Liberia 3. Market trend in Liberia 	<ul style="list-style-type: none"> • Discussion, 	Knowledge of evolution of modern day soap making.

3.	Safety Precautions and First Aid	<ol style="list-style-type: none"> 1. Soap Making Safety 2. General safety guidelines that are to be taken while making soap? 3. Safety guidelines that are to be taken while handling caustic soda? 	<ul style="list-style-type: none"> • Personal protection for Hands, and Eyes while using caustic soda or any other corrosive chemicals • Insulation and uses of Rubber Gloves • How to provide first aid: First aid course With co-workers and equipment as applicable to a task • Good housekeeping practices, proper handling of materials Store/lay materials at work in a safe manner 	<p>Knowledge about dangers and safety precautions- what should be done when caustic soda spills in your hand and eyes.</p> <p>Awareness about the importance of observing safety rules while working</p>
----	----------------------------------	---	---	--

Module 2 – Household Cleaning Products

#	Content	Theory	Practical/ Activities	Learning Outcome
1.	Introduction to household cleaning products	Description of Various products -Detergent powder, Washing soap, Dish washing powder, Phenol, Liquid Blue and Soap Oil making		Identify, select and know the use of soap making materials
2.	Preparation of Detergent Powder	Explaining the Composition of Raw materials (Washing Soda, Chinary, RP Soda, SLS, TSP, STPP, Tinopaul, Urea, Perfume and Water)	Mixing of all the composition of raw materials and prepare the Detergent Powder	Learning the production & packaging of Detergent Powder
3.	Preparation of Washing soaps	Description of Various materials used in washing Soaps	Mixing of all the composition of raw materials and prepare washing soap	Learning the production & packaging of Washing soap
4.	Preparation of Dishwash powder	Description of Various materials used in Dishwash powder	Mixing of all the composition of raw materials and prepare dish-wash powder	Learning the production & packaging of Dishwashing powder
5.	Preparation of Phenol	Description of Various materials used in Phenol	Mixing of all the composition of raw materials and prepare Phenol	Learning the production & packaging of Phenol

6.	Preparation of Liquid Blue	Description of Various materials used in Liquid blue	Mixing of all the composition of raw materials and prepare Liquid Blue	Learning the preparation of Liquid Blue Making 27
----	----------------------------	--	--	---

7.	Preparation of Soap Oil	Description of Various materials used in Soap Oil	Mixing of all the composition of raw materials and prepare Liquid Blue	Learning the preparation of Liquid Blue Making
----	-------------------------	---	--	--

Module 3 – Bathing Soap Making

#	Content	Theory	Practical/ Activities	Learning Outcome
1.	Ingredients	Description of Various ingredients used in Bathing Soap		Understand the various ingredients used in bathing soap making
2.	Oils	Introduction to various Oils used in bathing soap		Understand the various Oils used in bathing soap making
3.	Bathing Soap-Cold Process		Mixing of all the composition of raw materials and prepare bathing soap	Learn the preparation of bathing soap using cold process
4.	Rebatching and trouble shooting of soap		Rebatching and trouble shooting of soap	Learn the process of rebatching and troubleshooting of soap

I. Placement of ex - patients in the Self-Help Groups and promotion of IncomeGenerating Activities

A total of **19 (nineteen)** SHGs from Nimba, Bong, Rivergee, Grand Gedeh and Maryland counties has each received an amount of **USD 800.00** thereby totaling **USD 15,200.00**. At least **371** persons are currently benefitting from this grant. The amount is being used to produce more soap to generate income and improve the living condition of each member. The amount was given following the successful completion of the training in soap making. As part of the grant distribution exercise, local community leaders and members of the SHGs along with AIFO national staff organized a brief grants distribution program to highlight the essence of the grant and promote the social integration of persons affected with leprosy and/or persons with disabilities.

Dates and specific locations:

On **March 10, and August 17, 2016**, we firstly met with the **Japroken Community SHG** the **Rock Crusher Community-1 SHG and Rock Crusher Community-2 SHG** in Rivergee County. The SHGs chairman/chairlady from each of the group received the amount while community leaders and other SHGs representatives witnessed the occasion. The total member of the both group is 24 persons. Disaggregated figure: **12 participants** each per group.

On **March 11, July 22, and August 19, 2016**, four established SHGs in Maryland County, **Hoffman Station, Hence Street, Bonoken Colony and Harper City SHGs** also received similar grant. AIFO staff stressed the importance of unity among the group, the activities expected to be undertaken by the group and other key advocacy issues relating to the inclusion of former leprosy persons including other people with disabilities into the community life.

On **March 12, and August 15, 2016**, three established SHGs in Grand Gedeh County, **Todeyville SHG, Krahville SHG and Zai Town Community SHG** also received similar grant. The group has started selling their products and has begun putting in place systems for profit generation. Community leaders from the both towns were all present during the grant distribution ceremony.

On **March 14, 2016**, a third tranche of seed grant was provided to the **Wuo's Town SHG** in **Nimba County**. Sadly, 2 former ex-leprosy persons who were member of the group passed off. AIFO staff extended their sympathy. The members reaffirmed their commitment towards the improvement of their already ongoing soap making and piggery rearing micro projects. Mr. Katteh, chairman of Wuo's Town thanked AIFO and encouraged the members to increase the confidence AIFO has reposed in them.

On **August 11, 2016**, a second tranche of seed grant was also provided to the **LPRC SHG** in **Ganta, Nimba County**. On **May 20, 2016**, **Airfield Zone 1** in **Nimba County** also received her first tranche of grants.

On the same date, a third tranche of seed grant was also given to the **Kpein SHG** in **Nimba County**. Kpein SHG remains the most successful SHGs in AIFO CBR operational communities. Kpein has reached a level to be duly registered with the government of Liberia and AIFO technical staff have begun working with the leadership of the group to actualize this process. This idea is intended to promote their existence in the county thereby attracting donor and/or government funding.

On **April 16, May 20, and on August 11, 2016**, five separate grants were provided to previously established SHGs in Bong County: **Wainsue SHG, Leper Colony SHG, Lelekpaya SHG, VI Community SHG and SKT SHG** respectively. Similar exercises were carried out during the grant ceremony.

Names of the CEI Project Self Help Groups(SHG)				
No	Name of Group	Community	County	CBR Worker(s) Assigned
1.	Boneken Colony-SHG	Boneken Colony	Maryland	Christiana J. Toe & Hilary Neufville
2.	Hence Street-SHG	Hence Street	Maryland	Hilary Neufville & Christiana J. Toe
3.	Hoffman Station-SHG	Hoffman Station	Maryland	Christiana J. Toe & Hilary Neufville

4.	Harper City CommunitySHG	Harper	Maryland	Christiana J. Toe & Hilary Neufville
5.	Jeproken Road-SHG	Jeproken Road	Rivergee	Thompson Wonsiah & Franklin Blaye
6.	Rock Crusher 1-SHG	Rock Crusher1	Rivergee	Franklin Blaye &Thompson Wonsiah
7.	Rock Crusher 2-SHG	Rock Crusher2	Rivergee	Franklin Blaye & Thompson Wonsiah
8.	SKT Community-SHG	SKT	Bong	Samuel S. Sinnatuah & Moses Vesalee
9.	Wainsue Community-SHG	Wainsue	Bong	Moses K. Vesalee & Samuel S. Sinnatuah
10.	Leper Colony CommunitySHG	Leper Colony	Bong	Moses K. Vesalee & Samuel S. Sinnatuah
11.	Lelekpaya CommunitySHG	Lelekpaya	Bong	Moses K. Vesalee& Samuel Sinnatuah
12.	V.I Community-SHG	V.I	Bong	Samuel Sinnatuah & Moses Vesalee
13.	Zai Town-SHG	Zai Town	Grand Gedeh	Caroline Broody & Felecia Doe
14.	Krahville-SHG	Krahville	Grand Gedeh	Felecia Doe & Caroline Broody
15.	Todeville-SHG	Todeville	Grand Gedeh	Felecia Doe & Caroline Broody
16.	Kpein-SHG	Kpein	Nimba	Augustus N. Makor & Stephen Gbeisaye
17.	LPRC Community-SHG	LPRC	Nimba	Augustus N. Makor & Stephen Gbeisaye
18.	Wuo's Town-SHG	Wuo's Town	Nimba	Stephen Gbeisaye & Augustus N. Makor
19.	Air Field Zone-1 SHG	Air Field Zone1	Nimba	Stephen Gbeisaye & Augustus N. Makor

As far as awareness and social integration is concerned, a general awareness on leprosy continued during the reporting period. The awareness exercise conducted by AIFO, represented by Mr. Jonathan Davies, Central Regional Coordinator and CBR Worker, Augustine Makor and Stephen Gbeisaye and representatives of the Ganta Rehab represented by Mr. John Brima, OIC and Mr. Sam Dee, CBR National Program Officer at Ganta Rehab was held from the **28th to the 30th of Oct 2015** in eight villages and towns in Nimba County namely: **Kpein, LPRC, Air Field Zone 1, Air Field Zone 2, Blaygayes Town, Walazu, Zinpa and Wallayela** respectively. Approximately **20,000 people** from the eight communities received sensitization messages on leprosy. Some 10 posters focusing on the signs and symptoms of leprosy were posted at strategic centers in the eight communities. This awareness extended to schools, communities and market gatherings.

Community residents have started alerting CBR project personnel and health practitioners in the communities for possible cases relating to leprosy as a result of these awareness exercises.

Also during the period, AIFO participated to the **International Day of Persons With Disabilities** celebrations in Gbarnga, Bong County from December 1-3, 2015. The celebration which took place at the Gbarnga Administrative building was held under the global theme:

“INCLUSION MATTERS: ACCESS AND EMPOWERMENT FOR PEOPLE OF ALL

ABILITIES”. AIFO, represented by Mr. Luther Mendin, Programme and Communications Officer, used the occasion to call on government to prioritize the right and inclusion of persons with disabilities including persons affected with leprosy across the country. He also used the occasion to provide brief information on the signs and symptoms of leprosy.

31

J. Literacy courses for adults and primary school support to children affected by leprosy and disabilities

Following the approval from CEI to support children of ex-leprosy persons and/or children with disabilities to get enrolled in regular school instead of adult literacy, the project supported at least **sixty seven (67)** children in the regular school system throughout the 5 counties during the month of September, 2016. A total of **fourteen (14) Schools** both private and public institutions are involved in the scholarship scheme. The below eligibility criteria clearly spell out the selection process of children actually in need of this support.

Criteria for selection of students:

- A child needing the AIFO/CEI scholarship must firstly be identified as a child of an ex-leprosy person or a person with disability/ies.
- Priority is primarily given to children.
- The living condition including family background of the beneficiary should be evidently seen as vulnerable.
- Must be justifiably nominated by members of the CBR Project Self Help Groups established in an area a child of an ex-leprosy person or a child with disability/ies lives.
- Must have the courage to act independently.

Selection & Eligibility of Schools:

Selection of schools for a child of an ex-leprosy person or a child with disability depends on the proximity. The school should be closer to the child to avoid difficulties in mobility. An added advantage is the knowledge of school authorities on inclusive education especially those schools that have undergone inclusive education training under the CBR program of AIFO Liberia. Schools that have got ramps under the initiative of AIFO Liberia CBR program is also an added advantage.

Benefits of the Scholarship:

- Full Payment of Registration and Tuition Fees
- School materials to include book bags, uniforms and/or shoes, copy books, pens, pencils, sharpeners and erasers.
- Provision of mobility aids if needed.
- Support service from CBR worker

Conditions for maintaining the scholarship:

- Child must demonstrate continuous willingness to learn and adapt new skills with the regular help of the parents and/or caregivers.
- Parents and/or caregivers must ably support the regularity of their child in school by conducting study sessions thus ensuring positive results.
- Activities such as self-care, mobility or communication must be continuously provided by the parents and/or caregivers to their child with disability mostly at home and sometimes at school.

The full payment of the 2016/2017 academic school year as well as materials including book bags, uniforms, books among others were provided to the students. Children with disabilities including children of ex-leprosy persons face significant hurdles in accessing education in Liberia and a substantial number of them receive no education at all. While government boasts of free and compulsory primary education for children, there is a large gap for children with disabilities. In this regard, the AIFO/CEI scholarship scheme is geared towards igniting the consciousness of all stakeholders to include parents of children living with disabilities, local authorities, ministry of education officers, school authorities, students in general and the community in ensuring that children of ex-leprosy persons form part of the national development process. AIFO will lobby with MoE in maintaining the county scholarship scheme for its beneficiaries after the end of its scholarship program to children with disabilities.

Please find below the number of students sponsored in each school:

No. Of Students	Name of Institution	County
3	Hope Kindergaten School	Nimba
4	Bethel Community School	Nimba
5	John Gowans Jr& Sr High School	Bong
4	Bethel Community School	Nimba
3	Harriet E. Parkerson School	Nimba
3	Hope Academy School	Nimba
6	Solid Foundation High School	Grand Gedeh
5	G. Foundation School	Bong
4	AG School	Rivergee
4	Fish Town Demonstration School	Rivergee
8	Gboloken Public School	Grand Gedeh
8	Big Town Public School	Maryland
5	JS Pratt School System	Maryland
5	Cape Palmas High School	Maryland
67	14 Schools	5 Counties

The progress report of these students will be communicated in our next reporting. So far, results are impressive given the support given by CBR workers and parents and/or guardians.

5. INDICATORS

To value efficiency, efficacy and the effects of the action, it has been used the “input” indicators (referring to employed resources), the “output” indicators (referring to the product and to the intermediate results of the project actions); the “outcome” indicators (for the final –of the year– result of activities). Details of the below mentioned activities derived from interaction with the project field supervisors and in most instances face to face discussions with beneficiaries.

Indicators (from 1st October 2015 to 30th September 2016)

Outcome	
The annual number of new cases of leprosy diagnosed in the Centres of Public Health.	17
The annual number of new cases of leprosy diagnosed by operators of village.	30
Percentage of new cases of leprosy presenting disability grade 2 at diagnosis (< 5 % at the end of the three years).	0.14 %
Cohort study: percentage of cases of leprosy (PB and MB) ending treatment with PCT schedule (> 70 %).	109.67%
Number of persons who started Income Generating Activities after the attendance to vocational training courses	371
Output	
Number of rural villages reached by the ambulance/Motor cycles/bikes.	19
Number of persons reached by the ambulance/Motorcycles/bikes	68
Number of out-patients in Ganta and other health facilities	68
Number of in-patients in Ganta and other health facilities	62
Number of local health staff persons trained	184
Number of local non-health staff persons trained	10
Number of CBR workers trained	10
Number of village volunteers trained	16
Input	
Number of ambulance/Motor bikes purchased and equipped	5
Number of sewing machines distributed	0
Number of set distributed for the production of soap	11
Number of set of consuming materials for the vocational training	11
Number of set for the realization of agriculture and breeding distributed	0
Number of information material set produced	1250

6. HUMAN RESOURCES

The monitoring of the project in the Country and in the field has been assured by local partners responsible for the implementation in the field with good collaboration. Another monitoring and supervision of the activities has been assured by the project manager in Bologna that has been receiving communication, and financial and narrative report about the project with regularity (accountancy up to date every two/three months) and share good communication with the local team in Liberia. Since recruited, the CBR Workers have been facilitating the work of AIFO in the county and coordinating with focal persons, CHT and other partners as it is done in other counties.

The human resources dedicated to the project are the following ones:

- 10 CBR workers in the communities
- 1 professional: the permanent presence of a Leprologist Doctor in Ganta Rehabilitation Center in Nimba, arrived during the 2015, changed the needs related to the human resources necessary to guarantee the project implementation. A nurse was not anymore useful and the role was substituted with a social professional able to coordinate the CBR Workers on the field and to guarantee the on-the-job training in the south-east and central region counties.
- 1 Accountant (AIFO contribution)

34

7. WEAK POINTS AND STRONG POINTS

Weaknesses:

- Bad road condition in Liberia's South Eastern Counties. Due to the impassable nature of the road, it was totally impossible to carry out activities in Sinoe and Grand Kru Counties as observed in the activities implementation. For practical purposes, the implementers of the project finally decided to carryout activities in Bong and Nimba counties for the second year.
- Stigmatization and superstition about leprosy and other NTDs are strongly rooted in the rural area
- Budget constraints for general running and management cost, compulsory for activities organization and implementation.
- No visibility in the project's established communities due to budget limitation

Strengths:

- Good collaboration with partners and stakeholders
- New partnership with GLRA and ALM at national level
- Collaboration with the NTDs department of the MOH
- Constant presence of a Leprologist Doctor in Ganta
- Grass-root presence in the communities through the already existing Community Based Rehabilitation network and structures
- Active participation and ownership by the communities involved

8. VISIBILITY

As far as visibility is concerned, the project prioritized the visibility of CEI new logo on project forms and acknowledged the financial contribution of the Italian Bishops Conference towards

the project. In all of the soap making exercises, a banner demonstrating CEI's support to the project was placed at the front view of the SHGs training sites.

9. TABLES

Table 1. New cases of Leprosy: trends from 2005 to 2012

Cases	Years							
	2005	2006	2007	2008	2009	2010	2011	2012
Total new Cases	323	418	410	414	415	482	662	91
New MB Cases	104	270	301	302	307	357	431	64
New Children Cases	43	68	45	47	43	84	95	8
New Cases with Disability	0	22	0	0	6	6	2	3
New Female Cases	124	220	388	150	138	178	381	40

Ministry of Health and Social Welfare National Leprosy and TB Control Programme Department 2012

Table 2: Trends of leprosy elimination indicators in Liberia

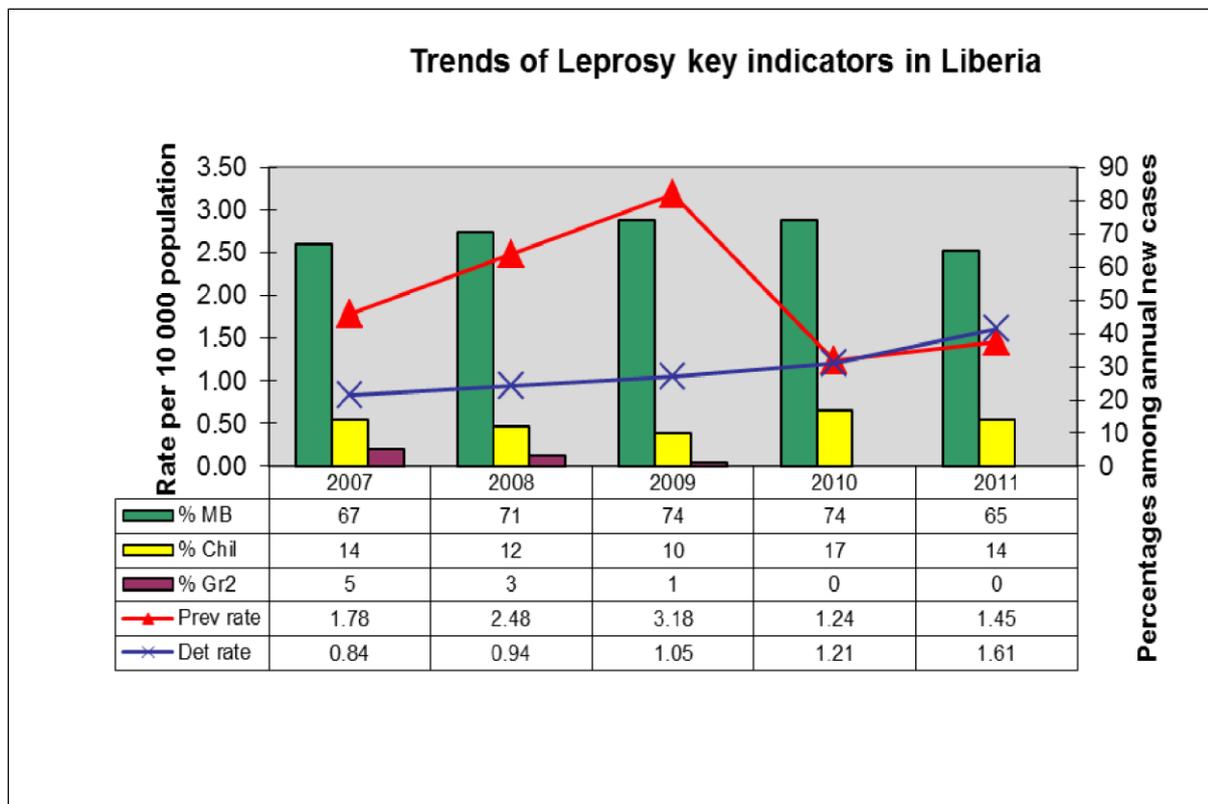


Table No. 3 – Direct and Indirect Beneficiaries (CEI Project)

No.	Project Counties	Project Districts	Project Communities	Direct Beneficiary Population	Male	Female	Indirect Beneficiary Population
1	Bong	Suakoko	Leprosy Rehab Colony	350	220	130	407
2			SKT	695	360	335	5,090
3			Component Total	1,045	580	465	5,497
4		Jorquelleh	Wainsue	359	200	159	4,400
5			V.I community	209	84	125	934
6			Lelekpayea	375	177	198	1,029
7			Component Total	943	461	482	6,363
8			Total Popn.	1,988	1,041	947	11,860
9	Nimba	Garr Bain	Gbeisella-Wuos' Town	102	75	27	4,200
10			L. P. R. C.	355	192	163	2,510
11			Component Total	457	267	190	6,710
12		Meinpea-Mahn	Kpain	465	298	167	3,200
13			Component Total	465	298	167	3200
14		SanniquellieMahn	Air Field Zone #1	100	25	75	3,000
15			Component Total	100	25	75	3,000
16			Total Popn.	1,022	590	432	12,910
17	Grand Gedeh	Cavalla	Zai Town	305	87	218	1,001
18			Todeyville	225	102	123	945
19			Krahville	100	25	75	306
20			Total Popn.	630	214	416	2,225
21	Rivergeee	Putopo	Jeproken Road	125	70	55	894
22			Component Total	125	70	55	894
23			Rock Crusher-1	175	65	110	606
24			Component Total	175	65	110	606
25			Rock Crusher-2	100	42	58	732
26			Component Total	100	42	58	732
27		Total Popn	400	177	223	2,232	
28	Maryland	Harper	Harper City	506	200	306	38,024
29			Component Total	506	200	306	38,024
30			Hoffman Station	75	25	50	760
31			Component Total	75	25	50	760
32			Hence Street	100	25	75	989
33		Component Total	100	25	75	989	
34		Pleebo/Sodoken	Boneken Colony	50	15	35	208
35			Component Total	50	15	35	208
36			Total Popn.	731	265	466	39,981

Grand Total	9	19	4,771	2,287	2,484	69,208
-------------	---	----	-------	-------	-------	--------

ANNEX 1: PHOTO CD

Revised and Approved by: J. Sylvester Roberts, National Focal Point

Compiled by: Luther S. Mendin, Programme and Communications Officer

Final approval: Simona Venturoli, AIFO HQs Project Manager