Control of Neglected Tropical Diseases:  
ENVISION  
RTI International, Global Health Division  
Nepal

Scope of Work for Lymphatic Filariasis Transmission Assessment Survey (TAS III)

ENVISION is an eight year program funded by the United States Agency for International Development (USAID) that aims to provide assistance to national programs to combat neglected tropical diseases (NTDs). The program supports the control and elimination of seven targeted NTDs, specifically lymphatic filariasis, onchocerciasis, schistosomiasis, three types of soil-transmitted helminths (roundworm, hookworm, whipworm), and trachoma. ENVISION aims to contribute towards the global goal of reducing the harmful effects of targeted NTDs so that they are no longer considered a public health problem.

In order to achieve this objective, ENVISION focuses on reaching the following intermediate results:

RI1: Increased MDA coverage among at-risk populations in endemic communities  
RI2: Improved evidence base for action to control and eliminate targeted NTDs  
RI3: Strengthened environment for implementation of national integrated NTD control and elimination programs


Background:

Lymphatic filariasis is a public health problem in Nepal. Based on the public health importance of lymphatic filariasis, the World Health Organization (WHO) made a global call for its elimination by the year 2020 to which the Nepal Government has expressed its commitment. The Nepal Government has made a goal of eliminating LF by 2020. The elimination of LF will be achieved through the mass distribution of diethylcarbamazine citrate (DEC) and albendazole to endemic districts. The Nepal LF Elimination Program has already reached all 63 endemic districts. In Nepal, the LF elimination program has been very successful and 48 districts have already qualified to stop MDA and have graduated to transmission assessment surveys.

According to WHO guidelines, to measure the impact of an LF elimination program, it is necessary to conduct transmission assessment surveys (TAS III) two to three years after the transmission assessment survey (TAS II) in districts where mass drug administration have been stopped. Once districts have passed TAS III, they undergo for passive surveillance.

As of February 2019, 14 districts (Rautahat, Sarlahai, Mahottari, Dhanusha, Sindhuli, Dhading, Nuwakot, Kavrepalanchowk, Sindulpalchowk, Ramechhap, Palpa, Syangja, Tanahu and Gorkha) are now eligible for TAS III. EDCD has requested RTI to assist TAS III in these districts. For the purposed of TAS, these districts have been combined into five Evaluation Units (EU). [EU1: Rautahat and Sarlahai, EU2: Dhanusa, Mahottari and Sindhuli, EU3: Dhading, Nuwakot and Kavrepalanchowk, EU4: Ramechhap and Sindulpalchowk, EU5: Palpa, Syangja, Tanahun and Gorkha].
The Proposed TAS III will be a school-based random survey based on established WHO guidelines. The chosen organization will take updated lists of schools Department of Education, and will work with RTI, EDCD, and WHO to select schools using the WHO tool (survey sample builder). Filariasis test strips (FTS), the diagnostic tool, will be used for this survey and will be provided by WHO/EDCD. Data will be entered in mobile device to be provided by RTI. Students of grade 1 & 2 (aged 6 and 7 years) will be the target population for sample collection. A total of approximately 1,700 samples will be taken from each EU.

**Objective of TAS III:**

Determine whether post-MDA surveillance can continue, i.e., the number of antigen-positive children is at or below the critical cut-off point in grade 1 and 2 students in selected schools of 14 districts, or whether MDA needs to be restarted, i.e., the number of antigen-positive children is above the critical cut-off point.

**The following are the scope of work for TAS III:**

1. Develop details of the survey protocol including the schedule and composition of survey teams (two laboratory people and one supervisor).
2. Plan and collect the required approvals from the EDCD and concerned authority in each of the districts to conduct TAS III.
3. Obtain NHRC ethical approval prior to starting field work.
4. In coordination with EDCD, obtain a list of schools and number of students in grade 1 and 2 in the respective schools from the department of education/local units. Using the WHO Survey Sample Builder, develop a list of schools, including alternate schools, to visit during the TAS III and obtain EDCD approval for each list.
5. Using WHO standard TAS training materials and RTI on-the-job training materials, organize training workshop to ensure personnel who are engaged in the survey receive proper training on the methods and tools of data collection in close coordination and consultation with EDCD, WHO, and RTI-ENVISION. RTI ENVISION will provide Electronic Data Capture (EDC) training to staff of selected organization and enumerators to be engaged in survey.
6. Coordinate with D(P)HOs or equivalent authorities and local municipalities and rural municipalities during survey implementation. The selected organization will coordinate with EDCD and RTI-ENVISION before and during the survey to ensure all appropriate parties are aware of the survey plan.
7. Coordinate and manage supervision and monitoring visits of Provincial department of health, EDCD and D(P)HO or equivalent government authority to survey sites of each district.
8. Assure the validity and quality of collected data entered in the EDC platform and provide timely responses to questions during the cleaning and editing of the data by RTI-ENVISION team. EDCD and RTI-ENVISION will undertake monitoring and supervision at any time during these processes.
9. Organize district-level coordination meetings in each of the 14 districts (40 participants) including health coordinators of all rural municipalities, urban municipalities, municipal education resource persons, districts administrators and security personnel, representatives of private school associations, journalists and district public health personnel) to share information about the district-level TAS implementation plan and seek their support to conduct the survey.
10. Arrange and document school-level meetings with the school management committee, teachers and representatives of parents in each selected school to explain to parents and school teachers about the purpose and methodology of the survey.
11. Secure parental/guardian consent of students for their voluntary participation in the survey.
12. Collect blood samples from students willing to participate and analyze using FTS in schools identified for the survey. Coordinate with the school teacher for proper disposal of the samples to ensure they are burnt. Collect sharps/needles in the disposal boxes and coordinate with the nearest health facility to manage proper disposal of these in coordination with the health facility staff.
13. Ensure data is properly entered in programmed mobile device provided by RTI with proper Global Positioning System (GPS) of each survey site. Grantee will be responsible for custody and management of these phones including replacement in case of any loss.
14. Respond to and correct data questions/issues from EDCD/RTI as the data reports are reviewed while survey teams are still in the field.
15. Prepare detailed information sheet of positive cases including their name, home address, contact number and submit the same to concerned authorities including RTI ENVISION in final report.
16. Brief the respective D(P)HO or the concerned authority in place of D(P)HO after completion of the survey in district to inform them on findings and obtain a letter of successful completion of the survey from respective schools to submit to the EDCD.
17. Submit draft survey report within 15 days of the completion of data collection and meet with RTI-ENVISION and EDCD to discuss preliminary results and determine next steps.
18. Submit final survey report both in soft and hard copy with data files and list of changes made after EDC submission to the RTI-ENVISION Nepal Office within 10 days of receiving EDCD and RTI-ENVISION’s comments on the draft report.

Note: RTI will provide a protocol outline/checklist, training materials for on the job training, summary tables for EUs, report outline and guidance.

**Period of Performance and Level of effort:**
The period of performance is approximately three months, from the date of AOR approval through May 31, 2019.

The level of effort is **not to exceed 45 days** including 30 days in the field. However, additional time is built in to the period of performance to account for weekends, unforeseen delays during implementation, and review by RTI and EDCD of the draft report.

Survey design development: 10 days
Training and Sample collection: 30 days
Data analysis and report writing: 5 days

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Total 45 days

**Expected Deliverables:**

<table>
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<tr>
<th>TAS II</th>
<th>Description of Milestones</th>
<th>Required deliverable(s)</th>
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<tbody>
<tr>
<td>1</td>
<td>TAS III Survey Design and NHRC</td>
<td>Survey Protocol including schedule and composition</td>
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<tr>
<td>2</td>
<td>TAS III training workshop and District level coordination Meeting</td>
<td>Meeting report including attendance list for events, agenda and copies of files used for training.</td>
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<td>3</td>
<td>TAS III Field Work</td>
<td>Report for each EU summarizing outcome of community meetings and noting any implementation challenges at schools and completion letter from districts</td>
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<td>4</td>
<td>TAS III Data Analysis and Draft Report</td>
<td>Draft report for review by RTI and EDCD</td>
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<td>5</td>
<td>TAS III Final Report and Data</td>
<td>Final report approved by RTI</td>
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