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Humana People to People Congo

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Norge

TCE Kinshasa (Tonga Nzoto)



ANNUAL REPORT

2021

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1. BASIC FACTS ABOUT THE PROJECT

1	Project name	TCE Kinshasa - Tonga Nzoto
2	Operational area	Six Health Zones in Kinshasa
3	Project leader	Cécile Edambolo, Cécile.Edambolo@HPP-Congo.org
4	Physical address and contact details	775, Avenue Tropique, Limete, Kinshasa, Democratic Republic of Congo, B.S@hpp-congo.org, +243 811 615 225
5	The project idea	<p>The project aims at stopping the spread of HIV&AIDS and support HIV positive persons to live a long healthy life with the virus. The project is carried out in six health zones with a total population of 1.5 million people. The idea is to contribute to the global goal of 95-95-95 which means that 95% of all HIV positive persons must be identified, 95% of all HIV+ persons are on ARV treatment and 95% of people on treatment have suppressed the viral load. An important program element is the program for orphans and vulnerable children who are either infected or affected by HIV/AIDS. Children living with HIV need sustained attention and special support from healthcare staff, parents and the entire community. The incurable nature of HIV has very harmful consequences for young people when they learn that they are HIV positive. Children living with HIV are often victims of abuse, rejection and stigma by the very people who are supposed to support and protect them.</p> <p>The idea of the TCE Tonga Nzoto project is also to strengthen links between the community and clinics to join efforts in gaining control of the HIV/AIDS epidemic.</p>
6	The people at the project	<p>A total of 115 people are employed and work in the project:</p> <ul style="list-style-type: none"> ~ 1 Principal Investigator (Corps Commander) ~ 1 Project Director (Division Commander) ~ 4 technical directors (finances, community activities, clinical services and monitoring and evaluation) (Deputy Division Commanders) ~ 5 Zonal Coordinators (Troop Commanders) ~ 60 Field Officers (28 Field Officers and 32 Case managers) ~ 3 specialists for Psychosocial Support, Key Populations and for Orphans and Vulnerable Children (Special Forces) ~ 2 financial literacy and income generation trainers ~ 2 Laboratory Officers and 1 Pharmacist ~ 12 Linkage Officers working with 63 clinics ~ 8 M+E officers and data clerks ~ 2 Accountants, 1 Procurement Officer, 5 Cashiers, 1 HR Officer
7	The history in brief	<p>The project started in October 2019 supporting the HIV services of 63 clinics and hospitals. In year one, 4.315 new HIV positive people were found and received ARV treatment. In the second year, the project found 5,800 HIV-positive people who started ARV treatment at the end of 2021. The first year also faced the challenge of the COVID-19 pandemic that kept HIV positive people away from their clinic appointments in fear of contracting COVID-19, and the project made many efforts to get as many as possible of the 24.000 HIV positive people in the project already on ARV treatment to come for testing of their viral load. The TRIO system was started in year 2 and is gaining ground as a consistent way to assist HIV positive people to follow their treatment.</p>

2. EXECUTIVE SUMMARY

TCE Kinshasa is divided into 5 TCE troops, each with a Troop Commander, Field Officers who do testing in the field and follow up while other Field Officers are case managers for Orphans and Vulnerable Children (OVC). Each Troop works with a number of the HIV services in 70 bigger and smaller hospitals and clinics. The health facilities are supported in testing and care for HIV+ patients by 12 Linkage Officers, the project's 2 Laboratory Officers and 1 Pharmacist. In the start of 2021 the project supported a total of 19.115 PLHIV and has continued to find and put an average of 150 new HIV+ persons on treatment every week in the end of the year. To date, the project supports 24,000 people living with HIV.

The TCE Kinshasa project contributes to the United Nations 95-95-95 strategy in accordance with the Ministry of Public Health to fight HIV/AIDS. The TCE approach is still a new approach as the fight against HIV/AIDS in Democratic Republic of the Congo for many years has been conducted almost uniquely as a clinical approach with nurses and doctors as the main actors. It is new to them to hear that *only the people can liberate themselves from HIV- the epidemic* and that Field Officers are important in an epidemic control project.

During the 2 years the Field Officers have established solid collaboration with both the Linkage Officers and the health workers in the clinics to reach project results. One of the important ways that people living with HIV can take better control of their lives is to use the TRIO support system, which is increasingly being used in the project introduced by the Field Officers who contribute to the project with innovative approaches that clinic staff is free to adopt to better reach all the HIV clients in the project when they have to make their annual viral load tests to monitor the suppression of the viral load.

3. THE PROJECT ACTIVITIES (JANUARY TO DECEMBER 2021)

- **Finding and testing people for HIV and start ARV treatment.**

The project had as a target to find and start ARV treatment of 4.200 new HIV+ people in 2021. This target was surpassed with 140% as a result of the persistent work in both clinics and communities. The most important method to find new HIV+ people is known as Index Testing. It means that when one person has tested positive for HIV, he or she is advised to list all sexual partners to offer them HIV testing, as the newly infected person has got the infection from another person and is likely to have passed the HIV on to more people. Initial cases are often found among people consulting the health facilities for other diseases, but showing signs of being HIV positive. They are offered testing and if positive, they are invited to become an "Index". In the community, HIV positives are also found at hot spots for professional sex workers, or they are found because community members and community health workers inform the project staff about individuals showing signs of being HIV positive. All these identified persons are then offered testing. The Field Officers have done testing in the field daily during the year. When a person tests positive the Field Officers have accompanied him/her to the clinic for confirmation of the test results and to initiate ARV treatment. When new HIV positives are children, the projects case managers follow the household with regular visits in order to secure that the care takers or parents take good care of the children living with HIV, and the children are enrolled in the project's OVC program. (OVC = orphan and vulnerable children)

- **TB prevention treatment of HIV positive people**

A major issue for the project is to make sure that health workers and doctors in the clinics do the TB screening of the HIV+ clients each time they come to the clinic for ARV supply or for viral load blood sampling to do early detection and prevention of TB. HIV/TB co-infection is a serious condition and needs to be detected so the HIV+ person can start TB treatment. Approximately 16% of the HIV+ clients are found to have TB. If the HIV positive client is screened negative for TB, he/she will receive TB prevention treatment over 6 months. This treatment must be repeated every 2 years. During 2021 the TCE project has supported 30 of the partner clinics to improve the physical

conditions in the clinics to better control TB in order to be more efficient in detecting TB in HIV+ patients.

- **Pregnant women with known HIV status and HIV exposed babies tested at 2 months and at 18 months of age**

To stop the spread of HIV it is important that pregnant HIV+ mothers do not infect the newborn. In 37 partner health facilities with maternity units all pregnant women, who do not know their HIV status, are tested for HIV. If positive they start ARV treatment and enter the procedures of PMTCT (Prevention of Mother to Child Transmission) to avoid that the newborn is infected.

The project has supported that the newborn babies to HIV+ mothers were tested for HIV at 2 months of age to put them on ARV treatment if positive and that children who tested negative at 2 months are finally tested at 18 months to be sure the child is still negative. If the babies are not sick, many mothers do not bring them for these tests, and both Field Officers and health workers make reminder calls and follow up to secure timely HIV testing.

- **Number of HIV positive tested for viral load and knowing the result**

Viral Load testing is a major and key activity in the project in order to secure healthy living for HIV+ people and to stop the spread of HIV. To avoid infecting another person with HIV, the viral load must be suppressed. A person with a suppressed viral load does not transmit the HIV virus. The viral load is tested in blood samples from the HIV+ person in the laboratory in the health facilities. The project has transported the blood samples from the clinic laboratories to bigger laboratories for analysis and communicating the results back to the clinic. It has been an ongoing activity for Linkage Officers and other project workers to assist the health workers to list all the eligible patients for the coming month, remind them by SMS or with a telephone call and find them if they do not show up. Securing viral load testing is a major challenge for the project, as HIV+ clients who are not sick or who may be afraid of COVID-19 infections do not easily show up for appointments.. The viral load suppression is both very important for the health of the HIV+ person, and also for stopping spread of the HIV virus.

- **Support by TRIO members to new HIV positive persons identified by the project**

The project did not introduce the TRIO system in the first year and in the first trimester of the second year. The approach is not known by clinics and is not a medical approach and therefore health workers have been sceptic. The TRIO system is well known from other countries and Field Officers started to introduce it to the new HIV+ clients. The TRIO system is a small group of 3 people. It includes a person on ARV treatment and 2 others (family members, friends, etc.) who are willing to help the person on ARV treatment to take the drugs as prescribed and come to the clinics for appointments (drugs supply and viral load tests) in order to suppress his viral load and live a healthy life. HIV is a highly stigmatized disease in Congo and many new HIV-positive persons find it difficult to share their HIV status even with family members or friends, so Field Officers need to be very good at explaining the benefits of the TRIO system to convince the HIV positive person.

- **Key Populations reached with prevention and treatment**

The project has supported three Key Population Centers to do prevention and treatment activities throughout the first half year. The so-called Key Populations are defined to be the main drivers of the continued HIV epidemic in most countries, and they are therefore important to reach in order to stop the spread of HIV. The Key Populations comprise professional sex workers, men having sex with men, transgender and intravenous drug users. The clients coming to the “Key Pop” centers often suffer from other sexually transmitted diseases, and the project has provided drugs and materials to treat them. Some Key Population individuals are HIV negative and are offered preventive drugs to avoid contracting HIV which they are permanently exposed to. Key population is also offered self-test kits that they can use to test their peers for HIV.

4. THE PROJECT IN NUMBERS

No	PROJECT IN NUMBERS	1. Plan for Jan-dec 2021	2. Achieved Plan for Jan-dec 2021	3. Variance Column #2 - #1	4. Achieved in % (Column #2 / #1)*100%
1.	Key Targets				
1.1	New HIV positive persons identified and put on treatment	4 200	5 871	1 671	140%
1.2	Number of HIV positives having received TB prevention treatment	20 000	6 095	-13 905	30%
1.3	Number of pregnant women with known HIV status at antenatal care	28 000	24 140	-3 860	86%
1.4	Number of HIV positive tested persons for viral load and knowing the result	22 000	13 667	-8 333	62%
1.5	Number of orphans and vulnerable children (under 18 years old) with known HIV status	5 200	4 941	-259	95%
2.	Other figures in support of the objectives				
2.1	Number of people having been screened and tested for HIV	122 000	118 608	-3 392	97%
2.2	Number of new born babies of HIV positive mothers that have been tested for HIV at 2 months of age	521	253	-268	49%
2.3	Number of TRIO members who will support new HIV positive persons identified by the project	4 000	1 638	-2 362	41%
2.4	Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target	2 400	2 287	-113	95%

COMMENTS ON VARIANCES

1.1 New HIV positive persons identified and put on treatment 140%

Over achieving the result is both due to a better understanding by health care workers and by Field Officers of the Index testing strategy. Another reason is that the Field Officers have gained more experience in identifying potential HIV+ persons and testing them.

1.2 Number of HIV positive having received TB prevention treatment 30%

The small number of HIV+ people having received treatment is due to the fact that the project has not managed to secure the needed routines in the health facilities. It is also the lack of attention to HIV+ people who are serviced in community groups and community based ARV distribution points and who do not come to the health facilities and thus do not get the prevention treatment. At times the TB prevention drugs were not available.

1.3 Number of pregnant women with known HIV status at antenatal care 86%

All women coming for ante natal care in the 37 maternities in partner clinics were offered HIV testing, if they did not already know their status as HIV+. This year there were less pregnant women than previous years.

1.4 Number of HIV positive tested for viral load and knowing the result 62%

Many HIV clients only come for drugs in the clinics 2 or 3 times a year and if they are of general good health they may not give importance to get the viral load tested. The internal organization in the clinics is at times not well coordinated and the pharmacist can hand over drugs to the client and is not aware that the client should be advised to go to the laboratory for viral load testing once a year. Some clients stay away from the clinics as they are afraid of contracting COVID-19. The project has put many efforts into improving the viral load testing and continue to do so.

2.2 Number of new born babies of HIV positive mothers tested for HIV at 2 months of age 49%

The reason for not reaching the target of testing HIV+ is that less pregnant women test positive compared to the estimate of 1,8%. This is as such a good sign if the trend continues.

2.3 Number of TRIO members 41%

The TRIO system was introduced as a new approach that is unknown to health workers and also met resistance from some project workers, meaning that only the Field Officers introduce this system until more health workers have been convinced of its efficiency. Thus it was not possible to reach the target.

5. THE EFFECTS OF THE PROJECT

- The project is on track to contribute to the 95-95-95 targets by finding more HIV-positive people and ensuring that they start and continue ARV treatment and reduce their viral load to live longer without infecting others with HIV.
- Although the TRIO approach around HIV-positive people is newly introduced, its effect is increasingly visible and provides an opportunity for many more people to join the effort to take control of the HIV epidemic.
- On a day-to-day basis, people living with HIV are aware of the need to control the epidemic in their lives by taking the prescribed medication and also ensuring that their viral load is suppressed; this will enable them to live a normal healthy life without infecting others.
- Infected children, who are among the most vulnerable, are supported in many ways to live safely and have their basic needs met.

6. THE DOCUMENTATION MATERIALS

ATTACHMENT 1: SUCCESS STORY

INDEX TESTING

With funding from CDC/PEPFAR, TCE Kinshasa has made positive changes in relation to community testing. After several capacity building trainings of the Field Officers on community testing and field practice during 2 years of implementation, the community team has improved its community testing service.

The strategies put in place to achieve results in the field are INDEX & MOBILE TESTING. The best strategy among the two to reach many people in the field is INDEX TESTING.

INDEX TESTING is the notification of partners (sexual partners and biological children). Role-play at our troop meetings has helped improve the counselling skills of the TCE Field Officers and has helped the Field Officers to actually implement the new skills when they return to their fields.

To obtain the contact details for ALL sexual contacts during the pre-test counselling session has given better results. The index client has become more open, and some may share the names and contact numbers of their sexual partners already during the pre-test counselling, although at that time the potential new HIV+ person does not yet know his HIV status.

The creation of a very good relationship between the Field Officer and the index clients because the Field Officers take time to talk to them, has developed the client's confidence and he or she will share the list of partners.

Field Officers respect confidentiality for all clients they talk to and enter into a verbal contract so that if the Field Officer does not respect the contract, the clients have the right to take them to the court of their choice. In other words, the field officers educate the index clients on the importance of knowing the rights of the patients.

As a result of all these practices, the year 2021 was better than other years for the community team: 2,250 newly tested positive people were identified in the community and put on treatment, 60% of whom came to us from index testing.

By comparison, the first year's results were 817 positive, of which almost 40% came from index testing.

Arnold TULENGI

Community Advisor

Tonga Nzoto Project

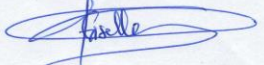
ATTACHMENT 2: TESTIMONIES, RECOMMENDATIONS

TEMOIGNAGE

le 11/11/2021

Moi Maman Gisele NGAMUKO MBUNGU,
la tutelle de l'enfant STELLA MBUNGU PREFINA ~~Residente~~
residente sur l'avenue Collège n°23 Q/8 C/Ndjili.
Je témoigne grâce aux visites de Lucy Agent de l'HPP
Congo projet Ntonga - Nzoto. Ma fille depuis que je
l'avais annoncé ~~son~~ état, elle était fustée m au
niveau des études elle avait perdu quelques pourcen-
tage, elle tenait même des propos négatifs pour
sa vie ex: elle ne peut pas se marier p.c.q elle est
sero positif. Mais grâce à plusieurs visites et conseils
de l'agent de HPP Congo projet Ntonga - Nzoto
que ma fille a repris toutes ses facultés elle fait
84% pour passer à 5^{ème} H/Peda et sa charge
viale est bonne on ma félicite pour sa façon
de prendre les médicaments.

Merci beaucoup HPP
Congo projet Ntonga - Nzoto, j'en suis très reconnaî-
sante en vers votre organisme.

Mme NGAMUKO MOZARE SISK


Translation of Testimony

I, Mother Gisele NGAMUKO MBUNGU, tutor of Stella MBUNGU PREFINA, resident of College avenue, no23, Q/8, C/Ndjili.

I testify thanks to the visits of the agent Lucy of HPP-Congo of the project Tonga Nzoto.

Since I told my daughter about her health condition, she was frustrated even at the level of her studies, she made negative comments about her life, for example: she cannot get married because she is seropositive.

Thanks to several visits and advices from the HPP-Congo agent of the Tonga Nzoto project my daughter has regained all her faculties, she has done 84% and her viral load is good.

I was congratulated for her way of taking the medicines.

Thank you very much HPP-Congo and the Tonga Nzoto project, I am grateful to your organization.

C.M. VERA
83, av. Nombeli 0183
C/ LIMETE

Kin le 11/02

Recommandation

POINTS FORT ! - TESTING dans la communauté
- recherche des cas suspects
- personnes qualifiées.
- outils de gestion de données disponibles.
- supervision à chaque moment.
- peu de surplus de intrans.

POINTS FAIBLE : pas assez de moyens mis à la disposition de la communauté.
- Manque de stratégies sur le qui
contenue le dépistage communautaire
- Mauvais traitement des prestataires en
à qui contenue le POF et
surtout les prestataires sont payés
toujours en retard.

Solution proposée : Mettre les moyens à la disposition
de la communauté et intensifier
les stratégies communautaires et
motiver les prestataires de la communauté
- payer à temps les prestataires de
sés

Kin le 11/02

TRANSLATION OF RECOMMENDATION

Strong points

- Testing in the community
- Search for suspected cases
- qualified personnel
- Available management tools
- suspension at any time
- no breaks in inputs

Weaknesses

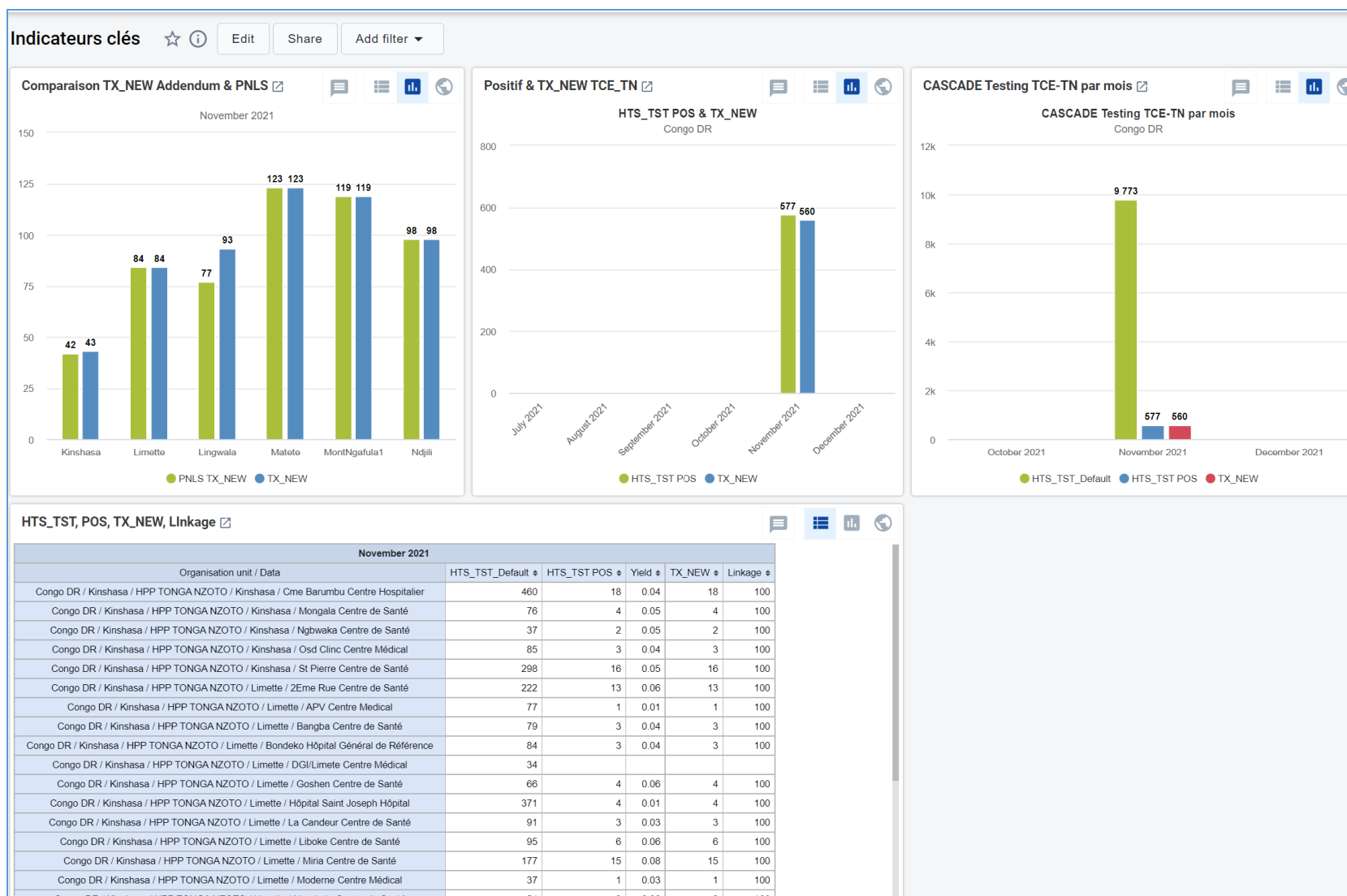
- Not enough means at the disposal of the community
- Lack of strategies for community screening
- Poor treatment of providers with regard to PBF (Financement basé sur la performance) and especially providers are always paid late.

Proposed solutions

- Make the means available, intensify the community strategies
- Pay the community provider on time

ATTACHMENT 3: MATERIALS PRODUCED

Constitution of the Database on DHIS2 software for the strategic management of the Tonga Nzoto project for the month of November 2021. As an example, the first histogram is a comparison of the results achieved by the Tonga Nzoto project with those of PNLS (National AIDS Control Programme) in terms of the number of adults newly registered for ART therapy (refer. Indicator TX_NEW) by sites / areas of project.



ATTACHMENT 4: PICTURES



Presentation of certificates after the FMP training in Mont-Ngafula



Presentation of gifts during the celebration of the International AIDS Day 2021 in Matadi



Income generating activity of a cash transfer recipient in Mombele



Follow-up of a cash transfer recipient practicing an income generating activity



Rejuvenation activities on International AIDS Day in Matadi



Zonal Coordinator with women in Financial literacy training session



Budgeting support to a cash transfer recipient



Participant in the financial education training receives the cash transfer



Planning session of the project activities with the National Head Quarters



Delivery of materials and inputs to health facilities



Family photo after the launch of year 3 of the project



Signing of a cooperation agreement with the health structures