

ASSOCIAZIONE ITALIANA AMICI DI RAOUL FOLLEREAU
Organization for International Health Cooperation



First 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 2014- 30th September 2015



ACRONYMS

AIFO	Associazione Italiana Amici di Raoul Follereau
ALM	American Leprosy Missions
CHOs	County Health Officers
CHT	County Health Team
CBR	Community Based Rehabilitation
CCCs	Community Care Centers
DHOs	District Health Officers
EPHS	Essential Package of Health Services
ETUs	Ebola Treatment Units
EVD	Ebola Virus Disease
GLRA	German Leprosy Relief Association
GCHVs	General Community Health Volunteers
IGAs	Income Generating Activities
LFPs	Leprosy Focal Persons
LDHS	Liberia Demographic Health Survey
MoH	Ministry of Health
MAP	Medical Assistance Program
NLTCP	National Leprosy and Tuberculosis Control Programme
NCD	National Commission on Disabilities
OICs	Officer in Charge
PHCs	Primary Health Care Staff
SHGs	Self Help Groups

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, Grand Gedeh, River Gee, Grand Kru 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)

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.

2. GENERAL OVERVIEW AND METHODOLOGY

This annual narrative report reflects key programmatic activities carried out in the first 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). It focuses mainly on the South Eastern Counties of Liberia namely: River Gee, Grand Gedeh, Maryland, Sinoe and GrandKru. 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 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). The project actually started in the midst of the Ebola Virus Disease (EVD) outbreak. Therefore, not all the planned activities related to leprosy were realized from the inception of the project in the first part of the year, considering the surge of the virus in the country at the time and the serious restrictions imposed by the Liberian authorities. All efforts were been exerted from humanitarian partners to help address the situation. So, mere leprosy activities in the field actually started from March, 2015 right after the EVD subsided at a certain level which was somewhat satisfactory. Assumptions of the project at the time were that the Ebola situation was somewhat stable thus paving the way for more engagement at the level of the communities in the various counties. Leprosy awareness as well as referral of leprosy suspected persons went well during the last six months of the first project year. More efforts were exerted on the training of national and local health staff in the areas of leprosy as a way of filling the capacity gap observed by partners. However, some leprosy related activities were postponed to the second year implementation for security reasons: the travelling from India to Liberia by a Leprosy Expert for the training courses and the livelihood activities in the communities. The vocational training were realized just in part.

Because of the outbreak of the Ebola Virus Disease (EVD) emergency, part of the project activities were extended also to the EVD control, without any change in the geographical area of intervention, in the thematic area (health), in the local partners and in the budget breakdown. This extension was approved by Don Leonardo di Mauro by e-mail on the 8th October 2014. The project implementation faced some difficulties because of the EVD outbreak: AIFO evacuated all the expatriated staff for security reasons (from August 2014 to May 2015), and they coordinated the project from Italy; in addition until March 2015 the project suffered because of the restrictions imposed by the Liberian Government in transportations and in organizing public meetings. However, the first year ended with a positive balance. Strategic for the success was the new partnership with the German Leprosy Relief Association – GLRA (German NGO) and the American Leprosy Mission – ALM (US NGO). The 3 INGOs started a long negotiation with the Ministry of Health for supporting in a coordinated and complementary way the National Strategic Plan.

Prominent amongst activities carried out were the joint mission to the southeastern region by AIFO and GLRA to meet with the County Health Teams to discuss on renewed synergies as far as the leprosy program implementation is concerned. A One week orientation training course on Leprosy and Ebola for CBR workers and AIFO Senior staff at the Ganta TB and Leprosy Rehab Center in Nimba County is also worth mentioning. Other important activities are: the referral of leprosy cases at various health facilities for treatment and wound care; a joint distribution of medical items for fighting against EVD, provision of logistical support to both CBR workers and leprosy focal persons in the southeast region; distribution of leprosy and EVD awareness messages to focal persons; a residential training course on the basics of leprosy for Primary Health Care (PHCs) staff at district level in River Gee, Maryland, Grand Gedeh and

Grand Kru counties and the donation of an ambulance to the Ganta Leprosy and TB Rehabilitation Center for referral of leprosy related cases.

With regard to the methodology, AIFO utilized an approach focused on social mobilization activities to activate the communities in the Ebola response and in the fight against leprosy, in particular for improving control of the Ebola transmission risks at family level, included the provision of basic psychosocial services for Ebola victims, and for increasing the early identification of new leprosy cases in the villages. AIFO's social mobilization approach responded to the need to effectively engage the community, transforming them in active agents for reducing the reluctance to the diseases and for promoting effective behavioral change.

The action took advantage of the existing AIFO Community Based Rehabilitation (CBR) network and structure, composed by community workers and volunteers at grass root level. The action capitalized on the existing skills that were already available at the level of the communities. CBR uses an innovative approach in the context of persons with disabilities (PWDs) rehabilitation, which identifies the person, the family and the community as the main resources to ensure the social inclusion.. The same strategy was utilized during the project implementation, starting from the community and strengthening existing local resources.. The activities were realized as a result of the network of local CBR technicians, the members of the Associations of Persons with Disabilities (DPOs), the members of Self Help Groups (SHGs) and agreements made by AIFO with the Health Department of the various Counties in the framework of previous projects. The project also benefited from the agreement that AIFO previously signed with the Social Welfare Department of the MOH.

The below listed implementation methodology were carried out to enhance this effort:

- Capacity Building of available local resources: 1 week EVD inception training was held for a total of 120 community volunteers. The goal of the training was to give community mobilizers a distinct set of knowledge and skills to help them understand the EVD transmission modalities and control as well as address Ebola related stigma. AIFO Technical National staff along with key technical personnel from the County Health Teams in the various counties facilitated on the training sessions. In addition to this, a slot was also provided to AIFO to discuss on leprosy identification, signs and symptoms as well as referral since AIFO as an institution was also actively engaged on leprosy intervention in the country.

- IEC (Information, Education and Communication) activities: following the implementation of the training, the volunteers were formed into groups to carry out IEC activities related to EVD control transmissions as well as EVD anti-stigma messages in the various communities. Approximately 406,786 people from the various counties received various IEC messages in the targeted communities. More emphasis was placed on stigma due to the apparent decrease in the wave of cases and since survivors and health care workers were been shunned once they return home. Meeting with all members of the household, including children, the team discussed Ebola and provided a bar of soap and buckets to promote hand washing. The family then answered questions that allowed the volunteers to determine if there were potential Ebola cases or deaths in the household. Each household received printed materials and a small sticker with an Ebola prevention message that was applied to their doorway. The team distributed a set of hygienic kits and visited over 94 percent of the households in the targeted districts. Direct sensitization, on the other hand, such as performing door-to-door campaigns and organizing community meetings to discuss the disease went further in appeasing fears and providing clarity about the causes of the epidemic and how to control it. AIFO's social mobilization activities were accompanied by hygiene promotion activities thus limiting the potential spread of the disease within the household. In addition radio was used: a 3 minutes jingle focusing on the "Do's and Don'ts about Ebola" was developed along with the Ebola messaging cluster under the auspices of the MOH and aired on major community radio stations throughout the period. Live radio broadcast on the positive outcome of the intervention was also broadcast. Prominent experts on the epidemic at county level discussed contact tracing, reduction of

stigma and discrimination against health workers and Ebola survivors, case management and safe burials. The production of radio jingles, provided an indirect form of communication to the public. This type of sensitization was useful for achieving a wide reach to reinforce key EVD control messages.

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\$247 (2010 estimate)
Gross Domestic Product Growth Rate	1.8% (2001-2010 estimate), 5.9% (2010 estimate)
Population Living on Less than a Dollar a Day	76.2%
Population	3,476,608 (32% in Monrovia; 2008 census)
Population Growth Rate	2.1% (2008 census)
Life Expectancy	57.9 years (2009 UNDP Human Dev Report)
Under Five Mortality	110/1000 live births (2007 DHS)
Maternal Mortality Rate	994/100,000 live births (2007 DHS)
Access to Improved Drinking Water	75% (93% urban, 58% rural) (2009 LMIS)
Access to Adequate Sanitation	44% (63% urban, 27% rural) (2009 LMIS)
HIV sero-prevalence	1.5% (1.8% female, 1.2% male) (2007), ANC/HIV (4% in 2008), ANC, 2.6 (2010)
Supervised Childbirth	46% (2007 DHS)
Institutional Deliveries	37% (2007 DHS)
Vaccination Coverage (full)	51% (2010)

According to UNDP 2009 report, average life expectancy was 57 years, adult literacy rate was 55 per cent and the combined gross school enrolment was 57 per cent. 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. The recent outbreak of Ebola has however affected this projection.

The country's health indicators, though improving, remain unsatisfactory. According to the 2007 Liberian Demographic and Health Survey (LDHS), childhood mortality has decreased substantially. Infant mortality has declined from 139 per 1000 live births to 71 per 1000 live births; under-five

mortality has also declined from 219 to 110 per 1000 live birth, representing a halving of the 1992-1996 infant and under-five mortality rates. However, Maternal Mortality Ratio in 2007 was 994 deaths per 100,000 live births, representing one of the highest in the world.

Communicable diseases constitute high disease burden with epidemics of measles reported in 2011. Malaria is the leading cause of morbidity and mortality, but 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%. HIV/AIDS prevalence rate is estimated at 1.5% among the general population (LDHS, 2007); and 4% among pregnant women attending antenatal clinics. There is no significant change in these figures for now.

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 Programme, 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.

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 and is composed of the counties of Grand Gedeh (125,258 inhabitants), River Gee (66,789 inhabitants), Sinoe (102,391 inhabitants), Grand Kru (57,193 inhabitants) and Maryland (135,938 inhabitants), for a total of about half a million people (487,569 inhabitants to be precise) according to the latest census (LISGIS, 2008). This part of the nation 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: Grand Kru, Sinoe (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 1st year - 2014 months (Gantt Chart)

Activities	2014											
	1	2	3	4	5	6	7	8	9	10	11	12
A) Training of health workers												
B) Purchase , construction and commissioning of a mobile health unit												
C) Facilitate the referral of patients to the Ganta Rehab										X	X	X
D) Ensuring adequate standards of drug treatment, care and rehabilitation												
E) Provision of mobility aids and tools for rehabilitation												
F) Establish a system for monitoring and follow-up for patients who were treated at Ganta Rehab and reintegrated into the community										X	X	X
G) Training of RBC and volunteers of health at the community level												
H) Awareness events to counter the social stigma against leprosy patients												
I) Vocational training for ex- leprosy patients												
J) Placement of ex - patients in the groups of self-help and promotion of income-generating activities												

In the very first month of the project, no much activities have been implemented because of Ebola emergency was at its climax and the Liberian Government imposed strong restriction to mobility and activity implementation. In addition, AIFO expatriated staff was evacuated in Italy, therefore the coordination from distance slowed down the inception of the project.

Chronogram of the activities for 1st year – 2015 (Gantt Chart)

Activities	2015										
	1	2	3	4	5	6	7	8	9		
A) Training of health workers		X	X	X	X			X	X		
B) Purchase, construction and commissioning of a mobile health unit									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		
E) Provision of mobility aids and tools for rehabilitation				X				X			
F) Establish a system for monitoring and follow-up for patients who were treated at Ganta Rehab and reintegrated into the community	X	X	X	X	X	X	X	X	X		
G) Training of RBC and volunteers of health at the community level			X		X			X			
H) Awareness events to counter the social stigma against leprosy patients				X	X	X	X	X	X		
I) Vocational training for ex- leprosy patients									X		
J) Placement of ex - patients in the groups of self-help and promotion of income-generating activities (planning and preparation for the second year)									X		

Activities	Results achieved	% Development (1 st Year plan)	Main future activities
A) Training of health workers.	<ul style="list-style-type: none"> ▫ Five (5) day residential inception training on Leprosy Case Management and Ebola Virus Disease was organized by AIFO and GLRA at the Ganta TB and Leprosy Center. 12 participants. ▫ A three (3) day residential training course on the basics of leprosy for 38 PHCs staff (19 OICs and 19 Screeners) at the level of the district in River Gee County was organized by AIFO and GLRA in collaboration with the MoH. ▫ Subsequent residential 3 trainings course on the basics of leprosy were organized for a total of 144 local health staff (DHOs, LFPs, CHOs ,CBR Workers) in Maryland, Grand Gedeh and Grand Kru counties respectively. ▫ A total of 6 National Program Staff also underwent further refresher training on Leprosy. ▫ Overall, a total of 200 local and national health personnel of different categories participated to the training. 	<p>120%</p> <p>Target: 4 training courses for 90 persons; refresh courses.</p> <p>Results achieved: 5 training courses for 200 persons; refresh courses</p>	<p>More training are being planned for other counties. This activity will continue until the overall targets are met.</p> <p>For the second year it will evaluate the possibility of having the participation of a leprosy expert from India (planned for the 1st year but not realized for security reasons).</p>
B) Purchase, construction and commissioning of a mobile health unit.	<ul style="list-style-type: none"> ▫ 1 new ambulance has been purchased and donated to the Ganta Leprosy and TB Rehabilitation Center for leprosy referral related cases. 	100%	A robust referral of leprosy and buruli ulcer related diseases is foreseen for the next period of implementation.

<p>C) Facilitate the concerned, during the first year of activities of the More efforts will be made to ensure referral of patients to project, a total of 50 persons with leprosy or rapid treatment at the level of district the Ganta Rehab. previously treated for leprosy were referred for health facilities.</p>	<p>□ As far as referral of leprosy patients are 100% treatment.</p>		<p>The activity will continue as planned.</p>
<p>• A total of 3 inspections missions coordinated by 100% The activity will continue as for the D) Ensuring adequate the Consolata Missionary Sisters represented by next period to ensure that maximum standards of drug Dr. Anand Krishna and Mr. John Brima of the standards of rehabilitation and care treatment, care and Ganta Rehab, together with the staff of AIFO and are met for patients suffering from rehabilitation. the CHTs, were organized to verify adequacy of leprosy in the concerned project the performance levels standards set by the areas. More efforts will be placed on specialists during the training period. The action treatment and care provided at the ensured basic drugs and health materials to local level. Ganta Rehab and other local health facilities in</p> <p>the project areas. Supervision on facilities is also being pursued by AIFO and GLRA.</p> <p>• In February 2015 AIFO and GLRA undertook a joint distribution of medical items for the prevention of the Ebola Virus Disease (PPEs, Hand Cleansing Lotion, Medical Packs) to six (6) project counties: Grand Gedeh, Rivergee, Maryland, Nimba, Bong and Margibi. A total of 13 health facilities including ETU's, CCCs, Hospitals and Clinics were all served throughout the 6 CBR project counties. Also two Self Help groups (Harper, Maryland SHG and Tuzon, Grand Gedeh SHG) also benefitted from the distribution.</p> <p>• The action ensured rehabilitation appliances and 50% Full equipment of mobility aids and E) Provision of mobility 39 pcs of wheel chairs to the Ganta tools for rehabilitation will be ensured aids and tools for Rehabilitation Center by AIFO Liberia through its to Ganta. Activity focusing on the rehabilitation. Central Regional Coordinator. usage and maintenance of the mobility aids will continue.</p> <p>F) Establish a system □ A Coordinated monitoring and follow-up 90% Continuous follow-up and monitoring for monitoring and mechanism was set up to ensure the safety and of patients will be further promoted at follow-up for patients improvement of the health conditions of patients the level of the community to ensure</p> <p>who were treated at referred for leprosy. In the first instance, CBR safety of patients and promote social Ganta Rehab and Workers liaise with leprosy focal persons to cohesion. 13 reintegrated into the assess and follow-up on the patient. In case of community. severity of the case, said patient is further referred to Ganta Rehab for additional follow ups. Social reintegration is the applied at the</p>	<p>□ A Coordinated monitoring and follow-up 90% Continuous follow-up and monitoring for improvement of the health conditions of patients the level of the community by CBR Workers and members of AIFO's SHGs.</p>		<p>12</p>

	<ul style="list-style-type: none"> Five (5) days residential inception training on 100% Mental Health Clinicians are being G) Training of CBR Leprosy Case Management and Ebola was scouted for the next phase of training workers and volunteers organized by AIFO and GLRA at the Ganta TB Target: 100 trained at community level. 		
at community level. and Leprosy Center for CBR workers from all six person (25 CBR (6) counties of AIFO operation. This training was workers and 75 geared towards upgrading the capacity of CBR community volunteers) workers and central staff in early detection, Results obtained: 137 prevention, and basic care of leprosy patients. It trained person (10 was also intended to give first-hand information CBR worker, 2 AIFO on the do's and don'ts about Ebola at the time. technical staff and 125 10 CBR workers and 2 technical staff at AIFO community volunteers) participated to the training.			
	<ul style="list-style-type: none"> Subsequent training at community level was organized for a total of 5 Self Help Groups (for a total of 125 persons) in the project's counties. A massive awareness was exercised in 15 90% The activity will continue as for the H) Awareness events Communities throughout the 5 counties. The next period. More awareness will be to counter the social awareness also extended to schools, health pursued to ensure that information on stigma against leprosy facilities and market grounds to ensure that leprosy is condensed by the general patients. everyone gets involved in the fight against populace of the project counties. leprosy buruli ulcer and TB. Approximately 100.000 persons throughout the 5 counties formed part of the awareness exercises. 		
	<ul style="list-style-type: none"> Simple visualize posters on leprosy were also 14 distributed to local health centers and community residents. 		
I) Vocational training a tailoring course for women trainees.	<input type="checkbox"/> Vocational trainings started in September with 50% In the second year the activity will be for ex- leprosy patients the startup of fully implemented, also with different affected by leprosy (ex-leprosy patients). The Target: 2 vocational courses for new course is expected to last for three (3) months. training courses. Sewing machines were purchased for the Result obtained: 1 trainees. sewing course.		
J) Placement of ex - restrictions imposed by the the promotion of income-	Because of the outbreak of Ebola virus disease and 0% implemented in the second year. patients in the groups the consequent serious Training on business management of self-help and Liberian authorities, the activity was postponed to the and periodic monitoring of second year. business activities will be enforced. generating activities .		

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It is anticipated that 150 ex-leprosy

K) Literacy courses for The activity is foreseen from the second year. patients and family members of exadults and primary Preparations of the adult literacy training course leprosy patients will participate to the school support to have been finalized at the end of the first year. 3 months study course. The training children affected by will go underway in the second year leprosy and disabilities. as planned.

A. Training of health worker

Five (5) days residential inception training on Leprosy Case Management was organized by AIFO and GLRA at the Ganta TB and Leprosy Center for health workers and for CBR workers from all six (6) counties; 2 of AIFO’s National CBR Program staff also participated to the training. It was also intended to give first-hand information on the “do’s and don’ts about Ebola” at the time. The training was facilitated by Dr. Anand Krishna of GLRA and other medical staff at the Ganta Rehab. AIFO technical staff coordinated the training sessions. A preparatory mission was realized in February and the training was held from March 9-13, 2015.

In April an evaluation meeting about the training courses was organized in Monrovia. In April, May and August practical training on the field was ensured (on the job training). A total of 6 National Program Staff of the Ministry of Health underwent further refresher training on Leprosy.

From 17 to 19 September 2015, a three (3) day residential training course on the basics of leprosy for 38 PHCs staff (19 OICs and 19 Screeners, 2 from each district health facility) at the level of the district in River Gee County was organized by AIFO and GLRA in collaboration with the MoH, in Fishtown. The training brought together a total of 38 participants from all health facilities in the county. The training was geared towards the decentralization of the fight against leprosy in the country in line with the National Leprosy Strategic Plan.

Subsequent residential trainings course on the basics of leprosy were also organized for a total of 144 local health staff (DHOs, LFPs, CHOs, CBR Workers, OICs and Screener) in Maryland (in Harper City), Grand Gedeh (in Zwedru) and Grand Kru (in Barcayville) counties.

Overall, a total of 200 local and national health personnel of different categories participated to the training.

Some 20 copies each of leprosy awareness materials were provided to focal persons on leprosy in Grand Gedeh, River Gee, Maryland, Sinoe and Grand Kru Counties to be used by health district staff and GCHVs for awareness on leprosy at the level of the community. Each of the focal persons in the above mentioned counties received five (5) copies of the materials

The training courses were facilitated by Dr. Krishnan, Senior Medical Advisor and co-facilitated by Leprosy focal persons in the afore-mentioned counties, and by other local facilitators, included Clinical Supervisors and Focal Persons on TB &HIV and on leprosy from the government. Learning methods during the training were all practical by seeing and doing with patients, treatment card, MDT blister packs and prednisolone. A database for beneficiaries was created ad hoc.

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

- Improved quality of treatment.
- Improved quality of diagnosis on leprosy and buruli ulcer is much more valid and reliable.
- Knowledge and skills of OICs & Screeners at district health facility is significantly improved.
- Increased # of detected new cases compared to last year. By the next project year, all these numbers will be quantified.

Please find below a table representing the categories of national and local health staff being trained:

Category of Health Staff Trained	Total Number of Health Staff Trained	County
Screeners	19	Grand Kru

OICs	19	Grand Kru
Screeners	30	Grand Gedeh
OICs	17	Grand Gedeh
Screeners	29	Maryland
OICs	17	Maryland
Screeners	15	Rivergee
OICs	23	Rivergee
CBR Workers	1	Maryland
CBR Workers	1	Rivergee
CBR Workers	2	Grand Gedeh
CBR Workers	3	Nimba
CBR Workers	2	Margibi
CBR Workers	1	Bong
National Program Staff (Deputy Program Manager, Field Supervisors, Coordinators, Data Manager & Logistician)	6	MOH/Monrovia
DHOs	2	Maryland
DHOs	2	Rivergee
DHOs	1	Grand Gedeh
DHOs	2	Grand Kru
LFPs	1	Maryland
LFPs	1	Rivergee
LFPs	1	Grand Gedeh
LFPs	1	Grand Kru
CHOs	1	Maryland
CHOs	1	Rivergee
CHOs	1	Grand Gedeh
CHOs	1	Grand Kru
Total # of Health Practitioners Trained on Leprosy: 200		

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

1 new ambulance has been purchased and donated to the Ganta Leprosy and TB Rehabilitation Center for leprosy referral related cases. The donation was made on October 24, 2015 and was received by Mr. John Brima, OIC assigned at the center. The vehicle will be used starting from the second year of the project.

C. Facilitate the referral of patients to the Ganta Rehab

As far as referral of leprosy patients are concerned, during the first year of activities of the project, a total of 50 persons with leprosy or previously treated for leprosy were referred for treatment. 30 got wound dressings; 20 were placed under immediate treatment for MB and PB related cases.

Seven (7) patients were referred from the Central Region (Margibi, Bong & Nimba). Five(5) were ex-leprosy patients who were referred for shoes and wound care at the Ganta Leprosy Center while the remaining two (2) from Nimba and Margibi were active cases that were immediately put on treatment for one year due to MB positive. The remaining cases emanated from the South Eastern Region as disaggregated in the below chart.

Also during this period, AIFO and GLRA provided some minimum logistical support to its CBR workers and Leprosy Focal Persons in the region. The amount was provided to both CBR workers and leprosy focal persons on a monthly basis in facilitating their movement to communities that are distant thereby identifying cases of leprosy in the southeastern region.

Also during the period under review, One(1) case of bulruli ulcer was identified in a town called Jammaken in River Gee County by the focal person on leprosy. The patient was seen by Medical Advisor, Dr. Krishana and later referred at the Ganta Leprosy Center in Nimba County for further treatment.

Grand Gedeh	
MB Cases	3
PB Cases	2
Children	1
Grade 2 Disability	12
Total # of Buruli Ulcer Cases Detected	0
Total # of Patients currently on Treatment	3
Total # of Patients Treated	12
Sinoe	
MB Cases	0
PB Cases	0
Children	0
Grade 2 Disability	0
Total # of Buruli Ulcer Cases Detected	0
Total # of Patients currently on Treatment	0
Total # of Patients Treated	0
Rivergee	
MB Cases	4
PB Cases	1
Children	2

Grade 2 Disability	6
Total # of Buruli Ulcer Cases Detected	1
Total # of Patients currently on Treatment	5
Total # of Patients Treated	6
Maryland	
MB Cases	2
PB Cases	1
Children	2
Grade 2 Disability	4
Total # of Buruli Ulcer Cases Detected	0
Total # of Patients currently on Treatment	3
Total # of Patients Treated	5
GrandKru	
MB Cases	4
PB Cases	1
Children	0
Grade 2 Disability	3
Total # of Buruli Ulcer Cases Detected	0
Total # of Patients currently on Treatment	5
Total # of Patients Treated	3
Nimba	
MB Cases	1
PB Cases	0
Children	0
Grade 2 Disability	5
Total # of Buruli Ulcer Cases Detected	0
Total # of Patients currently on Treatment	1
Total # of Patients Treated	5
Margibi	
MB Cases	1
PB Cases	0
Children	0
Grade 2 Disability	0
Total # of Buruli Ulcer Cases Detected	0
Total # of Patients currently on Treatment	1
Total # of Patients Treated	0

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

A total of 3 inspections missions coordinated by the Consolata Missionary Sisters represented by Mr. John Brim and Dr. Anand Krishna, together with AIFO’s Country Director, Mr. Aron Cristellotti and the CHTs were organized to verify adequacy of the performance levels standards set by the specialists during the training period. Considering the urgent need for some orthopedics materials, a donation of rehabilitation appliances were however donated to Ganta Rehab and other local health facilities in the project areas.

In collaboration with GLRA, a project partner meeting focusing on renewed synergies were held with the Program Manager of the National Leprosy and TB Rehabilitation Program of Liberia, Mrs. Deddeh Kesselly on May, 2015 after the return of AIFO Country Director, Aron Cristellotti and the Senior Medical Advisor assigned at MOH, Dr. Anand Krishna. Infact, subsequent discussion with partners like MAP, ALM as well as AIFO, GLRA and the authorities at the NLTCP focused on the integration of Burili Ulcer in the overall implementation of the Leprosy National Program. This was to a greater extent endorsed.

In an effort to support the government of Liberia in its fight against Ebola and the strengthening of the health systems as a result of the deadly virus, a joint distribution of medical items (PPEs, Hand Cleansing Lotion, and Medical Packs) took place in six (6) CBR project counties: Margibi, Bong, Nimba, Grand Gedeh, Rivergee and Maryland respectively.

The initiative which was supported by the GLRA, American Leprosy Missions, MAP International and AIFO Liberia was jointly distributed in the 6 counties by MAP and AIFO between February 10-16, 2015.

A total of 13 health facilities including ETU’s, CCCs, Hospitals and Clinics were all served throughout the 6 CBR project counties. Also two CBR Project Self Help groups also benefitted from the distributinon (Harper, Maryland SHG and Tuzon, Grand Gedeh SHG).

Please find below detailed listing of items received:

NAME OF HEALTH FACILITY	COUNTY	# OF PPES RECEIVED	CONTACT #	# OF MEDICAL PACKS RECEIVED	# OF SANITIZERS/HAN D CLEANSING LOTION RECEIVED
Kpain Community Clinic Recipient: Massa M. Dukuly Position: OIC/RN	Nimba	N/A	0886593539	2 boxes	19 boxes
Ganta Methodist Hospital Recipient: David Vulu Position: HRO	Nimba	6 Boxes	0886640433	2 Boxes	12 Boxes

Ganta Leprosy and TB Hospital Recipient: Augusta Galbusera Position: Administrator	Nimba	4 Boxes	0886823516	4 Boxes	12 Boxes
Tuckerta Comm. Clinic Recipient: Thomas B. Duncan Position: OIC/RN	Margibi	N/A	0770029545	2 boxes	8 boxes
C.H. Rennie Hospital Recipient: Raymond R. Cassell Position: Administrator	Margibi	20 Boxes	0886908836	2 boxes	8 boxes
Samaritan Purse Community Care Center(CCC) Recipient: T. Max Zorh Position: Physician Assistant	Rivergee	6 Boxes	0886542202	1 Box	4 Boxes
Fish Town Hospital Recipient: Denise K. Boimah Position: OIC	Rivergee	N/A	0776877951	2 Boxes	8 Boxes
Grand Gedeh County Health Team Recipient: Dr. Elsie K. Ballah Position: County Health Officer	Grand Gedeh	N/A	0886592054	2 Boxes	12 Boxes

Zwedru ETU/PIH Recipient: Augustine M. Dorbor Position: Logistics Assistant	Grand Gedeh	6 boxes	08862800 15	1 Box	12 Boxes
Phebe Hospital(Wellness Unit) Recipient: Dr. Kormassa Tenneh Position: Medical Doctor	Bong	N/A	08865286 01	3 Boxes	8 Boxes

Bong County ETU Recipient: Joshua Wilkie Position: WASH Manager	Bong	12 Boxes	0777595443	N/A	8 Boxes
JJ. Dossen Hospital Recipient: Munyah M. Karvah Position: Pharmacist	Maryland	9 Boxes	0886571760	3 Boxes	17 Boxes
Kpain Self Help group Wuo's Town Self Help Group Recipient: Jonathan Davies	Nimba	N/A	0770230544	N/A	9 Boxes
Total Medication Distributed		63 Boxes of PPEs Distributed		24 Med Packs Distributed	137 Hand Sanitizer/Cleansing Lotion Distributed

E. Provision of mobility aids and tools for rehabilitation

On the 29th of August 2015, a total of 39 pcs of wheel chairs, one (1) pc of walker and six (6) pcs of wheel chair handle were transported to the Ganta Rehabilitation Center by AIFO Liberia through its Central Regional Coordinator, Jonathan S. Davies. The wheel chairs were a donation from NCD. Donating the items, in conjunction with AIFO objective as far as the National Leprosy Program is concerned, it was expedient to contribute to the wave of the demand of mobility aids for persons with disabilities including persons affected by leprosy in the second year.

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

A Coordinated monitoring and follow-up mechanism was set up to ensure the safety and improvement of the health conditions of patients referred for leprosy. In the first instance, CBR Workers liaise with leprosy focal persons to assess and follow-up on the patient. In case of severity of the case, said patient is further referred to Ganta Rehab for additional follow-ups.

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

Five (5) days residential inception training on Leprosy Case Management was organized by AIFO and GLRA at the Ganta TB and Leprosy Center for CBR workers from all six (6) counties of AIFO operation. This training was geared towards upgrading the capacity of CBR workers and central staff in early detection, prevention, and basic care of leprosy patients. 10 CBR workers and 2 technical staff at AIFO participated to the training. A preparatory mission was realized in February and the training was held from March 9-13, 2015 (See Annex 1: Report focus: Ebola and leprosy training + eye consultation narrative report).

At the end of the five days training, all participants were certificated in the field of leprosy and were given the mandate of reaching out in their communities to combat the disabling disease. So far the impact is actually seen at the level of the CBR project communities. An increased number of detected new cases have been observed compared to last year. CBR workers in all six (6) counties have been collaborating with focal persons on leprosy in early detection, referral and diagnosis, something that was actually not taking place prior to the project's intervention (See Annex 2: Leprosy intervention mission narrative report).

From 27th to 28th May 2015, a refresh training meeting with all trained CBR workers was realized in Monrovia and facilitated by AIFO central office staff, local and expatriated.

Subsequent training at community level was organized for a total of 5 Self Help Groups members (for a total of 125 persons) in the project's counties, in August 2015. The training was offered at local level by the trained CBR workers.

No.	Name of Self Help Group Trained	# of Self Help Groups Members Trained	County
1.	Tuzon Self Help Group	25	Grand Gedeh
2.	Tchien Self Help Group	25	Grand Gedeh
3.	Harper Self Help Group	25	Maryland
4.	Fish Town Self Help Group	25	Rivergee
5.	Barclayville Self Help Group	25	Grand Kru

The Self Help Group members comprise of 75% persons with disabilities while the remaining 25% constitute family members of persons with disabilities. Persons affected with leprosy also form an integral part.

H. Awareness events to counter the social stigma against leprosy patients

A massive awareness was exercised in 15 Communities throughout the 5 counties. The awareness also extended to schools, health facilities and market grounds to ensure that everyone gets involved in the fight against leprosy, TB and to eradicate the EVD disease.

The behavioral changes expected by the communities in order to manage and eradicate the EVD disease were:

- Early detection of symptoms and seeking early treatment to health services: as it increase the chances of survival
- Undertaking and participating to safe and dignified burials: traditional burials have proven to be one of the most frequent way of transmission of the virus
- Avoiding any body contact and body fluids as these are channels for EVD trans-mission
- Not to eat bush meat: to tackle the risks of infection while preparing the meat if the animal is infected
- Acceptance of Ebola survivors: survivors, health care workers have been stigmatized
- Safe sex with Ebola survivors: as the virus is still present in semen and vaginal fluids after recovering
- Compliance to contact tracing and quarantine protocols: supports the efforts towards limiting the spread of the disease.

Results Achieved:

- Community Engagement: One of the most important results of this action is the great engagement of the community in community activities. About 95% of the project's beneficiaries practically participated to the community activities.
- Improved Hygiene Practice and Behavioral Change: Washing hands with soap and water is a key hygienic practice. In the communities where AIFO has distributed hand washing materials, the practice of hand washing have been continuously followed and hand washing facilities have been maintained. Additionally, an improved behavioral change on the do's and don'ts about Ebola has been continuously followed. Lower attendance at funerals, and using gloves, decrease in hand shaking has been continuously adhered to.
- Increased Understanding about EVD and its related stigma: At least 406,786 people in the concerned communities have understood EVD transmission and control modalities as well as its related stigma and what can be done to reduce and/or curtail it.

I. Vocational training for ex- leprosy patients

This is one of the activities which suffered the outbreak of EVD disease and the consequent serious restrictions imposed by the Liberian authorities.

Vocational trainings started in September with the planning, organization and startup of a tailoring course for women, members of SHGs in Bong and Nimba, most of them affected by leprosy (ex-leprosy patients). The course is expected to last for three (3) months. 3 sewing machines were purchased for the trainees. As for the second project year, a more strategic plan will be instituted to ensure the sustainability of this activity. Notwithstanding, the trainees are by themselves using the occasion to continue the training in their own meager way as far as the formation of the SHG is concerned.

J. Placement of ex - patients in the groups of self-help and promotion of income-generating activities

Because of the outbreak of Ebola virus disease and the consequent serious restrictions imposed by the Liberian authorities, the activity was postponed to the second year.

In AIFO CBR operational counties, there are a total of 38 SHGs established (comprising of 95 persons with disabilities). At least 20% are ex-leprosy patients and/or family members of ex-leprosy patients. In each group, there are IGA activities such as soap making, piggery and chicken poultry as well as farming activities being carried out with income generated on a monthly basis. The interests are provided to each individual member to sustain their daily income. In the second year, the action will select SHGs for the promotion of income generating activities. Training on business management and periodic monitoring of the business activities will be enforced

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

The activity is foreseen from the second year. Preparations of the adult literacy training course have been finalized at the end of the first year. It is anticipated that 150 ex-leprosy patients and family members of ex-leprosy patients will participate to the 3 months study course. The training will go underway in the second year as planned.

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 2014 to 30th September 2015)

Outcome	
The annual number of new cases of leprosy diagnosed in the Centres of Public Health.	12
The annual number of new cases of leprosy diagnosed by operators of village.	9

Percentage of new cases of leprosy presenting disability grade 2 at diagnosis (< 5 % at the end of the three years).	65%
Cohort study: percentage of cases of leprosy (PB and MB) ending treatment with PCT schedule (> 70 %).	80%
Number of persons who started Income Generating Activities after the attendance to vocational training courses	N.A. (in the second year)
Output	
Number of rural villages reached by the ambulance	N.A. (in the second year)
Number of persons reached by the ambulance	N.A. (in the second year)
Number of out-patients in Ganta	35
Number of in-patients in Ganta	10
Number of local health staff persons trained	200
Number of local non-health staff persons trained	10
Number of CBR workers trained	10
Number of village volunteers trained	125
Input	
Number of ambulance purchased and equipped	1
Number of sewing machines distributed	3
Number of set distributed for the production of soap	0
Number of set of consuming materials for the vocational training	1
Number of set for the realization of agriculture and breeding distributed	0

Number of information material set produced	1
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6. HUMAN RESOURCES

The monitoring of the project in the Country and in the field has been assured by the expatriated Country Director in Liberia together with the local partners responsible for the implementation in the field with good collaboration. Another monitoring 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 Country Director in Liberia. Since recruited, the CBR Workers have been facilitating the work of AIFO in the county and coordinating with focal persons and CHT 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 counties. - 1 Accountant (AIFO contribution)

7. WEAK POINTS AND STRONG POINTS

Weaknesses:

- Evacuation of AIFO expatriated staff for health security reasons from August 2014 to May 2015: difficult coordination of the action from Italy.
- 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 County as observed in the activities implementation. For practical purposes, the implementers of the project finally decided to carryout activities in Grand Kru and Nimba counties for the first year.
- Restriction imposed in mobility and activities organizing by the Liberian Government because of EVD outbreak: no public gatherings, no meeting with high number of people, closure of public offices and schools, curfew in some areas, no activities in the communities if not related to Ebola control.
- Stigmatization and superstition about leprosy and Ebola are strongly rooted in the rural area
- Budget constraints for general running and management cost, compulsory for activities organization and implementation.

Strengths:

- Good collaboration with partners and stakeholders
- New partnership with GLRA and ALM at national level
- 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. TABLES

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



Cases	Years							2012
	2005	2006	2007	2008	2009	2010	2011	
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: Leprosy Training Course Outline

General Community Health Volunteers-orientation course on Basics of leprosy for early diagnosis at the community level:

General Community Health Volunteers-orientation course on Leprosy:

Course Objectives:

At the end of the training programme the course participants will be able to

1. Recognize and/or suspect early symptoms of leprosy skin lesions, involvement of eyes, hands, feet.
2. Elicit/test for loss of sensation on the skin lesion, hands, feet.
3. Recognize severely ill leprosy with pain & swollen feet, hands, face, skin.
4. Help patients to take regular treatment daily.
5. Help patients to take regular home based self-care of their skin, wounds, feet, hands, eyes.

6. Carry out regular passive contacts survey once every 3 months of all cases.
7. Provide social support through local NGOs/churches, any other available sources.

Course Contents:

1. Symptoms of Leprosy,
2. Signs to suspect leprosy
3. Grouping of leprosy,
4. Symptoms of acute illness of leprosy,
5. Treatment schedule for patients,
6. Home based self-care support,
7. Passive contact survey,
8. Social support.

Course Duration:

3 Days of hospital based & 7 days of community based training.

Number of Course Participants: 13

Venue: Ganta leprosy & TB Rehabilitation Centre, Nimba County, Liberia.

Learning Methods:

Practical method by seeing, doing, visiting leprosy patients wards, ulcer care room, physiotherapy room, houses of the patients.

Course Facilitators:

John, Nova, Medical Officer²⁸

Learning materials:

National Guidelines of Leprosy-Liberia, ILEP, ALERT publications, slides on laptop.

Tentative schedule:

	8:30 to 10:00	10:30 to 12:30 Pm	1:30 to 2:30	2:30 to 4:00
Day 1	1) Hospital tour. 2) Introduction of National Leprosy Control Objectives. 3) Facts about Leprosy. Sr. Augusta/Mr. John.	4) Normal skin. 5) Not normal skin.	6) Test for skin sensation normal/not normal	7) Grouping leprosy patients. 8) See blister packs. Mr. Nova.
Day 2	9) See ward patients. 10) Practice sensory testing. Dr. Krishna.	11) Demonstrate wound care/ 12) Practice wound care. Dr. Krishnan/ Mrs. Clington.	13) Concept of home based self-care of skin, wounds, feet, hands. (visit patient's	14) Visit leprosy village, listen to them-discuss.
			home) Mr. Nova.	
Day 3	15) How to do contact tracing. Dr. Krishna	16) Q & A Mr. John, Mr. Nova Dr. Krishna	17) Community mobilization. Mr. Nova/Mr. John	18) Curse ends. Sr. Augusta, Mr. John, Mr. Nova, Dr. Krishnan.

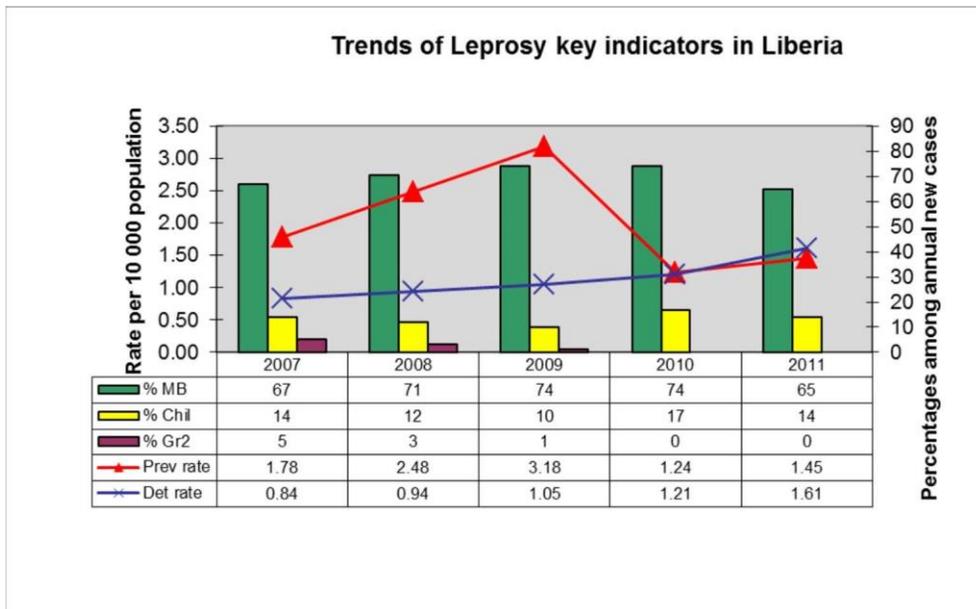
Expected Outcome:

1. To reach wider population in Nimba County,
2. To educate/mobilize community for awareness & stigma reduction,
3. To detect more number of leprosy patients at an early stage of the disease,
4. To decentralize the treatment closer to their homes,
5. To prevent disabilities & care after cure at the community level,
6. To expand/revitalize the National Leprosy Control Programme in Liberia.

Table 3: Preliminary Data Form (Suspected and Confirmed Leprosy Cases)

No.	Name	County	Sex	Age	Community	Deformed	Suspected	Confirmed	PB	MB	Facility

Table 4: Trends of leprosy elimination indicators in Liberia





9. ANNEXES

ANNEX 1 - REPORT FOCUS: EBOLA AND LEPROSY TRAINING + EYE CONSULTATION NARRATIVE REPORT

A 1 week residential training for CBR workers was held from March 9- 14th, 2013 at the Ganta Leprosy and TB Rehab Center in Ganta, Nimba County. At least ten (10) community based rehabilitation workers and two (2) regional coordinators participated in the training course. Disaggregated figures per county; (Nimba County- 3 Community Based Rehabilitation Workers), (Bong County- 1 Community Based Rehabilitation Worker), (Margibi County- 2 Community Based Rehabilitation Workers), (Grand Gedeh County-2 Community Based rehabilitation workers), (Maryland County-1 Community Based Rehabilitation Worker), (Riverge County-1 Community Based Rehabilitation Worker). The training was facilitated by Dr. Anand Krishna, Medical Doctor at the Ganta Rehab that has been hired by AIFO and the

German Leprosy Relief Association. Other Co-Facilitators included were, Mr. John Brima, OIC of the Center and Mr. Mark Nova, a nurse assigned at the center.

Detailed topics facilitated on were:

- Leprosy Facts and Symptoms
- Home Based Care
- Referral
- Awareness raising and Stigma Reduction
- Community Mobilization
- Basic facts about the Ebola Viral Disease
- Dead Body Management
- Psychological Support to Ebola Victims

Throughout the training, strong emphasis was placed on awareness for leprosy to a wide array of stakeholders and interest groups, particularly Government in other to ensure that the targets to eliminate leprosy in the whole of Liberia are met. Practical approaches in wound dressing for leprosy affected persons as well as key messages on stigma reduction for Ebola survivors were carried out throughout the training. At the end of the one week training, both CBR workers and Regional coordinators were all certificated. The primary focus of the CBR workers after the training is to identify, if possible diagnose, and refer patients to focal persons and also to ensure that confirm cases are put on treatment and follow-up are made. Additionally, CBR workers are expected to carry out subsequent training at community level for volunteers as part of AIFO's Ebola social mobilization and psychosocial interventions initiatives. CBR workers promised to be fully supportive of the project's interventions in their respective communities thereby ensuring sustainable results.

Below were the recommendations that emanated at the end of the training:

- That AIFO Liberia considers the provision of motorbikes to each CBR worker in other to be more effective at community level.
- That key stakeholders at local and national level be included in subsequent leprosy training in other to be fully supportive of the National Strategic Leprosy Program.
- That rain gears and stationeries are bought for CBR workers to enhance the effectiveness of their individual duties. Note! The raining season have already started.

Referral of Ex-Leprosy Patients and Community Members for Eye care

In the month of March 2015, AIFO in collaboration with the Ganta Rehab referred Ex-leprosy patients and community members for eye care. Dr. Robert Dolo, a renowned Liberia surgeon was hired by Ganta Rehab to undertake the consultation. CBR workers accompanied AIFO's eye clients during the mission. The total amount of referral made by AIFO is mentioned below:

No.	# of Patients Referred	County
1.	4	Margibi
2.	4	Bong
3.	6	Nimba

Total # of Patients Referred: 14

Total patients that received Eye surgery: 3. The names of the patients are mentioned below:

No.	Name of Patient	County
1.	Samuel Kollie	Kpain, Nimba County
2.	David Katter	Wuo's Town, Nimba
3.	Borbor Yei	Wuo's Town, Nimba

Total patients schedule for surgery for the next month: 2 The names of the patients are:

No.	Name of Patient	County
1.	Paye Zewhen	Wuo's Town, Nimba
2.	Abraham Boimah	Salala, Bong County

Submitted By: Jonathan S. Davies, Central Regional Coordinator

Revised and Approved by: Luther S. Mendin, National Programme and Communications Officer

ANNEX 2: LEPROSY INTERVENTION MISSION NARRATIVE REPORT

In keeping with one of the priorities of AIFO Liberia (Support to the GOL Strategic National Leprosy Program) a team departed for the southeastern counties on March 31, 2015 in order to work along with the county health team and leprosy focal persons as it relates to the diagnoses of suspected cases on leprosy that were identified by CBR workers in the South Eastern region. After a week of high level technical training provided to CBR workers by the Ganta Leprosy and TB Center, CBR workers were tasked with the responsibility of identifying, diagnosing and referring suspected leprosy cases to focal person/health facilities in the counties.

The primary focus of the CBR worker is to identify, if possible diagnose, and refer patients to focal persons and also to ensure that confirm cases are put on treatment and follow-up are made.

Prior to the mission, CBR workers in all three (3) counties worked tirelessly in identifying suspected cases in their assigned and surrounding communities.

Grand Gedeh County

In Grand Gedeh County, Eleven (11) cases were suspected in the following communities: Tuzon, Dolozon, Zaway Town, Gaye Town, and Solo Town. Of the eleven (11) suspected cases, seven (7) are males and four (4) are females.

Upon arrival, there was a brief meeting with the focal person on leprosy in Grand Gedeh County, Mr. Fredrick M. Yarsiah who said that he has been informed by the CBR workers concerning the situation and that he himself has been making some frantic effort as it relates to finding cases but his major challenge over the years has been logistical and financial support expected to be given by the government. He also stressed that during the training for focal persons at the Ganta Rehab, they were told to develop a community outreach intervention plan as it relates to their intervention in their assigned counties. Mr. Yarsiah further said that since those plans were developed and submitted, nothing has been done about them till now. All they were been told was that AIFO will come to work as if AIFO was the remedy to their challenges.

The focal person also said that bike given him for mobility has since been down and that he has informed the requisite authority to have the bike serviced but to no avail. However, the mission team was able to convince Mr. Yarsiah to go along into communities identified by CBR workers where suspected cases were and he agreed on grounds that we were mobile and that was his job to do so. Due to distances and time factor , we could not see all suspected cases but few. Two (2) out of the five (5) communities were reached by the team and we never had time or funding to sleep in one county for two days.

One (1) patient was diagnosed positive and was immediately put on treatment for one (1) year while the remaining two(2) patients were on treatment and completed same from the Ganta Rehab according to them but strangely they are gradually developing wounds and they are strongly in need of shoes to protect them from causing more wounds. Family members to the patients were taught how to carry out basic care for the wound treatment in line with the training standard given to the CBR workers.

Rivergee County

We also met with Mr. Konah G. Kanceney who happens to be the focal person on leprosy in River Gee County and again the same situation with the focal person in Grand Gedeh surfaced. Just to make long story short, no logistical and financial support to the sector of leprosy in Liberia. However, the three (3) suspected cases that were identified by the CBR worker in River Gee County were screen or tested by the focal person and two (2) of the three from Kanweaken and Jarkaken were put on treatment by the focal person for the period of one year. Information on cases in the county was given to both the team and focal person but in faraway villages and towns. The regular Incident Management System meeting organized by the county health team in River Gee County was always attended by our CBR worker so as to provide update on AIFO intervention in the county.

Maryland County

Before the mission to the southeastern region, the office was informed that about sixteen (16) suspected cases was discovered in Mary land County by the assigned CBR Worker in person of

Christina Toe. Initial contact was made with the county focal person in the county by Miss Toe and a brief meeting was held between the both parties. Those cases were identified in four (4) different communities including Hoffman Station, New Harper, Bishop Hill, and Cox communities within Harper City, Mary Land County. Upon our arrival at the JJ Dosen Hospital in Harper City to get in touch with the focal person on leprosy who was ably informed of our mission in the county, we were informed that he did not come to work and his whereabouts was not known by those we met and more to that, his office was locked and we could not reached him on his phone.

We find it very difficult to go and see those that were identified as suspect patients due to the absence of the focal person whose judgment we could heavily rely on as it relates to confirming the suspected cases diagnosed by the CBR worker. However, we decided to just go and talk with those patients and encourage them to come at the hospital to seek doctor advice as it relates to what was harming them or try to take hold of their body. Base on the above mentioned decision, we visited two (2) out of the four (4) communities and saw five (5) out of the sixteen (16) suspected cases with just few of them allowing us to take photos. On the overall, the majority of the suspected cases we saw in the three Counties refused that their photo should be taken by us and we respected those views.

Suspects were encouraged to work along with the CBR workers and focal persons as it relates to referral, diagnosing, and treatment of their cases in order to prevent disability or deformity. Least before I forget, a very tense meeting was held between AIFO representatives and the County Health District Director as it relates to the issue surrounding the mental health clinicians' allowances which they claimed was not given them by the regional coordinator for the period of six (6) months and that until now, nothing has been done about the situation. As the meeting went on, we assure the health authority that the issue of the clinicians allowances are not been swept under the table but are pending for the arrival of our head of mission who left the country before the issue was brought up.

However, we lastly informed the CHT(s) of our intervention in relation to the Caritas 8X1000 project in the counties which will greatly involve the mental health clinician, an information that has been endorsed.

Time given for the assessment mission was under estimated as it relates to days spent in each of the county. The suspected cases were so many but time was not on our side to stay for the longest to enable us visit all suspected cases identified by CBR workers in all of the counties and the worst of all, none of the focal person was mobile on their own to visit these distant communities where suspected cases were identified.

Observation(s)

It was observed during the mission that health authorities in the county are not giving attention to the issue of leprosy as compare to other disease like HIV and Ebola. A huge challenge of mobility by both CBR workers and focal persons was also observed. Massive awareness as it relates to the disease leprosy is lacking at the level of the community by health assigned workers like OIC(s) in towns and districts. More to that, persons affected by the disease are not in the know and some considered the patches on their skin a birth mark and are refusing to accept that these signs on their bodies are something else.

Recommendation(s)

In order to have a vibrant result as it relates to the fight against leprosy as far as AIFO's support is concerned, I would like to recommend the following action points:

- That mobility (Bike) is provided to both CBR workers and focal persons or special travelling allowances are provided on a periodic basis to allow them reached far away towns, villages, and districts.
- That plans calved by focal person at the end of training held at the Ganta Leprosy and TB Center be ably supported by the requisite authority
- That mission taken on leprosy related intervention should be given a week in days in instead of three or four days.
- That a way forward meeting be organized for all focal persons and CBR workers by concerned institutions amidst the findings from the mission.

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Revised and Approved by: Luther S. Mendin, National Programme and Communications Officer

ANNEX 3: SUMMARY REPORT COVERING THE DISTRIBUTION OF MEDICAL ITEMS IN SIX COUNTIES: MARGIBI, BONG, NIMBA, RIVERGEE, GRAND GEDEH AND MARYLAND COUNTIES

ANNEX 4: PHOTO CD