



ANNUAL REPORT

2015 – 2016



Medical Assistance
Sierra Leone

Action on maternal & child health and specialist care

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Medical Assistance Sierra Leone supports access to health care and urgent medical treatment for communities and individuals in Sierra Leone.

The organisation works with others to raise awareness of the key health and development issues facing communities in Sierra Leone – and to generate interest and support in meeting the health needs of the country.

Working with local partners in the government health service and with a range of local NGOs, Medical Assistance Sierra Leone supports training for health workers, awareness-raising around health issues, and provides a range of medication and equipment to under-resourced services.

1. INTRODUCTION

This year saw the formal end of the devastating Ebola crisis which affected Sierra Leone and the neighbouring countries of Liberia and Guinea. Sierra Leone is still recovering from the huge social and economic impact of the crisis which resulted in the deaths of 221 healthcare workers from Ebola, including ten doctors. Many health workers also left the profession after the outbreak, which highlighted the weak capacity of the nation's health systems. Sierra Leone remains one of the poorest countries in the world and life expectancy in 2016 was the worst globally at 50.8 years for women and 49.3 years for men.

Those with rare and complex conditions face little prospect of getting treatment in Sierra Leone. Our strategic focus on epilepsy has developed from our long term relationships in Sierra Leone with key clinical expertise in epilepsy and with NGOs experienced in social welfare and disability issues. Epilepsy was

an unaddressed health issue in Sierra Leone and one where an input of resources could begin to save lives, to improve overall health and well-being and contribute to the enhancement of long term capacity within the health sector in Sierra Leone. Improved health enables individuals to meet the vast development challenges facing their families and communities.

The report below details activities from October 2015 to September 2016.

2. KEY ACTIVITIES

2.1. Supporting People with Epilepsy in Sierra Leone

Uncontrolled epilepsy directly affects health and social and economic capacity and negatively impacts the sustainability of families and communities in poverty. Our three year joint initiative with the Epilepsy Association of Sierra Leone (EASL), funded by Comic Relief, has seen 5,000 patients come forward for treatment. This year the project was externally evaluated by Isata Mahoi

and Michael Thompson. Their detailed report provided much useful data on the project's value:

'Through participatory observations especially at the EASL Headquarters at Rokupa in Freetown, one of the evaluators observed that an average of five new patients visited the clinic on a daily basis. This demonstrated a high demand for services - as well as improved health-seeking behaviour on the part of patients and their families. Indeed one patient came from the Republic of Liberia and another from Guinea!'

Final Evaluation Report, 2016

The report has informed our planning for the next phase of the project. With a network of clinics now established, and an effective basic model of outreach and support in place, it is clear that in order to reach the large numbers of people with epilepsy who currently receive no treatment, a necessarily ambitious programme of awareness-raising needs to be delivered, with a particular emphasis on the rural areas. Improved





JOHN KAMARA IS TREATED AT THE ROKUPA CLINIC AND ATTENDS THE HOSETTA ABDULLAH SPECIAL NEEDS SCHOOL IN THUNDER HILL.

project resources – such as access to vehicles and ICT support – would enhance effectiveness and enable us to reach more potential patients. Alongside this, capacity needs to be maintained and strengthened within the health sector so that new staff coming through have a basic understanding of epilepsy diagnosis and management and can make appropriate referrals. Corresponding awareness-raising amongst the public improves the quality of life for people with epilepsy by challenging misunderstandings about the condition and promoting the rights of those affected.

‘The project’s achievements are significant for a project of its size operating in a resource-poor environment. At an average cost of £35 per patient, the health status and socio-economic opportunities of individuals have been transformed’.
Final Evaluation Report, 2016

The project activities and the findings of the final report clearly illustrated the transformative effect of improved access to epilepsy treatment. However we are reaching only approximately 5% of those who

require treatment. All partners are committed to working to ensure that all those who require epilepsy treatment have access to the support and medication that they require. We look forward to working with partners in developing and implementing a Phase Two of this programme.

2.2. Building Clinical Capacity through The National Epilepsy Hub

The health worker capacity-building project taking place through the Clinical Epilepsy Hub, under the leadership of Consultant Neurologist Dr Lisk, concluded its three year training programme. Funded by DFID via the Tropical Health & Education Trust, this initiative saw a national training programme in epilepsy diagnosis and management rolled out across the country. The project has improved the knowledge and skills of the clinical staff in relation to:

- Epilepsy diagnosis
- Epilepsy management
- Use of the EEG machine
- Communicating with patients

The project has also introduced a

systematic approach to clinic organisation, planning and data collection and management.

The Lumley Government Hospital is now recognized as the specialised centre for epilepsy management of pregnant patients with epilepsy in the whole of the Western Area of Sierra Leone. Through this project, Dr Virginia George and Marie Sapateh, both involved in maternal health as obstetrician and senior midwife respectively, have developed extensive knowledge on managing pregnant women with epilepsy.

Health sector capacity-building is a priority for the Ministry of Health (MOH) and the Ministry is committed to collaboration by:

- freeing up the time for government health workers to take part in training;
- running the clinics in government health facilities with government health worker staff.

This sustainable model means that there is now epilepsy expertise in all districts and front-line treatment can be provided to patients in 22 government facilities. The supply of



Our sincere thanks to everyone who has supported our work this year.

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Front cover: Members of the Epilepsy Association on a group outing to the beach

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medication still needs to be supported as the MOH does not procure regular or significant quantities of anti-epileptic medication. MASL will continue to raise funds to supplement the efforts of the MOH.

A grant from the Epilepsy Foundation of Greater Los Angeles enabled us to continue with core support to the clinical provision whilst we apply for long term funding to strengthen and expand the work of the Epilepsy Hub.

Ongoing training is essential to ensure that new staff receive detailed epilepsy training and that other staff have refresher training, with the opportunity to share concerns, challenges and to clarify their understanding of epilepsy. As the report for the THET project highlighted:

'We cannot assume that once new skills are learnt they will be used. Monitoring and update are essential'.
Dr Lisk, THET Report 2015

We were therefore very pleased to hear in July 2016 that we have secured funding from THET for Dr Lisk and the clinical team to run a training input for the newly qualified Mental Health Nurses (the first such nurses in Sierra Leone and a MOH initiative). We are committed to continuing all aspects of epilepsy training to ensure that health workers are supported in their delivery of best practice in epilepsy treatment and diagnosis.

Dr Lisk and team have completed the country's first epilepsy prevalence survey and, with the support of THET, will be presenting the findings at the 3rd African Epilepsy Congress in Dakar, Senegal next year. The paper 'Prevalence of Active Convulsive Epilepsy in Bombali District Sierra Leone' suggests that stigma continues to prevent identification, treatment and management of the condition.

'The crude prevalence of epilepsy in this rural population as determined by the research study is lower than expected. This is likely due to stigma-related concealment. This appears to be a major problem in Sierra Leone. In the recently concluded National Census in December 2015, there were only 2271 self-reported cases of epilepsy out of a population of 7 million identified (Lisk, Moses & George 2016).

2.3. Support to Rural Clinics and Urgent Surgeries

We continue to support selected Maternal Child Health aides (MCH) in rural posts with equipment and essential supplies. We responded to many requests for support for medical treatment over the year including hospital fees for hernia operations, an appendix removal, and medication costs for TB, malaria and other diseases.

We are also supporting the fees of a

trainee MCH and will support another student in her BSc in Public Health next year. Our supported students are from rural families who do not have the capacity to pay the university or training fees.

3. FUNDRAISING

Thank you to those people and companies who have supported us during this year.

We continue to apply to Trusts and Foundations for ongoing support and as usual we will be having a programme of events over the coming year to generate funds, especially for medication costs.

We hope to work again with Global Adventure Challenges to offer some exciting trips for 2016 and beyond. These are for different fitness levels, with Ben Nevis and the Sahara Desert Trek being the easiest. The website <http://www.globaladventurechallenges.com> provides additional information.

If anyone would like to run a marathon, hold a cake sale or organise a fundraising event for Medical Assistance Sierra Leone, we can help with publicity and materials.



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Tom Bradley Photography; Timur Bekir/THET 2013