

Nepal Work Plan

FY 2020

Program Year 2

October 2019–September 2020



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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.

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ACRONYMS LIST

AE	Adverse Event
ALB	Albendazole
CNTD	Centre for Neglected Tropical Diseases
DEC	Diethylcarbamazine
DSA	Disease-Specific Assessment
EDCD	Epidemiology and Disease Control Division
EU	Evaluation Unit
FCHV	Female Community Health Volunteer
FY	Fiscal Year
GAP	Gender Action Plan
GON	Government of Nepal
HSS	Health System Strengthening
ICT	Immuno-chromatographic Test
IR	Intermediate Result
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MOHP	Ministry of Health
NGO	Non-Governmental Organization
NNJS	Nepal Netra Jyoti Sangh
NTD	Neglected Tropical Disease
NTP	National Trachoma Program
OV	Onchocerciasis
PC	Preventive Chemotherapy
PVS	Post-Validation Surveillance
Q	Quarter
RPRG	Regional Program Review Group
SAC	School-Age Children
SAE	Serious Adverse Event
SCT	Supervisory Coverage Tool
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TT	Trachomatous Trichiasis
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

Nepal has an estimated population of approximately 30 million. Under its new federal structure, Nepal has been divided into 7 provinces and 77¹ districts (an increase from 75). 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, education, and other units. Under the new structure, the current district public health offices and district education offices will not be the primary implementation units for health services or other programming; instead, starting in July 2018, their functions are to be executed by municipalities. Also under the new structure, ministries of social development will be created in each province and be responsible for health and education.

Nepal is currently endemic for neglected tropical diseases (NTDs) that require preventive chemotherapy (PC): 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. The overall impact of the new federal structure on Nepal's NTD program and on the U.S. Agency for International Development (USAID) Act to End NTDs | East (Act | East) activities is yet to be determined. The possible implications and mitigation are discussed further under each activity section that might be impacted.

For LF disease-specific assessments (DSAs), districts will still be used to determine evaluations units (EUs), aligning with the implementation units that historically undertook mass drug administration (MDA).

Female community health volunteers (FCHVs) are the main cadre conducting public health campaigns at the community and household levels; they report to ward-level health facilities. Health workers from local health facilities supervise the activities of the FCHVs. In fiscal year 2019 (FY19), health workers took on the role of primary drug distributors for LF mass drug administration (MDA) in the 15 districts that continue to need MDA, with FCHVs playing a supportive role. In FY20 the same approach for LF MDA will continue.

Nepal's NTD program is supported by two collaborating partners in addition to Act | East. WHO provides technical assistance to the Ministry of Health and Population (MOHP) and coordinates drug donations for LF and STH through the Joint Request for Selected Medicine form.

NTD Program Oversight and Governance

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.

In addition to the technical leadership of the MOHP, the GON provides financial support for the implementation of MDA for the elimination of LF and the control of STH. In FY18 and FY19 this included the purchase of diethylcarbamazine (DEC) used during LF MDA and funding for community-based LF

¹ The redistricting that occurred in Nepal (from 75 to 77 districts) is not reflected in the FY20 work planning workbooks or FY20 work plan tables.

MDA in more than half of the country's districts. In FY20, the government will fund all 15 districts undertaking MDA. The MOHP provides funding for school-based STH MDA in all 77 districts. The MOHP provides technical oversight of the trachoma program and also funds trachomatous trichiasis (TT) 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.

The 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 challenging areas. While coordination between disease programs takes place at these higher levels, the disease programs are housed in separate MOHP divisions (or a non-governmental organization [NGO], in the case of trachoma). Implementation of MDA is coordinated but not integrated in Nepal. 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 MOHP. 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 MDA, the Family Welfare Division coordinates school-based MDA twice annually.

Coverage evaluation surveys were conducted from 2007–2017 in USAID supported districts. No additional coverage evaluation surveys are necessary for FY20. Similarly, data quality assessments were implemented in FY17 and so are not necessary to be conducted in FY20. Nepal's health system is currently transitioning administrative authority from the center to the municipality level. In this process, recording and reporting systems for health services are not yet well established.

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

Lymphatic Filariasis

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. The national LF program is housed in the MOHP's Epidemiology and Diseases Control Division (EDCD). By the end of FY19, of the 63 LF-endemic districts, 50 are expected to have passed TAS1. This includes 2 districts that are conducting TAS1 in Q4 of FY19 and therefore have planned MDA for FY20. All districts are estimated to pass TAS1 by 2021.

Mapping was conducted with a combination of immunochromatographic test (ICT) cards, night blood surveys of microfilaremia, and clinical cases. Initially, 15 districts were identified as not requiring mapping based on their high altitude and low vector abundance. This assumption was verified when two mountainous districts, Gulmi and Khotang, that border LF-endemic districts were mapped in 2012 using the original WHO mapping protocol and ICT cards and found to be non-endemic for LF. Another mountainous district Darchula, assumed to be non-endemic, was mapped in 2012 using ICT for people aged 15 and over, and results showed 1.3% antigenemia prevalence, which is above the treatment threshold. Darchula therefore commenced MDA in 2013. The remaining 12 districts—Dolakha, Dolpa, Humla, Jumla, Kalikot, Manang, Mugu, Mustang, Rasuwa, Sankhuwasabha, Solukhumbu, and Taplejung—have not been mapped on the assumption that they are unlikely to be endemic given their mountainous geography. In 2017, the GON had reports of other vector-borne diseases in the valley areas of these mountainous districts. EDCD raised the issue with the Southeast Asia Regional Office Regional Program Review Group (RPRG), which suggested adding confirmatory mapping in the unmapped mountainous districts to Nepal's elimination verification process. This mapping was discussed to begin in Q2 of FY20 (March/April), but was not included in this work plan due to budget constraints.

Low treatment coverage remains a challenge in some communities due to fears of SAEs, false rumors about the purpose of the drugs distributed during MDA, and inadequate counselling by community health workers, among other reasons. To address this, between 2015 and 2018, the MOHP tried several social mobilization strategies and advocacy campaigns, targeting private health facility staff, professional bodies, schools, local clubs of ethnic minorities, municipality staff, and media, initiating these activities at least two months ahead of the MDA. Enhanced monitoring and supervision through project staff and EDCD staff also helped address these issues. This has been particularly important as municipality-level staff capacity to support and supervise MDA has not reached a level to assume responsibility for implementation of the activity. At an LF expert meeting in March 2018 attended by officials from districts that experienced pre-transmission assessment survey (TAS) and/or TAS failures, a number of strategies were proposed. As a result, the MOHP has adapted its MDA delivery strategies, including:

- establishing additional treatment booths for drug administration in public places, such as in hospitals (public and private), schools, and local community clubs;
- using health workers, rather than FCHVs, to carry out house-to-house visits for MDA in selected communities where fear of side effects has been especially detrimental to MDA coverage;
- intensifying supportive supervision;
- extending the number of days for the LF MDA based on number of available health workers in *guanpalikas* (municipalities) and the target population; and
- including safe drinking water along with medicines in the MDA package.

In FY19, government restructuring devolved the responsibility for LF MDA to the municipality level for the first time. Based on recommendations from WHO, USAID funding supported Supervisory Coverage Tool (SCT) pilots in two municipalities in Banke District to rapidly assess drug coverage in the ongoing MDA. SCT results found high coverage (85%) in one supervision area and poor coverage (40%) in the other supervision area. In areas where poor coverage was reported, a door-to-door mop up took place. Qualitative information collected with the SCT and during routine supervision found that the poor coverage was due to a change in the roles of health workers and FCHVs involved in drug distribution, in addition to the common fear of side effects. Starting in 2019, the GoN required health workers to take on the role of drug distribution in communities, including for NTD MDA programs. FCHVs were asked to play a supportive role in the MDA and social mobilization activities. In this first year, roles were clear in all localities and some FCHVs reported feeling sidelined from activities. After the MDA, EDCD began to adapt plans for the 2020 MDA based on lessons from 2019. EDCD increased the allocation of time and budget for FCHVs to play a supportive role in the upcoming 2020 MDA. The 2019 LF MDA coverage results from routine reporting for districts are shown in Table A.

Table A. LF MDA coverage results from routine reporting

District	MDA FY19 coverage rate	MDA funder
Panchthar	66.51%	GON
Ilam	60.77%	GON
Jhapa	71.42%	GON
Morang	64.45%	GON
Dhankuta	57.18%	GON
Bara	71.35%	GON
Lamjung	69.64%	GON
Parbat	71.13%	GON

District	MDA FY19 coverage rate	MDA funder
Baglung	79.81%	GON
Kapilvastu	56.58%	GON
Dang	56.17%	GON
Banke	54.98%	USAID through RTI-led ENVISION Project
Bardiya	73.80%	USAID through RTI-led ENVISION Project
Kailali	69.87%	USAID through RTI-led ENVISION Project
Kanchanpur	78.71%	USAID through RTI-led ENVISION Project

In the four USAID-funded districts (Banke, Bardiya, Kailali, and Kanchanpur) reported coverage rates remained roughly consistent with those of previous rounds of MDA, with all but Banke reaching the 65% threshold. Ongoing operational qualitative and rapid ethnographic research in two districts (Bardiya and Parbhat) aims to provide more information about strategies employed in the FY19 MDA including the use of health workers, impact of social mobilization activities, influence of local political leaders and other factors.

In FY19, 12 districts passed TAS2 surveys and 14 passed TAS3 surveys. Two EUs (Sarlahi/Rautahat and Sindhuli/Mahottari/Dhanusha) failed TAS3. The RPRG requested that EDCD submit a plan for splitting the EUs into smaller areas, re-surveying areas with no or few positives, and submitting an expression of interest for operational research to the Task Force for Global Health for investigation of the areas with clusters of positives. RTI staff will work with EDCD to provide this information and submit the expression of interest.

RTI's support for pre-TAS and TAS has been done primarily through local NGOs. In 2019, the NTD TWG agreed that the responsibility for undertaking pre-TAS and TAS should fall to the GON's Vector Borne Disease Research and Training Center (VBDRTC).

Although the official goal remains eliminating LF by 2020, Nepal's TWG has agreed on the more realistic goal of 2028 for LF elimination. Morbidity mapping is being undertaken by the government, through SMS reporting, with Liverpool CNTD support. Data from the morbidity mapping are housed with the EDCD.

Proposed FY20 Activities

Act | East proposes continued support to the MOHP on all LF DSAs, planning, targeted social mobilization and supervisory support for MDA, and draft dossier development.

Proposed FY20 Activity: District-Level LF MDA Planning Meetings in 13 Districts

In the 13 districts planning MDA for FY20 Act | East will supplement costs of EDCD-organized planning meetings and technical support to review and learn from district- and municipality-level data from previous MDA and DSAs; discuss opportunities to make adaptations in the coming MDA; and advocate the importance of prioritizing NTD activities at the municipality level.

Proposed FY20 Activity: Technical Working Group Meetings

The TWG meetings coordinate the three independent NTD programs (LF, trachoma, and STH). These meetings will provide oversight for the national NTD programs, and offer an opportunity for the GON, Act | East, and other stakeholders to pause and reflect on progress and challenges and report on activities. Act | East will continue to advocate and sensitize TWG members to implement expert recommendations, identify innovative ways to increase MDA coverage in low-performing municipalities and districts, address coverage issues in non-compliant populations.

Proposed FY20 Activity: NTD Secretariat

Act | East will support small costs for a consultant, office supplies, communications and travel to help coordinate the TWG.

Proposed FY20 Activity: Annual Work Plan Meeting

In FY20, Act | East will have a three-day work planning meeting for staff. The objective of this meeting is to review the progress of planned activities, discuss implementation challenges and FY21 USAID priorities, and to develop a cohesive strategy to support the priorities of the national NTD program in the upcoming year.

Proposed FY20 Activity: Supervision for MDA in 13 Districts

In FY20, 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, 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. The objective of the supervision is to ensure that WHO guidelines for MDA are followed during LF MDA related activity implementation and that recording and reporting are in place. Act | East and EDCD meet periodically 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. This will also include supervision of RTI-supported social mobilization activities to ensure quality.

Proposed FY20 Activity: Social Mobilization for MDA—Central-Level Journalist Interactions

EDCD has requested support for social mobilization with journalists at the central level in FY20. The 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 in FY20; compare progress between districts; discuss budget availability; and share plans for serious adverse event (SAE) management.

Proposed FY20 Activity: Social Mobilization for MDA—District-Level Journalist Interactions

EDCD has requested support for social mobilization with journalists in districts undertaking MDA in FY20. The meetings will orient journalists to the national LF Elimination Program and ensure that they can interact with district health officials, who will share district-level MDA and DSA data for two to three successive years; compare the district's progress with other districts; discuss budget availability; and share plans for serious adverse event (SAE) management.

Proposed FY20 Activity: Social Mobilization for MDA—Municipality-Level School Awareness Program

In an effort to reach new target audiences with messages on the importance of participating in the MDA, EDCD is requesting support from Act | East for school interactions with children in grades 8, 9, and 10 in high-priority districts. Districts are prioritized with EDCD considering baseline prevalence, past LF MDA coverage rates, and compliance issues resulting in pre-TAS failures.

Proposed FY20 Activity: Social Mobilization for MDA—Television Broadcast and Newspaper Notices

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, benefits of the drugs, and the safety of DEC and albendazole (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.

Proposed FY20 Activity: Central-level Health Professional Interactions

Act | East will directly fund one event for MoHP health professionals working in the public sector. These persons interact with a variety of sectors and should be well-informed about LF and GoN LF programs. 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 (DEC + ALB). During this meeting, EDCD/MoHP will seek support from these professionals to assist with supportive supervision of LF MDA.

Proposed FY20 Activity: Re-pre-TAS in 4 Districts

In FY20, Act | East will undertake re-pre-TAS in four districts that originally planned the surveys for FY19 (Dang, Banke, Kailali, and Kanchanpur), but delayed due to changes in the number of spot check sites through discussions between EDCD and the RPRG. In Kailali and Dang, one sentinel and three spot check sites will be surveyed. In Banke and Kanchanpur, one sentinel and one spot check site will be surveyed. Act | East will use electronic data collection for the re-pre-TASs.

Proposed FY20 Activity: TAS2 in 6 Districts (5 EUs)

Act | East will undertake TAS2 surveys in six districts (five EUs) in FY20. These districts are Jajarkot, Lalitpur, Myagdi, Sunsari, Surkhet, and Terathum. Surkhet and Jajarkot are currently considered one EU and had no positives in TAS1; the remainder of the districts are each their own EUs. Ten additional districts (Achham, Baitadi, Bajhang, Bajura, Bhojpur, Dadeldhura, Dailekh, Darchula, Doti, and Udayapur) are considered ready for TAS2 in FY20, but budget constraints in FY20 mean these districts will be prioritized for FY21. Electronic data collection will be used.

Proposed FY20 Activity: TAS1 in 4 Districts

Act | East will undertake TAS1 surveys in four districts (four EUs), Dang, Banke, Kailali, and Kanchanpur (each EU will cover a district or part of a district, as determined by EDCD and informed by RPRG recommendations), in FY20 pending results from re-pre-TAS in early FY20. Electronic data collection will be used.

Proposed FY20 Activity: Re-pre-TAS in 7 Districts

Act | East will undertake re-pre-TAS in seven districts, Baglung, Bara, Bardiya, Dhankuta, Jhapa, Lamjung, and Parbat, in FY20. Re-pre-TAS will only be supported if districts achieve at least 65% coverage in February/March 2020 MDA. At the time of this work plan submission, the GON has requested to plan for one sentinel and one spot check site in each of these districts, per GON's request. Electronic data collection will be used.

Proposed FY20 Activity: Supervision of TAS and pre-TAS Training and Surveys

Act | East will provide supervisory support directly to districts undertaking pre-TAS and TAS in FY20. The Act | East team will provide technical support to ensure that WHO guidelines are properly discussed, and training participants have clear knowledge and are confident to use their skills in testing.

Supervision activities include checking the quality of diagnostic tests and ensuring proper documentation are in place.

- **Host government- and partner-supported activities:** In FY20, the GON will fund through municipality governments all districts undertaking MDA. This represents a slow scale-up of responsibility and budget allocation by the GON over the last several years. The government MDA budgets include most activities related to the MDA including training, planning meetings, drug procurement, and drug distribution.

In FY20 the GON will undertake operational research (with financial support from the Task Force for Global Health on follow-up on positive children found in TAS3 failures). This research will inform global standards for TAS2 and TAS3 failure investigation. Act | East will not provide any direct support for this research but will be involved indirectly in liaising with the research team and government. Act | East is likely to provide advice on technical and implementation aspects of the study.

- **Dossier status: Proposed FY20 Activity: Technical assistance for LF dossier development:** In FY16 and FY17 a consultant updated the WHO Integrated NTD Database at the NTD Data Center, housed at EDCD. That database currently includes data for LF, STH, and trachoma from the beginning of the program to 2017. In FY20, RTI will support a consultant 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 an agenda for the consultant including meetings with MOHP officials, facilitate access to the Integrated NTD Database, and provide any program data that will support the development of a pre-dossier.

3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 AND IR3)

Data Security and Management

NTD data are managed at the centralized NTD Data Center housed at EDCD. NTD data in the Integrated NTD Database is currently update through 2017. The WHO Integrated NTD Database and data from 2017 onwards are stored at the NTD Data Center on a password protected computer and Act | East maintains a backed up copy of all data. In FY20, Act | East staff will update historical data in the database in coordination with the LF focal person at EDCD's NTD Data Center and continue to work with WHO Nepal and EDCD to review the Integrated NTD Database to identify ways to improve its use.

Existing health management information systems include NTD indicators, but reporting is inconsistent. The NTD indicators currently included are number of pregnant women treated for deworming, number of pre-school-age children (SAC) treated for deworming, number of pre-SAC and SAC receiving deworming tablets in bi-annual campaigns, total filariasis cases (includes both lymphedema and hydrocele cases), and total trachoma cases. In the new federalized governance system where health services and activities are decentralized to municipality level, the MOHP is still clarifying the process of ensuring regular, high-quality reporting of health data into national surveillance systems.

Drug Management

The GON accepts WHO's donation of ALB for LF MDA, but procures its own DEC in blister packs, which have been determined more acceptable to communities than loose pills. Prior to FY19, drugs were procured centrally and delivered to district centers to administer at the village level. Following the administrative shift toward federalism, FY19 was the first that year municipalities managed MDA drugs directly. DEC and ALB were delivered from central storage to provincial storage to municipalities

immediately prior to the MDA, and storage ahead of the MDA was not a concern. In some cases, district health offices were also involved to help transport drugs due to the short timeline between central-level procurement and the dates of the MDA. FY20 will be the first year that municipalities will manage their own storage of drugs left over from the previous MDA and be required to account for stored drugs in their requests ahead of MDA.

The GON manages all activities related to drug donation and delivery. Even in the transition to a new federal structure where increasing responsibility is devolved to municipalities, drug donation, drug storage, and drug delivery remain the responsibility of EDCD at the central level. The Joint Request for Selected Medicines and Joint Application Package are prepared by EDCD for submission, and the Act | East team provides technical support to complete these forms at a high-quality standard.

Nepal has a strong adverse event (AE) and SAE management system, developed in response to previous situations. While fear of SAEs continues to be a challenge to MDA coverage, the GON is prepared to quickly investigate and respond to the public about suspected SAEs. AEs are managed at the local health facility level, and each municipality will coordinate a response team during the MDA planning process, comprised of local health professionals, doctors, and other health workers, to immediately respond to any SAEs. All health workers and FCHVs engaged in MDA are provided with the mobile phone numbers of members of the response team for immediate communication. Nearby hospitals are assigned as referral centers if specialized care is required. These hospitals have funds allocated for management of referral cases from the MOHP at the central level, and each health facility is provided with required essential drugs for management of AEs.

Mainstreaming and HSS Activities (IR2)

In FY19, a desk review of HSS for NTDs was conducted by Act | East to consider the new federal structure of governance, health financing for NTDs, gender, and health workforce issues.

Proposed FY20 Activity: Advocacy Meetings with Provincial Assembly Members

EDCD has planned meetings in FY20 with provincial assembly members to orient them through updates on the status of NTDs in their provinces and districts. EDCD also will describe challenges in achieving coverage and compliance by the program for control and elimination. The other purpose of the meeting is to seek assembly members' commitment to participate in LF MDA to make it a success.

Proposed FY20 Activity: Stakeholder engagement and consensus building meetings: In FY20, Act | East will identify influential key stakeholders from civil society and the private and public sectors (including non-health stakeholders) who can shape policy, operational capacity, and financing to sustain NTD programming. This will begin with a series of sensitization and buy-in meetings to familiarize counterparts with USAID's sustainability objectives and build understanding of major sustainability challenges. If there are other types of health system assessments that have been conducted in recent years with support from the USAID Mission or others, the program will obtain and review them. This activity is therefore critical as it will enable Act | East to develop an appropriate in-depth country sustainability analysis tool that considers already existing assessment reports and has the input of a wide spectrum of stakeholders. This activity will also help identify other relevant types of assessments and analyses or short-term technical assistance that may be appropriate for Nepal.

Planned Activities: Post-Validation/Verification Surveillance (IR3)

Trachoma

In April 2018, Nepal was officially validated by the WHO as having eliminated trachoma as a public health problem. The MOHP outsources all eye-care services to networks of local NGOs that operate eye

hospitals and clinics. The National Trachoma Program (NTP) is housed by Nepal Netra Jyoti Sangh (NNJS), a national NGO with a network of eye hospitals in all seven provinces of the country. The NTP, which has been implementing trachoma control activities since 2002, receives oversight from the MOHP but operates semi-independently. With ENVISION's financial and technical support, the NTP completed all requirements for dossier submission to WHO, and WHO validated the elimination of trachoma from Nepal as a public health problem.

Following validation of elimination, the MOHP and NNJS continue to conduct passive PVS through the health system. A system is in place for service providers to refer trichiasis patients to district eye hospitals, and NNJS will continue to provide support for trichiasis surgery services in all its eye hospitals. All TT surgeries will be closely monitored, and data on the patient's residence will be collected and tracked. Action will be taken if an unexpected number of TT surgeries is reported in any geographical area. Furthermore, the NTD Technical Working group has proposed, if funding is available, enhancement of PVS to monitor for any recrudescence of trachoma in all initially endemic districts. Results from the proposed review of the passive PVS through the health system and the TT referral system (IR2, HSS sustainability assessment) will be used to inform how PVS could be improved and resourced.

Proposed FY20 Activity: Workshop to Support Development of a PVS System for Trachoma

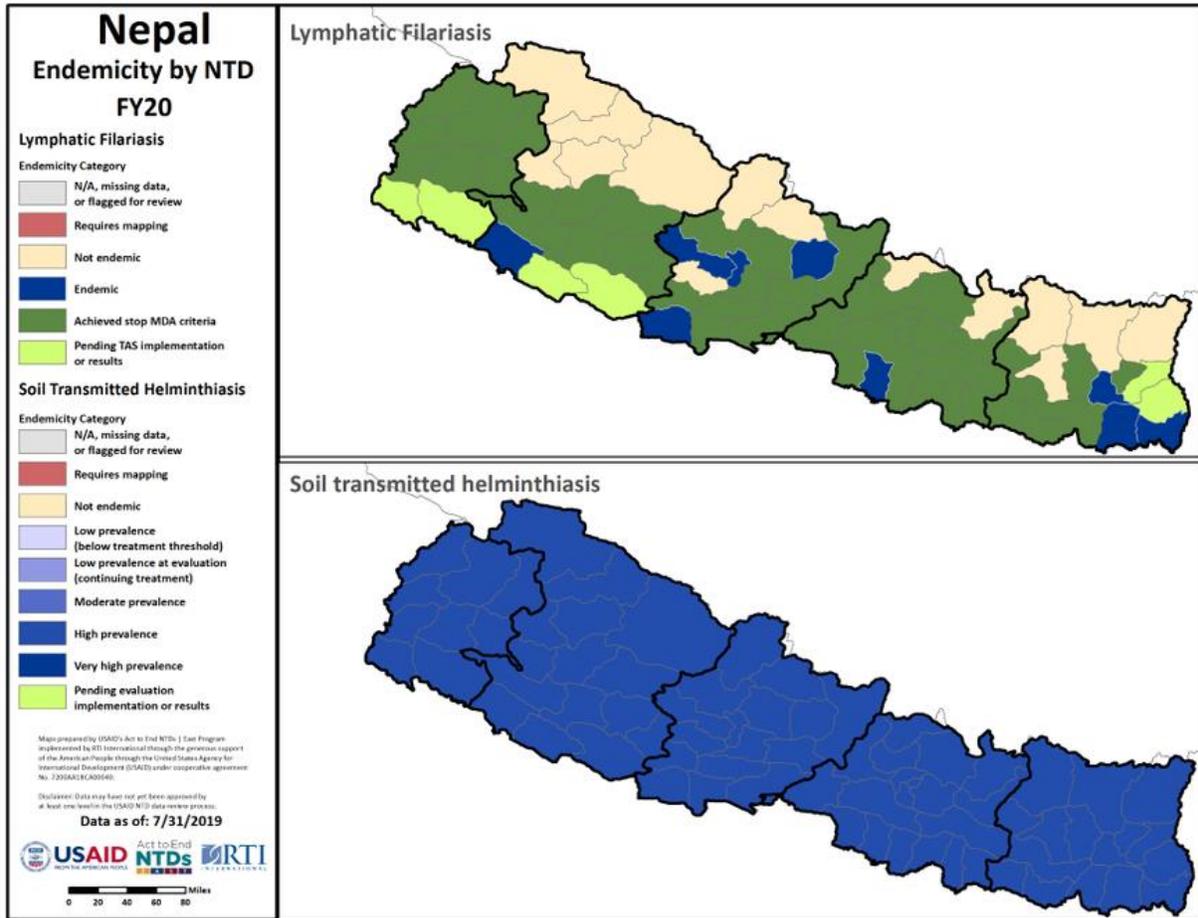
Based on discussions between USAID and RTI's trachoma technical focal point and Nepal country team beginning in FY19 (November 2018), Nepal's current trachoma PVS activities are neither comprehensive nor sustainable. RTI is proposing assisting the GON and NNJS to explore options that would: (1) maintain frontline health workers' skills at identifying trachomatous inflammation—follicular and TT and the provision of high-quality surgery in a post-validation era; (2) establish a reporting system from health districts and eye-care hospitals that collates and transmits data to the national level for review and decision making; (3) determine a threshold or signals for determining when reported data may warrant investigation; and (4) establish a process for further investigations, response, and interventions. These priorities also would have to be weighed against GON budgets and timelines for trachoma PVS. To this end, RTI is proposing technical assistance and coordination to the GON and NNJS to host a meeting of national and international stakeholders to explore options for the GON to consider as it determines the most appropriate method of PVS for the Nepali context.

APPENDIX: TIMELINE OF ACTIVITIES

FY20 Activities
Strategic Planning
District-Level LF MDA Planning Meeting
Technical Working Group Meetings (2 events)
Annual Work Plan Meeting
<i>ii. Health Systems Strengthening</i>
Advocacy Meetings with Provincial Assembly Members
Stakeholder Engagement and Consensus Building
Workshop to Support Development of a PVS System for Trachoma
NTD Secretariat
Consultant, Supplies, Communication, Travel
Building Advocacy for a Sustainable National NTD Program
Central Level Journalist Interactions
District Level Journalist Interactions
Central Level Health Professionals Interactions
Social Mobilization to Enable NTD Program Activities
Municipality Level School Awareness Program
Television Broadcast and Newspaper Notices
Supervision for MDA
Supervision for MDA
Monitoring and Evaluation
TAS1 in 2 districts
Re-pre-TAS in 4 districts
TAS2 in 6 districts
TAS1 in 4 districts
Re-pre-TAS in 7 districts

Supervision for Monitoring and Evaluation and DSAs
Supervision for TAS and Pre-TAS Trainings and Surveys
Dossier Development
Dossier Draft Development Meeting
Short-Term Technical Assistance
Technical Assistance for LF Dossier Development

APPENDIX: MAPS



Nepal

Progress towards Elimination in FY20 Lymphatic Filariasis

-  Not endemic
-  Endemic, in MDA phase
-  Pending DSA results
-  TAS1 in FY20
-  TAS2 in FY20
-  TAS3 in FY20
-  In post-MDA surveillance phase

Data as of: 7/31/2019

Data Source: USAID's NTD Database

Maps prepared by USAID's Act to End NTDs | End Program implemented by RTI International through the generous support of the American people through the United States Agency for International Development (USAID) under cooperative agreement No. 7200AA02CA00000

Disclaimer: Data may have not yet been approved by at least one level in the USAID NTD data review process.

