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# VOICES OF RESILIENCE AND RECOVERY

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*Stories of Survival from  
Sierra Leone*



**USAID**  
FROM THE AMERICAN PEOPLE



**fhi360**  
THE SCIENCE OF IMPROVING LIVES



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## **ADVANCING PARTNERS & COMMUNITIES**

Advancing Partners & Communities (Advancing Partners) project is a cooperative agreement funded by the U.S. Agency for International Development. The project is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. Advancing Partners supports community programs that seek to improve the overall health of communities and achieve other health-related advancements, especially related to family planning. Advancing Partners provides global leadership for community-based programming, manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

The Strengthening Health Services Post-Ebola (SHSPE) program in Sierra Leone is part of the Ebola Transmission Prevention & Survivor Services (ETP&SS) program, implemented by JSI Research & Training Institute, Inc.'s USAID-funded Advancing Partners & Communities project. ETP&SS supports the recovery of EVD survivors and health systems from the Ebola outbreak in Sierra Leone, Guinea, and Liberia. The program also mitigates the risk of Ebola resurgence and improves access to specialized health care services for survivors and other vulnerable population groups.

The SHSPE program supports the Government of Sierra Leone Comprehensive Program for Ebola Survivors (CPES), jointly led by the Ministry of Health and Sanitation (MOHS) and the Ministry of Social Welfare, Gender and Children's Affairs (MOSWGCA). In partnership with the government, NGOs, and other key stakeholders, the project, with focus on Ebola survivors, helps develop and implement systems and tools that establish evidence-based high quality health services, and promote healthy behaviors and resiliency.

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## **JSI RESEARCH & TRAINING INSTITUTE, INC.**

JSI Research & Training Institute, Inc., is a public health management consulting and research organization dedicated to improving the health of individuals and communities. JSI collaborates with government agencies, the private sector, and local nonprofit and civil society organizations to improve quality, access, and equity of health systems worldwide.

## **FHI 360**

FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. FHI 360 serves more than 70 countries and all U.S. states and territories. FHI 360's work is grounded in research and science, strengthened by partnerships and focused on building the capacity of individuals, communities, and countries to succeed.

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# INTRODUCTION

**T**he 2014–2016 Ebola virus disease outbreak in West Africa was the most devastating ever recorded. Not only did it cause more than 4,000 deaths in Sierra Leone and leave the largest group of Ebola survivors to date; it devastated the economies of Guinea, Liberia, and Sierra Leone.

In November 2015, the Government of Sierra Leone established the Comprehensive Program for Ebola Survivors (CPES) as part of the post-Ebola recovery priorities and included Ebola-virus disease (EVD) survivors in its Free Health Care Initiative (FHCI) program which already targeted pregnant and lactating mothers and children under 5. In support, the United States Agency for International Development—through the Advancing Partners & Communities (Advancing Partners) project—launched the Strengthening Health Services Post-Ebola (SHSPE) program implemented by JSI Research & Training Institute and partners. This program was created to help survivors access specialized services, reduce the stigma they experienced, and restore confidence in the health care system.

While the SHSPE program focused on Ebola survivors, it sought to ensure that the skills it was helping health care providers develop in mental health, neurology, and eye care, among others, would benefit the larger population. The program took a multi-pronged approach to reduce stigma for survivors, improve human resources capacity, and ultimately strengthen the health system in ways that would ensure self-reliance and sustainability long after the project ends. Sierra Leone is now looking forward to its new direction as a better prepared nation.


This booklet showcases personal stories of change and growth that demonstrate how USAID’s Advancing Partners & Communities project support benefited the people and health system in Sierra Leone.

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**The program took a multi-pronged approach to reduce stigma for survivors, improve human resources capacity, and ultimately strengthen the health system in ways that would ensure self-reliance and sustainability long after the project ends.**

DR. KWAME ONEILL

*Dr. Kwame Oneill  
was the manager  
of the Comprehensive  
Program for Ebola  
Survivors*

A black and white portrait of Dr. Kwame Oneill, a Black man with glasses, looking slightly to the right. He is wearing a dark shirt with white stripes on the shoulder. The background is a light-colored wall with vertical lines.

**“ AS A COUNTRY, SIERRA LEONE WAS NOT PREPARED FOR EBOLA. THE HEALTH SYSTEM HAD CRUMBLLED DURING THE CIVIL WAR AND HEALTH CARE WORKERS HAD VERY LOW CAPACITY. ”**

**“W**e only got on top of the pandemic through human will—when we engaged communities, that’s when people started to change their behavior. They stopped handling their dead, stopped touching the sick, calling it in when someone fell ill—that is when things started to change.

Once the Ebola pandemic ended, taking care of survivors was critical. The Comprehensive Program for Ebola Survivors [CPES] was

**CPES Phase 1 train more than**

**220**

**MEDICAL PRACTITIONERS**

**to recognize and manage various health symptoms experienced by Ebola survivors**

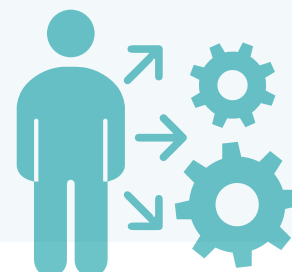
launched as a government initiative to develop strategies and programs to assist survivors. CPES works to provide psychosocial support to survivors, reduce stigma, reintegrate survivors into communities, and address their health needs .

The health conditions survivors are facing have been unknown until now. The project helped us to develop strategies for how we integrate the programs for survivors into the government health program.”



*Dr. Oneill talks with referral coordinators and pharmacists about their role in the health care system and the importance of monitoring of medicine use. He told them that “Knowledge is everything...”*

**Advancing Partners supported CPES through the Program Implementation Unit to strengthen the health system country wide through capacity building, providing mentorship to health care workers through CTOs, strengthening and integrating referral systems into the DHMT, integrating survivor data in the HMIS, and supporting the holistic approach of strengthening mental health services at all levels.**





# GLENNNA BECKLEY

*Glenna Beckley  
volunteers her time  
with the Sierra Leone  
Association of Ebola  
Survivors (SLAES)*



**“ MY MOTHER DIED... MY DAUGHTER DIED... BUT I DID NOT DIE. MY JOB HELPS ME COPE. EVERY DAY I MEET PEOPLE WHO WENT THROUGH TOUGHER TIMES THAN I DID—MY STORY IS SMALL COMPARED WITH SOME OTHERS. ”**

**“M**y mother was a nurse. She was working with Ebola patients, but started to feel poorly. So she came back home and got an Ebola test—but the test came back negative, so we thought she was fine. She was sent home because there weren’t enough beds at the hospital. My sisters and I took care of her. She died after a few days, then my elder sister and my younger brother got sick.

My mother died in my arms. Then I had to take my four-year-old daughter to the hospital. They gave her an Ebola test, but it takes three days for the results to come in. She died before we even received those results. My daughter died in my arms, and I lay with her in the hospital bed until they took her body away. Then I became sick. I couldn’t cry. I just thought I would die myself and it would all be over.

But I did not die. I was in the Ebola treatment unit for nine days. We lost five family members and four of us survived.

I joined SLAES in October 2015. I saw an opportunity to help survivors like me. At first I did outreach to sensitize others, to help other survivors seek services. Then they asked me to join the Association as a finance officer, as I had those skills.

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*“At times I thought it was all a bad dream and that I would soon wake up...”*

---

JSI has helped keep SLAES going. The program has helped build our organizational capacity through trainings in things like financial management, organizational policies and procedures, human resources, and also management training.

Then they have also helped with technical training in things like advocacy skills and resource mobilization.

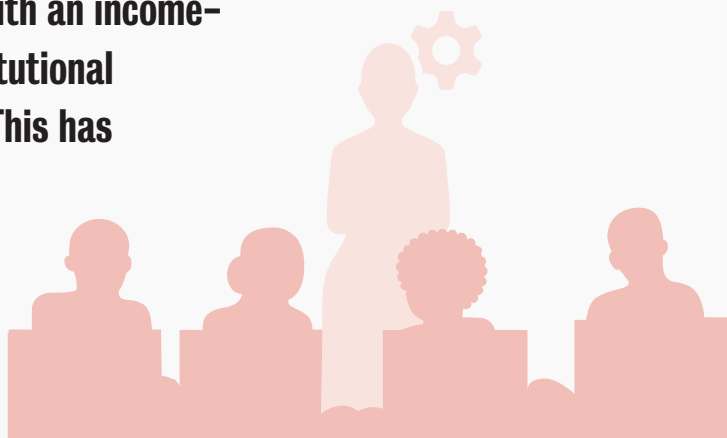
With the trainings we’ve had, I can now train others. In November I was asked to be the master trainer for a survivor-to-survivor peer



*Glenna Beckley strengthened her skills through an Advancing Partners-sponsored training.*

education program. I had never conducted training before, but I knew I was helping others learn.”

**Advancing Partners worked with SLAES to support capacity development and implementation of a range of programs including adult literacy, survivor-to-survivor support with an income-generating component, and building institutional capacity of SLAES executive leadership. This has lead to a more self- reliant SLAES, able to advocate for the rights of EVD survivors.**



# SORIE SAMURA

*Sorie Samura is a referral coordinator mentor at the Connaught Hospital, in Freetown, Sierra Leone*



**“ I HAVE TREATED EBOLA PATIENTS AND I HAVE ALSO BEEN TREATED AS AN EBOLA PATIENT, SO I KNOW WHAT IT MEANS TO HAVE SURVIVED THE VIRUS. ”**



**“D**uring the Ebola outbreak, I was working at Connaught Hospital against

the advice of my family—but I wanted to support Ebola patients even though I knew the risks. I became infected with Ebola there.

Life was terrible immediately after I survived. I lost my vision temporarily, suffered other side effects like headaches and joint pains, but I have been treated and I’m much better now.

In January 2015, about three weeks after my recovery, I returned to work at Connaught Hospital.

I was trained as a referral coordinator (RC) to help people get the care they need.

*Sorie Samura is motivated by a desire to support the development of his country.*

*“We (Sierra Leoneans) need to feel ownership if we are to learn from Ebola. Donors can be counted on for technical advice and training, but we should take responsibility for our health activities.”*

I provided health care support to other Ebola survivors by receiving them when they are referred from peripheral health units (PHUs) and secondary and tertiary hospitals to Connaught Hospital. I then made sure that they got all the care and medicine they need.

Today I am a referral coordinator mentor and I mentor other referral coordinators in the various districts. I also help troubleshoot problems faced by the RCs.”



**Referral coordinators assist Ebola survivors to receive appropriate care. After the position was introduced in 2016, Advancing Partners saw the potential of the role in transforming how people access higher-level services. The project expanded and strengthened the initiative, providing training for RCs and technical support for the role. RCs have since become an integrated component of the district health system.**

**THROUGH AUGUST 2018 OVER**

**13,296\***

**REFERRALS HAVE BEEN SUPPORTED**

\*Includes EVD survivors only until Oct 2017  
+ All FHCI through August 2018



MASSAH STEVENS



*Massah Stevens is a nurse  
and project manager  
at the Sierra Leone  
Association of Ebola  
Survivors (SLAES)*

**“ THE VALUE OF HAVING SURVIVORS  
COME TOGETHER IS IMMENSE. PEOPLE  
KNOW THEY ARE NOT SO ALONE, EVEN IF  
THEY HAVE LOST THEIR WHOLE FAMILY. ”**

**“W**hen Ebola first hit, I was working in Kenema at an Ebola treatment unit [ETU], but I thought Ebola was a lie—I thought this was a political conspiracy and didn’t take it seriously. I was in denial. Only when my colleagues started to die did I believe it.

I was infected by a nurse on duty where I was working. Even though he was a nurse, he felt sick and did not quarantine himself or admit that he was sick. He was frightened.

But I survived and today I am a project manager with SLAES. I manage the survivor-to-survivor group and the adult literacy project. I have tried to find the most vulnerable people to join us—those who lost their entire family, those who are particularly stressed and traumatized.

The survivor-to-survivor group helps people talk about their issues, but also to be united and get on with their lives. The group takes care of each other: we provide psychosocial support and have

developed income-generating ideas, which are helping people start their lives again in different ways. I know our survivor-to-survivor group will continue into the future. It is sustainable.”



*Survivor-to-survivor groups, like this one in Rokel, provide an opportunity to share stories and support each other.*

**Advancing Partners helped develop the survivor-to-survivor initiative, which brought together 10 peer support groups, reaching more than 150 survivors.**

**The peer-to-peer groups gather once a week to share common problems and experiences associated with being an Ebola-affected individual, with the aim of working together to improve the health and livelihoods of members.**

**10**  
**PEER SUPPORT**  
**GROUPS**  
**150**  
**PARTICIPANTS**



ABUBAKARR KAMOKAI

*Abubakarr Kamokai  
is a clinical  
training officer,  
Kambia District,  
Sierra Leone*



**“ SIERRA LEONE IS MY COUNTRY AND THE HEALTH SYSTEM WAS DEVASTATED BY EBOLA. I CAN SEE THAT MY WORK IS IMPROVING THE QUALITY OF HEALTH SERVICES FOR PEOPLE HERE, AND THAT MAKES ME PROUD. ”**

**“W**hen I first began to work with health facilities, my ideas were rejected. But people quickly saw that I could help them solve some of the issues they faced. After that I was accepted.

I work with 16 different health facilities, visiting each once a month, mentoring PHU [peripheral health unit] staff. Sometimes people had training several years ago, so I work to give updated information and build people’s capacity.

Because I have up-to-date technical information and also have been

trained as a mentor, I am able to help health care workers (HCWs) see when they might be making errors, either in their approach to working with patients or in tracking the data in registers.

My approach as a mentor is to provide feedback so people can succeed in their work. They know that now and listen to me.

I’ve been able to encourage the use of various tools and charts to help health facility staff perform their tasks—like the IMNCI charts. Everyone needs these reminders sometimes, so its helpful.”

**AS OF AUGUST 2018  
THERE HAVE BEEN**

**2,495**

**MENTORSHIP VISITS  
BY CTOs AT THE**

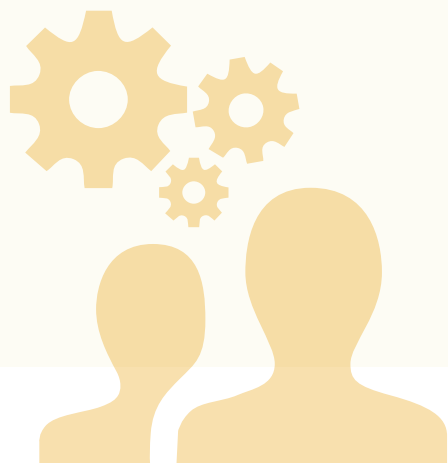
**264**

**PERIPHERAL HEALTH  
UNITS**

**Advancing Partners & Communities has helped strengthen the clinical training officer role as a way to build PHU health care worker skills through basic mentoring. Today there are 14 CTOs across 14 districts.**



*Tools like the Integrated Management of Childhood and Neonatal Illness (IMNCI) checklists and human body chart facilitate interactive mentorship. The CTOs use the human body chart to go through medical cases and procedures with the HCW and help identify areas where action can be done differently to obtain better health outcomes.*



# M'BALU KAMARA

*M'Balu Kamara  
is officer-in-charge,  
Magbafth MCHP,  
Tonkolili District.*



**“ WITH ALL THE SUPPORT, WE  
ARE NOW LIKE SOLDIERS READY  
TO BE IN THE FRONT-LINE. ”**



“I was here before the Ebola outbreak and I am still here. At the beginning of the outbreak, we did

not have an isolation unit, enough gloves, or protective equipment. I got infected with Ebola while working at the PHU.

I heard some infected people were surviving and I gained hope. I said to myself, if I survive I will come back to work and save lives. Thanks to God, I survived.

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*“But now, with all this support, we are like soldiers ready to be in the war-front—though we are praying that Ebola or a similar thing never comes again.”*

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I came back to serve my people. It was not because of my strength, or power, or knowledge. I came back because they love me and I love them. I love my country, so I made up my mind to come back.

Before the outbreak, the facility was in deplorable condition. Then Advancing Partners came and renovated the structure, gave us solar light and water, which is very important for IPC. They also gave us trainings and mentored us through the CTOs. This has provided us the knowledge to save lives.

This health facility covers 11 villages. With the training and supplies I can serve my people, but I have also learned that when we cannot handle a medical problem here, we can refer people to higher-level services.”

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# OVER 2,000

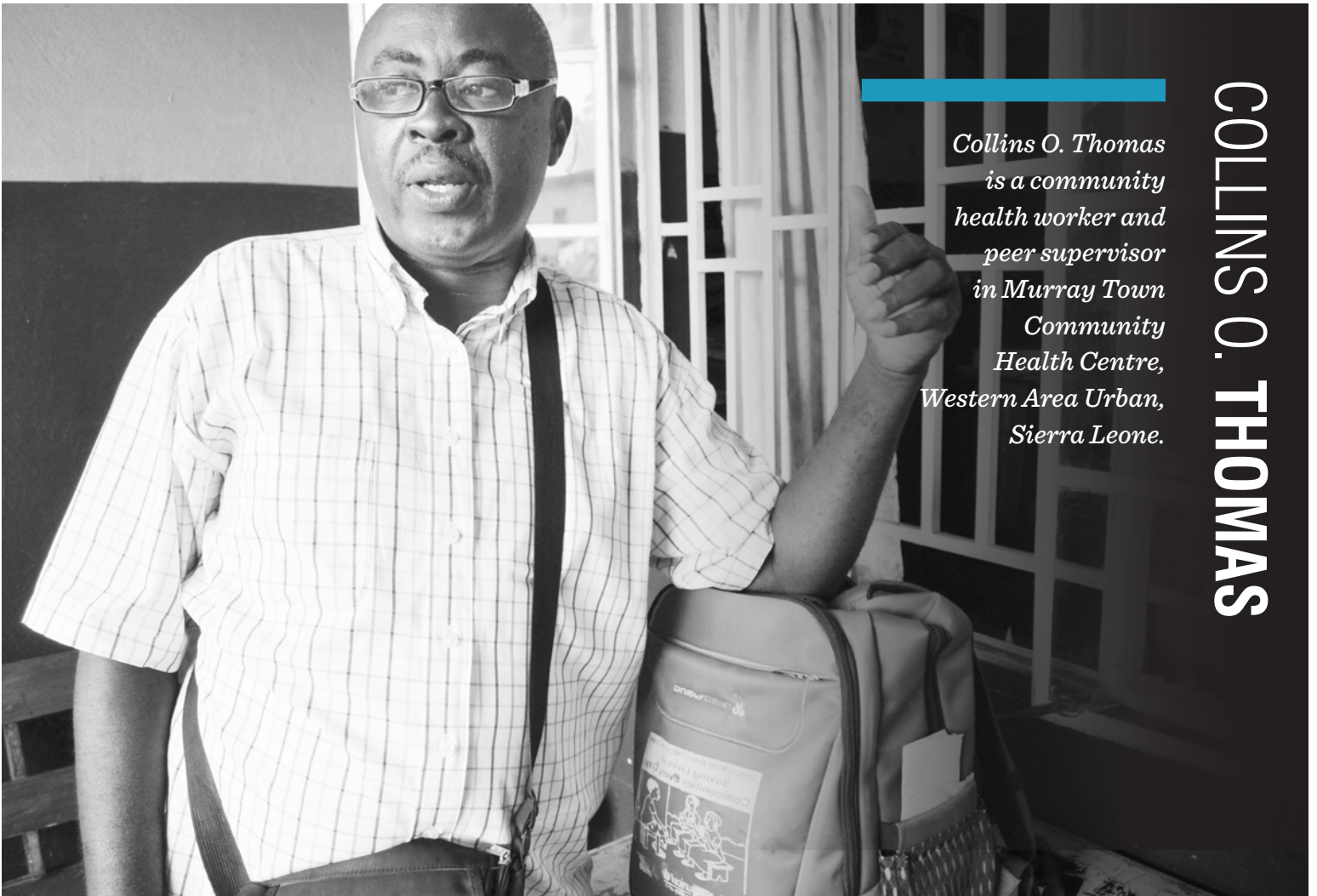
**health care workers trained and mentored in the areas of maternal and child health (MCH), care of EVD survivors, clinical management, infection prevention and control (IPC), patient assessment, medication use, and referrals from**

# 338 PHUs

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*M’Balu Kamara’s skills have been strengthened through Advancing Partners’ training.*





*Collins O. Thomas  
is a community  
health worker and  
peer supervisor  
in Murray Town  
Community  
Health Centre,  
Western Area Urban,  
Sierra Leone.*

**COLLINS O. THOMAS**

**“ ONCE I UNDERSTOOD THE SITUATION OF MENTAL HEALTH PATIENTS, AND BEGAN TO LISTEN TO THEM, THEY BECAME CALMER— AND PEOPLE IN THE COMMUNITY HAVE ALSO BEGUN UNDERSTANDING. ”**



**“D**uring the outbreak, I was a contact tracer and community mobilizer.

In the initial phase of the outbreak, the community health workers [CHWs] were left out and communities began to resist the health care workers. It was only then that CHWs were included. They distributed IEC [information, education, and communication] materials, sensitized community members, and built confidence in the communities to use the health facilities.

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*“During the Ebola outbreak, community members were resisting going for services at the health facilities. As a CHW, my role was linking communities to the health facility to improve the health status of community members.”*

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I now supervise, monitor, and mentor CHWs daily in their communities. I support them in requesting medicines and supplies and I help compile reports that show the work being done. I am also a member of the facility management committee [FMC] representing the CHWs.

We support survivors and work with the communities to identify pregnant women and encourage early antenatal clinic attendance.

Ebola survivors have been included in the Free Health Care Initiative package and I have received training on the conditions affecting survivors, including mental health.



*Community health worker peer supervisors in Western Area Urban participated in a training to recognize health care needs for EVD survivors and people with mental illness.*

**Advancing Partners helped strengthen the capacity of CHW-peer supervisors on survivors health needs, including mental health, in the 14 districts. This training has been cascaded down to other CHWs at health facilities in the 14 districts.**

The mental health training has been particularly helpful. We also sensitize CHWs on how to listen to and treat those with mental illness. Some people with mental health issues can be difficult and aggressive, and it has been challenging for me to convince people that those with mental health issues were sick. Once I understood the situation of mental health patients, and began to listen to them, they became calmer—and people in the community have also begun understanding.”

**Almost**

**14,000  
CHWs**

**have been sensitized to mental health (MH) and are able to identify and refer MH cases.**



JENNIFER DUNCAN

*Jennifer Duncan  
is a mental health  
nurse in Freetown,  
Sierra Leone*



**“ WHEN I FIRST BEGAN, PEOPLE HAD NO AWARENESS OF MENTAL ILLNESS— THEY THOUGHT IT WAS ALL WITCHCRAFT. TODAY THEY KNOW THERE IS HELP, FROM MEDICINES TO THERAPY. ”**

“**T**he Mental Health Unit here at Connaught Hospital started after the Ebola epidemic had ended. People were traumatized, bereaved, and displaced. They needed support. I am pleased to be able to provide that support to people as a mental health nurse.

I now train other nurses at PHUs in basic mental health awareness. I've trained more than 100 health care workers in psychological first aid. They can provide basic care at PHUs, but now also know when to refer someone for a higher level of care.

The hospital staff here at Connaught also know what to look for and refer people to me as needed.”



*Jennifer Duncan provides mental health counseling and referrals to those in need at Connaught Hospital.*

*“I do ongoing psychological counseling, trying to help patients and their relatives understand that mental illness is an illness, but that there is treatment. I try to help people understand that they should not stigmatize people.”*

**With Kings Sierra Leone Partnership and WHO, Advancing Partners has supported the MOHS to develop a mental health service delivery system in Sierra Leone.**

**Nineteen nurses have been deployed to detect and manage mental health conditions as well as provide follow up on MH cases across their districts.**

**Today they are helping on a range of issues, from post-Ebola trauma to assisting people during and after emergency situations like the mudslide in August 2017, when they provided more than 2,000 counseling sessions.**

**ALMOST**

**1,000**

**HEALTH CARE WORKERS  
TRAINED IN MENTAL HEALTH**

**6,672**

**MENTAL HEALTH CONSULTATIONS  
CONDUCTED**

SAHR BRIMA YOKIE

*Sahr Brima Yokie  
is a referral coordinator  
at Connaught Hospital  
in Freetown*



**“ I CONTRACTED EBOLA AS A HEALTH CARE WORKER. I SURVIVED AND NOW I’M BACK SUPPORTING THE HEALTH CARE SYSTEM. ”**



**“A**s referral coordinators [RCs], we help advocate for the referral pathways that patients should follow to get to the right location for the best care possible.

*“It is important for health care workers to understand the health system. They need to know what to do and be trained to identify early signs of critical cases so they can be referred for the services they need. This effective transfer of a patient saves lives.”*

Information sharing between health facilities is essential. Facilities must be ready to receive patients, including having the clinical staff and physical capacity.

**Advancing Partners has supported the Comprehensive Program for Ebola Survivors (CPES) Program Implementation Unit. The project has provided 18 referral coordinators, each placed at either a regional or tertiary hospital to strengthen the health system.**

**The RCs support the referral pathways for the free health care population, including EVD survivors, to ensure they move through the system.**

At the hospitals, we collect data on where most referrals are coming from and monitor beds by department.

This data gives the hospital staff a monthly snapshot on where things stand, provides trends, and helps them to better plan. The information collected is very helpful for hospital decision making.

For example, if there is another outbreak, information on bed capacity would be extremely helpful to enable us to know where patients should go.

The information on incoming and outgoing patients can also help hospitals manage overloads and advocate for the additional staff, equipment, or laboratories needed.”



*Sahr Yokie works with the pharmacist at Connaught Hospital to ensure that FHCI referral patients have access to free health care services and drugs.*

**RCS HAVE SUBMITTED ALMOST**

**4,000**

**DAILY BED COUNT REPORTS, AND OVER**

**150**

**MONTHLY REPORTS TO HOSPITALS**

TAIWA FAYIA

*Taiwa Fayia,  
Ebola survivor,  
Koindu,  
Kailahun  
District*

**“ ONLY WHEN THE COMMUNITY HEALING MEETINGS STARTED WAS I ABLE TO TALK ABOUT MY CONCERNS. SOME OF MY FAMILY MEMBERS WERE IN THE GROUP—THE SAME ONES WHO STIGMATIZED ME. ”**

“My husband died of Ebola in 2014 and left me with two children.

We were thrown out of the house because everybody thought we carried Ebola. When I returned to my own family, they shunned us, fearing that we would spread the virus to them. We could not share anything in common, let alone eat food together; it was a difficult situation for my children and me.

Only when the community healing meetings started was I able to talk about my concerns. Some of my family members were in the group—the same ones who stigmatized me. The facilitator helped them



*Taiwa Fayia explains how she and her two children were stigmatized after Ebola killed her husband.*

understand what I've gone through and that I'm not contagious. My children and I are now back in my husband's house getting along very

well with his family. We now work in my husband's farmland and we are happy to carry on with his legacy.”

**Advancing Partners partnered with WHO and the MOHS to roll out community healing dialogues to help address stigma and mental health in communities. Community healing dialogues are conducted weekly over 12 weeks with groups comprised of Ebola survivors, families, and other community stakeholders.**

**The sessions are facilitated by a combination of a social worker and health care professional trained by the project to address challenges that may arise. They also learn appropriate referral pathways within the national health and social welfare systems to use while in the communities.**



Almost  
**700**  
community members  
in  
**40**  
communities have benefited from community healing dialogues.



DR. TOM SESAY

*Dr. Tom Sesay was the  
district medical officer  
for Port Loko District*

**“ WE WERE VERY CHALLENGED BY EBOLA. EVERYONE BECAME FOCUSED ON CONTAINING EBOLA AND THE ENTIRE HEALTH SYSTEM SUFFERED—BUT PEOPLE WERE STILL DYING OF OTHER DISEASES. ”**

**“E**bola had a significant impact here. We found that Ebola was being transferred in the maternity units, so people lost confidence in health workers, and we even had to close up maternity units.

But providers were also afraid of patients. They stopped welcoming them because the more patients they had, the higher the risk of infection.

My priority is to oversee health concerns in the district. We were very challenged by Ebola. Everyone became focused on containing Ebola and the entire health system suffered—but people were still dying of other diseases.

---

*“There are about 700 survivors in Port Loko. The new structures—CPES, the CTOs and referral coordinators, the survivor advocates—are all helping survivors navigate their health needs.”*

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The new structures are helping. The CTO and RC roles were introduced post-Ebola, and that’s been very useful. CTOs work with and supplement activities of the DHMTs work closely with the district health-sister, which has also been helpful. The CTOs improve services and monitor RCs’ work at the hospital level and support all referrals in the districts, providing feedback to DHMT and CTOs.”

**Advancing Partners supported the district health management Teams with health care worker capacity building on various issues faced by the people who access services through FHCI.**

**The project also ensured that the DHMT received first-hand information on key areas, including access of Ebola survivors to health facilities—which only recently were included in the health management information system—and the number of referrals for all FHCI populations to higher-level facilities. This data helps the DHMT organize targeted mentorship sessions for healthcare workers and other specific initiatives.**



*Everyone became focused on containing Ebola... but people were still dying of other diseases.*





**DR. SARIAN KAMARA**

*Dr. Sarian Kamara  
was the  
Deputy Chief  
Medical Officer  
for the MOHS*

**“WE ARE ALL A FAMILY HERE—THE  
LOSS OF DOCTORS AND NURSES  
FROM EBOLA IMPACTED US TERRIBLY  
BECAUSE WE WERE ALL FRIENDS WHO  
WORKED TOGETHER AS A TEAM.”**



**“T**he impact of Ebola in Sierra Leone was huge. It affected the health system tremendously.

Eleven senior doctors succumbed to the disease; 291 staff got Ebola, and 221 died from it.

So post-Ebola, we have focused on restoring basic services, especially maternal and child health, as well as contact tracing. We’ve also worked to raise awareness that Ebola is gone and people are safe from it now.

**JSI has supported SLAES with capacity building to manage their program.**

**JSI also has helped continue and expand the RC and CTO programs, and now we are seeing the health system strengthened across the board, not just for survivors.**



*Dr. Kamara presenting on how health services have been strengthened in key districts.*

Sustaining the referral coordinators and clinical training officers will be critical for us. We’ve started discussions with DHMTs so these positions are not seen as separate entities, and to ensure that everyone recognizes that they’re not just providing care to survivors—they’re bigger than that.

I was in Bo recently and attended a workshop that was looking at ways to sustain the RC and CTO positions, to ensure they are integrated into the whole system. That will make the program sustainable when JSI’s project ends.”

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*“The program has helped strengthen the health care delivery system and increased services and care for survivors.*

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*Advancing Partners & Communities has worked in partnership with the Sierra Leone government to support its national plan...”*

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# ACRONYMS

|               |  |
|---------------|--|
| <b>ANC</b>    | antenatal care   |
| <b>APC</b>    | Advancing Partners & Communities project   |
| <b>CHD</b>    | community healing dialogue   |
| <b>CHW</b>    | community health worker  |
| <b>CPES</b>   | Comprehensive Program for Ebola Survivors  |
| <b>CTO</b>    | clinical training officer  |
| <b>DHMT</b>   | district health management team  |
| <b>ETU</b>    | Ebola treatment unit   |
| <b>EVD</b>    | Ebola virus disease  |
| <b>FHCI</b>   | Free Health Care Initiative (which includes pregnant and lactating women, children under five and EVD survivors) |
| <b>FMC</b>    | facility management committee  |
| <b>IEC</b>    | information, education, and communication  |
| <b>IMNCI</b>  | integrated management of neonatal and child illnesses  |
| <b>IPC</b>    | infection prevention and control   |
| <b>HMIS</b>   | health management information system   |
| <b>MCH</b>    | maternal and child health  |
| <b>MH</b>     | mental health  |
| <b>MOHS</b>   | Ministry of Health and Sanitation  |
| <b>MSWGCA</b> | Ministry of Social Welfare, Gender, and Children's Affairs   |
| <b>NGO</b>    | nongovernmental organization   |
| <b>PHU</b>    | peripheral health unit   |
| <b>RC</b>     | referral coordinator   |
| <b>SHSPE</b>  | Strengthening Health Services Post-Ebola   |
| <b>SLAES</b>  | Sierra Leone Association of Ebola Survivors  |
| <b>USAID</b>  | United States Agency for International Development   |









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