

Nepal Work Plan

FY 2023

Program Year 5

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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 provides critical support to governments 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.

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ACRONYMS LIST

Act East	Act to End Neglected Tropical Diseases East Program
ALB	Albendazole
DEC	Diethylcarbamazine
DSA	Disease-Specific Assessment
EDCD	MOHP Epidemiology and Disease Control Division
EU	Evaluation Unit
FTS	Filariasis Test Strip
GESI	Gender Equity and Social Inclusion
GON	Government of Nepal
IDA	Ivermectin, Diethylcarbamazine, Albendazole
IVM	Ivermectin
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
mf	Microfilaria
MOHP	Ministry of Health and Population
NTD	Neglected Tropical Disease
PPHL	Provincial Public Health Laboratories
R4D	Results for Development
RPRG	Regional Program Review Group
SCT	Supervisor's Coverage Tool
SEARO	WHO Southeast Asia Regional Office
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TWG	Technical Working Group
USAID	United States Agency for International Development
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 29.8 million.¹ In 2018 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 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 2023 (FY23), the government 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. 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, but it has not been made public. 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 and health management information system projection (2021–2022).

2. PLANNED ACT | EAST ACTIVITIES: LF

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 (Rasuwa) to be endemic, bringing the total number of endemic districts to 64. Of Nepal's 64 LF-endemic districts, 49 districts are in post-MDA surveillance (including 1 district, Sindhuli, awaiting TAS3), and 15 districts are currently classified as requiring MDA. In FY23, 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 Work Group (TWG) meetings

Act | East will support an NTD Steering Committee followed by a TWG meeting twice in FY23. 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 progress toward the targets set by the disease TWGs in Nepal.

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, Rautahat, Sarlahi, and Rasuwa. 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; 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. Act | East will provide technical support for planning discussions in line with WHO-adapted local guidelines, including microplanning, to reach populations that systematically miss or refuse MDA.

Social media and television broadcast for LF MDA

Act | East will help the GON develop audio visual messages about LF MDA and will fund broadcasting on national television and, for the first time, also focus on social media platforms including Facebook, Twitter, and YouTube in order to reach populations increasingly connected over social media. Messages will include the date and location of the MDA and the benefits and safety of DEC, ALB, and IVM.

Social mobilization for MDA in partnership with FAIRMED

In FY23, Act | East will partner with the Nepal country office of a Swiss-based NGO FAIRMED to scale up LF MDA social mobilization activities at the local (municipality, ward, and community) level in districts where FAIRMED has a strong community-level presence (Jhapa, Kapilbastu, and Morang) and expand the model to two, adjoining districts (Dang and Banke). Four of these districts—Banke, Dang, Kapilbastu, and Morang—implemented IDA MDA for the first time in 2022 and will implement their second round in 2023, prior to IDA Impact Survey assessments in late FY23.

The main objective of this activity is to improve coverage and compliance of LF MDA through consistent and effective community engagement and mobilization. Based on feedback municipality officials shared in the June 2022 EDCD MDA review meeting, social mobilization activities will take place over a longer period—9 months—encompassing pre-MDA, MDA, and post-MDA follow-up. Given the overlap in time periods, supervision for this activity will take place alongside MDA supervision.

LF diagnostics study tour in Indonesia

Three staff members from Act | East Nepal will visit Indonesia for a study tour led by Act | East Indonesia to learn from Indonesia's long experience organizing microfilariae (mf)-based LF surveys and to build organizational capacity at central and provincial levels for the required laboratory support.

LF diagnostics training of trainers

Nepal began an LF IDA regimen in five districts in 2022, with plans to expand to all MDA districts in FY23. As per WHO-proposed guidelines for evaluation in IDA districts, any antigenemia positive cases detected during pre-TAS or IDA Impact Survey require an mf test for confirmation. To address this future need, lab professionals will need to be trained to make slides with night blood, stain the slides, and read them accurately. Therefore, in FY23 Act | East Nepal will work with EDCD to identify trainers and organize a training of trainers for LF diagnostics using mf tests.

Act | East plans to partner with provincial public health laboratories (PPHLs) in Province 1 and Lumbini Province, which include Banke, Dang, Kapilbastu, and Morang districts. These districts implemented IDA MDA in 2022 and will be ready for surveys at the end of 2023. These trainings will cascade to lab professionals at the community level through existing training systems pending confirmation of the quality of those systems. Act | East Nepal will adapt training materials to the Nepal context in coordination with EDCD and WHO.

Supervision of LF MDA in 15 districts

In 2023, MDA in all districts will be supported by the GON. Municipalities have allocated for MDA costs in their annual budgets, including for planning meetings, local social mobilization, drug distributor trainings, and local supervision. Act | East will supervise LF MDA in as many of the 15 targeted 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 discussions with 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 FY23.

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 and throughout survey activities.

Dossier development workshop

In FY23, Act | East will host a workshop with EDCD and MOHP officials, WHO Nepal, USAID Nepal, and a regional dossier consultant to begin planning for Nepal's LF elimination dossier. The workshop will orient stakeholders to the process of developing an elimination dossier, begin to assess gaps in the data and data management systems (with initial focus on the mapping data), and set up timelines and milestones to ensure that a strong dossier draft is developed in alignment with elimination timing goals in Nepal.

LF DSAs

In FY23, Act | East will conduct LF DSAs as requested by the EDCD. 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 five districts: Baglung, Bara, Jhapa, Lamjung, and Parbat.

All districts have had more than two consecutive rounds of MDA with coverage above 65%. Surveys will incorporate questions about populations never treated. RTI will procure FTS for use in re-pre-TAS.

TAS2

TAS2 in 2 Districts

Act | East will conduct TAS2 in two districts: Ilam and Panchthar.

TAS2 in 1 District

Act | East will conduct TAS2 in one district: Kanchanpur.

TAS3

TAS3 in 8 Districts

Act | East will conduct TAS3 in eight districts: Arghakhanchi, Kaski, Okhaldhunga, Pyuthan, Rolpa, Rukum East, Rukum West, Salyan.

TAS3 in 1 District

Act | East will conduct TAS3 in one district: Sindhuli.

This survey is planned to confirm that the district does not have ongoing transmission of LF despite experiencing outcomes above threshold during TAS3 in 2019 as part of a larger EU (Sindhuli was included in an EU with Dhanusha and Mahottari). Sindhuli had only one positive case in that survey. In 2020 the SEARO RPRG first suggested that GON re-survey Sindhuli, which will now be considered as a single EU.

Confirmatory mapping

Confirmatory mapping in 4 Districts

Act | East will conduct LF confirmatory mapping in four districts (Humla, Jumla, Kalikot, Mugu) of the eight mountainous districts remaining to be mapped.

The GON has requested this mapping based on RPRG recommendations in 2019 for confirmatory mapping for mountainous districts where cases of malaria and kala-azar had been reported. The survey will use mini-TAS methodology. FTS will be donated through WHO.

3. PLANNED ACT | EAST ACTIVITIES: HEALTH SYSTEM STRENGTHENING

GOVERNANCE: FINANCING

Domestic resource mobilization case study for NTDs

R4D will expand on the ongoing case study to explore the impact of Nepal's decentralization on domestic resource mobilization for health programs including NTDs. The case study will examine finance mechanisms and decision-making spaces of NTD program budget allocation and overall health financing at the local level. Act | East and R4D will disseminate study findings to strengthen efforts to prioritize NTD funding and integration into broader health systems. In consultation with USAID Washington, Act East and R4D will review study conclusions and determine strategic methods for dissemination.

GENDER EQUITY AND SOCIAL INCLUSION

GESI technical support to Banke District

GESI Behavior Change Activity in Banke District: In FY22, Act | East undertook a series of dissemination meetings, from the national, district, and municipality levels (district and municipality specific to Banke District), to share the findings from the Nepal GESI Assessment report conducted in FY21 in Banke, Dang, and Kapilbastu. Building on momentum from these dissemination meetings, WI-HER will set up a GESI behavior change activity in select wards of Nepalgunj, the district headquarters of Banke, which will include setting up a municipality-level GESI team and ward-level behavior change teams. Wards will be selected in coordination with municipality and district officials. Criteria will include ward-level reported coverage data and interest/willingness of ward-level officials in participating in activities. In FY23, Act | East will build on the FY22 activity foundation to strengthen the capacity of one municipality-level GESI team and up to two ward-level behavior change teams as they identify and engage with cohorts of individuals who missed or refused the previous LF MDA. The behavior change teams will be made up of community-level influencers who will need guidance as they devise and test short- and long-term solutions to improve MDA acceptance, access, and uptake in their communities, as well as other preventive LF measures.

GESI Integration for MDA Planning and Improvements: Using learning from the Nepal GESI Assessment and behavior change activities, Act | East will work with Nepalgunj, a municipality with both urban and peri-urban populations and challenges with persistent transmission, ahead of the 2023 MDA to integrate GESI into MDA planning and implementation. The program will support the review and testing of GESI-sensitive social mobilization messages and modes of delivery. WI-HER will also review MDA planning and supervision tools using a GESI lens. For example, WI-HER will provide ongoing support to assess and address GESI-related gaps and barriers identified through a GESI-integrated SCT, with potential rapid solutions carried out by locally engaged teams and influencers in Nepalgunj.