

Models of Integrated Service Delivery for NTDs into Primary Health Care Structures

Case Studies from Senegal and Guinea



NTD service integration matrix: For sustainable access to primary health care services at the operational level

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Outline

- Context
- Service Integration Areas
- NTD Services Technical Matrix



Country Context: The Case for NTD Services Integration

- Senegal committed to achieving the 2030 targets in alignment with the WHO 2021-2030 Roadmap for NTDs
- Integrating NTD interventions into other programs at the operational level remains a challenge
- Addressing this requires implementation of intensive, sustainable, and multisectoral actions for the benefit of communities affected by NTDs

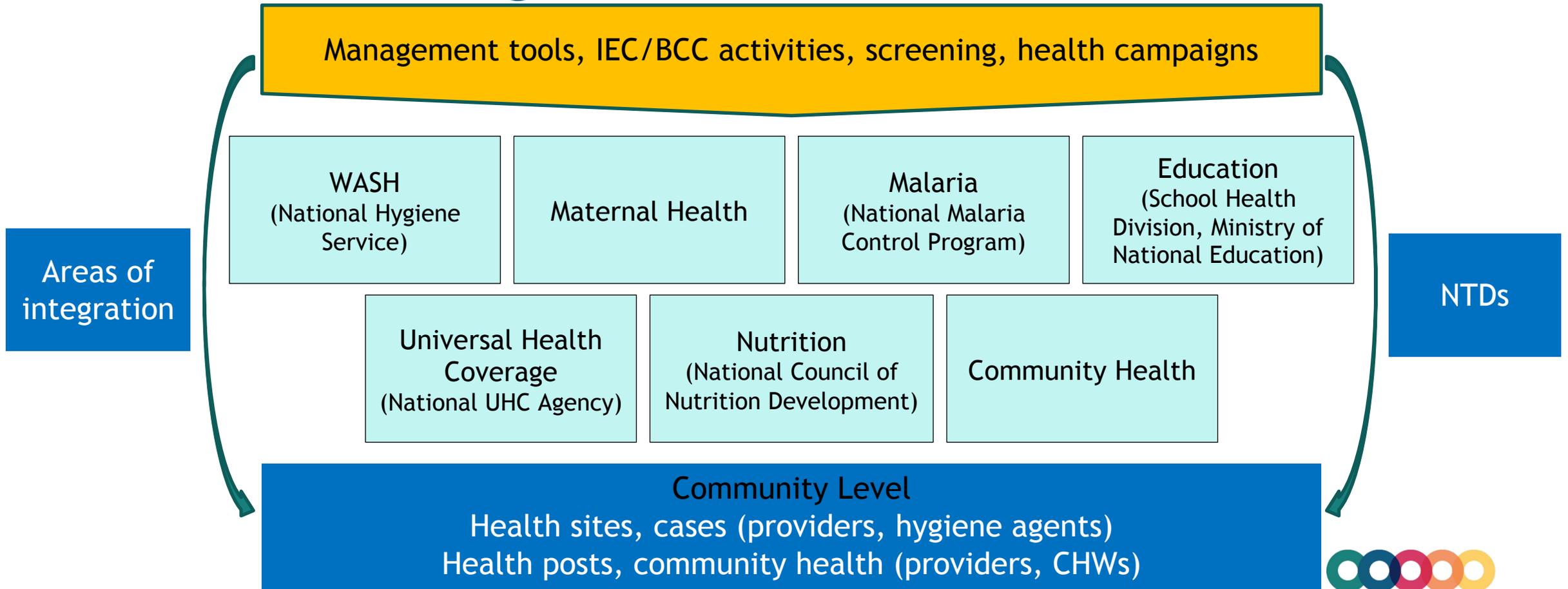


Country Context: The Case for NTD Services Integration

- For holistic, coordinated, and integrated management at the operational level, the NTDP developed an innovative integration matrix for operationalizing the integration of priority NTD interventions into the package of services implemented at the operational level: districts, health posts and huts/sites, and schools
- This is to ensure greater efficiency and sustainability of interventions



Service Integration Areas



Technical Tool: NTD Service Integration Matrix

Direction/ Programme/ Projet/ Division/ Cellule	Axes d'integration	Priorites d'integration	Pertinence/ Faisabilité	Outils à utiliser	Rubrique ciblée dans l'outil	Niveau de MEO	Acteurs de MEO	Cible	Etape clés de planification intégrée ou de révision de l'outils	Acteurs Clés	
PNLP	Paludisme	Communication pour le changement de comportement durable	OUI /le PNLN dispose d'outils efficace de communication pour un changement de comportement avec des resultats appreciables : Manuel PECADOM, tous les niveaux CARTE CONSEIL, Aide mémoire DSDOM	À intégrer dans le Manuel pecadom Cahier-du-participant-Directives-PEC-PALUDISME Carte conseil, Aide mémoire DSDOM https://www.sante.gouv.sn/sites/default/files/AIDE-MEMOIRE-DSDOM.pdf	Domaine, Axe, objectif, 2, partie role du relais dommaine 4 (6. MESSAGES A VULGARISER) 1. Comportements clés - Les femmes enceintes: - effectuent leur CPN1 au premier tiers de la grossesse - respectent les rendez-vous - acceptent le TPI avec la SP sous TDO - dorment sous MILDA tout au long de la grossesse Rubrique sur les MILDA	CASE de santé, SITE, PS, CS	PNLP, PNLMTN, RM, districts, ACPP, ACS	Populations cibles	*1 Atelier d'intégration et de mise à jour des outils *Elaborer et rendre disponible les fiches techniques *Tester l'outils integre *Evaluer *Valider *Passage a l'echelle	PNLP, PNLMTN, PTF, SNEIPS, RM et Districts	
		Distribution de médicaments	Possibilité d'intégrer le déparasitage la distribution des médicaments contre les MTN à CTP à la campagne de chimio profilaxi saisonnier du Paludisme pour les enfants de 6 à 120 mois	Combinaison outils Palu et MTN	L'agent utilise les 02 outils existants CPS et MTN	CASE, SITE, POSTE, CS, Communautés	PNLP, PNLMTN, RM, districts, ACPP, ACS	Populations cibles (6 à 120 mois)	*Session d'orientation des acteurs *Rendre disponible les fiches techniques	PNLP, PNLMTN, RM et Districts	
		Campagne de ratissage / Journées de ratissage	Possibilite d'integrer le deparasitage avec des journées de les campagne ratissage DSDOM, DSDARRA, DS-ECOLE, Relais dans les zones et périodes hors CPS	Manuel PECADOM +	Domaine, Axe, objectif, 2, partie role du relais	Communauté	PNLP, PNLMTN, RM, districts, IA, IEF DSDOM, DSDARRA, DSECOLE, Relais	Populations cibles	*1 Atelier d'intégration et de mise à jour des outils *Elaborer et rendre disponible les fiches techniques *Tester l'outils integre *Evaluer *Valider *Passage a l'echelle	PNLP, PNLMTN, RM et Districts, IA, IEF, CSC	
		Detection Communautaire des cas suspects/ Reference	Possibilité d'intégration des campagnes de dépistages actifs du Palu avec les MTN et reference	Manuel PECADOM +	Role du DSDOM	Communauté	PNLP, PNLMTN, RM, districts, IA, IEF DSDOM	Populations cibles	*1 Atelier d'intégration et de mise à jour des outils *Elaborer et rendre disponible les fiches techniques *Tester l'outils integre *Evaluer *Valider *Passage a l'echelle	PNLP, PNLMTN, RM et Districts, IA, IEF, CSC	
		Diagnostic/Pise en charge par cas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Suivi-évaluation/Reporting	Possibilité d'intégration des mécanismes de suivi	TDRs Revue intégrée Palu/MTN Rapports Canevas revu régional	NA	Poste, CS Région	Agent de santé, ICP, Acteurs communautaires	Programmes de santé PNLN	*1 Organisation des revues nationales, d'intégration et de mise à jour des outils *Elaborer et rendre disponible les fiches techniques *Tester l'outils integre *Evaluer *Valider *Passage a l'echelle	PNT, PNLMTN, RM et Districts	

Technical Tool: NTD Service Integration Matrix

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DCMS/MEN	Education	Communication pour le changement de comportement durable	OUI /la DCMS dispose d'outils efficaces de communication pour un changement de comportement avec des resultats appreciables	Guide Santé Nutrition Environnement (SNE), Référentiel tuberculose, Guide trachôme, guide paludisme	_cf Page 84 : complète les MTN à CTP ajouter les autres maladies _MODULE DE FORMATION DES ENSEIGNANTS SUR LES MTN à la place du TRACHOME —Insérer une partie MTN après la fin de la partie III. Conséquences de la Tuberculose p.30	Cycle elementaire et moyen secondaire	DCMS, IEF, IA, CODEC, Enseignants et IME	Enfants d'âge scolaire	*1 Atelier de révision du guide SNE *Elaborer et rendre disponible les fiches techniques *Tester l'outil integre *Evaluer *Valider *Passage a l'echelle	DCMS, PNLMTN	
		Distribution de médicaments	Possibilité d'intégration du déparasitage (filles-garçons) lors des séances de supplémentation en fer des filles des colléges, possibilité d'intégration du dépistage d'hématurie chez les apprenents lors de la vaccination contre le HPV chez les filles	Guide de MEO de la supplémentation en fer et acide folique et déparasitage chez les adolescentes Outil de collecte	Proposer des outils de collecte pour les données MTN lors de ces séances	Cycle elementaire et moyen secondaire	DCMS, IEF, IA, IME, CODEC, Enseignants	Enfants d'âge scolaire	*1 Atelier de révision du document de MEO de la supplémentation en acide folique fer chez les adolescentes *Elaborer et rendre disponible les fiches techniques *Tester l'outil integre *Evaluer *Valider *Passage a l'echelle	DCMS, PNLMTN	
		Campagne de ratissage	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Detection Communautaire des cas suspects/Reference	Possibilité d'intégration de la référence des MTN de l'école vers les structures de santé	Document fiche de référencement	Mise à disposition de la fiche de reference et de contre référence	Cycle Elementaire et moyen secondaire	DCMS, IEF, IA,IME, CODEC,Enseignants	Enfants d'âge scolaire	* 1 Atelier d'élaboration et mise à disposition d'une fiche de référence	DCMS, PNLMTN,	
		Diagnostic/Pise en charge par cas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Suivi-évaluation/Reporting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Technical Tool: NTD Service Integration Matrix

Direction/ Programme/ Projet/ Division/ Cellule	Axes d'integration	Priorites d'integration	Pertinence/ Faisabilité	Outils à utiliser	Rubrique ciblée dans l'outil	Niveau de MEO	Acteurs de MEO	Cible	Etape cles de planification intégrée ou de révision de l'outils	Acteurs Cles	
PNLP/PNT	TB / MTN	Communication pour le changement de comportement durable	OUI /le PNT dispose d'outils efficaces de communication pour un changement de comportement avec des resultats appreciables : Possibilité de révision pour l'intégration des MTN	Outils de campagne de sensibilisation de masse avec la radio mobile; DOCUMENT NORMATIF_ STRATEGIE COMMUNAUTAIRE SENEGAL (attacher le Doc) DOCUMENT NORMATIF_ STRATEGIE COMMUNAUTAIRE SENEGAL_final.docx.pdf	Domaine, Axe, objectif, 2, partie role du relais III. CONTEXTE MONDIAL DE L'APPROCHE COMMUNAUTAIRE DE LUTTE CONTRE LA TUBERCULOSE p.22 VII.2 RÔLE DES ACTEURS COMMUNAUTAIRES DE SANTE DANS L'INTEGRATION DE LA TUBERCULOSE DANS LES SOINS DE SANTE PRIMAIRES .p31	POSTE, CS	PNT/Bureau Communication et Partenariat CDT (Chargé de traitements TB) Responsable Education pour la Santé Acteurs communautaires Associations de lutte contre la TB DSDOM	Population Générale	*1 Atelier d'intégration et de mise à jour des outils *Elaborer et rendre disponible les fiches techniques *Tester l'outils integre *Evaluer *Valider *Passage a l'echelle (Formation des téléopérateurs du SNEIPS)	PNT, PNLMTN, PTF, SNEIPS Programme, MCD, ICP, CSC	
		Distribution de médicaments	Possibilité d'intégration du déparasitage dans la gestion de la TB chez les enfants Possibilités d'intégrer la gestion des cas contacts enfants avec une recherche active de cas de TB Pulmonaire	Manuel de PEC guide de gestion des cas contacts Registre de PEC	4.2 Co-infection TB/VIH de l'enfant p.28 (manuel de PEC) Directives pour le traitement préventif p.32 (Guide de Gestion des cas contacts)	POSTE, Communautaire, CS case de santé et site de déparasitage	CDT, ICP, Acteurs communautaires (Agents communautaire promotionnelle)	Enfants 0-14 ans enfants 6 - 59 mois	*1 Atelier d'intégration et de mise à jour des outils *Elaborer et rendre disponible les fiches techniques *Tester l'outils integre *Evaluer *Valider *Passage a lechelle	PNT, PNLMTN, PTF, SNEIPS, Plan International, Programme, MCD, ICP, CSC	
		Campagne de ratissage	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Detection Communautaire des cas suspects/Reference	Possibilité d'intégration des campagnes de dépistages actifs de la TB avec les MTN (Détection mordibité, déparasitage, lèpre et référence suivi communautaire des cas de TB et la recherche active	Fiche VADI, Fiche de référencement	Annexe 1 : Fiche de référence et contre référence (document normatif sur la stratégie communautaire de lutte contre la tuberculose)	Communautaire Poste, CS	CDT, ICP, Acteurs communautaires	N/A	N/A	*1 Atelier d'intégration et de mise à jour des outils *Elaborer et rendre disponible les fiches techniques *Tester l'outils integre *Evaluer *Valider *Passage a lechelle (Formation des téléopérateurs du SNEIPS)	PNT, PNLMTN, Plan International, Programme, MCD, ICP, CSC
		Diagnostic/Prise en charge par cas	CF : Distribution médicaments	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Suivi-évaluation/Reporting	Possibilité d'intégration dans les mécanismes de suivi supervision intégré	Fiche VADI, Rapports, TDRs des revues et grille de supervision	N/A	N/A	Poste, CS	CDT, ICP, Acteurs communautaires	Programmes de santé	*1 Atelier d'intégration et de mise à jour des outils *Elaborer et rendre disponible les fiches techniques *Tester l'outils integre *Evaluer *Valider *Passage a lechelle (Formation des téléopérateurs du SNEIPS)	PNT, PNLMTN, Plan International, Programme, MCD, ICP, CSC

Technical Tool: NTD Service Integration Matrix



Microsoft Excel
Worksheet



THANK YOU

Technical application and consultative process for the implementation of the NTD service integration matrix

Dr Ndeye Mbacké Kane
Senegal NTDP Coordinator



MINISTÈRE DE LA SANTÉ ET
DE L'ACTION SOCIALE





- 1 Goal and objectives
- 2 Technical application
- 3 Consultative process
- 4 Results
- 5 Lessons learned and next steps





Goal and Objectives



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Goal

Contribute to the sustainability of interventions for the control, elimination, and eradication of NTDs at the operational level in Senegal



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Objectives



- Improve the **implementation of NTD interventions** at the operational level through integration of existing service platforms
- Integrate NTD activities into **existing and dynamic service platforms** at the operational level
- Ensure **better ownership** of NTD interventions **at the operational level** (advocacy, IEC/BCC, coordination, local partnership, capacity building, etc.)
- Ensure **greater efficiency** in the implementation of health program interventions at the operational level
- Identify **best practices** in monitoring, evaluation, surveillance, and operational research



Technical Application

- In alignment with the **WHO's NTD Roadmap 2021-2030**, an integrated approach to NTD activities is necessary to achieve
 - better health outcomes
 - better cost-effectiveness
 - better program management
- Integration is taken into account in Pillar 2 of **Senegal's NTD Strategic Plan**



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Mission

Accelerate control and elimination of NTDs in Senegal and contribute to their eradication globally

Vision

A Senegal free of NTDs for sustainable development

(contribute to achieving national health strategic objectives and the sustainable development goals)

Strategic priorities

Strategic Pillar 1

Accelerate programmatic action

Strategic Pillar 2

Intensify cross-cutting approaches

Strategic Pillar 3

Change operational models and culture to facilitate ownership

Strategic approaches

Cross-cutting approaches to tackle NTDs

Integration of NTDs

Integration into national health systems

Coordination of ecosystem stakeholders

Health systems strengthening

Business model and country ownership

Programmatic structures that support the strategies and approaches needed to achieve the targets set for 2025

National ownership to achieve the 2030 NTD targets

NTD integration

Multisectoral collaboration

NTD prioritization

Mindset and culture aligned with the 2030 NTD targets

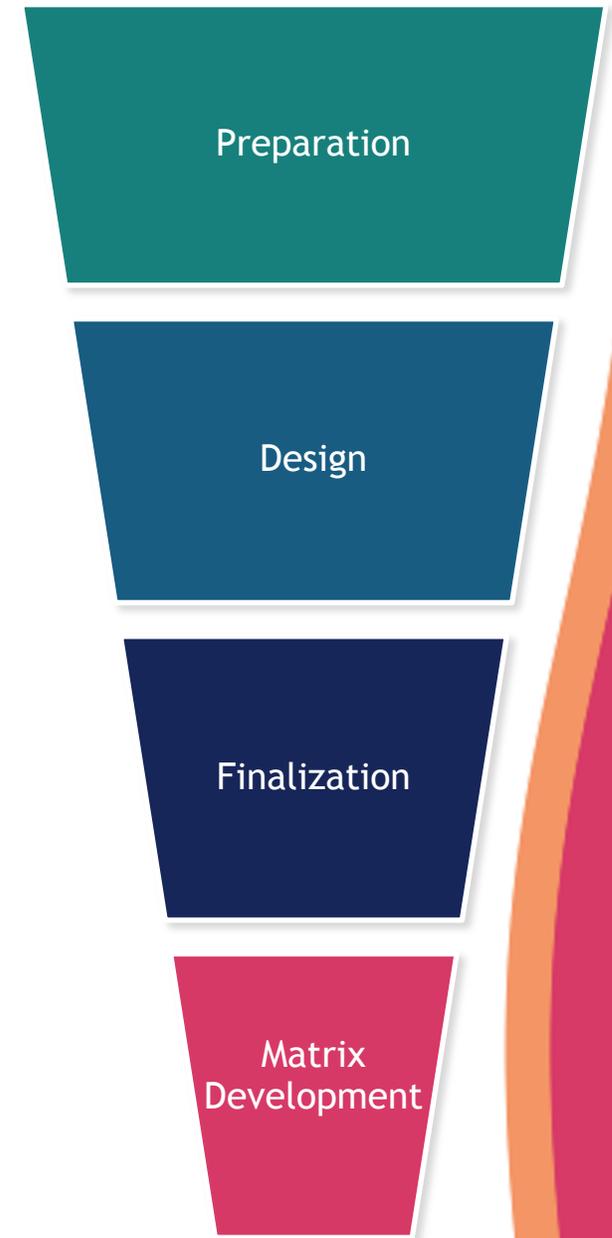
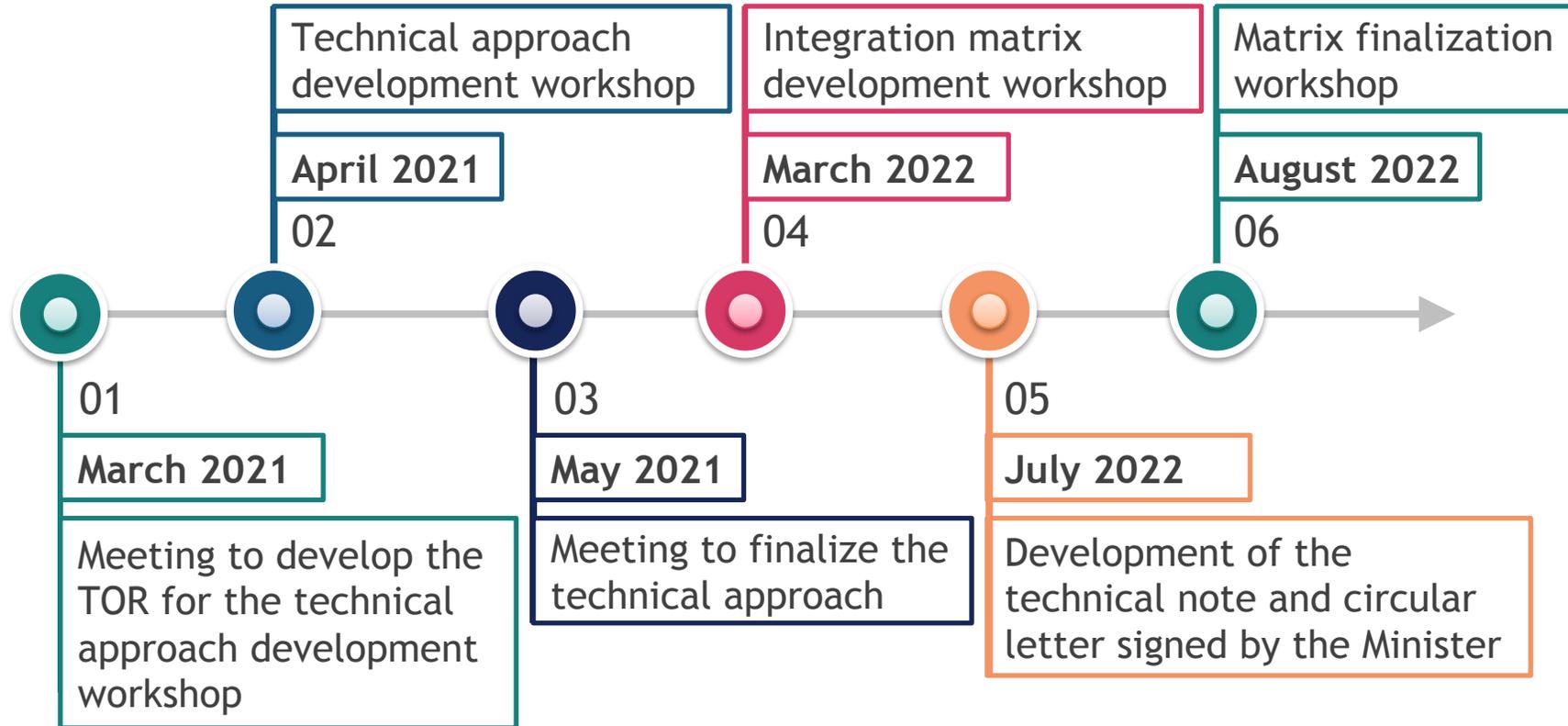
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Consultative Process



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Consultative Process





Departments and Services of the Ministry of Health and Social Action (malaria, maternal health, hygiene, community health, health education and information, TB, research and statistics, etc.)



Other ministerial departments (Education, etc.)



Technical and financial partners



Civil society organizations, community stakeholders



National UHC Agency, National Council of Nutrition Development, Mutual Health Association, etc.



Actors at the decentralized level (District and Regional Chief Medical Officers, NTD focal points, etc.)



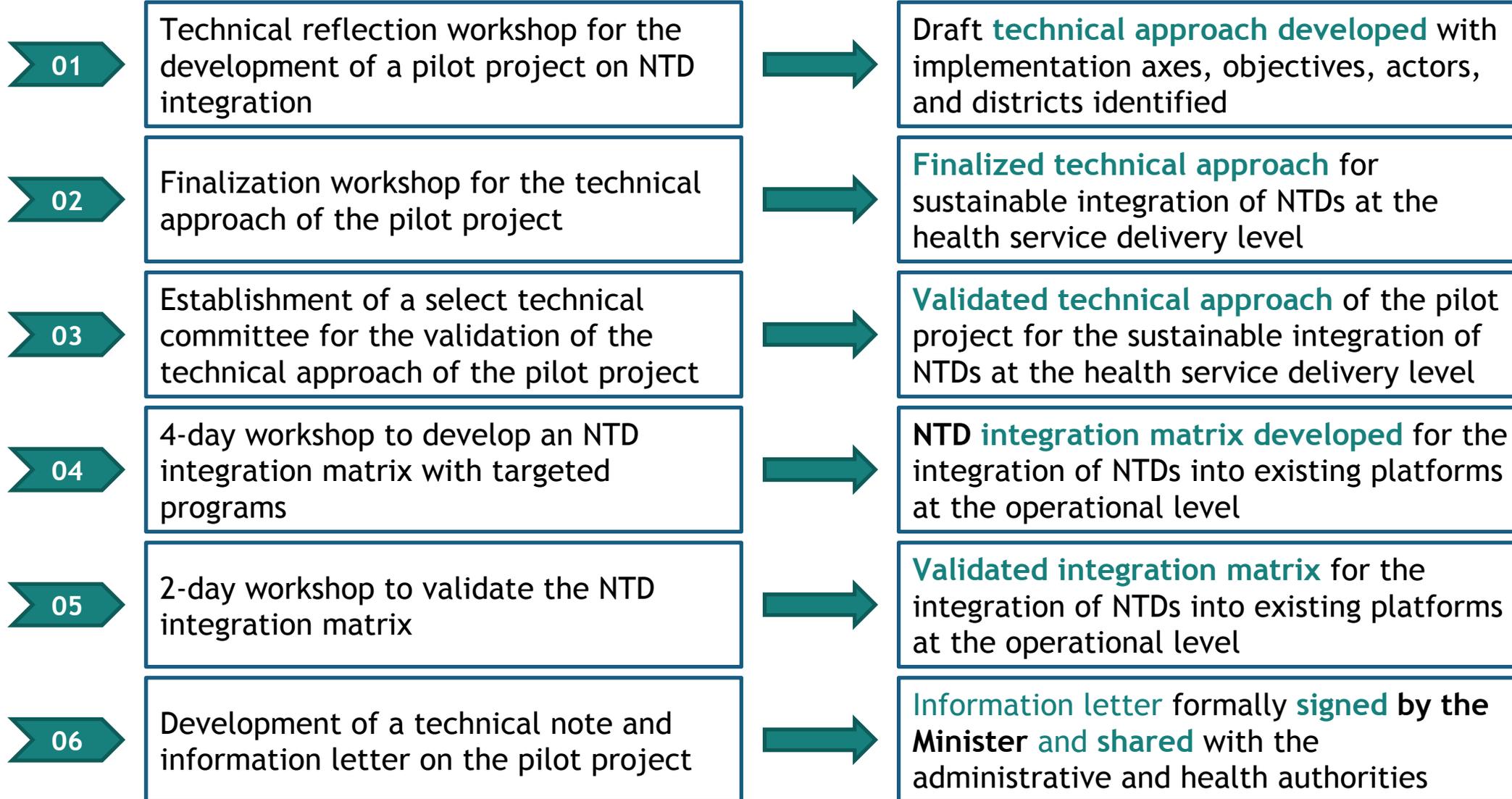


Matrix
development and
validation
workshops

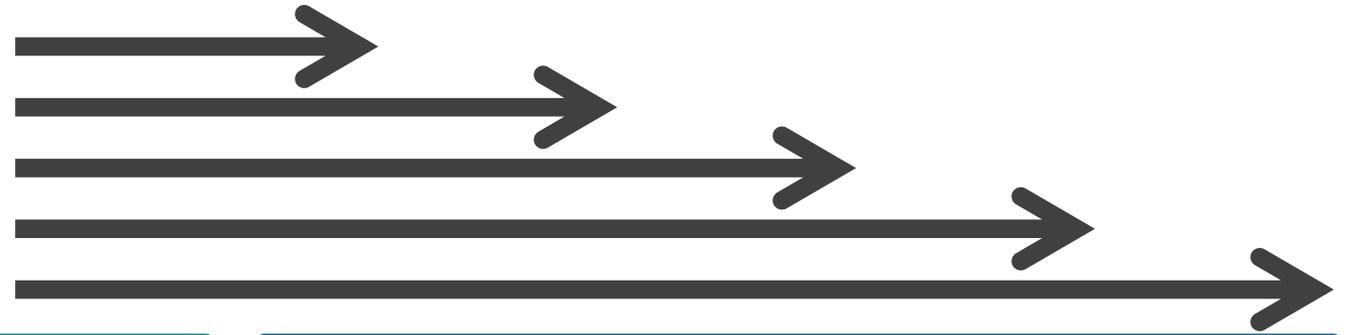


Results

All these activities have resulted in the availability of an integration matrix



Lessons Learned



Integrated service delivery models for NTDs in primary health care settings

Sensitization and awareness-raising of other MSAS programs - malaria, nutrition, TB, MCH, community health - for the integration of NTD control activities

Collaboration between adjacent sectors and programs within and beyond the health domain across the broader NTD network maximizes synergies

MSAS support of this project facilitates the implementation of the project - and its success will depend on the ownership by teams at the operational level



Next Steps

- 07 Organization of an orientation workshop on the project approach with the management teams of the targeted regions and districts (Kédougou and Kounghoul)
- 08 Start up implementation of integration activities at the pilot district level
- 09 Monitoring and evaluation (documentation, capitalization, and lessons learned)
- 10 Evaluate and share results of the pilot study for the sustainable integration of NTDs at the operational level of the Senegalese health system
- 11 Scale up across the country



Let's end the neglect to accelerate development - Thank you!



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Guinea Integrated Community Health Policy

Dr. Mamady Cissé, Deputy Director of Community Health and Traditional Medicine from the Ministry of Public Health and Hygiene in Guinea



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Development of the Community Health Policy in Guinea

- Health system in post-Ebola recovery
- Human resource for health ratios below WHO standards
- Health indicators below expected performance
- Advanced decentralization but insufficient to reduce the geographical barrier to health access
- A consolidation of health platforms but not all functional
- Utilization of DHIS2 for data management
- Human resources that are increasing but remain overall insufficient and unevenly distributed
- Political will and overall effort of the State and its partners to strengthen the health system and improve PHC



Guinea Community Health Strategic Plan

- **Foundations (1/2)**
 - National Health Development Plan 2015-2024
 - National Community Health Policy adopted in July 2017
 - Strategic plans for priority diseases such as HIV/AIDS, tuberculosis and malaria
 - Ordinances defining working conditions for health workers
 - Code of Local Authorities, which provides for the transfer of certain powers to local authorities, including first-level health services
 - Adoption of the statutes of the local civil service



Guinea Community Health Strategic Plan

- **Foundations (2/2)**

- Lessons learned from the implementation of Community-based interventions implemented since 1993.
- Ordinance No. 003/PRG/SGG/88 of 28 January 1988 establishing the Labour Code
- Ordinance No. 91/002/PRG/SGG of 8 January 1991
- Alma-Ata Declaration of September 1978,
- Kinshasa Conferences in 1990 (financing of community health), Brazzaville in 1992 (promotion of community health development)
- Abuja Summit in 2001 (allocation of 15% of national budgets to health)
- Decision of the Heads of State of the African Union in 2004 (acceleration of initiatives on child survival),
- Addis Ababa Declaration of 2006:
- Astana Declaration (October 2018) on Primary Health Care



Guinea Community Health Strategic Plan

Vision

In accordance with the national health policy, the vision is to have "the populations of local communities are healthy and able to be economically and socially productive, thanks to universal access to local and quality health services covering promotional, preventive, curative and rehabilitative aspects with their full responsibility".

Objectives

Increase the availability, utilization and performance of quality community health services by the end of 2022

Strengthening the participation of local and local communities in the development of community health

Develop governance, leadership and community health management capacity at all levels by 2022



Guinea Community Health Strategic Plan

Résultats attendus		Indicateurs
Result-1	By the end of 2022, the complete community health package including quality promotional, preventive and curative services are offered in 90% of the communes	<ul style="list-style-type: none"> - % of CHWs and RECOs hired and contracted - % of municipalities where community health is operationalized - RECO ou relai communautaire est superviser par l'ASC - ASC supervise 10 RECO
Result-2	By the end of 2022, 90% of local governments and communities are involved and contributing effectively to the management of health issues in their respective areas	<ul style="list-style-type: none"> - % of local authorities that have budgeted and allocate funds to ASCs - % coordination meetings held at the communal level on community health
Result-3	By the end of 2022, 80% of the financial resources needed to implement the Community Health Strategic Plan are mobilized	<ul style="list-style-type: none"> - Rate of financial resource mobilization for community health - Strategic plan budget execution rate
Result-4	By the end of 2022, community health governance, leadership and management capacity is established and strengthened at all levels of the health system (80% of coordination meetings are held)	<ul style="list-style-type: none"> - % of coordination meetings held at the central level - % completeness and timeliness of reports



Roles of Stakeholders in Implementation

ACTORS	ROLE
MATD/PNACC	Ensure the transfer of competencies from health to local authorities
	Supervise the activities of community actors (Mayors, COSHA, RECO)
MSHP/ DNSCMT	Training of ASC/RECO
	Technical supervision
	Mobilize material and financial resources
	Ensure the implementation of the Community Health PSN
PTF	Technical and financial support
	Monitor and evaluate activities
Opinion Leaders	Proximity monitoring of community actors
	Community Mobilization



Results (1 / 2)

INDICATORS	JUNE 2020	FEBRUARY 2021	IC 95%
	Kindia & Telimélé	Kindia & Telimélé	
CHW/RECO are easy to find when needed	58,1% (703)	79,5% (720)	1,37 (1,11-1,69)
People have confidence in CHW/RECO's ability to care for sick children.	25,4% (325)	76,2% (693)	3,00 (1,86-4,84)
Proportion of children aged 12 to 23 months not vaccinated	62,9% (182/286)	20,2% (50/233)	0,41 (0,20-0,84)
% of CHW/RECOs who received medication	19,1% (45/236)	77,9% (190/244)	4,08 (2,95-5,65) *
Percentage of CHW/RECOs with inventory on day of visit:			
TDR	21,6% (51/236)	55,0% (131/238)	2,55 (1,84-3,52)*
ACT	17,0% (40/236)	45,0% (107/238)	2,65 (1,84-3,81)*
SRO A	0%	52,7% (126/238)	
moxicilline	0,4% (1/236)	71,1% (169/238)	167,6 (23,5-1196,5)*

Results (2/2)

INDICATORS	JUNE 2020	FEBRUARY 2021	IC 95%
Proportion of sick children aged 0-59 months who first sought care from CHW/RECO	2,8% (9/264)	8,0% (16/186)	2,82 (1,03-7,73)*
% CHW/RECO asking about persistent cough (>2 weeks)	NA	81,2% (198/244)	
% CHW/RECO who referred a persistent cough to the health center	NA	36,5% (89/244)	
Proportion of children aged 0-59 months with diarrhea who first visited a CHW/RECO	4,0% (2/43)	10,4% (3/28)	2,61 (0,22, 30,4) *



Integrating NTDs into the Community Health Integrated Platform

Dr. Lamine Lamah, NTD Coordinator, Helen Keller - Guinea



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Integrating NTDs into the Community Health Platform

- NTDs included in the national community health policy
- Once at scale with other districts implementing the CH approach, NTDs would be included into national guidelines of district health managers, community health workers, and community RECOs
 - This will reduce annual refresher training for RECOs compared to CDDs
- A validation workshop of the protocol was carried out in April 2022 with relevant stakeholders (National Directorate of Community Health, PNLMTN, DRS, DPS, Helen Keller, FHI360 and Sightsavers).
- Piloting in 2 districts, Kindia and Forécariah, in October 2022.
- An assessment will be completed to document the process, compare coverage, and costs of the new approach.



Approach to Include NTDs in the Community Health Platform (1/2)

- **MDA:**
 - The duration of the MDA will change from 6 days to one month using this approach.
 - As all health activities will take place during the MDA, it will take longer to complete the entire HD.
- **Supervision:**
 - The MDA will be supervised at all levels by the ASC, district-level staff, regional-level staff, the PNLMTN, National Directorate of Community Health and Helen Keller.
 - Two supervision visits are planned for the PNLMTN and Helen Keller staff at the beginning (during the trainings and first days of the MDA) and near the end of the MDA.
 - District level staff will communicate daily with PNLMTN and Helen Keller staff through phone calls and reports during the MDA.



Approach to Include NTDs in the Community Health Platform (2/2)

- Financing:
 - RECOs will receive the same motivation as CDDs, but it will contribute to their annual salary.
 - RECOs have a larger catchment area than CDDs and therefore there are fewer RECOs to CDDs.
 - NTDP and Community Health Directorate to collaborate to advocate for sustainable financing of the RECOs/ASCs
- Supply Chain:
 - Transport of MDA drugs will be the same as other HDs
 - Leftover drugs will be returned by Health Center Managers to the HD level where the PCG will retrieve them and ensure they are stored at the regional depots.



Strengths

- Political will for CH policy and universal health coverage (UHC).
- Support national efforts towards sustainability and a package of health services at the community level.
- Professionalization of community health services with improved training and salaried health workers that are supported by health center staff.
- Creation of ANAFIC (National Community Funding Agency) as a financing structure for communities (currently funded by partners), but has the long-term goal of sustainable financing from the national government
- Decentralization that transfers competencies and decision making to the district level.
- Commitment from multisectoral stakeholders



Opportunities

- Improve coverage in mass treatment of all eligible people in the village/community;
- Optimize health resources;
- People centered holistic primary healthcare
 - Improve access to a continuum of health services at the community level
- Advance towards more sustainable NTD programs;
- Sustain SCH/STH and Onchocerciasis treatments after the elimination of Lymphatic Filariasis.



Merci!



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