

Wede Seekey Tate, Hannah Berrian, Zeela Zaizay, Karsor Kollie, Dr. Rosalind McCollum, Dr. Laura Dean, Dr Jo Raven, Prof. Sally Theobald
REDRESS: Reducing the Burden of Severe Stigmatising Skin Diseases through equitable person centred approaches to health systems strengthening in Liberia



Introduction

REDRESS supports CHWs as they deliver integrated case management for people affected by skin NTDs (including basic mental health support and stigma reduction). People affected by skin NTDs are among the poorest and most marginalised, often experiencing isolation, stigma and mental health conditions. CHWs expand access to equitable care beyond case detection when delivering support to people and communities affected by NTDs.



Figure 2: Map of Liberia with study sites circled.

Methodology

REDRESS research programme seeks to strengthen holistic care for people affected by skin NTDs in Liberia through collaborative intervention development. Formative research:

- Photovoice with CHAs (8) and CHPs (8)
- FGDs (3) with CHAs and CHPs
- reflective diaries (12).

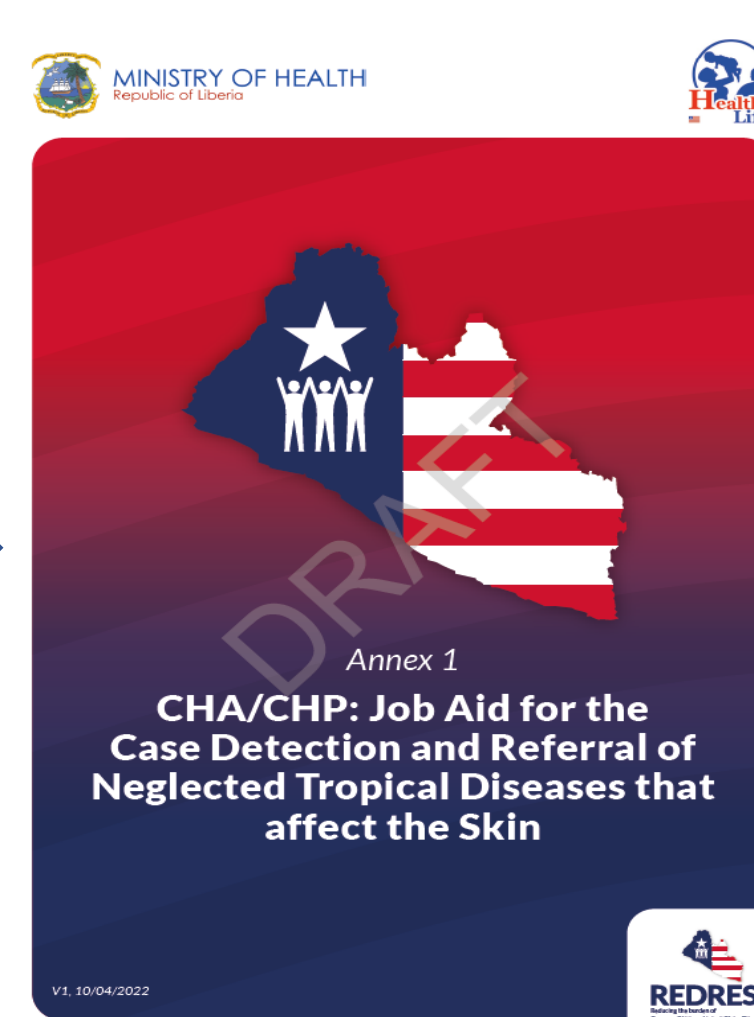
Participatory action research process for CHA CHP intervention development and roll out



Participatory formative methods, including photovoice with CHAs and CHPs



County level dissemination workshops and human resource working group to identify intervention



Tool development for CHA CHPs



Sense checking tools with end users



Training 2034 CHA, CHPs about recognition of skin NTDs, case detection and referral, dispelling myths, providing basic psychosocial support (look listen link), and understanding stigma.

Key Findings

- Mental health support at community level is limited and mental health care should be extended to remote areas for affected persons.
- CHWs can play a critical role in extending service access. However, CHWs experienced long distances reaching out to dispel myths and stigma amongst affected persons (see quote), their families and communities (see photos).
- Using look listen link strategies are essential for identifying, supporting and linking affected persons in need of further mental health support for timely care and treatment.
- CHWs expressed need for essential resources to enable their work, such as rain gear and technical resource materials (provided as part of REDRESS intervention).
- CHW training was modified to include a focus on basic psychosocial support (see collaborative process above) and peer supervision.
- CHWs appreciated inclusion of mental health within training, and felt braver to raise awareness and identify persons affected.
- With adoption of look listen link approaches and helping patients to believe in treatment, encouraging patients to live like anyone else, without stigma.
- Ongoing integrated supervision involving community health, mental health and NTD actors is needed.



"Here is a view of a monkey bridge that is going to the other community... This photo represents a health problem also, because... whenever we get into the rainy season people get to use this way to get to the facility but when the water gets full at the end of day people are not able to cross to get to the facility... this monkey bridge is not well prepared. Sometimes, you are walking in it, it can be shaking. Sometimes, how the ropes locking are not really guaranteed... So, I took this photo to let you know that my very self... walk on this monkey bridge to get to the community."
 Anthony Korvilay, CHA, Lofa County

"When you [are] ready for your routine house visit, when you meet your people, you speak to them correctly, through your communication the way you will act, when they have any patient there, they will tell you say 'oh I have this patient'. But when you go visit someone don't act like you are health worker and you are proud. So, when I reach in the community we share fun, I share fun with the people; and then I ask them for the children, how the children coming on."
 Vasco Zohn, CHA, Grand Gedeh County



"We the CHV also can talk to the patient... you should take yourself in the same shoe... because they also are human being and you who are talking to them, you are human being. ... So, you need to go closer to them, to talk to them and encourage them to see how best they can come to themselves. It is true that this man give me this advice, it will encourage them." Lofa CHV Photovoice FGD

"When it comes to counselling, when it comes to support, not only money, but my talking to them or my health talk, it will make [them] gain their strength. So that is what I will do different [after the training]". Grand Gedeh post training FGD

Conclusion

CHWs can play a vital role in extending care for people affected by skin NTDs, including psychosocial support. Our findings showed that CHWs are committed to supporting the affected person in ensuring that they have access to care and treatment and dispelling myths and stigma against them. CHW programmes should seek to provide both training and practical support, through supportive supervision. See the manual here <https://www.redressliberia.org/resources/>

Acknowledgements: Thank you to the members of the REDRESS human resource management technical working group, including representatives from MOH community health, neglected tropical diseases and mental health divisions. Thanks to the CHAs, CHPs, CHSS and other community health colleagues who took part in this study.

wedetate@gmail.com
 REDRESS@lstm.ac.uk
 Twitter @REDRESSLiberia
<https://www.redressliberia.org/>