

Distribution and Usage of LLIN

PHRN Experiences

Background-Public Health Resource Network (PHRN) Odisha which works across the state in supporting various public health initiatives has placed Community Health Fellows to support various communitization processes at the district level. In this context to support the district and state health administration as a part of their mandate they took up the responsibility of monitoring the distribution and usage of LLIN so that appropriate corrective measures can be taken. The monitoring formats were given by NVBDCP and field support was given by the Block Programme Management Unit (BPMU).

The findings are unbiased and are as per the observations and interactions with service providers and the beneficiaries.

Experiences from Rayagada

Place of visit- Village- Singurahati, Block- Kashipur

Date of visit- 25th February 2010

Team- Sudarshan Sahoo, BEE in-charge, Prabhakar Dhal, BPO, Bibhutibhusan Sahoo HW (M), Manikeswari Prasad Mishra-Community Health Fellow , Rayagada, Dr. Saumya Ranjan Mishra, Programme Coordinator PHRN Odisha and Subhasis Panda Programme coordinator, PHRN Odisha.

Process of monitoring- The sample village and the point of distribution was selected using the following criteria.

- Selection of a village/PHC where the distribution of LLIN is currently going on- The mandate was to interact with the GKS members, Health service providers and beneficiaries and observe the entire process of distribution on the spot.
- Selection of a village where LLIN has already been distributed since the last 15 days.
- A total of 5 houses holds to be selected- 2 house holds having pregnant women and 3 other house holds randomly.

As per the criteria we visited PHC (New) Sunger and village- Singurhati

A brief report of the findings

A) Distribution of LLIN

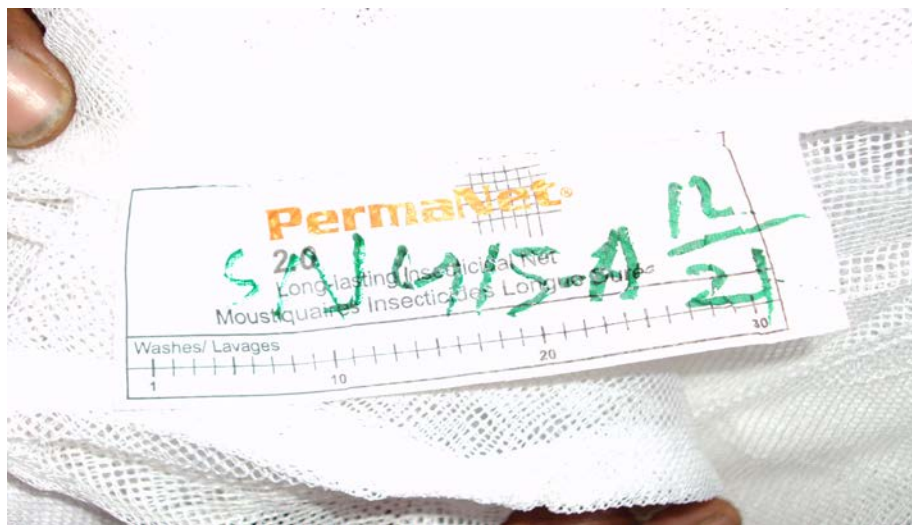
- The GKS members including ASHA, ANM and ward member were interviewed. It was found that the members have only communicated the community regarding the distribution of the LLIN without any emphasis on its usage. No demonstration was done as a part of the sensitization process regarding the usage of LLIN.
- The GKS members are collecting Rs. 20/- and Rs.30/- for BPL and APL beneficiaries respectively. However there was marked discontentment among the beneficiaries who were receiving the LLIN regarding the collection as the GKS members were unable to convince them regarding the utilization of the funds collected.
- The LLIN was distributed in PHC (New) Sunger where the records were maintained by the ANM and no records were maintained at the GKS level for records regarding the receipt.
- No information regarding the usage or any demonstration was given while distributing the LLIN to the beneficiaries.



Barrier between the service providers and the beneficiaries (LLIN Distribution going on at PHC (New) Sunger



Record keeping of LLIN distribution (All in a mess with no record at the GKS level)



The coding of mosquito nets (The best possible written code available in the photograph) others can hardly be read due to unavailability of permanent markers.

- The GKS members or other service providers have not followed up after the distribution of LLIN.

B) Usage of LLIN

The discussion with beneficiaries revealed the following facts

- All the house holds were found in not using the nets. The nets were not even opened from the packets.
- The beneficiaries could not demonstrate the usage of mosquito nets. When asked to open and tie the nets not a single beneficiary could demonstrate it. It was astonishing to see that they tied it on the roof tops with a ground clearance of 1 to 2 ft. They messed up the entire net while tying them.
- The beneficiaries never saw the nets earlier and no one has categorically demonstrated its usage.
- The LLINs were found staked either in wooden boxes or bulndled up on wooden roof tops.
- The pregnant women nor the house hold members knew about the benefits of using mosquito nets
- The beneficiaries have not used the nets as a result of lack of knowledge on how to use them.



Risking life keeping mosquito nets secured (LLIN kept well locked in boxes without using even after 15 days by a pregnant women)



Tying mosquito nets on roof tops (A pregnant women struggling to demonstrate the usage of LLIN without any knowledge on how to use it)



Mosquito nets tied by beneficiaries with ground clearance

Suggestions-

- There is a requirement of demonstration of the usage of the LLIN and the need for its sustained use especially for pregnant women among community.
- The GKS to play a significant role in generating awareness and monitoring the usage with special emphasis to pregnant women
- Service providers to organize demonstration before and during the distribution of LLIN.

This was the observations of this particular village. We initiated a demonstration on the usage of the LLIN in the village after getting the findings on the same day. We look forward to following it up and finding out the second phase of concerns and the possible suggestive measures for behavior and practice changes in the usage of LLIN