



# Nepal Work Plan

**FY 2019**

**Project Year 8**

**October 2018–June 2019**



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## ENVISION PROJECT OVERVIEW

The United States Agency for International Development (USAID) ENVISION project (2011–2019) is designed to support the vision of the World Health Organization (WHO) and its member states by targeting the control and elimination of seven neglected tropical diseases (NTDs), including, lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), trachoma, and three soil-transmitted helminths (STH; roundworm, whipworm, and hookworm). ENVISION’s goal is to strengthen NTD programming at the global and country levels and support ministries of health to achieve their NTD control and elimination goals.

At the global level, ENVISION—in close coordination and collaboration with WHO, USAID, and other stakeholders—contributes to several technical areas in support of global NTD control and elimination goals, including the following:

- Technical assistance
- Monitoring and evaluation (M&E)
- Global policy leadership
- Grants and financial management
- Capacity strengthening at global and country levels
- Dissemination

At the country level, ENVISION provides support to national NTD programs in 19 countries in Africa, Asia, and Latin America by providing strategic technical, operational, and financial assistance for a comprehensive package of NTD interventions, including the following:

- NTD program capacity strengthening
- Strategic planning
- Advocacy for building a sustainable national NTD program
- Social mobilization to enable NTD program activities
- Mapping
- Drug and commodity supply management
- Supervision
- M&E

In Nepal, ENVISION project activities are implemented by RTI in collaboration with the Government of Nepal and WHO.

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## ACRONYMS LIST

ALB	Albendazole
CDC	US Centers for Disease Control and Prevention
CHD	Child Health Division
CNTD	Center for Neglected Tropical Diseases
DAG	Data for Action Guide
DPHO	District/Public Health Office
DEC	Diethylcarbamazine Citrate
DEO	District Education Office
DoE	Department of Education
DQA	Data Quality Assessment
DSA	Disease-Specific Assessment
DWSS	Department of Water and Sanitation Services
EDCD	Epidemiology and Disease Control Division
EU	Evaluation Unit
FCHV	Female Community Health Volunteers
FOG	Fixed Obligation Grant
FTS	Filariasis Test Strips
FY	Fiscal Year
GoN	Government of Nepal
GTMP	Global Trachoma Mapping Project
HQ	Headquarters
ICT	Immunochromatographic test
IEC	Information, Education, and Communication
JRSM	Joint request for selected medicines
LF	Lymphatic Filariasis

M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
Mf	Microfilaraemia
MMDP	Morbidity Management and Disability Prevention
MoE	Ministry of Education
MoHP	Ministry of Health and Population
NHSP3	National Health Sector Programme III
NGO	Nongovernmental Organization
NNJS	Nepal Netra Jyoti Sangh
NTD	Neglected Tropical Disease
NTP	National Trachoma Program
PC	Preventive Chemotherapy
PPICD	Policy, Planning, and International Cooperation Division
PSAC	Pre-School-Aged Children
Q	Quarter
RPRG	Regional Program Review Group
SAC	School-Aged Children
SAE	Serious Adverse Events
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SCM	Supply Chain Management
SEARO	South-East Asia Region
SOP	Standard Operating Procedures
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TAS	Transmission Assessment Survey
TF	Trachomatous Inflammation—Follicular
ToT	Training of Trainers
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
TWG	Technical Working Group
USAID	United States Agency for International Development
VBDRTC	Vector Borne Disease Research Training Center
WHO	World Health Organization

## COUNTRY OVERVIEW

### 1. General Country Background

#### a) Administrative Structure

Under its new federal structure, Nepal has been divided into 7 provinces and 77 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 (DPHOs) and district education offices (DEOs) may no longer be used; instead, their functions are expected to be executed by local bodies and coordinated by district coordination committees under the provincial and central government. Under the new structure, federal ministries of social development will be created in each province and be responsible for health and education.

Female community health volunteers (FCHVs) are typically the main cadre that conducts public health campaigns at the community and household levels; they report to ward-level health facilities of the local units. Health workers supervise the activities of the FCHVs. In fiscal year 2019 (FY19), health workers will be the primary drug distributors for lymphatic filariasis (LF) mass drug administration (MDA) in the remaining 15 districts.

#### b) Other NTD Partners

Nepal's NTD program is supported by two collaborating partners in addition to the ENVISION project (Table 1). The World Health Organization (WHO) provides technical assistance to the Ministry of Health and Population (MoHP), coordinates drug donations for LF and soil-transmitted helminths (STH) through the Joint Request for Selected Medicines (JRSM) form and provides funding for training, supervision, and monitoring of LF morbidity management activities. The Center for Neglected Tropical Diseases (CNTD), at the Liverpool School of Tropical Medicine, provides funding to the MoHP for social mobilization during LF MDA and for LF morbidity management, particularly for morbidity mapping and hydrocele surgeries.

The Epidemiology and Disease Control Division (EDCD), with funding from the Government of Nepal (GoN) and CNTD, provides counseling, information, and orientation for self-care to persons living with lymphedema in areas where the Morbidity Management and Disability Prevention (MMDP) project is being implemented.

**Table 1: Non-ENVISION NTD partners working in country, donor support, and summarized activities**

Partner	Location (Regions/States)	Activities	In FY18, was USAID providing direct financial support to this partner through ENVISION?	Partner
MoHP	Central level/ all endemic areas	<ul style="list-style-type: none"> <li>• Providing program leadership and national-level coordination among partners</li> <li>• Developing national strategy and plan of action for NTDs</li> <li>• Conducting pre-school and school-based STH deworming activities</li> <li>• Procuring DEC for LF MDA</li> <li>• Supporting meeting/training costs</li> <li>• Conducting program implementation, monitoring, and supervision of district-level activities</li> <li>• Managing/coordinating surveillance and survey</li> <li>• Funding to treat PSAC and pregnant women for STH</li> </ul>	No	MoHP
WHO Country Office	Central level/ all endemic districts	<ul style="list-style-type: none"> <li>• Providing technical assistance for program activities, MDA, MMDP</li> <li>• Coordinating drug and diagnostic donations and shipments</li> <li>• Monitoring and supervising LF MDA activities</li> </ul>	No	WHO Country Office
CNTD	Central/district level (12 districts)	<ul style="list-style-type: none"> <li>• Mapping LF morbidity</li> <li>• Managing morbidity</li> <li>• Conducting social mobilization and advocacy</li> </ul>	No	CNTD
Integrated Nutrition Program (Good Nutrition -II SUAHARA) - HKI	Central level/ 40 districts	<ul style="list-style-type: none"> <li>• Sanitation and hygiene related activities in 40 USAID-funded SUAHARA districts with a goal of declaring these districts open defecation free</li> </ul>	No	
Social Empowerment and Building Accessibility Centre (SEBAC) Nepal	District level/ 6 districts	<ul style="list-style-type: none"> <li>• Funding for water system construction, toilet construction, and hygiene and sanitation in Achham, Darchula, Dolakha, Kailali, Kanchanpur, and Sindhupalchowk districts</li> </ul>	No	

## 2. National NTD Program Overview

Nepal is endemic for three preventive chemotherapy (PC) NTDs: LF, trachoma, and STH. In April 2018, WHO validated elimination of trachoma as a public health problem in Nepal.

LF elimination activities are implemented by the EDCD of the MoHP and began in 2003. STH-control activities are implemented by the Child Health Division (CHD) of the Ministry of Education (MoE) and started in 2008, targeting school-age children (SAC) in grades 1–5, and expanding in 2009 to target SAC in grades 1–10. The trachoma elimination program commenced in 2002 and activities were implemented by a Nepali nongovernmental organization (NGO), Nepal Netra Jyoti Sangh (NNJS), through the National Trachoma Program (NTP). Following validation of elimination, they will continue to support post-validation planning and related activities.

In 2010, the GoN approved the “Plan of Action for Neglected Diseases in Nepal: An Integrated National Control Program (2010–2014).” This document focused on the joint efforts of the MoHP and the MoE to control and eliminate PC NTDs. Subsequently, the GoN developed “National Guidelines and Tentative Plan of Action for the Elimination of Lymphatic Filariasis in Nepal (2016–2020)” and is preparing a new plan of action for 2016–2030 with an integrated work plan for NTDs.

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. This includes the purchase of diethylcarbamazine citrate (DEC) used during LF MDA and funding for community-based LF MDA in more than half of the country’s districts. The MoHP and MoE provide joint 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 urban areas. 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 CHD. In districts where only STH is endemic or where the LF program has successfully reached stop-MDA status, the CHD coordinates school-based MDA.

### a) Lymphatic Filariasis (combined with STH if appropriate)

The national LF program is housed in the MoHP’s EDCD. The NTD plan of action clearly outlines strategies and plans to eliminate LF as a public health problem by 2020, through MDA with albendazole (ALB) and DEC on an annual basis for six years. Nepal is more than halfway to achieving its LF elimination goal and is on track for all LF-endemic districts to have stopped MDA in 2021. By the end of FY18, of the 61 LF-endemic districts, 46 are expected to have stopped MDA.

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. In 2012, two mountainous districts, Gulmi and Khotang, that border LF-endemic districts were mapped using the original WHO mapping protocol and ICT cards as the diagnostic. They were found to be non-endemic for LF. Similarly, in 2012 Darchula, initially mapped and found non-endemic, was re-mapped and results showed 1.3% prevalence, which is above the treatment threshold and therefore commenced MDA. 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.

USAID’s support for Nepal’s NTD programs commenced in 2009 under the NTD control program and continues under the ENVISION project. Support for the LF program includes funding for annual MDA in selected districts; printing and delivery of information, education, and communication (IEC) materials and training manuals for all LF-endemic districts; and reporting forms for all LF MDA districts. Other activities include LF sentinel and spot-check site surveys, post-MDA coverage surveys, transmission assessment surveys (TASs), and technical assistance to develop the NTD plan of action, monitoring and evaluation (M&E) plan, and national LF guidelines. The ENVISION project has also supported planning and review meetings, training for FCHVs prior to MDA, and training and orientation to GoN officials and NGO personnel on TAS. Since 2011, USAID has provided technical and financial support for LF/STH MDA in 56 districts, Pre-TAS in 61 districts, TAS in 38 districts, LF re-mapping in 3 districts, and LF baseline surveys in 10 districts. Five districts (Chitwan, Makwanpur, Nawalparasi, Parsa, and Rupendehi) passed TAS III in February 2018 and will continue with post-validation surveillance through the established health care system.

Low treatment coverage in some communities remains a challenge. To address this, the MoHP implements a targeted treatment strategy in those communities. This approach includes a special advocacy campaign that targets private health facility staff, professional bodies, schools, local clubs of ethnic minorities, municipality staff, and media persons, as well as enhanced monitoring and supervision. Alongside this, the MoHP has established additional treatment booths for drug administration in public places, such as in hospitals (public and private), schools, and local community clubs. The MoHP also moved to use health workers, rather than FCHVs, to carry out house-to-house visits for drug administration in selected communities. The health workers provide drinking water for swallowing the medicine as well as the medicine itself. This approach continued in FY18 and reported coverage increased slightly. Preliminary findings from monitoring and supervisory visits conducted in Banke during the 2018 MDA continue to identify rumors and fear of side effects as the main reasons for refusal of treatment.

The GoN convened an LF expert meeting in March 2018 to address the continued challenge of low coverage in some districts and failure of Pre-TAS. This brought together representatives from the 15 districts that have failed Pre-TAS/TAS surveys to share experiences and seek guidance for future LF MDA. Following the experts’ opinion, the GoN plans to modify its LF MDA strategy. The program will use the following approaches when planning MDA:

- mobilize health workers for distribution of LF MDA drugs
- review the number of days for LF MDA according to the number of available health workers in *guanpalikas* (municipality) and the target population
- initiate social mobilization activities at least two months prior to LF MDA dates
- intensify supportive supervision and monitoring by using the WHO standard check list.

### *Morbidity Management*

The GoN has been implementing lymphedema management activities and hydrocele surgeries since FY15 with supplemental funding from CNTD. Activities are targeted on the worst-affected villages based on reporting from the DPHOs during MDA campaigns. In FY15, 38 of the 41 LF MDA districts reported 10,354 cases of either lymphedema or hydrocele. Central, zonal, and district hospitals, and regional health directorates, in coordination with the DPHOs perform hydrocele surgeries. In FY16 and FY17,

morbidity mapping in four districts (Dhading, Kanchanpur, Okhaldhunga, and Saptari) identified 5,551 hydrocele cases and 2,049 lymphedema cases. An additional 69 people were identified as having both conditions. By the end of FY17, a total of 5,237 cases of hydrocele surgery had been conducted of the identified 5,551. In FY18, morbidity mapping is being conducted in 8 districts (Baitadi, Bara, Dang, Gorkha, Lamjung, Nawalparasi, Palpa, and Panchthar). Cumulative results from 12 mapped districts identified 8,989 hydrocele cases, 3,174 lymphedema cases, and 96 people identified with both conditions. An additional 16 districts will be mapped in FY19, leaving 33 districts that will require mapping. The funding covers all costs related to surgeries. Doctors performing surgeries are trained by GoN, and there is a referral system from communities to designated hospitals to treat suspected cases. This commitment and budget allocation for surgery demonstrates the GoN's leadership role in addressing LF morbidity management using the existing health system.

#### b) 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 NTP is housed within NNJS, a local 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 the final three rounds of Zithromax® MDA and implemented 12 trachoma impact surveys by 2015. Trachoma pre-validation surveys (surveillance surveys) in all 20 endemic districts were implemented from 2015–2017 following Global Trachoma Mapping Project (GTMP) methodology, and all indicated a trachomatous inflammation—follicular (TF) prevalence of <5% and TT prevalence of <0.1%. In December 2016, a national trachoma dossier development workshop was organized by the MoHP, NTP, NNJS, and RTI for all eye-care stakeholders. The workshop facilitated the development of a draft trachoma elimination dossier, reviewed nationwide data, and identified remaining data gaps. These gaps included the identification of districts that were below the treatment threshold for MDA but had a baseline TT prevalence >0.2%. To address this, TT-only surveys were conducted in four districts in December 2017, and the dossier was finalized and formally submitted to WHO in March 2018.

Following validation, the MoHP and NNJS will continue to conduct post-validation surveillance 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 residence of the patient will be collected and analyzed; action will be taken if an unexpected number of TT surgeries is reported in any geographical area. Furthermore, NNJS is proposing, if funding is available, post-validation surveillance to monitor for any recrudescence of trachoma in two districts (Doti and Kapilvastu) with high baseline prevalence.

#### c) Soil-transmitted Helminths

All 77 districts in Nepal are endemic above the treatment threshold of 20% for STH, based on district-level studies carried out in the 1990s and 2000s. The NTD control program aims to control STH in SAC through biannual treatment with ALB to reduce the intensity of infection and prevent infected individuals from developing morbidity. The CHD implements STH-control activities for pre-school-age children (PSAC) and SAC. Pregnant women are treated by the Family Health Division under the safe motherhood program. The CHD collaborates with the MoE to conduct school-based deworming,

targeting 6.1 million SAC annually, as a major sub-activity of the School Health and Nutrition Program. In 2012, the program achieved national coverage for public school children in grades 1–10. In 2013, the program was expanded to include children in private schools in the same grades. ENVISION funded an STH prevalence survey in FY14–FY15, which found a national STH prevalence of 20.7%. In 2015, a complementary survey to determine the prevalence of STH among PSAC and women of child-bearing age was conducted with funding from the MoHP, United Nations Children’s Fund, and the US Centers for Disease Control. The results of this survey have not been disseminated.

STH MDA is coordinated with LF MDA where co-endemic. In these areas, one round of MDA is conducted with DEC+ALB. Treatment of PSAC and pregnant women for STH is implemented with support from other funders. As the LF program scales down, the government-funded STH program has taken over deworming through a school-based platform. EDCC shares with the CHD information about districts where LF MDA has stopped. Based on this, the government-funded STH MDA resumes its SAC deworming program as usual, e.g., twice a year under the school health program.

### 3. Snapshot of NTD Status in Country

**Table 2: Snapshot of the expected status of the NTD program in Nepal as of September 30, 2018**

		Columns C+D+E=B for each disease*			Columns F+G+H=C for each disease*				
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEMENT	DSA NEEDS	
A	B	C	D	E	F		G	H	I
Disease	Total No. of Districts in COUNTRY	No. of districts classified as endemic**	No. of districts classified as non-endemic**	No. of districts in need of initial mapping	No. of districts receiving MDA as of 09/30/18		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/18	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/18	No. of districts requiring DSA as of 09/30/18
					USAID funded	Others			
LF	77	63	14	0	4	11	0	48	<b>FY18</b> Pre-TAS: 10**** TAS: 10**** <b>FY19</b> re-Pre-TAS: 4 TAS1: 10 TAS2: 12 TAS3: 14
Onchocerciasis		0	77	N/A	N/A	N/A	N/A	N/A	N/A
Schistosomiasis		0	77	N/A	N/A	N/A	N/A	N/A	N/A
STH		77	0	0	4	73	0	0	0
Trachoma		22	55	0	0	0	0	0	22

\*If Columns C+D+E do not equal B for mapping of each disease, or if Columns F+G+H do not equal C for treatment of each disease, please reconfirm figures and then add detailed footnotes explaining the discrepancies.

\*\*If mapping results are not available at the time of work planning, add a footnote explaining how many districts were mapped and for which endemicity data are not yet available. Do not count them as districts in need of initial mapping (Column E).

\*\*\*\*Pre-TAS and TAS under FY18 will be completed by October 31, 2018.

## PLANNED ACTIVITIES

### 1. NTD Program Capacity Strengthening

#### a) Strategic Capacity Strengthening Approach

##### *Capacity goals*

The goals of FY19 capacity strengthening activities are to: (1) continue to strengthen the program management capacity of EDCD/MoHP to adequately respond to emerging challenges of the LF program and to implement high-quality M&E activities, and (2) document achievements against the goals of elimination of LF and the control of STH.

##### *Capacity strengthening strategy*

- i) DSA Implementation: As part of efforts to build a strong M&E culture and skillsets of the EDCD, ENVISION will continue to strengthen the implementation of disease-specific assessments (DSA). This will be done through implementation of WHO TAS guidelines, improving the TAS outcomes checklist, TAS supervision checklist, and other available resources to ensure high quality surveys from the design through reporting stages. ENVISION will continue to provide the required technical support for DSAs through monitoring and supportive supervision. On-the-job training, mentoring, coaching, and findings from supervisory visits using the TAS checklists will be used as a process improvement to enhance the capacity and skills of EDCD.
- ii) Monitoring and Supervision: Using the MDA and TAS supervision checklists, ENVISION will continue to build monitoring and supervision skills within the EDCD/MoHP to ensure the implementation of quality DSAs and MDA. The objective is to enhance performance observation, improve standards and quality, follow up on issues, and use the feedback for performance improvement, mentoring, and training.
- iii) NTD Program Management: ENVISION will enhance the program management skills of staff members of the national NTD program using the global NTD Toolbox developed by the ENVISION project. The overall objective of this strategy is to ensure the national NTD program takes full ownership, management, and maintenance of the WHO integrated database; plans and implements successful MDA; improves the quality of reporting to WHO and other partners; and increases the use of data for decision-making (Data Action Guide).

#### b) Capacity Strengthening Objectives and Interventions

##### **Objective 1: Improve DSA Implementation**

**Intervention 1:** ENVISION will conduct on-the-job training with the new staff of the EDCD and MoHP to orient and train them on the WHO TAS guidelines to build their skillsets. On-the-job training will be done daily by the ENVISION Program Manager and M&E Coordinator as they work with the EDCD staff in planning and implementing activities.

##### **Objective 2: Enhance Monitoring and Supervision**

**Intervention 1:** The ENVISION team will work directly with the EDCD and MoHP staff on use of the supervision checklists for TAS and MDA, timely reporting and data analysis, and quality DSA implementation.

**Intervention 2:** The ENVISION team and the key EDCD staff will identify research topics for publication. Proposed topics for abstracts include TAS failures, social mobilization activities to improve coverage and compliance, country ownership, and progress towards trachoma elimination. As part of this, a number of potential research topics were identified for development for publication. In FY19, the process to build the capacity of the ENVISION team and EDCD to document programmatic successes and challenges will continue with support from ENVISION US staff.

### **Objective 3: Strengthen NTD Program Management**

**Intervention 1:** NTD Toolbox orientation for national NTD staff. In FY18, ENVISION used the ENVISION NTD Toolbox as a key resource to build the capacity of the national NTD program. In FY19, ENVISION will promote this resource within the national NTD network, including the new staff of the MoHP, EDCD, and local governments responsible for implementing NTD activities as one of the vehicles for capacity strengthening.

#### c) Monitoring and Evaluating Proposed Capacity Strengthening Interventions

ENVISION staff will continue to meet regularly with EDCD to discuss the progress of capacity strengthening activities and needs in key technical, managerial, financial, and operational areas. Other meetings described under Strategic Planning and Advocacy will also serve as opportunities for ENVISION and EDCD to discuss capacity strengthening needs, opportunities, and progress.

ENVISION will ensure an effective dialogue through meetings and phone calls with the EDCD/MoHP and all stakeholders on issues relating to identifying NTD capacity gaps, opportunities, and priorities. This will lead to awareness of establishing resource mobilization objectives and priorities among all the stakeholders.

## **2. Table 4: Project Assistance**

#### a) Strategic Planning

In FY19, RTI will provide support to EDCD to implement the following LF MDA planning activities.

##### **Activity 1: TWG Meetings**

The TWG meetings coordinate the three independent NTD programs (LF, trachoma, and STH). In FY19 ENVISION will fund two TWG meetings, attended by the ENVISION Resident Program Advisor and Program Manager. These meetings will provide oversight for the national NTD programs, and ENVISION will report on the progress of planned ENVISION-funded activities and provide technical expertise for any proposed changes in strategy that may come up during the meeting. ENVISION will also 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, and work closely with districts that have failed Pre-TAS and TAS, and those at risk of failing. The need for GoN to increase funding for NTD activities post-ENVISION will be a key agenda item discussed during the FY19 meetings.

##### **Activity 2: LF MDA Annual Review Meeting**

ENVISION will provide financial support for four provincial review meetings following MDA. This is an important process improvement activity for LF/STH MDA. These meetings take place at the regional

level following MDA and are facilitated by EDCD and the ENVISION team, and include participants from the central, provincial, and district levels. The meetings review MDA activities and discuss lessons learned to inform plans for future campaigns in line with EDCD and ENVISION priorities. During the meetings, preliminary MDA coverage results, challenges, and resource management issues are discussed. The municipality coverage data received through ENVISION and EDCD are presented for discussion. ENVISION will work with the assigned health officers under the new structure to use the NTD data action planning tool to lead the review meetings.

### **Activity 3: Provincial LF MDA Planning Meetings (5 events)**

ENVISION will provide funding for provincial planning meetings in five provinces, an important pre-MDA planning activity. EDCD, in partnership with RTI ENVISION staff, will facilitate the meetings. The meetings are designed to engage and mobilize key provincial stakeholders and orient municipal level health supervisors to promote the successful implementation of upcoming LF MDAs. Progress on recommendations from previous regional review meetings will be reviewed, with discussions focusing on developing municipal and community-specific strategies for increasing coverage and compliance. In FY19, ENVISION in coordination with EDCD will use these platforms to advocate the importance of NTD activities and how they should be prioritized for funding in the planning and rollout of the new federal governance system.

### **Activity 4: District-Level Coordination Meeting with Stakeholders**

In FY19, ENVISION will provide funding to municipalities where the district headquarters is located in 4 districts to organize district-level sensitization and awareness meetings. As part of the pre-MDA planning process, other government and NGO stakeholders are expected to mobilize their officials in advance of MDA. District stakeholders, including members of civil society organizations, will be invited to the district headquarters to participate in the events. These district-level coordination meetings will provide opportunities to orient stakeholders on the status of LF in the district, the need for MDA, and how they can support the campaigns. Ultimately, the goals of these sensitization meetings are to increase the involvement of stakeholders in developing solutions to increase MDA coverage and to address concerns and misinformation.

### **Activity 5: Municipality-Level Orientation (Palika-level Orientation)**

ENVISION will fund 38 LF MDA municipality-level orientations across 4 districts. The one-day orientation will inform municipal political, social and religious leaders, teachers, and other stakeholders about the LF program and upcoming MDA and get their support and commitment to encourage participation from within their groups. Municipal health staff will present results from the previous year's MDA, the successes and challenges, and will outline plans for FY19 MDA with community-specific actions to improve coverage. ENVISION staff, in coordination with EDCD and WHO technical staff, will attend most of these orientations in the four ENVISION-supported districts (Banke, Bardiya, Kailali, and Kanchanpur).

### **Activity 6: MDA Planning Meeting**

ENVISION will fund LF MDA planning meetings in the 38 municipalities of the 4 districts. Municipality officials and health workers will participate in the planning meetings. Municipal level health staff will present the results from the previous year's MDA, successes and challenges, and will discuss in detail the plans for FY19 MDA including the community-specific actions to improve coverage. Outcomes from this meeting will be a municipality level MDA implementation plan for upcoming treatment. The plan will include social mobilization activities, including any group/community-specific targeted social mobilization activities, MDA logistics, specific actions to address any logistical and operational challenges, monitoring and evaluation activities of the MDA, supervision, serious adverse event (SAE)

management, and drug supply management plans. Supervisors for the municipality will also be trained on the expectations of their role and reporting requirements during the MDA and use of the supervisory coverage tool. ENVISION will promote the use of the NTD data action guide (DAG) as a means to analyze sub-district level data to identify priority areas for MDA planning efforts and will facilitate discussion on improving MDA coverage and compliance. ENVISION staff, in coordination with EDCD and WHO technical staff, will attend most of these planning meetings.

### **Activity 7: Hospital-level Orientation**

Hospitals play an important role in managing referred AEs/SAEs cases during LF MDA as they act as referral centers. ENVISION will support a hospital level orientation in four districts (Banke, Bardiya, Kailali and Kanchanpur). The purpose of this orientation is to orient hospital staff including doctors, nurses and other paramedics about the LF MDA, possible adverse events, and their supportive role in managing those in their hospitals. This is important because some will be part of the municipalities' rapid response team.

#### **b) NTD Secretariat**

The NTD Secretariat plays an important role in fostering coordination among the MoHP divisions implementing LF, STH, and trachoma, and with the Department of Education (DoE) and Department of Water and Sanitation Services (DWSS). This coordination includes high-level support for planning and budgeting processes to all divisions and stakeholders. For example, the Secretariat works with all divisions to present their NTD-specific budget activities to the PPICD chief. The Secretariat also facilitates strategic and policy dialogue among NTD stakeholders by coordinating regular technical and oversight meetings for all NTD program offices. ENVISION will fund NTD Secretariat running costs including communications and supplies.

#### **c) Building Advocacy for a Sustainable National NTD Program**

### **Activity 1: Central-Level Sensitization Meetings**

ENVISION will support two central-level sensitization meetings for media houses, journalists, and health professionals. These interaction meetings will be organized by EDCD at the central level. Their purpose is sensitization on the objectives of LF MDA campaigns, provision of briefing materials, and answering questions about NTDs and the safety of the drugs (DEC + ALB). During these, EDCD/MoHP will seek support from these professional groups to ensure successful implementation of LF MDA. Clear communication channels will be established and shared with media houses and journalists to seek clarification on any misinformation or rumors.

### **Activity 2: Trachoma celebration**

To celebrate the achievement of elimination of trachoma as a public health problem in Nepal, ENVISION, in cooperation with NNJS, MoHP and WHO, will organize a half-day celebration. Participants will include high-ranking government officials, district health representatives from endemic areas, WHO, USAID and other stakeholders that helped the country reach this milestone.

### **Activity 3: School health education**

Students are considered to play an important role in ensuring treatment compliance, their own participation and the education of parents and other community members of the benefits of taking drugs during LF MDA. In FY19, ENVISION will continue to support school health education sessions in

four districts (Banke, Bardiya, Kailali and Kanchanpur). These sessions will be conducted by local health workers in selected schools of their health facilities catchment areas.

#### **Activity 4: District-Level Journalist Interaction Meetings**

Positive media attention during LF MDA and the provision of correct information and clear messages to the population have been identified as crucial in building confidence in the safety of drugs. The national NTD program has found that engaging with the media as partners in the planning and implementation of MDA at the central and local levels has improved the dissemination of accurate news reports and prevented negative campaigns and false rumors about the treatment. There were not been any reported SAE cases in FY18. Four district-level journalist sensitization and interaction meetings will be organized to build on the successes of the previous media interactions. The municipality where the district headquarters is located will invite local print and audio-visual journalists to a one-day sensitization meeting to discuss the purpose of the LF campaign, achievements, and challenges; provide briefing materials; and answer questions about the disease. ENVISION and EDCD staff will attend some of these events to answer questions and help with the sensitization.

#### d) Mapping

Trachoma: Trachoma has been eliminated from Nepal. No further mapping is needed.

LF: Sixty-five districts have been mapped; 63 districts are endemic and 2 are non-endemic. Twelve districts have never been mapped due to their high altitude and the lack of evidence of vector transmission. RTI has encouraged EDCD/MoH to discuss with the WHO/Regional Program Review Group (RPRG) documenting recent evidence of malaria and dengue transmission in some of the highland non-endemic LF districts to confirm that no additional mapping is necessary.

STH: ENVISION supported a national prevalence survey in FY13–FY14, and no further mapping is required. The results indicated that the far-Western Development Region of Nepal has the lowest estimated prevalence for all three infections (*Ascaris*, *Trichuris*, hookworm). The mid-Western Development Region has the highest prevalence of 27.7% for at least one infection. Among all the infections, *Ascaris* infection has the highest prevalence of 22.7% in the mid-Western Development Region. The Western Development Region has the second highest prevalence (21.9%) of *Ascaris* infection.

#### e) MDA Coverage

#### **Activity 1: MDA Campaign**

ENVISION will fund an MDA census in the four MDA districts. Prior to MDA, FCHVs will visit every household in their designated areas and update their registers. The names and ages of householders are updated to ensure their eligibility to take the drugs during LF MDA. The census register will be used to plan drug requirements.

#### **Activity 2: SAE Management**

In certain communities, people are still reluctant to take the drugs, which has caused districts to miss their coverage targets. As a result, the EDCD has developed a strong system to address any reported SAEs. If an SAE occurs during LF MDA, the municipality will respond through a rapid response team of physicians and health workers in coordination with local hospitals. The municipality will also report any

suspected or confirmed SAE case to EDCD, which then reports it to the WHO country office and to ENVISION.

f) Social Mobilization to Enable NTD Program Activities

**Activity 1: Television Broadcasts**

As confirmed by coverage surveys conducted from 2011–2017, depending on the geographical area (rural and urban) mass media including radio and TV are effective sources of MDA awareness. In urban areas, the national and local TV channels are considered very reliable in providing information on LF MDA. The media plays an important role in communicating the LF MDA campaign schedule. ENVISION 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 MDA, benefits of the drugs, and the safety of DEC+ALB.

In previous years announcements have been broadcast for only 3 days before and during LF MDA. This limited broadcast has not been able to draw the attention of the majority of the population. In discussions to identify how to make it more effective, district managers suggested starting the announcement well before the MDA. Therefore, in FY19 ENVISION is planning to support one daily broadcast for 25 days over a two-month period, increasing up to three time per day leading up to the MDA. The broadcast schedule will be finalized in coordination with EDCD.

**Activity 2: Newspaper Notice**

It is a legal requirement in Nepal to publicize all upcoming MDA and provide information on the safety of medications in the national newspaper. Information regarding the MDA and the government's commitment to the safety of the drugs is published in the two GoN-owned national newspapers in Nepali and in English (*Gorkhapatra* and *The Rising Nepal*). At the request of EDCD, ENVISION will fund LF MDA-related advertisements in these newspapers to inform the general population about the date and locations of upcoming LF MDA, the safety of the drugs, and their importance.

**Activity 3: Telefilm for LF MDA sensitization**

WHO experts have suggested increasing efforts in social mobilization and awareness using different modalities. In Nepal health programs for leprosy, tuberculosis, HIV, and immunization have used telefilms for program awareness and have been able to achieve good coverage. In FY18 ENVISION supported the development of video clips with LF messages, statements from people suffering from lymphedema and hydrocele, and messages from leaders and doctors in the communities. This clip was able to raise community awareness and generate trust in the LF elimination program and in taking the drugs.

Based on this, ENVISION plans to support the MoHP/LF elimination program to produce a telefilm in which popular actors from Nepal will act out storylines that help deliver LF messages. This will be approximately 30 minutes in length. This telefilm will address misbeliefs and fear of treatment side effects. It will be produced in close coordination with EDCD and other divisions of MoHP responsible for health communication.

**Activity 4: Community FM Radio for LF MDA Awareness**

ENVISION will provide funding, for municipalities in the four districts to conduct MDA awareness campaigns using local FM radio stations. The local radio campaigns are expected to persuade key beneficiary audiences to participate in MDA, through reminding them of the importance of treatment.

The local FM radio stations are an important channel to reach beneficiary populations and provide information about MDA and NTDs.

**Activity 5: Community-Level Mobilization**

In the 38 municipalities of the 4 districts funded by ENVISION, local health workers and FCHVs will hold meetings with local community leaders and school teachers to inform them of the MDA a few weeks before it is scheduled to occur.

**Table 3: Social mobilization/communication activities and materials checklist for NTD work planning**

Category	Key messages	Target population	IEC activity (e.g., materials, medium, training groups)	Where/when will they be distributed	Frequency	Has this material/message or approach been evaluated? If no, please detail in narrative how that will be addressed.
MDA Participation	MDA will take place at all wards of 38 municipalities of 4 districts	Community members	Posters/ Banners	Hung in all health facilities and at center points/schools 1 week before MDA	Once	Yes
	The drugs provided are free and safe, who should and should not take the drugs	Community members	Radio, TV, newspaper Radio, TV, newspaper	Local station, 2 weeks in advance of LF MDA campaign	Messages play 7 times per week during the hours of 7am – 10 pm; message printed 1 time in newspapers	Yes
	Some side effects are normal, minor, and will pass					
Information about MDA date and location	Community members	Local FM radio, newspaper, health workers, FCHVs	2 weeks in advance of LF MDA campaign	Daily	Yes	
Disease Prevention	Taking NTD drugs for 6 years will prevent	Community members	Radio, TV, newspaper	2 weeks in advance of LF MDA campaign,	Messages play 7 times per week during the	Yes

Category	Key messages	Target population	IEC activity (e.g., materials, medium, training groups)	Where/when will they be distributed	Frequency	Has this material/message or approach been evaluated? If no, please detail in narrative how that will be addressed.
	diseases			Local station	hours of 7am – 10 pm	
Other	Promoting visibility of NTD Program	Community members	Posters/ Banners	Hung in all health facilities and at center points/ schools 1 week before MDA	Once	Yes

### g) Training

#### **Activity 1: LF MDA Training of Health Workers**

One-day municipal-level training of trainers (ToT) for health facility staff will be carried out by a municipal health coordinator who has participated in the provincial-level planning meeting. MoHP, WHO, and RTI staff will facilitate these trainings in selected municipalities. This will ensure that health facility staff will work as trainers with strong working knowledge of LF, the purpose of MDA, MDA data reporting chain, management of SAEs, and supervisory responsibilities. As part of the FY16 data quality assessment (DQA) recommendations, ENVISION will continue to strengthen instruction on recording and reporting during training sessions for health workers. This activity will be conducted at the municipality level as a part of LF MDA for health facility staff.

#### **Activity 2: LFA MDA Training for FCHVs**

The FCHV role in FY19 MDA will be to assist health workers who will administer drugs directly during LF MDA. They will be retrained on counseling community members to take the drugs. A one-day training will be held for FCHVs participating in the LF MDA to ensure they understand the MDA's purpose, their role, how to manage SAEs, and how to complete the record sheets.

#### **Activity 3: National-Level Orientation (re-Pre-TAS and TAS)**

The purpose of this activity is to strengthen the M&E capacity of the ED CD/MoHP and to inform national-level stakeholders and district-level managers about the planned DSAs. ENVISION organize these national-level events in collaboration with ED CD and WHO to orient/train provincial district managers, focal persons/lab technicians, and representatives from MoE/DoE on LF TAS. Participants will be oriented on the use of LF diagnostics, the TAS methodology, and the use of the TAS checklist.

**Activity 5: TAS (TAS2 and TAS3) District-Level Orientation**

As part of the sensitization and community engagement efforts, the implementing organization contracted to implement TAS2, and TAS3 will organize an orientation session in all survey districts before the beginning of field surveys. In attendance will be of all the municipality health staff of survey districts, and representatives of stakeholders. Journalists and representatives of the district coordination committee, district administration office, district security office, and association of private schools will also be invited to this event. ENVISION and representatives from EDCD will participate to supervise and provide technical support.

**Activity 6: TAS (TAS2, and TAS3) Enumerator Training**

The purpose of these activities is to prepare skilled cadres of technical professionals who can conduct high-quality DSAs. This capacity building effort will be sustainable as a country resource for future events. Under this activity, the implementing organization will recruit enumerators and implement training for field survey teams in coordination with EDCD, ENVISION, and WHO. This training session will train field researchers and laboratory personnel on the survey objectives, ethical considerations, use of FTS, data recording and reporting, reporting of positives to the DPHO, proper waste disposal, and survey sampling methodologies.

**Table 4: Training targets**

Training groups	Training topics	Number to be trained			Number of training days	Location of training(s)	Name other funding partner (if applicable, e.g., MoHP, SCI) and what component(s) they are supporting
		New	Refresher	Total trainees			
Health Workers	<ul style="list-style-type: none"> <li>• MDA supervision and monitoring</li> <li>• SCM and SOP for MDA drug management</li> <li>• Social mobilization for MDA</li> <li>• Record keeping and reporting after MDA</li> <li>• Who should and should not take drugs</li> <li>• SAE management</li> </ul>	0	1,735	1,735	1	Municipality	None
FCHVs	<ul style="list-style-type: none"> <li>• Social mobilization for MDA</li> <li>• Record keeping and reporting of treatments</li> <li>• Who should and should not take drugs</li> <li>• Referrals of S/AE cases</li> </ul>	0	3,702	3,702	1	144 Health Facilities	None
TAS Refresher Training	<ul style="list-style-type: none"> <li>• Importance of TAS</li> <li>• Methodology</li> <li>• Sample collection</li> <li>• Use FTS for detection of LF</li> </ul>	0	140	140	2	Central level	None

**h) Drug and Commodity Supply Management and Procurement**

**Activity 1: Joint Request for Selected Medicines**

EDCD develops the JRSM with technical support from WHO and ENVISION. The MoHP uses the WHO JRSM form to request ALB for LF and STH MDA. ENVISION has been building the capacity of EDCC by closely working with the Division to produce the required data for the preparation of the JRSM. In FY19, ENVISION will continue to provide this critical technical oversight through support to EDCC and WHO to ensure the JRSM is completed correctly, is of high quality, and submitted to WHO on schedule.

## **Activity 2: NTD Drug Quantification**

Quantification and procurement of DEC is handled by the MoHP Logistics Management Division, in consultation with EDCD, and procurements are done on a multi-year basis (every two years). The quantification and forecasting is conducted using population targets in coordination with program districts. ENVISION provides minimal technical support in preparing the forecast and drug needs for MDA. In FY19, ENVISION will monitor the quantification and forecasting process to ensure the required quantity of drugs is ordered for on-time delivery.

## **Activity 3: Transportation of drugs**

All drugs are stored in the central warehouse upon arrival in Nepal. All drugs procured for MDA are transported to regional stores for re-distribution to district health stores. The distribution of the drugs to districts and health facilities is based on the drug forecast and the supply plan developed by EDCD for distribution from the national warehouse. A buffer stock system is also established within the NTD supply chain system to ensure that in every catchment area, EDCD and the MoHP are able to immediately respond to any potential stock-out situation during MDA. The Ministry of Social Development of each province is responsible for transportation of drugs to municipalities following the supply plan provided by EDCD. ENVISION supports the transportation of MDA drugs from the municipalities to health facilities. In FY19, ENVISION will support 38 municipalities in 4 districts to transport and deliver ALB and DEC drugs to health facilities, where they will be provided to the drug distributors to give to the eligible population in the community for directly observed uptake during the campaign.

### **i) Supervision for MDA**

## **Activity 1: LF MDA Supervision**

As in previous years, in FY19 ENVISION will fund central-level staff from MoHP/EDCD and district level supervisors to conduct MDA supervision. During house-to-house visits, the drug distributors support each other to ensure high quality MDA and proper recording. Their work will be supervised by municipal supervisors. RTI also conducts joint supervision with the MoHP and WHO during and after the MDA campaign. Together with the central-level supervision team, the MoHP will involve municipality authorities and provincial staff in supportive MDA supervision. ENVISION also funds municipal-level supervision (transportation only) in 38 municipalities of 4 LF MDA districts to the municipality.

### **j) M&E**

## **WHO Integrated Database**

In FY19, ENVISION will continue to collaborate with EDCD to ensure the database is updated with new programmatic data. ENVISION is gradually transitioning the management of the database to EDCD/MoHP and will be providing only technical support, maintenance, and on-the-job training for the staff at EDCD; providing quality assurance; and ensuring that MDA data received from the field are entered in a timely manner. ENVISION will also ensure that EDCD/MoHP develop the culture to use the information generated by the database for decision-making and as a one-stop-shop for all data-related dossier activities. In FY19, ENVISION will continue to monitor and provide management support to the NTD program to update and use the database for data storage and decision-making.

**Activity 1: TAS2**

In FY19, ENVISION will conduct TAS2 with FTS in 12 districts, namely Argakhachi, Bhaktapur, Kaski, Kathmandu, Lalitpur Urban, Okhaldhunga, Pyuthan, Rolpa, Rukum, Salyan, Saptari, Siraha) in 10 evaluation units (EUs) that passed TAS1 in 2016.

**Activity 2: TAS3**

In FY19, ENVISION will conduct TAS3 with FTS in 14 districts, namely Dhading, Dhanusha, Gorkha, Kavrepalanchowk, Mahottari, Nuwakot, Palpa, Ramechhap, Rautahat, Sarlahi, Sindhuli, Sindhupalchowk, Syangja, Tanahu) in 5 EUs that passed TAS2 in 2016.

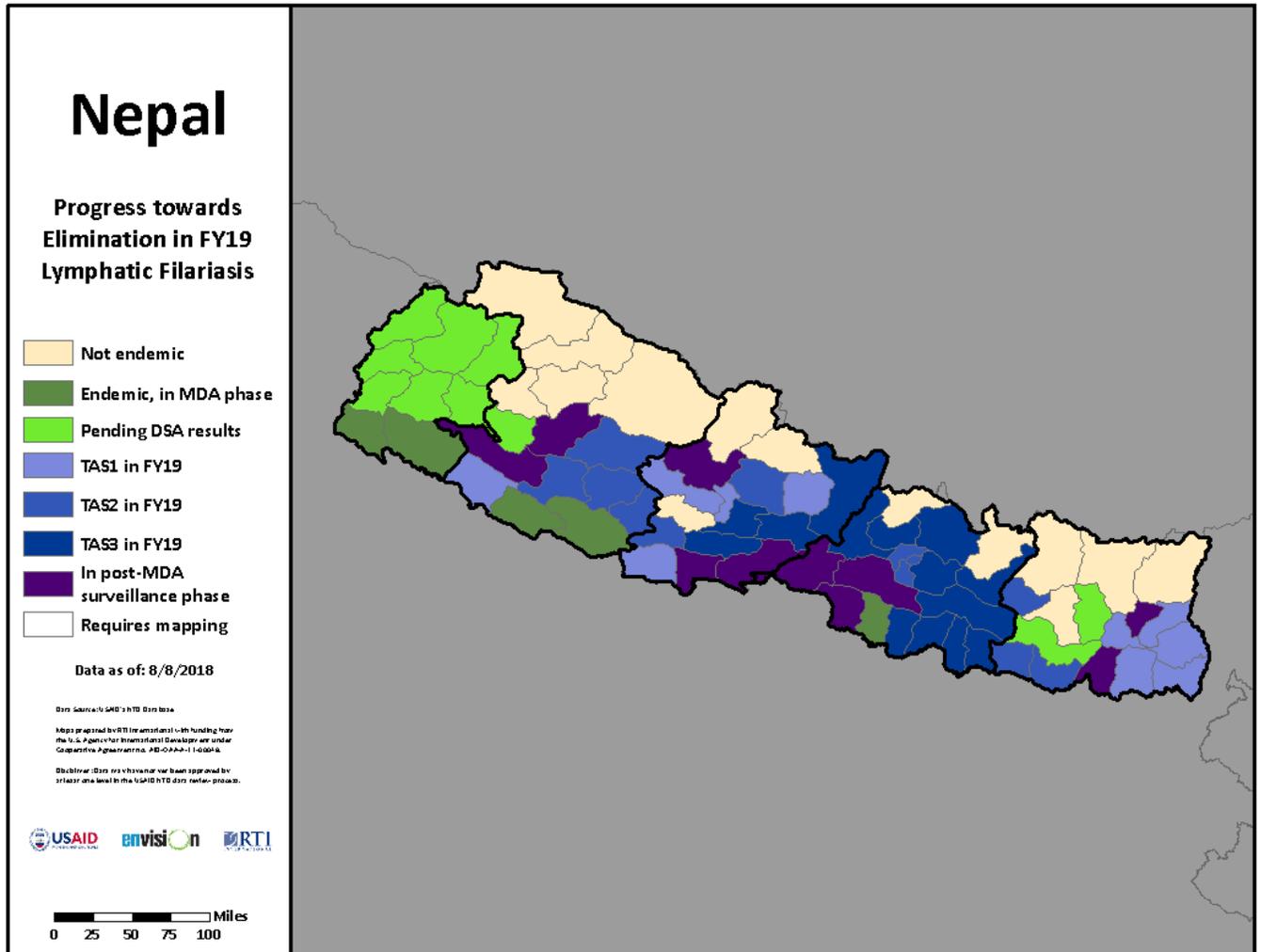
**k) Supervision for M&E and DSAs****Activity 1: Supervision for M&E and DSAs**

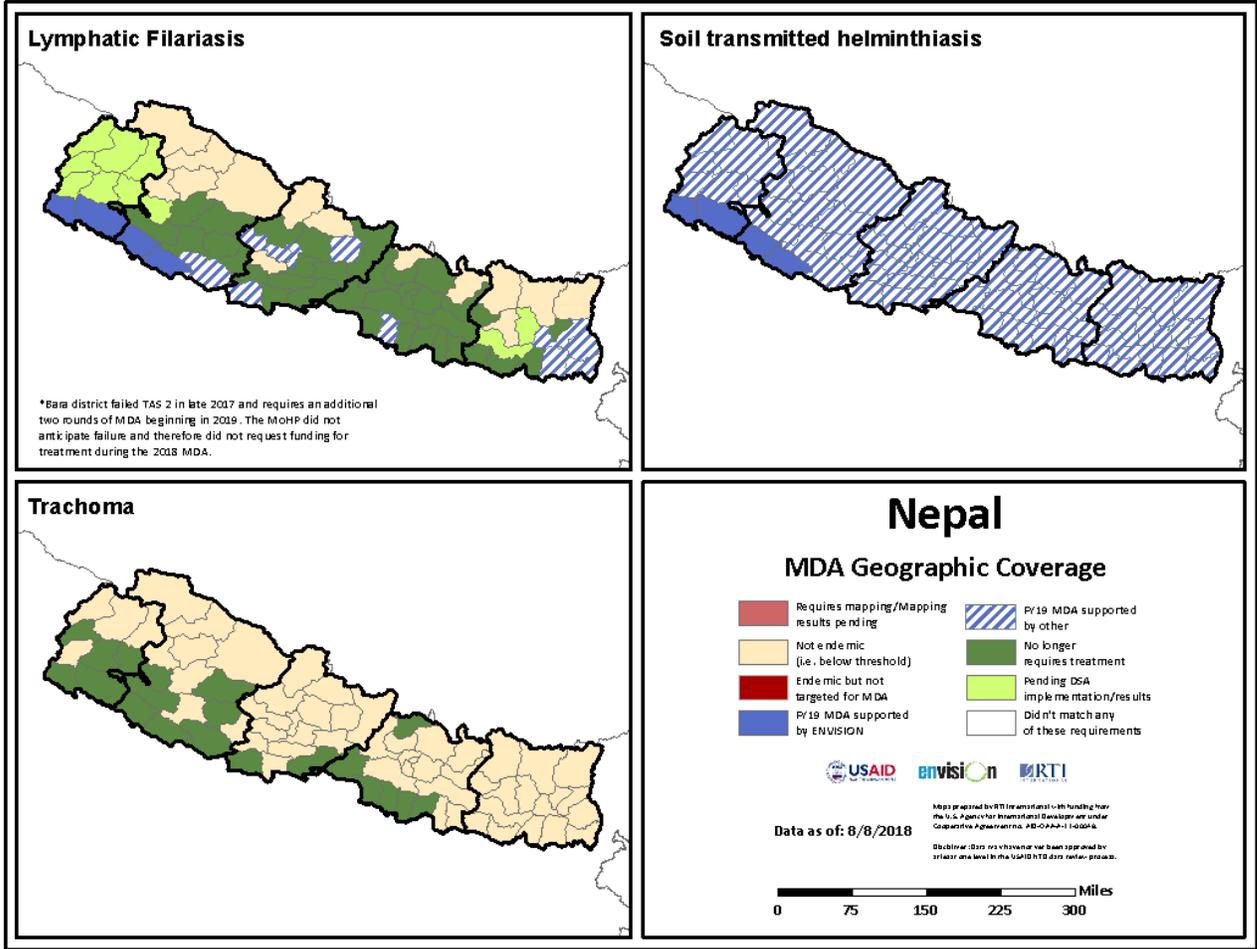
In FY19, ENVISION will fund supervision activities related to the implementation of TAS2, and TAS3 planned activities. During the period of performance, ENVISION will meet with NGO staff, provide technical trainings as necessary, and observe field work using the relevant checklists and supervisory tools. Implementation issues will be discussed and corrective actions put in place to improve processes. In addition, EDCD/MoHP and WHO staff will provide additional supervision as necessary.

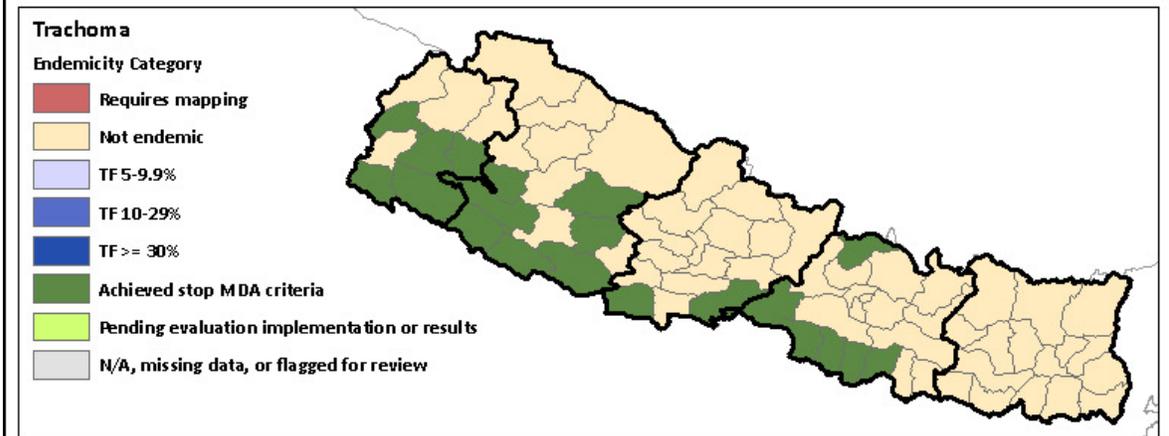
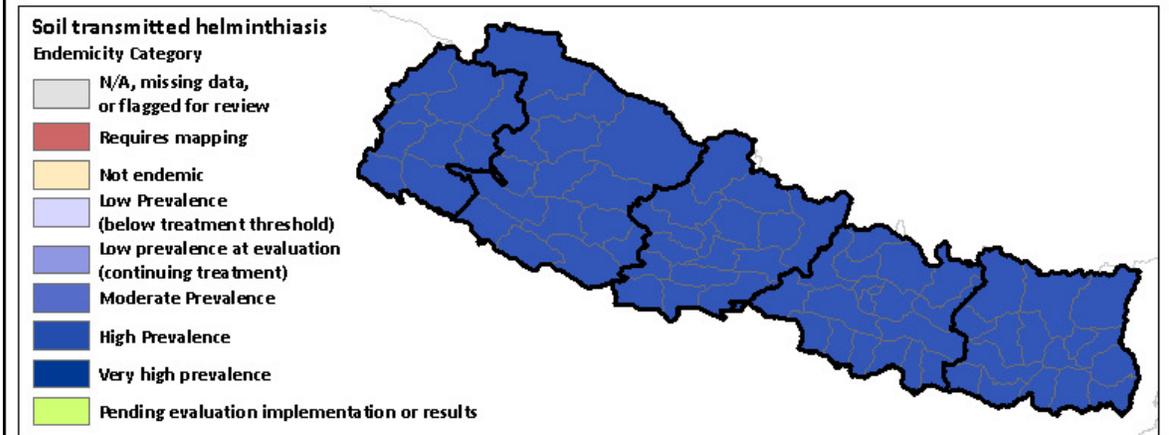
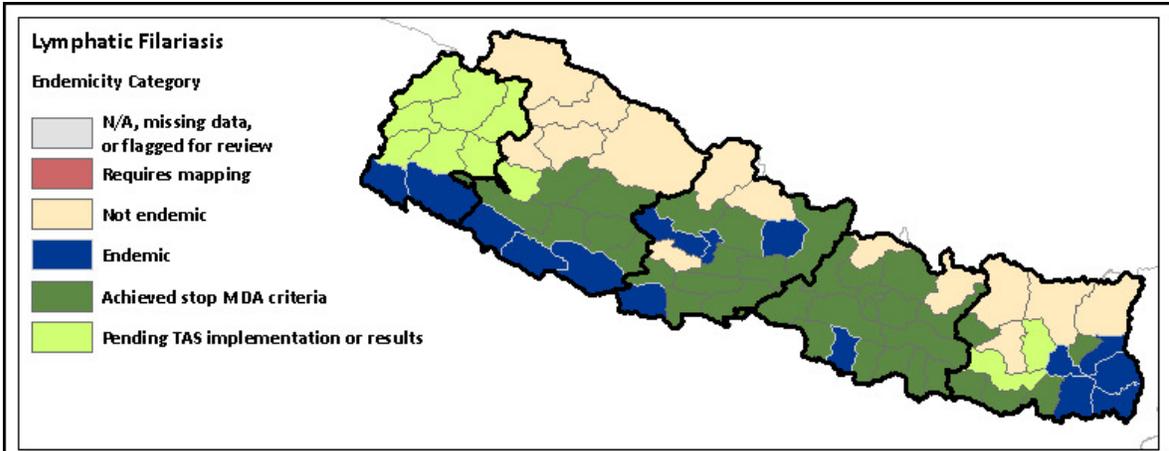
**l) Dossier Development**

In FY19, ENVISION will orient the EDCD on the LF elimination dossier and begin drafting the document and complete the data annex through FY19. ENVISION will also work with the EDCD to ensure the integrated database is updated regularly and understand how that will allow them to complete the dossier, showing the importance of historical information within the dossier, and will work with the EDCD to develop simple strategies to collect and complete the MMDP section. ENVISION will identify a simple way to collect existing MMDP patient estimates that are currently kept at district levels and ways to regularly update this information through annual reporting.

### 3. Maps







# Nepal

## Endemicity by NTD

### FY19

**Data as of: 8/8/2018**

Data Source: USAID's NTD Database

Maps prepared by RTI in partnership with funding from the U.S. Agency for International Development are under Cooperative Agreement No. AB-0000-11-00046.

Disclaimer: Data has not been approved by the national level in the USAID health sector process.

## APPENDIX 2: Work Plan Timeline

FY19 Activities
<b>Management Support</b>
Office Operations
<b>Project Assistance</b>
Strategic Planning
Technical Working Group Meeting (2 meetings)
LF MDA Annual Review Meeting (4 regions)
<b>NTD Secretariat</b>
Consultant, Supplies, Communication, Travel
<b>Building Advocacy for a Sustainable National NTD Program</b>
Provincial LF MDA Planning Meeting (5 events)
Central-Level Sensitization Meeting (2 events)
<b>Mapping</b>
<b>MDA Coverage</b>
MDA in 4 Districts (Includes advocacy, social mobilization, training, supervision)
<b>Social Mobilization to Enable NTD Program Activities</b>
Television Broadcasts
Newspaper Notice
Telefilm for LF MDA Sensitization
<b>Training</b>
Drug Supply and Commodity Management and Procurement
<b>Supervision for MDA</b>
Supervision of MDA: LF
<b>Monitoring and Evaluation</b>
TAS2 (12 districts)

<b>FY19 Activities</b>
TAS3 (14 districts)
Supervision for Monitoring and Evaluation and DSAs
Supervision of LF TAS2 (ENVISION staff)
Supervision of LF TAS3 (ENVISION staff)
Dossier Development
Informal LF Dossier Orientation

## APPENIDX 4. Table of USAID-supported Regions and Districts in FY19

	Region	Health Districts	Mapping (list disease(s))	Baseline sentinel sites (list disease(s))	MDA					DSA (list type: TAS2, TSS, etc.)				
					LF	OV	SCH	STH	TRA	LF	OV	SCH	STH	TRA
1	Midwest	Banke			x			x		TAS1				
2		Bardiya			x			x						
3		Pyuthan								TAS2				
4		Rolpa								TAS2				
5		Rukum								TAS2				
6		Salyan								TAS2				
7	Far West	Kailali			x			x						
8		Kanchanpur			x			x						
9	East	Dhankuta								TAS1				
10		Hham								TAS1				
11		Jhapa								TAS1				
12		Morang								TAS1				
13		Okhaldhunga								TAS2				
14		Panchthar								TAS1				
15	West	Lamjung								TAS1				
16		Parbat								TAS1				
17		Baglung								TAS1				
18		Kapilvastu								TAS1				
19	Central	Kathmandu								TAS2				
20		Lalitpur Urban								TAS2				
21		Bhaktapur								TAS2				
22		Saptari								TAS2				
23		Siraha								TAS2				
24		Rautahat								TAS3				
25		Sarlahi								TAS3				
26		Dhanusa								TAS3				
27		Mahottari								TAS3				
28		Sindhuli								TAS3				
29		Dhading								TAS3				
30		Nuwakot								TAS3				
31		Kavrepalanchowk								TAS3				
32		Ramechhap								TAS3				
33		Sindhupalchowk								TAS3				
34	West	Kaski								TAS2				
35		Argakhanchi								TAS2				
36		Palpa								TAS3				
37		Syangja								TAS3				
38		Tanahun								TAS3				
39		Gorkha								TAS3				

