

Strategic Plan

April 2017 – March 2022



Medical Assistance

Sierra Leone

Action on maternal & child health and specialist care

1. Our vision

Medical Assistance Sierra Leone was established in 2003 with the aim of supporting access to health care and urgent medical treatment for communities and individuals in Sierra Leone.

2. The context of our work

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.

Medical Assistance Sierra Leone 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.

Sierra Leone remains one of the poorest countries in the world, ranking in place 179 out of 187 (Human Development Report 2016), with over half of the population living on less than \$1.25 a day. There is high youth unemployment. Literacy rates are low, averaging 48.1%, and are often substantially lower for rural women.

Public health is generally poor in Sierra Leone and life expectancy is amongst the lowest globally at 51.9 years for women and 50.8 years for men (Human Development Report 2016). Maternal mortality figures are the highest in the world and are around four times higher than the global average at 1360 per 100,000 live births (and these rates are almost double those found in neighbouring Guinea and Liberia). Almost one in five children don't reach their fifth birthday. Those with rare and complex conditions face little prospect of getting treatment.

The greatest burden of disease is on rural communities, and on females within those communities.

Health care in Sierra Leone is delivered through a range of public, private and non-governmental organisations. The

level of provision varies greatly across the country's thirteen districts. Public health services generally have to be paid for by patients, although since 2010 it is free to pregnant or breastfeeding women and children under 5 as part of the country's 'Free Health Care Medical Insurance'.

Sierra Leone's health service, along with the country's social and economic status, is still recovering from the devastating Ebola crisis which affected Sierra Leone and the neighbouring countries of Liberia and Guinea in 2014-2015. In Sierra Leone 14,122 people were diagnosed with Ebola and 3,955 people lost their lives. For many months Sierra Leone came to a virtual standstill, with schools closed, many clinics and other health services suspended and a government ban on large public gatherings.

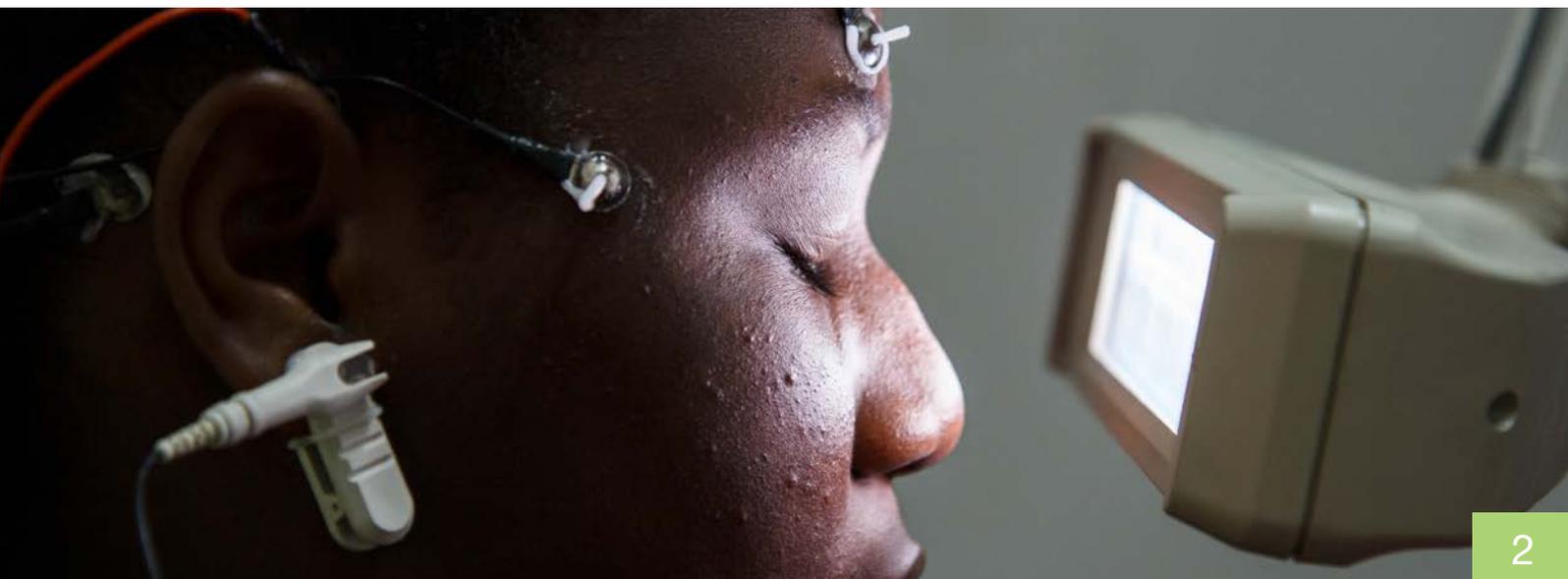
In total over 221 healthcare workers died from Ebola, including ten doctors. The health service is severely depleted by the loss of experienced and trained personnel, with over 10% of doctors lost to the disease. The outbreak highlighted the weak capacity of the nation's health systems and the intolerable conditions faced by health workers; many health workers have left the profession since the outbreak.

Ebola profoundly affected all areas of socio-economic activity and its impact will continue to be felt for a long time. As well as decimating the number of medical doctors, the disease created thousands of orphans. Many of those who survived the disease are suffering from long term health complications.

Project activities were directly affected by the Ebola outbreak, and partners worked hard and in very difficult conditions to keep as many activities going as possible.

3. MASL's aims and achievements to date

Sierra Leone's health infrastructure requires support at all levels. MASL started its work in 2004 initially to respond to the special care needs of a number of people who had approached the trustees in a personal capacity. The organisation further developed as a strategic response to



the overwhelming need for access to quality health care in Sierra Leone, recognising that there are specific strategic areas where an input of resources can begin to save lives, improve health and well-being and contribute to the enhancement of capacity within the government health service in Sierra Leone. Improved health will better enable individuals to meet the vast development challenges facing their families and communities. As in much of the developing world, much of the disease and mortality experienced by the population of Sierra Leone results from and contributes to extreme poverty.

With this in mind, MASL initially focused its work on the three areas of reducing maternal mortality, reducing child mortality, and facilitating access to treatment for those with rare and specialist medical conditions.

In our three main areas we have the following achievements:

Reducing maternal and child mortality.

- Funded training for nurses, the provision of relevant supplies and equipment, including mosquito nets to pregnant mothers, and village delivery kits;
- Supported education and information campaigns related to the above.

Facilitating access to treatment

- There are no facilities for people in Sierra Leone suffering from severe scoliosis or Potts Disease of the spine. The only solution is major spinal surgery. Through our partnerships with Africa Surgery and Foundation of Orthopaedic and Complex Spine Surgery (FOCOS), we have supported urgent treatment in Ghana for those (mostly children) whose condition has become life-limiting.

Epilepsy treatment service

- Through a two-year Health Link Funding Scheme, we established the first functioning epilepsy service in Sierra Leone in 2010, working in collaboration with Consultant Neurologist, Dr Radcliffe Lisk. This is run in partnership with the Epilepsy Association of Sierra Leone (EASL) and Lumley Government Hospital, Freetown and Connaught Hospital, Freetown.
- Additional funding from Comic Relief in 2012 enabled EASL to employ 13 Epilepsy Support Workers who support and advise those affected and facilitate access to treatment in the rural areas;
- Around 2,500 health workers, mostly working in Peripheral Health Units (PHUs) and district hospitals have been trained in epilepsy diagnosis and initial treatment.
- There are four senior medical officers who have been trained and are proficient in epilepsy diagnosis and management, including the use of the EEG, who work in clinics in Freetown as well as rural centres in each of the districts;

- We have purchased two EEG machines which are being used by trained staff in Freetown.
- There are now over 5,000 people registered and adhering to an epilepsy treatment programme.

4. Our aims for the next 5 years:

Over the next five years we aim to consolidate and extend our work in the areas where we have had most impact, and develop additional programmes where research indicates that there is a need.

MASL is a small charity with limited overheads. Our experience has led us to develop an integrated model of support – where we work with strong local partners, coordinating a combination of inputs to strengthen NGO and government healthcare capacity, whilst facilitating networking and the sharing of international healthcare



experience. A number of project health care workers have been able to take up short and long term specialist training opportunities as a result of our strategic networking initiatives. MASL's role as catalyst is central to our strategy of support, and has resulted in the generation of substantial resources for health care initiatives in Sierra Leone. Over the next five years we will:

- a) Continue and extend our work with those affected by epilepsy, and obtain a detailed understanding of the actual prevalence of the disease;
- b) Continue our support to allow selected life-limiting spinal surgery cases to be treated in Ghana;
- c) Extend our support into additional programme areas, targeting sickle cell disorder, Type 1 diabetes and support to people with severe and complex disabilities.

5. Our objectives

Objectives for Epilepsy Services

Our key overall objective is to bridge the estimated 95% epilepsy treatment gap. With a network of 22 clinics now established through our partnership work with the Ministry of Health, a necessarily ambitious programme of awareness-raising needs to be delivered in order to reach the large number of people with epilepsy in Sierra Leone who currently receive no treatment. Alongside this, capacity needs to be maintained and strengthened within the health sector so that skills are kept up to date and new staff coming through have a basic understanding of epilepsy diagnosis and management to make appropriate referrals.

- An estimated 100,000 people have epilepsy. High rates are due to birth trauma, meningitis and childhood cerebral malaria;
- Those affected experience above average morbidity and mortality rates, partly due to burns whilst cooking on open fires, and drowning whilst gathering water from wells/streams;

- Epilepsy is often perceived as demonic possession, and those affected can be blamed for their condition. This often contributes to family breakdown, isolation and the development of depression and other mental health problems. Research shows that most people try traditional healing approaches first. These treatments can be harmful and dangerously delay the onset of appropriate medical treatment, with its 70% success rate at stopping seizures;
- Those suffering from epilepsy wait an average of 6.5 years before they first seek medical treatment.

Our objectives over the next five years are to:

- Continue to provide support to our local partners in Sierra Leone to enable the community workers to continue their epilepsy support work in the districts;
- Improve the efficiency and effectiveness of epilepsy services, for example by considering further organising into a hub and spoke model of service;
- Work with community organisations and agencies to increase the number of epilepsy patients attending clinic who have disabilities, such as autism, cerebral palsy etc, as these groups are currently not reflected in patient numbers.
- Build partnerships with UK and other specialist providers of epilepsy services to raise the profile of the needs of Sierra Leone, and provide professional support.

Objectives for Spinal Injury Support

Our objectives over the next five years are to continue our support to enable selected spinal injuries cases to be treated in Ghana. Priority cases are children and mothers with life-limiting spinal damage which is causing pain and disability.



Objectives to extend our support into additional areas of need

- Provide support for awareness-raising, treatment and medication for those suffering from Type 1 diabetes;
- Provide support for awareness-raising, treatment and medication for those affected by sickle cell disorder.
- Provide appropriate medical care, health care and support (eg physiotherapy, speech and language therapy) to people with severe and complex disabilities, including autism.

6. Key actions over the next 12 months

Over the next 12 months our key actions will be to:

- Finalise a Phase 2 model of support and service for the district epilepsy work;
- Develop bids for funding based on the Phase 2 model;
- Build partnerships with UK and other specialist providers of epilepsy services to raise the profile of the needs of Sierra Leone, and provide professional support;

7. Our Partners and Resourcing our Vision

We work with the following local and national and international partners to help achieve our vision:

Our local partners

- Epilepsy Association of Sierra Leone
- Ministry of Health and Sanitation, Sierra Leone
- Sickle Cell Carers Network

Our collaborating partners, past and present

- Comic Relief
- Tropical Health and Education Trust
- Basildon & Thurrock NHS Trust
- Africa Surgery Inc (ASI) and the Foundation of Orthopaedic & Complex Spine Surgery (FOCOS)

Areas of expenditure

Our key areas of expenditure to support our epilepsy services in Sierra Leone over the next five years will be to:

- Managing relevant grants secured with the Epilepsy Association of Sierra Leone to provide advice and support to affected individuals;
- Raise further funds to continue and expand the epilepsy support programme;
- Attend conferences to raise the profile of the work and generate professional interest in the programme.

We will maintain our support to allow selected urgent spinal injuries cases to be treated in Ghana, and commence support to selected additional programme areas, for example providing medication and supplements to children with sickle cell disorder.

We will continue to work with individuals and local partners on smaller scale projects, particularly to facilitate access to medication.

Funding

Our priorities are to gain additional grant funding to continue our epilepsy and other existing work, and to begin to support new programmes of work. This will involve submitting further grant applications, as well as some event fundraising. A new fundraising strategy will map this in more detail, combining a variety of approaches, including greater use of social media to raise awareness and generate resources.



Appendix 1: MASL objectives for the next five years

OBJECTIVE	Priority	2017	2018	2019	2020	2021
1. Support to Epilepsy Services						
1.1 Continue to provide support to our local partners in Sierra Leone to enable them to provide a range of support services	High	●	—	—	—	●
1.2 Finalise Phase 2 model of epilepsy support and awareness based around regional hubs, and secure funding.	Medium	●	●			
1.3 Work with communities and agencies to increase the number of epilepsy patients attending clinic who have disabilities such as autism, cerebral palsy etc.	High	●	—	—	—	●
1.4 Build partnerships with UK and other specialist providers of epilepsy services to raise the profile of the needs of Sierra Leone, and provide professional support.	Medium	●	—	●		
2. Support for spinal surgery						
2.1 Continue our support to enable selected spinal injuries cases to be treated in Ghana.	Medium	●	—	—	—	●
3. Additional services						
3.1 Commence facilitating support for drugs and treatment for those suffering from Type 1 diabetes.	Low			●	—	●
3.2 Commence facilitating support for people with sickle cell disorder.	Medium			●	—	●
3.4 Commence facilitating support for people with severe and complex disabilities, including autism.	Medium		●	—	—	●



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