Nepal Work Plan

FY 2021 Program Year 3

October 2020-September 2021







This report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Act to End NTDs | East, led by RTI International in partnership with The Carter Center, Fred Hollows Foundation, IMA World Health, Light for the World, Sightsavers, Results for Development, Save the Children, and WI-HER under cooperative agreement No. 7200AA18CA00040 and do not necessarily reflect the views of USAID or the United States Government.

ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program also provides critical support to countries on their journey to self-reliance, helping them create sustainable programming for NTD control within robust and resilient health systems. The Act | East Program is being implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation; IMA World Health; Light for the World; Results for Development (R4D); Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WI-HER).

In Nepal, Act | East program activities are implemented by RTI International.

COVID-19 PANDEMIC IMPACT ON ACT TO END NTDs | EAST (ACT | EAST) ACTIVITIES AND WORK PLANS

Act | East recognizes the impact that the coronavirus disease 2019 (COVID-19) pandemic has had on all programs. On April 1, 2020, the World Health Organization (WHO) issued interim guidance to neglected tropical disease (NTD) programs recommending that almost all in-person activities be postponed until further notice. With the support of USAID, Act | East stopped all activities that matched the criteria outlined in WHO's interim guidance.

On July 27, 2020, WHO issued further interim guidance on assessing whether NTD activities could restart safely. Alongside this, Act | East, in collaboration with Act | West and USAID, developed activity restart guidance and resource documents to support each country in safely implementing activities while adapting to the COVID-19 challenge and adhering to global guidance.

The timeline to restart activities will be context-specific, varying by country, region, and activity, and is subject to changes in COVID-19 dynamics. For the sake of brevity, all amendments to activity design to account for COVID-19 have not been listed in each country's work plans.

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ACRONYMS LIST

ALB Albendazole

ASCEND Accelerating the Sustainable Control and Elimination of Neglected

Tropical Diseases

COVID-19 Coronavirus Disease 2019
DOHS Department of Health Services
DSA Disease-Specific Assessment

EDCD Epidemiology and Disease Control Department

EU Evaluation Unit

FCHV Female Community Health Volunteer

FY Fiscal Year

GESI Gender Equality and Social Inclusion

GON Government of Nepal

ICT Immunochromatographic test

IDA Ivermectin, Diethylcarbamzine, Albendazole

HSS Health System Strengthening

LF Lymphatic Filariasis

MDA Mass Drug Administration

MOHP Ministry of Health and Population

NTD Neglected Tropical Disease R4D Results for Development

RPRG Regional Program Review Group
SEARO South East Asia Regional Office
STH Soil-Transmitted Helminths
TAS Transmission Assessment Survey

TWG Technical Working Group

USAID United States Agency for International Development VBDRTC Vector-Borne Disease Research and Training Center

WHO World Health Organization

WI-HER Women Influencing Health, Education, and Rule of Law

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Nepal has an estimated population of over 29 million.¹ In 2018, Nepal shifted to a new federal structure that divided the country into 7 provinces and 77 districts. The districts are divided into 753 local levels: 6 metropolitan cities, 11 sub-metropolises, 278 urban municipalities, and 458 rural municipalities (gaunpalikas) depending on population and infrastructure. Urban and rural municipalities are divided into wards, which are the country's lowest level of administration. Each municipality is responsible for implementing government programs and delivering services through local health facilities. Under the new structure, district public health offices and district education offices are no longer the primary implementation units for health services or other programming; instead, these functions are executed by municipalities.

Nepal is currently endemic for two neglected tropical diseases (NTDs) that require preventive chemotherapy: lymphatic filariasis (LF), and soil-transmitted helminths (STH). In April 2018, The World Health Organization (WHO) validated Nepal's elimination of trachoma as a public health problem. Government of Nepal (GON) and partners continue to provide support for post-elimination trachoma activities.

Since 2020, the GON has implemented all mass drug administration (MDA) for the elimination of LF and control of STH with government funding. The GON's implementation of MDA for these two diseases is coordinated but not integrated. The national LF program is housed in the Ministry of Health and Population's (MOHP's) Epidemiology and Disease Control Division (EDCD). In districts co-endemic for LF and STH, one round of STH MDA is conducted by the EDCD, and a second round is carried out by the Family Welfare Division of Department of Health Services (DOHS). In districts where only STH is endemic or where the LF program has successfully reduced LF prevalence to the point that the district can stop LF MDA, the Family Welfare Division coordinates school-based MDA twice annually. In fiscal year 2021 (FY21), the government will fund and implement LF MDA in 13 districts. The MOHP will fund school-based STH MDA in all 77 districts in the country. The MOHP provides technical oversight of the trachoma program and also funds trachomatous trichiasis surgeries. The Ministry of Water Supply provides funds to improve water and sanitation systems and contributes to the environmental improvement activities that form part of the trachoma and STH programs.

NTD Program Governance and Oversight

Nepal's NTD program is coordinated at the national level through the Health Coordination Division of the MOHP. The NTD Secretariat is housed in the Health Coordination Division and provides assistance to the NTD coordinator (Chief of the Health Coordination Division) in assuring coordination and reporting among the divisions and partners. The GON developed NTD action plans for the periods of 2010–2014 and 2016–2020 and is now developing one for 2020–2030. For the 2020–2030 plan, Act | East will provide technical advice as requested by the GON.

While coordination between disease programs takes place at higher levels, the disease programs are housed in separate MOHP divisions (or in a non-governmental organization, in the case of trachoma); therefore, an NTD Technical Working Group (TWG) coordinates implementation and monitoring of MDA and surveys. The TWG also develops strategies for specific technical challenges, such as improving coverage in areas with repeated transmission assessment survey (TAS) and pre-TAS failures. The TWG is chaired by the Secretary of MOHP or the Secretary's delegate. Members include the Chief of the Health

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¹ Population projection based on 2011 census.

Coordination Division, MOHP; Director General of DOHS; directors of EDCD, Management Division; representative(s) from the Family Welfare Division of DOHS; representative(s) of the Department of Education; representative(s) from the Department of Water Supply and Sewerage Management; representative(s) from Nepal Netra Jyoti Sangh; representative(s) from WHO; supporting donors and implementing partners (e.g., USAID's Act | East Program and Crown Agents' ASCEND project); invitees from USAID; and Nepali implementing partners such as the Vector Borne Disease Research and Training Center (VBDRTC). The NTD TWG is managed by the NTD Secretariat housed in the MOHP.

2. INTERMEDIATE RESULT (IR)1 PLANNED ACTIVITIES: LF

Program Context

More than 25 million people in Nepal were determined to be at risk of LF caused by *Wuchereria bancrofti* and transmitted by the *Culex quinquefasciatus* mosquito, based on baseline mapping between 2001 and 2012. Mapping was conducted with a combination of immunochromatographic test (ICT) cards, night blood surveys for microfilaremia, and tracking of clinical cases. Initially, 15 districts were identified as not requiring mapping based on their high altitude and low vector abundance; they were assumed to be unlikely to be endemic given their mountainous geography. This assumption was verified in 2012 when two hill districts that border LF-endemic districts, Gulmi and Khotang, were mapped using the original WHO mapping protocol and ICT cards and found to be non-endemic for LF. However, another mountainous district that was assumed to be non-endemic, Darchula, was also mapped in 2012 using ICT cards, and results showed 1.3% antigenemia prevalence, which is above the treatment threshold. Based on this evidence, Darchula commenced MDA in 2013. In 2017, the GON had reports of other vector borne diseases in the valley areas of similar mountainous districts. EDCD raised the issue with the WHO Southeast Asia Regional Office (SEARO) Regional Program Review Group (RPRG), which suggested implementing confirmatory mapping in the 12 unmapped mountainous districts.² (The TAS Survey Results map in Appendix 10 shows the location of these districts.)

GON has also discussed use of triple drug therapy- ivermectin, diethycarbamazine (DEC), and albendazole (ALB) (IDA) for MDA as a pilot. In FY21, the GON plans to pilot IDA in Kapilbastu District.

In FY21 the same approach for LF MDA will continue in 13 districts where LF MDA is scheduled. Five districts (Dhanusa, Mahottari, Rautahat, Sarlahi, and Sindhuli) failed TAS3 in FY19, but have not planned MDA in FY21 because the GON has not yet made a final decision on how to handle next steps for these districts. (A disease-specific assessment [DSA] failure investigation is planned for the second half of FY20, once coronavirus disease 2019 [COVID-19] cases decrease in these districts.)

For LF DSAs, districts will still be used to determine evaluations units (EUs), aligning with the implementation units that historically undertook MDA. In FY19, two districts (Ilam and Panchthar) passed TAS1 surveys and in early FY20, one district (Kanchanpur) passed re-pre-TAS. In 2019, the NTD TWG agreed that the responsibility for undertaking pre-TAS and TAS should fall to the GON's VBDRTC. Act | East will support capacity-building of VBDRTC to undertake pre-TAS and TAS surveys. In FY21, Act | East will also support a staff position to help coordinate DSAs and ensure that DSA protocols, tools, and standardized planning are institutionalized through the relevant GON departments.

² Dolakha, Dolpa, Humla, Jumla, Kalikot, Manang, Mugu, Mustang, Rasuwa, Sankhuwasabha, Solukhumbu, and Taplejung

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Proposed FY21 Activities

In FY21, Act | East will continue to support the MOHP on all LF DSA planning, targeted social mobilization activities and supervisory support for MDA, and development of a draft LF dossier.

FY21 Activity: Provincial-Level LF MDA Planning Meetings in 5 Provinces

In FY21 Act | East will provide financial support to supplement costs of EDCD-organized planning meetings at the provincial level in five provinces: Province 1, Province 2, Gandaki Province, Province 5, and Sudurpashchim Province. The participants of these meetings will review municipality-level data from previous MDA and DSAs, discuss opportunities to make adaptations in future MDA, and advocate for the importance of prioritizing NTD activities at the municipality level. These seven events are planned as shown in the table below.

Provinces	MDA Districts	Total Municipalities	No. of Planning Events
Province 1	Dhankuta, Jhapa, and Morang	39	2
Province 2	Bara	16	1
Gandaki	Lamjung, Parbat, Baglung	25	1
Province 5	Kapilbastu, Dang, Banke, Bardiya	36	2
Sudurpashchim	Kailali & Kanchanpur	22	1
	Total	138	7

FY21 Activity: TWG Meeting

Act | East will support one three-day meeting of the NTD TWG, which coordinates Nepal's three independent NTD programs: LF, trachoma, and STH. (See *NTD program governance and oversight* for more description of the TWG.) This meeting will be an opportunity for the GON, Act | East, and other stakeholders to pause and reflect on progress and challenges and report on activities.

FY21 Activity: Annual Work Plan Meeting

In FY21, the Act | East Nepal team will have a two-day work planning meeting for FY22. The objective of this meeting is to review the progress of planned FY21 activities and to develop a cohesive strategy to balance the priorities of the national NTD program and USAID in FY22.

FY21 Activity: Central-Level Journalist Interactions

EDCD has requested support to build capacity of journalists at the central level to accurately report on LF MDA. These meetings will orient journalists to the national LF Elimination Program and share district-level MDA and DSA data for two to three successive years from districts implementing MDA. Journalists will have access to information that compares progress between districts, discuss budget availability, and learn about plans for SAE management.

FY21 Activity: Central-Level Health Professional Interactions

Act | East will fund one event for MOHP health professionals working in the public sector. This interaction meeting will be organized by EDCD at the central level. The meeting will refresh health professionals' knowledge of LF MDA campaigns, provide briefing materials, and answer questions about NTDs and the safety of the drugs that are used during MDA.

FY21 Activity: Social Mobilization for MDA—Television Broadcast and Newspaper Notices

In FY21, Act| East will fund public service announcements about LF MDA for national television broadcast. Messages will include information to the public about the date and location of the MDA and

the benefits and safety of DEC and ALB. It is a legal requirement in Nepal to publicize all upcoming MDA and provide information on the safety of medications in the national newspaper.

FY21 Activity: Supervision of MDA

In FY21, MDA in all districts will be supported by the GON. Municipalities will build MDA costs directly into their annual budgets, inclusive of funding for planning meetings, local social mobilization, drug distributor trainings, and local supervision. Act | East will supervise LF MDA and related activities in selected districts and directly support travel costs for supervision by central government officials where requested. Districts prioritized for supervision will be finalized based on discussion with EDCD. The objective of the supervision is to ensure that WHO guidelines for MDA are followed during LF MDA. Act | East and EDCD will meet before, during, and after MDA to share observations from MDA supervision and agree on any modifications to be included in the next round of MDA.

FY21 Activity: Supervision of TAS and pre-TAS Trainings and Surveys

Act | East will provide supervisory support in districts undertaking re-pre-TAS and TAS in FY21. The Act | East team will provide technical support to ensure that participants are trained according to WHO guidance and demonstrate clear knowledge and skills in testing. Supervision activities include checking the quality of diagnostic tests and ensuring proper documentation is in place prior to the start of survey activities.

FY21 LF DSAs

In FY21, Act | East will support LF DSAs as requested by EDCD. A final list of pre-TAS and TAS1 districts scheduled for FY21 will be based on results of FY21 MDA. There are ongoing discussions with the SEARO RPRG and EDCD related to splitting EUs, which will impact the final number of surveys supported in FY21.

As a result of the COVID-19 pandemic, several surveys approved for FY20 were not completed in FY20, and will be conducted in FY21.

Re-pre-TAS

FY21 Activity: Re-pre-TAS in 7 Districts *Rollover FY20 Activity*

Act | East will undertake re-pre-TAS in seven districts: Baglung, Bara, Bardiya, Dhankuta, Jhapa, Lamjung, and Parbat. GON has requested to plan for one sentinel and one spot check site in each of these districts. Electronic data collection will be used.

FY21 Activity: Re-pre-TAS in 3 Districts

Act | East will undertake re-pre-TAS in three districts: Banke, Dang, Kailali. GON has requested to plan for one sentinel and one spot check site in each of these districts. In Dang and Kailali, lessons from re-pre-TAS conducted in FY20, where additional spot check sites were added in the last assessment, will be considered. Electronic data collection will be used.

TAS1

FY21 Activity: TAS 1 in 1 District *Rollover FY20 Activity*

Act | East will undertake TAS1 surveys in one district (one EU), Kanchanpur, based on results from repre-TAS in early FY20. Electronic data collection will be used.

FY21 Activity: TAS1 in 9 Districts

Act | East will undertake TAS1 surveys in nine districts (nine EUs): Baglung, Bardiya, Bara, Dhankuta, Jhapa, Kapilbastu, Lamjung, Morang, and Parbat. Electronic data collection will be used.

TAS2

FY21 Activity: TAS2 in 6 Districts *Rollover FY20 Activity*

Act | East will undertake TAS2 surveys in six districts (five EUs). These districts are Jajarkot, Lalitpur Rural, Myagdi, Sunsari, Surkhet, and Terhathum. Surkhet and Jajarkot are currently considered one EU and had no positives in TAS1; the remainder of the districts are each their own EUs. Electronic data collection will be used.

FY21 Activity: TAS2 in 12 Districts

Act | East will undertake TAS2 surveys in 12 districts (six EUs). These districts are Accham, Baitadi, Bajura, Bhajang, Bhojpur, Dadeldhura, Dailekh, Darchula, Doti, Ilam, Panchthar, and Udayapur. Electronic data collection will be used.

TAS3

FY21 Activity: TAS3 in 13 Districts

Act | East will undertake TAS3 surveys in 13 districts (10 EUs) in FY21. These districts are Arghakhanchi, Bhaktapur, Kaski, Kathmandu, Lalitpur Urban, Okhaldhunga, Pyuthan, Rolpa, Rukum East, Rukum West, Salyan, Saptari, and Siraha. Electronic data collection will be used.

FY21 Activity: Development of Manual to Institutionalize Survey Implementation

Through a new full-time staff position, Act | East will develop capacity within VBDRTC by creating a manual to institutionalize the processes and personnel roles involved in implementing LF surveys. The manual will be based on WHO's guidance on pre-TAS and TAS, including evolving and new guidance related to COVID-19. It will reference tools and resources developed by Act | East, including protocol and report templates that can be adapted for the Nepali context. This product is intended to sit at VBDRTC as a working reference manual for government staff.

FY21 Activity: Historical pre-TAS Data Analysis

Act | East plans to support EDCD in investigating reasons for failed TAS3 surveys and considering lessons from failed re-pre-TAS. To further investigate reasons for DSA failures, Act | East will conduct an analysis of historical pre-TAS data (FY15–17). It will examine the characteristics of those that are non-compliant and systematically non-compliant in terms of age, sex, and ethnicity, and determine if there is a link between non-compliance and infection status. Analyzing existing data from routine programmatic monitoring and evaluation activities will strengthen Act | East and the MOH's understanding of specific challenges with persistent transmission. This information will be applied directly to programmatic strategy and activities through sharing results at Nepal's provincial planning meetings as well as contributing to a multi-country journal article on the pre-TAS failure cycle (being developed by Act East, Act West, and USAID).

FY21 Activity: Technical Assistance for LF Dossier Development

In FY21, Act | East will support technical assistance to Nepal to develop a draft dossier for LF elimination. This will include reviewing and compiling the data housed in the Integrated NTD Database

and in EDCD's other data systems and assisting with the development of a stronger data security plan for the dossier information. Act | East will coordinate a one-day meeting with central-level MOHP and EDCD officials; facilitate access to the Integrated NTD Database; and provide any program data that will support the development of a draft dossier.

FY21 Activity: Gender Equality and Social Inclusion (GESI) Gap Analysis

The 13 districts that continue to implement MDA are the most complicated in the country; they have had more than 10 rounds of MDA, and all have failed at least one survey (pre-TAS or TAS1). To further understand the root causes of coverage and compliance issues in 3 districts where adaptations mentioned above have not significantly improved MDA coverage, Act | East will work with consortium partner Women Influencing Health, Education, and Rule of Law (WI-HER) to undertake a GESI gap analysis. The gap analysis will seek to further understand the reluctance of certain communities to participate in the MDA in order to identify social inclusion gaps and ensure that no one is left behind during MDA in Banke, Dang, and Kapilbastu districts. A qualitative approach using facilitated focus group discussions and key informant interviews will follow up on the knowledge, attitudes, and practices section from USAID-supported coverage surveys. Using data from discussions with ethnic and religious minority groups, FCHVs, men and women affected by NTDs, and people with disabilities, Act | East Nepal and WI-HER will develop and refine strategies to reach non-compliant populations. Information from this analysis will be shared with EDCD and will impact the FY22 MDA.

FY21 Activity: Domestic Resource Mobilization Case Study

Results for Development (R4D) will lead the development of a financing case study that will document the ongoing process of the mainstreaming of NTD programs in Nepal. The case study will identify key enabling factors—research, policy initiatives, administrative and financial reforms, as well as advocacy strategies—that have contributed to increased domestic financing for NTDs in the country. The study will include some learnings from Nepal's early experience with the decentralization process.

APPENDIX. MAPS







