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**ASSESSMENT OF
REHABILITATION SERVICES
IN LIBERIA**

by

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Hugh Watts

January 2000

The evaluation report was conducted under the auspices of the United States Agency for International Development. The evaluation was conducted by the Displaced Children and Orphans Fund and War Victims Fund Contract (HRN-C-00-98-00037-00). The opinions expressed are those of the author and do not necessarily reflect the views of the U.S. Agency for International Development or Professional Resources Group International, Inc.

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ACRONYMS

BMC	Benedict Menni Center
CBR	community-based rehabilitation
CHAL	The Christian Health Association of Liberia
CPO	Certified Prosthetist/Orthotist
G/PHN	Global Bureau, Center for Population, Health and Nutrition
HI	Handicap International
HIV	human immunodeficiency virus
ICRC	International Committee of the Red Cross
JFK	John F. Kennedy Hospital
KAFO	knee, ankle, foot orthosis
LWVF	Patrick J. Leahy War Victims Fund
OB/GYN	obstetrician/gynecologist
PFFP	proximal femoral focal deficiency
PIO	Public International Organization
TATCOT	The Tanzanian Training Center for Orthopedic Technologists
UMCOR	United Methodist Committee on Relief
USAID	U.S. Agency for International Development
WHO	World Health Organization



Executive Summary

From January 15-25, 2000, a three-person, Leahy War Victims Fund (LWVF) team, and the USAID/Liberia health officer conducted an assessment of fund activities in Liberia. The purpose of the assessment was to review the status of activities funded under the LWVF grant to UNICEF/Liberia, and to make recommendations concerning possible follow-on activities with additional funding from the War Victims Fund.

The USAID/WVF team worked closely with a team of three consultants from the United Methodist Committee on Relief (UMCOR), which has committed to provide significant financial and technical support to assist in improving quality of services provided by Methodist hospitals in the developing world under their newly-established “Milleneum Fund”. Based on prior discussions between USAID and UMCOR, their first intervention will be the Methodist Hospital in Ganta.

UNICEF, UMCOR and USAID/LWVF agreed from the outset that, pending positive outcomes from the assessment, that UMCOR might submit an unsolicited proposal to USAID to assume management responsibility for activities heretofore managed by UNICEF. The unique, historical relationship between UMCOR and the hospital and UMCORs intension to provide related assistance to the hospital under their “Milleneum Fund” supported the appropriateness of this course of action.

The LWVF team met with representatives from CHAL, Bennedict Menni, and Ganta, as well as with the minister of health, the american ambassador, and representatives of the USAID mission and other organizations working in and providing services in Liberia.

The teams major recommendations include the following:

1. USAID/WVF should seriously consider continuing financial and technical support for the War Victims Fund program in Liberia, especially to strengthen the capacity at Ganta and Bennedict Menni.
2. UMCOR should work closely with UNICEF, the hospital at Ganta, the Sisters at Bennedict Menni, and TATCOT to develop a five-year strategy and a plan of action to establish a sustainable prosthetics and orthotics program in Ganta that would serve as the base for expansion, support, and referral for the rest of the country, and to a certain extent, to other countries in the region.
3. The ministry of health should work, possibly with the WHO country representative and WHO/Geneva, to develop a national strategy for rehabilitation, to be spearheaded by a short workshop later in the year.

4. The kind of prosthetic equipment that had been procured by UNICEF is too expensive to serve as a precedent for the rest of the country. Steps should be taken to economize on future procurements, without sacrificing quality or appropriateness.
5. Long-term training at TATCOT is necessary to ensure the long-term technical sustainability of Liberia's prosthetics and orthotics sector. Immediate steps should be taken to identify students to be sent to TATCOT (using LWVF funding already available at TATCOT).
6. The CBR program should not attempt to identify nor refer new patients for surgery or prosthetic / orthotic assistance until such time that adequate services are available to provide necessary treatment, and until the many patients on the current waiting list can be served.
7. No further USAID/LWVF funds should be provided to CHAL for the CBR program. This is not a result of any serious technical concerns, but rather for the reasons cited in #6 above, and as a result of competing requirements for limited funds.

INTRODUCTION

From January 15 – 25, 2000, a three-person, Leahy War Victims Fund (LWVF) team conducted an assessment of fund activities in Liberia. The team consisted of Dr. Hugh Watts, a pediatric orthopedic surgeon; Mr. Mel Stills, a certified orthotist; and Leahy War Victims Fund manager, Lloyd Feinberg, of USAID/G/PHN. The purpose of the assessment was to review the current status of activities funded under the LWVF grant to UNICEF/Liberia and to recommend possible follow-on activities with additional LWVF funding.

The USAID/LWVF team worked closely with a team of three consultants from the United Methodist Committee on Relief (UMCOR), which has committed to provide significant financial and technical support under the new, UMCOR Millennium Fund to assist in improving the quality of services provided by Methodist hospitals in the developing world. Based on prior discussions between USAID and UMCOR, pending a positive outcome of the assessment, their first intervention will be the Methodist hospital in Ganta.

UNICEF, UMCOR, and USAID/LWVF agreed from the outset that UMCOR might submit an unsolicited proposal to assume grant management responsibility for the activities heretofore managed by UNICEF. The unique relationship between UMCOR and the hospital and the intension of UMCOR to provide related assistance to the hospital supported the appropriateness of this course of action.

The team met with representatives from CHAL, Benedict Menni, and Ganta, as well as with the Minister of Health, the American Ambassador, and the USAID mission.

This assessment was the third in a series. The first in August 1997, with Mr. Stills and Mr. Feinberg, and a more recent, June 1999, with Mr. Feinberg.

BACKGROUND

Liberia's intense, seven-year civil war (1991-1998) contributed to a disproportionately large number of people with disabilities. Statistics on the actual numbers of people living with disabilities are scarce, and those that do exist and are most frequently cited, appear to be based on unreliable data and sampling. For example, according to the only known and commonly referenced survey that has been done in recent years, approximately 16 percent, or 320,000, of Liberia's two million inhabitants are reported to have disabilities. Of this total, the survey suggests that 43 % are considered to be war-related, the majority of whom are lower-extremity amputees.

USAID/Liberia began supporting war victims activities in Liberia in FY 1994, and to date, just under \$2 million has been provided through a Public International Organization (PIO) grant with UNICEF/Liberia. Funds have supported a variety of activities that have been implemented by three major partners:

- The Methodist Hospital in Ganta, Nimba County,
- The Benedict Menni Center (BMC) for Disabled Children in Pipeline, and
- The Christian Health Association of Liberia (CHAL).

The grant has provided these three organizations with financial, technical, and material support for their respective programs that serve people with disabilities.

Principally, the grant has supported medium and short-term training for all Ganta and CHAL staff; the construction of a new workshop in Ganta; the renovation of the physical facilities at Benedict Menni; the provision of two vehicles for community outreach/community-based rehabilitation (CBR); and a considerable amount of equipment, supplies, and materials to the three organizations.

(See Attachment B for UNICEF's February 2000 report on the status of the most recent, \$383,250 grant extension covering the funding period September 1999-February 29, 2000. Some \$240,000 of the grant is unspent, but most of the money has been allocated. Unallocated funds have been programmed to be spent by the end of February 2000.

FINDINGS ON LWVF ACTIVITIES

Overall Grant Status

The assessment determined that the project has made significant progress in a number of important respects. (see Appendix B for a complete list of the project's objectives, progress toward those objectives, and specific achievements).

The project has experienced numerous political and security reversals and false steps forward since project inception, which have resulted in a considerable loss of project-funded equipment and material, and procurement difficulties within UNICEF. Nevertheless, the physical infrastructure that the project intended to provide is now in place and Liberian human resource capacity has been strengthened.

A new orthopedic workshop at the Methodist Hospital in Ganta has been constructed and now meets acceptable standards. The workshop has been fully equipped and has a very substantial inventory of material needed for production.

Appropriate technical staff have been recruited and are in place.

Some material is still needed (details are provided in the following sections of the report), and additional long and short-term training is required, but the essential components for a functioning workshop are now in place, a large patient population is anxiously awaiting services, and production and services are on-going.

Issues of management and administration, incorporation within the over-all hospital system, and long-term human resource development are being addressed through the proposed next phase of the project.

The Methodist Hospital has a highly motivated and very competent hospital director who is committed to the orthopedic program, and UMCOR appears ready to make a significant commitment to supporting the hospital.

In addition, numerous recently arrived, long-term, missionary expatriate staff will be able to complement the program for the next two to three years.

The vehicles and staff of the former CHAL Community Based rehabilitation (CBR) program have been reassigned to Ganta and the scope of work for the program and the staff have been appropriately redefined to focus more on meeting the orthopedic needs of people who have already been identified, as opposed to continuing efforts to identify new patients for whom services are not yet available.

The Children's program at the Benedict Menni Center is also on-going. However, some critically needed equipment which had been ordered well over a year ago have still not been delivered, much to the disappointment of the staff and the disadvantage of the children who need bracing devices. The missing items have been located (in Abidjan) and should be shipped to Benedict Menni with the next 30 days.

CHAL's CBR program provided useful information about the status of people living with disabilities in five counties, provided training for CHAL community health workers, and established a foundation for future CBR activities in Liberia.

Unfortunately, while training for CHAL workers by a specialist from from TATCOT/Tanzania was considered to have been technically informative viz a viz the physiological aspects of disabilities, it was not considered to have been responsive to their needs for strengthening their CBR approach and methodology.

One important issue that has here-to-fore not been included in the program has to do with national policy and strategic planning. As a result of the conflict, there have been few if any efforts on behalf of people in need of orthopedic assistance or rehabilitation outside of the three USAID-supported entities.

At this point, other donors and international NGOs are beginning to offer technical and financial assistance in this area in Liberia . While new assistance is needed, it will be important for the government to exercise an important and informed role in establishing standards of quality for new interventions, to provide guidance to new entities, and to coordinate the establishment of new centers. For this the government will need to develop a national rehabilitation strategy and plan of action.

Technical and some financial assistance may be necessary to assist the Ministry of Health in this aspect, which USAID might support by actively engaging the World Health Organization (WHO).

With respect to over-all grant management by UNICEF, both organizations (USAID and UNICEF) agree that serious mistakes were made that resulted in delays and mis-steps in project implementation. Many of these were the result of the lack of experience in the technical subject matter, management, and especially issues relating to construction and procurement of the former UNICEF project officer.

However, given the extremely difficult conditions of Liberia, especially over the past decade, and compared with efforts in other sectors, a lot has been accomplished, people's needs are now being met, and the foundation is in place for improving and expanding orthopedic and rehabilitation services , and establishing a national, if not regional referral orthopedic center in Ganta..

Furthermore, UNICEF management has been extremely cooperative and proactive recently in trying to assist in smoothly and efficiently transferring management responsibilities, including "bridging management" to move the program forward into the next phase

Ganta Orthotic Orthopedic Center

UNICEF achieved its overall objective of operationalizing and launching the Ganta Rehabilitation Center by October 1999, and is presently providing physical rehabilitation services as a national referral center for specialized treatment. At the official opening of the workshop, president Charles Taylor emphasized the importance of the Ganta Physical Rehabilitation Center and has given his support to the project.

With regard to UNICEF's specific objective of addressing through prosthetic and surgical interventions a minimum of 200 beneficiaries over the next six months, from December to mid-February the center has treated 190 patients. Approximately 50 percent have been discharged and the rest are in the process of rehabilitation.

One of the unmet objectives of the original grant and agreement with the Methodist Hospital was the development of a five-year business plan. The project made several attempts to complete this plan using local consultants and the Liberian Institute of Public Administration, but these efforts have not yet yielded positive results. The project has now contacted Harold Shangalli of TATCOT, who has agreed in principle to come to Liberia and provide technical support in developing the plan. It is anticipated that UMCOR will be able to provide significant technical expertise to this exercise.

Benedict Menni Center

The Benedict Menni Center admitted 45 children during the period September 1999-January 2000. Also, the orthotic equipment for which had been procured by UNICEF in 1999 was finally located after having been mis-sent to Abidjan. The equipment will be installed during April, 2000.

Christian Health Association of Liberia

The Christian Health Association's (CHAL) CBR program has provided useful information about the status of people living with disabilities in five counties, provided training for CHAL community health workers, and established a foundation for future CBR activities in Liberia.

Unfortunately, while training for CHAL workers by a specialist from TATCOT/Tanzania was considered to have been technically informative viz-a-viz the

physiological aspects of disabilities, it was not considered to have been responsive to their needs for strengthening their CBR approach and methodology.

The vehicles and staff of the former CHAL Community-based rehabilitation (CBR) program have been re-assigned to Ganta and the scope of work for the program and the staff have been appropriately re-defined to focus more on meeting the orthopedic needs of people who have already been identified, as opposed to continuing efforts to identify new patients for whom services are not yet available.

Specific Findings on the Three Project Partners

Ganta Orthopaedic Workshop

In a meeting between UMCOR, USAID, and the medical director of Ganta Hospital, everyone agreed that the orthopaedic workshop could no longer be separate from the hospital. The workshop is part of the hospital, and the two must become one.

The workshop construction was recently completed, the machinery installed, and all supplies received and stored. The overall structure is in good condition; however, the workshop needs to switch the functions of some areas and add shelving to the storage to use the space more effectively (See Appendix J for the workshop floorplan).

With regard to supplies, extreme excesses exist in some areas, stock is limited or nonexistent in others, and the storeroom is filled beyond its capacity. It appears that the best quality items were ordered, with no attempt to economize. Such purchasing might have occurred because UNICEF requires that purchases be made through Copenhagen. To ensure that supply items are available when needed, the workshop needs to monitor and limit its working stock (including the use of a more secure storage area), and store items properly so that they do not rot because of heat or moisture. Furthermore, to reduce supply costs, the workshop should explore using locally produced components. When workshop staff are placing orders, they should consider function, time, durability, availability, shelf life, and cost.

The machine room is well-equipped with the finest machines available. However, because the machine room does not have an appropriate vacuum or venting system, space is tight, and there is dust and dirt in the air and on the floor. This work space is unsafe or at least unhealthy.

In conclusion, the Ganta workshop will be incorporated into the hospital as a unit. The facility and equipment are of high quality, but the only way the quality of services can be improved and brought up to an appropriate level is by upgrading the education of the

workshop staff. A reference library would also be tremendously helpful in this regard. Even with individuals sent to TATCOT for training, the need for onsite technical supervision remains and is the number one priority. A technical consultant could make a great deal of difference in the quality of services being provided by giving much-needed supervision and assistance in upgrading skills, and help workshop staff avoid unsafe working conditions and use equipment and materials properly. Through its organization, UMCOR should try to identify an ABC certified prosthetist/orthotist who would be able to help, much the same as it does with physicians coming in. This person's credentials and references should be checked closely.

Partners Methodist Hospital at Ganta

The Methodist Hospital in Ganta has had significant financial and management difficulties in recent years, but as the following, technical sections indicate, the team considers the hospital management team to be a good potential development partner.

The Ganta Hospital is an excellent complement to the USAID-funded orthopaedic workshop. Its major deficit is the medical staff's lack of understanding and interest in the treatment of children and adults with the residua of poliomyelitis. Poliomyelitis is so common that it is being overlooked in favor of the much less numerous, yet more visible, group of amputees.

Ganta Hospital will establish priorities for the order in which orthopaedic patients are served. The focus is now on those residing in the Ganta area.

The staff has few educational materials but would like to have additional training. They do not have access to any medical journals and as yet no access to the Internet. Six weeks training was provided on site at Ganta Hospital by staff from the Tanzanian Training Center for Orthopedic Technologists (TATCOT).

With regard to the effect of the orthopaedic workshop on the hospital routine, stump revision surgery has not been a major issue. During the war, many of the amputees had poor stumps, but this problem seems to have been resolved by referral for surgery in Monrovia.

Benedict Menni Rehabilitation Center for Children

The Benedict Menni Rehabilitation Center for Children is administered by a group of Catholic Sisters, whose mission is to provide rehabilitative services to children. The majority of patients seen are polio patients, many of which require surgery to correct

deformities prior to bracing. The children stay at the center only during the rehabilitation process, then are returned to their homes.

The center was first established in another location in 1980, and was moved to the current location in 1988. As a result of local hostilities, it was abandoned in 1990, reopened in 1991, again looted and burned in 1992, reopened and rebuilt in 1993, and again looted but not destroyed in 1996. The Sisters returned in 1998, and with LWVF support, the center was re-outfitted and repaired. Records of patients previously treated by the center have been lost. The center now has 20 children in residence receiving rehabilitation services.

The major issue with the center is the need to expedite the long-delayed delivery of equipment to determine what type of support is appropriate under a new funding period to further strengthen the facility and improve operations.

Rehabilitative services are limited due to lack of equipment and materials in the prosthetics and orthotics workshop. Equipment for the workshop had been promised by UNICEF, but not received. A four-wheel-drive ambulance will also be ordered this month from the LWVF grant to UNICEF.

The workshop is functioning with few materials and little equipment. The power equipment that they should receive soon will help, but basic materials are also needed. Without proper equipment and tools, they produce 10 pairs of knee, ankle, foot orthoses (KAFO) per month. Everything taken into consideration, the quality was as good as could be expected.

In conclusion, Benedict Menni is a success story and should have USAID/LWVF support. Upgrading the technical skills of the prosthetics and orthotics staff will improve the quality of services provided. Needed tools and materials to continue prosthetics and orthotics services should be purchased through grants. Surgical support should be identified, possibly through the staff at Ganta Methodist Hospital.

Community-Based Rehabilitation

Established in 1975, the Christian Health Association of Liberia (CHAL) had been implementing a multifaceted CBR program, which included providing training for home-based care; identifying people with disabilities; and referring people with disabilities to medical, surgical, or orthopedic facilities. The CBR project is now inactive because the two vehicles used by CHAL's two mobile teams have been moved to Ganta Hospital.

CHAL was concentrating activity in the five surrounding counties, providing training to 190 health workers and reached 800 potential recipients. It identified 22 amputees, more

than 100 patients were referred for physical therapy, and 600 were referred to Ganta Hospital for services. The highest percentage of disabled was polio, at 60 percent, with adults slightly more prevalent than children. CHAL estimates that 20 percent of the amputee stumps need revision. Other common disabilities were clubfoot and cerebral palsy.

CHAL targeted 200 health workers for training but fell slightly short of that goal. The 190 health workers that were trained will now train an additional 1,000 (including traditional midwives). CBR training was provided by a professor from the physical therapy program in Moshi, Tanzania. The training was a two-week program that was reported to be good but focused more on the physical therapy. The health workers would like to have specific CBR training.

With regard to CHAL's activities, it is unfortunate that a great gap exists between the level of need and the level of available services. In addition, CHAL as yet has neither an appropriate methodology nor trained personnel to provide adequate training or follow-up support for village-based CBR trainers or volunteers.

OTHER IN-COUNTRY ORTHOPEDIC AND REHABILITATION SERVICES

University of Liberia's Medical School

In terms of local capacity to address the orthopedic and rehabilitation needs of people living with disabilities in Liberia, a June 1999 manpower survey yielded the following results: 32 general doctors; less than 10 general surgeons; two orthopedic surgeons, including one general traumatologist; and less than 10 obstetricians/gynecologists (OB/GYN). Information indicates that Liberia has six general surgeons who are competent in managing soft tissue problems, but who are not trained to treat skeletal problems.

The University of Liberia's medical school has returned to operation. Prior to the war, the school had three classes of students, and since the war, two classes of students have entered the school.

JFK Hospital

JFK Hospital originally was a 600+ bed facility providing general medical/surgical services. In 1992, it was severely looted and much of its equipment destroyed. Today, only one wing with 200260 available beds is open.

Overall, most of the hospital's equipment is old and many pieces do not work. JFK Hospital does have a medical equipment repairman, but few tools or components with which to make repairs. In the former prosthetics and orthotics facility, the electricity is on, but the equipment is hooked up with an extension cord. The power tools—the drill press, the grinder, the Troutman Carver, and the disc sander—work, but are extremely rusty. One workbench is in position, but there are no hand tools or materials.

JFK has made the School of Allied Health Sciences operational. The school has a three-year physician assistant program, a two-year mid-wife program, a three-year environmental health program, and a three-year nursing school program.

Handicap International

Beginning in April or May, 2000, Handicap International/Belgium (HI) will be initiating a prosthetic/orthotic training and service provision program at the JFK Hospital in Monrovia.

While Liberia's prosthetics and orthotics needs are great, and additional services are needed, the team discussed a number of concerns about the proposed initiative with the directors of the hospital and with Minister of Health Peter Coleman. These concerns have to do with limited currently limited human resource capacity, non-existent GoL financial resources for the sector, and the need for a coordinated and strategic approach to addressing these two problems.

Minister Coleman was not specific as to how the JFK facility would be staffed, but indicated that suggested that it would initially be staffed by expatriates. In addition, one Liberian orthopedic technologist, who is a former JFK hospital employee, has agreed to return. The team pointed out the limited human resources in rehabilitation and prosthetics and orthotics within the country and the problems that could result if technicians from Ganta were relocated prematurely from Ganta to such institutions as JFK.

Similarly, if the Ganta workshop is to succeed in being the national referral center, it will require some government subsidization down the road. The establishment of a second center at JFK will create a major drain on any available government resources

A separate issue has to do with technical focus. Some discussions led to an understanding that the JFK facility in Monrovia would develop special expertise in upper extremity prosthetics, which presumably would also be available to those in eastern Sierra Leone when hostilities there settle down. Given the relative utility of upper extremity devices, especially when compared with mobility-related needs in Liberia, this direction is not recommended by the team.

MEDLINK

MEDLINK was identified as the only private orthopedic clinic in Liberia. The team visited Dr. Kpoto of MEDLINK, who is also reported to be the only orthopaedic surgeon in Liberia.

Dr. Kpoto's clinic is really a small private hospital (as in the model seen in India) with 10 beds. Dr. Kpoto has a small operating room in his office in which he does the majority of his non-complicated procedures. He also operates in another local clinic. Until the center was ransacked, Dr. Kpoto also performed procedures free of charge for the Benedict Menni.

Dr. Kpoto is busy with his private clinic and does not appear to be a viable asset to the rehabilitation needs of the Ganta project.

Phebe Hospital

Phebe Hospital is located about one hour outside Ganta in Nimba County. It is a 179-bed hospital (but currently operates at 120 beds) that is or was affiliated with the Lutheran Church as well as the Methodist and Episcopal churches. The hospital was severely looted during the last war and has not recovered. Little equipment and supplies are available, and when the assessment team visited, shelves in the pharmacy, laboratory, and supply room were empty.

In addition to its medical director, the hospital has five general physicians who staff it and do some elective surgery, but these physicians do not have any specific surgical training. Although the medical director stated his opinion that Phebe Hospital has a better capacity for orthopedics than Ganta Hospital, the hospital does not provide either rehabilitation services or physiotherapy, and refers all patients needing rehabilitative services to Ganta.

Leprosy Treatment Center, Ganta

Approximately one mile west of the main hospital is a Leprosy Treatment Center, which is managed by the Consolata Missionary Sisters and may also receive funds from the German Leprosy Association. Although the center is not officially open, the center has 150 active cases and 352 inactive cases of leprosy in residence. A smaller unit has 45 patients with tuberculosis. Also in the area are 802 family members. Schooling is provided for the children of the patients.

The compound is a series of buildings that includes common facilities, individual homes, and churches. The tuberculosis treatment facility is located next door, and toward the back of the facility is some housing. This area was suggested as the site of a hostel for rehabilitation patients who live a long way from Ganta and need a place to stay while their prosthesis/orthosis is being properly fitted. It is large enough and appropriately located and could be easily modified for such a function.

The leprosarium has an orthopedic workshop that currently provides shoes and repairs. The workshop has been without electricity since 1994 when it was closed after looting, but most of the equipment was not taken.

APPENDICES

APPENDIX A - LIST OF CONTACTS

Benedict Menni Rehabilitation Center

Sr. Encarnacion Gonzalez
Sr. Corpus Dowaica
Sr. Consuelo Zazpe

Center for Disease Control and Prevention

Dennis King, MPH Public Health Advisor; Vaccine-Preventable Disease Eradication

Christian Health Association of Liberia (CHAL)

Ellen Wilson
Diana Isaacson
David Franklin
Roland Yaman

Ganta Methodist Hospital

Dr. Francis Kateh
Dr. Augustus Verdier
Dr. Joseph Kerkula
Mr. James Yileyon

Ganta Orthopaedic Workshop

Henry T. Salifu
Nester S.M. Suah
James David
Syvester Neuville
Oveinton P. Sangbay
Yiyie Martow

Richard Duana
Dia L. Gonquoi
Peter Q. Jones
Benjamin D. Nyema
Matthew Kharvine
Erasmus Suah
Moses Lenyazue
Bannie Wonyon
Selgred Goegoel
Wakai Gibson
Joseph Tamba

Group of 77

JFK Hospital

Beuford Taylor, Jr.
Dr. Sheriff
Dr. Brown

Leprosy Treatment Center

Richard Duana
Richard Belleh
John Giddings
Administrator
Sister

MEDLINK

Dr. Robert Kpoto

Ministry of Health and Social Welfare

Dr. Peter S. Coleman Minister

Phebe Hospital

Dr. Walter Guinigal

Rotary Club International (US Representative)

Dr. Joseph B. Serra

UMCOR

Dr. Wilfred S. Boayue

Dr. Kevin Rossiter

Cecelia McGill

John Innis

UNICEF

Scholastica Kimaryo

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