



LIBERIA

PROGRESS REPORT SEPTEMBER 2014

Elizabeth's Legacy of Hope

Charity Number 1141287

“It has been very hard for her. But if she can go to school again, *walk* to school, then we will all feel happy.”

Mother of eleven year old Victoria

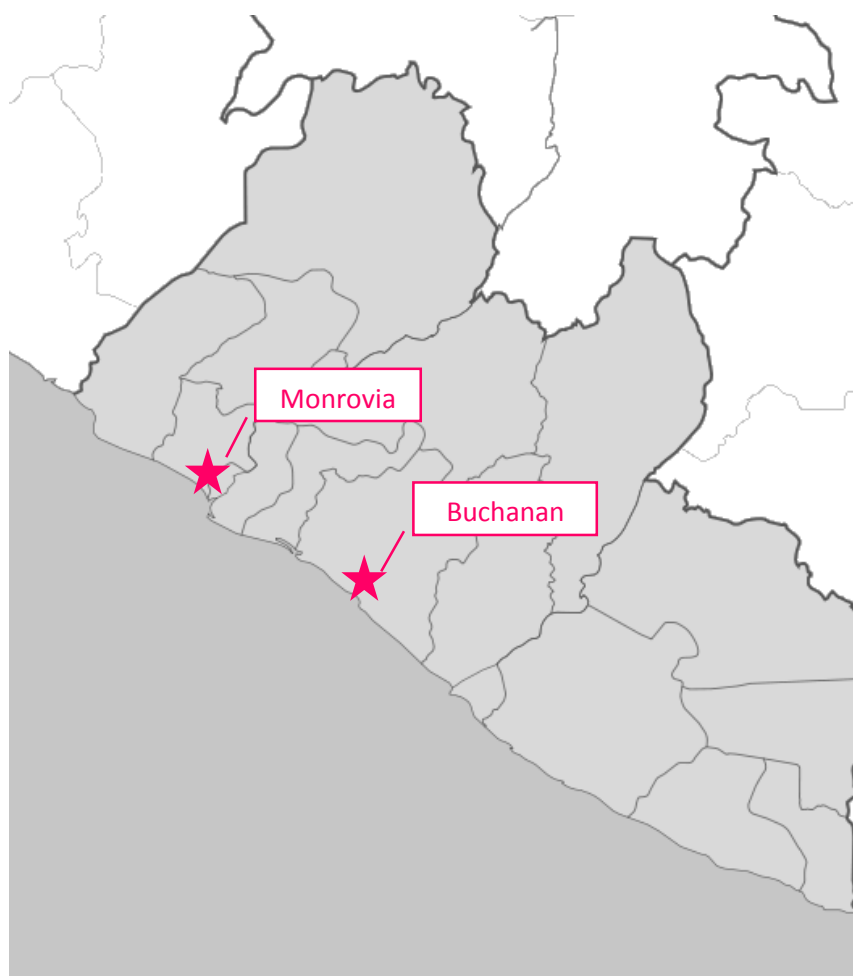
This report was written by Isabelle Trick, charity coordinator at Elizabeth’s Legacy of Hope. The information was provided by Rebecca Newsom and Isabelle Trick, from Elizabeth’s Legacy of Hope, Chloe Brett, from Street Child UK, and John Michael Bull and his team, from Street Child Liberia.

Front cover: Victoria, age eleven, with her mother and siblings at their home in the west of Liberia’s capital Monrovia. When Victoria was little, an old wall collapsed on top of her and smashed her leg. Her grandmother took her to a traditional healer, who was unable to treat her wound. By the time Victoria got proper medical attention, her wound had become septic and she needed to have her leg amputated in order to save her life. Unable to deal with the situation, her father left the family. Her mother provides for the family by cooking food and selling it on the side of the road. Both Victoria and her family are very happy that she will be part of this programme and the prospect of Victoria receiving a prosthetic leg got everyone very excited!

All photos are credited to Elizabeth's Legacy of Hope

Holistic Support to Child Amputees and their Families in Liberia

Following the success of our work in Sierra Leone, Elizabeth's Legacy of Hope decided to replicate the same project model in Sierra Leone's neighbouring country Liberia, where great need for support exists as well. The project has been fully underway since April 2014.



Liberia is a country on the west coast of Africa, bordered by Sierra Leone, Guinea and Ivory Coast. It is home to just over 4 million people.

The child amputees on this project (beneficiaries) are based in two main locations:

Monrovia

The capital of Liberia and home to almost 30% of the country's population

Buchanan

The third largest city in Liberia with a population of 34,000

Child amputees are common in Liberia and rarely receive the medical attention or education necessary to endow them with hope and the chance to get a job and support themselves in the future. For this purpose, the project aims to:

1) Provide access to prosthetic devices and appropriate aftercare for 40 child amputees

2) Increase access to educational opportunities and support independence

3) Respond to the psychosocial needs of our beneficiaries through counselling

4) Support our beneficiaries' integration into schools and communities

Progress to Date - Overview

Elizabeth's Legacy of Hope's project work is divided into three main phases:

Phase 1: full assessment of medical, educational and social needs, and counselling and outreach to reduce stigma;

Phase 2: treatment of beneficiaries, including any operations required, measuring and fitting of prosthetics, and enrolment of beneficiaries in school;

Phase 3: ongoing physical support, including physiotherapy to ensure children are adapting to their new limbs, monitoring of educational progress, and provision of business grants to beneficiaries' families.

We are delighted to report that Phase 1 has nearly been completed, while aspects of Phase 2 are underway.

The project has great momentum, both in terms of strong demand from those we are supporting, and in terms of enthusiasm from staff, who are highly committed to delivering this project.

However, project implementation has inevitably been delayed in certain significant respects as a result of the deadly Ebola virus, which has recently spread across the region. This will not prevent us from delivering the project in full - but has, and will continue to cause various delays, as schools, hospitals and other major public infrastructure have been closed or seriously restricted as part of the fight to curb the disease spreading. Further details of the impact of Ebola on our project implementation are set out in the relevant sections below. Elizabeth's Legacy of Hope has provided additional

tional [emergency funding](#) to help protect our beneficiaries and their families from this deadly illness.

To date, we have achieved the following:

1. Identification

We have identified all 40 beneficiaries and have enrolled them in our project.

2. School Status and enrolment

90% of our beneficiaries were not enrolled in school when they joined our project. Social workers are working with schools to secure places for all our beneficiaries once schools reopen.

3. Prosthetics

26 of our beneficiaries have had their medical needs assessed at the Monrovia Rehabilitation Centre. All others will be assessed and limb fittings will commence once the health risks due to Ebola subside.

4. Counselling

Our beneficiaries are visited weekly by social workers and an initial counselling and advocacy workshop has taken place for all parents.



1. Identifying and Reaching Out to Beneficiaries

All 40 beneficiaries have been identified successfully and enrolled in the programme.

The majority of them live in Monrovia, the others in Buchanan and one in a village near the border to Sierra Leone. They have been selected as suitable for the project based on their status as amputees and their level of vulnerability.

Children are defined as vulnerable if they are at significant risk of not receiving an education and, additionally, if they face violence or discrimination in their homes or communities.

Liberia's public health infrastructure is still in its infancy, statutory support for amputees is virtually non-existent and many civil society organisations are underfunded. Therefore, when the project began, no comprehensive data on child disability or amputation existed.

Further, though our needs assessment clearly established that there were many needy children, the stigma attached to disability and amputations is still rife in Liberia. Therefore, families often

deliberately isolate themselves and are ashamed to accept help.

The lack of available data, combined with families' marginalisation and isolation are the reasons that identifying families whose children had suffered limb loss has been slow and difficult, initially. It has been due to the skilled work of our social workers that we have succeeded with this. Each social worker operates in a specific area, where they build up strong connections and relationships of trust with the local community, who can then assist with identifying the children most in need.

Our social workers recognise that each of the individual beneficiaries are likely to face different barriers in their homes, in their communities and in their education. Therefore, once a child has joined the programme, we ensure that they have access to a programme tailored to their needs.

Combined with a publicity push on local radio during the project visit of ELoH's Isabelle Trick and Rebecca Newsom in June, all 40 spaces have been filled.

Outreach

- Regular radio broadcasts by local staff and visiting ELoH staff
- Daily liaison with local hospitals and doctors
- Cooperation with local disability groups
- Identification through social workers, who become very familiar with particular local communities - through which, they are able to find out where individual child amputees live



2. School Status and ensuring enrolment

The UNESCO Institute for Statistics estimates that there are currently 386,000 out-of-school children in Liberia.

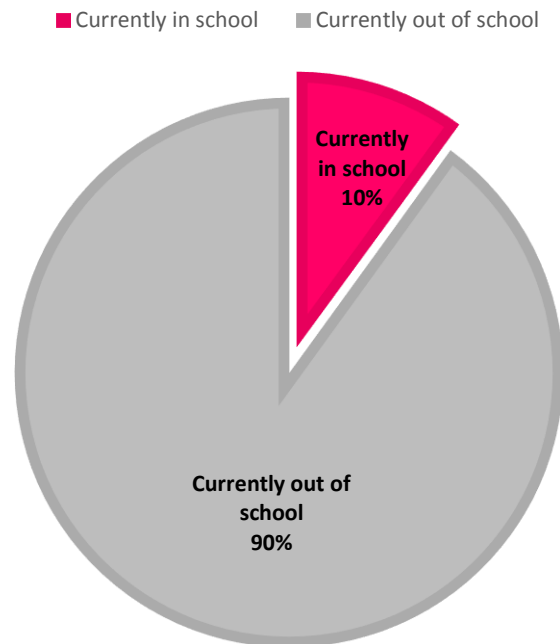
Without an intervention, these children are likely to stay trapped in a cycle of poverty and illiteracy. Uneducated, they will struggle to find employment and to escape poverty in their adult lives. Therefore, they have a higher likelihood of being unable to afford to educate their own future children, repeating the cycle once more.

Worldwide, 98% of disabled children living in developing countries do not attend school. In Liberia, too, child amputees are at a greater risk than the average child of not receiving an education.

Among our beneficiaries, 36 of the identified 40 children were out of school at the time of joining our project, and generally expressed the strong wish to return to, or start school.

All beneficiaries will be enrolled into education, from nursery school through university level, according to their age and skill. Some students will be enrolled in skills training courses, ranging from IT

SCHOOL STATUS



studies to vocational training as electricians and tailors.

Social workers are working to secure spaces for all our beneficiaries, though schools have not yet reopened for the new year, as a safety measure due to the Ebola outbreak. Once the situation improves and school resumes, our beneficiaries will be ready to join.

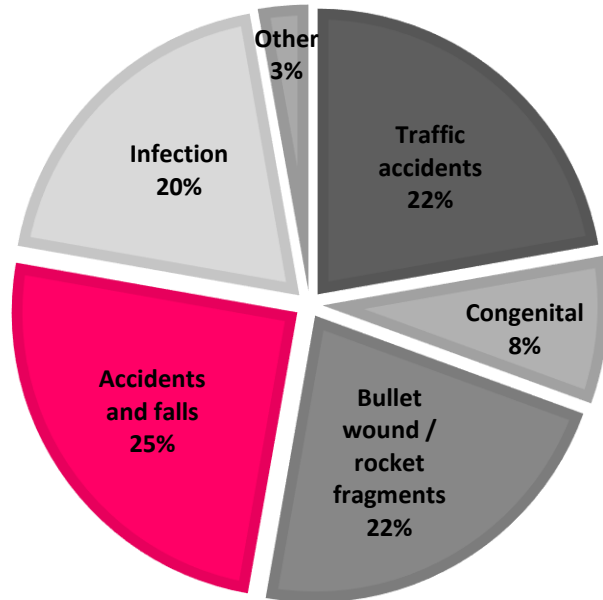


3. Amputations and Limb Fitting

Our beneficiaries have received amputations for a variety of reasons. While many of the older ones have received wounds through stray bullets or rocket fragments during Liberia's civil conflict, which ended 11 years ago, others sustained their injuries through accidents and infections which were not properly treated. Often simple wounds are not brought to the attention of a medical doctor (but are instead treated by a traditional or witch doctor) until they have become septic or have mortified. Amputation may then be the only way to save a child's life.

78% of our beneficiaries have lost lower limbs, while 22% have lost upper limbs.

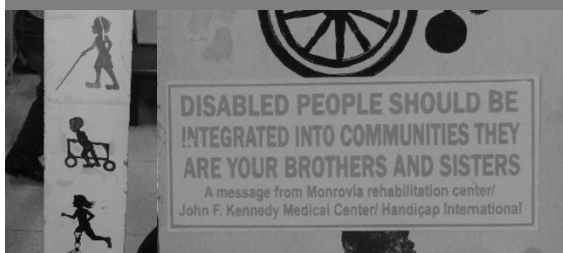
CAUSE OF AMPUTATION



Since the project began, we have collaborated with the MRC, the Monrovia Rehabilitation Centre, which is attached to the capital's JFK Hospital.

At the MRC, our beneficiaries will receive all their medical support. Limb production, limb fitting, limb repairs and physiotherapy will all take place here. If one of the beneficiaries needs bone-trimming or other corrective surgeries, these will be undertaken at JFK Hospital, too.

The MRC employs highly educated and skilled staff, ranging from prosthetists to physiotherapists, and has all the equipment needed to manufacture limbs. However, some of the components need to be sourced internationally and we are currently waiting for their delivery. To date, 26 of our beneficiaries have received their initial assessments, but fittings and new assessments have been slower than usual due to the current Ebola outbreak.



4. Counselling and Emotional Support

A key element for the success of the project is the social workers' ability to engage with beneficiaries individually, in groups, and with their families.

Individual Counselling

Each child meets individually with a social worker as often as needed, but at least once a week. This is already taking place.

Group Counselling

All of the beneficiaries are invited to attend group sessions which, depending on content, may be broken down into age and gender specific smaller groups.

Family Counselling

The social worker may determine it is necessary to spend some time with the family, on case-by-case basis.

At this early stage, gaining the trust of our beneficiaries and their families is the primary objective. Often, families have been disappointed by the government

or other civil society organisations before and are reluctant to trust. Or, if their children's injuries were sustained very recently, as in some cases, their trauma is still very fresh and our social workers need to be particularly sensitive and caring.

An introductory counselling session was held for parents of our beneficiaries in the first week of September. This involved explaining to parents the rights of their children as amputees - equal to those of any other child. It also gave parents the opportunity to share some of the challenges they face. This was a particularly emotional session, bringing some parents to tears on the realisation that their child's amputation needn't restrict them; that their children have huge potential and can achieve much in life. Often seeing adult amputees begging, many parents previously believed that their children had no future.



New limbs and counselling

Adapting to prosthetic limbs is a process. Sometimes, a difficult process. When the assessments and fittings recommence once the Ebola outbreak is under control and accessing hospitals becomes safe again, our social workers will engage regularly with the children to support them through the process.

Our social workers have received specialist training about how to handle disability issues from the MRC team. With these skills, they will counsel beneficiaries through the sensitive procedure of gaining a prosthetic limb. This involves regular visits to the medical centre, completing exercises aimed at strengthening the child in order that they might use the prosthesis effectively, and many adjustments so that the prosthetic limb fits as comfortably as possible. More importantly, it is a time for the child to ask questions and increase their level of comfort with the process.

Case Study – Our Beneficiaries



Momo is 16 years old. He lives right next to the site of the accident in which he lost his leg only a few months ago.

One day, Momo was getting water at the well next to his family's house before school, when a driver lost control of his car and smashed into the well. The car pinned Momo against the well's wall. The force of the impact was so brutal that his leg was severely severed and could not be saved. The well remains destroyed, serving as a daily reminder of the accident. Momo hasn't been to school since.

For Momo, the trauma is still fresh and painful. He is very withdrawn and he rarely smiles. His mother, too, is so distraught by the accident that she has distanced herself from Momo, partially blaming him for the event.

For Momo, going back to school and receiving a prosthetic leg, are integral steps towards regaining a sense of normality and reconnecting with his friends and family. Though the journey to recovery is still long and will require sensitive counselling with him and his family, knowing that he will receive ELoH's support brought a shy smile to his face!



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