



Act to End Neglected Tropical Diseases | West FY 2022 Workplan–Guinea October 1, 2021–September 30, 2022

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ACRONYM LIST

AE	Adverse event
Ag	Antigen
ALB	Albendazole
APOC	African Programme for Onchocerciasis Control
ASCEND	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
AccelerateTE	Accelerate Trachoma Elimination
BCC	Behavior change communication
CDD	Community drug distributor
CDTI	Community-Directed Treatment with Ivermectin
CIND	Country integrated database
CLTS	Community-led total sanitation
CRS	Catholic Relief Services
CY	Calendar year
DFID	UK Department for International Development
DNPM	National Directorate of Pharmacies and Drugs
DRSP	Strategy for the Reduction of Poverty
DSA	Disease-specific assessment
EDC	Electronic data capture
EPIRF	Epidemiological data reporting form
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO)
EU	Evaluation Unit
EVD	Ebola virus disease
FAA	Fixed amount award
FEFO	First expired, first out
FHI 360	Family Health International 360
FY	Fiscal year
GOG	Government of Guinea
GPELF	Global Program to Eliminate LF
HAT	Human African trypanosomiasis
HD	Health District
Helen Keller	Helen Keller International
HMIS	Health management information system
HSS	Health system strengthening
ICT	Immunochromatographic test
IEC	Information, Education, and Communication
IPA	Ivermectin, praziquantel, and albendazole
ITI	International Trachoma Initiative
IVM	Ivermectin
JAP	Joint Application Package
JRF	Joint reporting form
JRSM	Joint request for selected preventive chemotherapy medicines
LF	Lymphatic filariasis
LFOEC	Lymphatic filariasis/onchocerciasis elimination committee
M&E	Monitoring and evaluation
MDA	Mass drug administration
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health

MOU	Memorandum of understanding
MRU	Mano River Union
NGO	Nongovernmental organization
NTD	Neglected tropical disease
OCP	Onchocerciasis Control Program in West Africa
OMVS	Organisation pour la mise en valeur du fleuve Sénégal (Sénégal River Basin Development Organization)
OPC	Organization for the Prevention of Blindness
OV	Onchocerciasis
PC	Preventive chemotherapy
PCG	Central Pharmacy of Guinea
PC-NTDU	Preventive Chemotherapy Neglected Tropical Diseases Unit
PNDS	National Plan for Health Development
PNLMTN	National Program for Neglected Tropical Diseases Control
PNLOC/MTN	National Program for the Control of Onchocerciasis and Blindness/Neglected Tropical Diseases
PPE	Personal protective equipment
PZQ	Praziquantel
QI	Quality improvement
SAC	School-aged children
SAE	Serious adverse events
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SCH	Schistosomiasis
SCT	Supervisor’s coverage tool
SIZ	Special intervention zone
SNSSU	National School and University Health Service
SOP	Standard operating procedures
SDO	Strategic and Development Office
STH	Soil-transmitted helminths
TA	Technical assistance
TAP	Trachoma action plan
TAS	Transmission assessment survey
TEO	Tetracycline eye ointment
TF	Trachomatous Inflammation – Follicular
TIS	Trachoma impact survey
TIPAC	Tool for integrated planning and costing
TRA	Trachoma
TSS	Trachoma surveillance survey
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
WASH	Water, sanitation, and hygiene
WHO	World Health Organization
ZTH	Zithromax®

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Guinea is located on the Atlantic coast of West Africa, with an area of 245,857 km². The country is bordered by Guinea-Bissau, Senegal, Mali, Côte d'Ivoire, Liberia, and Sierra Leone. Based on the third national census conducted in 2014 and using an annual growth rate of 2.7%, the population of Guinea in 2021 is projected to be 12,907,392 and the total estimated population in 2022 is 13,261,636. Guinea's administrative structure is composed of eight regions: Boké, Faranah, Kankan, Kindia, Labé, Mamou, N'Zérékoré, and the capital city of Conakry. Conakry is divided into communes, while each region outside of the capital is divided into prefectures. In total, there are five communes (Kaloum, Dixinn, Matam, Matoto, and Ratoma) in Conakry and 33 prefectures, giving 38 health districts (HDs) in the country. Each prefecture is further divided into urban and rural communes. In total, there are 343 urban and rural communes, including the five communes of Conakry. Guinea has a total of 925 health outposts, 410 health centers, five higher-level health centers, 33 prefectural hospitals, seven regional hospitals, and three national hospitals.

Neglected tropical diseases (NTDs) are a recognized priority of the Ministry of Health (MOH) in Guinea, as evidenced by the Strategy for the Reduction of Poverty (DSRP III 2013–2015) and the National Plan for Health Development (PNDS) 2015–2024, which includes NTDs among the country's priority diseases and further stipulates that by 2024, MDA, morbidity management, and any other treatment will be scaled up to reach all districts where the diseases are endemic. The indicators within the PNDS performance framework in the fight against NTDs are the reduction of prevalence below the disease-specific transmission thresholds. Additionally, Guinea developed and validated an NTD Strategic Plan 2019–2023, which provides program goals, objectives, and yearly strategies based on extensive situational analysis and addresses all components of the NTD program relevant to the country.

Among the NTDs recognized by the World Health Organization (WHO), eight are endemic in Guinea:

- Three NTDs are addressed through a case management strategy: leprosy, Buruli ulcer, and human African trypanosomiasis (HAT—sleeping sickness).
- Five NTDs are addressed through a preventive chemotherapy (PC)-NTDs: lymphatic filariasis (LF), trachoma, onchocerciasis (OV), schistosomiasis (SCH) and soil transmitted helminthiasis (STH).

Act to End NTDs | West supports Guinea in the elimination and control of the five PC-NTDs. Guinea's strategic objectives for PC-NTDs are the following:

- Eliminate LF as a public health problem by 2030.
- Eliminate trachoma as a public health problem by 2024.
- Eliminate the transmission of OV by 2025.
- Achieve morbidity control for SCH and STH by 2025.

In April 2018, in accordance with a Ministerial order, an integrated NTD program to address the eight endemic NTDs was created by the Guinean government, called the National Program for NTDs Control (PNLMTN). It consists of the following units:

- The coordination unit, led by a national coordinator and assisted by a deputy coordinator
- The administrative and financial services unit

- Units for the coordination of disease control, which includes four sub-units for NTDs (Preventive-Chemotherapy NTD Unit, Human African Trypanosomiasis Unit [HAT Unit], Buruli Ulcer Unit, and Leprosy Unit). The PC-NTD unit is managed by a unit chief.
- The Logistics, Drugs, and Supply Unit
- The Monitoring and Evaluation (M&E) Unit, composed of support units mandated specifically to monitor the indicators of targeted diseases

The PNLMTN became operational in June 2019. In addition, the national PC-NTD program, hosted for nearly ten years in the Helen Keller–Guinea office, has now relocated to their own MOH office created for the new national NTD program. The Government of Guinea (GOG) is actively engaged in the control and elimination of NTDs. To this end, the GOG ensures funding for the salaries of PNLMTN staff, for office operations, for the staff involved in the various surveys and MDA campaigns, and for the treatment and management of adverse events (AEs) during mass drug administration (MDA).

Funding from the United States Agency for International Development (USAID)–Act to End NTDs | West program (Act | West)—managed by FHI 360 and implemented in Guinea by Helen Keller International—builds on the success of the USAID-funded ENVISION project, which ended in 2019. Act | West supports the GOG in the elimination and control of NTDs through public health interventions, providing technical support to the MOH through the National Program (PNLMTN) for the elimination of LF, OV, and trachoma and control of SCH and STH. The MOH receives funding from other donors. (See **Table 1** for a summary on other PC-NTD partners in Guinea.)

In fiscal year 2019 (FY19), Guinea faced challenges in the implementation of NTD activities due to several AEs reported during an MDA conducted by Sightsavers in three praziquantel (PZQ)–naïve HDs (Coyah, Dubréka, and Fria). Although these AEs were not serious, the politicization of the MDA led to a government suspension of all PC-NTD activities and resulted in the cancelation of all FY19 MDAs and surveys.

In FY20, given the issues with FY19 PZQ MDA as outlined above, Guinea planned to conduct two MDA campaigns (at that time they were referred to as MDA 1 and MDA 2). However, the timeline of the MDA 1 activities was rescheduled to March/April 2020 because of challenges surrounding the shifting constitutional referendum and legislative elections date, protests, and social unrest due to the elections. Considering the worsening COVID-19 pandemic, WHO issued interim guidelines in May 2020 recommending a temporary suspension of community-based surveys, mass treatment, and case finding. In July 2020, WHO issued further interim guidelines with considerations for national NTD programs to decide whether to resume activities. The country decided to postpone some activities and could only conduct MDA 1 in FY20 (August and September 2020) and canceled MDA 2, pre-transmission surveys (pre-TAS), and trachoma impact surveys (TIS). Thus, in FY21, the country planned one annual MDA which targeted LF/OV/SCH/STH in 11 HDs with Ivermectin + albendazole + praziquantel (IVM + ALB + PZQ), LF/OV/STH in eight HDs with IVM + ALB, and trachoma in one HD with Zithromax and tetracycline eye ointment (TEO).

In FY21, the PNLMTN carried out SCH MDA in five HDs (Coyah, Dubréka, Fria, Matoto and Ratoma) for SAC with Sightsavers/Give Well support from July 16-21, 2021. A pre-TAS was carried out in two HDs (Boké and Guéckédou) from June 23-July 1, 2021 with Act | West support; both districts passed and will conduct TAS 1 in FY22.

Several FY21 activities will be completed in September 2021 before the end of the fiscal year; other FY21 activities will roll over into the first quarter of FY22, from October-December 2021. MDA was planned in 15 HDs with Act | West support from September 13-18, 2021 but was postponed due to the military coup. The MDA in those 15 HDs will begin hopefully before the end of September 2021 once the situation is more secure. In addition, a round of MDA campaigns is scheduled in October or November 2021 in 13 HDs including the nine HDs (Dalaba, Pita, Koubia, Mamou, Mali, Tougué, Lola, N'Zérékoré and Yomou) that were previously supported by the ASCEND project. The TIS in Dinguiraye and TSS in nine HDs are scheduled between the end of September and early October 2021.

In FY22, Guinea plans to conduct LF MDA in 11 HDs; OV MDA in 24 HDs; SCH MDA in nine HDs with Act | West support and three HDs with Sightsavers/Give Well support; STH MDA in 13 HDs with Act | West support and two HDs with Sightsavers/Give Well support; pre-TAS in 11 HDs; TAS1 in 13 HDs; and trachoma surveillance surveys (TSS) in six HDs.

COVID-19 Pandemic

The COVID-19 pandemic has impacted NTD activities across West Africa. The GOG has taken several measures to prevent transmission of COVID-19, such as declaration of a state of emergency, containment of Conakry (the epicenter of COVID-19 cases), prohibition of any mass gatherings of more than 100 people, and mandatory wearing of masks. The COVID-19 pandemic affected the implementation of NTD interventions leading to the suspension of MDA activities by the MOH and WHO. The preparation of a contingency plan taking into account the standard operational procedures (SOPs) for the implementation of NTD activities in the COVID-19 context allowed the PNLMTN, with the support of its partners, to successfully carry out MDA 1 in FY20. Vaccinations for COVID-19 are rolling out slowly in Guinea. To date more than 315,091 people have been vaccinated.

In FY22, all activities will be conducted with strict adherence to the SOPs developed and GOG guidelines in place to avoid the spread of the virus. Recognizing that personal protective equipment (PPE) is needed to ensure the safety of staff, drug distributors, and beneficiaries, Helen Keller will seek to coordinate with the MOH and other potential in-country sources to ensure it is available as needed. COVID-19 preventive measures will be reflected in the protocols and guides for carrying out field activities.

Ebola Virus Disease (EVD)

Guinea has been facing an episode of EVD from February to July 2021 in the prefecture of N'Zérékoré (N'Zérékoré region)—specifically the sub-prefectures of Gouécké and Soulouta. WHO declared the end of EVD in Guinea on June 19, 2021, following the completion of the 42-day countdown (twice the maximum incubation period) without any new cases. The country is now entering a phase of sustained surveillance for 90 days. The PNLMTN will continue to monitor the situation very closely. Depending on the evolution of the situation, appropriate risk reduction and safety measures will be taken regarding implementation of NTDs activities in the region impacted.

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV

2.1 Lymphatic filariasis

Previous and current FY activities and context

Guinea conducted LF mapping in 2005, 2011, 2012, and 2013 with immunochromatographic test (ICT) cards. This mapping revealed 24 endemic HDs out of 38 HDs in the country, with a baseline antigen (Ag) ranging from 1% to 23.3%. Twenty of the LF endemic HDs are co-endemic with OV. In line with the key aims of the Global Program to Eliminate LF (GPELF), the MOH aims to eliminate LF as a public health problem in Guinea by 2030 using the following strategies: MDA for all eligible persons; assessment of hydrocele and lymphedema morbidity burden; improved access to morbidity management services in all endemic regions and districts and assessment of the health system capacity to manage morbidity cases; implementation of behavior change communications (BCC); vector control with the cooperation of the National Malaria Control Program; and operational research and capacity building for program staff. Based on expected intervention timelines, projections indicate that the elimination dossier could be submitted to WHO in 2027 if all HDs successfully pass TAS1, TAS2, and TAS3 as scheduled. This is in line with the elimination targets set out in the WHO Roadmap 2021–2030.

MDA campaigns for LF started in 2014 in four HDs and progressively reached all 24 endemic HDs in 2016. To date, all 24 LF-endemic HDs have implemented at least four rounds of MDA. As of September 2020, two HDs (Boke and Guéckédou) have completed five rounds of MDA with epidemiological coverage \geq 65% (FY14–FY20, with a one-year interruption in 2019) and the pre-TAS was carried out in two HDs (Boké and Guéckédou) in FY21. The other 22 HDs are planned to conduct LF MDA in FY21. If successful, the FY21 MDA will be a fifth effective round for 11 HDs; the remaining 11 HDs will undergo an additional round of MDA in FY22 because they had epidemiological coverage $<$ 65% in FY20 MDA.

Please see Tables 2a-b: LF USAID supported LF coverage and DSAs for FY20-FY22

Plan and justification for FY22

MDA

The National NTD Program (PNLMTN), with Act | West support, will conduct integrated LF MDA campaigns in 11 HDs in FY22, of which three HDs (Mamou, Pita, and Tougué) were previously supported by Sightsavers through the ASCEND project. The MDA in three districts (Gaoual, Kouroussa, and Pita) will be their seventh round of LF MDA—due to recording low epidemiological coverage ($<$ 65%) in FY15 (first year of MDA) and in FY20 during the COVID-19 pandemic. The MDA in the remaining eight HDs will be their sixth round of LF MDA due to recording low epidemiological coverage ($<$ 65%) in FY20 due to COVID-19. The following districts are targeted to receive IVM + ALB +/- PZQ:

- Receiving IVM + ALB + PZQ (4 HDs)
 - LF/OV/SCH/STH in 3 HDs (Faranah, Kissidougou, and Lélouma)
 - LF/OV/SCH in 1 HD (Gaoual)
- Receiving IVM + ALB (7 HDs)
 - LF/OV/STH in 3 HDs (Kankan, Kouroussa, and Macenta)
 - LF/OV in 3 HDs (Siguiri, Mamou, and Tougué)
 - LF/STH in 1 HD (Pita)

(Budgeted under Region Level FAAs)

LF coverage evaluation survey in three HDs (Faranah, Kissidougou, Lélouma)

A coverage evaluation survey will take place after the FY21 MDA in October/November 2021 and before the FY22 MDA listed above. Following the FY20 MDA, 11 HDs, including the HDs of Kissidougou and Faranah (two districts that conducted the pilot activity of triple-drug administration with good

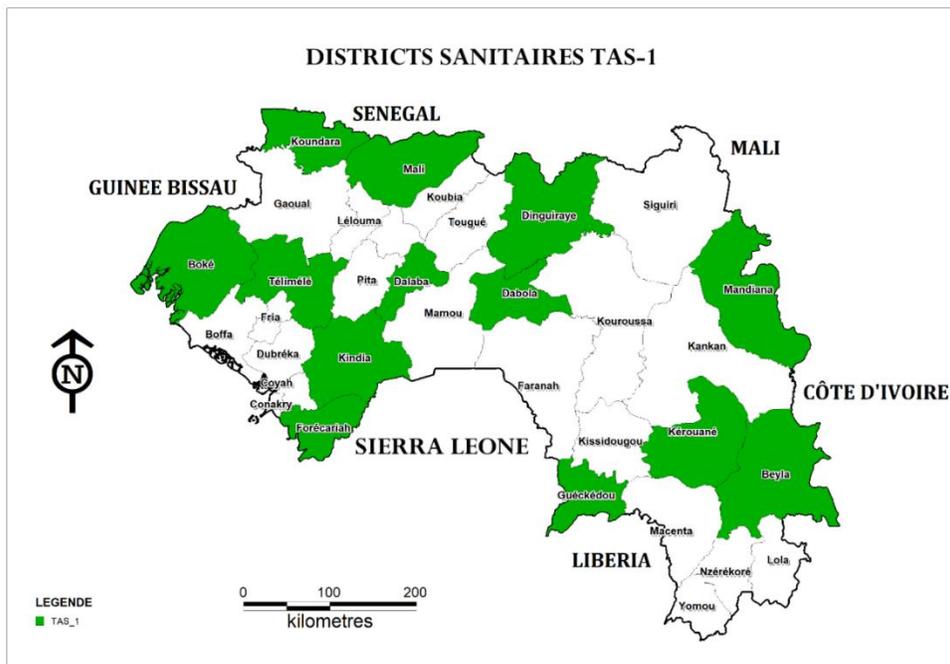
epidemiological coverage) and Lélouma, reported epidemiological coverage <65%. An LF coverage survey is planned to identify any underlying issues with the FY21 MDA including pockets of undertreated demographic groups, and in turn improve MDA implementation strategies in FY22 based on findings from the CES. The FY21 MDA will be the fifth round of LF MDA with anticipated sufficient coverage in these three districts, as well as the other eight districts targeted for LF MDA in FY22. ***(Budgeted under Helen Keller M&E)***

Other strategies to improve coverage in the 11 HDs that had low coverage in FY20 include the use of the Supervisor’s Coverage Tool (SCT). In both FY21 and FY22, the SCT will be used in the supervision of LF MDA in the 11 HDs that reported <65% epidemiological coverage in FY20 (see the integrated MDA activities section below for more details about use of SCT). A sub district level analysis is also planned in these 11 HDs in FY21 at no additional cost to more closely examine the coverage data in these HDs.

DSA: Pre-TAS in 22 sites (11 HDs) and TAS1 in 13 HDs (12 EUs)

Eleven HDs will undergo pre-TAS in FY22 (if epidemiological coverage from the FY21 MDA is $\geq 65\%$). If these 11 HDs pass pre-TAS, they will move on to conduct transmission assessment surveys (TAS1) as well in FY22. The TAS 1 is also scheduled in two HDs (Boké and Guéckédou) in FY22. These two HDs successfully passed the pre-TAS in FY21. The LF prevalence by FTS was 0% (0/308) at the sentinel site and 0.3% (1/317) in the spot check site in Boké HD and 0.6% (2/315) at the sentinel site and 0% (0/315) in the spot check site in Guéckédou HD. Prior to the TAS surveys that will take place in FY22, Act | West will conduct a TAS training for the national trainers and the surveyors on the TAS methodology. Technical assistance (TA) will be provided by the Helen Keller–Global and FHI 360 team to facilitate this training. It should be noted that this will be Guinea’s first TAS surveys; therefore, capacity building of national program staff and surveyors is required. ***(Please see Training section.) (Budgeted under PNLMTN FAA 2)***

Map 1 presents the health districts that will conduct TAS1 in FY22



Supervision of the pre-TAS and TAS1

This supervision will be carried out by PNLMTN staff and Helen Keller staff. As this year will be the first TAS in Guinea, supervision will be highlighted during the TAS to ensure that the surveys are carried out to the highest quality possible. The use of electronic data capture (EDC) will help collect high-quality data. (The PNLMTN is experienced with EDC via the trachoma surveys). ***(Budgeted under Helen Keller Supervision for DSAs and PNLMTN FAA 2)***

Dossier Status

Validation timeline

For the MDA component, the first pre-TAS was conducted in June 2021 in two HDs (Boké & Guéckédou) which both passed pre-TAS, and the last TAS3 is projected in 2027. It is projected that the elimination dossier could be submitted to WHO in 2027 for validation. For the morbidity management and disability prevention (MMDP) component, Helen Keller–Guinea began working with Helen Keller–Global in 2019 to collect data for an LF MMDP situational analysis. Preliminary findings from the analysis include the following:

- There are an estimated 534 lymphoedema patients and 860 hydrocele patients in Guinea.
- All 24 HDs have at least one identified facility providing the recommended basic care package.

In 2018, Sightsavers supported the training of community health workers in three HDs (Dabola, Dinguiraye, and Faranah) on how to identify morbidity cases and supported the training of surgeons in hydrocele surgery techniques. In 2019, Sightsavers supported hydrocele surgery in one HD (Kissidougou) and the training of health workers on the management of lymphoedema cases in four HDs (Dabola, Dinguiraye, Faranah, and Kissidougou). In August 2021, Sightsavers conducted 225 hydrocele surgeries.

LF Dossier writing status and LF Dossier Orientation Workshop

Dossier preparation has not yet started, but it is expected that Act | West will provide guidance to the MOH on the LF dossier and template. A workshop is planned in FY22 to orient the PNLMTN and partners on the parts of the LF elimination dossier and to create an action plan to begin dossier preparation. *(Budgeted under Helen Keller Program)*

Historical data completeness and security

LF data are stored on the country integrated database (CIND), and the data from 2018 to 2021 are now uploaded. Data are backed up regularly on an external hard drive at both the Helen Keller–Guinea office and the PNLMTN. Helen Keller–Guinea worked with the PNLMTN to develop a schedule for data backup. The CIND is expected to be updated on a semi-annual basis as of 2022, including the data collected from other partners (Sightsavers, Catholic Relief Services [CRS], and WHO). The head of M&E unit of PNLMTN will ensure the update of the database with the support of Helen Keller Guinea.

2.2 Trachoma

Previous and current FY activities and context

Guinea's national strategy for trachoma is elimination as a public health problem by 2020. However, current estimates indicate that the trachoma elimination targets are likely to be reached in 2024, including dossier submission.

Trachoma mapping has been completed in 31 out of 38 HDs in Guinea, with the exception of 7 HDs in/near Conakry. Trachoma was endemic in 18 of the 31 HDs (trachomatous inflammation–follicular [TF] prevalence of $\geq 5\%$ among children ages one to nine years). These endemic HDs warranted five rounds of MDA in five HDs, three rounds of MDA in four HDs, and one round in nine HDs. In Guinea, the trachoma endemic areas are in Upper Guinea and the northern part of Middle Guinea—areas with the country’s highest poverty rates. The seven HDs in/near Conakry were not suspected as endemic because they had few risk factors, and few trachoma cases (TF and TT) were seen in these HDs. However, the PNLMTN does not feel that the information is sufficiently documented and is proposing desk reviews to gather this data in preparation for the dossier (see **Plan and Justification for FY22**).

Since 2012, the country has implemented several components of the WHO-supported SAFE (Surgery, Antibiotics, Facial cleanliness and Environmental improvement) strategy:

- USAID first supported the PC-NTDU through its ENVISION Project managed by RTI—the “A” component. This support began between FY13 and FY16 with Zithromax® (ZTH) and TEO MDA in 9 HDs having TF prevalence of $\geq 10\%$. In FY17, MDA was conducted in 11 HDs (under ENVISION) and two HDs (under CRS/*Organisation pour la mise en valeur du fleuve Sénégal* [Senegal River Basin Development Organization [OMVS]]), respectively. MDA scale down began with the first TIS in FY17, and by FY18, the National Program conducted MDA in only five HDs, all with ENVISION support. Since September 2018, USAID support to the PNLMTN continued via the Act | West program. In September 2020, with Act | West support, Dinguiraye HD conducted its fifth of five MDA rounds; this may have been the last trachoma MDA in Guinea, pending the results of the TIS in Dinguiraye planned in FY21. Although baseline prevalence was between 5% and 9.9%, the HDs of Koundara and Mali have never conducted MDA. Re-mapping surveys conducted in FY17 and FY18 have shown results $< 5\%$ TF in these HDs. In summary, of the 18 endemic HDs, 15 HDs have reached stop MDA criteria after conducting MDA; two HDs were remapped, and MDA was no longer warranted; and one HD is awaiting TIS.
- Sightsavers provides support via AcceleraTE and internal funding that focuses on the “S” component—training surgeons for TT surgery; training health center supervisors, Expanded Program of Immunization workers, and those in charge of community-based services in screening and case referral of TT; and organizing surgical camps for TT in all HDs where the TT prevalence is $\geq 0.2\%$ in adults.

The dossier tracker shows nine HDs have a TT prevalence $\geq 0.2\%$ (Beyla, Dalaba, Dinguiraye, Gaoual, Kankan, Kouroussa, Mandiana, Sigui, and Labé HDs). There is no gap in TT surgery support in Guinea, and it is expected that Sightsavers, through AcceleraTE, will cover all districts in need. No TT-only surveys are planned by Sightsavers in FY22.

Plan Guinea, through the World Bank, supported some activities of the “F” and “E” components through community-led total sanitation (CLTS) from 2013 to 2018. These activities included latrine construction and installation of boreholes and wells and increasing the population’s awareness for practicing good hygiene and sanitation. However, it must be noted that these activities were conducted within projects aimed at children and against EVD (not directly for trachoma). UNICEF’s WASH sub-section is currently working to improve access to clean water and basic sanitation for all families. Its advocacy has resulted in the inclusion of a specific budget line in the national budget for water and sanitation. As an example, the Government of Guinea, with support from UNICEF, has committed to developing and implementing a national roadmap for ending open defecation and a framework for sector consultation and

coordination under the leadership of the Ministry of Water and Sanitation. These are not listed in **Table 1** because they are not directly a partner for PC-NTDs

In November 2015, the PNLOC/MTN organized a workshop to develop a Trachoma Action Plan (TAP) with participation from all stakeholders, including Helen Keller. In July 2017, Sightsavers funded a TAP finalization workshop and hired a consultant to finalize the document. Validation of the TAP document by the MOH is still not complete. The need for updating the TAP with data from the trachoma program will be discussed during an upcoming NTD technical group meeting. Ideally, the TAP will be validated (with updates and revisions) by the end of FY21 without additional funding.

Surveys

The first TIS took place in FY17 in three HDs (Kankan, Siguiri, and Mandiana) after three rounds of effective MDA; all three HDs met the criteria to stop MDA. TIS was conducted in six and four HDs in FY18 and FY19, respectively, under ENVISION and two HDs (Mamou and Pita) with OMVS/CRS support in 2018. The results of the TIS showed the TF prevalence was below 5% and TT prevalence under 0.2% in adults ages 15 years and above in all HDs. MDA in these 12 HDs were stopped accordingly. TIS in the last HD (Dinguiraye) has been scheduled as an FY21 carryover activity to be conducted before December 2021.

A re-mapping was also conducted in FY17 in Koundara (under ENVISION) and Mali (under OMVS/CRS) HDs. These HDs had baseline prevalence between 5% and 9.9%. These HDs did not receive treatment three years after the mapping and the PNLMTN decided to remap before implementing MDA. The results showed that the TF prevalence was <5% in both HDs and below the WHO recommended treatment threshold of 5%; thus, MDA is not required. The decreased prevalence may be due, in part, to the increased F&E/ Water, Sanitation, and Hygiene (WASH) activities conducted after the EVD outbreak or other reasons. Of the 15 HDs that conducted MDA and reached stop MDA criteria, all are due for TSS (see **Plan and Justification for FY22** below for further details).

Please see Tables 3a-b: TR (USAID supported TR coverage and DSAs for FY19-FY21)

Plan and justification for FY22

MDA

No MDA is planned in FY22, assuming Dinguiraye HD will pass TIS which has been scheduled as FY21 carry over and to be completed before December 31, 2021.

DSA

Given that trachoma surveys are considered higher risk for spreading COVID-19 in the surveyed population, the PNLMTN, along with Helen Keller–Guinea and Sightsavers, developed SOPs to reduce the risk of COVID-19 transmission during the activity. Trachoma surveys will be conducted when it is safe to do so and following consultations among the PNLMTN, Helen Keller, FHI 360, and USAID.

The TIS in Dinguiraye HD has been scheduled as an FY21 carryover activity, to be completed before the end of December 2021.

TSS are planned in 3 HDs under FY21 funding (Kankan, Mandiana, and Siguiri) originally planned in FY19. These three HDs are scheduled for Q1 of FY22. Another six HDs (originally planned in FY20 (Boké, Fria,

Boffa, Forécariah, Kérouané, and Telimélé)) are reprogrammed to FY22 instead of FY21 carryover. . Five teams of five graders and five recorders already certified by Tropical Data conduct the surveys.

Further TSS will be conducted in FY22 in an additional six HDs (Dabola, Faranah, Kissidougou, Kouroussa, Mamou, and Pita) with support from Act | West, of which two HDs (Mamou and Pita) were formerly supported by OMVS/CRS and then Sightsavers.

Trachoma desk review in two HDs (Coyah and Dubréka) and in five communes in Conakry (Kaloum Dixinn, Matam, Ratoma and Matoto)¹

Guinea conducted mapping from 2011 to 2016 in 31/38 HDs in the country. This mapping revealed 18 endemic HDs with TF prevalence $\geq 5\%$. Seven HDs (Coyah, Dubréka, Dixinn, Kaloum, Matam, Matoto, and Ratoma) were not mapped because they had few risk factors, and the HDs were near/in Conakry. In addition, no trachoma cases had been reported in these HDs. During the finalization of the TAP in 2017, it was noted that when Guinea submits its trachoma elimination dossier, the country will need to demonstrate and document why it is believed trachoma is not a public health problem in these seven HDs.

In FY22, the PNLMTN plans to conduct a trachoma desk review in these seven HDs to conduct a more thorough analysis in preparation for the trachoma elimination dossier. Among these 7 HDs, Coyah, Dubreka are peripheral areas, Dixinn, Matam, Matoto and Ratoma are peri-urban areas of Conakry and Kaloum is the town center. The PNLMTN intends to clarify the trachoma situation in all these areas through the desk review. Forecariah, the district bordering the southeast of Conakry, had a baseline TF of 7.50% in 2014 and passed TIS in FY18 (TF=0.40%); it is planned to conduct TSS in FY22 in Forecariah. ***(Budgeted under Helen Keller IR 1 M&E and PNLMTN FAA1)***

Dossier status

Validation timeline

Projections indicate Guinea will conduct the last TSS in 2023 (two years after the TIS planned in Dinguiraye in 2021). In FY20, the PNLMTN held the first meeting on the trachoma elimination dossier in Guinea through a videoconference. The main objective was to prepare Guinea for the trachoma elimination dossier process and to underline the progress made in terms of trachoma elimination objectives. The next steps of this meeting were to establish a preparation committee to produce an action plan for the development of the dossier and a committee of experts to advise and guide the NTD program for trachoma elimination in Guinea. This committee will involve the MOH, universities, WASH, and partners (WHO's Expanded Special Project for Elimination of Neglected Tropical Diseases [ESPEN], Helen Keller, FHI 360, and Sightsavers) with representatives to be selected based on their knowledge, background, and expertise on trachoma. This expert committee will advise both the NTD program and the MOH on how to achieve the goals of trachoma elimination in Guinea. The preparatory steps are expected to be completed by the end of FY21.

¹ The working definition of a trachoma desk review under Act | West is 'A systematic process to collect data from sources deemed most relevant in each country to determine whether trachoma is suspected or not in a given geographical area.'

- The data collection may encompass only a review of documents, but it may also require visits to the field.
- To date, under Act | West, desk reviews have been conducted primarily to assist national programs gather data for their trachoma elimination dossiers, as they are required to "describe the methods used to determine whether or not trachoma was a public health problem..."

Dossier writing status

Dossier preparation has not yet started, but it is expected that Act | West will provide further guidance to the MOH on the trachoma dossier and template.

Meeting on progress towards trachoma elimination dossier (co-funding with Sightsavers)

In FY22, Helen Keller (via Act | West) will support the PNLMTN technically and financially to organize a workshop on the progress of trachoma elimination and on actions to be taken to prepare the trachoma elimination dossier. This workshop will be held in Kindia and TA will be requested from FHI 360's trachoma focal point. Participants will include the NTD program team and NTD partners (USAID, FHI 360, Helen Keller, WHO, Sightsavers, CRS, WASH sector). During this workshop, participants will review all epidemiological data and SAFE implementation and develop a plan of action to input the required data into the dossier and as well as a timeline to complete each step. Sightsavers has indicated that it will continue to co-fund this activity in FY22. *(Budgeted under Helen Keller Strategic Planning and PNLMTN FAA 1)*

Historical data completeness and security

Data are stored in the CIND. the data entry from 2018, 2019, and 2020 have been entered in the CIND. Data are backed up on an external hard drive both at the Helen Keller–Guinea office and at the PNLMTN. Trachoma mapping data from 2014 are also stored in the GTMP database, and TIS surveys from 2017 to 2019 are also stored with Tropical Data. Additionally, since 2019, data are also backed up in a computer Act | West provided to the PNLMTN. Helen Keller–Guinea will provide technical support to the PNLMTN monitoring and evaluation (M&E) officer to develop a schedule for data backup, without any Act | West financial support. It is also expected that CIND will be updated on a semi-annual basis in 2022, including the data collected from future activities supported by other partners (Sightsavers, CRS, and WHO).

2.3 Onchocerciasis

Previous and current FY activities and context

The current national strategy is to eliminate OV by the year 2025, given continued treatment and entomological and epidemiological assessments to show the impact of treatment on reaching the criteria to stop MDA. The PC-NTDU believes that with consecutive treatments taking place for more than 20 years in some areas, Guinea should be on track to achieve this goal. Currently, OV MDAs are conducted in hyper-endemic, meso-endemic, and hypo-endemic areas—based on initial mapping of the entire country.

OV is endemic in 24 HDs in seven of the eight regions. Of the 24 OV-endemic HDs, 20 are co-endemic with LF, 23 with SCH, 14 with STH, and 13 with trachoma. Currently, the total population in endemic HDs is estimated to be 8,178,723. OV control activities have been funded as follows:

- Since 1980, 531 sentinel villages from 24 endemic HDs in 11 river basins have been identified, and assessments were conducted using the skin-snip technique—first with support from the former Onchocerciasis Control Program in West Africa (OCP), then from the African Program for Onchocerciasis Control (APOC), and later from USAID (FY12–FY14).
- From 1996 to 2002, a total of 8,229 OV-endemic villages were surveyed (epidemiological evaluations), with support from OCP. The MOH conducted community-directed treatment with ivermectin (CDTI) in all 24 endemic HDs in the regions of Boké, Faranah, Kankan, Kindia, Labé, Mamou, and N'Zérékoré from 1996 until 2013.

- Between 2002–2012, support for OV activities (epidemiological and entomological evaluation and CDTI) in Guinea were provided by WHO through APOC in areas qualified as Special Intervention Zones (SIZ), including Faranah, Dabola, Dinguiraye, Kissidougou, Kouroussa, Siguiri, Forécariah, Kindia, and Mamou. The SIZ were launched in December 2002, following the closure of the OCP, to sustain the impact for OV control through IVM distribution and vector control. OV activities in areas not classified as SIZ were funded by Sightsavers and the Organization for Prevention of Blindness (OPC). After OCP (2002–2012), Guinea continued to treat all the 24 endemic HDs, while the evaluations activities have not been done on a continuous basis

ENVISION support began in FY12 with OV epidemiological surveillance surveys conducted in a total of 56 villages from FY12–FY13, corresponding to some of the villages where evaluation activities were irregular due to the lack of funds. Results showed pockets of transmission in some basins (Milo/Dion basin, Niger/Mafou basin, Kolente, and Mongo/Kaba basin). These data were entered into CIND. It was suspected that transmission may be ongoing in these pockets due to irregularity in treatment in neighboring countries (due to periods of conflict in Sierra Leone and Liberia) and historically poor MDA coverage. During the last Mano River Union meeting on NTDs in 2016, the PNLOC/MTN confirmed that treatment in all the neighboring countries is now happening annually in all eligible HDs. However, one issue that remains to be addressed is MDA synchronization between the countries. Furthermore, Guinea’s national coordination and its partners suspected that the CDTI strategy may not have been rigorously implemented due to insufficient supervision at that time. As a result of this, in FY18, Guinea began training a pool of national supervisors to reinforce MDA supervision each year, in addition to the external supervisors.

In FY14, ENVISION planned to support epidemiological evaluations in 11 HDs. However, some HDs could not be reached, due to the high number of refusals by village leaders to participate in the survey. Refusals were associated with fear about the linkage between the survey procedures and EVD transmission. A total of 55 substitute villages were selected (based on their close proximity to the breeding sites) to be surveyed in other HDs in N’Zérékoré Region. The results of these evaluations showed prevalence rates of between 0% and 7.6% using the skin-snip technique. In FY16, all HDs reported sufficient programmatic coverage—which varied from 80.6% (Koubia) to 109.2% (Mamou), suggesting that low coverage from issues caused by EVD had been resolved.

Guinea established an LF/OV elimination committee (LFOEC) in September 2016 to provide technical advice on OV elimination. The LFOEC is composed of national and international experts in the field of LF/OV. Following LFOEC recommendations to implement entomological evaluations, the PNLOC/MTN identified productive breeding sites in some rivers between August and September 2018. In December 2018, PNLOC, with Sightsavers support, developed a draft of the OV elimination plan. It described the elimination strategy, definitions of current transmission areas, thresholds of treatment, and M&E framework (among other objectives). The country-specific thresholds for treatment and M&E framework were defined based on WHO guidelines for stopping MDA and verifying elimination of OV. This elimination plan was presented and amended by LFOEC at a committee meeting conducted in January 2020 with co-financing by Sightsavers and Act | West. The PNLMTN is expected to submit the amended version to the committee and then to the Minister of Health’s office for administrative validation. Helen Keller, in consultation with Sightsavers and WHO, will be following up to ensure that this plan is validated by the end of 2021. From FY16 to FY18, the MOH conducted OV MDA in all 24 endemic HDs with support from ENVISION, Sightsavers, OPC, and OMVS/CRS. All HDs reported sufficient programmatic coverage during this period.

It is anticipated that the LFOEC will review all available evidence—including original prevalence surveys, vector control activities, and MDA—to develop a list of next steps for moving towards stopping treatment (in areas where this is appropriate). In FY22, the Act | West program will partially support the PNLMTN to conduct two OV experts committee (OEC) meetings respectively in March and August of 2022 (see Strategic Planning section further below).

In FY19, the MOH planned to conduct MDA in all 24 HDs: 17 HDs with Act | West support, one HD (Koubia) with Sightsavers support, three with OPC support, and three with OMVS/CRS support. As noted above, support from OPC and OMVS/CRS has ended. The MDA was postponed to FY20 due to the suspension of activities following the challenges of the PZQ MDA (as described above under the LF section). In FY20, the MOH planned to conduct two OV MDA rounds in 17 HDs with Act | West support following the postponement of the FY19 MDA, but ultimately only one round was conducted due to the changing election period, violence surrounding the elections, and COVID-19. In FY21, Guinea will conduct MDA in 24 HDs with Act | West support including seven HDs (Koubia, Mamou, Mali, Tougué, Lola, N'Zérékoré and Yomou) of ASCEND project. In FY22, Guinea will again conduct OV MDA in 24 HDs with Act | West support, including the seven HDs formerly supported by Sightsavers' ASCEND program.

Please see Tables 4a-b: OV (USAID supported OV coverage and DSAs for FY20-FY22)

Plan and justification for FY22

MDA

In FY22, the PNLMTN plans to conduct OV MDA in all 24 HDs with Act | West support, of which 7 HDs (in asterisk below) were formerly supported by Sightsavers' ASCEND Program. The OV MDA will be integrated with other PC-NTDs, and HDs will receive the drug packages as follows (***Budgeted under Region Level FAAs***):

- Receiving IVM + PZQ + ALB
 - LF/OV/SCH/STH in 3 HDs (Faranah, Kissidougou, and Lélouma)
 - LF/OV/SCH in 1 HD (Gaoual)
 - OV/SCH/STH in 4 HDs (Guéckédou, Kérouané, Kindia, and Beyla)
- Receiving IVM + PZQ
 - OV/SCH in 1 HD (Dinguiraye)
- Receiving IVM + ALB
 - LF/OV in 3 HDs (Siguiri, Mamou*, and Tougué*)
 - LF/OV/STH in 3 HDs (Kankan, Kouroussa, and Macenta)
 - OV/STH in 2 HDs (Forécariah and Mandiana)
- Receiving IVM Only
 - OV in 7 HDs (Dabola, Koundara, Koubia*, Lola*, N'Zérékoré*, Yomou*, and Mali*)

*= HDs formerly supported by Sightsavers / ASCEND.

2.4 IR1 Integrated MDA Activities

Production of MDA management tools

Integrated treatment registers will be produced in FY22 for the collection of LF, OV, SCH, and STH treatment data. The materials produced in advance to support FY22 MDA activities include the

distribution registers, compilation registers, and various forms (management of SAEs, supervision, training modules, delivery slips, and dose poles).

Supervision of the MDA

Supervision of the MDA campaigns are integrated and performed by Helen Keller and PNLMTN staff. Cascade supervision is implemented at every level of the health system. Supervision tools will be used to assess the preparation, implementation, training, drug management, data collection, and development of the campaign report. Supervision of CDDs by Helen Keller and the PNLMTN helps ensure compliance with treatment guidelines, including correct use of dose poles, eligibility criteria, correct recording of the treatments administered in the registers, management of the supply chain (reporting of shortages), and identification/reporting of SAEs to the supervisor. In FY20, national, Helen Keller, and external supervisors have been trained on the supervisor's coverage tool (SCT), but due to the need to resume MDA activities as soon as possible after suspension and also for practical reasons in COVID-19 context, the PNLMTN decided not to use SCT in FY20. It will be used during the upcoming FY21 MDA and is also planned in FY22, to ensure the implementation of a high-quality MDA. Helen Keller and PNLMTN will supervise the MDAs in all regions and HDs, as well as training and the preparatory meetings. ***(Budgeted under Helen Keller Program and the PNLMTN and Region Level FAAs)***

The SCT will be used in the supervision of LF and OV MDA in the 11 HDs. Implementing **this activity does not require any additional costs**. Prior to supervision, first-level supervisors (proximity supervisors, district supervisors) will be trained on the SCT methodology (supervision zones, random selection of households to be surveyed, selection of persons to be interviewed, interpretation of results, and development of an action plan) during the training of health center managers. The objective is to enable supervisors to identify areas of good and poor coverage and determine where mop-up should be organized in the field in order to improve coverage rates during the campaigns. The SCT will be implemented between the third and fourth day of the campaign with teams composed of a supervisor and a census taker or recorder.

Supervision of the Community Health Platform MDA

In FY22, the PNLMTN, with technical support from Act | West, will pilot the new integrated community health platform in two HDs (Forécariah and Kindia). In this community health strategy, the drug distribution is conducted by community health agents for a one-month period (compared to the six-day MDA conducted by community drug distributors [CDDs] in the non-pilot HDs). These community health agents are usually supervised by health center managers. To ensure a high-quality MDA, the PNLMTN and Helen Keller will conduct multiple supervision visits during the entire duration of the campaign. This supervision will also be strengthened by district supervisors. This activity is ***budgeted in the PNLMTN FAA 1 and Region Level FAA 8***. and is further described in the **IR2 section** below

External supervision of MDA

The presence of the external supervision teams at the MDA will also help to strengthen supervision, resolve problems, and record best practices in the areas that need improvement. These external supervisors are public health workers recruited by Helen Keller to strengthen supervision in areas where ivermectin, praziquantel, and albendazole (IPA) is being implemented and Helen Keller and the PNLMTN cannot fully cover (due to a limited number of staff). Helen Keller will use the supervision checklist to set specific objectives for supervisors. When problems are observed or identified in the field, the supervisors are authorized to recommend or carry out the appropriate solutions—or take the question to a higher level when a problem cannot be resolved on-site. The PNLMTN will respond to all requests from field supervisors within 24 hours. The supervisors' most important observations will then be

discussed during the daily review meetings and at the end of the campaign. During the distribution, the supervisors will take note of the correct drug dose, quality of data collection, and method for completing the administrative forms and will take corrective actions in the field if necessary. External supervisors will visit a defined number of urban and rural sectors, selected based on knowledge of prior satisfactory coverage data and including difficult-to-reach areas. The questionnaire used will also help to identify barriers to access, issues in the quality of implementation and best practices, factors ensuring good coverage, and management of SAEs. For 19 HDs, this will represent a major quality control measure to identify flaws in execution during the campaign and correct them in real time. Existing smartphones and/or tablets will be used to record the data. External supervisors are often selected from the MDA region and bring a real added value to NTDs activities results. For instance, during MDA in FY20 under COVID-19, external supervisors were involved in the use of supervision checklist using ONA. This allowed Helen Keller and the PNLMTN to monitor in real time how well the barrier measures were being respected. During FY20 MDA, the external supervisors were able to identify a remote area that was not covered. This allowed the HD to conduct a mop-up that resulted in improved MDA coverage. ***(Budgeted under Helen Keller under Supervision)***

National MDA data review meeting (2 days, 19 participants)

Location: Kindia

A national MDA data review meeting will be held at the end of MDA with the participation of all NTDs supporting partners in Guinea (Sightsavers, WHO, CRS), the national NTD program, the DNGELM, the representative of the MOH office, and the Regional Health Directors. The outcomes will be reported to the national authorities and Helen Keller management. The two-day meeting will provide a platform to discuss the program's strengths and weaknesses and the measures to be taken to improve future activities. In advance of this national meeting, review meetings will be organized at the end of the MDA campaign at the district and regional levels, to identify lessons learned during the campaign. All of these lessons learned will be discussed and shared during the MDA data meeting.

(Budgeted under Helen Keller M & E and in the PNLMTN FAA1)

Quality Improvement (QI) activities to improve MDA planning/coverage and drug management: four learning sessions in continuation of the FY21 QI activities *(Budgeted under Helen Keller Training and the PNLMTN FAA1)* See Appendix 6 Training.

In FY20–FY21, the PNLMTN and Helen Keller put measures in place to ensure and improve the quality of NTD activities, including revision of MDA tools/materials, training of staff (PNLMTN and Helen Keller) on the use of the SCT tool, and strengthening supervision. The implementation of the QI framework will strengthen these measures. The QI will help the PNLMTN to address challenges related to drug management and to achieve high-quality implementation of MDA. The overall aims are to improve MDA planning including drug management and MDA coverage.

In June 2021, the national program and Helen Keller Guinea were trained on the FHI 360 QI model. This training was facilitated by Act | West Implementation Management Lead and Helen Keller Quality Implementation Lead. Following the training, the 11 newly-trained QI coaches will develop the roll-out of the QI coaching activities, including developing a schedule and budget for coaching and learning sessions to support key QI action plan milestones. During the training, participants identified two recurrent problems to be addressed by QI: low MDA coverage in some subdistricts and insufficient drug management, especially reverse logistics. Coaches will next focus their work on selected districts (Gaoual, Kissidougou, Kouroussa, Lélouma, Kindia and Beyla) on those two topics. They will also provide TA to the whole QI process implementation.

In FY22, with technical and financial support from Act | West, the trained coaches will in turn train and mentor QI teams established at the district and sub-district or commune levels and facilitate learning session. The following activities will be implemented:

- **Establishment of QI teams at the sub-district or commune:** This activity includes building the team’s capacity on the QI tools and use of QI. Each QI team is composed of staff involved in NTDs control and elimination efforts in the district offices, peripheral health centers, and CDDs and community leaders. The QI team will be trained (two to three days after the MDA Data review meeting) to conduct root-cause analysis, identify ideas of change, and establish baseline performance of the QI action plan including a monitoring system. The QI teams will undertake a systematic measurement system under the supervision of the QI coaches and determine baseline performance. The goal is to promote systematic and continuous actions that lead to measurable improvement and local ownership.
- **Facilitation of learning sessions (LS):** These are facilitated by the QI coaches and last two or three days. The QI teams gather to establish the QI collaborative platform. It creates a safe space for exchanging experiences on the QI activities, building capacity in the QI model, and analyzing the outcomes of the QI action plans. In FY22 at least three LS will be implemented:
 - 1.) The first LS will be held before the FY22 MDA campaign to ensure that the QI plan of action is finalized, baseline performance indicators have been collected, and the monitoring system is functioning.
 - 2.) The second LS will be an evaluation session in which each QI team will present the results and outcomes of the QI action plans and best practices are determined.
 - 3.) The third LS will make plans to scale up these best practices to new sites, including a new cycle to test new changes of ideas.
- **Coaching visits:** In between, the LS the coaches will visit the QI team members and provide them with corrective actions as needed and provide the mentorship and coaching necessary to implement the QI platform. These visits will be conducted opportunistically during other NTD field activities, as the coaches are involved in the daily NTD program activities.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

1. 3.1 Improving core NTD program functions

- Data security and management

Health information system

Routine health data collection is carried out through a cascade reporting system: daily data recording, then monthly synthesis for the health centers and prefectural and regional hospitals, leading to the development of a monthly report for the prefectural health authorities (DPS) and the Hospital Directorates, as the case may be. Since the end of 2019, following a national consultation organized by the strategic and development office within the MOH, the NTD indicators for morbidity management have been integrated into the national health management information system (HMIS). However, the MDA and survey indicators have not yet been integrated in DHIS2. The purpose of this consultation was to update the MOH’s previously fragmented and donor-facilitated data collection into a streamlined system using the DHIS 2 electronic platform. The integration of morbidity management indicators is now fully integrated and operational in the DHIS2 platform whereby the data is input at health centers

and transmitted in quarterly reports by the national hospitals. However, the participation of private health structures is still weak, which has led to gaps in the country service delivery data.

In FY22, Act | West will support the PNLMTN and the DHIS2 team to hold 2 meetings to complete the integration of NTD indicators in DHIS2: a one-day meeting to identify MDA and survey indicators to be integrated, and a second two-day meeting that will develop the modules for DHIS2 and integrate them into the DHIS2 platform. This activity is budgeted under the Helen Keller program.

At each level, there is a system to check data obtained during the MDA. The CDD completes a register and a summary sheet during the MDA. The CDDs' supervisor (chief of health center) checks if registers are complete and accurate. All the summary sheets are compiled at the health center level and the supervisor checks that these numbers match those from the field. Cross-checking is carried out at the HD level during review meetings and with supervisors. The PNLMTN, with Helen Keller support, collects reliable MDA coverage data. This approach of checking and data control by various levels/layers reduces errors and fraud. The data calculation sheet has been designed to provide average drug consumption automatically (number of drugs used/number of people treated) and coverage (number of people treated/targeted population) by the health center, avoiding the need for manual calculation.

NTD Data Security

The NTD data are safely stored in the integrated NTD database (see **IR1/LF and trachoma data completeness**). Data are backed up regularly on an external hard drive at both Helen Keller–Guinea's office and at PNLMTN. Helen Keller–Guinea has been working with the PNLMTN and has developed a schedule for the data backup. Starting in 2022, the CIND is planned to be updated on a semi-annual basis, including data collected from other partners (Sightsavers, CRS and WHO) as well as data from all DSAs, MDA data for all PC-NTD and MMDP data for LF and trachoma.

Targeted TA to Strengthen the NTDP's data policies and procedures and Data Security Policy Presentation & Validation Meeting

To further strengthen the data security and identify opportunities and gaps related to policies, written protocols and procedures to sustain the security of NTDs data, Deloitte will complete a data security policy review in FY22. The TA will help document data security procedures and processes then hold a two-day "presentation and validation meeting" with the NTDP and other MOH staff to further discuss and validate findings and make policy recommendations on how to build on current MOH policies and good practices to secure the collection, transfer, and storage of data. Recommendations will be limited to policy and procedures, building upon MOH's guidance, and will not include the purchase of additional software or hardware. These recommendations will result in the adoption by the NTDP and implementation of MOH guidance or if needed the creation of a simplified NTDs data security policy SOP that can document and institutionalize data security practices and be distributed amongst NTDP staff. Once the NTDP has prioritized the most critical recommendation and identified needed support from Act | West, Deloitte will work with the MEL Team and Helen Keller to support rollout and implementation of this SOP, which could include an orientation session and the creation of easy reference job aids related to data security. *(Budgeted under Helen Keller IR 2 Data Security and Management)*

2. 3.2 Drug management

A memorandum of understanding (MOU) between Helen Keller, the PNLMTN, and the Central Pharmacy of Guinea (PCG) is signed annually, setting out the responsibilities of each party—from the arrival of the drugs at the PCG warehouse and from the PCG warehouse to the field. In addition to the MOU with the PCG, Helen Keller will use the fixed amount award (FAA) mechanism to monitor the performance of the PCG against set deliverables.

Human resource and capacity issues within the PCG were raised during a meeting held June 14, 2019, in Conakry with the MOH, USAID, FHI 360, Helen Keller, and other NTD partners. As an outcome of this meeting, the national program identified a pharmacist who is now in charge of drug quantification and completing the WHO and International Trachoma Initiative (ITI) drug order forms, with the support of the partners. This pharmacist is also responsible for monitoring the NTD drug management at the PCG level.

Since 2019, Guinea has experienced supply chain challenges in the management of NTD drugs, as described below.

Quantification, preparation and submission of JAP

The quantities of drugs needed for the campaigns are evaluated based on endemicity, the target population data for each disease, remaining drug inventory, average drug consumption per capita, and population structure (i.e., age of target population). The IVM order will be based on the population ≥5 years of age (80% of the population in OV and LF endemic districts), and the PZQ order will be based on school-aged children (SAC)—which are 28% of the population in SCH endemic HDs. . The last official census was conducted in 2014 and forms the basis for population calculations. In FY20, a beneficiary enumeration data was carried out by CDDs, which should be used for the future ordering of drugs and planning. However, a clear consensus between the National Program (PNLMTN) its partners, has not been reached regarding the use of enumeration data for future planning. For the ordering of drugs for FY22, the program had used the 2014 national census data while waiting to reinforce the training of health agents involved in the MDA of FY21. The results of the beneficiary enumeration data in FY21 will guide the decision on whether to use these data for planning.

During FY20, Helen Keller initiated three training sessions in collaboration with WHO ESPEN staff, along with internal meetings. These sessions and meetings allowed discussions around the importance of drug management in order to improve NTD drug quantification and the preparation and submission of the joint application package (JAP). In addition, the PNLMTN has just participated in the WHO ESPEN webinar on SCH sub-district data review for targeted treatment.

Drug storage and transport

Some challenges occurred in FY20 related to drug storage and transportation. Notably the PCG's failure to comply with the first-expired first-out (FEFO) principle when transporting drugs to the districts for the FY20 MDA led to serious consequences in the supply chain, resulting in the expiry of 6,545,935 Mectizan tablets. This led to multiple meetings and actions taken by the PNLMTN, Helen Keller, and other NTD partners. These included the revision of Guinea's SOPs for the management of NTD drugs and the revision of the tripartite contract between the PCG, the PNLMTN, and Helen Keller. The implementation of the SOPs on drug management has been integrated into this agreement, as well as close supervision of the PCG.

Additionally, following the workshop to develop the SOPs, it was recommended to establish a drug monitoring committee via a written document with specific terms of reference. The committee will consist of members of the PNLMTN, Helen Keller–Guinea, Sightsavers, WHO, and PCG. Together they will oversee strict adherence to drug management procedures. The committee will decide together when drugs should be dispatched from the central level for MDA activities and will verify expiration dates prior to sending them to the HDs and regions for the MDAs.

Helen Keller has made the below recommendations to the PNLMTN and the PCG for better drug management, which will be enforced in the PCG FAA:

- The PCG must adhere to the FEFO principle, which will be a required deliverable in the PCG FAA.
- Helen Keller will include expiration dates on the document shared with the PCG detailing the quantity of drugs to be sent to each HD for the MDA. The PCG is required to submit delivery slips to Helen Keller and the PNLMTN confirming expiration dates before sending drugs to regional warehouses.
- The PCG must inform the PNLMTN and Helen Keller before sending the drugs to the field for the MDA so that both parties can supervise the loading of drugs and verify expiration dates.
- The PCG must alert the PNLMTN and Helen Keller nine months before the expiration date of NTD drugs in their warehouses to initiate the process of transporting the drugs to a neighboring country if Guinea does not have any MDAs planned. A second alert should be sent within six months and a third alert within three months of expiration.
- The PCG must submit timely quarterly inventory reports indicating the expiry date for each lot or type of drug to the PNLMTN and Helen Keller as part of the PCG FAA. Helen Keller will share feedback on the reports to the PCG within one week of the date when they receive the inventory report; PCG must respond to any of Helen Keller’s inquiries needing clarification one week after receipt of Helen Keller feedback. Helen Keller will also submit monthly inventory reports to FHI 360 with support from PCG staff.

These recommendations have been reformulated and inserted into the PCG FAAs as a requirement.

In FY22, the Helen Keller–Guinea team will continue to work closely with the PNLMTN and PCG to improve drug management. Training for the PNLMTN pharmacists and other district pharmacists on the management of NTD drugs is planned in FY22 with support Act | West and TA from Helen Keller and FHI 360.

Reverse logistics

The PCG is responsible for the reverse logistics of drugs remaining in unopened containers after the campaigns. In FY22 they will ensure that unopened containers of NTD drugs are taken from the HD level to their regional depots. The PNLMTN is responsible for conducting an accurate inventory of drugs at the health center level after the MDAs, including an inventory of already opened containers. After the MDA, the district pharmacist will conduct this inventory of remaining NTD drugs and take them from the health centers to the HD level for proper storage. The opened containers will be counted and stored at the district warehouses under the supervision of the PNLMTN pharmacist, as the PCG does not provide storage for opened containers. The unopened containers will be taken by the PCG from the HD level to their regional depots. This reverse logistics will be done before the start of the prefectural synthesis meeting.

Plan and Justification for FY22

2023 JAP quantification and completion meeting

Each year, the PNLMTN must submit the completed Joint Request for Selected PC Medicines (JRSM) to WHO before April 15, along with other components of the Joint Application Package (JAP), Joint Reporting Form (JRF) and Epidemiological Data Reporting Form (EPIRF). In FY22, Helen Keller will assist the PNLMTN to organize a two-day meeting with all stakeholders (PCG, the National Directorate of Pharmacies and Drugs [DNPM], WHO, Sightsavers, and CRS) in Conakry to complete the JRSM form. The PNLMTN and the PCG will provide information on remaining supplies from the previous MDA along with expiry dates, and other participants will provide feedback. Participants will also review the JRF and EPIRF (to be completed separately).

Every quarter, the PCG organizes a physical drug inventory in all its storage facilities in consultation with all partners involved in the management of drugs stored in PCG (this includes NTD drugs as well as other drugs). Helen Keller and PNLMTN are informed and received the report shortly after this physical inventory and can make a comparison between the physical and written inventories and address any discrepancies. In FY22 this meeting will be an opportunity for Helen Keller to support the PNLMTN and the PCG to make an estimation of drug needs, mainly for areas where there has been an overstock of drugs, and to be involved in review of the physical inventory from the PCG. During the meeting, stakeholders will also discuss the WHO decision to change the JAP submission deadline from eight to ten months prior to the country's MDA; Guinea will need to plan ahead for the FY23 submission of JRSM. The meeting will be held at PNLMTN office and Act | West will pay for refreshments only. ***(Budgeted under Helen Keller Drug Supply and Commodity Management.)***

Procurement of TEO for FY22 Trachoma activities

Through Helen Keller, the PNLMTN will submit a drug request to FHI 360 and USAID for the purchase of TEO tubes needed for the 6 HDs that will conduct TSS in FY22. Act | West will cover the purchase, shipping, and the customs clearance costs of the TEO. ***(Budgeted under Helen Keller Drug Supply and Commodity Management.)***

Procurement of FTS Kit for FY22 LF activities

Helen Keller will procure FTS kits for the 11 HDs that will be implementing pre-TAS and the 13 HDs that will be implementing TAS-1 in FY22. Act | West will cover the purchase, shipping, and customs clearance costs of the FTS Kits. ***(Budgeted under Helen Keller Drug Supply and Commodity Management)***

Storage of PC-NTD MDA drugs at Central Pharmacy of Guinea (PCG)

In FY22, Act | West will support the costs related to storage of the drugs (IVM, ALB, PZQ, , TEO) at the PCG for all MDA campaigns in the country, including MDA supported by other partners. ***(Budgeted under FAA 3).***

Helen Keller and PNLMTN verification of PC-NTD MDA drugs from the PCG warehouses before transport to the 24 HDs

During the June 14 FY19 advocacy meeting with the MOH, it was noted that capacity strengthening is needed at the PCG level to ensure that the policy of FEFO is always enforced. PNLMTN staff, with Helen Keller support, will monitor that this best practice is effectively implemented. The drug supply officer/pharmacist within the PNLMTN will be important in ensuring this practice. In FY22, Helen Keller and the PNLMTN will also take proactive measures to supervise the loading of MDA drugs in vehicles at the PCG central warehouse for transport to the HDs. Helen Keller and PNLMTN staff will be on site at

the PCG to verify both the quantity and expiration dates of drugs in order to ensure that the policy of FEFO is respected. **(No Budget required only LOE) (.)**

Transport of MDA drugs from PCG to HDs via PCG regional warehouses

Act | West will support the costs to transport drugs from the PCG central level warehouse to PCG regional warehouses and to Act | West-supported HDs two weeks before the start of FY22 campaigns. Act | West will pay for per diem, truck maintenance, travel, and fuel. **(Budgeted in FAA 3)**

Transport of MDA drugs from HDs to distribution points in 25 Act | West-supported HDs for LF/OV/SCH/STH MDA

Act | West will fund HD staff to transport the drugs and MDA tools to the health centers. The health center staff will then send the drugs to the schools or communities, as needed. Act | West will pay for the fuel cost to transport the drugs to the health centers. **(Budgeted under Region level FAAs)**

Quarterly meetings between PCG-PNLMTN-Helen Keller on drug management

In FY22, Helen Keller–Guinea will continue to assist the PNLMTN and PCG in organizing quarterly meetings with the DNPM in Conakry, WHO, Helen Keller, and Sightsavers. This meeting will allow for routine inventory checks and enable close monitoring of the drug management situation, including a review of recommendations made by ITI’s drug supply chain management evaluation. During these meetings, the contract and inventory will be discussed. The delivery plan for upcoming MDAs will also be discussed. Act | West will pay for refreshments only and the meetings will be held at the PCG office. These meetings will be included in the PCG FAA as a deliverable requirement of the PCG. **(Budgeted in the PCG FAA 3)**

Monitoring of drug inventory reports from the PCG by PNLMTN and Helen Keller

As part of the annual MOU, the PCG is required to submit quarterly drug inventory reports to Helen Keller and other partners. In the event of possible expiration of drugs, the PCG is required to send an official letter to inform all parties nine months prior to the date of expiration. In the past, these requirements have not always been followed by the PCG. In FY22, Helen Keller will include the above requirements in the PCG FAA as a prerequisite for payment of drug storage and will monitor to ensure that they are respected. The quarterly meetings at the PCG will provide an opportunity to review and update the drug inventory report and develop specific actions for any drugs near their expiration date (such as sending to neighboring countries). Helen Keller will also conduct its own separate review of the drug inventory reports from the PCG. **This activity has no associated cost.**

Return of unused PC-NTD MDA drugs from 25 Act | West supported HDs to PCG regional warehouses in the six regions

Reverse logistics will be completed as described in the **Reverse logistics** section above. Act | West will pay for one day per diem and fuel for the reverse logistics of drugs to the regional PCG warehouses. These drugs will be recorded in the quarterly inventories to be submitted by PCG central level. **(Budgeted in the PCG FAA)**

Assessment of Regional Warehouse Facilities

In order to ensure the effective management and proper storage of NTDs and commodities, the PNLMTN with support from Act to West will conduct an assessment of the PCG warehouse facilities in FY22. This assessment will not only verify storage conditions but also ensure that warehouse staff are using appropriate inventory management processes for drugs and NTD products, thus identifying any areas for improvement and making recommendations for improvement.

A one-day visit will be made to the facilities of each warehouse including the central warehouse (in Conakry) and the 5 regional warehouses (Boké, Labé, Faranah, Kankan, N'Zérékoré) of PCG. The evaluation team will consist of an evaluator from the PNLMTN, the National Directorate of Pharmacy and Medicines, and the Drug Management Committee, which includes the PNLMTN and partners. This team will be trained by the Implementation Management Lead at FHI360 through a virtual webinar before conducting the assessment. The assessment will be conducted once a year using the NTD Warehouse Process Assessment Form provided by Act to West and reliable tools to measure electrical voltage, temperature, humidity and distance and a camera to document the findings/results/findings. This assessment will address the concerns of the PNLMTN and partners about the efficiency and effectiveness of the NTD drug storage facilities in order to improve them.

(Budgeted under Helen Keller Drug Supply and Commodity Management)

3.2 Achieving sustainability: Mainstreaming & health systems strengthening

Previous and current FY activities and context

In Guinea, the Act | West scope is oriented towards supporting specific health system strengthening (HSS) related interventions or case studies that will help identify areas most relevant to the country. Guinea has not yet been prioritized for implementation of a full sustainability approach. Therefore, limited HSS-related activities have been implemented to date and have focused on participating in the coordination of the integrated community health platform and conducting a policy review of the National Community Health Policy with the other stakeholders involved in the program. In addition, Act | West has supported the program to enter financial data and conduct an analysis using the tool for integrated planning and costing (TIPAC), in order to engage newly elected parliamentarians, the MOH budget and finance department, and local governments in Boké, Dinguiraye, Siguiri, and Kindia to advocate for domestic resources for NTDs. These activities are carry-over from FY21 and were delayed due to COVID-19 and the inability to hold meetings in person. In FY21, the PNLMTN, with support from Act | West, aims to establish a multi-sectoral platform, which will play a critical role in the implementation of the integrated community platform.

Advocacy with parliamentarians and the finance department of the MOH aims to increase government commitment and, more importantly, to facilitate timely disbursement of resources allocated to NTDs through the existing budget line. Advocacy with local governments in Boke, Dinguiraye, Siguiri, and Kindia aims to increase local contribution to the fight against NTDs through local government support to NTDs interventions. Through partnership with local governments, the PNLMTN (with support from Helen Keller) will make an investment case to mining companies in the regions that have an established local development plan in partnership with the local governments. Specifically, these will be in the mining regions of Boke, Faranah, Kindia, and Kankan. For instance, in 2010, the Rio Tinto mining company supported SCH mapping in Beyla. In support of the PNLMTN's domestic resource mobilization advocacy efforts, Act | West will facilitate two workshops on TIPAC to enable the PNLMTN to identify the program's funding gaps and more effectively articulate to key stakeholders the funding that the PNLMTN requires. The data generated through TIPAC data entry and data analysis in FY21 will help to perform targeted analysis focused on the districts belonging to the four regions and support the development of the advocacy materials and stakeholders' engagement the PNLMTN will use to build the case to local government.

Plan and justification for FY22

The GOG is in the process of decentralizing the health system to strengthen management and governance at the municipality level. There is strong high-level political commitment in Guinea to an integrated community health platform to achieve UHC, which is demonstrated through the National Community Health Policy—an integrated multi-sectoral community health program that provides stipends for community health workers to deliver a comprehensive essential package, including NTDs. At this time the stipends are still donor funded with the long-term goal of mobilizing resources from communities and the private sector to support sustainable financing of the integrated platform. In addition, the national health budget includes a line item for NTD programs, which is intended to support office costs and some field activities. However, there have been competing priorities at the MOH in response to EVD and now COVID-19. These two factors provide an opportunity to advocate for effective resource allocation and improve decentralized NTD program management to mainstream NTDs into the national health system. Act | West plans to provide targeted TA to the PNLMTN to develop an investment case for NTDs; continue to refine the national multi-sectoral committee to leverage NTDs into other national policies and strategies; and build capacity in service delivery at the municipality level for the pilot of the Community Health Policy and financial management system.

- **1. Governance activities**

TIPAC data entry workshop: The Tool for Integrated Planning & Costing (TIPAC) is a budgeting tool that requires annual updates at a minimum to facilitate data-driven decision making and advocacy based on an accurate understanding of costs. In addition, yearly data allows for the PNLMTN to track progress year over year to help identify trends in financial gaps and sustainability. Updating and analyzing financial information using TIPAC is critical to give the PNLMTN a detailed understanding of their activity costs and funding gaps, which they can use to make sound programmatic and financial decisions as well as advocate for government funding. In FY21, Guinea reinitiated using TIPAC after a three-year pause, to leverage its output to support advocacy for domestic resource mobilization. Act | West, led by Deloitte, provided virtual support to re-introduce TIPAC to the PNLMTN staff and initiate data entry. However, due to COVID-19 and ongoing MDA related priorities, the TIPAC data entry has not been finalized. The TIPAC Data Analysis workshop, which was meant to support the PNLMTN understand financing and funding needs in order to target specific stakeholders for advocacy and domestic mobilization, will need to be carried over into FY22. Helen Keller and Deloitte will build on the FY21 activity to provide TA for a country led TIPAC data entry workshop to further support PNLMTN's ownership of the tool and strengthen capacity in its use. Act | West will support the PNLMTN to ensure timely and accurate completion of the data collection in advance of the data entry session. During this session, the PNLMTN will become better equipped to identify the program's needs and targeted opportunities to engage necessary stakeholders and conduct multi-year budget projections to inform programmatic decision making. ***(Budgeted under Helen Keller IR 2 Governance with TA from Deloitte)***

TIPAC data analysis workshop: Act | West will facilitate a data analysis workshop to strengthen current advocacy and resource mobilization efforts. This session will build upon the FY21 data entry activity (above) to analyze TIPAC results to inform tailored engagement with key stakeholders identified by the PNLMTN. This session will also provide the status of drug needs quantified during data entry, which will support the drug quantification meeting planned (see **Drug management section**) and support the PNLMTN to identify overall program funding gaps to inform future funding increase requests.

Specifically, using the completed data from the FY22 TIPAC, Deloitte will provide in-person support for a TIPAC data analysis workshop to facilitate a further workshop on how to analyze TIPAC results for

resource mobilization to inform tailored engagement with key stakeholders and develop targeted messages to advocate for increased funding from the national government, support from local governments for NTD programming, and partnerships with the private sector. By the end of the second workshop, the PNLMTN will have identified the program's overall and activity-specific funding gaps based on TIPAC analysis. This will allow the PNLMTN to strengthen advocacy efforts and support drug quantification for the Joint Application Package submission activity. ***(Budgeted under Helen Keller IR 2 Governance with TA from Deloitte)***

Annual meeting of multisectoral committee on NTDs among WASH, Education, Health, and Social Action (one time /year for 30 participants)

Close collaboration between the National NTD Control Program, Ministries of Education and Social Action, WASH sector, and other key partners is essential to ensure sustainable NTD programs. In FY 22, Act | West will provide technical and financial support to the PNLMTN to hold a meeting of the multisectoral committee on NTDs in Guinea. A total of 30 participants will attend in Conakry, including representatives from the Ministries of Hydraulic, Environment, Education, Social Action, Health; WHO; Helen Keller; Sightsavers; and members from the journalist's networks. The second meeting of the committee aims to validate the TOR developed in FY21 at the meeting that established the multi-sectoral committee. Through this committee, the MOH and other stakeholders will discuss opportunities to advance cross-sectoral collaboration, identify priority actions to leverage NTD activities across different sectors, and confirm stakeholders' roles and responsibilities.

The committee will align with the priorities of the WHO roadmap, which highlights the importance of cross-sectoral collaboration in the areas of WASH, education, social inclusion, and communication. The committee will discuss ways to continue and sustain regular collaboration meetings that will be country owned and domestically financed. The committee will be established in FY21. Thereafter, it will meet once a year for one day to review of the status of the program's objectives identified in the TOR, opportunities for cross-sectoral domestic resource mobilization, and next steps for improved coordination. The meeting will be held in Conakry. ***the budget of this activity is included in the PNLMTN FAA to ensure country ownership of the activity).***

Advocacy meetings with the parliamentarians for domestic resources mobilization for NTDs and establishment of a network of parliamentarians for NTD control (IR2/Governance; Helen Keller)

In FY19, the advocacy led by Helen Keller to the health committee of the national assembly led to the agreement of the committee to establish a parliament network for NTDs. The parliamentarians, as representatives of the people affected by the NTDs, are well placed to articulate the interests of the people and contribute to the national leadership. Advocacy is tailored to each Parliamentarian based on disease prevalence of their constituents in each catchment area to advocate for domestic resources for NTDs, engage high-level stakeholders in policy discussions, and increase NTD literacy with Parliamentarians.

With the elections in March 2020, there is a new group of parliamentarians uninformed about NTDs. In order to continue the process of creating the parliament network for NTDs, Helen Keller and the NTDP will organize an advocacy meeting with the new Members of the National Assembly. During this meeting, the NTDP and Helen Keller will present the current NTD situation and its impact on community health and development. In addition, it will also provide background on steps already taken to create the parliament network for NTDs and assess parliamentarians' views on NTD programs.

Following this advocacy meeting, Act | West will provide financial support for the organization of a one-day meeting for an effective creation of national parliamentarian network. The objectives of this network are mainly: to advocate for more support for NTDs during health care budget debates, reinforce NTD interventions through participation of parliamentarians in field activities (e.g. social mobilization and MDA campaigns). This activity is reprogrammed from FY21 as it was unable to be completed due to the recent political situation leading to a change of government. This activity is budgeted under **HKI Program**.

Advocacy meetings with local entities for NTD resources (Boké, Dinguiraye, Siguiré and Kindia) (IR2/Governance; Helen Keller)

The PNLMTN, with support from Act | West, will organize two advocacy meetings with local entities in the mining areas of Boké (Mining Society of Boké), Dinguiraye (Mining Society of Dinguiraye), Siguiré (Society Anglo Gold Ashanti) and Kindia (Rusal, Kindia Bauxite Company) to consider the control and elimination of NTDs in their annual budget. According to their contract with the GOG, Guinea's mining companies are required to contribute annually to local development plans. Helen Keller and the NTDP will utilize data from the TIPAC financial gap assessment to advocate for financial resources for NTDs and ensure that NTDs are considered in the local development plan. The purpose of these advocacy meetings is to present to mining companies and local authorities the disease burden of NTDs, the existing interventions to combat NTDs, and the socio-economic and health implications of NTDs on people living in the affected HDs. The meeting will advocate for private sector resource mobilization to support latrine construction, environmental sanitation, and drilling.

The PNLMTN, with Helen Keller support, will utilize the materials developed with Deloitte (during the FY21 TIPAC data analysis workshop)) to facilitate discussions with the mining companies and local authorities. The National Program will explain the funding process and deliver a targeted investment case for NTD programs. Act | West will cover transportation, per diems, accommodation and fuel costs. Helen Keller and the NTDP will work with the local government entities to develop a follow up mechanism that will link to the ANAFIC financial management system used in the integrated community health program, to progressively translate potential commitment into action. This activity is budgeted under **HKI Program**.

Advocacy meeting with MOH Finance department on domestic resource mobilization for NTDs (30 participants) (IR2/Governance; Helen Keller)

The MOH has committed to maintaining a budget line for the PNLMTN in its annual budget. However, due to gaps in the national financial management systems, there are delays in the distribution of program funds from the Ministry of Finance, resulting in the funds being inaccessible to the NTD program. In FY22, the PNLMTN, with financial and technical support from Act | West, will organize an advocacy meeting in Conakry between the MOH and the Finance department to increase involvement of the GOG in the funding of NTD activities. These meetings will use data drawn from the TIPAC financial gap analysis completed in FY21 to demonstrate domestic resources needed for sustainable NTD programs. The purpose of this advocacy is to discuss the importance of GOG funding and regular funding from the partners involved in the control and elimination of NTDs. This activity is reprogrammed from FY21 as it was unable to be completed due to the recent political situation leading to a change of government. This advocacy will include the following:

1. Awareness-raising with the Minister of Health and his cabinet to release the funds allocated to support NTD control and elimination activities.
2. A presentation on NTDs to the Finance department to encourage them to prioritize NTD activities in the national budget development.

There is no budget associated with this activity, only LOE.

- **Prioritized functions activities**

Implementation of NTD activities through community health platform in 2 HDs (Forécariah and Kindia) and Workshop to validate the protocol for NTD inclusion in ICH approach (Helen Keller)

Currently, the GOG is in a programmatic modeling process focused on decentralization to strengthen fiscal, administrative, and accountability measures at the local government level. The MOH aims to leverage the decentralized management and funding of municipalities through the advancement of the national integrated community health (ICH) policy. The policy is multisectoral in its design and implementation and states that all activities at the community level (rural and urban) will be integrated into a package of services in disease control (communicable and non-communicable), epidemiological surveillance, infection prevention and control, reproductive health, MNCH, and WASH. Thus far, this approach is being implemented by UNICEF, World Bank, USAID Guinea Mission through JHPIEGO, and Global Fund through CRS in select municipalities (40 for UNICEF, 62 for WB, 18 with Global Fund, and 11 with USAID/JHPIEGO).

A major strength of this approach is the political commitment GOG to advance towards universal health care (UHC) and the establishment of a national agency for funding municipalities (ANAFIC)—a finance policy that delegates a decentralized budget process and allocates funding for community health workers stipends to the municipality. ANAFIC has finalized the process of establishing a financial infrastructure at the municipality level, and it is expected to be fully functional by the end of 2021. Thus far, ANAFIC allocates funding for 19,000 community relays (RECOs) and 1,900 community health agents (ASCs) throughout the country. This support has the financial commitment of the Ministries of Finance and Budget, which closely coordinates with the MOH. The districts continue to be funded by partners with the long-term goal to be supported by community contributions and resources mobilized from the private sector. The sustainability and transition of funding will be a critical component in the development of the approach and validation of the concept note, which will be closely aligned with FY22 advocacy activities. This approach could be a sustainable means to deliver SCH/STH and Onchocerciasis (OV) programs in Guinea.

In FY22, the NTD program, with technical support from Helen Keller, will pilot the integration of NTDs into the national ICH policy in two HDs (Forécariah and Kindia). In the existing ICH program, five health centers are covered by the World Bank and four health centers by JHPIEGO/USAID in Forécariah, but the health center of the urban commune is not covered. In Kindia, seven health centers are covered by the Global Fund and two health centers by UNICEF within the framework of the convergence communes, but the health centers in the urban commune are not covered.

Act | West will support the transition to deliver NTD services through the ICH platform in the pilot districts and engage local municipalities in the implementation through cross-sectoral coordination. The pilot for NTDs will transition to be delivered by RECOs through door-to-door MDA over one month to continue providing a continuum of health services at the same time, which includes promotional, preventive, curative, and re-adaptive activities. The transition from CDDs to RECOs is an opportunity to support the GOG priority to improve access to primary health care at the community level and professionalize community health agents through formalized training, salary, and opportunities for professional growth, which would be expanded to include NTD services. The community health workers

are paid based on a performance contract, whereby RECOs receive GNF 450,000 per month, and ASCs, GNF 1,200,000 per month.

Training of MDA supervisors

In each HD, 11 staff members (one head of health center and ten ASCs) will be trained to supervise the MDA during a two-day training at the district level. It will be conducted by district trainers with the supervision of the NTDP and Helen Keller. The objective is to enable supervisors to correct anomalies observed in the field to improve treatment coverage in each health center catchment area. The training will include information on PC-NTDs, the use of management tools, and the supervision of community outreach activities including social mobilization and SAE management. The training will be evaluated through a pre-and post-test system for health center staff and ASCs.

Training RECOs for the MDA

RECOs and ASCs are required to have a higher level of education and are selected by the community. They receive extensive training on their package of services. In FY22, the training for RECOs will be done through a two-day training prior to the MDA. However, in the concept note development phase, it will be determined how the NTD training will be integrated into the integrated National curriculum for RECOs and ASCs, which would in the long-term reduce the need for annual training.

Each head of the health center will provide integrated training to the RECOs at the health center level for the MDA. The training will address the following topics: 1) knowledge of the NTDs (cause, consequences, and available treatments); 2) MDA (eligible population, dosage, completing the paper-based distribution registers, reports, and managing SAE/AEs); and 3) key messages to be transmitted to community members during the MDA to increase acceptance of the drugs (addressing the main reasons for refusal). The RECOs are trained with multiple role-play exercises, anticipating common issues that may arise during the drug distribution. These role-playing exercises constitute evaluations of the RECOs, and trainers correct any mistakes in a group setting as they complete the exercises.

In Guinea, NTD partners have a standardized MDA register used nationwide for the MDAs. RECOs will be trained on the use of these registers and will use them to collect treatment data during the MDA.

MDA Supervision

Supervision of the MDA will be conducted at all levels by ASCs, district level staff, regional level staff, the PNLMTN, 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, WhatsApp, and reports during the MDA. During the concept note development, it will be further discussed how to ensure the quality of implementation and monitoring tools that can be used during the MDA.

MDA

The FY22 MDA will be done in coordination with the 2022 DNGELM calendar to ensure there is not overlap with other campaigns. The model of delivery of the MDA will be modified under the pilot whereby the RECO is given a month to deliver NTD drugs within their catchment area, this results in fewer health workers needed to implement MDAs than in other district and could lead to future cost savings in the implementation of NTD programs.

- Social mobilization activities like other MDA HDs will include an MDA launch ceremony at the HD level and the broadcasting of radio messages about NTDs for 10 days before the MDA. For the two pilot

HDs, these radio messages will also be broadcast for the last 10 days of the distribution. Town criers will not be used in these HDs, however, the sensitization and mobilization of the population will be done by the RECOs during the period of drug distribution. This approach will be further refined during the concept note development.

- MDA drugs will be transported to the health district by the PCG at the same time as the other HDs targeted for MDA. After the MDA, health center managers will return any remaining NTD drugs to the HD level during the district data review meetings. After conducting a full inventory of the remaining drugs, unopened containers will be taken to the depots at the HD level where the PCG will retrieve them to be stored at regional depots.
- Opened containers will remain at the HD level as the PCG only stores unopened containers.
- Prior to the pilot, a two-day meeting will be held in Kindia region during the FAA signing, which will bring together officials from the MOH Community Health Directorate, DNGELM, PNLMTN, Helen Keller- Guinea and the Regional HSS advisor, FHI 360 HSS Lead, DPS Kindia, DPS Forecariah and DRS Kindia. The purpose of the meeting will be to develop and validate a concept note to further refine the approach and consider the sustainability of including NTDs into the ICH platform. This will include remote consultations with the PNLMTN in advance. The recommendations from the meeting will help guide the strategic approach for the effective implementation of the activity. Helen Keller will work closely with the HD management staff to build their capacity to manage funds for community health programs and supervise the implementation of NTD activities. To assess how the pilot will affect NTD activities in Guinea, Helen Keller will conduct a baseline assessment and post-evaluation analysis of the pilot—to understand the impact on coverage, cost, and delivery of NTD services before considering the next steps to scale up the approach, which will be done in consultation with the NTDP, USAID, and the Director for Community Health.

- **Other activities**

(N/A)

4. IR3 PLANNED ACTIVITIES: SCH, STH

4.1 Schistosomiasis

Previous and current FY activities and context

Mapping of one HD each in the regions of Faranah, Labé, and Mamou was conducted in 2009 and 2010 with support from OMVS. Mapping of one HD each in the regions of N'Zérékoré in 2010 and Kindia in 2011 was conducted with funding from Rio Tinto, with technical support from Helen Keller. Mapping of the remaining 33 HDs was completed from 2011 to 2014 with support from USAID (2011) and ENVISION (2012–2014). Overall, 31 out of 38 HDs were classified as endemic for SCH; 11,885,692 people were found to be at risk, of which 3,292,337 are SAC. SCH endemic districts were classified as follows: 12 districts as low-risk (>0 and <10%); seven as moderate-risk (≥10% and <50%); and 12 as high-risk (≥50%). Guinea's strategy is to control SCH in the 31 endemic HDs by the year 2025. SCH is co-endemic with LF in 21 HDs, with OV in 23 HDs, with STH in 15 HDs, and with trachoma in 16 HDs.

The current implementation strategy for the national program is morbidity control through MDA, with PZQ distribution targeting SAC ages 5 to 14 years through school- and community-based MDA. The MOH recognizes that control may not be possible through MDA alone and that continuous treatment and scale-up have been impeded by political instability (2013) and the EVD outbreak. Among the endemic HDs, 17 have been treated at least once with PZQ since 2010, but these treatments were irregular over

the years. From 2013 to 2015, MDA was not conducted due to operational constraints directly linked to national elections and the EVD epidemic. The PNLMTN decided that SCH control efforts will be integrated with STH in co-endemic HDs and where no LF/OV MDA has been implemented.

In FY18, the PNLMTN conducted MDA in 24 HDs. Three HDs implemented a triple-drug integrated treatment strategy with IVM + PZQ + ALB (or IPA strategy) in LF/OV/SCH/STH co-endemic HDs. The IPA MDA was a pilot project, and results indicated that sufficient programmatic coverage was achieved in each HD. The IPA MDA has since been carried out in 12 HDs in FY20 and is planned in 20 eligible HDs in FY21 with USAID support.

Please see Tables 5a-b: SCH (USAID supported SCH coverage and DSAs for FY20-FY22)

Plan and justification for FY22

MDA

The PNLMTN will conduct the integrated LF/OV/SCH/STH MDA in 13 HDs—ten HDs with Act | West support and three HDs with Sightsavers/Give Well support (see above under IR1).

DSA

No DSAs for SCH are planned in FY22.

SCH data analysis/desk review in subdistricts

According to a WHO report, over the past four years, a huge quantity of unused drugs after MDA has been reported due to failures in the supply chain management of donated drugs and suboptimal treatment coverage. WHO/ESPEN has recommended sub-district mapping to minimize drug wastage and optimize SCH control.

In May 2020, WHO/ESPEN provided an orientation to Guinea NTD program stakeholders on the analysis of SCH data by sub-district. This orientation shows that 244 sub-districts lack basic mapping data. Thus, a technical committee composed of the PNLMTN, Helen Keller, and Sightsavers was set up to review existing data and propose effective strategies for treatment in the sub-districts. At present, the data collected are being analyzed by the committee, but there is still missing data to be collected at the HD level. The PNLMTN has requested these data from the HDs; however, it has been noted that the staff completing this request at the HD level need additional training on how to complete the data Excel sheets correctly. At the request of WHO/ESPEN, the PNLMTN has submitted a request to WHO/ESPEN for financial support to train the health agents responsible for this task. The PNLMTN is still awaiting a response from WHO/ESPEN on the request. Once data collection is complete, the results will be presented to WHO/ESPEN at a date to be determined (LOE only). Following the presentation, TA may be provided by WHO/ESPEN, Helen Keller, and partners to facilitate analysis to move forward with treatment at the sub-district level.

4.2 Soil-Transmitted Helminths

Previous and current FY activities and context

Mapping of Guinea's 38 HDs for STH was completed in 2014 using Kato Katz in conjunction with SCH mapping, described above. Overall, STH endemic districts were classified as follows: 9 HDs as low-risk ($\geq 20\%$ and $< 50\%$) and 8 as high-risk ($\geq 50\%$). The at-risk population requiring MDA is estimated at 4,899,135. Of the 17 endemic HDs, 15 HDs are co-endemic with LF, 14 with OV, 15 with SCH, and 9 with trachoma. Guinea's goal is to control STH (reducing prevalence rates to $< 1\%$ and therefore classifying

HDs as no longer needing MDA) by 2025; however, the government is aware that control may not be possible with once-yearly MDA, without significant improvements in hygiene and sanitation. As with the other NTDs, treatment schedules have been irregular because of challenges during the past three years due to political instability and the outbreak of EVD.

Since 2010, 17 HDs have received one or more rounds of treatment for STH. MDA did not take place in 2013 due to operational constraints linked to national elections. In FY14, due to the EVD outbreak, just one of the 15 HDs targeted for STH treatment (Guéckédou) received MDA. In FY17, the PNLOC/MTN conducted STH MDA in 17 HDs: 13 with ENVISION support and two HDs each with support from Sightsavers and OMVS/CRS. In FY18, the PNLOC/MTN conducted MDA in 15 HDs, including 11 with ENVISION support, two with CRS/OMVS support, and two with Sightsavers support. All these 15 HDs reported sufficient coverage. The 13 ENVISION-supported HDs were co-endemic with LF, and an integrated treatment for LF/STH was implemented (namely ALB + IVM). However, among these 13 HDs, seven have prevalence rates requiring two rounds of treatment per year, according to WHO STH treatment guidelines, and the PNLMTN is seeking funding for this second round. In FY20, the PNLMTN conducted MDA in 17 HDs—13 with Act | West support, two with OMVS/CRS support, and two with Sightsavers support. All these HDs reported sufficient coverage. The 13 Act | West-supported HDs were co-endemic with LF, and an integrated treatment for LF/STH was implemented (namely IVM + ALB).

Please see TABLES 6a-b: SCH (Ongoing partner support for STH MDA and DSAs FY20-FY22)

Plan and justification for FY22

MDA

In FY22, 15 HDs in total will be treated for STH (integrated with LF/OV/SCH—see above IR1 section)—13 HDs with Act | West support and two HDs with Sightsavers (Give Well).

DSA

No DSAs are planned for STH in FY22.

SCH/STH tracker

An SCH/STH tracker was developed to assist the PNLMTN to collate historical SCH/STH parasitological survey data in USAID-supported countries—including baseline mapping, sentinel site, impact assessments, etc., since the start of the SCH/STH program. The tracker is an Excel spreadsheet that collects SCH/STH data recorded both at the community and Implementation Unit (IU) level. The tracker has several objectives: to unite multiple sources of data in a single database; assist PNLMTN in monitoring disease trends and change over time; facilitate communication of results and selection of districts for Impact Assessments; and enable an evidence-based conclusion to tailor SCH/STH control at the IU level. This includes being able to move from district to sub-district level MDA or even track progress towards elimination of SCH/STH as a Public Health Problem (EPHP) in certain areas. Act | West will work with the PNLMTN to continue to populate the SCH/STH tracker in FY22.

1. APPENDICES

Appendix 1. Table of Supported Regions and Districts in FY22 by all partners in country (including non-USAID-supported partners)

Attached separately

Appendix 2: Strategic Planning Support

Meetings of the NTD Steering Committee (one meeting, 35 participants), presided over by the Minister of Health or SG

Location: Conakry

The National Director of Major Endemic and Disease Control or the Secretary General of the Ministry of Health chairs the NTD Steering Committee. Among the members of this committee are the representatives of PNLMTN, National School and University Health Service (SNSSU), Community Health, Ministry of Budget, WHO, Helen Keller, Sightsavers, CRS, OPC, WASH sector, and Plan Guinea. The committee meets once a year for one day to inform the authorities and national partners about the implementation of NTD activities and the difficulties encountered in determining interventions.

(Budgeted under Helen Keller Strategic Planning)

PC-NTD technical working group quarterly meetings (four times/year, 30 participants)

Location: Conakry

The one-day meetings of this technical group will take place every three months, for a total of four meetings throughout the year. Participants include representatives of MOH, Helen Keller, WHO, Sightsavers, CRS, SNSSU, and WASH sectors. These meetings will focus on the implementation of integrated MDA campaigns and coordination of partners' interventions to support standardization, complementarity, and synergies, and for shared learning and programming. The group does not only discuss MDA; the meetings are also an opportunity to discuss any points related to improving NTD control/elimination (multisectoral coordination, social inclusion, WASH). Act | West will cover refreshments for the four meetings, and the other partners will contribute toward the remaining costs of the meetings. ***(Budgeted under Helen Keller Strategic Planning)***

MDA planning and FAA refresher workshop for seven regions (1 day, 20 participants)

Location: 6 regions (Boké, Faranah, Kankan, Kindia, Labé, Mamou, and N'Zérékoré)

Location: Mamou

This is a one-day meeting during which Helen Keller and PNLMTN will explain the FAA procedure to the national stakeholders (regional staff). This meeting involves executives of the regional health directorates including PNLMTN managers, regional directors, and finance officers who will afterward explain the FAA procedures and the budget to prefectural health directors and finance managers. This meeting will be used to request possible dates for MDA implementation. ***(Budgeted under Helen Keller Strategic Planning and PNLMTN FAA 1)***

OV experts committee meeting in Conakry after validation of the elimination plan (two meetings, 25 participants)

Location: Conakry

The Act | West program will partially support the PNLMTN to conduct two OV Expert Committee (OEC) meetings in March and August, respectively. The OEC was set up by the MOH to advise and guide the NTD program towards OV elimination in Guinea. It advises both the NTD program and the Minister of Health on how to achieve OV elimination targets in the country. The OEC brings together the coordinators of the NTD program, INGOs supporting the programs, WHO, and international and national experts to discuss general policy direction to guide the MOH on achieving OV objectives. The OEC will

produce a list of critical activities—such as identification of breeding sites, epidemiological surveys, and plans for investigating the hypo-endemic HDs and the stop of OV MDA. It is expected that the first meeting planned for FY22 will discuss the MDA results and the entomology activities implemented. Afterward and following the recommendations from this first meeting, the PNLMTN will implement the action points. The second meeting, around six months after the first, will report and review activities undertaken and develop the next steps for the next year. The meetings will also discuss advocacy for NTDs, resource mobilization, and sustainable funding. ***(Budgeted under Helen Keller Strategic Planning)***

Development of the NTD Master Plan (3 days, 23 participants)

Location: Conakry

Since 2010, Guinea has had a NTD Master Plan (2011-2015) to strengthen actions to combat NTDs. This plan has led to the development of a master plan (2019-2023) to take into account the global challenges set by the WHO for the control and elimination of NTDs. A new master plan will align with the recent publication of the new roadmap for NTDs (2021-2030) by WHO, and the recommended guidelines for achieving the sustainable development goals.

In FY22, with support from Act to West, the PNLMTN will update the master plan based on the new roadmap and available reports of activities carried out from 2019-2023. Technical support from WHO will be requested to support the PNLMTN in developing the new master plan and Act | West will support a meeting in Conakry to finalize and validate the master plan with all stakeholders.

(Budgeted under Helen Keller Strategic Planning)

FY23 Act | West work plan meeting (one meeting, 30 participants)

Location: Conakry

Act | West will support the PNLMTN to organize a three-day workshop in July 2022. The purpose of the workshop is to review 2022 NTD activities and to plan for FY23 activities together with stakeholders. The work plan meeting will follow two steps:

2. First, the MOH will organize a two-day data review workshop in May or June of 2022 to review FY22 NTD activities and plan all FY23 activities of the national NTD program to be supported by all the NTD implementing partners in Guinea. The workshop participants will include the MOH, NTD Program team, Assembly, NTD partners already involved in Guinea (USAID/ FHI 360/Helen Keller, WHO, OMVS, SNSSU, Plan Guinea, Sightsavers, the World Bank, Speak of Africa and OPC), PCG, and WASH partners. This meeting will enable partners, including the PCG, to better coordinate activities. This workshop is fully funded by MOH.
3. Following the above workshop and based on the overall national NTD plan for FY22, Act | West, the NTD Program team and USAID/FHI 360/Helen Keller will meet for one day to discuss and decide on the FY23 workplan to be supported by USAID. Participants include representatives from MOH and Helen Keller.

(Budgeted under Helen Keller Strategic Planning)

Workshop for the development of the PNLMTN 2022 annual action plan (17 participants)

Location: Kindia

In December 2018, the NTD Strategic Plan 2019–2023 was validated at the NTD technical group meeting supported by ENVISION. To help the country move forward, priorities must be identified each year along with an operational plan that determines the annual program’s objectives and strategies for achieving these. The plan will specify the annual budget, resources, and activities/research priorities that give effect to the action plan during a given fiscal year.

In FY22, Act | West will provide financial and technical support to the national program to develop its 2022 annual action plan. This plan will be developed during a four-day workshop early in 2022 (January) with the participation of all partners (WHO, Helen Keller, Sightsavers) involved in NTD control activities. ***(Budgeted under Helen Keller Strategic Planning and PNLMTN FAA 1)***

Appendix 3: NTD Secretariat Support

Communication, office supplies and maintenance costs, and Internet connection for a year (Budgeted under Helen Keller NTD Secretariat)

Support from Act | West to the NTD Program Secretariat will continue in FY22 and will provide a working framework that supports the proper implementation of NTD activities based in a GOG-operated building. During FY22, the PC-NTDU will receive the following Act | West support:

- Internet connection with a subscription for a year. This connection will serve the entire NTD program, spread across three NTD buildings in a single courtyard for approximately 20 people. MOH will assume this responsibility after FY22 (two years' support was planned, and this support started late in FY20).
- One printer will be purchased for the PC-NTD unit.
- Purchase of airtime for mobile phones of PC-NTDU staff.
- Regular deliveries of office supplies.
- Preventive maintenance and repairs of two PC-NTDU vehicles.

Appendix 4. Building Advocacy for a Sustainable National NTD Program

Celebration of World NTD Day

Location: Kindia

The third annual World NTD Day will be held on January 30, 2022, to celebrate the anniversary of the 2012 London Declaration on NTDs. The PNLMTN, with financial and technical support from Act | West, will organize an event to celebrate World NTD Day to inform the population and a variety of stakeholders about the significance of NTDs and the activities the GOG is doing to combat them. Various potential partners (embassies, mining companies, NGOs, and United Nations agencies) will be invited to the event to create interest, obtain other types of investments, and identify potential synergies. The activities scheduled during the World NTD Day include the following:

1. Broadcasting of a speech from the MOH on national television and on some private radio stations (Espace FM, Sabari FM).
2. An awareness and advocacy workshop on NTDs and global efforts to fight these diseases. It will bring together political and administrative authorities (Governor, prefect, mayor, education and health officials, religious leaders, and representatives of women and youth) from the HD of Kindia.
3. Development of a mural representing NTDs in the HD of Kindia to sensitize even illiterate communities about the diseases.
4. Production of a video on NTDs and the broadcasting of video clips on national and private television stations.
5. NTD drama sketches/skits prepared and performed by a theater group. These sketches will be prepared in collaboration with the PNLMTN and Helen Keller.

The media will cover the event and conduct several interviews. Roundtables will be recorded and used as communications tools on MDA. ***(Budgeted under Helen Keller Advocacy and the PNLMTN FAA 1)***

Appendix 5. Social Mobilization to Enable NTD Program Activities

In the context of the COVID-19 pandemic, a specific strategy will be adopted to reassure the public about drug safety and to counter any rumors about the MDA campaign. Social mobilization activities will aim to inform the population about the diseases, their causes, and consequences for the communities; the existing treatment; and the target population. They will provide information about when, where, and how to receive treatment and information about how to reduce side effects and what to do if they occur. This strategy will require intense communication efforts with the media and community leaders.

Table A1: Social mobilization channels, messages, and rationale

IEC activity or material to be supported	Key messages (as applicable)	Location and frequency	Briefly describe how this material/message is shown to be effective at increasing MDA participation
Broadcasting of a documentary on LF/OV/SCH/STH for the MDAs	Broadcasts of MDA documentary focusing on the MDA targets by disease	HDs conducting MDA	
Broadcast of the health messages	Broadcasts on MDA developed focusing on the MDA targets by disease and information about the times of the MDA	National and various private televisions; two broadcasts per day before and during the MDAs	Dissemination of health messages for public awareness and information on the MDAs. These health messages will be broadcast on national TV and radio and various private station radio/television. Central-level interviews will be broadcast on national television and radio stations. Local interviews will be broadcast through local radios aimed to reach those who do not have access to televisions. In rural areas, past coverage surveys showed that radio messages were a primary source of information about the MDA.
MDA Launch (national level)	MDA campaign launch ceremonies at the national level to help encourage greater population mobilization	Kankan	This national launch allows high visibility of the distribution activities and reassures the population by highlighting the various administrative, political, and religious authorities.

Use of MDA IEC materials (T-shirts, caps)	Identification of CDDs as official distributors for NTD campaign	CDDs wear T-shirts daily during the campaign	T-shirts allow for recognition of the CDDs during the MDA, which serves as additional social mobilization and promotion of the MDA.
Town criers	Providing dates and location of MDA; drugs are safe at preventing NTDs	Five days prior to MDA, then every day during MDA in that district	Coverage surveys showed that town criers were a primary source of information about the MDA.
Local radio broadcasts	Providing dates and location of MDA, NTDs to be treated, other social media Call-in Q&A show to allay fears about NTDs	From each local station to the targeted districts starting one month prior to MDA until the end of the campaign in the listening area	Coverage surveys showed that radio was a primary source of information about the MDA.

Broadcasting of a documentary on LF/OV/SCH/STH for the MDAs

To strengthen advocacy for NTDs, broadcasting on national/private television of documentaries produced in conjunction with the MDA campaigns on NTD control efforts, particularly in the context of COVID-19 and EVD, is essential. These broadcasts will provide visibility to PNLMTN interventions and also advocate for the mobilization of resources for the fight against NTDs.

(Budgeted under Helen Keller Social Mobilization)

National MDA campaign launch ceremony for LF/OV/SCH/STH MDAs

Location: N'Zérékoré

The launch will take place in one of the targeted regions for MDA. The launch is intended to create high levels of public, government, and partner participation in the campaign. We expect to involve USAID (Guinea Mission as well as Washington, if possible), FHI 360 Washington, and a very high-level participation of GOG. This national launch is also a platform to encourage government decision makers and companies to take NTDs into account in their development plans. This approach has produced good results in the previous campaigns, reassuring certain communities that were reluctant to take the drugs. By viewing community leaders taking the drugs, community members were more likely to take them as well. The success of this approach can be seen in community adherence and the good treatment coverages obtained.

(Budgeted under Helen Keller Social Mobilization and PNLMTN FAA)

National broadcasts about NTDs on national TV for LF/OV/SCH/STH MDAs

Act | West will support the MOH/PNLMTN to develop messages for the MDA, record them, and have these messages broadcast on TV and national radio and community radio. Before the MDA campaigns, the NTD national coordinator and Chief of Unit and Helen Keller's country director will be interviewed by a journalist from national television. The broadcast of these interviews will contribute to social mobilization efforts. Interview topics will cover the different PC-NTDs, their consequences in Guinea, and the strategies currently deployed by the MOH and its partners. These interviews will be broadcast before and during the MDA campaign on the national TV channel and national radio station. Similar interviews will be organized by the head of each HD, with well-known and trusted individuals (including the MOH regional director, a doctor, or another well-known local medical expert). These local interviews will be broadcasted on local radio stations. This kind of communication will enable the leaders to dispel misconceptions regarding the recent AEs and answer the most frequently asked questions on PC-NTDs. ***(Budgeted under Helen Keller Social Mobilization)***

Production and use of MDA IEC materials (T-shirts, banners, and caps) for use in 25 Act | West-supported HDs

T-shirts (17,024), banners (250), and caps (17,024) will be produced for CDDs and supervisors involved in the MDA campaigns at HDs supported by Act | West. The T-shirts and caps will be a way of recognizing the actors involved in the distribution. They also support social mobilization and promotion of the MDA. ***(Budgeted under Helen Keller Social Mobilization)***

KAP survey on the use of IEC materials (image boxes, image boards) for NTDs

In order to assess the perceptions of MDA beneficiaries and to provide useful information for the development of strategies in relation to information/education/communication (IEC) on NTDs, the PNLMTN will plan a survey on the knowledge, attitudes, and perceptions of IEC messages/materials in HDs during MDA campaigns. This will be a qualitative survey of a sample of beneficiaries in seven regions to discuss their knowledge and perceptions of NTDs, the achievements of MDA campaigns, the constraints, their practices in the MDA, and the major difficulties as well as recommendations for the sustainability of the interventions.

PC-NTD orientation workshops for community leaders to manage rumors in the context of COVID-19 and support community buy-in to MDA

Location: 25 Health Districts

As was done in previous years, the HD teams will invite a group of community and religious leaders from the sub-prefectural and health centers to participate in an HD-level orientation workshop before the MDA in all 25 HDs supported by Act | West. The context of COVID-19 pandemic, which has led to the spread of additional rumors about community health activities, may hinder the smooth running of the MDA activities. The PNLMTN, in collaboration with Helen Keller, plans to combine management of rumors with the orientation of community leaders at the workshop in each targeted HD. In past years, these workshops, which aimed to publicize the NTD program, proved to be very useful and exceeded expectations. The workshops will also be useful in reducing the number of refusals in the context of the COVID-19 pandemic and preventing rumors about the campaign. They will provide more information on the targeted NTDs (including the symptoms of NTDs and drug AEs) and messages that can be used to counter the rumors/misinformation, along with techniques leaders can use in sharing messages and answering questions in their communities. Information on ways to minimize AEs, such as ensuring that children do not take the drug on an empty stomach, will be provided. Previously produced laminated cards with pictures will be distributed to the leaders to aid in conveying correct information. Those trained will then train other community leaders in their sub-prefectures to distribute the messages.

PNLMTN and Helen Keller staff will oversee each of these two-day activities to strengthen social mobilization and manage rumors. This will involve organizing community talks with the community in each health center. As part of the workshops, women, youth associations, and resource persons in each sub-district will be invited to take part in a day-long dialogue on NTDs. ***(Budgeted in PNLMTN and Region Level FAAs)***

Local broadcasting about NTDs on local radio in 25 HDs

In each targeted HD, before and during each MDA, local community radio stations will transmit information about diseases targeted by the specific MDA, the targeted population (whole population aged five years and up for LF/OV MDA, and SAC for SCH MDA, respectively), the drug distributed and where/how). ***(Budgeted in Region Level FAAs)***

Town Criers for Act | West-supported MDA in 25 HDs

In rural areas, Act | West will pay to hire public criers to share information on the MDA (disease targeted by the treatment, importance of treatment, the distribution date, location, strategy, target population, and treatment safety) in all sectors and villages in the target HDs. ***(Budgeted in Region Level FAAs)***

Mobile sound system for Act | West-supported MDA in 25 HDs

In urban areas, the project will support the transmission of messages using vehicles equipped with loudspeakers for those people who do not listen to the radio. ***(Budgeted in Region Level FAAs)***

Broadcast of short programs and roundtable discussions on local radio during MDA in 25 HDs

Roundtable discussions will be organized by the head of each HD with well-known and trusted individuals (including a staff of the district executive team, a doctor, or another well-known local medical expert). This kind will enable the leaders to discuss the subject in greater detail and answer the most frequently asked questions on PC NTDs. With Act | West support, these short programs and roundtable discussions on the PC-NTDs will be broadcasted on rural radio and community radio during in districts during MDA. ***(Budgeted in Region Level FAAs)***

Appendix 6. Training

Act | West will support refresher training for those already trained and full training of any new staff among the pool of MDA supervisors at the central level. A series of trainings will then be held in each targeted health region and district before each MDA to ensure the campaign is managed effectively. To ensure high-quality training, each HD is asked to develop terms of reference, use the NTD training manual, and administer the pre- and post-tests to measure knowledge acquisition at the beginning and end of the training. The tests are adapted to each health level and are designed to verify that the trainees have the minimum knowledge and skills necessary to conduct the MDA campaign. (A practical test will be given to the CDDs.) Lessons learned from FY21 will be carried through to the refresher training and updated training in FY22.

The SCT will be used in the supervision of LF MDA in the 11 HDs. Implementing **this activity does not require any additional costs**. Prior to supervision, first-level supervisors (proximity supervisors, district supervisors) will be trained on the SCT methodology (supervision zones, random selection of households to be surveyed, selection of persons to be interviewed, interpretation of results, and development of an action plan) during the training of health center managers. The objective is to enable supervisors to correct anomalies observed in the field in order to improve coverage rates during the campaigns. The

SCT will be implemented between the third and fourth day of the campaign with teams composed of a supervisor and a census taker or recorder.

Refresher training of national supervisors on NTDs (25 participants)

In order to maintain good coverage rates and high-quality campaigns, Act | West will support the PNLMTN for the refresher training of 25 national supervisors in Kindia. These supervisors will be trained for two days (one day to train on the disease and the other day to review the tools) by PC-NTDU staff. The training will include information on PC-NTDs and the key MDA activities (training of health workers and CDDs, social mobilization, drug distribution, management of SAEs, and MDA data analysis) and use of SCT methodology (supervision zone, random selection of households to be surveyed, selection of persons to be interviewed, interpretation of results, and development of an action plan). The objective is to enable supervisors to correct anomalies observed in the field in order to improve coverage rates before the pre-TAS. The trainers will conduct pre- and post-tests to assess the supervisors' levels of knowledge on NTDs before and at the end of the training. The PNLMTN will evaluate these national supervisors based on the results obtained in the HDs, the number of problems recorded, the solutions proposed to these problems, and the overall performance of the HDs. ***(Budgeted under Helen Keller Training and PNLMTN FAA1)***

Refresher training of trainers for MDA (25 participants)

Act | West will support the DRS to ensure the training of trainers held in the appropriate administrative regions. A total of 25 trainers from the 25 HDs in seven regions targeted in FY22 will be trained for two days. The training will focus on an overview of PC-NTDs, the key MDA activities (training of health workers and CDDs, social mobilization, drug distribution, management of SAEs, and MDA data analysis) and use of SCT (supervision zone, random selection of households to be surveyed, selection of persons to be interviewed, interpretation of results, and development of an action plan) during the training of health center managers. The objective is to enable supervisors to correct anomalies observed in the field in order to improve coverage rates before the pre-TAS. The trainers will conduct pre- and post-tests to assess the supervisors' levels of knowledge on NTDs before and at the end of the training. ***(Budgeted under Helen Keller Training)***

Training of health center staff for MDA (616 participants)

For each HD supported by Act | West, the HD trainers will provide integrated training on MDA campaign to two staff members from their respective health center (the head of the health center and his/her assistant), plus a journalist, a member of the hospital staff, and three other supervisors from the HD team. The training will include information on PC-NTDs, the key MDA activities (training of CDDs, social mobilization, drug distribution, management of SAEs, and MDA data analysis) and use of SCT (supervision zone, random selection of households to be surveyed, selection of persons to be interviewed, interpretation of results, and development of an action plan). The objective is to enable supervisors to correct anomalies observed in the field in order to improve coverage rates before the pre-TAS. Training is evaluated with the use of a pre-test and post-test system for the health center staff and teachers. The supervisors will do multiple role-play exercises, anticipating common issues that may arise the drug distribution. ***(Budgeted under Helen Keller Training and Region Level FAAs)***

Training of CDDs (15,160 participants)

Two health center staff members will provide integrated training to the CDDs at the health center level for the MDA. The training will address the following topics: 1) knowledge of the NTDs (cause, consequences, and available treatments); 2) MDA (eligible population, dosage, completing the distribution registers, reports, and managing AEs); and 3) key messages to be transmitted to

community members during the MDA to increase acceptance of the drugs (addressing the main reasons for refusal). The CDDs are trained with multiple role-play exercises, anticipating common issues that may arise during the drug distribution. These role-playing exercises constitute evaluations of the CDDs, and trainers correct any mistakes in a group setting as they complete the exercises. ***(Budgeted under Helen Keller Training and Region Level FAAs)***

Quality Improvement (QI) activities to improve MDA planning /coverage and drug management: four learning sessions in continuation of the FY21 QI activities

In FY21, the PNLMTN and Helen Keller put measures in place to ensure and improve the quality of NTD activities, including revision of MDA tools/materials, training of staff (PNLMTN and Helen Keller) on the use of the SCT tool, and strengthening supervision.

The implementation of the QI framework will strengthen these measures. QI consists of systemic and continuous actions that lead to measurable improvement. The QI methodology includes identifying the problem, conducting a root cause analysis of the problem, determining the package of change ideas through system thinking, developing an action plan to address the problem, establishing a PNLMTN QI team to test and implement the action plan, assessment, and review of the results.

In June 2021, the national program and Helen Keller Guinea were trained on the FHI 360 QI model, followed by development of the QI action plan. This training was facilitated by FHI 360 Implementation Management Lead and Helen Keller Quality Implementation Lead. They also provided TA to the whole QI process. The next activities/steps in FY 22 will be establishing QI teams at the sub-district level (HD staff involved in NTDs, health professionals at peripheral health center, CDDs, and community leaders). QI team members will be trained and mentored in the use of QI tools based on system thinking and implementation of the QI action plan and will share lessons learned and challenges. The QI plan of action will be reviewed with the support of the coaches according to the monitoring system put in place with the action plan. Best practices will be documented, and new sites selected for implementation. QI promotes local subdistrict NTD team ownership and performance improvement during micro-planning. ***(Budgeted under Helen Keller Training and PNLMTN FAA1)***

Refresher training for trainers and surveyors for the pre-TAS (16 participants)

Prior to the Pre-TAS in FY21, Act | West supported the training of trainers and surveyors. In FY22, Act | West will support the two-day training of four surveyors and the retraining of 12 surveyors. A training component for EDC will be included in the training of surveyors with support from the Helen Keller and FHI 360 MEL teams. Helen Keller–Guinea already has experience using EDC for Pre-TAS DSAs and during MDAs. The Pre-TAS protocol will be developed by the PC-NTDU in collaboration with Helen Keller and FHI 360, who will approve all protocols prior to training and survey implementation. The survey protocol will include one sentinel and one spot check site for each implementation unit (IU). ***(Budgeted under Helen Keller Training)***

Training of national trainers and surveys teams on TAS (35 participants)

In advance of the planned TAS 1 surveys that will take place in FY22, Act | West will conduct a four-day TAS training at Forécariah for the national trainers and surveyors on the TAS methodology. As this is Guinea’s first TAS, Act | West technical staff will provide TA during the training of the survey teams to ensure that the national-level and lower-level survey participants are properly trained. A training component for EDC will be included in the training of surveyors with support from the Helen Keller and FHI 360 MEL teams. TAS protocol will be developed by the PC-NTDU in collaboration with Helen Keller and FHI 360, who will approve all protocols prior to training and survey implementation. The survey

sample builder will be used to select clusters (school or community) for TAS. **(Budgeted under Helen Keller Training)**

The protocol will outline proper quality control measures, including:

- The use of positive control to test FTS upon arrival in-country and prior to field use.
- Proper storage of FTS in a cool and dry facility.
- Use of the WHO LF diagnostic feedback form and inclusion in the survey report.
- Immediate confirmatory second testing of positive cases.
- Use of the TAS supervisor’s checklist.
- Treatment of confirmed positive cases and their immediate family. If a cluster of positives is identified in a given village, the entire village is treated.
- Sensitization to create community awareness of measures to prevent transmission of COVID-19.

Table A2: Summary of groups, topics, numbers to be trained, and location of Act | West training

Training Groups	Training Title	Training Topics	Number to be Trained			Number of Training Days	Location	Other funding partner (if applicable) and what component(s) they are supporting
			New	Refresher	Total			
MDA-DSA related training (IR1 and IR3)								
Supervisors	Refresher training of national supervisors on NTDs	<ul style="list-style-type: none"> • Training for CDDs and health workers • Drug distribution • SAEs management • MDA data analysis • SCT 	1	24	25	2	Kindia	
Trainers	Refresher training of trainers	<ul style="list-style-type: none"> • Training for CDDs and health workers • Drug distribution • SAEs management • MDA data analysis • SCT 		25	25	2	Regions	
Health workers	Training of health center staff for MDA	<ul style="list-style-type: none"> • Training for CDDs • Drug distribution • SAEs management • MDA data analysis • SCT 			614	2	Districts	
CDDs	Training of CDDs	<ul style="list-style-type: none"> • Knowledge of MDA • Drug distribution • Key messages 			15,160	2	Health centers	
External supervisors	Training of external supervisors for MDA	<ul style="list-style-type: none"> • EDC • SCT • MDA supervision 	12		12	2	Conakry	
TSS surveyors	Refresher training of surveyors	<ul style="list-style-type: none"> • TSS methodology • EDC 		10	10	4	Kankan	

Pre-TAS trainers and surveyors	Training of national trainers and survey teams on pre-TAS	<ul style="list-style-type: none"> Pre-TAS methodology EDC 	4	12	16	2	Conakry	
TAS trainers and surveyors	Training of national trainers and surveys teams on TAS	<ul style="list-style-type: none"> TAS methodology EDC 	21	14	35	4	Forecariah	
Health Systems Strengthening related training (IR2)								
TIPAC Data Entry Workshop		<ul style="list-style-type: none"> 	25	0	25	5	Conakry	

Appendix 7. Short Term Technical Assistance

N/A

Appendix 8. Fixed Amount Awards

Table A3: FAA recipients, activities supported, and dates

FAA recipient (split by type of recipient)	Number of FAAs	Activities	Target Date of FAA application to USAID
Central Level Governments (1 st FAA)	3	<ul style="list-style-type: none"> TSS in 12 HDs Pre-TAS in 11 HDs TAS in 13 HDs Supervision of training of trainers for MDA in seven regions Celebration of World NTD Day MDA campaign lunch ceremony Supervision of PC-MTN orientation workshop for community leaders, training of health workers, social mobilization, MDA, and data review meeting National MDA data review meeting in Conakry MDA data review meeting at district and regional levels Workshop to review the annual NTD program action plan for 2022 Meeting on progress towards trachoma elimination dossier MDA planning and FAA refresher workshop of six regions Training/orientation of national supervisors on PC-NTD control in Forécariah Training of pharmacists of district for drug management in Mamou Quality Improvement (QI) activities to improve MDA planning /coverage and drug management: four learning sessions in continuation of the FY21 QI activities Trachoma Desk Review in 2 HDs (Coyah and Dubreka) and in 5 communes in Conakry (Kaloum Dixinn, Matam, Ratoma and Matoto) Annual meeting of multisectoral committee on NTDs among WASH, Education, Health, and Social Action 	November 2021
PCG	1	<ul style="list-style-type: none"> Drug storage and security Quarterly meetings between PCG-PNLMTN-Helen Keller on drug management Transport of drugs to districts for MDA Reverse logistics of post-campaign drugs from district to PCG regional 	November 2021

Regional Level Governments (1 st FAA)	9	<ul style="list-style-type: none"> ▪ Supervision of MDA ▪ Data review meeting ▪ PC-MTN orientation workshop for community leaders ▪ Training of health workers ▪ Training of CDDs ▪ Social mobilization ▪ Drug supply and commodity supply management ▪ Supervision of MDA ▪ Data review meeting ▪ Implementation of NTD activities through community health platform in 2 HDs (embedded in Kindia FAA MDA costs) 	November 2021
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Appendix 9. Timeline of Activities

Attached separately

Appendix 10. Maps

Attached separately

Appendix 11. Country Staffing (Prime + Subs as applicable)

Attached separately

Appendix 12. Additional Tables/Annexes (optional)

N/A

Appendix 13. FY21 Activities Delayed/Rescheduled to FY22 Due to COVID-19

Table A4: Activities carried over from FY21 to FY22 due to COVID-19

	Budget category(s)	Brief activity description
1	Social Mobilization	Production of MDA IEC Materials
		Supervision of PC-NTD orientation workshop for community leaders
	Training	Supervision of training of supervisors/Health workers/Teachers in 6 health districts MDA
		Supervision of training of CDDs in 6 districts for MDA LF/OV/SCH MDA
		Supervision of training of CDDs in 5 districts for MDA LF/OV/SCH
		Supervision of training of CDDs in 6 districts for MDA LF/OV/SCH MDA
		Supervision of Refresher training of trainers for MDA of 9 HDs and 3 regions in Labé, Mamou and N'Zérékoré MDA
	MDA coverage	LF/OV/STH MDA in 9 HDs
	Supervision	Supervision of LF/OV/STH MDA

	Monitoring and Evaluation	Trachoma Impact Survey in Dinguiraye
		MDA data review meeting at district and regional levels
	Governance	TIPAC Data Analysis workshop to support advocacy with central government and local government (Deloitte)

Appendix 14. Budget (confidential)

Attached separately

Appendix 15. Budget Narrative (confidential)

Attached separately