

Nepal Work Plan

FY 2025

Program Year 7

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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 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, R4D, and WI-HER.

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ACRONYMS LIST

Act East	Act to End Neglected Tropical Diseases East
DOHS	Department of Health Services
DSA	Disease-Specific Assessment
EDCD	Epidemiology and Disease Control Division
EU	Evaluation Unit
EMS	Epidemiological Monitoring Survey
FY	Fiscal Year
GON	Government of Nepal
HMIS	Health Management Information System
HSS	Health Systems Strengthening
IDA	Ivermectin, Diethylcarbamazine, Albendazole
IIS	IDA Impact Survey
IR	Intermediate Result
LF	Lymphatic Filariasis
mf	Microfilaria
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MOHP	Ministry of Health and Population
NGO	nongovernmental organization
NNJS	Nepal Netra Jyoti Sangh
NTD	neglected tropical disease
PVS	Post-Validation Surveillance
Q	Quarter
R4D	Results for Development
SEARO	Southeast 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

NARRATIVE

NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Nepal has an estimated population of 29.7 million¹ across 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 eliminated trachoma in 2018 and is currently endemic for the following neglected tropical diseases (NTDs): chikungunya and dengue, leishmaniasis (Kala-Azar), leprosy, lymphatic filariasis (LF), mycetoma, chromoblastomycosis and other deep mycoses, rabies, scabies and other ectoparasites, snakebite envenoming, soil-transmitted helminths (STH), and taeniasis/cysticercosis.

Since 2020, the Government of Nepal (GON) has allocated funding to the municipal level for preventative chemotherapy 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 sits within the Ministry of Health and Population's (MOHP's) Department of Health Services (DOHS), Epidemiology and Disease Control Division (EDCD), whereas STH control activities are the responsibility of the MOHP's Family Welfare Division in coordination with the Ministry of Education specifically for school-based deworming. In districts co-endemic for LF and STH, one round of STH MDA is conducted by the LF program through LF MDA, and a second round is carried out by the School Health and Nutrition Program within the Family Welfare Division. 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 and funds school-based STH MDA twice annually. In 2025, the MOHP will fund school-based STH MDA in all 77 districts in Nepal.

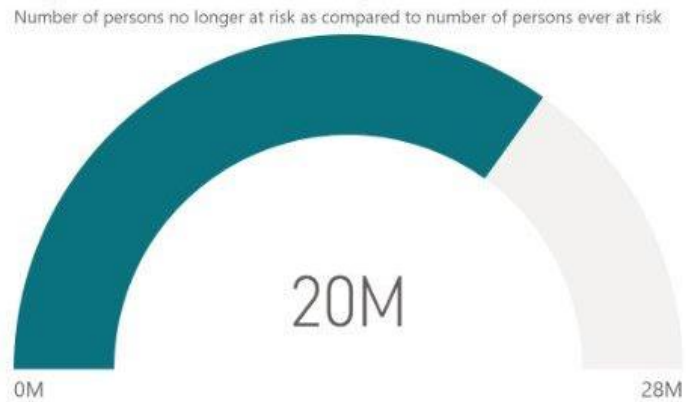
The GON has approved guidelines for trachoma post-validation surveillance (PVS) activities, shared publicly in June 2024. The MOHP oversees the trachoma program and funds trachomatous trichiasis surgeries. The Ministry of Water Supply and Sanitation provides funds to improve water and sanitation systems and contributes to the environmental improvement activities that are integral to the trachoma and STH programs.

¹ Population projection based on 2021 census and health management information system projection (2023–2024).

LF Program Context

More than 25 million people in Nepal were estimated to be at risk for LF caused by *Wuchereria bancrofti* transmitted by the *Culex quinquefasciatus* mosquito, based on baseline mapping between 2001 and 2012 with a combination of immunochromatographic tests, 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. Confirmatory mapping was conducted in these 15 districts between 2012–2023 and 2 were found to require MDA, bringing the total number of endemic districts to 64. Of these, 53 are in post-MDA surveillance, 4 are awaiting IDA Impact Surveys (IIS), and 7 are classified as requiring MDA, which includes 6 districts that will implement epidemiological monitoring surveys (EMS) in fiscal year (FY) 2025. Nepal expects to complete its last transmission assessment survey (TAS3) or IIS3 in FY30 and validate LF elimination soon after. Figure 1 demonstrates Nepal’s progress toward LF elimination, with approximately 20 million people no longer at risk.

Figure 1. Progress toward LF elimination, Nepal



PROPOSED FY25 ACTIVITIES

NTD Steering Committee Meeting

In FY25, Act | East will support one 2-day meeting of the NTD Steering Committee. Act | East will Coordinate with MoHP/Health Coordination Division to develop an agenda and facilitate the meeting.

LF Task Force Meeting. Act | East will support one 1-day meeting of LF Task Force in FY25. This group has been involved in developing program targets and timelines, reviewing progress, and suggesting solutions for challenges faced during implementation. This group also makes recommendations to the Steering Committee for any policy change requirements.

Annual Work Planning Meeting. Act | East Nepal will hold a 2-day FY26 work planning meeting, for Act | East staff. The objective will be to review the progress of FY25 activities and to develop a cohesive strategy for Act | East’s support to the GON in FY26. In addition, it will allow the program to review achievements and challenges during implementation of activities.

Trachoma PVS Planning Workshop. Act | East proposes to support MOHP and NNJS to host a 2-day workshop to catalyze discussions and introduce stepwise planning to develop a comprehensive, sustainable Trachoma PVS system. This workshop will take place alongside the meeting on trachoma HMIS indicators to take advantage of the presence of government and NGO partners, and purposefully link the discussion of PVS to the development of sustainable, government-owned surveillance and

reporting systems. This meeting will also explore collaboration with ENDOR on LF and trachoma surveillance.

World NTD Day Celebration. In FY25, World NTD Day will be planned with the NTD Steering Committee at its Q1 FY25 meeting; it will likely take place in two provinces and will be celebrated in coordination with the Provincial Health Directorate and EDCD.

Provincial Level Sensitization Meetings for LF Elimination Program. In FY25, Act | East will support provincial health directorates to host sensitization meetings for LF in all seven provinces. In these meetings, Act | East will update provincial officials with the latest status of LF, future planned activities, and roles for achieving and maintaining elimination status. Act | East will facilitate discussions to workshop ideas on how to increase provincial- and municipal-level engagement in the LF program with attention on the role of the health system in planning for PVS and providing MMDP services within the primary healthcare system.

LF Data Quality Assessment. In FY25, Act | East Nepal will support a data quality assessment (DQA) in Kapilbastu District early in Q2. This assessment will help the program to understand how data are reported and to document the quality of data, including MMDP reported to the LF program (data assessment).

Supervision of LF Survey Trainings and LF Surveys. Act | East will provide supervisory support in districts undertaking EMS, TAS, and 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.

LF mf Microscopy Trainings. In FY25, Act | East will support VBDRTC to conduct four training events to train GON lab personnel in mf microscopy from districts beyond those planning EMS and IIS in FY25. This will build a cadre of technical capacity within district-level labs to implement mf surveys, which will become an important component of ongoing surveillance for districts that have passed TAS3, and PVS in the future. These lab technicians will support diagnostics for suspected and referred cases in provinces and districts between formal surveys.

LF DSAs. Act | East will support the GON to conduct LF DSAs as proposed in Table 2. Electronic data collection will be used for all surveys. All FY25 surveys are planned to be implemented by VBDRTC.

Table 1. LF DSAs planned in FY25

DSA	Districts	EUs (districts)	Planned Timing
IIS1	Banke, Dang, Kailali, and Morang	9 (4)	Q1
TAS2	Bardiya and Dhankuta	2 (2)	Q1
TAS3	Achaam, Baitadi, Bajhang, Bajura, Bhojpur, Dadeldhura, Dailekh, Darchula, Doti, Jajarkot, Lalitpur Rural, Myagdi, Sunsari, Surkhet, Terhathum, and Udayapur	14 (16)	Q2
EMS	Dhanusha, Jhapa, Mahottari, Rautahat, Rasuwa and Sarlahi	12 (6)	Q3
TAS3	Ilam, Kanchanpur, and Panchthar	3 (3)	Q3

HMIS NTD Data Systems Workshops. Act | East will support a series of four workshops to better understand the current data/indicators for LF and trachoma in HMIS, review how other NTDs (dengue, leishmaniasis, and leprosy) are currently incorporated in existing data systems and develop a plan to incorporate improved indicators for LF and trachoma into HMIS in Nepal. These workshops will focus on LF and trachoma because of the acknowledged challenges in data reporting for these diseases, and because they do not appear in other data reporting systems like the Early Warning and Reporting System (dengue, malaria, leishmaniasis) or school health reporting system (STH). The first two workshops will work with EDCD and LF & trachoma partners on landscaping indicators while the second two will operationalize recommendations from the landscaping.

Sub-national financing dissemination workshop. In FY25, R4D will support EDCD to host 1-2 provincial level workshops to disseminate findings from the DRM case study and hand off recommendations to sub-national level governments and health administrators.

Workshops will include alignment and best practice sharing and provincial level participants will identify and analyze best practices for increasing NTD prioritization in local plans, drawing from experiences in other health programs and successful local initiatives.