



ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010

Programme Title & Number <ul style="list-style-type: none">Programme Title: Child Survival Elimination of Lymphatic FilariasisProgramme Number : BM 066MDTF Office Atlas Number: 00073281	Country, Locality(s), Thematic Area(s)² <p><i>Kiribati, KPA 3 - Health</i></p>
Participating Organization(s) <p><i>WHO, UNICEF and UNFPA</i></p>	Implementing Partners <ul style="list-style-type: none">Ministry of Health, Govt of Kiribati
Programme/Project Cost (US\$) <p>MDTF Fund Contribution:</p> <ul style="list-style-type: none">\$52,470 <p>Agency Contribution</p> <ul style="list-style-type: none">\$0.00 <p>Government Contribution <i>(if applicable)</i></p> <p>Other Contribution (donor) <i>(if applicable)</i></p> <p>TOTAL:</p>	Programme Duration (months) <p>Overall Duration Dec 2009 to Dec 2010</p> <p>Start Date³</p> <p>End Date or Revised End Date, <i>(if applicable)</i></p> <p>Operational Closure Date⁴</p> <p>Expected Financial Closure Date</p>
Programme Assessments/Mid-Term Evaluation <p>Assessment Completed - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p> <p>Mid-Evaluation Report – <i>if applicable please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p>	Submitted By <ul style="list-style-type: none">Name: Miss Gaik OngTitle: Senior Programme ManagerParticipating Organization (Lead): WHOEmail address: ongg@wpro.who.int

¹ The term “programme” is used for programmes, joint programmes and projects.

² Priority Area for the Peace building Fund; Sector for the UNDG ITF.

³ The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the [MDTF Office GATEWAY](http://mdtf.undp.org) (<http://mdtf.undp.org>).

⁴ All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

Narrative Update:

- Child Morbidity and Mortality in Kiribati is among the highest in the Pacific. A series of interventions are implemented. It was recognized that available treatment guidelines for neonates are not up to date with the current evidence base. This gap has been filled with these new guidelines made possible with additional funding from the Joint UN.
- Ill children are often brought very late to a health facility. Community nurses are mostly the first point of contact between the patients and the health system especially on outer islands. Immediate recognition of danger signs and appropriate action including preparations for referral are critical for child survival. Training to address these issues has been provided to community nurses.
- Lymphatic Filariasis in Kiribati continues to be of major significance. An effective treatment is available and the methodology is developed to rid the Pacific of this debilitating disease. Drugs are provided free of charge by the private sector and staff has been trained. However there is a shortage of funds to conduct mass treatment and active case detection and follow up. These additional funds from the Joint UN fund helped to expand the elimination program.
- For now Kiribati has just about enough nurses in the public health service, however the workforce is over-aged and a shortage of nursing cadre is to be expected in the coming years. The AusAID supported KANI Project (Kiribati Australian Nursing Initiative) is training nurses in Australia on an internationally recognized level with the main aim to retain nurses in Australia and the benefit for Kiribati to increased remittances. At this stage it is not clear how many of these trained nurses will be taking up employment in Kiribati. A bridging course which includes midwifery training is needed to integrate KANI nurses into the Kiribati Health services. This is being looked at but has not yet materialized. In short it is uncertain if the KANI project will help to fill the gap in the nursing cadre in the coming years. It is therefore important to simultaneously strengthen the Kiribati School of Nursing (KSN). With support from New Zealand an updated curriculum for the nurses is being developed. The One UN fund has helped to purchase modern training material for this school. Procedural issues (three quotations needed etc.) have delayed the procurement of this equipment and some suggested books that went out of print caused the delay of full implementation until February 2010. We are confident to fully use the available funds before midyear 2011.

VIII. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
Outcome 1 : Reduction of child morbidity and mortality in Kiribati							
Output 1.1	Neonatal Guidelines developed and distributed to health facilities and staff			Guidelines distributed to all health facilities and staff			
	Upgrade training for community nurses on clinical management of neonatal and childhood conditions			Improved training undertaken			
Output 1.2							
Outcome 2: Reach elimination status of Lymphatic Filariasis in Kiribati by 2012							
Output 2.1	Survey on Lymphatic Filariasis to be undertaken in 8 outer islands completed,			Survey undertaken in 8 outer islands			

	1 st round of MDA countrywide carried out , Survey in Christmas islands conducted			Survey in Christmas Islands was a success and the information gathered is used for policy formulation for the Govt of Kiribati.			
Output 2.2							
Outcome 3: Upgrading of Kiribati school of Nursing							
	Provision of training equipment and literature for the Kiribati Nursing School			Training equipments and literature purchased and supplied to the school			