



OPALS: OPERATIONS REPORT 2016

Report of activities benefitting from the support of Partners

Acronyms:

AFCON – Africa Cup of Nations

AFD – French Development Agency (Agence Française de Développement)

AIDS – Acquired Immune Deficiency Syndrome

AMS+ - Association Medzoe Santé+

ARV – Antiretroviral Therapy

CD4 – Machine which counts CD4 T lymphocytes in blood

CHU – Centre Hospitalo-Universitaire (University Hospital)

DBS – Dried blood spots

HDI – Human Development Index

HIV – Human Immunodeficiency Virus

KAP – Knowledge, Attitudes, Practices

OPALS – Organisation Pan Africaine de Lutte pour la Santé

PMTCT – Prevention of Mother to Child HIV Transmission

STD – Sexually Transmitted Diseases

TB – Tuberculosis

UNAIDS – United Nations Program on HIV/AIDS

UNDP – United Nations Development Program

UNICEF – United Nations International Children’s Emergency Fund

WHO – World Health Organization

THE IVORY COAST

ABIDJAN: SUPPORT FOR THE OUTPATIENT CLINIC OF CHU YOPOUGON.

CONTEXT AND JUSTIFICATION

The situation of children infected with HIV continues to be concerning for the Ivory Coast: for 35,000 HIV positive children who are eligible for treatment, the level of coverage is less than 30% (the national goal was to reach 90% coverage at the end of 2015).

OPALS built the first outpatient clinic in the country in 2012, inside the pediatric wing of the CHU Yopougon, in order to improve the quality of the care of the HIV positive children. OPALS has supported this clinic since its opening up to the end of 2016.

For the end of this program, a document relating the past five years' activities is being written.

LIST OF ACTIVITIES 2016

The outpatient clinics activities supported by OPALS have many facets:

1. Medical Services: 700 HIV+ children on file, of which 60% are older than 11.
2. Psychosocial Services:
 - Support groups focusing on nutrition education and emotional awareness. Half are geared towards parents and the other half are geared towards adolescents.
 - House visits
 - Financial support for the most impoverished families: social inquiries into the patient file are permitted to identify the families in need (around 15%.) For those families, the costs of travelling for consultations and treatments of HIV are paid.
 - Consultations with a therapist for parents and adolescents
 - Lost patients: there has been a significant drop in the number since April 2013. The rate was 40% in April 2012 and dropped to 5% in 2015. This is thanks to phone calls to remind patients of their consultations, house visits, financial support, and support groups.
3. Nutritional Services:

Malnutrition affects close to one quarter of children who come for consultations. Children between six months and two years are the most affected. A nutritional support program was put in place for these children suffering from moderate to severe malnutrition. This important service benefits children infected with HIV and also those who are not.

PLANNED ACTIVITIES FOR 2017

Statistics from 2016 and the final program document will be finished in the first trimester of 2017 and distributed to related institutions in the Ivory Coast, France, and OPALS partners.

GABON

LIBREVILLE: PRIMARY PREVENTION OF HIV AND PREVENTING MOTHER TO CHILD HIV TRANSMISSION (PMTCT)

Local team:

Mrs. Anaïs Noll Mbina, coordinator

Dr. Alain Mbongo, medical head.

CONTEXT AND JUSTIFICATION

The presence of HIV in Gabon is the highest in the Central African Region (3.9% in 2015.) The majority infected are women and 30% are between 12-24 years old. Considering those statistics, OPALS gives priority to women and youth in this region.

In Gabon, care of the HIV positive patients is very centralized in the outpatient clinics. The first three were created by OPALS starting in 2001 (Libreville, Port Gentil, and Franceville.) With this model, the government created other outpatient clinics in each of the six provinces of the country.

Nowadays, decentralization of HIV care to smaller health centers with maternity wards on the outskirts of Libreville is necessary. Since 2012, OPALS has supported these types of centers in order to develop PMTCT programs.

Likewise, community initiatives are underdeveloped in the country. Thus, in the last four years OPALS had supported several local associations, one of which is an association of youths affected by HIV (Association Medzoe Santé+ (AMS+)) by building their capacity and running prevention, screening, and informational programs.

LIST OF ACTIVITIES 2016

1. Support of PMTCT in four healthcare centers in the outskirts of Libreville

This activity has continued since the 30th of June 2016:

- Supervision of the four sites
- Training 40 healthcare workers on a testing technique using dry blood spots (DBS) for early diagnosis of HIV in newborns with HIV+ mothers.
- Training of 7 community intermediaries on awareness and how to care for people living with HIV: tools, procedures, activities for home visits and support groups, and care for the whole community.
- Installation of a CD4 machine, financed by Paris City Hall, in April.

2. Awareness initiatives about HIV and STDs

- In 2016, HIV awareness campaign with anonymous and free screening in high schools, serving 4,500 people between 15 and 25 has been supported by Canal+ Gabon, the

French Embassy, and local donations, and was lead in collaboration with partners AMS+, UNAIDS, and the National Health Department.

PLANNED ACTIVITIES FOR THE END OF 2016 INTO 2017

1. Participation, with all partners, in a public intervention during World AIDS Day on December 1st 2016.
2. The HIV campaign “Stoppons le We la” from October 2016 to March 2017: 8,000 youths will be educated in about twenty schools in Libreville and Lambaréné and during the African Cup of Nations (AFCON) taking place in the country. 20 organizers will be trained (on organization, awareness and advice.)
3. January to February: educational initiatives in schools, on sports fields, and during AFCON.
4. March to June: prevention activities lead by the Gabonese association AMS+ with the deployment of community agents by the initiative of the Gabonese City Hall.

GUINEA

KINDIA AND TÉLIMÉLÉ: BUILDING SERVICES FOCUSING ON THE HEALTH OF THE MOTHER AND THE CHILD INCLUDING PMTCT OF HIV AND MALARIA INTEGRATED INTO NEONATAL AND INFANTILE CARE OF THE MOTHER: THE END OF THE PROGRAM IN THE PREFECTURE OF KINDIA AND THE FIRST YEAR OF THE PROGRAM IN THE PREFECTURE OF TÉLIMÉLÉ.

Local team:

Mrs. Caroline Miatto, Coordinator

Mr. Isaac, Koffi N’Guettia, Regional Financial Director

Dr. Gaspard Loua, Medical Head

Mrs. Hawdiatou Keita, Community Head

Mr. Saliou Diallo, Head of Logistics

CONTEXT AND JUSTIFICATION

According to the Human Development Index (HDI)¹, Guinea is ranked among the less developed countries in the world (185 out of 190).

OPALS has been in Guinea since 2007.

The first program aimed to build a PMTCT reference center in the maternity ward of CHU Donka in Conakry.

¹ HDI was developed by the United Nations to rank countries according to social and economic development.

Secondly, since 2012, OPALS has developed in Kindia (the second town in Guinea, four hours east by car from Conakry) a program to reinforce health for mothers and children and to integrate the PMTCT of HIV and the prevention of Malaria. This second program was ended in December 2016.

A third project in Téliimélé, (three hours north-west by car from Kindia), began in 2016. The needs of the community are very important in this region neglected by international aid: the healthcare centers are isolated and out of date, the care provided the mothers and children is not of good quality, less than 50% of the population has access to potable water and less than 40% of women give birth in a hospital.

This new program aims to improve the health of the mother and child by strengthening the mobilization and the capacity of the community on the subject of prenatal care and infant care and by offering quality care by restoring and equipping healthcare centers and strengthening the skills of the healthcare professionals: medical training and formative supervision in each of the fourteen healthcare centers in the area.

This program was started with the healthcare authorities of the country and benefits from the support of the City Hall of Paris (2015/2018), the SUCDEN group (2016/2020), and the AFD (2016/2019).

LIST OF ACTIVITIES 2016

Kindia Prefecture

1. Early diagnosis of HIV for newborns from HIV+ mothers, by DBS. This has been put in place in fourteen healthcare centers in partnership with UNICEF.
2. Malaria prevention in schools: training of thirty healthcare professionals and teachers for Malaria awareness in schools (760 children between 8 and 12 educated.)
3. Management of medical waste: with the support of United Nations Development Program (UNDP) and in partnership with local associations, OPALS came out with a study on the management of medical waste, then an operation to destroy the existent stock, and finally a workshop to perpetuate the utilization of the incinerator which we installed in 2015 in the Kindia Regional Hospital.
4. Awareness to promote maternal and infantile care: 30,000 people were educated on the importance of prenatal consultations, PMTCT, unwanted pregnancy prevention, and the benefits of giving birth in a healthcare center. Different methods were used: street performances, educational talks, and support groups for HIV+ women.

Téliimélé Prefecture

1. Knowledge, Attitudes, Practices (KAP) survey done in May 2016 helped readjust objectives and action plans, closed to the needs of the community, and to create realistic benchmarks against which to measure progress.
2. Restoration and equipping: six healthcare centers out of fourteen were restored and equipped

3. Training in pediatrics and monitoring pregnancies began in the first six sites. There are on average 150 participants, including 40 community agents, 40 members of COSAHN (health and hygiene committee) and 80 healthcare professionals.
4. Community activities: educational initiatives were started during the last trimester of 2016.

PLANNED ACTIVITIES FOR 2017

Kindia Prefecture

1. Support with management of screening tests, antiretroviral treatment (ARV), and DBS
2. Data collection on prenatal and infantile care and PMTCT in the 14 healthcare centers following the same model as used in 2016

Télimélé Prefecture

1. Restoration and equipping four monitored healthcare centers.
2. Training for 75 community agents and village midwives to promote prenatal and infantile care, family planning, nutritional education, malaria prevention during pregnancy and for young children, and other illnesses that can affect the mother and child.
3. Training of the 55 healthcare professionals working in these four healthcare centers with four themes:
 - Monitoring pregnancies with prenatal and infantile care
 - Pediatrics
 - PMTCT
 - Malaria
4. Training of lab workers in seven healthcare centers
5. Studying/evaluating health centers and community activities, with a study on maternal mortality

TOGO

STRENGTHENING THE HEALTH OF THE MOTHER AND CHILD WITH PMTCT AND MEDICAL CARE OF HIV IN THE YOTO DISTRICT

Local team:

Dr. Abdou Garafou, Medical Head

Mr. Giscar Samboe, Administrative and Financial Head

CONTEXT AND JUSTIFICATION

Togo has great regional disparities in access to basic healthcare, to prenatal care, and to assisted delivery. According to the World Health Organization (WHO) in 2015:

- The maternal mortality ratio is around 400 deaths per 100,000. (40 times higher than in Europe). To deal with this ratio, Togo began the “Campaign to accelerate the reduction of maternal deaths in Africa” in September 2010.
- The child mortality rate (under the age of 5) is high at 90/1000 (20 times higher than in Europe.) Nutritional insecurity is endemic: 28% of children less than 5 are believed to have developmental delays caused by malnutrition.
- The fertility rate is 4.2 children per woman, at 49% of family planning needs are not met.
- The principle HIV/AIDS statistics are worrying (national data 2015):
 - The national prevalence is estimated to be 2.5%, higher than neighboring countries
 - Predominantly females: 58% women
 - PMTCT rate is 4.2% (The rate should be close to zero with proper care.)
 - Only 60% of HIV+ people needing ARV therapy are receiving it.

LIST OF ACTIVITIES 2016

1. Monitoring/evaluation of PMTCT, prenatal and infantile care, and the coinfection HIV/TB in 15 partner sites under the National Health Program and UNICEF.
2. Development of a new program in the Yoto district (South East of Togo).
 - Exploratory mission in June 2016
 - Written plan of the program in July 2016
 - Beginning of activities in September of 2016

General Objective

Improvement of the quality and the coordination in the intervention of PMTCT and the care of HIV in adults and children in 21 sites in the district of Yoto.

Specific Objectives

- Improve the quality of PMTCT care integrated with general neonatal and infantile care
- Strengthen the care of HIV in adults and children
- Strengthen the community support of pregnant women and mothers with HIV and the children of mothers with HIV
- Ensure the quality for evaluation of health center activities in the district
- Participation, in partnership with Handicap International, on December 1st 2016: HIV awareness, free screenings, anonymous, voluntary, and free distribution of condoms

PLANNED ACTIVITIES FOR 2017

1. Continuation of the previous program in Yoto.
2. Two new component are being developed:

- Malaria prevention in Yoto schools: training of 120 healthcare professionals and teachers for Malaria awareness in 54 schools (5,000 children between 8 and 12 educated.)
- Counterfeit medication: study of the importance of this phenomenon in the district targeting antimalaria drugs.