

Nepal Work Plan

FY 2024

Program Year 6

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ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development (USAID) 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 provides governments critical support to create sustainable platforms for NTD services within robust and resilient health systems. The Act | East Program is implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation (FHF); Light for the World (LFTW); Results for Development (R4D); Save the Children; Sightsavers; and WI-HER.

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

TABLE OF CONTENTS

ACRONYMS LIST	4
NARRATIVE.....	5
1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT	5
2. PLANNED ACTIVITIES: LF	5
3. SUSTAINABILITY AND HSS STRATEGY ACTIVITIES	10

LIST OF TABLES

Table 1. Nepal districts undertaking MDA in 2024	9
Table 2. LF DSAs planned in FY24.....	10

LIST OF FIGURES

Figure 1. Progress towards LF elimination, Nepal	6
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ACRONYMS LIST

BCT	Behavior Change Team
DSA	Disease-specific Assessment
EDCD	Epidemiology and Disease Control Division
EU	Evaluation Unit
EMS	Epidemiologic Monitoring Survey
FTS	Filariasis Test Strip
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
GON	Government of Nepal
IDA	Ivermectin, Diethylcarbamazine, Albendazole
IIS	IDA Impact Survey
IVM	Ivermectin
LF	Lymphatic Filariasis
mf	Microfilaremia
MDA	Mass Drug Administration
MOHP	Ministry of Health and Population
NTD	Neglected Tropical Disease
pre-TAS	Pre-Transmission Assessment Survey
Q	Quarter
R4D	Results for Development
SCT	Supervisor's Coverage Tool
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
USAID	United States Agency for International Development
VBDRTC	Vector Borne Disease Research and Training Center
WHO	World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Nepal has an estimated population of 29.6 million.¹ In 2015, Nepal re-structured into a federal system that divided the country into 7 provinces and 77 districts. The districts are divided into 753 local levels: 6 metropolitan cities, 11 sub-metropolises, 276 urban municipalities, and 460 rural municipalities (*gaunpalikas*) based 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 this 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. Health offices at the district level maintain responsibility for some activities as a part of the provincial health directorate.

Nepal is currently endemic for two neglected tropical diseases (NTDs) that require preventive chemotherapy: lymphatic filariasis (LF), and soil-transmitted helminths (STH). Since 2020, the Government of Nepal (GON) has allocated funding at the municipal level for LF elimination and STH control. With this funding, municipalities are responsible for implementing LF and STH activities, including all mass drug administration (MDA). The GON's implementation of MDA for these two diseases is coordinated but not integrated. The national LF and trachoma programs are housed in the Ministry of Health and Population's (MOHP's) Epidemiology and Disease Control Division (EDCD), whereas STH control activities are the responsibility of the Family Welfare Division, under the School Health and Nutrition Program. In districts co-endemic for LF and STH, one round of STH MDA is conducted by the LF elimination program through LF MDA, and a second round is carried out by the School Health and Nutrition Program, implemented by the Ministry of Education. 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 STH MDA twice annually. In 2024, the GON will fund and implement LF MDA in 15 districts (190 municipalities). The MOHP will fund school-based STH MDA in all 77 districts in the country.

Nepal was previously endemic for trachoma and is currently in post validation surveillance. In April 2018, the World Health Organization (WHO) validated Nepal's elimination of trachoma as a public health problem. The GON has approved guidelines for trachoma post-validation surveillance activities, shared publicly in May 2023. The MOHP provides technical oversight of the trachoma program and funds trachomatous trichiasis surgeries. The Ministry of Water Supply and Sanitation provides funds to improve water and sanitation systems and contributes to the environmental improvement activities that are integral to the trachoma and STH programs.

2. PLANNED ACTIVITIES: LF

Program Context

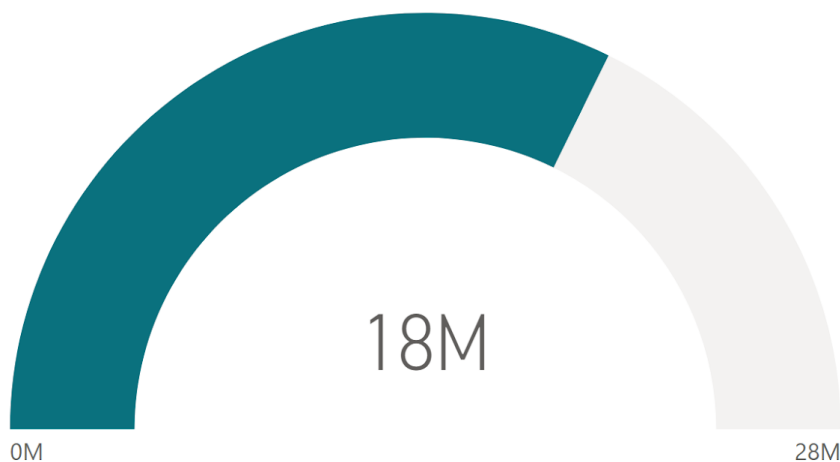
More than 25 million people in Nepal were determined to be at risk for LF caused by *Wuchereria bancrofti* transmitted by the *Culex quinquefasciatus* mosquito, based on baseline mapping between 2001 and 2012. In 2021, confirmatory mapping conducted in 4 mountainous districts found 1 district

¹ Population projection based on 2021 census and health management information system projection (2022–2023).

(Rasuwa) to be endemic, bringing the total number of endemic districts to 64. Of these 64 endemic districts, 49 are in post-MDA surveillance, and 15 are currently classified as requiring MDA. Those 15 districts include the 4 of the 5 districts (two evaluation units [EUs]) that failed TAS3 in Fiscal Year (FY) 19 and have now been re-classified as requiring MDA. Figure 1 demonstrates Nepal’s progress toward LF elimination, with approximately 18 million people no longer at risk.

Figure 1 Progress towards LF elimination, Nepal

Number of persons no longer at risk as compared to number of persons ever at risk



FY23 SAR1 data as of March 27, 2023 from the FY22 Q3-Q4 semiannual report workbooks.

In FY24 Act | East will continue to support MOHP in disease specific assessment (DSA) planning and implementation, targeted social mobilization activities and supervisory support for MDA.

NTD STEERING COMMITTEE MEETING

Act | East will support two meetings of the NTD Steering Committee. The NTD Steering Committee is responsible for providing strategic guidance to the individual NTD programs and TWGs to accelerate control and elimination of NTDs. This committee provides support and monitors progress toward the targets set by the disease TWGs.

TWG AND LF TASK FORCE MEETINGS

Act | East will support two meetings of the TWG and LF Task Force. The TWG is responsible for providing targets, reviewing progress, and suggesting solutions for challenges faced during implementation of activities. The TWG will also make recommendations to the Steering Committee for any policy change requirements. The LF Task Force also coordinates with other program divisions to avoid any overlap of activities during MDA.

LF STRATEGIC PLANNING MEETING WITH PROVINCIAL OFFICIALS

Act | East Nepal will participate a meeting for all provincial health officials responsible for LF elimination. As a result of this meeting, provincial officials will be able to plan and implement district-level LF MDA planning meetings for successful implementation of LF MDA.

WORLD NTD DAY CELEBRATION

In FY24, World NTD Day will be planned with the NTD Steering Committee at its Q1 FY24 meeting; it will likely take place in districts with ongoing MDA challenges.

LF MDA CENTRAL-LEVEL SENSITIZATION MEETINGS

In 2024, Act | East will conduct two central-level coordination meetings, which will include interaction meetings with staff of the Ministry of Education, Ministry of Home Affairs, and teams within MOHP and the Directorate of General Health Services working on issues other than NTDs. The aim of these sessions is to engage these ministries and build support from their staff at district and municipality levels in publicly engaging in MDA campaigns.

TECHNICAL SUPPORT FOR DISTRICT LF MDA PLANNING MEETINGS

Act | East will provide technical support to district-level planning meetings for municipality officials, organized by district health offices in 15 LF MDA districts: Baglung, Banke, Bara, Dang, Dhanusha, Kailali, Kapilbastu, Lamjung, Jhapa, Mahottari, Morang, Parbat, Rasuwa, Rautahat, and Sarlahi. Central-level officials will share updated strategies and policies and provide technical support to participants. The meeting participants will review municipality-level data from previous MDA and DSAs, including SCT data where applicable; data analysis from questions about never-treated populations; the synthesis of hypotheses from DSA investigations; and gender equity and social inclusion (GESI) assessment findings. Officials will discuss opportunities to make adaptations to future MDA rounds and will advocate for the prioritization of NTD activities at the municipality level. At these meetings, Act | East will provide technical support for data review; use of the Supervisor's Coverage Tool (SCT) with integrated GESI questions; introduction of new WHO guidance for LF, including Ivermectin, Diethylcarbamazine, Albendazole (IDA) MDA.

MUNICIPALITY-LEVEL LF MDA PAUSE AND REFLECT MEETINGS

An epidemiologic monitoring survey (EMS) is planned in Quarter (Q) 1 in five districts (Banke, Dang, Kailali, Kapilbastu, Morang) with challenging epidemiological, geographical, governance, and capacity issues. Due to these challenges, it is expected that some sites in some of these districts will result in positive cases above threshold and will require re-MDA. In FY24 Act | East will select two municipalities with positive cases to conduct a series of Pause and Reflect meetings to identify new or improved strategies to incorporate into re-MDA planning.

ENHANCED SUPPORT FOR LF MDA PLANNING AND SOCIAL MOBILIZATION

In FY24, Act| East Nepal will hire and train 15 public health consultants in selected municipalities to support municipalities in planning and supervision and place more focus on social mobilization efforts. Municipalities will be selected based on MDA coverage data- municipalities with positive cases found in pre-transmission assessment surveys (pre-TAS) and transmission assessment surveys (TAS) and

supervisors' observations during the 2023 MDA. These public health consultants will provide additional support to municipalities, including the following:

- Supporting microplanning with municipality officials.
- Implementation and facilitation of orientation and awareness-raising activities before LF MDA in municipalities.
- Facilitating engagement with influential community members to ensure these ward-level meetings are creative and engaging, and draw a crowd, which could include film screenings, street plays, or musical shows.
- Providing additional human resource support to health workers during LF MDA in booths and door-to-door drug delivery.
- Working with drug distribution teams to identify which clusters may require additional human resource support (community mobilizers) for house-to-house visits during MDA.
- Recruiting and training a small group of community members to support drug distribution teams in selected communities, or working with behavior change teams (BCT) if they already exist.
- Implement use of the SCT in coordination with municipalities and district health offices.
- Ensure that ward-level advocacy meetings are carried out in each ward and provide technical support with updated information of LF MDA.
- Support municipality officials in timely recording and reporting of LF MDA data.

With temporary additional support, it is expected that can provide more tailored support to communities where MDA coverage rates are low.

COMMUNITY MIKING DURING MDA

In FY24 Act | East will support miking activities alongside drug distribution teams to create more attention and encourage more participation during house-to-house visits.

CONTINUED ENGAGEMENT WITH BCT IN NEPALGUNJ

Act | East will support Nepalgunj municipality to develop a work plan to ensure continued support and engagement of established BCT. This will include small, local, interaction meetings for community members and other groups that may positively influence MDA uptake, like local pharmacists. Specific groups to engage with will be determined in consultation with the Nepalgunj municipality health office, EDCC, and the BCTs.

IEC IMPROVEMENTS IN NEPALGUNJ

In FY24, a guidance document on observations on IEC materials used during previous years MDA in Nepalgunj will be shared and validated with EDCC and the National Health Education Information and Communication Center at district and provincial planning meetings. After validation, pre-testing of key approaches and messages will be conducted in select, high-need municipalities with low MDA uptake and diverse populations, with support from Act | East in conjunction with the respective public health officers.

LF MICROPLANNING TRAINING FOR PUBLIC HEALTH CONSULTANTS

Act | East and EDCD will support microplanning training with public health consultants who will work closely with selected municipalities to help them conduct microplanning to reach communities with a history of low MDA coverage. In this training, public health officers will learn how microplanning can improve coverage and compliance, and to ensure MDA plans are aligned with findings and lessons from GESI activities. They will be also trained to support monitoring, recording, and reporting of MDA. Based on this experience, Act | East can consider scaling microplanning training to a larger number of municipalities in future years.

SUPERVISION OF LF MDA IN 15 DISTRICTS

In 2024, MDA will be supported by the GON (see **Table 1**). Municipalities have allocated funding for MDA in their annual budgets, including for planning meetings, local social mobilization, drug distributor trainings, and supervision. Act | East will supervise LF MDA activities in as many districts as possible based on staff capacity and will support travel costs for supervision by central government officials where requested. Supervisors will use adapted versions of the WHO MDA Supervision Checklist. Districts prioritized for supervision will be finalized based on discussions with EDCD. The objectives of the supervision are to ensure that WHO MDA guidelines are followed and that social mobilization and other support activities are being implemented. Act | East and the EDCD will meet before, during, and after MDA to document and share reflections from MDA supervision and make decisions regarding any modifications to be included in current or future MDA.

Table 1. Nepal districts undertaking MDA in 2024

	District	Most recent survey result	2023 occurred	2024 planned
1.	Banke	February 2022 re-pre-TAS failure	IDA 2 nd Round	EMS in Q1 (IDA if survey fails, no MDA planned if EMS passes)
2.	Dang			
3.	Kailali			
4.	Kapilbastu			
5.	Morang			
6.	Dhanusha	August/September 2019 TAS3 failure ⁺	IDA 1 st Round	IDA, 2nd round
7.	Mohattari			
8.	Sarlahi			
9.	Rautahat			
10.	Rasuwa	Above threshold in 2021 confirmatory mapping	IDA 1 st Round	
11.	Jhapa	November 2022 re-pre-TAS failure	IDA 1 st Round	
12.	Baglung	November 2022 re-pre-TAS pass (Bara pre-re-TAS)	Diethylcarbamazine , Albendazole	TAS1 in Q1 (IDA if survey fails, no MDA planned if TAS1 passes)
13.	Bara			
14.	Lamjung			
15.	Parbat			

SURVEY IMPLEMENTATION

SUPERVISION OF LF SURVEY TRAININGS AND LF SURVEYS

Act | East will provide supervisory support in districts undertaking EMS, TAS, and IDA impact surveys (IIS). Act | East will provide technical support to ensure that survey teams are trained according to WHO guidance and demonstrate clear knowledge and skills in conducting the surveys. Using the TAS Supervision Checklist, supervisors will check the quality of diagnostic tests and ensure proper documentation is in place prior to and throughout survey activities.

LF DSAs

Act | East will support the GON to conduct LF DSAs as proposed in **Table 2**, below. Electronic data collection will be used for all surveys. Nepal plans to implement EMS and IIS for the first time in FY24 and will follow WHO guidance when it is released and shared with GON. Preliminary adjustments to survey plans were made to plan and budget for FY24 surveys, including splitting larger EUs to be < 500,000 population, testing people >20 years, and following up positive filariasis test strip (FTS) tests with mf testing. WHO, EDCD, and Act | East will continue to discuss adaptations and changes to protocols over FY23 Q4. Once WHO guidance is finalized and shared, Act | East will ensure training materials are aligned with WHO's new standards. Other surveys (TAS1, TAS2, and TAS3) will use the standard TAS methodology. All FY24 surveys are planned to be implemented by Vector Borne Research and Training Center (VBDRTC).

Table 2 LF DSAs planned in FY24

DSA	Districts	EUs	Planned timing
TAS1	Baglung, Bara, Lamjung, Parbat	4	Q1
EMS	Banke, Dang, Kailali, Kapilbastu, Morang	11	Q1
TAS2	Bardiya, Dhankuta	2	Q3
TAS3	Jajarkot, Lalitpur Rural, Myagdi, Sunsari, Surkhet, Terhathum	5	Q3
TAS3	Achham, Baitadi, Bajhang, Bajura, Bhojpur, Dadeldhura, Dailekh, Darchula, Doti, Udayapur	5	Q3

3. SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

FINANCING ADVOCACY FOR LF ACTIVITIES

In FY24, Results for Development (R4D) will disseminate findings from the case study on domestic resource mobilization and decentralization. Dissemination will be incorporated into ongoing planning activities such as microplanning training, ward and municipality-level microplanning sessions, and provincial and district-level MDA planning meetings. This will emphasize the need for local officials to consider funding from various sources while planning activities like LF MDA. The dissemination activities will share lessons on how health and NTD programs have adapted under federalism to continue program implementation and address financing and coordination challenges. Specifically, R4D will collaborate with RTI and the MOHP to identify and present examples of relevant municipal and ward-level experiences. These examples will showcase successful instances in which NTD

activities have been funded using local resources, emphasizing the importance of local solutions supported by local financing.

To support this advocacy, R4D, in collaboration with RTI and the MOHP, will develop a series of short case studies highlighting successful municipal-level experiences where NTD activities have been funded using local resources. These case studies will be compiled into communication pieces, such as slide decks, one-page summaries, or infographics, providing actionable guidance, lessons learned, and best practices for government officials, program managers, and other stakeholders involved in NTD program implementation and financing at the municipal level. These dissemination materials will serve as practical resources to inspire and guide municipalities in replicating effective approaches, enhancing coordination, and ensuring sustainability within the federalism system in Nepal.