

Nepal Work Plan

FY 2022

Program Year 4

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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 (WHO) 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; 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

The coronavirus disease 2019 (COVID-19) pandemic continues to impact neglected tropical disease (NTD) programs. On April 1, 2020, the World Health Organization (WHO) issued guidance to 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.

On July 27, 2020, WHO issued further guidance on assessing whether NTD activities could restart safely. Act | East, in collaboration with Act | West and the U.S. Agency for International Development (USAID), developed activity restart guidance and resource documents to support each country to adapt activities appropriately.

Decisions on all supported activities continue to be made in close coordination with ministries of health and are context-specific, varying by country, region, and activity type, and are subject to changes in COVID-19 dynamics. Act | East continues to provide regular updates to USAID on the plans for specific activities through the submission of monthly updates.

Unless noted, work plans for fiscal year 2022 assume a full year of activities and are written with the best information available at the time of submission. Nevertheless, the situation may change in some countries and will result in adjustments to work plans. Act | East will continue to communicate with USAID to discuss these changes as the situation evolves.

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ACRONYM LIST

Act East	Act to End Neglected Tropical Diseases East
COVID-19	Coronavirus Disease 2019 (SARS-CoV-2)
DSA	Disease-Specific Assessment
EDCD	Epidemiology and Disease Control Division
EU	Evaluation Unit
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
GON	Government of Nepal
IDA	Ivermectin + Diethylcarbamazine + Albendazole
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
MOHP	Ministry of Health and Population
NTD	Neglected Tropical Disease
R4D	Results for Development
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TWG	Technical Working Group
WHO	World Health Organization
WI-HER	Women Influencing Health, Education, and Rule of Law

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 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. District health offices 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 program is 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 fiscal year 2022 (FY22), the government will fund and implement LF MDA in 16 districts. The MOHP will fund school-based STH MDA in all 77 districts in the country.

Nepal was previously endemic for trachoma. In April 2018, the World Health Organization (WHO) validated Nepal's elimination of trachoma as a public health problem. The GON has developed guidelines for trachoma post-validation surveillance activities, and the final draft of those guidelines is currently under review by the MOHP. 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.

¹ Population projection based on 2011 census.

2. PLANNED ACT | EAST ACTIVITIES: LF

Of Nepal's 63 LF-endemic districts, 46 districts are in post-MDA surveillance and 17 districts are currently classified as requiring MDA. In FY22, Act | East will continue to support the MOHP on LF disease-specific assessment (DSA) planning, targeted social mobilization activities, and supervisory support for MDA.

NTD Steering Committee and Technical Working Group (TWG) meetings. Act | East will support a meeting of the NTD Steering Committee followed by a TWG meeting twice in FY22. The NTD Steering Committee is responsible for providing strategic guidance and direction to the individual NTD programs and TWGs to accelerate control and elimination of NTDs. This committee also provides support and monitors the progress towards the set targets by the TWGs of disease programs in Nepal.

Annual work plan meeting. In FY22, the Act | East team will hold a work planning meeting for FY23.

LF strategic planning meeting with provincial officials. Act | East will support one meeting for all provincial officials who are responsible for coordination, collaboration, and support of the LF elimination program in their respective provinces.

Technical support for district-level LF MDA planning meetings in 17 districts. Act | East will provide technical support to district-level planning meetings for municipality officials, organized by district health offices in 17 LF MDA districts: Baglung, Banke, Bardiya, Bara, Dang, Dhankuta, Dhanusha, Kailali, Kapilbastu, Lamjung, Jhapa, Mahottari, Morang, Parbat, Rautahat, Sarlahi and Sindhuli. Districts coordinate and fund these planning meetings. At the meetings, central-level officials will share recent strategies and policies and provide technical support to participants. The meeting participants will review municipality-level data from previous MDA and DSAs, including Supervisor's Coverage Tool data where applicable; data analysis from questions about never-treated populations, where those were incorporated into pre-Transmission Assessment Survey (TAS); 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, based on local context. In districts using IDA, Act | East will provide technical support for planning discussions in line with WHO-adapted local guidelines.

Central-level journalist interactions. Act | East will support meetings at the central level to orient journalists to the national LF Elimination Program and provide them with district-level MDA and DSA data for 2 to 3 successive years from districts implementing MDA. Journalists will receive information that compares progress between districts, discuss budget availability, and learn about plans for adverse event management. GON has allocated funding for district-level journalist interactions as part of the annual MDA social mobilization activities.

Central-level health professional interactions. Act | East will fund one event for MOHP health professionals working in the public sector, which will be organized by the EDCD at the central level. The meeting will refresh health professionals' knowledge of LF MDA campaigns; provide briefing materials, including new communication guidance around eligibility for people who suffer from other

chronic conditions;² and answer questions about NTDs and the safety of the drugs that are used during MDA.

Social mobilization for MDA—television broadcast and newspaper notices. Act | East will fund public service announcements about LF MDA for national television broadcast prior to the 2022 MDA. Messages will include information for the public about the date and location of the MDA and the benefits and safety of the medications to be used.

Supervision of LF MDA in 17 districts. MDA in all districts will be supported by the GON. Municipalities have allocated for MDA costs in their annual budgets, inclusive of funding for planning meetings, local social mobilization, drug distributor trainings, and local supervision. Act | East will provide supportive supervision of LF MDA in as many of the 17 districts as possible based on staff capacity, and 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 discussion with the EDCD.

Supervision of TAS and pre-TAS trainings and surveys. Act | East will provide supervisory support in districts undertaking re-pre-TAS and TAS in FY22. The Act | East team will provide technical support to ensure that survey teams are trained according to WHO guidance and satisfactorily 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 and throughout survey activities.

School awareness activities in two districts. Based on experiences from FY20 and interest from provinces and municipalities, Act | East will support school awareness programs in two districts ahead of LF MDA in 2022. This activity will target youth as community influencers to reach new target audiences with messages on the importance of participating in the MDA. The program will target youth in grades 7–12 using a telefilm developed under ENVISION, GESI-adapted messaging, and a facilitated discussion to train youth to act as ambassadors for MDA among their families and wider communities. Act | East will evaluate the school awareness activities using available municipal-level MDA coverage data and follow-up discussions with school children during MDA about their ability to use the information and resources shared in school awareness sessions to influence others in their communities.

Technical support for two municipalities. Act | East will support public health consultants to be placed in two municipalities for four months to work closely with the municipal-level health section and provide required technical support. Resources used by the public health consultants such as adapted microplanning guidelines and adapted supervisory checklists and the documentation of the experiences they have working with officials and communities will be shared at future TWGs and district-level planning meetings.

² In the 2022 MDA, new communications guidance around MDA eligibility will note that anyone not bedridden and unable to come to the door of their home because of other illnesses is eligible for MDA. This will eliminate confusion around age-based eligibility and use of other medications.

LF DSAs

In FY22, Act | East will conduct LF DSAs as requested by the EDCD. A final list of pre-TAS and TAS1 districts scheduled for FY22 will be based on results of 2022 MDA. Electronic data collection will be used for all surveys.

Re-pre-TAS

Re-pre-TAS in 5 districts

Act | East will undertake re-pre-TAS in a group of five districts: Morang, Kapilvastu, Dang, Banke, and Kailali. All districts have had more than two consecutive rounds of MDA with coverage above 65%.

Re-pre-TAS in 5 districts

Act | East will undertake re-pre-TAS in a second group five districts: Jhapa, Bara, Lamjung, Parbat, and Baglung. All districts will have had more than two consecutive rounds of MDA with coverage above 65%.

TAS1

TAS1 in 2 districts

Act | East will conduct TAS1 in two districts (two evaluation units (EUs)): Dhankuta and Bardiya.

TAS1 in 5 districts

Act | East will conduct TAS1 in five districts (five EUs): Morang, Kapilvastu, Dang, Banke, and Kailali.

TAS2

TAS2 in 6 districts

Act | East will conduct TAS2 in six districts (six EUs): Jarjarkot, Lalitpur Rural, Myagdi, Sunsari, Surkhet, and Tehrathum.

TAS2 in 10 districts

Act | East will conduct TAS2 in 10 districts (10 EUs): Dailekh, Achham, Bajura, Darchula, Bajhang, Baitadi, Doti, Dadeldhura, Bhojpur, and Udayapur.

TAS3

TAS3 in 13 districts

Act | East will conduct TAS3 in 13 districts (10 EUs): Arghakhanchi, Bhaktapur, Kaski, Kathmandu, Lalitpur Urban, Okhaldhunga, Pyuthan, Rolpa, Rukum East, Rukum West, Salyan, Saptari, and Siraha.

3. PLANNED ACT | EAST ACTIVITIES: HEALTH SYSTEM STRENGTHENING

GOVERNANCE: FINANCING

Data collection and analysis in two municipalities

Act | East consortium partner Results for Development (R4D) will expand upon an ongoing case study to continue to explore the impact of Nepal’s recent decentralization on domestic resource mobilization for NTDs by examining finance mechanisms and decision-making spaces of NTD program budget allocation and overall health financing at the local level. R4D and the MOHP will select municipalities and conduct an in-depth financial data assessment of the budgeting process, allocation, and funding prioritization for NTD services and activities. The case study will identify NTD sustainability challenges and policy opportunities to strengthen local capacity for planning, budgeting, and execution at the local level, where decisions impacting the quality of NTD programming are often made.

Dissemination of study findings to support advocacy efforts

Act | East and R4D will disseminate study findings to strengthen advocacy efforts that prioritize NTD funding and integration into broader health systems. R4D will disseminate the report and facilitate a workshop to discuss findings with relevant government stakeholders in Nepal. The workshop will bring together government officials at multiple levels—municipality, district, provincial, and national—to jointly determine how to best prioritize sustained funding for high-quality, well-integrated NTD programming.

GENDER EQUITY AND SOCIAL INCLUSION

Strategic dissemination of GESI assessment results

Consortium partner Women Influencing Health, Education, and Rule of Law (WI-HER) will develop content and coordinate a specific session for district-level LF MDA planning meetings to disseminate GESI assessment results and convene discussion and dialogue on how the results can improve coverage during MDA. WI-HER will support Act | East to lead these sessions and discussions and, if applicable, develop other sessions to further disseminate the findings.

Develop, or refine, GESI-integrated tools and resources

WI-HER and Act | East will support GESI integration across relevant GON tools and resources, as requested by the EDCD. GESI elements will be integrated into the Act | East school awareness programs. If the introduction of IDA in Nepal warrants a revamping of the MDA social mobilization materials, WI-HER will support the review and integration of GESI inputs, using relevant findings from the assessment.

Municipality-level GESI behavior change activity

WI-HER and Act | East Nepal will implement a GESI behavior change activity in two wards of a selected municipality and district where the GESI assessment took place in FY21. The activity will identify and work with “root agents,” based within the local health facilities, to lead a review of local MDA registers and identify individuals or groups, “cohorts” in the community who have missed or refused MDA.