

**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC**

MISSION REPORT EXECUTIVE SUMMARY

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Author(s)

Kirimati island ,Kiribati
Place(s) visited

21-28 August 2008
Dates of mission

Report series number

Project identifier

Activity code

Objectives of mission:

The purpose of this mission was to support the Ministry of Health undertake the C Survey for filariasis planned through the Pacific Programme to Eliminate Lymphatic Filariasis (PacELF) in the Pacific.

Summary of activities, findings, conclusions and recommendations:

Support was provided to prepare for and undertake the C survey in accordance with the guidelines provided through the PacELF. The survey villages were mapped, the knowledge and skills of the survey team updated and the survey undertaken. Good coverage of the survey sample was achieved. Three positive cases were found on repeat ICT testing and blood smears were taken. The opportunity was taken to coach staff on the care of lymphoedema and on a newly introduced process of supportive supervision. Nursing staff were encouraged to be involved in opportunistic health education and health promotion. Bed nets were distributed.

Conclusion

Most of the health staff involved in the survey had had previous experience with surveys. Updating their knowledge and skills and providing supportive supervision motivated the team and ensured attention was given to sampling details, testing technique and follow up.

Reports from families suggest that traditional beliefs are a barrier to effective treatment of lymphoedema. Opportunities to educate and promote health were usually not taken when they presented.

Recommendations

1. Supportive supervision to survey teams by skilled staff is likely to improve the output and quality of survey results.
2. Information on and support to families on effective management of lymphoedema should be offered to all families with a family member that has lymphoedema.
3. Nurses should be encouraged to participate in opportunistic health promotion and education when opportunities they arise.

Key words : filariasis C Survey

1. PURPOSE OF MISSION

The purpose of this mission was to support the Ministry of Health undertake the C Survey for filariasis planned through the Pacific Programme to Eliminate Lymphatic Filariasis (PacELF) in the Pacific.

2. BACKGROUND

Supported by the PacELF, the Ministry of Health Kiribati, undertook a series of 5 annual mass drug administrations from 2001-2005 aimed to eliminate filariasis. A mid term blood survey in 2003 in the Gilbert Island Group found 0.3% of the 1169 people tested were antigen positive, none tested positive in Kirimati Island. Another survey in 2004 found 0.5% of the people tested in the Gilbert Island Group and 0.8% of those tested in Kirimati Island tested positive

3. ACTIVITIES AND FINDINGS

The writer provided support and assistance to the Ministry of Health's filariasis coordinator , Teiti Bwenawa, and the Kirimati Island survey team to prepare for and undertakes the filariasis C survey. Maps of households in London, Banana and Tabwaka were prepared. Goggle earth maps were used to help mapping London and Tabwaka, manual mapping was used in Banana. The maps were divided into segments according to the survey instructions. One segment was randomly selected (from a "hat") from London and Banana, two from tabwakea

The local survey team were instructed on the survey and ICT testing technique. Three teams visited each segment during the period 23-24th August. The writer took to opportunity to work with each team during this period. Those people who tested positive or were not at home during the survey were followed up on 27-28 August

The survey outputs were: 60 households visited; 472 people tested; 4 people not tested. (one refused, one invalid test on a sick child was not repeated and one child was too distressed to be tested). Eighteen (18) people tested positive on the first test; 3 people tested positive on the second test. The three people who tested positive on the second ICT test had blood smears taken between 2300hrs and 0100 hrs. They took weight determined doses of DEC and albendazole under direct observation and were issued mosquito nets for the family. . When asked about previous MDAs, two of the people with positive tests had taken tablets during the last MDA , one has been "too scared" to take the tablets because she feared side effects. Fourteen (14) people from the survey sample still need to be followed up

Mosquito nets were shipped to Fanning and Washington and plans were made for their distribution. Encouragement was given to using community groups to distribute bed nets. Plans

to complete the C survey in Fanning and Washington, under the supervision of the Principle Nursing Officer, were discussed.

Case management of lymphoedema was taught to a family that had a family member with lymphoedema. The family reported that traditional beliefs held that limbs with lymphoedema should not be washed. Staff were encouraged to visit and coach other families on how to care for their family members with lymphoedema.

The opportunity was taken to coach the Principle Nursing Office in a new approach to supportive supervision that had just been introduced in the MoH with support from WHO

4. CONCLUSIONS AND RECOMMENDATIONS

Most health staff involved in the survey had previous experience with surveys. Updating their knowledge and skills and providing them with supportive supervision motivated them to ensure appropriate attention was given to sampling details, testing technique and follow up.

It is recommended that PNOs be updated in sampling techniques and ICT testing so that they can update survey teams when they visit their respective Outer Islands. Supervision of the survey teams is also recommended whenever possible .

Traditional beliefs are likely to be a barrier to effective treatment of lymphoedema. PNO's should receive training in the case management of lymphoema and provide training and information to the nurses in the Outer Island so they can provide support to people with lymphoedema

Opportunities to educate and promote health were usually not taken up by nurses when they presented. Nurses should be encouraged to participate in opportunistic health promotion and education whenever opportunities arise.

5. ACKNOWLEDGEMENTS

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