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# Act to End Neglected Tropical Diseases | West FY 2024 Workplan–Guinea October 1, 2023–September 30, 2024

Submitted by: Bolivar Pou  
Senior Program Director  
[bpou@fhi360.org](mailto:bpou@fhi360.org)  
Act to End NTDs | West  
FHI 360

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## ACRONYM LIST

AE	Adverse event
Ag	Antigen
ALB	Albendazole
APOC	African Program 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
DBS	Dried blood spot
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	<i>Organisation pour la mise en valeur du fleuve Sénégal</i> (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-CTP	National Program for Neglected Tropical Diseases Control to Preventive Chemotherapy
PNLOC/MTN	National Program for the Control of Onchocerciasis and Blindness/Neglected Tropical Diseases
PNLMTN-PCC	Programme National de lutte contre les Maladies Tropicales Négligées à Prise en charge des cas
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
SMM	Sustainability Maturity Model
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
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 km<sup>2</sup>. 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 2.6%, the population of Guinea is projected to be 13,989,796 by 2024.

Guinea's administrative structure is composed of eight regions: Boké, Faranah, Kankan, Kindia, Labé, Mamou, N'Zérékoré, and Conakry. Conakry (capital city) 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, with a total of 38 health districts (HDs) and 323 sub-districts in the country. Guinea is further divided into 343 urban and rural communes, including the five communes of Conakry. Guinea has a total of 1,196 health outposts, 444 health centers, nine higher-level health centers, 26 prefectural hospitals, nine commune medical centers, seven regional hospitals, and three national hospitals.

Neglected tropical diseases (NTDs) are a recognized priority of the Ministry of Health (MOH) in Guinea, included in both the Strategy for the Reduction of Poverty (DSRP III 2013–2015) and the National Plan for Health Development (PNDS) 2015–2024, which stipulates that mass drug administration (MDA), morbidity management, and any other treatment for NTDs will be scaled up to reach all endemic districts by 2024. The PC-NTDs indicators within the PNDS performance framework include the reduction of prevalence below the disease-specific transmission thresholds. Additionally, Guinea developed a new PC-NTD Strategic Plan for 2023–2027, which provides program goals, objectives, and yearly strategies based on an extensive situational analysis of the former Strategic Plan. This new Strategic Plan was technically validated in August 2023 and dissemination of the plan is scheduled for November 2023 (FY23 rollover activity).

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

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

The Act to End Neglected Tropical Diseases | West (Act | West) program supports Guinea in the elimination and control of the five PC-NTDs. Guinea's strategic objectives for PC-NTDs are as follows:

- Eliminate LF as a public health problem by 2030.
- Eliminate trachoma as a public health problem by 2025.
- Eliminate transmission of OV by 2030.
- Achieve morbidity control for SCH and STH by 2027.

In April 2022, in accordance with a Ministerial decree, the Programme National de Lutte contre les Maladies Tropicales Négligées (PNLMTN) was restructured. The PNLMTN consists now of the following two programs to improve the coordination of NTD control and elimination activities:

- National program for NTD Control with preventive chemotherapy (PNLMTN-CTP), which assumes responsibility for the prevention and management of OV, LF, trachoma, SCH and STH.

- National Program for NTD Control with case management (CM-NTDP/ PNLMTN-PCC), which intervenes in the domain of prevention and management of HAT, leprosy and Buruli Ulcer.

Each program contains the following units:

- The Coordination Unit led by a National Coordinator and assisted by a Deputy Coordinator
- The Administrative and Financial Services Unit
- The Social Mobilization Unit
- The Logistics and Supply Unit
- The Monitoring and Evaluation (M&E) Unit.

These two programs are fully operational, and the coordinators have been appointed by the Guinean government.

## **2. IR1 PLANNED ACTIVITIES: LF, TRA, OV**

### **Lymphatic filariasis**

#### **Proposed FY 2024 activities:**

##### **➤ MDA**

No LF treatment is planned in FY 2024 at district level, assuming the remaining three districts achieve epidemiological coverage >65% during the FY 2023 MDA and since the LF confirmatory mapping revealed that the four HDs are not eligible for the MDA. However, based on the new WHO's LF M&E guideline information, the program plans to align response to TAS results with the upcoming guidelines. Community treatment will be planned in communities associated with clusters where two or more positive cases were diagnosed.

##### **➤ DSA**

#### **Pre-TAS in two HDs**

In FY 2024, the two remaining LF HDs (Faranah and Kissidougou) will undergo pre-TAS in March. Prior to the start of the survey, Act | West will support refresher training for supervisors and surveyors on pre-TAS methodology.

#### **Re-pre-TAS in one HD**

In FY 2024, one HD (Koundara) will undergo re-pre-TAS. The HD had previously failed pre-TAS in June 2022 with an antigen prevalence of 5.41%.

#### **TAS 1 in 13 HDs (15 EUs)**

In FY 2024, 13 HDs (Dabola, Faranah, Gaoual, Kankan, Kissidougou, Koundara, Kouroussa, Lélouma, Macenta, Mamou, Pita, Siguiri, and Tougué) will undergo TAS 1.

#### **TAS 2 in 2 EUs (2 HDs)**

In FY 2024, two HDs of Boké, and Guéckédou, will undergo TAS 2 in June 2024 before schools close in July.

### **Supervision of LF DSA**

Supervision of surveys will be carried out by the PNLMTN-CTP and Helen Keller staff. Supervision will focus on proper implementation of the survey protocols, FTS methodology and use of electronic data capture (EDC).

### **Dossier Status for LF:**

With the three remaining HDs targeted for MDA in FY 2023, the final TAS 3 is projected for 2028. Assuming successful completion of all remaining surveys, the elimination dossier could be submitted for validation in 2029. Dossier preparation has not yet started, but an LF dossier development orientation workshop was completed in June 2023 with technical support from Helen Keller – Global team and FHI 360. The PNLMTN-CTP and partners will subsequently initiate the necessary steps to enter LF data into the dossier data template and develop a first draft of the dossier narrative.

### **LF dossier development workshop**

In FY 2024, Act | West will support a two-day workshop in Forécariah HD to develop the LF elimination dossier. The workshop will convene the PNLMTN-CTP, technical and financial partners to review the FY 2023 plan for drafting the dossier narrative and transferring data into the dossier data template. Participants will assume the varied tasks of collating and assembling data and other information for the dossier, as well as drafting the narrative section. The next steps will be to consolidate and update the sections of the file with additional information. These tasks will be assigned to managers (M&E Manager and PC Unit Chief) in order to obtain a draft zero of the updated narrative file and data model with all activities to date. The PNLMTN-CTP will annually update the draft zero with new information and data. This activity will be funded by Act | West and includes costs for the workshop.

### **Trachoma**

#### **Proposed FY 2024 activities:**

##### **➤ Trachoma MDA**

No trachoma MDA is planned in FY 2024, assuming all HDs maintain TF<5% during TSS in FY 2023 as based on preliminary results.

##### **➤ DSA**

#### **TSS in one HD (2 EUs)**

The TSS in one HD (Dinguiraye), comprised of two EUs, is planned in FY 2024.

#### **Trachoma Graders and Data Entry Operators Refresher Training**

In FY 2024, the TSS planned in the last HD (Dinguiraye) will be completed in the first quarter of FY 2024. To implement the survey, a refresher training will be organized for five graders and five data entry operators.

### **Supervision of trachoma DSA**

Supervision of the TSS will be carried out by the PNLMTN-CTP and Helen Keller staff. Supervision will focus on proper implementation of the survey protocols, field workflow, and EDC.

### **Dossier Status for trachoma:**

If the current progress is maintained, the trachoma elimination dossier could be submitted in FY 2025. Data is secured and backed up in the country integrated NTD database (CIND) and all historical data is

available. The dossier narrative has not yet started nor has data been input into the Excel dossier file. A dossier orientation meeting was held virtually in FY 2020 between the national program and its partners (Helen Keller, FHI 360 and Sightsavers). The next steps following this meeting were to collect all historical data on trachoma, including WASH data, before starting to draft the trachoma elimination dossier. A trachoma dossier development workshop is scheduled for October 2023. This workshop will allow the PNLMTN-CTP to start drafting the trachoma elimination dossier before the end of 2023.

## Onchocerciasis

### Proposed FY 2024 activities:

#### Integrated OV/SCH/STH MDA Dabola, Dinguiraye, Faranah, and Kissidougou HDs

In FY 2024 Faranah and Kissidougou HDs will treat for LF/OV/SCH/STH, Dinguiraye will treat for OV/SCH, and Dabola for OV only.

#### Integrated OV/SCH/STH MDA

In FY 2024, Act | West will support the OV treatment in 30 OV-endemic HDs. The following districts are targeted to receive ivermectin (IVM) or IVM + ALB and/or PZQ.

*Table B. HDs targeted for OV treatment (integrated or stand-alone)*

Diseases Targeted	Drugs	Number of HDs	Districts
OV/SCH/STH	IVM + PZQ + ALB	12	Faranah, Kissidougou, Kérouané, Mandiana, Forécariah, Kindia, Telimélé, Lélouma, Beyla, Guéckédou, Lola, N'Zérékoré
OV/SCH	IVM + PZQ	10	Boké, Fria, Gaoual, Dabola, Dinguiraye, Coyah, Dubréka, Labé, Mali, Yomou
OV/STH	IVM + ALB	3	Kankan, Kouroussa, Macenta
OV	IVM	5	Koundara, Siguiri, Koubia, Tougué, Mamou
<b>Total of HDs</b>		<b>30</b>	

### Supervision of OV/SCH/STH MDA

Supervision of the MDA campaigns is integrated and performed by Helen Keller and PNLMTN-CTP 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 the MDA campaign by Helen Keller and the PNLMTN-CTP helps ensure improved supervision at all levels; 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 serious adverse events (SAEs) to supervisors. The SCT will be used during FY 2024 MDA in 12 HDs conducting integrated MDA for OV/SCH/STH, to ensure the implementation of a high-quality MDA.

### MDA Data Review Meetings

At the end of the MDA campaign, a two-day data review meeting is held in each health district, attended by district management teams, health center managers, supervisors from PNLMTN-CTP and Helen Keller Intl. The purpose of these meetings is to compile and review the MDA data, which will then be forwarded to the regional level for review and synthesis. The regional review meetings follow on from the district review meetings. Held in seven regions (Boké, Kindia, Faranah, Kankan, Labé, Mamou and



N'Zérékoré), this is a one-day meeting. Participants include IRSHP, PNLMTN-CTP, Sightsavers and Helen Keller Intl, and the purpose is to review the data and management of all MDA activities in the districts encompassed by each region, highlighting the strengths and weaknesses of the MDA while formulating recommendations and plans for future activities.

### **Quality Improvement (QI) activities to improve MDA planning/coverage and drug management**

QI activities implementation in three HDs (Koundara, Faranah, Kissidougou) planned for FY2023 will continue and include establishment of QI teams at the sub-district or commune level, facilitation of learning sessions. The first session will be dedicated to train the QI team members on the QI framework and tools and support the teams to develop their QI action plans along with actions' M&E plans; the 2nd session will focus on the review of the QI implementation and determine the best packages that lead to improvement as best practices. Additional coaches' visits will be undertaken in support to QI teams around the two types of learning sessions above-mentioned.

In FY2024, two learning sessions and QI coaches visits to facilitate and support QI action plans implementation following the first cycle of testing/implementation and evaluation of the new package of change ideas identified during FY2023. Best practices identified during the above first cycle will be maintained in the three districts and as needed extended to additional districts as determined by the PNLMTN-CTP for scaling up QI measures.

#### **➤ DSA**

##### **Pre-Stop OV MDA survey in 13 HDs across nine basins**

In FY 2024, Act | West will support the pre-stop OV MDA survey across nine basins (Niger basin/tributary, upper Sassandra, Lofa/Diani/Oule system, Makona /tributary, Bafing /Bakoye, Gambia/tributary, Kolenté /Mongo/Kaba, Konkouré /tributary, Kognon /tributary, Koulountou/Koliba/tributary) in 13 HDs (Gaoual, Koundara, Faranah, Forécariah, Kindia, Koubia, Lélouma, Mali, Tougué, Guéckédou, Lola, N'Zérékoré, and Yomou).

##### **Supervision of pre-Stop OV MDA survey in 13 HDs across nine basins**

The PNLMTN-CTP and Helen Keller staff will supervise the survey in the targeted districts. The supervision will consist of ensuring the quality of survey implementation. The use of Electronic Data Capture (EDC) will enable the collection of high-quality data, and PNLMTN-CTP is experienced in EDC through the trachoma and lymphatic filariasis surveys.

##### **National and International LF/OV experts meeting**

The meeting planned for FY 2024 will discuss the MDA results, the anticipated revised WHO LF M&E guidelines and including follow-up of cases identified during TAS and strategies for areas that may not have passed TAS under the revised guidelines, and the entomology activities implemented. Afterward, and following the recommendations from this meeting, PNLMTN-CTP will implement the action points.

##### **Dossier Status for OV:**

The dossier narrative has not yet been started. If the current progress is maintained, the OV elimination dossier could be submitted in 2030. Data is secured and backed up in the CIND and all historical data is available.

## **2. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES**

### **i. System Strengthening**

#### **1. DATA SECURITY AND MANAGEMENT**

Routine health data collection is carried out through a cascade reporting system: data is recorded daily, synthesized monthly at health centers and regional and prefectural hospitals, and finally collated into a monthly report for prefectural health authorities (DPS) and Hospital Directorates. 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 (rate of hydrocele management and rate of TT cases managed) have been integrated into the national health management information system (HMIS) and are operational in the DHIS2 platform. However, MDA (LF, OV, SCH, STH) and DSA (LF, OV, SCH, Trachoma) indicators have not yet been integrated into DHIS2, although there are plans to do so. The purpose of this consultation was to update the MOH's previously fragmented and donor-facilitated data collection into a streamlined system using the DHIS2 electronic platform. The data entry is performed at health centers level and transmitted in quarterly reports by the national hospitals. However, the participation of private health structures in data collection remains weak, which has led to gaps in the country's service delivery data.

#### **Sustainable data security and systematic storage of NTD data at the PNLMTN-CTP**

In FY 2023, Act | West supported a data security policy current stage assessment to identify gaps and opportunities for strengthening the existing data security practices. The review provided policy recommendations based on the National Institute of Standards and Technology (NIST) framework. In FY 2024, Act West will facilitate a workshop where the PNLMTN-CTP will prioritize the most critical recommendations and use them to develop an SOP that will be disseminated in FY25, Act | West will support the NTDP and other MOH staffs whose role is important in this area, to roll-out and implement the validated SOP.

#### **Integration of NTD data in DHIS2**

In FY 2024, Act | West will support PNLMTN-CTP and the DHIS2 team to host a workshop in Conakry to continue integrating NTD data (MDA and survey data) into the DHIS2 platform. The data manager of PNLMTN-CTP will be responsible for updating the MDA and DSA data on the DHIS2 platform.

## **2. DRUG MANAGEMENT**

#### **Drug quantification and completion of JAP for 2025**

In FY 2024, Act | West will support a three-day workshop to quantify drugs and complete JAP 2025. The workshop will make a provision to discuss key JAP queries from WHO in the previous years therefore aggregating the data beforehand. Act | West will support with the NTDP to submitting JAP at least 10 to 12 months before MDA.

#### **Drug storage and transport**

The PCG stores NTD drugs (IVM, ALB, PZQ and TEO) at the central level before the MDA campaigns and transports the drugs from the central level to the region warehouses, then from the regions to the targeted districts for the MDAs. The funds to cover the transportation of drugs from the district

warehouses to the health centers are included in the FAAs to the regions. There is currently a stock of drugs that PCG is storing that will be utilized for the campaigns. The PCG will also receive the new batch of drugs that are needed to meet the MDAs targets for the year next.

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

In FY2024, Act | West will continue to assist the PNLMTN-CTP 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.

#### **Reverse logistics**

After the MDA, the district pharmacist will conduct this physical inventory of remaining NTD drugs and transport them from health centers to the HD level for proper storage. The opened containers will be counted and stored at district warehouses for use in the subsequent MDA under the supervision of the PNLMTN-CTP pharmacist, as the PCG does not provide storage for opened containers. The unopened containers will then be taken by the PCG from the HD level to their regional depots. Reverse logistics will be completed two weeks after the MDA data review meeting at the HD level. All district pharmacists have received logistics management training on NTD drugs. Helen Keller will provide technical assistance (TA) to support the reverse logistics for remaining drugs after the MDA in seven regions.

#### **Management of serious and adverse events (AEs) (No budget)**

During the FY 2022 LF/OV/SCH/STH MDA campaign, no SAEs were reported, and all other AEs reported were minor and managed with supportive treatment, as stipulated in the guidelines developed for NTD campaigns. In case of an SAE, the DPS (Prefectural Health Department) / IRSHP (Regional Health and Public Hygiene Inspectorate) in charge notifies the PC-NTD program, partners, and the National Pharmacovigilance Center. The National Pharmacovigilance Center located at the National Directorate of Pharmacies and Medicines has the personnel and tools to conduct investigations in case of any suspected SAE. The cause of the SAE is determined by the Technical Pharmacovigilance Committee. The MoH supports the operating costs of the National Pharmacovigilance Center. Helen Keller will support the National Pharmacovigilance Center in reporting SAEs to the IVM/PZQ manufacturer in accordance with the WHO and Merck KGaA guidelines (January 2021) for reporting SAEs to donors. Helen Keller will also support the MOH/PNLMTN-CTP/DNPM to notify and report to all partners in a timely manner. Helen Keller will monitor the occurrence of SAE/AEs by participating in the investigation process, document observations and inform FHI 360 and Helen Keller – Global for appropriate action.

## **ii. SUSTAINABILITY**

In the past, Guinea has focused health systems strengthening and sustainability activities on specific objectives and initiatives of the NTDP to align with other national strategies. In FY 2024, the NTDP aims to pursue a more strategic process to implement the WHO sustainability framework using the USAID sustainability five phases approach. In addition, the NTDP will continue to scale up the integrated community health pilot and incorporate into 2024 pilot phase the lessons learned from the first year of the pilot and the evaluation that is planned in November 2023.

## **1. Governance**

### **Sensitization meeting with high level stakeholders on the sustainability plan process**

In FY 2024, Act | West will expand its scope of support to the Guinea NTDP to implement a five-phase sustainability process to help the PNLMTN-CTP to develop and implement a sustainability plan. Act | West funding will support the PNLMTN-CTP in organizing a one-day high-level sustainability sensitization meeting involving 30 participants including government agencies, technical and financial partners, civil society organizations, and other stakeholders. The objective of the meeting is to engage relevant stakeholders in the sustainability approach and facilitate country ownership and leadership in the process. The meeting will be an opportunity to also establish a shared understanding and commitment to the NTD sustainability plan development process among the PNLMTN-CTP, health and other sector stakeholders.

## **2. Prioritized Function**

### **Implementation of the integrated community health national policy in two health districts in November 2023 (Kindia, Forécariah)**

The pilot of the integrated community health (ICH) platform in Kindia and Forécariah is reprogrammed to FY 2024 and will be implemented in November 2023. The next distribution is planned for the same fiscal year in June to be aligned with the MDA activities planned for that period. The protocol for this activity was validated at a workshop in Kindia in April 2022 with stakeholders present from the PNLMTN-CTP, Directorate of Community Health, Kindia and Forécariah districts, Helen Keller, Sightsavers, and FHI 360. This workshop determined the approach that will be used in the pilot and the implementation phase that will begin after the first pilot year. It includes the differences in MDA, supervision, reporting, and financing between the traditional MDA and pilot approach. The approach strives for more sustainable NTD programs by integrating MDA into the community health service delivery platform. After the pilot was completed in FY 2022, a workshop was held in February 2023 with stakeholders from the district level and central level to share results and determine the next steps for the scale up of implementation after evaluation of the integrated approach. The recommendations from this workshop concluded that in both HDs (Kindia and Forecariah) it was primordial to continue the approach with per diems/motivations until salaries are routinely distributed by the state to align with the approach being used by other donors and to ensure the quality of implementation. The second phase of implementation will inform the evaluation that will be conducted in FY 2024 and will confirm the districts that will pilot the ICH activity in FY 2024 and determine if there are any adjustments that need to be made to the protocol for the implementation of the ICH activity in the original two districts (Kindia and Forécariah).

### **Evaluation of the integrated approach in Kindia and Forécariah**

After the implementation of the pilot MDA in December 2022 to January 2023, and then in November 2023 in the two districts (Kindia, Forécariah) mentioned in previous activity, an evaluation will be conducted to determine the effectiveness of the ICH approach in January / February 2024. It will assess the differences in cost, coverage, and long-term sustainability for NTD programs. This will be done by both looking at the coverage of the MDA, conducting a cost comparison with the MDA completed in these districts in FY21 and by asking questions to the RECOs and community members to understand if there were challenges in implementing this approach and how the population perceived the delivery of the integrated MDA. In addition, the CHWs will be responsible for monitoring the implementation with supervision oversight from the NTDP and Helen Keller. The PNLMTN and Directorate for Community Health aim to take the ICH approach to scale in Guinea. Before determining the next stage of the scale

up, national stakeholders will review and discuss the results and lessons learned from the results of the FY 2022 and FY 2023 pilot as both the results and the lessons learned will inform how the model will be scaled up and if there is a need to revise the protocol before implementing in FY24.

**Implementation of the integrated community health approach in two districts that have completed the pilot phase (Kindia, Forécariah) drawing lessons from evaluation of the MDA pilots conducted December 2022 - January 2023 and in November 2023**

The pilot of the ICH platform in Kindia and Forécariah was carried out in December 2022 to January 2023. The approach strives for more sustainable services delivery platforms for NTDs and alignment with national policies by integrating MDA into the community health service delivery platform. Helen Keller participated in the supervision of the MDA pilot and meeting to share results at the regional level. The meeting included recommendations to improve the NTDs MDA pilot in the future, such as updating the tools used for the ICH strategy and sensitization with the RECOs in advance of the pilot. These recommendations will be considered in the upcoming MDA in FY 2024 and an evaluation of the pilot approach is planned in January 2024 to better understand the impact of the transition to the ICH approach and understand health workers and community perceptions. Under FY 2023 carryover funding, a workshop will be held with 28 stakeholders from the district level and central level to share results from the evaluation and determine the way forward with the integrated approach and determine if the approach will be scaled up to other districts or if the PNLMTN-CTP will wait until the national community health approach is and the salaries of RECOs are being sustainably financed by the MOH. In FY 2024, the PNLMTN-CP will implement the community health approach in (Kindia and Forecariah) using lessons learned from the pilot phase.

**3. IR3 PLANNED ACTIVITIES: SCH, STH:**

**Schistosomiasis**

**Proposed FY 2024 activities**

➤ **SCH MDA**

In FY 2024, Act | West will support community-based MDA in 22 HDs targeting SAC only for SCH. Triple drug administration (IVM/PZQ/ALB) will be given in 12 HDs and the remaining 10 HDs will target OV and SCH only with IVM and ALB. (See table below).

*Table C. HDs targeted for SCH treatments*

Diseases Targeted	Drugs	Number of HDs	Districts
OV/SCH/STH	IVM + PZQ + ALB (triple drug administration)	12	Faranah, Kissidougou, Kérouané, Mandiana, Forécariah, Kindia, Telimélé, Lélouma, Beyla, Guéckédou, Lola, N'Zérékoré
OV/SCH	IVM + PZQ	10	Boké, Fria, Gaoual, Dabola, Dinguiraye, Coyah, Dubréka, Labé, Mali, Yomou
<b>Total of HDs targeting SCH</b>		<b>22</b>	

➤ **Supervision**

Supervision of the MDA will be performed by Helen Keller and PNLMTN-CTP staff. Cascade supervision will be carried out from the central to community level to assess MDA preparation; drug management;

compliance with treatment guidelines, including correct use of dose poles and 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 supervisors. The SCT will be used during the FY 2024 integrated MDA for OV/SCH/STH in 12 HDs, to ensure the implementation of a high-quality MDA.

➤ **DSA**

Guinea has not conducted an impact assessment since the start of SCH treatment in 2012. Guinea were selected by TFGH to conduct SCH Oversampling Survey in three HDs in FY 2024. There will be no surveys requested with Act | West funding in FY 2024.

**Soil-transmitted helminths**

**Proposed FY 2024 activities:**

**MDA**

In FY 2024, Act | West will support the PNLMTN to conduct STH MDA in 15 HDs through the integrated OV/SCH/STH MDA (see OV/SCH sections and as follows):

*Table D. HDs targeted for STH treatments*

Diseases Targeted	Drugs	Number of HDs	Districts
OV/SCH/STH	IVM + PZQ + ALB	12	Faranah, Kissidougou, Kérouané, Mandiana, Forécariah, Kindia, Telimélé, Lélouma, Beyla, Guéckédou, Lola, N'Zérékoré
OV/STH	IVM + ALB	3	Kankan, Kouroussa, Macenta
<b>Total of HDs</b>		<b>15</b>	

**DSA**

Refer to Section 3.i, for integrated SCH/STH DSA for FY 2024.