

**KIRIBATI ONE UN FUND**

**PROGRAMME UPDATE WHO**

**AS OF 20 February 2011**

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| **Participating UN Organization(s)** | ILO, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM, **WHO**  |
| **MDTF Programme Number** | 00073281 |
| **Programme Title** | Child SurvivalElimination of Lymphatic FilariasisUpgrading of Kiribati School of Nursing |
| **Approved Budget** **(by PO, if applicable)** | USD 52,470 |
| **Expenditure** **(by PO, if applicable)** | USD 49,551 | **% of Approved Budget****(by PO, if applicable)** | 95.9 % |
| **Forecast Final Date:**  | 31 December 2010 | **Delay****(if applicable)** | 30 June 2011 |

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| **Objectives:** | **Achievements/Results:** | **Percentage of planned:** |
| Reduction of child morbidity and mortality in Kiribati | * Neonatal Guidelines developed and distributed to health facilities and staff
 | 100 % |
| * Upgrade training for community nurses on clinical management of neonatal and childhood conditions
 | 100 % |
| Reach elimination status of Lymphatic Filariasis in Kiribati by 2012  | * Survey on Lymphatic Filariasis in 8 outer islands completed,
* 1st round of MDA countrywide carried out ,
* Survey in Christmas islands conducted
 | 100 % |
| Upgrading of Kiribati School of Nursing  | * Provision of training equipment and literature for the KSoN
 | 71.1 % |

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| **Qualitative achievements against objectives and results:** |
| * 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.
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