



GUINEA Work Plan

FY 2019

Project Year 8

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ENVISION PROJECT OVERVIEW

The United States Agency for International Development (USAID) ENVISION project (2011–2019) is designed to support the vision of the World Health Organization (WHO) and its member states by targeting the control and elimination of seven neglected tropical diseases (NTDs), including, lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), trachoma, and three soil-transmitted helminths (STH; roundworm, whipworm, and hookworm). ENVISION’s goal is to strengthen NTD programming at the global and country levels and support ministries of health to achieve their NTD control and elimination goals.

At the global level, ENVISION—in close coordination and collaboration with WHO, USAID, and other stakeholders—contributes to several technical areas in support of global NTD control and elimination goals, including the following:

- Technical assistance
- Monitoring and evaluation (M&E)
- Global policy leadership
- Grants and financial management
- Capacity strengthening at global and country levels
- Dissemination

At the country level, ENVISION provides support to national NTD programs in 19 countries in Africa, Asia, and Latin America by providing strategic technical, operational, and financial assistance for a comprehensive package of NTD interventions, including the following:

- NTD program capacity strengthening
- Strategic planning
- Advocacy for building a sustainable national NTD program
- Social mobilization to enable NTD program activities
- Mapping
- Drug and commodity supply management
- Supervision
- M&E

In Guinea, ENVISION project activities are implemented by Helen Keller International.

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ACRONYMS LIST

ALB	Albendazole
APOC	African Programme for Onchocerciasis Control
ASTMH	American Society of Tropical Medicine and Hygiene
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
CLTS	Community-Led Total Sanitation
CNTD	Centre for Neglected Tropical Diseases
CRS	Catholic Relief Services
DSA	Disease-Specific Assessment
EU	Evaluation Unit
EVD	Ebola Virus Disease
FY	Fiscal Year
GOG	Government of Guinea
HD	Health District
HKI	Helen Keller International
IEC	Information, Education, and Communication
IPA	Ivermectin, Praziquantel, and Albendazole
ITI	International Trachoma Initiative
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
NGO	Nongovernmental Organization
NTD	Neglected Tropical Disease
OCPC	Onchocerciasis Control Program in West Africa
OMVS	<i>Organisation pour la mise en valeur du fleuve Sénégal</i> (Senegal River Basin Development Organization)
OPC	Organization for the Prevention of Blindness
OV	Onchocerciasis
PC	Preventive Chemotherapy
PCG	Central Pharmacy of Guinea
PGIRE	<i>Projet de Gestion Intégrée des Ressources en Eau et de Développement des usages à buts multiples</i> (Integrated Water Resources Management Project)
PNLOC/MTN	National Program for Control of Onchocerciasis and Blindness/Neglected Tropical Diseases
PZQ	Praziquantel
SAC	School-age Children
SAE	Serious Adverse Events
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SCH	Schistosomiasis
SNSSU	National School and University Health Service

STH	Soil-Transmitted Helminths
TAP	Trachoma Action Plan
TAS	Transmission Assessment Survey
TEO	Tetracycline Eye Ointment
TF	Trichomatous Inflammation–Follicular (active trachoma)
TIPAC	Tool for Integrated Planning and Costing
TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey
TT	Trichomatous Trichiasis
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
ZTH	Zithromax®

COUNTRY OVERVIEW

1) General Country Background

a) Administrative Structure

Guinea is located on the Atlantic coast of West Africa, with an area of 245,857 square kilometers, bordered to the north by Guinea-Bissau, Senegal, and Mali; to the east by Mali and Côte d'Ivoire; and to the south by Liberia and Sierra Leone. Guinea is divided into four ecological/geographical regions: Lower Guinea located on the coast; Middle Guinea, which is a region of plateaus and forest; Upper Guinea, which is a region of savannah and plateaus; and Forest Guinea constituted by mountainous massifs and forest. Based on the third national census conducted in 2014, and using an annual growth rate of 2.2%, the population of Guinea in 2018 is 11,480,324 inhabitants. The total estimated population of Guinea for 2019 is 12,218,356.

Guinea's administrative structure is composed of 8 regions: Boké, Faranah, Kankan, Kindia, Labé, Mamou, N'Zérékoré, and the specific area of 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 5 communes in Conakry and 33 prefectures, comprising 38 health districts (HDs) in the country. Each prefecture is further divided into urban and rural communes (defined by neighborhoods in urban areas and "administrative districts" in rural areas), called sub-prefectures. In total, there are 343 urban and rural communes, including the 5 communes of Conakry. Guinea has a total of 925 health outposts, 410 health centers, 5 higher-level health centers, 33 prefectural hospitals, 7 regional hospitals, and 3 national hospitals.

The preventive chemotherapy–neglected tropical disease (PC-NTD) program was managed up until April 2018 by the National Program for Control of Onchocerciasis and Blindness/Neglected Tropical Diseases (PNLOC/MTN) with a national team composed of nine people: one Program Coordinator acting as focal point for trachoma, one Deputy Program Coordinator acting as focal point for onchocerciasis (OV), one focal point for schistosomiasis (SCH)/soil-transmitted helminths (STH), one focal point for lymphatic filariasis, one focal point for eye health, one entomologist, one ophthalmologist technician, one administrative officer, and one accountant. A ninth person was a secondment hired by the Centre for Neglected Tropical Diseases (CNTD) to act as the communications focal point for the program. This person is no longer a secondment and now works as a volunteer at the PNLOC/MTN.

It is notable that at least half of these staff members are not permanently working for the PNLOC/MTN because they share their time between the PNLOC/MTN and other Ministry of Health and Public Hygiene (MOH) departments.

The quality of human resources at the PNLOC/MTN is a matter of concern; in addition, many of the staff are approaching retirement age, so the program will lose experienced staff. Currently, none of these staff members has the capacity to manage a database or to participate strongly in monitoring and evaluation (M&E) activities. Helen Keller International (HKI), with ENVISION's support, has attempted to build PNLOC/MTN staff capacity for data management, but to date, the national program is not able to work independently on data management. This is a priority area for ENVISION in FY19. With ENVISION support, an M&E officer has been hired at HKI Guinea (start date July 1, 2018) and this staff member will provide ongoing support to the MOH to help build capacity in data management.

- It should be noted that on April 12, 2018, the Minister of Health established a new list of national disease control programs in Guinea. In accordance with this ministerial order, the PC-

NTDs will henceforth be managed within a larger program entitled “The NTDs Program,” whose areas of intervention are public health activities against blindness, OV, lymphatic filariasis (LF), trachoma, SCH and STH, leprosy, Buruli ulcer, and human African trypanosomiasis. The MOH aims to bring together in one building/institution all the national NTD programs. To date, this new NTDs Program is not yet functional,

- **Sightsavers**, with various funding sources, supports community-directed treatment with ivermectin (CDTI) for OV elimination in one HD, combined SCH and STH MDA in three HDs, and surgery for trachomatous trichiasis (TT), as well as the development of Guinea’s trachoma action plan (TAP). Sightsavers/CNTD supported hydrocele surgery in one HD, including awareness-raising for surgery campaigns (lymphedema management was not supported).
- **Organization for the Prevention of Blindness (OPC)**, with funding from the Sight First Initiative (Lions Clubs International Foundation) and *Coopération Française*, supports CDTI for OV control in three HDs. OPC is a French nongovernmental organization (NGO) working in Francophone Africa, with specific expertise in ocular public health. In addition to its technical and financial support for CDTI implementation in three HDs, OPC provides technical support at the hospital level to conduct TT surgery.
- **OMVS Integrated Water Resource Management Project** (*Projet de Gestion Intégrée des Ressources en Eau et de Développement des usages à buts multiples [PGIRE]*), funded by the World Bank, launched a call for applications in 2016, and Catholic Relief Services (CRS) was chosen to execute PGIRE Phase II. Since 2016, PGIRE supports MDA for LF, OV, SCH, STH, and trachoma; procurement and distribution of bed nets for malaria; and routine information, education, and communication (IEC) activities for NTDs and malaria in seven HDs located in the Senegal River Basin. This is a regional project covering Guinea, Mali, Mauritania, and Senegal, along the Senegal River Basin—with different implementing partners. PGIRE phase II, a three-year project, began with SCH MDA in 2 HDs in October 2016. Although it was initially proposed that CRS provide support in 10 HDs, during the FY17 work plan workshop, it was decided that CRS will start working in 7 HDs. The number of HDs supported by CRS could be gradually increased, assuming available capacity and funds. CRS started trachoma and SCH MDA in May 2017. The combined LF, OV, and STH MDA campaign was implemented in July and August 2017. In FY18, CRS provided financial support for LF (5 HDs), OV (3 HDs), SCH (3 HDs), and STH (2 HDs) MDA. They will also support trachoma impact surveys (TISs) in 3 HDs by the end of 2018.
- **Plan Guinea** supports the construction of latrines, boreholes, and wells, and increases awareness among communities on good hygiene and sanitation practices through community-led total sanitation (CLTS).
- **Ministry of Education National School and University Health Service (SNSSU)**: SNSSU managed praziquantel (PZQ) and albendazole (ALB) distribution at the school level through 2012, with World Bank support. Currently there are no plans for SNSSU to fund any MDA activities. However, since 2012 the PNLOC/MTN uses the expertise of SNSSU staff to organize MDA in schools (particularly for SCH).

Table 1: Non-ENVISION NTD partners working in Guinea, donor support, and summarized activities

Partner	Location (Regions/States)	Activities	In FY18, was USAID providing direct financial support to this partner through ENVISION?	List other donors supporting these partners/ activities
Sightsavers	Koubia (CDTI) Central level (TAP) Dabola, Dinguiraye, Faranah, Gaoual, Kissidougou, Koundara, Mali, Mamou, Pita, Tougué (TT surgery) Lola, N'Zérékoré, and Yomou (combined SCH and STH MDA)	<ul style="list-style-type: none"> • Technical and financial support to CDTI for OV in 1 HD • Financial support for TAP workshop • Technical and financial support for TT surgery campaigns • In FY18, completed MDA for SCH in 3 HDs and MDA for STH in 2 HDs • In FY18, completed hydrocele surgery in 1 HD with CTND funding • SCH MDA campaigns in 5HDs (Coyah, Dubréka, Fria, Matoto, and Ratoma) planned for September– October 2018 	No	Sightsavers; Givewell; CNTD
OPC	3 HDs (Lola, N'Zérékoré, Yomou) in FY18 Kankan, Kérouané, Kouroussa, Mandiana, Siguiri	<ul style="list-style-type: none"> • Technical and financial support for CDTI • Technical and financial support for TT surgery (central fixed strategy) • Three cars were provided 	No	<i>Coopération Française/Sight First (Lions Club)</i>
OMVS-PGIRE (CRS)	Dalaba, Koubia, Labé, Mali, Mamou, Pita, Tougué	<ul style="list-style-type: none"> • Support for MDA for LF, OV, SCH, STH, and trachoma, and procurement and distribution of long-lasting insecticide-treated nets for malaria 3-year program from 2016 to 2018 • Routine IEC activities for NTDs and malaria (including 3 ENVISION-supported HDs— Dabola, Dinguiraye, and Siguiri) 	No	World Bank
Plan Guinea	Beyla, Coyah, Dubréka, Forécariah, Guéckédou, Kissidougou, Lola, Macenta, N'Zérékoré, Yomou	<ul style="list-style-type: none"> • Support for the construction of latrines, boreholes, and wells and increasing awareness of good hygiene and sanitation practices through CLTS 	No	Plan Guinea plus European Union funding
Guinea MOH	Capital (Conakry)	<ul style="list-style-type: none"> • Salary of MOH staff working on the program • Steering committee support 	-	Government of Guinea

b) Ebola Virus Disease (EVD) Epidemic

Guinea experienced unprecedented challenges with the outbreak of Ebola that impeded planned scale up of MDA and delayed other key activities, such as mapping and disease-specific assessments (DSAs) that were necessary to reach national goals in FY14, FY15, and to a lesser extent in FY16. Now that EVD is under control and the World Health Organization (WHO) declared Guinea Ebola-free in FY16, MDA and other NTD activities have been scaled up; however, there is still a need to further strengthen communication, in particular with respect to planned surveys, to build and sustain the climate of trust that has been established in the last two years.

2) National NTD Program Overview

NTDs are a recognized priority by the MOH in Guinea, as evidenced by the Strategy for the Reduction of Poverty III (2013–2015); the National Plan for Health Development (2015–2024), which includes NTDs among the country’s priority diseases; and the NTD Strategic Plan 2018–2022, which is being finalized and should be completed before the end of December 2018. Among NTDs recognized by WHO, eight are endemic in Guinea:

- Three NTDs are addressed through a case management strategy managed by separate programs within the MOH: leprosy, Buruli ulcer, and human African trypanosomiasis (sleeping sickness).
- Five NTDs are addressed through a PC strategy, implemented as part of an integrated program: LF, OV, SCH, STH, and trachoma.

In May 2004, the PNLOC was formed to lead the fight against blinding diseases in Guinea, including OV and trachoma. Historically, activities related to SCH and STH were the responsibility of the MOH Disease Prevention Division and the Ministry of Education SNSSU, with LF falling under this purview in 2010. Following the development of the first NTD Strategic Plan (2008–2012) in 2009, the PNLOC became the PNLOC/MTN, with an expanded mandate to address LF, SCH, and STH. Within the PNLOC/MTN, the NTD Coordinator (who also serves as the trachoma focal point) oversees four other disease-specific focal points for SCH-STH, OV, LF, and blindness. As mentioned above, in accordance with the ministerial order of April 2018, the eight NTDs endemic in Guinea will be henceforth managed within the larger NTDs Program. At this time, it is not clear how that change will impact the national program or partners supporting NTDs.

With the start of USAID funding for integrated NTD control in Guinea in 2011, the MOH developed an NTD Strategic Plan for 2011–2015, addressing case management and NTDs treated through PC. For PC-NTDs, the plan adopted the PC and transmission control strategy endorsed by WHO, which targets these five diseases as a package because they tend to overlap geographically, can be targeted with a similar preventive treatment approach using MDA, and are targeted with drug combinations that can often allow for concurrent treatment.

The strategic plan also established the PNLOC/MTN and a Steering Committee that guides the plan’s implementation. Considering the delay in the validation of the strategic plan 2016–2018, a second workshop was held in December 2017 with two WHO consultants to work on an NTD strategic plan for 2018 to 2022. To date this document is not yet finalized, but it is expected to be validated by the end of the 2018 calendar year. Overall, the country’s strategic objectives for the PC-NTDs are the following:

1. Eliminate LF, OV, and trachoma as a public health problem by 2020.
2. Control SCH and STH by 2025.

The Government of Guinea (GOG) ensures funding for the salaries of PNLOC/MTN staff, for the staff involved in the various surveys and MDA campaigns, and for treatment and management of adverse events during MDA.

a) Lymphatic Filariasis

Guinea’s goal is to eliminate LF as a public health problem by 2020. Three HDs (Boke, Gaoual, Mandiana) will implement their fifth effective round of MDA in 2019. Three other HDS (Koundara, Dabola and

Dinguiraye) which did not achieve sufficient coverage during the first MDA will implement their 6th round. All these 6 HDs will conduct pre-TAS in 2019 (FY20). The first transmission assessment survey (TAS1) is expected in 6 HDs in FY21. All LF-endemic HDs in Guinea should complete TAS1 by FY22. Dossier preparation has not yet started but it is expected that the technical assistance will be requested from FHI/RTI for the LF dossier completion.

Overall, 24 HDs are endemic for LF; of these HDs, 20 are co-endemic with OV, 21 with SCH, 15 with STH, and 16 with trachoma. Specific objectives of the PNLOC/MTN are to interrupt transmission of LF, with a minimum of 65% epidemiological coverage in all endemic HDs, and to prevent and manage complications of the disease. To date, all 24 NTD-endemic HDs have implemented at least three rounds of MDA. The final HD cohort started MDA in calendar year 2016 and will complete the required five rounds of treatment by 2020.

As the clinical expression of LF is so debilitating, Guinean health services have long been aware of the disease, and cases were historically reported in 10 HDs. In 2005, a WHO-funded baseline mapping of LF endemicity was conducted using immunochromatographic tests in 46 villages in 24 HDs in the 8 administrative regions where no previous disease data existed. This mapping survey identified 15 HDs as endemic. From 2011 to 2013, the MOH mapped the 10 districts where clinical cases had been reported historically. This was conducted with support from the USAID-funded, RTI-managed NTD Control Program through HKI in 2011, and then with support from ENVISION through HKI in FY12–FY13. This additional round of mapping confirmed a further 9 HDs as endemic. The country's 4 remaining endemic HDs, all in the capital city Conakry, have not and will not be mapped because an entomological survey (insect dissection and polymerase chain reaction testing, supported by CNTD) conducted in 2013 in Conakry showed that the mosquitos were not infected and would not be capable of transmitting disease in the capital. It is anticipated that when most of the LF-endemic districts reach the point of conducting TASs in three years, these suspected endemic HDs, including Conakry, could form part of an evaluation unit (EU). For now, the entomology data is useful documentation for future submission of an LF elimination dossier.

The endemic HDs are located within the regions of Boké, Faranah, Kankan, Kindia, Labé, Mamou, and N'Zérékoré, with an at-risk population of 7,958,249 in 2019, of which 80% are considered eligible for MDA treatment.

The PNLOC/MTN conducted baseline microfilaremia sentinel-site surveys with ENVISION support in 2012 and 2013. The 2012 surveys were conducted in four sites—Gandjin, Koundou Toh, Sinthiou, and Sounsoun—and the 2013 surveys in seven HDs in the regions of Boké, Faranah, Kankan, and Mamou. In 2013, with support from CNTD, a microfilaremia survey was carried out along the border of the Mano River Union countries in sentinel sites in Faranah, Kankan, Kindia, Mamou, and N'Zérékoré regions. The last series of sentinel site surveys was conducted in FY16 in four HDs (Beyla, Kindia, Lélouma, and Sigui) with ENVISION support. Immunochromatographic test cards were used for the surveys. By grouping the HDs based on contiguity, similar characteristics, and considering a total population of less than 1 million, parasitological data were collected in 17 sites (15 funded by ENVISION) that will serve as sentinel sites to monitor the success of the program in all 24 endemic HDs.

Guinea's first LF treatment was conducted in FY14 in 4 HDs co-endemic for both LF and OV: Koundara in Boké Region, Dabola and Dinguiraye in Faranah Region, and Guéckédou in N'Zérékoré Region. In FY15, the MOH conducted MDA in 9 of the 24 endemic HDs, 4 of which reported low coverage due to the EVD epidemic (Dabola, Dinguiraye, Kouroussa, and Dalaba). In FY16, the MOH conducted MDA in all 24 HDs, with epidemiological reported coverage rates of >70% in all HDs. These results were obtained due to new, improved social mobilization strategies put in place after the EVD outbreak, as well as the

milestone-based grant mechanism. These grants have deliverables that specify a defined minimum coverage rate, and if this is not met within a district, a mop-up strategy is conducted at no additional cost to ENVISION or the PNLOC/MTN. Table 2a shows historical LF MDA coverage rates for the past four years.

In FY18, the MOH planned to conduct MDA in 24 HDs, 19 of which are supported by ENVISION and 5 by OMVS/CRS. To date, MDA campaigns for LF have been conducted in all 24 HDs. All 24 HDs reported sufficient coverage.

The national program developed a strategic plan for the management of LF-associated morbidity, with the financial and technical support of CNTD/Sightsavers. Community drug distributors (CDDs) conducted a census of LF morbidity cases in all LF endemic HDs during the LF MDA campaigns in FY16 and FY17, from which the data were collated and confirmed with a study sponsored by CNTD. In 2018, PNLOC/MTN trained community health workers to identify, using text messages, morbidity cases in 3 HDs (Dabola, Dinguiraye, and Faranah). In addition, the hydrocele surgeries were conducted in Faranah District. There are 3 HDs out of 24 HDs that have estimates on the number of hydrocele and lymphedema cases.

b) Trachoma

Guinea's national strategy for trachoma is elimination as a public health problem by 2020; TISs first began in FY17 in three HDs (a fourth HD underwent a survey to re-establish the trachomatous inflammation—follicular (TF) prevalence as baseline data were old and the HD had never undergone MDA). All trachoma surveillance surveys are expected to be completed by FY20. Trachoma elimination is achieved through implementation of the WHO-recommended SAFE (Surgery—Antibiotics—Facial cleanliness—Environmental improvements) strategy. In Guinea, trachoma-endemic areas are in Upper Guinea and the northern part of Middle Guinea—areas with the country's highest poverty rates.

Baseline mapping of trachoma—conducted by the MOH with support from Sightsavers—in 10 HDs of Upper Guinea in 2001 showed an average prevalence rate of 33% for active trachoma among children aged 1–9 years and 2.7% for TT among women older than 15 years.

The MOH completed mapping in 31 HDs (trachoma rapid assessments had been conducted in some of the HDs in 2002) with USAID funding through the NTD Control Program (2011) and ENVISION (2012 – 2016). Fifteen were completed with GTMP and four with Tropical Data. These surveys confirmed that 18 districts are endemic – no other HDs are planned to be mapped as the 7 HDs surrounding Conakry are not suspected to be endemic for trachoma. TF prevalence rates of $\geq 30\%$ in five HDs; TF prevalence rates of 10% – 29.9% in 4 HDs; and TF prevalence rates of 5% – 9.9% in 9 HDs. The population at risk of trachoma in the 18 HDs with a TF prevalence rate of $\geq 5\%$ was estimated at 6,055,810. 13 HDs had a TF prevalence of $\leq 5\%$ (none had a prevalence of 0%). 17 HDs had a TT prevalence in adults of $>0.2\%$, of which 12 had a TF prevalence $\geq 5\%$. Of these 18 trachoma-endemic HDs, 16 HDs are co-endemic with LF, 13 HDs with OV, 16 HDs with SCH, and 9 HDs with STH.

The country has implemented several components of the SAFE strategy since 2012:

- Sightsavers provides support that focuses on the “S” component—**training surgeons for TT surgery**; training health center supervisors, workers for the Expanded Program of Immunization, and those in charge of community-based services in screening and case referral of TT; and **organizing surgical camps for TT in Boké, Faranah, and Labé regions**.

- ENVISION has supported the PNLOC/MTN with the “A” component of the strategy since FY13 with Zithromax® (ZTH) and tetracycline eye ointment (TEO) MDA. MDA began in nine districts with TF prevalence rates of $\geq 10\%$ in FY13. In FY14 and FY15, ENVISION conducted MDA in eight and seven of the nine HDs, respectively; the MDA in the remaining HDs was postponed due to the EVD epidemic. Despite this delay, ENVISION conducted MDA in all nine HDs in FY16 with good coverage rates (all nine HDs achieved the sufficient programmatic coverage required). In FY17, ENVISION and CRS/OMVS respectively supported MDA in 11 HDs and two HDs and reported sufficient coverage. In addition to MDA, in FY17, Guinea completed TISs in three HDs that underwent three rounds of treatments (Kankan, Siguiri, and Mandiana) with TF prevalence rates between 10% and 29.9%. Results showed that all three HDs met the criteria to stop MDA and were the first to achieve stop MDA for trachoma in Guinea. A survey was also conducted in one HD with an initial mapping prevalence rate of 5% to 9.9% (Koundara) because the mapping data were more than three years old (from 2012). in October 2018 with CRS support).
- Plan Guinea supports some activities of the “F” and “E” components through CLTS, notably for latrine construction and installation of boreholes and wells, and by increasing the population’s awareness for practicing good hygiene and sanitation.

The PNLOC/MTN developed a TAP with the support of Sightsavers and ENVISION (data sharing and participation in the workshop). The PNLOC/MTN organized a workshop in November 2015. The participants included all stakeholders, plus ENVISION staff. The final document is still pending from the PNLOC/MTN, despite significant advocacy for its completion by ENVISION. Sightsavers hired a consultant to finalize the TAP and funded a TAP finalization workshop held from July 26–28, 2017.

In FY18, the PNLOC/MTN conducted MDA for trachoma in five HDs with ENVISION support, and all five HDs achieved a coverage $>80\%$. ENVISION also supported the PNLOC/MTN to conduct TISs in six of nine planned HDs using Tropical Data. Preliminary data are promising, with TF prevalence rates ranging from 0.27% to 1.82% and TT prevalence ranging from 0.0% to 0.09%. OMVS/CRS will support an additional three surveys: two TISs and a prevalence survey in the HD of Mali (the baseline prevalence data are more than three years old), planned to be conducted by the end of calendar year 2018. The HD of Koundara underwent a survey in FY17 to reestablish the baseline TF prevalence (the baseline data were more than four years old) and the data showed a TF prevalence $<5\%$, despite no trachoma MDA having taken place. This HD will undergo a TSS in FY19 to confirm this result, as the reasons for the drop in TF prevalence from the original baseline are not well understood.

ENVISION staff are currently working with the partners involved in the WASH sector to develop an analysis of trachoma interventions in Guinea. HKI/ENVISION initiated an integrated NTD-WASH approach through training support on NTD to United Purpose, an NGO working in the WASH sector. This NGO supports the GOG through CLTS in Moussayah, a health center in the HD of Forécariah. In FY17, HKI staff trained field staff from this NGO. These staff members have been involved in the trachoma MDA, and based on the training, United Purpose is revising its social mobilization tools.

In FY19, in addition to MDA, TIS and TSS, ENVISION will support a trachoma dossier development workshop to bring together all existing data and begin completion of the dossier.

c) Onchocerciasis

The current national strategy is to eliminate OV by the year 2020, with continued treatment and entomological and epidemiological assessments to show the impact of treatment on reaching the criteria to stop MDA. While Guinea has delivered consecutive treatments to oncho-endemic areas, in

some cases for more than 20 years, there is no funding available for stop-MDA surveys. As a result, Guinea will not be able to reach its elimination goal.

OV is endemic in 24 HDs, in 7 of the 8 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 6,781,592. A total of 8,229 OV-endemic villages were surveyed, with support from the Onchocerciasis Control Program in West Africa (OCP). From 1996 to 2002, with OCP support, the MOH conducted annual CDTI in all 24 endemic HDs in the regions of Boké, Faranah, Kankan, Kindia, Labé, Mamou, and N'Zérékoré. From calendar year 2002 to 2012, support for OV activities in Guinea were provided by WHO through the African Program for Onchocerciasis Control (APOC) in areas qualified as Special Intervention Zones, including Dabola, Dinguiraye, Faranah, Forécariah, Kindia, Kissidougou, Kouroussa, Mamou, and Siguiiri. OV activities in areas not classified as Special Intervention Zones were funded by Sightsavers and OPC.

In FY16, the PNLOC/MTN conducted OV MDA in 15 HDs with ENVISION support, MDA in another 5 HDs were supported by CNTD, and 4 HDs implemented CDTI with support from Sightsavers (1 HD) and OPC (3 HDs). All HDs reported sufficient programmatic coverage in FY16. In FY17, the PNLOC/MTN conducted MDA in all 24 HDs: 17 HDs with ENVISION support, 1 HD with Sightsavers support, 3 with OPC support, and 3 with OMVS support. In FY18, the PNLOC/MTN treated 17 of 24 districts with ENVISION support and 7 districts with other partners support (CRS: 3 HD; SS: 1HD and OPC: 3HDs)

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, with support from OCP and then from APOC, and then later (FY12–FY14) from USAID. No surveillance activities were undertaken after 2014.

In FY12–FY13, an OV epidemiological surveillance survey conducted with ENVISION support in a total of 56 villages showed some signs of recrudescence of OV in some villages (Milo/Dion basin, Niger/Mafou basin, and Mongo/Kaba basin). These data have been entered into the integrated NTD database. It was suspected that the recrudescence may be due to irregularity in treatment in neighboring countries (due to periods of conflict) and historically poor MDA coverage. Following the recent Mano River Union meeting on NTDs, it has been noted 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, it is suspected that the CDTI strategy may not have been rigorously implemented due to insufficient supervision. The PNLOC/MTN plans to reinforce supervision, especially in areas with integrated treatment for LF (see Supervision section).

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 that were associated with fear about the linkage between the survey procedures and EVD transmission. A total of 55 substitute villages were selected 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, indicating that low coverage from issues caused by Ebola had been resolved.

After almost 20 years of ivermectin (IVM) treatment, the question of stopping drug distribution has been raised. Guinea established an OV elimination committee in September 2016 to provide technical advice on OV elimination. The role of this committee is as follows:

- Support the development of a national guideline and road map
- Analyze national program data and confirm that the program is on track to reach the criteria for the interruption of transmission

- Recommend to the MOH areas where IVM can be stopped safely
- Prepare the elimination dossier for verification when the elimination criteria have been reached

The committee is made up of national members (representatives from the MOH, NGOs involved in OV elimination in Guinea, WHO, university and scientific researchers, among others) and international members. This committee held its first meeting, which was co-financed by Sightsavers and ENVISION, March 1–3, 2017. (The meeting report of the first LF/OV elimination committee has been shared with RTI.) The following items were discussed: the national program’s progress in combatting OV (epidemiological and entomological surveillance and IVM treatment) and the new WHO criteria on OV elimination and transmission.

The meeting generated the following main recommendations:

- Develop an OV elimination plan that describes the elimination strategy; determine the current areas of OV transmission in Guinea through both epidemiological (OV16 test) and entomological (fly pool screen) evaluations.
- Address gaps identified in implementation of program activities in terms of monitoring/evaluation, data management, and human and programmatic resources.
- Strengthen advocacy at the national and sub-regional levels in support of the elimination of OV and LF and NTDs in general.

Following the expert committee recommendations and in accordance with the WHO 2016 guidelines on OV elimination, the national program will conduct a rapid impact assessment of OV in the 24 endemic HDs. PNLOC/MTN is seeking funding for that purpose.

The second meeting of the OV expert committee with Sightsavers support is tentatively planned in FY19. It is anticipated that the OV expert committee will review all available evidence including original prevalence surveys, vector control activities, and MDA and develop a list of next steps for moving toward stopping treatment (in areas where this is appropriate) and determining where OV elimination mapping may be required. It is expected that Sightsavers will conduct some entomological studies before this meeting.

In FY19, the PNLOC/MTN plans to conduct MDA in all 24 HDs: 17 HDs with ENVISION support, 1 HD with Sightsavers support, 3 with OPC support, and 3 with OMVS support.

d) Schistosomiasis

Guinea plans 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 in school-based and community-based MDA (with a focus on school-based MDA). The MOH recognizes that elimination may not be possible through MDA alone and that continuous treatment and further scale-up have been impeded by political instability (2013) and the EVD outbreak.

Mapping in the regions of Faranah, Labé, and Mamou in 2009 and 2010 was carried out with support from OMVS. Mapping in the regions of N’Zérékoré in 2010 and Kindia in 2011 was conducted with funding from Rio Tinto, with technical support from HKI. Mapping of the remaining 33 HDs was completed from 2011 to 2014 with support from USAID’s NTD Control Program (2011) and ENVISION (2012 – 2014). Overall, 31 out of 38 HDs are endemic for SCH (prevalence >0%), with a current population of 3,856,942 at risk. Specifically, 12 HDs are high risk (prevalence of $\geq 50\%$), 7 are moderate

risk (prevalence of $\geq 10\%$ and $< 50\%$), and 12 are low risk (prevalence of $< 10\%$). 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 PNLOC/MTN decided that SCH control efforts will be conducted in collaboration with those of STH in those HDs where both diseases are co-endemic and where no LF MDA has been implemented.

In FY18, the PNLOC/MTN planned to conduct MDA in 24 HDs. Three HDs (Faranah, Kissidougou and Dinguiraye) implemented a triple drug integrated treatment strategy – ie IVM-PZQ- ALB in LF/OV/SCH/STH endemic HDs. This triple drug MDA considered as a pilot project was successful. As preliminary results indicated that sufficient programmatic coverage was achieved. In FY19 the IPA MDA will target all the ENVISION supported HDs.

The MDA for SAC in the 24 HDs was conducted as follow:

- 14 HDs with ENVISION support. 3 HDs of 14 ENVISION HDs piloted triple therapy with IVM-ALB-PZQ in one dose;
- 3 of 8 HDs planned by Sightsavers;
- 2 with support from OMVS/CRS.

MDA for the remaining 5 HDs supported by Sightsavers will be conducted in October 2018.

In FY19, the PNLOC/MTN plans to conduct MDA in 14 HDs (see Table 2d): 11 HDs with ENVISION support and 3 HDs will be treated by Sightsavers.

Table 2: PZQ treatment cycle differences according to prevalence rates

Endemicity	# HDs	PZQ treatment schedule				
		2016	2017	2018	2019	2020
High	12	X	X	X	X	X
Moderate	2*					
	5	X		X		X
Low	5**			X		X
	7		X			X
TOTAL	31		21	24	14	31

*These 2 HDs have a moderate prevalence of 46% and 49%, so the PNLOC/MTN decided to follow the treatment protocol for high endemicity (because they are close to 50%, or high prevalence) and because these HDs border high-prevalence HDs.

**These 5 HDs that could not be treated in 2017 because the program was unable to find funding support for these low-endemic areas.

e) Soil-Transmitted Helminths

Guinea's goal is to control STH as a public health problem by 2025; however, the government is aware that control may not be possible with once-yearly MDA alone and without significant improvements in hygiene and sanitation. Like the other NTDs, with the challenges faced during the past three years due to political instability and the outbreak of EVD, treatment schedules have been irregular.

Mapping of Guinea's 38 HDs for STH was completed in 2014 using the WHO-recommended Kato-Katz thick smear, in conjunction with SCH mapping as described above: 9 HDs are moderate risk (prevalence rates of $\geq 20\%$ and $< 50\%$) and 8 HDs are high risk (prevalence rates of $\geq 50\%$). Of the 17 endemic HDs, 15 HDs are co-endemic with LF, 14 with OV, 15 with SCH, and 9 with trachoma.

Since 2010, 17 HDs have received two or more rounds of treatment for STH (100% geographic coverage of STH has only recently been achieved due to lack of funding). MDA did not take place in 2013 due to operational constraints linked to national elections. In FY14, just one of the 15 HDs targeted for STH treatment (Guéckédou) received MDA due to the EVD outbreak.

In FY17, to date, the PNLOC/MTN conducted STH MDA in 17 HDs: 13 with ENVISION support, 2 with Sightsavers, and 2 with OMVS/CRS.

In FY18 the program planned to conduct STH MDA in all 17 endemic HDs: 13 with ENVISION, 2 with CRS/OMVS, and 2 with Sightsavers. (The STH treatment is through the LF MDA except for Sightsavers; however, Sightsavers' target for FY18 is the same, i.e., >5 years old.) The MDA is conducted with a mix of school-based distribution and community MDA. As of August 15, 2018, the PNLOC/MTN conducted MDA in 17 HDs, among which, 13 with ENVISION support, 2 with CRS/OMVS, and 2 with Sightsavers. All 17 HDs reported sufficient coverage. The 13 ENVISION-supported HDs are co-endemic with LF—meaning an integrated treatment for LF-STH is implemented (namely ALB-IVM). However, among these 13 HDs, 7 have prevalence rates requiring two rounds of treatment per year. Support from ENVISION covers only one round of treatment. The PNLOC/MTN is conducting advocacy activities to find funding to ensure the second round of treatment occurs.

In FY19 the program plans to conduct STH MDA in all 17 endemic HDs: 13 HDs with ENVISION, 2 with CRS/OMVS, and 2 with Sightsavers.

Plan Guinea is supporting the construction of latrines, boreholes, and wells in N'Zérékoré, Faranah, and Kindia, which supports, indirectly, the goals of the PNLOC/MTN for STH control.

3) Snapshot of NTD Status in Country

Table 3: Snapshot of the expected status of the NTD program in GUINEA as of September 30, 2018

		Columns C+D+E=B for each disease			Columns F+G+H=C for each disease*				
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEMENT	DSA NEEDS	
A	B	C	D	E	F		G	H	I
Disease	Total No. of districts in Guinea	No. of districts classified as endemic	No. of districts classified as non-endemic	No. of districts in need of initial mapping	No. of districts receiving MDA as of 09/30/18		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/18	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/18	No. of districts requiring DSA as of 09/30/18
					USAID-funded	Others			
LF	38	24	14	0	19	5	0	0	Pre-TAS: 0 TAS: 0
OV		24	14	0	17	7	0	0	0
SCH		31 ^a	7	0	14	10	2	0	0
STH		17	21	0	13	4	0	0	0
Trachoma		18	20	0 ^d	5	2	1 ^b	10 ^c	TIS: 4 TSS: 4

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- a. Of the 31 HDs, 5 HDs were not eligible for treatment in FY17 following WHO guidelines and so are not included in columns F and G.
- b. Mali HD had an initial mapping prevalence of 5% to 9.9%; however, the mapping data were more than three years old and need to be re-evaluated.
- c. 9 HDs have met the criteria for stopping MDA, plus Koundara, which has been found to have a TF prevalence rate of $\leq 5\%$ despite never having undergone MDA (provisional figure, pending result of the TIS in 1 HD with ENVISION funding, and in 3 HDs with CRS)
- d. Of the 31 suspected trachoma HDs

PLANNED ACTIVITIES

1) NTD Program Capacity Strengthening

a) Strategic Capacity Strengthening Approach

Capacity Goals

To reach elimination targets and sustain control activities in Guinea, the following areas should be considered:

- Increase M&E capacity at the PNLOC/MTN to manage data, update the integrated NTD database, and support M&E and surveillance activities.
- Improve supply chain management for MDA drugs

Capacity Strengthening Strategy

Three main objectives have been identified to strengthen the PNLOC/MTN program.

Objective 1: Strengthen PNLOC/MTN M&E capacity: In 2016, ENVISION funded a consultant to collect historical data for input into the integrated NTD database. However, no national program staff are currently able to take over this work and continue to update the integrated NTD database, or to analyze the data for decision-making, mainly because of a lack of expertise in data management. Since August 2018, the National Directorate of Epidemiology and Control of Disease, which is in charge of the programs, has made available to the PNLOC two interns. This additional staff is providing some support to the PNLOC. A complete database and the capacity to collect data from partners and use data for decision-making is critical as the PNLOC/MTN moves forward. ENVISION will continue support the capacity building of the PNLOC/MTN by providing training and coaching through the new ENVISION M&E officer to increase PNLOC/MTN capacity, to improve decision-making based on data, and to ensure that high-quality records of data the end of ENVISION.

Objective 2: Improve supply chain management for MDA drugs: ENVISION will continue to support the program for reverse logistics of drugs and will assist in the joint application package (JAP) development and submission. Three HKI staff will conduct a mission in all the districts that have implemented MDA to collect remaining drugs and store them in a warehouse at the Central Pharmacy of Guinea (PCG) in Conakry. ENVISION will continue to support the MOH on the completion of the JAP, including the Joint Request for Selected Medicines .

Objective 3: Strengthen PNLOC/MTN supervision capacity: The intensification of MDA activities requires competent and well-trained supervisors to provide quality supervision to enable the HDs concerned to achieve optimal coverage during distribution campaigns. Although the strategy includes sufficient staff to cover the entire country, proficiency and training levels are often insufficient. In 2018, ENVISION supported the training of 24 national supervisors who enabled the national program to conduct quality supervision. This has allowed HDs to achieve good therapeutic coverage. ENVISION will continue work with the MOH to strengthen the program's capacity to oversee distribution campaigns.

b) Capacity Strengthening Objectives and Interventions

Objective 1: Improve supply chain management for MDA drugs

Intervention 1: Provide support to complete drug applications

The HKI M&E officer will support PNLOC/MTN in filling out and submitting the JAP to WHO by the deadline; he will work closely with HKI and national program staff. He will also support the PNLOC/MTN to complete and submit the Trachoma Epidemiological Monitoring Form and ZTH application form for the International Trachoma Initiative (ITI).

Intervention 2: Amend memorandum of understanding for NTD drug management

A memorandum of understanding among HKI, PNLOC/MTN, other partners conducting MDA and the PCG will be prepared, setting out the responsibilities of each party from the arrival of the drugs at the airport to the PCG warehouse, and then from the PCG warehouse to the field. HKI will encourage each party to revisit this document and will ask each party to submit an amendment to improve the drug management process. Activities will be monitored on a regular basis with a drug inventory report and meetings with the PCG when necessary.

Intervention 3: Reverse logistics of remaining drugs against NTDs (HKI Drug Supply and Commodity Supply Management and Procurement)

HKI, with ENVISION support, will work with the national program to ensure the reverse logistics of all remaining drugs after each round of MDA and store them at PCG. The pharmacy also provides an inventory of remaining drugs. It is expected that the partners will ensure reverse logistics in their respective HDs.

Objective 2: Strengthen the pool of NTD supervisors

Intervention 1: Refresher training for national supervisors (HKI Training)

To strengthen the capacity of national program supervisors, 24 people will be re-trained to have a pool of supervisors to ensure a good campaign monitoring process. The training program will be based on the training of the national supervisors used in FY18. The refresher training program materials will be the integrated training manuals for health workers, supplemented by the International Coalition for Trachoma Control best practices handbook for mass distribution of ZTH. Lessons learned from the previous year are also discussed. One highlight was the importance of area data review during the campaign to ensure good coverage is maintained. This is routine practice in all HDs but this was particularly well conducted in FY18. Questionnaires will be administered to training participants as pre- and post-tests to assess their levels of comprehension before and after the training. Supporting Field-based ENVISION Staff in Capacity Strengthening

The country integrated NTD database is extremely important for completing the WHO JAP, the reporting of epidemiological data, and in the development of LF and trachoma elimination records. It is also important that the data be kept in a place where it will be accessible and consulted by all those who need access. To strengthen the capacity of ENVISION staff in Guinea, the M&E officer and two PNLOC staff will be trained with the support of RTI to update the integrated NTD database and support the use of the tool for integrated planning and costing (TIPAC) for planning activities. This training will be conducted with the technical assistance of RTI, through the exchange of learning, practical training, and ongoing coaching.

Technical assistance from the RTI M&E Assistant will be needed, including slightly more formal conversations to assist the new HKI M&E officer. In addition, exchanging and discussing questions, lessons learned, best practices, common challenges, with other countries in similar situations will be done via phone calls, internal webinars and communities of practice.

ENVISION will support the writing of abstracts and scientific articles in the field to share lessons learned. In FY2018, the national program, with ENVISION technical support, submitted to the American Society for Tropical Medicine and Hygiene (ASTMH) an abstract title "Post mass drug administration coverage survey for trachoma treatment in Guinea" and one late breaker abstract on the simultaneous administration of IVM-ALB-PZQ. The program received the notification of acceptance for poster presentation during the ASTMH 67th Annual Meeting. ENVISION budgeted the participation of a staff member in the meetings of the ASTMH and the Coalition for Operational Research on NTDs. Attendance at the ASTMH and the NTD Operational Research Coalition meetings provides the opportunity to learn about current programmatic practices in NTD control and operational research. Participation in these meetings will particularly help Guinea's program to apply lessons learned and best practices in campaign implementation as well as in TISs. In 2020, Guinea will begin LF impact surveys and can learn much from other programs about their experience with TASs. Following the meeting, ENVISION staff will share this information with the national program and other ENVISION HKI staff and ensure that best practices are applied in the program.

ENVISION will support the participation of one ENVISION field staff member in a meeting of the WHO African Regional Office NTD Program Managers Meeting. The lessons learned will be reported to ENVISION staff and shared with the national program to develop and update technical skills.

The costs of these meetings are included in the global travel budget at the project level.

c) Monitoring and Evaluating Proposed Capacity Strengthening Interventions

Informal meetings, e-mails, and phone calls, as well as regularly scheduled quarterly review meetings with the national program, will be used to review progress made toward achieving the planned capacity strengthening outcomes, using the following strategies to measure success.

Objective 1: Strengthen PNLOC/MTN M&E capacity

ENVISION will assist the MOH in bringing together stakeholders (National Directorate for Epidemiology and Disease Control and other partners) to review progress in updating the database and using the TIPAC, identify barriers to using the integrated NTD database, and propose solutions to overcome them. Evidence gathered during these meetings on how this database and other M&E tools could be simplified will be shared with WHO, PNLOC/MTN, and the M&E team at ENVISION HQ.

Indicators:

- Percentage of PNLOC/MTN staff and partners who use the database
- Database is up to date with all treatment and survey results entered as of FY19

Objective 2: Improve supply chain management for MDA drugs

Quarterly meetings with the PCG staff will be held to review progress in monitoring drug inventories at Guinea's PCG. ENVISION will ensure before the start of the campaigns planned for FY19 that the national program has gathered the necessary information for the completion of the JAP for FY20 by ensuring that the file is of good quality and ready to be signed and submitted to WHO on time (at least 9 months prior to the planned MDA).

Indicators: The submission before the deadline of a good quality accurate JAP.

Objective 3: Strengthen PNLOC/MTN supervision capacity

Just before the start of each campaign, the PNLOC/MTN and HKI team will hold an orientation session with national supervisors to review the basics of supervision. At the end of the MDA, each supervisor will be evaluated based on MDA results (quality of MDA activities, campaign coverage, and quality of the supervision report) in his or her respective HD.

Indicators: Percentage of national supervisors who achieve sufficient coverage at the end of the MDA, each within their respective HD supervised

Table 4: Project assistance for capacity strengthening

a. Strategic Planning	<ul style="list-style-type: none"> Coaching and on-the-job training: Support and assist the PNLOC/MTN in entering data into the TIPAC Participation of one ENVISION field staff member in WHO NTD program managers' annual meeting Support to hold the OV elimination plan meeting 	<ul style="list-style-type: none"> Support the PNLOC/MTN to identify funding gaps and use TIPAC to advocate for additional funds from donors The lessons learned during the meeting will help national program develop and update technical skills Accelerate OV
b. Drug Supply and Commodity Management and Procurement	<ul style="list-style-type: none"> Coaching and on-the-job training: HKI M&E technical assistant will assist the PNLOC/MTN in the completion of drug orders, accurately and on time Coaching: Help the PNLOC/MTN develop a strategy to collect unused drugs after MDA is completed 	<ul style="list-style-type: none"> Avoid MDA delay due to late submission of JAP to WHO M&E focal point will also assist in serious adverse event (SAE) management Accurate counts of physical inventory
d. Supervision for MDA	Orientation session with national MDA supervisors	Qualified supervisors will further improve program results
e. M&E	<ul style="list-style-type: none"> Coaching and on-the-job training: Assist PNLOC/MTN to continue data capture for all NTDs in the integrated NTD database On-the-job coaching and training: M&E officer will assist the national program to develop an M&E plan and set up a quality M&E system 	<ul style="list-style-type: none"> The data will be used to complete the WHO JAP and to develop potential LF and trachoma disposal records The M&E plan will be developed, and M&E staff will be available for M&E activities of NTDs
f. Short-Term Technical Assistance	<ul style="list-style-type: none"> Mentoring from RTI M&E expert to the newly recruited M&E staff at HKI Guinea Technical assistance from RTI/HKI-HQ for the training of HKI and PNLOC staff on TAS activities 	Qualified M&E staff will contribute to the good M&E activities results

2) Project Assistance

a) Strategic Planning

Activity 1: Meeting of the NTD Steering Committee

The NTD Steering Committee is chaired by the National Director of Epidemiology and Malaria Control or the Secretary General of the MOH. Among the members of this committee are the representatives of PNLOC/MTN, SNSSU, WHO, HKI, Sightsavers, OPC, and Plan Guinea. The Steering Committee may invite other organizations if necessary. WASH and OMVS actors have also been invited to this meeting since 2017. The committee meets twice a year to inform the authorities and national partners about the implementation of NTD activities and the difficulties encountered in determining interventions. The two meetings usually take place before the MDA campaign launch and after the main NTD activities have taken place. To date, these meetings have not been held regularly and no meeting has been organized yet except that of February 2017. These meetings are higher level discussions with senior ministry staff where advocacy and general discussions about NTD implementation take place.

ENVISION has advocated to the PNLOC/MTN that the Steering Committee meetings be held in FY19, as many discussions have taken place with WHO, which provides further encouragement to the PNLOC/MTND for these meetings. To present these activities to MOH authorities, PNLOC/MTN and ENVISION have identified a way to request and obtain working meetings with the Ministry, the Secretary General, or the National Director of Epidemiology and Disease Control. These technical meetings often provide the opportunity to highlight and enable the implementation of NTD control activities, although the Ministry has other priorities such as national polio immunization days. They also make it possible to discuss the increase in national funding for NTDs and the location of the PNLOC/MTN office after the end of ENVISION.

The PNLOC/MTN and HKI will advocate for these meetings, which will improve coordination and harmonization of activities to avoid interference from activities in the field. ENVISION will cover the costs of refreshments and stationery for one of the two meetings of the Steering Committee.

Activity 2: NTD technical working group meetings (monthly)

In 2017, a technical group on NTDs was set up with HKI's leadership to contribute to global efforts to eliminate NTDs and provide support for the elaboration of elimination dossiers in Guinea. These meetings were held in FY17 and FY18 regularly. The group, comprised of ENVISION/HKI, SNSSU, Guinea Plan, Sightsavers, OPC, OMVS, and WHO, will work in partnership with the PNLOC/MTN; it is open to other entities involved in activities against NTDs. These meetings differ from the steering committee meetings above in that they focus on the implementation of activities at a more granular level. The meetings of this technical group will take place each month. These meetings will focus on the implementation of integrated MDA campaigns and the coordination of partner interventions to support standardization, complementarity, and synergies and for shared learning and programming.

Activity 3: Annual NTD review meeting

An annual meeting to assess the NTD program will be held at the end of the fiscal year with the participation of all partners supporting the national NTD program, including the prefectural health directors and the regional health directors. At this meeting, the FY19 outcomes will be reported to the national authorities and HKI management. The two-day meeting (and two days for travel to Mamou) 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, a review meeting will be organized at the end of the MDA campaigns at the district and regional levels to identify lessons learned during the campaigns. These lessons learned will be discussed and shared during the annual review meeting. During the annual review, as was carried out during the workshop in FY17, the PNLOC/MTN, with ENVISION's assistance, will use the Data for Action Planning Guide to review MDA coverage and focus on HDs that have reported poor coverage. The guide will be used to discuss potential solutions for any coverage issues and to make improvements for FY19.

Activity 4: LF/OV national steering committee meeting (HKI Strategic Planning)

The LF/OV national steering committee will take place in 2019. This meeting will conduct an analysis of current and data and develop the national LF and OV elimination plans. Following the OV expert committee first meeting held in 2017, one recommendation was to develop an OV elimination plan that describes the elimination strategy. In 2019, ENVISION will provide support to the national program to contribute to a workshop for the development of this OV elimination plan. This meeting will produce a list of critical activities such as the identification of breeding sites, epidemiological surveys, and plans for investigation of the hypo-endemic HDs and the HDs that border areas with OV transmission. Four participants with a strong background in OV will come from the regions. ENVISION will provide a facilitator for the meeting who will be responsible for delivery of the final documents and draft elimination plan. There will be a total of 20 participants.

Activity 5: MDA planning and refresher workshop (HKI Strategic Planning)

At the beginning of the fiscal year, HKI and MOH will bring together two regional health division staff from each of the 6 regions and two district health division staff from each the 19 HD involved in MDA campaigns for a one-day workshop per region. During these meetings (one meeting in each of the 6 regions), HKI will explain the funding procedure to the national stakeholders. This activity has been carried out for the last few years, but this is the first time that it has been listed as a separate activity.

Activity 6: National PC-NTDs Partners Meeting (HKI Strategic Planning)

The MOH has expressed a need for a partner meeting that will take place in October 2018. This forum will provide an opportunity for the MOH and key partners to review progress against the MOH's Framework Plan and to endorse the ENVISION/CEP NTD FY19 work plan developed with ENVISION and CEP NTD. The MOH and many of its partners have agreed that there is an urgent need for collaboration among NTD partners to coordinate and harmonize support to the MOH.

b) NTD Secretariat

Support from ENVISION for the PNLOC/MTN Secretariat will continue in FY19 and will provide a working framework that supports proper implementation of NTD activities based in a GOG-operated building. HKI recognizes that housing the NTD program in its office is not sustainable after the end of ENVISION, and discussions have started around the NTD program's return to MOH offices after FY19. Currently eight MOH staff are based in the HKI Guinea office and receive the following ENVISION support:

- Shared office space (with HKI Guinea), with access to running water and electricity (office space, water, and electricity are in Country Management budget)
- Access to high-quality telephone and Internet services

- Regular deliveries of office supplies
- Preventive maintenance and repairs to two PNLOC/MTN vehicles.

HKI/ENVISION provides technical support to the NTD Secretariat, as well as assistance in article writing, presentations, and other publications. This support is provided on an as-needed basis.

c) Building Advocacy for a Sustainable National NTD Program

Activity 1: Involvement of WASH partners in NTD activities

The advocacy strategy of PNLOC/MTN and HKI will involve preparing documentation that summarizes NTD program activities, the diseases targeted, and their impact on the health and working capacity of communities. As part of their agreement with the GOG, the mining companies must contribute to local development plans. The PNLOC/MTN and its partners will seek to better understand the process by which this support is allocated. They will also request additional support for activities that supplement MDA, such as efforts to promote better hygiene and sanitation, and will explore other possibilities for support.

HKI initiated a discussion process with partners involved in Guinea’s WASH sector to ensure that current gains will be sustained through WASH activities to avoid resurgence of NTDs after ENVISION ends. HKI is promoting intersectoral collaboration between WASH actors and those involved in NTD control. This NTD–WASH integration will continue and will be consolidated in FY19, through the participation of HKI in the frequent meetings within the WASH working group, where the promotion of NTD–WASH interventions will be discussed. These meetings are held in Conakry, hosted by the various NGOs involved.

Activity 2: Participation in MOH/partners’ strategic meetings

Members of the PNLOC/MTN attend NTD meetings organized by other NGOs (Sightsavers, CRS, and Plan Guinea) and MOH meetings across other related sectors (WASH, education, etc.) held outside of Conakry. ENVISION will fund two HKI NTD staff members to attend one of these meetings (either MOH strategic meetings or other relevant partners’ meeting) during FY19. Attending these meetings will allow HKI staff to build links within the NTD sector with other partners and across sectors. During the meeting, HKI staff will make presentations and contributions and provide other technical support to improve activities aimed toward NTD elimination.

d) Mapping

Guinea has completed mapping of the five PC-NTDs.

e) MDA Coverage

Planned FY19 MDA Activities

In FY19, the national program NTD plans to conduct MDA in 19 HDs with ENVISION funding and in 8 other HDs with funding from other sources (see Tables 1a and 1b for the other partners’ planned support). The LF/OV/STH MDA, the trachoma MDA, and the SCH MDA are scheduled from March to May 2019. Each MDA will be carried out over five days. It should be noted that based on the successful implementation of the IPA triple therapy in FY18, 11 HDs will implement this strategy in FY19. This approach will provide some savings compared to the SCH MDA standalone as previously conducted. A cost analysis will be conducted and submitted as a late-breaker abstract for ASTMH 2018.

With support from ENVISION, the PNLOC/MTN plans to conduct the following MDA campaigns:

- LF MDA in 19 HDs: All these districts have received at least three treatments between 2014 and 2018 (11 through the IPA triple therapy MDA).
- OV MDA will be conducted as part of the LF MDA in 17 LF co-endemic HDs.
- Trachoma MDA will be conducted in Dinguiraye HD, where TF baseline prevalence was $\geq 30\%$ (this is the 5th round of treatment).
- SCH MDA will be conducted in 11 HDs with $\geq 50\%$ prevalence among SAC. These districts will receive their fourth round of consecutive treatment (all via the IPA triple therapy MDA).
- STH will be treated through the LF MDA, which combines IVM with ALB. In FY19, 13 of the 17 HDs with STH prevalence rates $\geq 20\%$ (11 via the IPA triple therapy MDA); 7 out of this 11 HDs with a prevalence $\geq 50\%$ required a second round of MDA. The PNLOC/MTN is seeking funding for second round of MDA in the 7 HDs.

Table 5: USAID-supported districts and estimated target populations for MDA in FY19

NTD	Age groups targeted	Number of rounds of distribution annually	Distribution platform(s)	Number of districts to be treated in FY19	Total # of eligible people to be targeted in FY19
Lymphatic filariasis	population above 5 years	1	Community-based MDA	19	5,303,630
Onchocerciasis	population above 5 years	1	Community-based MDA	17	4,620,486
Schistosomiasis	SAC and adults at risk	1	Community-based MDA and School-based MDA	11	3,103,904
Soil-transmitted helminths	population above 5 years	1	Community-based MDA	13	3,602,157
Trachoma	Entire population	1	Community-based MDA	1	228,467

Activity 1: Dose poles

ENVISION will produce new IVM dose poles (tarpaulin) for use during LF MDA (dose poles were last produced in FY15 and usually last three years). New dose poles for the trachoma MDA will also be made to reflect new trachoma dosing guidelines.

Activity 2: MDA Implementation

During the community-based and school-based distributions, CDDs and teachers are deployed to distribute medicines. This activity includes payments to CDDs. There are two CDDs per team.

Activity 3: Training manual, registers, SAE reporting forms

Management tools such as modules, registers, and supervisor forms that will be used during all distribution campaigns against NTDs (the IPA triple therapy tools are already integrated). Social Mobilization to Enable NTD Program Activities

f) Social Mobilization

Activity 1: NTD open house (National NTD Day)

The national program will host an open house for NTD control in FY19. The purpose of this event is to inform the general public and various stakeholders about the importance of NTDs and the activities that the MOH has put in place to fight them. This activity is planned for Q1 FY19. The various potential partners (embassies, mining companies, NGOs, and United Nations agencies) and students will be invited to the event in the hope of generating interest and identifying potential synergies with activities currently underway. Another indirect objective is to improve knowledge and interest in NTDs by current and future physicians and other health workers.

In FY19, the PNLOC/MTN will hold the open house activity in Conakry, in partnership with the scientific cadre of a private medical school (staff and students). The activities scheduled during the NTD Open House include the following:

1. The partners involved in NTDs will display exhibits that provide general information on NTDs. Posters will show images of these diseases, activities implemented, and program and research outcomes.
2. The PNLOC/MTN and its partners will hold debates on various NTD topics.
3. NTD sketches will be prepared and performed by the scientific staff and students of the medical school. These sketches will be prepared in collaboration with the PNLOC/MTN and HKI.

The media will cover the event, conducting several interviews. The roundtables will be recorded and used as communications tools on MDA.

Activity 2: Orientation workshop for leaders

As was done during FY18, the HD teams will invite a group of community and religious leaders from the sub-prefectures and health centers to participate in an HD-level orientation workshop in all 19 HDs supported by ENVISION. This workshop, which aimed to publicize the NTD control program during the Ebola outbreak, proved to be very useful and exceeded expectations. The workshop was also useful for the MDA campaign in reducing the number of refusals (beyond refusals caused by EVD) and preventing rumors about the campaign. ENVISION plans to continue this workshop in FY19. The workshop will provide more information on the targeted NTDs (including the symptoms of NTDs and drug adverse events) and messages that can be used to counter the rumors/misinformation that arose during the EVD epidemic, along with techniques for these leaders to use in transmitting messages and answering questions within their respective communities. Information on ways to minimize the adverse events, 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. The leaders who are trained will then train other community leaders in their sub-prefectures to distribute the messages.

Activity 3: MDA campaign launch ceremonies

The FY19 MDA campaign will be preceded by the following activities:

- An official national launch to inform the general population about NTDs, disseminate details on the MDA campaign, and support advocacy efforts This launch will take place in N’Zérékoré Region after the NTD Open House Day. It is intended to create high levels of public and government participation in the MDA campaign. It is also a platform to encourage government decision makers and companies to take NTDs into account in their development plans. This approach 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. This approach also made the program more visible.
- A launch in each HD Before the start of each type of MDA (LF/OV/STH, LF/OV/STH/SCH, trachoma), the health and administrative authorities will bring together religious and traditional authorities, teachers, drug distributors, and the general public at a public place for a launch ceremony specific to the HD. Loudspeakers will broadcast music and speeches, snacks will be available, and the individuals involved in the campaign staff members will wear their NTD T-shirts. In HDs that will conduct two or more of these types of MDA, different locations within the district will be chosen for each launch to ensure maximum visibility. This joint initiative will help to ensure that the authorities are committed and that the public is informed about the campaign. During the FY19 launch ceremonies, the authorities and health workers will take the drugs, facing the population, to reassure people that the drugs are safe. The CDDs can also use this technique during the MDA if some people refuse because they are afraid of the drugs (members of the CDD team should coordinate the days on which they take the drugs because they cannot take them more than once). This approach produced good results in the previous campaigns for reassuring certain communities that were reluctant to take the drugs.

Activity 4: National and local broadcasting of health messages

Before the FY19 MDA campaign, the NTD national coordinator and HKI’s country director will be interviewed by a journalist from national television on the MDA activities. The broadcast of these interviews will contribute to good social mobilization. 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. The same kind of 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). This kind of communication will enable the leaders to discuss the subject in greater detail and to answer the most frequently asked questions on PC-NTDs.

Activity 5: Town Criers

In rural areas, the National Program will 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.

Activity 6: Mobile sound system

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. This will be done twice during the day of the launch.

Activity 7: Production and use of IEC materials

Posters and banners will be produced and displayed in public places during social mobilization activities in the HD or for the NTD Open House Day. T-shirts for CDDs and supervisors will also be produced for the MDA campaigns and the ENVISION-funded NTD Open House Day. These T-shirts will be a way of recognizing the actors involved in the distribution. They will be a means of social mobilization and awareness on the NTD program.

As part of increasing the visibility of NTDs, a journalist specializing in health issues will be recruited during the MDA to make a video segment of 15 minutes on ENVISION activities. This report will be broadcast on the national television channel in the program entitled "Health for All." The report will increase project visibility and be used in social mobilization.

Table 6: Social mobilization/communication activities and materials checklist for NTD work planning

Category	Key Messages	Target Population	IEC Activity (e.g., materials, medium, training groups)	Where/when will they be distributed	Frequency	Has this material/message or approach been evaluated? If no, please detail in narrative how that will be addressed.
MDA Participation	The MDA will be carried out in the 19 HDs over five days (February to April).	Individuals ≥5 years of age for LF/OV, SAC for SCH, and the entire population for trachoma	Posters, banners	posters are displayed in public places five days before the campaigns begin	Displayed before each MDA	During the campaigns, the supervisors monitor the presence of posters and banners.
			Images are laminated and can be used multiple times.		During the MDA	Supervisors monitor the use of images during the MDA campaigns.
	The drugs distributed are free and innocuous.	Entire community	<i>Radio</i>	Rural and community radio stations broadcast before and during the campaigns.	Messages are broadcast twice/day before and during the MDA.	A questionnaire/ survey during the external supervision includes a question on which communication channel the communities received MDA information from.
	The drugs may have minor adverse events that will disappear.	Health centers, CDDs	<i>Training module and radio stations</i>	Training for supervisors, CDDs	Modules are distributed during supervisor training and messages broadcast before and during the MDA.	External supervision provides the information on the message broadcast.
	The drugs distributed in schools are free and pose no danger. They will keep children healthy and thus improve their school performance.	SAC, parents of students	<i>Rural and community radio stations</i>	In schools and radio before and during MDA		External supervision provides the information on the message broadcast.

Category	Key Messages	Target Population	IEC Activity (e.g., materials, medium, training groups)	Where/when will they be distributed	Frequency	Has this material/message or approach been evaluated? If no, please detail in narrative how that will be addressed.
Disease Prevention	NTDs can be prevented with (1) medications that need to be taken each year by all communities and (2) individual and environmental hygiene.	<i>General population</i>	<i>Radio stations</i>	In the community, before and during the MDA campaigns	Before and during the MDA	A questionnaire/ survey during the external supervision will include a question on what message has been broadcast.

g) Training

Activity 1: Training of trainers and supervisors

In order to maintain good coverage rates and high-quality campaigns, as last year, in FY19 ENVISION will support the national program for the refresher training of 24 national supervisors. These supervisors will be trained in Kindia for two days (one day to train on the disease and the other day to review the tools) by national NTD coordinators and ENVISION 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). The trainers will evaluate the results obtained from the HD, the number of problems recorded, the solutions proposed to these problems, and the overall performance of the HD.

The training of grassroots supervisor trainers will also be held in the appropriate administrative regions. A total of 31 trainers from the 19 HDs targeted in FY18 will be trained by the PNLOC/MTN. The HKI supervisors will provide supervision and capacity strengthening during the training.

Activity 2: Training of health center staff, teachers, and CDDs

For each HD targeted, the HD trainers will provide integrated training on all MDA campaigns (refresher training or training for new personnel) to two staff members from each health center (the head of the health center and his/her assistant) in their respective HD, plus a journalist, a member of the hospital staff, and two other supervisors from the HD team (six people in total per HD). Training is evaluated with the use of a pre-test and post-test system for the health center staff and teachers. The CDDs are not evaluated due to the large number of CDDs. The CDDs are trained with multiple role-play exercises.

The two health center staff members will then train/provide training to the CDDs at the health center level for the MDA. The head of the health center and a teacher will supervise the SCH campaign. The people trained will be CDDs and teachers (some will take part in multiple drug distributions). The hospital staff will monitor the need for treatment of adverse events, and the journalist will monitor misinformation/rumors about adverse events on a daily basis in order to take appropriate corrective communications measures. All those involved in conducting the MDA will receive some training, whether or not they participated in prior distributions. This refresher training is necessary to upgrade

knowledge and skills, thus avoiding any confusion and correcting mistakes from prior campaigns. It is also an opportunity to train new CDDs who will be involved in the different campaigns. Not all campaigns use the same CDDs. The MDA will include as many CDDs from the previous campaigns as possible to draw on existing knowledge of implementation of the activities. 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 adverse events), and (3) key messages to be transmitted to community members during the MDA that will increase acceptance of the drugs by addressing the main reasons for refusal. Role-playing will be included in the training to help the heads of the health centers and the CDDs focus on the essentials during the MDA. The national program recognizes that integrated training of CDDs is more cost-efficient than conducting the training for each campaign separately. In FY19, the training of CDDs will be integrated in 11 HDs targeted for IPA triple therapy, assuming this pilot is extended.

Activity 3: Training of external MDA supervisors

In FY19, ENVISION will hire and train 11 external supervisors (previously this was called training of independent monitoring supervisors) and some of these 11 supervisors will have undergone this training in the past. These 11 supervisors plus the ENVISION staff will be able to provide high-quality supervision during the MDA. The external supervisors are physicians with NTD experience and previous supervisory experience. The supervisors will be trained in use of smartphones for data collection. This training will take two days.

Activity 4: Training for TIS/TSS surveyors

In FY19, TIS will be conducted in four HDs (Dabola, Faranah, Kissidougou, and Kouroussa) and a trachoma surveillance survey (TSS) in 4 HDs. The survey protocol requires that the investigators be trained in gathering data in accordance with WHO guidelines and Tropical Data. Ten people will be trained for TIS/TSS (all experienced in TIS), this will be a single training. To date, Guinea has eight qualified examiners and seven qualified recorders; these numbers need to be increased for the coming years. The PNLOC/MTN and HKI will monitor the quality of all training. The problems observed will be corrected immediately. The lessons learned from these observations will be shared during subsequent training sessions to ensure that they are integrated into the future.

h) Drug and Commodity Supply Management and Procurement

Activity 1: Drug storage

As was done in FY18, in FY19 ENVISION will recruit a freight forwarder to receive, manage, and obtain customs clearance at the port of entry of ZTH (pediatric oral suspension and tablets). The MOH's drugs (ZTH, TEO, ALB, PZQ, and IVM) are stored at its warehouses. After the MDAs, the PNLOC/MTN team will conduct a physical inventory of the remaining drugs at that time.

Activity 2: Drug transport from national warehouse to district level

ENVISION will also contract the PCG to reorganize and transport the drugs and MDA-related tools and supplies for the HDs. The repackaging is carried out following the distribution plan developed by the PNLOC/MTN with HKI ENVISION support. The PCG will repackage the drugs and MDA-related tools and supplies for transport in coordination with the PNLOC/MTN and HKI and will transport them to the HDs. The distribution plan will be described in the HKI contract with the PCG and will specify the scenario, the locations, and the supplies/quantities required.. The partners, new and existing, will come together to discuss coordination of the drug management.

The distribution will be planned based on the routes that are accessible at the time the drugs are needed and will be completed before the MDA supervisors' training

Activity 3: Drug transport from HD to distribution point(s)

ENVISION will provide support to 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.

Activity 4: Reverse supply chain (HKI Drug Supply and Commodity Supply Management and Procurement)

A collection team from HKI Guinea and national supervisors will recover any drugs after the MDA and bring them to Conakry just after the mop-up period.

i) Supervision for MDA

Activity 1: Supervision of LF, OV, Trachoma, STH, and SCH campaigns supervisors in FY19. A report in a debriefing meeting will be expected. At the national level, PNLOC/MTN supervisors from a pool of certified supervisors will be deployed in each HD where a campaign is planned. In addition, one MOH staff from the Department of Pharmacovigilance will be deployed in each of the HDs where the PNLOC/MTN carries out the IPA triple therapy MDA to reinforce the pharmaco-vigilance by assisting the HD level in case of SAEs. These national supervisors will oversee preparation meetings, training for health center workers, drug distributions, and the prefectural summary at the end of the campaign.

At the regional level, a team of regional supervisors (with support from national supervisors) will oversee the training, drug distributions, and make recommendations to their HDs.

At the HD level, the district team's members will supervise the heads of the health centers, who will supervise the CDDs. Supervision of the MDA activities conducted by CDDs may be carried out jointly by the national-, regional-, and HD-level supervisors. The distribution team's role is, first, to measure the height of the person to be treated, then administer the drug, and, last, record the cases.

The PNLOC/MTN team will ensure that supervision is performed in a rigorous manner. The team will support this supervision by helping the HDs prepare action plans and updating the monitoring tools for the supervision visits. The team will incorporate the lessons learned in prior years so that the most relevant aspects of the MDA are monitored and reported on and, in particular, the appropriate corrective measures are taken. An HKI team member will be present at all PNLOC/MTN activities to help with supervision and provide technical support.

Activity 2: External MDA supervision

The presence of the external supervision teams and their supervisors at the MDA will also help to strengthen supervision, resolve problems, and record best practices in the areas that need improvement, using standard report forms. When problems are observed or identified in the field during supervision activities, the supervisors are authorized to recommend or carry out the appropriate solutions or take the question to a higher level when problems cannot be resolved on site. The PNLOC/MTN will respond to all requests from field supervisors within 24 hours. To ensure that HDs receive adequate support during the MDA campaigns, the district-level trainers will inform the heads of the health centers of their responsibilities during their training.

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. The heads of the health centers will train both the existing and new CDDs, providing support for treatment and reporting of adverse events (both for school and community distributions), and will compile the results from their geographic sector for all MDAs.

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, to assess coverage among those HDs surveyed. 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. This survey will be conducted both during the MDA to help troubleshoot and alert the NTD team to low coverage areas, and after the MDA to determine if mop-up treatment is needed. This will represent a major quality control measure to identify flaws in execution during the campaign and correct them in real time in 19 HDs. Existing smartphones and/or tablets will be used to record the data. The external supervision targets the LF/OV/STH and FL/OV/STH/SCH MDA. The PNLOC/MTN uses its own supervision checklist.

The external supervisors also monitor the efficacy of the social mobilization messages. There is a checklist to monitor the impact of the messages. Any deficiency in the distribution of the messages is noted and immediate attempts are made to correct the situation if possible. If not, the problem is noted and will be shared during the data restitution.

j) M&E

Activity 1: TIS

Trachoma surveys will be conducted in four HD (7 EUs) all with the support of ENVISION as follows:

- One HD in the region of Kankan (Kouroussa), where the baseline prevalence of TF was > 30% and which benefited from the five-year SAFE strategy
- Three HDs in the Faranah area (Faranah, Dabola, and Kissidougou), with a baseline prevalence >30% and which received 5 rounds of treatment, and Faranah, which has received 6 rounds (1 of

which did not achieve sufficient programmatic coverage). All HDs besides Dabola have population above 250,000 and will be split into 2 EUs, making a total of 7 EUs.

Activity 2: TSS

TSSs will be conducted in 4 HDs (8EUs) in Kankan region (Kankan, Siguiri, and Mandiana, which had a baseline prevalence between 10–29.9%, and Koundara (8.5%)). These HDs had 3 rounds of MDA from 2014 to 2016. TISs were conducted in these HDs six months after the last MDA, from December 2016 to January 2017. The results showed a significant reduction of TF prevalence in the HDs to below the threshold of 5%, reaching the criteria to stop MDA in these districts, and the reduction of TT prevalence in Kankan. However, in the absence of TT surgery outreach campaigns, TT prevalence increased in Mandiana from 0.6% to 0.9%, although this increase was not statistically significant.

Before the start of the impact surveys and surveillance surveys, the investigators will be trained again by the PNLOC/MTN; HKI Guinea staff already are trained on Tropical Data. A team composed of PNLOC/MTN, HKI, and local HD staff will meet with community leaders, local associations, and leaders of administrative and social entities. They will be informed of the objectives and methodology of the survey and will be asked to notify communities and individuals and to nominate local guides to introduce each of the survey teams to the communities.

Activity 3: Development of the PNLOC/MTN M&E Plan and integrated NTD database update

ENVISION, through the HKI M&E officer, will work with the PNLOC/MTN to develop the M&E plan in FY19. The plan will be presented to partners at one of the partner workshops.

The collection and input of historical data and then the set-up of the integrated NTD database was completed with ENVISION support in FY17. The M&E officer will update the integrated NTD database in FY19 and continue to capacity build for the MOH staff to assume this responsibility.

k) Supervision for M&E and DSAs

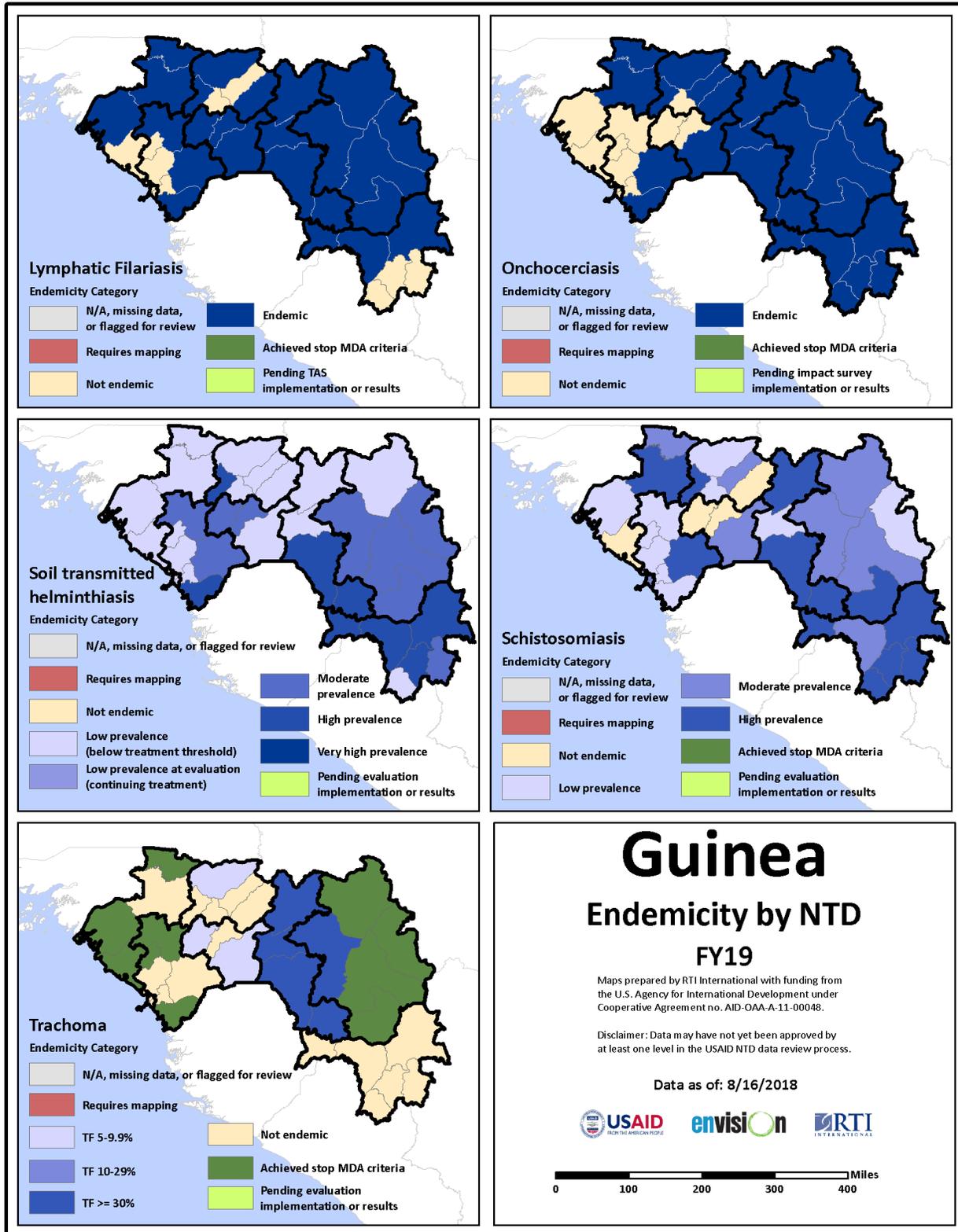
Activity 1: Supervision of TIS

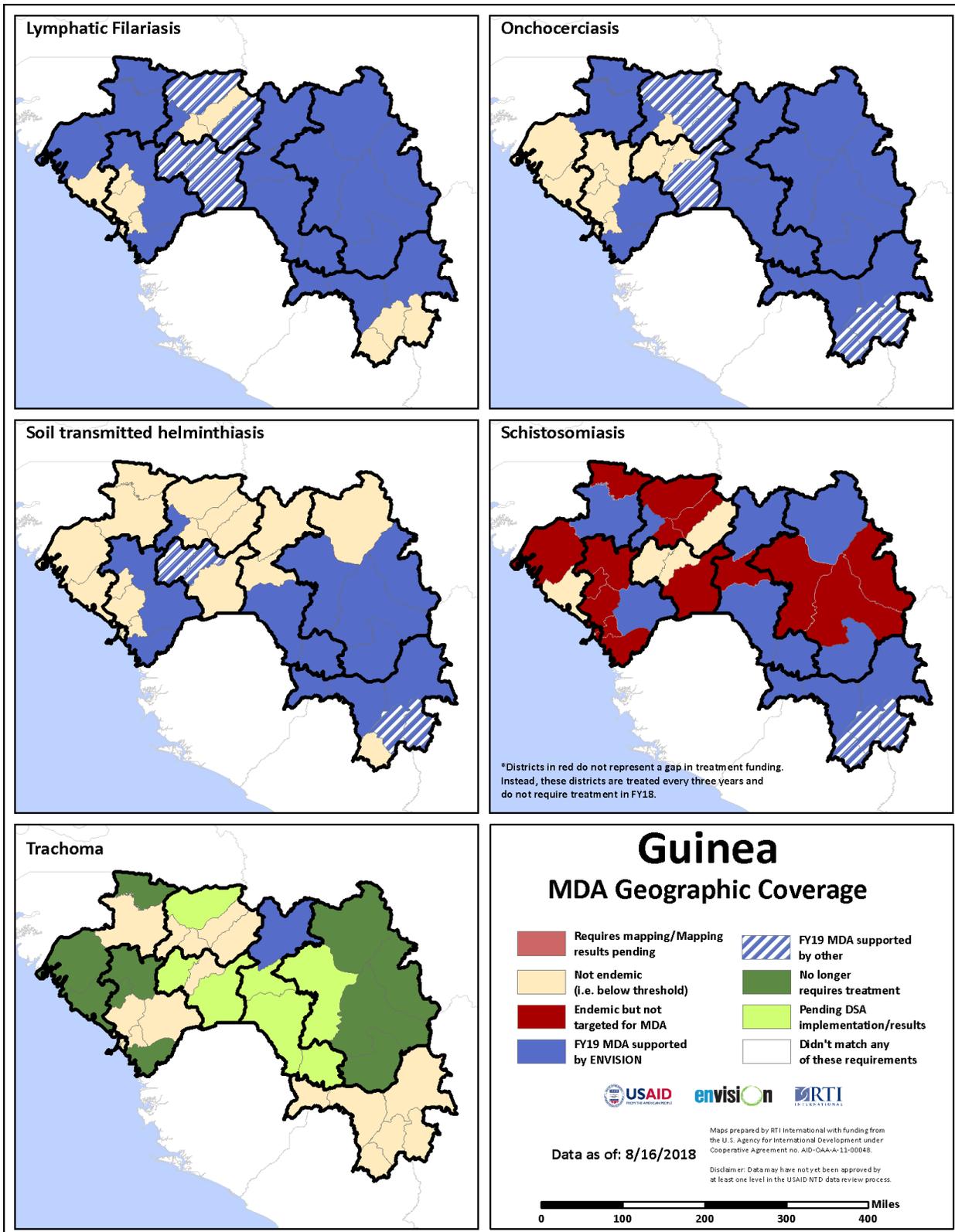
The PNLOC coordinator and deputy coordinator and ENVISION HKI staff will provide supervision of the TIS planned for FY19. An ENVISION team member will be present during the TIS and will provide supervision and support according to Tropical Data methodology.

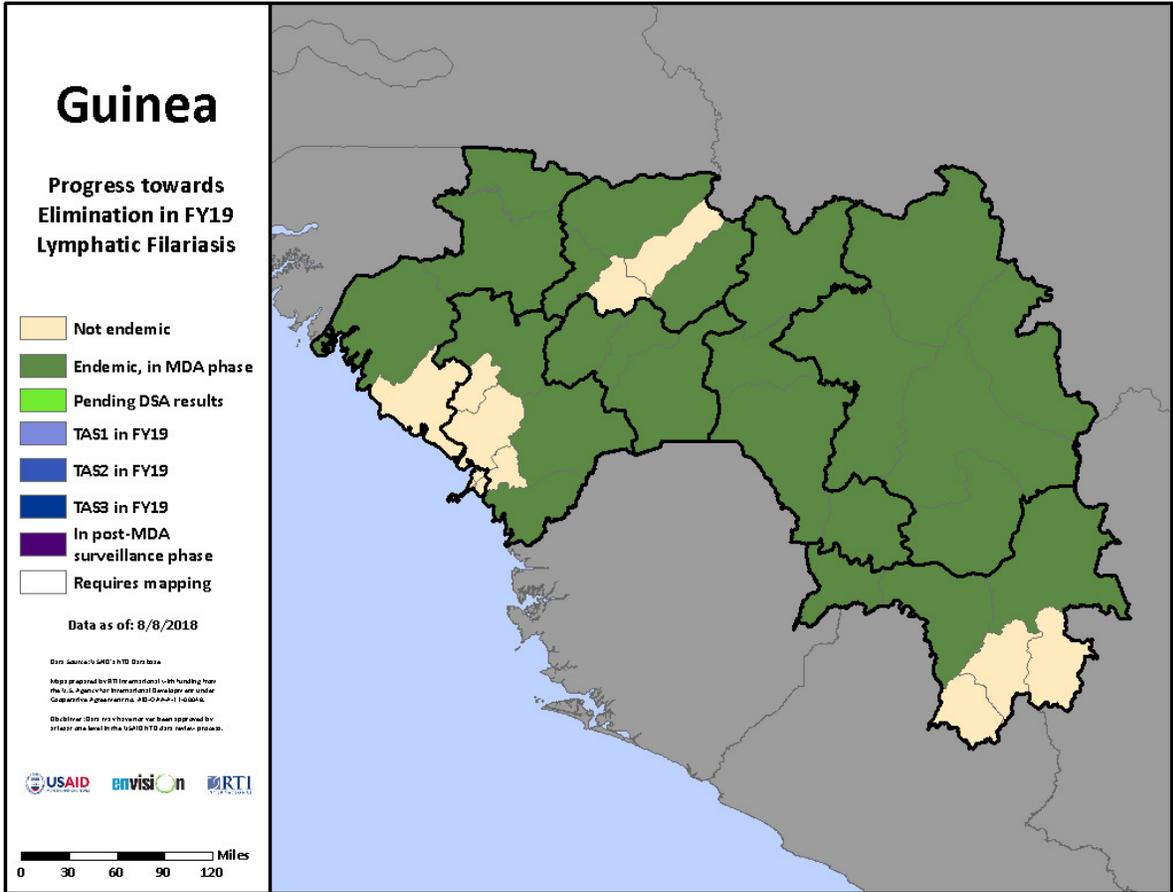
Activity 2: Supervision of TSS

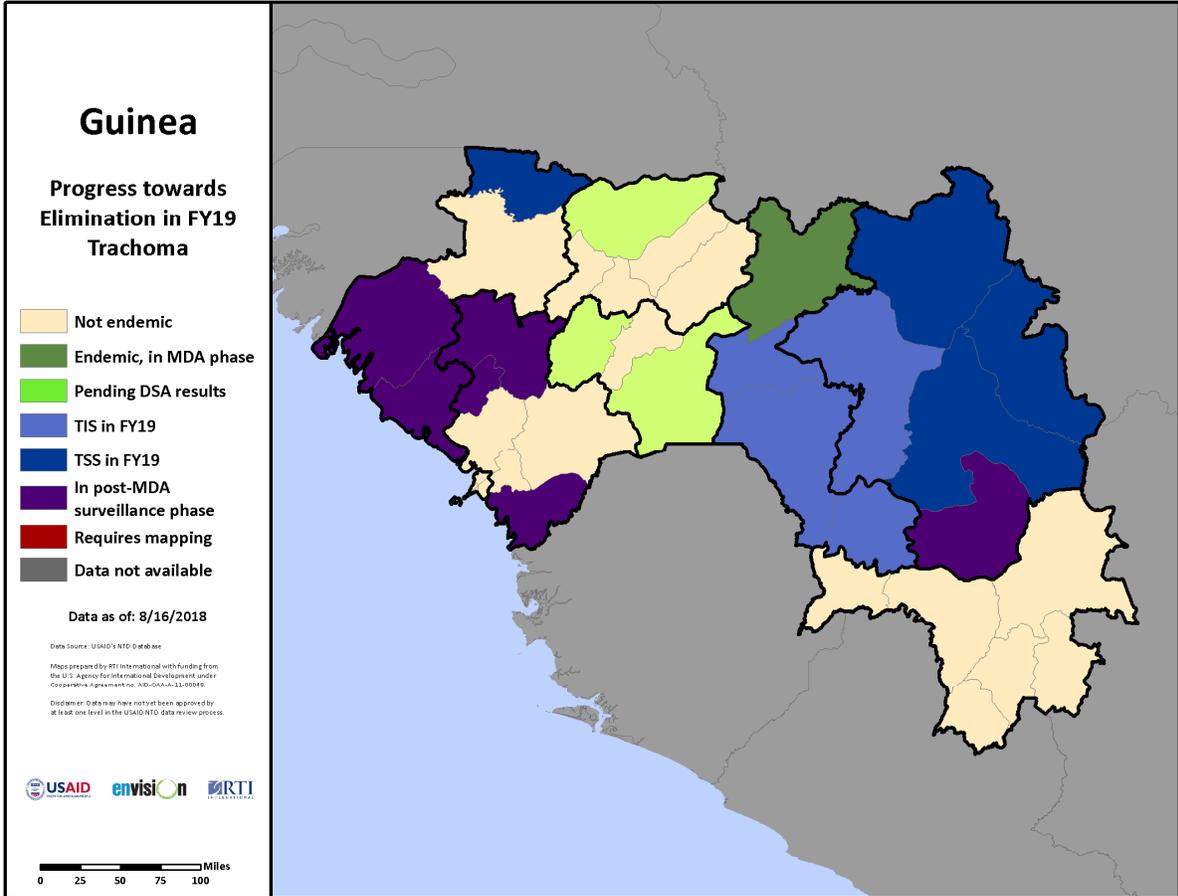
The PNLOC coordinator and deputy coordinator and ENVISION HKI staff will provide supervision of the TSS planned for FY19. An ENVISION team member will be present during the TSS will provide supervision and support according to WHO guidelines.

3) Maps









APPENDIX 1: Work Plan Timeline

FY19 Activities
Project Assistance
NTD Secretariat
NTD Secretariat
Building Advocacy for Sustainable National NTD Program
Involvement of Water, Sanitation, and Hygiene (WASH) partners in NTD activities
Participation in MOH/partners strategic meetings
Mapping
N/A
MDA Coverage
Procure dose poles
MDA Implementation
Training manual, registers, SAE reporting forms
Social Mobilization to Enable NTD Program Activities
NTD Open House (National NTD Day)
Orientation workshop for leaders
MDA campaign launch ceremonies
National and local broadcasting of health messages
Town criers
Mobile sound system
Production and use of IEC materials
Training
Training of trainers and supervisors
Training of health center staff, teachers and CDDs
Training of external MDA supervisors
Training for TIS/TSS surveyors
Drug Supply Management and Procurement
Drug storage (PCG warehouses)
Drug importation
Drug transport from national warehouse to district level
Drug transport from health districts to distribution points
Reverse supply chain
Supervision for MDA
Supervision of LF/OV/STH/SCH/Trachoma MDA
External MDA supervision
Monitoring and Evaluation
Trachoma impact survey (TIS)
Trachoma surveillance survey (TSS)

FY19 Activities
Supervision for Monitoring and Evaluation and DSA
Supervision of TIS
Supervision of TSS
Dossier Development
Trachoma Dossier Development Workshop A
STTA
Local Consultant for OV Elimination Workshop

APPENDIX 3. Table of USAID-Supported Regions and Districts in FY19

	Region	Health Districts	Map-ping (list disease /s)	Baseline sentinel sites (list disease/s)	MDA					DSA (list type: TAS 2, TSS, etc.)					
					LF	OV	SCH	STH	TRA	LF	OV	SCH	STH	TRA	
1	Boké	Boffa													
2		Boké			X										
3		Fria													
4		Gaoual				X	X	X							
5		Koundara				X	X							TSS	
6	Conakry	Dixinn													
7		Kaloum													
8		Matam													
9		Matoto													
10		Ratoma													
11	Faranah	Dabola			X	X								TIS	
12		Dinguiraye			X	X	X		X						
13		Faranah				X	X	X	X	X					
14		Kissidougou				X	X	X	X					TIS	
15	Kankan	Kankan			X	X		X						TSS	
16		Kérouané			X	X	X	X							
17		Kouroussa				X	X		X					TIS	
18		Mandiana				X	X		X					TSS	
19		Siguiri				X	X	X						TSS	
20	Kindia	Coyah													
21		Dubrêka													
22		Forécariah				X	X		X						
23		Kindia				X	X	X	X						
24		Telimélé				X			X						
25	N'Zérékoré	Beyla			X	X	X	X							
26		Guéckédou				X	X	X	X						
27		Lola													
28		Macenta				X	X	X	X						
29		N'Zérékoré													
30		Yomou													

	Region	Health Districts	Map-ping (list disease /s)	Baseline sentinel sites (list disease/s)	MDA					DSA (list type: TAS 2, TSS, etc.)				
					LF	OV	SCH	STH	TRA	LF	OV	SCH	STH	TRA
31	Labé	<i>Koubia</i>												
32		<i>Labé</i>												
33		<i>Lélouma</i>			X	X	X	X						
34		<i>Mali</i>												
35		<i>Tougué</i>												