



Advancing Partners & Communities
FROM RESPONSE TO RESILIENCE—
STRENGTHENING HEALTH SYSTEMS
POST-EBOLA
SUCCESS STORIES



Cover Photo Credit: Eidolon

This publication was produced by JSI Research & Training Institute, Inc., through Advancing Partners & Communities, a cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. The authors' views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

EBOLA SURVIVORS BECOME LEADERS AND ADVOCATES IN THEIR COMMUNITIES

BACKGROUND

"When the virus came, even the doctors and nurses didn't know what to do. At first people were just dying. We didn't know the kind of help we needed," expresses Amadu Konneh, one of the more than 1,500 identified Ebola survivors living in Liberia.

Randall Varnie, also an Ebola survivor, was a school teacher in Liberia before he contracted the Ebola virus disease. Like many survivors, Randall lost his job and was shunned by his community, even after he was declared Ebola-free.

"The [message] was that once you get Ebola, you are going to die. So you couldn't blame our people; they were afraid."

—MR. RANDALL VARNIE

VICE PRESIDENT OF ADMINISTRATION FOR NESL

The Ebola outbreak may have ended in Guinea, Liberia and Sierra Leone, but a multitude of problems still exist for Ebola survivors: continuing medical problems, mental health issues and stigma and discrimination.

INTERVENTION

Ebola survivors formed the National Ebola Survivor Network of Liberia (NESNL) in September 2014, but they struggled for some time to define and advocate for their needs as a cohesive group. USAID's Ebola Transmission Prevention & Survivor Services program (ETP&SS), implemented by the Advancing Partners & Communities Project, stepped in to support the organization of their elections and formalize national and county leadership for NESNL. More than 850 survivors from each of the 11 affected counties voted to elect their representatives.



Photo Credit: Pia Kochhar, JSI

Amadu Konneh and Joseph Diggs stand in the newly renovated office.

The national leadership consists of seven dedicated survivors from diverse backgrounds. As accountants, teachers, students, doctors, pastors, and criminal investigators from several of Liberia's counties, they represent a cross-section of Liberian society; despite their varied backgrounds, they are all committed to advocating for their fellow survivors.

"We have to work for our people. We took an oath to serve this position and to serve the people."

—MR. RANDALL VARNIE

VICE PRESIDENT OF ADMINISTRATION FOR NESL

After the elections, ETP&SS convened the elected leaders for a strategic planning and team-building workshop. "The workshop helped us identify most of our [gaps and needs], like how to set up a board," says Randall. The leaders have a list of points from the meeting that they regularly go through to ensure they are staying on track.

ETP&SS is also supporting the lease of a fully furnished office for NESNL for one year, where the leadership meets weekly to discuss issues

relevant to all survivors, such as improving health outcomes and access to specialized medical care.

OUTCOMES

NESNL is now equipped with tools to disseminate positive information on behalf of Ebola survivors, help them to reintegrate into their communities, and to be better advocates for their needs. "Today we have a medium through which we can talk to our partners," says Joseph Diggs, secretary for NESNL.

"Because we have an office space and a well-structured leadership, we are sure we can meet the expectations and needs of our people."



Patrick Faley, President of NESNL leads a meeting in the new office.

Photo Credit: NESNL

SURVIVING A LONG ROAD TO RECOVERY



Photo Credit: Yvonne Kodli, APC/JSI/Liberia

Jimaima, outside her home in Liberia.

BACKGROUND

“2014 was a year I’ll never forget,” recounts Jimaima, with tears in her eyes. That was the year that Ebola caused her life to spiral out of control.

A mother of four and a first-year physician’s assistant trainee at the Tubman National Institute of Medical Arts, Jimaima was interning at the John Yekeh Memorial Clinic in Monrovia. Her ordeal began when she treated her brother-in-law, who, unbeknownst to anyone, had contracted the Ebola virus disease (EVD). He died shortly thereafter, and soon everyone in the immediate family began to get sick with Ebola.

In a panic, Jimaima’s husband admitted himself to an Ebola Treatment Unit (ETU) without telling his family, notified the authorities and sent an ambulance to the family home. When the ambulance arrived, the driver told Jimaima that he was there to get her and the children. She refused to go, insisting her family was fine. But when a couple of days later her neighbors requested another ambulance, Jimaima had no choice but to go.

The family was taken to the Redemption Hospital, where they spent one night before being trans-

ferred to the Medecins Sans Frontieres-managed ETU located at ELWA Hospital (ELWA-3). There, staff assigned Jimaima and her son a tent and then performed a litany of tests, including the EVD test, before asking Jimaima if she knew her Ebola infection status. Struggling for words, she finally uttered a stern “No.” Then came the big announcement. “Jimaima, you have Ebola.” After receiving her Ebola diagnosis and preliminary treatments, Jimaima fell into a month long coma. She continued to receive care until she regained consciousness, when she was tested and declared Ebola free.

Despite her initial sense of relief, Jimaima’s problems were far from over. Her mother and husband had died while she was in a coma. Jimaima experienced Ebola-related complications in her left eye, which had significantly diminished her vision, and in her jaw, which left her unable to open or close her mouth completely. She sought treatment at four local clinics, each of which refused her because of her infection.

Eventually, Jimaima received care at the ELWA Hospital Ebola Survivor Clinic, but doctors there could not provide the medical attention that she

SURVIVING A LONG ROAD TO RECOVERY

needed. Ophthalmologists warned that without immediate action, Jimaima’s sight would continue to fail, and for several months, clinicians across Liberia searched unsuccessfully for a surgeon with the expertise to treat Jimaima. Eventually, it was determined that Jimaima’s medical needs could not be met in Liberia. By this time, Jimaima’s spirits were broken. “I was depressed and wanted my life to end,” she recalls.

INTERVENTION

In August 2016, Jimaima was introduced to the USAID-funded Advancing Partners & Communities (APC) project, implemented by JSI Research & Training Institute, in Liberia by physicians at ELWA Hospital. After coordinating with regional medical institutions and visiting clinicians, APC secured an ophthalmic consultation with American physicians who were providing diagnostic and treatment services for EVD survivors in Sierra Leone. Critical MRI/CT scans revealed that Jimaima’s jaw was dislocated. However, doctors in Sierra Leone could not perform the required surgery, and Jimaima returned to Liberia and fell into deeper depression. Her thoughts of suicide increased, and she tried to take her own life three times. But her family wouldn’t let her give up. “Throughout my illness, my uncle always told me that I was a lioness and that I shouldn’t give up.”

Meanwhile, APC continued to search for a doctor who could help Jimaima. They sent her MRI/CT

scan results to the Oral Health Directorate of the Komfo Anokye Teaching Hospital in Kumasi, Ghana, which agreed to care for Jimaima. When APC told Jimaima that they’d found a doctor who was willing to perform the oral maxillofacial surgical procedure, she remained doubtful and thought they’d ultimately deny her care when they learned of her prior Ebola infection. “Stigma is really a big problem stemming from this disease,” notes Jimaima.

OUTCOMES

In September 2017, Jimaima traveled to Ghana and spent seven weeks at the Komfo Anokye Teaching Hospital. Her surgery was successful and when she returned to Liberia in early November, her physician said that she would recover fully by January 2018.

Now well on the road to recovery, Jimaima is grateful for the unwavering care and support she received. Her enthusiasm for health care services is renewed, and she will resume her training for a career in health. “I don’t see my survivor status as a symbol of shame, but one which I can use to encourage others.”

“I don’t see my survivor status as a symbol of shame, but one which I can use to encourage others.”

—JIMAIMA



Jimaima, with her family.

Photo Credit: Yvonne Kadi, APC/JSI Liberia

BUILDING CAPACITY IN SPECIALIZED CLINICAL CARE – POST EBOLA



Photo Credit: Andrew Secor, APC/JSI Liberia

Dr. Udofia conducting surgery on a patient.

BACKGROUND

While Liberia's 2014-2015 Ebola epidemic has passed, the challenges rebuilding the public health system and addressing system constraints persist. In addition, many survivors exhibit a range of ophthalmic, psychiatric, and rheumatologic conditions, including uveitis, post-traumatic stress disorder, and arthralgia. Although they had access to basic health services and generalists, clinical specialists and advanced services were limited, especially to those living outside of Montserrado county.

In 2017, the USAID-funded Ebola Transmission Prevention & Survivor Services program (ETP&SS)¹ selected the Liberia College of Physicians and Surgeons (LCPS), a graduate medical residency program that supports advanced training for

physicians across a range of medical specialties, to independently manage the complex medical and surgical cases of Ebola survivors, as well as to offer specialty care to the general population. Historically, LCPS has recruited clinicians from the West Africa sub-region (and beyond) to train Liberian clinicians and medical students in a range of specialties.

Through a grant provided by ETP&SS, LCPS recruited four clinical specialists for long-term postings in Liberia to provide specialty care in ophthalmology, mental health, psychiatry, and rheumatology, and to build the capacity of local medical personnel to provide these services and to refer cases that they cannot manage. While the grant emphasized the Ebola virus disease (EVD) survivor population, three of the specialists offered their services to the general population as well.

¹The Ebola Transmission Prevention & Survivor Services (ETP&SS) program is funded by USAID through the Advancing Partners & Communities (APC) Project and managed by JSI Research & Training Institute, Inc.

“We’ve accomplished a lot and have seen an increased awareness in communities around mental health and treatment, and reduction in stigma attached to mental illnesses, resulting in improved services for survivors. The more people are enlightened about mental health, the more comfortable they will be accessing or reaching out for these services”

—DR. MUSA GAMBO TAKAI

INTERVENTION

The LCPS program started in June 2017 with LCPS and ETP&SS staff jointly recruiting the four clinical specialists for ten month consultancies.² The specialists provided training and clinical services at several ETP&SS focus hospitals, including Redemption Hospital and John F. Kennedy Medical Center in Montserrado County; Phebe Hospital in Bong County; and Tellewoyan and Foya Boma Hospitals in Lofa County. “You find 95 percent of EVD survivors in these areas,” explains the Clinical Specialist Program Coordinator, Dr. Isabel Simbeye. Targeting and reaching survivors in high-concentration EVD survivor communities ensures that the services are fully utilized by survivors.

The Clinical Specialist program staff was comprised of four specialists: two psychiatrists, a rheumatologist, and an ophthalmologist. Dr. Simbeye emphasized, “We’ve never had a rheumatologist in Liberia before. Through funding from USAID, ETP&SS also provided basic equipment and actively worked to build the capacity of health workers in these facilities so that even after the program phases out, knowledge transfer will have occurred and services can continue.”

LCPS’ M&E Officer, Robert Hiama noted “I go to the clinics to see what services are being provided. I talk with patients to find out if those services are what they need, and if they have problems.

Then Dr. Simbeye and I discuss and resolve the problems, such as survivors not receiving drugs or services, and feeling like they aren’t being respected by the health workers.” Mr. Hiama further explained, “The specialists collect data through the patient register, which was jointly designed by LCPS and ETP&SS M&E staff. There’s also a feedback monitoring tool, which we use to collect feedback from survivors on the services they are receiving.” Mr. Hiama noticed improvements in the ability of patients to explain issues to doctors, as well as interpersonal dynamics between the survivor and providers.

Dr. Musa Gambo Takai, one of the program’s two psychiatrists, provided mental health services to EVD survivors and the general population through counseling, treatment, and medications. He also trained and mentored mental health clinicians, physician assistants, nursing students, and physicians in the diagnosis and treatment of common psychiatric and neurological conditions, such as depression, and anxiety and post-traumatic stress disorders. “We’ve accomplished a lot and have seen an increased awareness in communities around mental health and treatment, and reduction in stigma attached to mental illnesses, resulting in improved services for survivors. The more people are enlightened about mental health, the more comfortable they will be accessing or reaching out for these services,” he explained.

²Before the LCPS grant was finalized, the ETP&SS program completed an assessment so that the clinicians would have a clear picture of the needs of the survivors.



Photo Credit: Andrew Secor, APC, JSI Liberia

Dr. Udofia leading a training on ophthalmic care.

OUTCOMES

Dr. Inyene Edem Udofia, the LCPS ophthalmologist, noted that “before, no facility provided eye care in the entire county. We’ve recruited and started training health workers.” Thus far, one physician assistant and six nurses registered for the ophthalmic care program, which focuses on retraining health workers with prior ophthalmic training to update their knowledge and skills. Dr. Udofia believes that although ophthalmology is still a relatively new field in Liberia, he is optimistic that the increased availability of trained medical professionals will strengthen eye care service delivery in Liberia. “I’ve worked with

nurses who are very enthusiastic and have a passion to learn. They are trained in basic eye care, including eye-related emergencies. And we’ve trained them to train junior nurses and community health workers.” By training health care workers and educating communities on basic eye care services, Dr. Udofia is confident that eye care services will continue to be delivered even after the ETP&SS program ends. Similarly, Dr. Takai expressed, “If the health workers who’ve been trained maintain the interest and motivation, they’ll be able to do well.” And the Liberian people—EVD survivors or not—will do well under their care.

MENTAL HEALTH SERVICES COME TO LIBERIA



Photo Credit: APC/JSI Liberia

A clinician participates in Phebe Paramedical Training Institute's mental health clinician graduation ceremony.

BACKGROUND

There are myriad barriers to mental health care in Liberia, including the severe deficit of trained health workers with expertise in mental health and high levels of stigma experienced by individuals with mental health conditions at the community and health facility levels.

The USAID-funded Ebola Transmission Prevention & Survivor Services (ETP&SS)¹ program, implemented by the Advancing Partners & Communities project, supported a post-basic mental health training program at the Phebe Paramedical Training Institute to reduce these barriers. The program, which began in September 2017, has trained 38 mental health clinicians to better understand, screen for, and provide mental health services.

¹The Ebola Transmission Prevention & Survivor Services program is funded through the Advancing Partners & Communities (APC) Project and managed by JSI Research & Training Institute, Inc.

INTERVENTION

The APC program has supported two cohorts of mental health clinician trainees, training 38 mid-level health workers. Dr. Julius Muron, a consulting psychiatrist and chief facilitator of the Mental Health Clinician Training Program, explains “We give the students a basic assessment test when they come in to measure their attitudes, knowledge, and experience providing care to people who have mental health problems. The assessment also measures their awareness of community stigma and practices toward people with mental health problems. We assess the students again after training and during clinical placement to see if they are retaining and practicing what they learned.”

The health workers continue to receive encouragement and professional guidance from Dr. Muron and the Mental Health Clinician Training Program team following graduation. The trained clinicians get onsite supervision from the specialists, which improves how they manage patients with mental and physical health problems. Some trainees went to clinics that had no mental health services and set them up. Now more clinics in counties that were affected by Ebola offer mental health services. And in hospitals, collaboration between mental health clinics and other wards has improved.

OUTCOMES

The mental health clinician trainees are excited about the skills they’ve acquired through the training program. “When we go back to our various places of work, we will know the difference between stress, depression, grief, anxiety, and other illnesses and we will also be able to treat them,” says a mental health clinician trainee, Orenon M. Joseph. “We used to refer to people with mental health issues as “crazy,” but I cannot do that anymore. I’m unable to even separate them from myself. This training has had a great impact on my life, even my social life. I have learned to have compassion for people with mental illness and I pray to help my community treat them with patience and kindness.” These sentiments were expressed by several other mental health clinician trainees who collectively

believe that the training has reinforced their passion for mental health, a calling they feel strongly about.

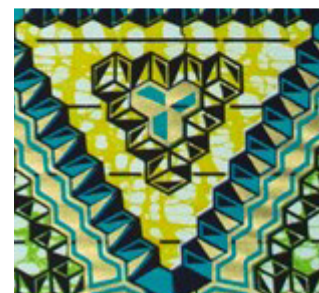
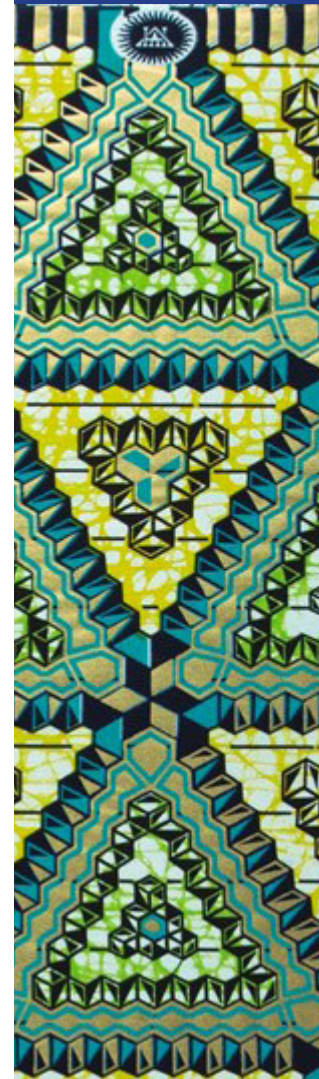
The APC program has laid a solid foundation for the future of mental health services in Liberia. Dr. Muron affirmed, “I’m extremely satisfied with what we’ve been able to do in this period of time, because I know that the mental health clinicians we’re sending out there to do the job are well-qualified, have a lot of skills, and are very enthusiastic. They are pioneering high-quality mental health services in the country.”

“When we go back to our various places of work, we will know the difference between stress, depression, grief, anxiety, and other illnesses and we will also be able to treat them.”

—MR. ORENON M. JOSEPH,
MENTAL HEALTH CLINICIAN TRAINEE



38 mid-level health workers graduated from the mental health clinician trainings.





Advancing Partners & Communities

JSI Research & Training Institute, Inc.

Horton Avenue

Monrovia, Liberia

Phone: 077.142.666

Web: www.advancingpartners.org