

ABSTRACT

Background: Globally, 0.25/10.000 people in 121 countries are infected lymphatic filariasis (LF) and more than 63% of the cases are found in South-East Asia Region (SEAR). Timor-Leste is one of the nine LF endemic countries and accounts for the highest burden of LF among the six WHO regions. Microfilaraemia rate of 11.6% in 2002 and national parasite of LF is 17.5% in 2012. Mass Drug Administration (MDA) is the main public health intervention for its control and elimination, as recommended by WHO hence in 2014, the MDA program was implemented in 13 districts. The coverage for the first round of MDA implementation was 66.58% with Dili district having the lowest coverage (52.31%).

Objective: To assess the fidelity of MDA implementation for LF.

Method: The study used a qualitative exploratory case study. Participants of the study included 51 people who know the MDA implementation for LF at the health district office, primary health care, health volunteers and community leaders. They were recruited through purposive sampling. Research instruments used in-depth interview guide.

Result: The study found that the training was conducted and all MDA team attended. However, there were issues in quality control assurance for the training. The MDA drugs stocks was enough for population at risk however MDA did not cover the entire population, due in part to lack of map for the catchment areas. There was poor recording and reporting of MDA implementation at the community level. There was also insufficient health education and campaign about MDA. Side effects of MDA drugs were noted and these were handled through patient referral to public health facilities. There was also lack of coordination among health staff, volunteers, local authority and community members. The stakeholders attended the advocacy meetings, however, not all key stakeholders attended. There was still lack of capacity and capability to do monitoring.

Conclusion: The fidelity of MDA implementation in Dili district was suboptimal because of issues in training, insufficient coverage and lack of health education campaigns. Insufficient capability to do monitoring and supervision also contributed to poor fidelity.

Keywords: Fidelity, Mass Drug Administration, Elimination, Lymphatic Filariasis