

PUBLIC HEALTH RESOURCE NETWORK (PHRN), ODISHA

REPORT OF LLIN-BCC MONITORING

1. Background:

1.1 Initiative of NVBDCP for control of malaria through LLIN (Long lasting insecticidal nets)

The Directorate of National Vector Borne Disease Control Programme (NVBDCP) has developed an 'Operational Manual for Implementation of Malaria Programme' in view of the major changes that the national strategy on malaria control has recently undergone with introduction of new interventions. The f intervention includes Rapid Diagnostic Tests (RDTs), Artemisinin based Combination Therapy (ACT) and Long Lasting Insecticidal Bed Nets (LLINs). Long Lasting Insecticidal Nets (LLINs) are mosquito nets which have the insecticide incorporated in their fibre, so that it is not removed by as many as 20 washes. Because these nets have an even and quality controlled insecticide application, they are generally more effective than conventional ITNs.

Furthermore the LLIN is more cost-effective (as it can be used for 3-5 years) than distribution of conventional bed nets and treating them with insecticide once or twice a year. Conventional ITNs are therefore only a rational option in areas, where the population already has so many nets that at least 50% of people sleep under one. Unless data to the contrary is available, it can be assumed that an average household has 5 members (2 adults and 3 children). It is then possible for one LLIN to cover on average 2.5 persons (2 adults or 3 children or 1 adult plus 1-2 children). Thus, for a given village the number of LLINs to be provided is usually equal to the number of households multiplied by 2 or the total population divided by 2.5. However, some villages may have many large households, which will need additional nets. It is therefore prudent to add 20%, i.e. plan: Number of LLINs = Number of households x 2.4. This will normally ensure a sufficient quantity for the following schedule: a) 1-2 persons-1 LLIN b) 3-5 persons- 2 LLINs, c) 6-7 persons- 3 LLINs d) 8-10 persons- 4 LLINs

A mechanism was developed by the Directorate of Health Services Orissa to put some effort for creating awareness among the people and to increase the utility of LLIN. This BCC campaign was put into action through Nidhi Rath by a well designed vehicle to attract the attention of people followed by street theatre show and community interaction.

1.2 PHRN's involvement with NVBDCP-PHRN has been closely associated with the malaria control programme activities of NVBDCP Odisha. It participated in the state level TOT on fever treatment depot on malaria and was subsequently involved in the district level training in Angul. It has also been involved in giving inputs during the series of consultations for developing innovative IEC/BCC activities. The support has also been provided to the district health administration for the monitoring of IRS activities and distribution of LLIN.

Looking into the interest and support given by PHRN, the Joint Director of Health Services, Malaria, Odisha vide letter no: 579(7)/NVBDCP/LLIN/IEC/BCC/10-11 entrusted PHRN to externally monitor the LLIN BCC campaign in the districts of Bargarh, Dhenkanal, Mayurbhanj and Nuapada. ***See Annexure-1 for letter from Joint Director of Health Services, Malaria, Odisha.***

1.3 Meeting with NVBDCP consultants and development of monitoring formats: A meeting was organized by the NVBDCP consultants' in the state office of PHRN to develop our understanding on the guidelines of LLIN BBC campaign in the distribution areas and the monitoring tools to be used. The Community Health Fellows and the programme coordinators were present in the meeting. The format prepared by the NVBDCP consultants were discussed for monitoring the activities. After thorough discussion it was felt that a more intensive format can be developed by PHRN to monitor the activities. Subsequently a final format was developed by PHRN in consultation with the NVBDCP consultants. ***See Annexure -2 for the formats given by NVBDCP and Annexure-3 for the final format prepared by PHRN in consultation with NVBDCP consultants.***

1.4 Districts taken for monitoring the LLIN BCC campaign activities and the involvement of PHRN staffs.

Districts - Bargarh, Dhenkanal, Nuapada and Mayurbhanj

Staffs of PHRN- Community Health Fellows and Programme Coordinators

2. Monitoring and preparation of the report- As per the discussion with the NVBDCP consultants we were assigned to monitor whether the guidelines were followed or there were major deviations in organizing the campaigns at various

phases. Therefore the report has also been prepared accordingly keeping in view those phases of the LLIN BCC campaign.

3. District wise BCC LLIN monitoring reports

3.1 District- Bargarh

3.1 A) Pre Campaign Activities

District level

The District level orientation & co-ordination meeting on LLIN distribution areas under malaria control programme in Bargarh District was held on 20th May 2010 at collector's chamber, under the chairmanship of Sri Bhabagrahi Mishra, Collector District Magistrate, Bargarh. The meeting was attended by:

Dr. U.C.Tripathy-CDMO

Dr. Jagdish Mahananda- ADMO (FW)

Dr. S.K.Joshi- ADMO (PH)

DPM- NRHM

MEIO-NRHM

The CDMO, Bargarh shared the aims and objective of the meeting. He also gave detailed information on LLIN distribution in the district. The ADMO (PH) pointed out that there would be district level orientation of block level officials consisting of CDMO, ADMOs, DPM, MEIO,MO I/C, NGO & theatre group scheduled to be held on 26-05-2010.The MO I/c will prepare a micro plan for the movement of Nidhi Ratha.

Block level

The block level orientation & Co-ordination meeting on LLIN distribution areas under malaria control programme in Paikamal block of Bargarh District was held on June 21st 2010 at AJKA office, Salepalli Paikamal under the chairmanship of Dr. J.K Patel, MO I/C Bhukuramunda CHC. The other members present were Dr.B.Mahanta,MO,PHC(N),Paikamal,Sri Manoranjan Sahu,BEE, Paikamal,Sri Sitesh Tripathy BPO, Bhukuramunda,Smt Febiana Ekka, CDPO, Paikamal,Smt. Renubala Pradhan LHV, PHC(N), Paikamal,Sri Jatadhari Majhi,HW(Male),paikamal PHC ,Smt. Binodini Mohapatra,Secretary, NGO,AJKA,Sri Nityananda Jena, Project coordinator NGO,AJKA.The GKS

members and PRI representatives of the 44 villages where LLIN have been distributed were also present in the Meeting.

The aims and objectives of the LLIN BCC campaign, detailed micro plan of the programme with responsibility were discussed in detail in the meeting.

3.1 B) During Campaign Activities

LLIN BCC campaign blocks and the sample villages

Block- Paikamal

LLIN distributed in 44 villages under 8 sub centres

Sample villages chosen for monitoring- Georgegarh, Paikamal, Duduki Jharia, Jamseth and Kermela Bahal

Inaugural Ceremony

The Inaugural ceremony for the LLIN BCC campaign was held at the premises of lord Nrushingh Nath Temple, Paikamal at 11.00a.m on 22nd June 2010 .The campaign was inaugurated by the Hon'ble Chairman Paikamal Block with the august presence of M.E.I.O Bargarh, M.O.I/c Bhukuramunda, M.O Paikamal PHC, B.P.O, BEE & MTS of Paikamal Block. There was also huge gathering of local people and they were shared regarding the objectives of the campaign.

Ratha Campaign

A TATA ACE bearing registration no.OR-17G-2131 was used for the Ratha campaign purpose. The Ratha was designed as per the state prototype without any shortfall. The Ratha was accompanied by Debarchan Sahu, hospital attendant, DHH Bargarh, Sulochana Nanda, ASHA, Georgegarh and Gitarani Kumbhar, ASHA, Paikamal (B).

On the first day of the Ratha campaign no leaflets were distributed but in subsequent days leaflets were distributed however interactions were made with the community members by the persons who accompanied the Ratha. They were also involved in clarifying the questions of the community members.



The frequently asked questions from the community members were on how LLIN was different from the Normal mosquito net and whether malaria occurs by mosquito bites only or by any other means.

Due announcement was made regarding the theatre show about the date, venue and time. The GKS members were actively involved to communicate the message of theatre show in their village to the community members.



The Swathyakantha in Georgegarh village has not been updated regarding the date, time and venue of the theatre. Similarly the swathyakanta in Duduki Jharia and Jamseth villages had not been updated. However the swathya kantha in Paikamal and Keremela Bahal Villages have been updated regarding the date, time and venue of the theatre.

Interaction with community- An interaction was done with the community members comprising of pregnant women, male members, school children, GKS members, Adolescents and general women. During interaction they were asked about the objective of the Ratha campaign.



Out of 10 community members comprising of the above mentioned categories only 2 members (1 male, 1 school boy) could clearly express the objective of the campaign, 4 members could express partially and the rest 4 members did not have any idea about the Ratha campaign in Georgegarh village. Most of the people interviewed during Ratha campaign were aware about the venue and timing of the Theatre show in their village and almost all of them were interested to join the theatre show



When the community members were asked whether they had received the LLIN or not, some of them told that though they had received the no. was not sufficient enough to accommodate all of their family members. Among the 10 members (Who had received) the LLIN only 6 members told that they had been using the LLIN and the others who were not using the LLIN. Those not using them said that they have old mosquito nets and therefore have kept them to

be used later on.

Theatre Show

The Theatre show for LLIN BCC campaign in Georgegarh village was performed at 3.00p.m on 22nd June 2010 at Majhichhaka in the village. The GKS members were actively involved in selection of the venue.

There was a gathering of nearly about 450 viewers comprising of all categories of people such as school children, youths, women, male members.



The theatre show in the village was not on the next day of the Ratha campaign rather it was done on the same day. Even in some villages like Keremela Bahal and Khansibanjhi the ratha campaign was done 7 days after the theatre show due to change in the programme. As the theatre party did not agree to perform one show in a day rather from the second day the party performed three shows in a day causing mismatching of ratha campaign and Theatre show. Though the show was scheduled to be performed at 2.00p.m it was late by one hour. There was no any change in the key message however; local dialects have been added for more compatibility which proved to be fruitful for the viewers. Clarification was given to the questions asked by the community members by the BEE, MTS and BPO present in the venue. People were not keen in asking asking too many questions. The frequently asked questions were on how LLIN was different from the general mosquito net and how malaria occurs.

After the theatre show an interaction was done with the community members. When they were asked regarding the key message they have received they viewed that they received the message of using LLIN regularly, not to sleep without mosquito net, maintaining due sanitation and cleanliness in their home surroundings and village, benefits of DDT Spray to get rid of mosquitoes and malaria. The community members did not have any ambiguity and problems in understanding the dialect as it was local. There was also no problem in accessibility and getting information regarding the theatre show in

their village. The community members viewed that the show was good and some members suggested to increase the duration of the show and there should be loud speakers and to include other folk dance like Palla, Daskathia and Rasarkeli (different forms of Sambalpuri folk dance).

Bharat Vikash Sanstha of Bargarh was entrusted with the responsibility of performing the theatre show. The selection of the group was made with due procedure. The troupe consisted of 6 members in total out of which one was a female. With a view to attracting the attention of the community members towards the theatre show the theatre group played the music and the announcement for the social mobilization prior to starting of the theatre show. While interaction with the troupe the manager expressed that the time was too short for them to be well prepared as the script was handed over to them lately. He further suggested providing them with a LLIN for demonstration during the show.

Monitoring and Supervision

a) District team

An internal monitoring and supervision team was formed in the district comprising of A.D.M.O (PH) ,A.D.M.O(FW), A.D.M.O(Medical),M.E.I.O, Bargarh and Secretary of N.G.O AJKA.No specific internal monitoring tools have been designed for the purpose. There was a mechanism of information on field level daily activities to the district. As there is no post of VBD consultant in the district, the BEE Paikamal reports the M.E.I.O over phone on daily basis and hard copies of activities reports with photographs was sent by the BPO To the district.

b) Block team

For block level supervision and monitoring a block level group has been formed and the MOI/C, BEE, BPO and MTS are the members of the group. They have prepared the check list and maintaining of tour diary as the tools. The registers with the signature of the audiences was maintained by the troupe along with the photographs.

Involvement of the NGO for implementation

The District level NGO AJKA has been selected as a partner as per the PPP guide for implementation of the programme. The NGO has been registered under Societies registration act 1860 and has been working in Bargarh district since last fifteen years on health, education, and livelihood and woman empowerment. The organization is well equipped with infrastructure and man

power having operational areas in almost all blocks of Bargarh district with special thrust on remotely located and tribal blocks of Paikamal, Jharbandh and padmapur. The NGO has prior experience in working malaria project like bed net impregnation, DDT spray besides MCH project, Training of ASHA. The Dist has been recommended the name of the NGO as per its experiences. The staffs involved in the campaign are very positive that such type of show will have lasting impact on the community members for enhancement of their knowledge, change in attitude and practice.

3.1(C) Post campaign activities

With a view to assessing the impact of the campaign a post campaign assessment was done in three villages such as Georgegarh, Paikamal and Keremelabahal.

Interaction with the community Members

10 households were selected in each village having pregnant women, children below 5 years, vulnerable community and other randomly selected Households. During the interaction it was revealed that most of the beneficiaries were using the net since they had received but not all the family members are sleeping under bed nets due to short supply. Most of the respondents have knowledge on the recent campaign on malaria held in their village.



80% of the respondents stated that they had seen the vehicle in their village announcing about malaria but when they were asked about the name of the vehicle only 50% of the respondents could say. Only 30% respondents were able to tell the objective behind this. Baring Georgegarh, other villages received the leaflets during the campaign. The respondents could show the leaflets and said the key message.

It was found that around 70% of the respondents saw the theatre show. From the people who saw the theatre only 40% could say the key message of the theatre.

After the campaign no respondents have apprehension on using the LLIN although some of the respondents had apprehension like impact of medicine/insecticide of the LLIN on health before the campaign.

Interaction with schoolchildren

During the post campaign assessment the CHF visited Nrushinghanath high school in Georgegarh. There was an interaction with the headmaster, some teachers and some students. Sri Bijay Ku. Pradhanit, the headmaster of the school said that the school is having 5 classes with a total strength of 403 students out of which 286 are boarders. Among the 286 boarders 186 are boys and rest 100 are girls. However only 145 LLIN



haven supplied to the school. However all the supplied LLIN are being used by the boarders in the school. While interacting with some of the students it was revealed that they did not carry the LLIN to home during vacations. Some of the students have knowledge on recent campaign on malaria held in their village and could tell what was done. Though almost all students who were interviewed told they had seen the vehicle in their village announcing about malaria only 70% of them could tell the name of the vehicle and 50% told the objective behind it. Very few students had seen the theatre show.

Interaction with GKS members

Interaction was done with GKS members in three villages. It was found that 90% of the GKS members could tell the name of the Ratha used for LLIN-BCC campaign. The GKS members played very active role in deciding the venue, time of the theatre show in their villages. They also played an active role in mobilizing the community. The GKS members expressed their concern in mobilizing people as many households did not get the required amount of bed nets which raised discontentment among them. They said that due to the difficult terrain and the pressure on a group of artists to complete a number of theatre shows in a day, the timings could not be maintained properly nor could any structured interaction be done to know their queries and giving them immediate clarifications. The GKS members expressed that the money collected from the beneficiaries while distributing the LLINs are deposited in their GKS funds and they are clueless regarding how it can be spent for the benefit of the community. No specific follow up measures have been taken by the GKS members to follow up regarding the usage of the LLINs after the BCC campaign.

3.2 District Dhenkanal

Block- The LLIN has only been distributed in Kankadahad block in Dhenkanal district. It is full of forest and hilly terrines and highly malaria endemic.

Sample taken for monitoring: 5 Yatra sites were chosen covering 10000 populations. Each Yatra targets 2000 populations of a locality. The sites are: a) Batagan b) Tandimundi c) Kaurinali d) Biribolei e) Mahavir road

3.2 A: Pre campaign activities:

District level orientation meeting:

The district level orientation and coordination meeting was held on 2nd June at Sadvabana hall in the collectorate, Mr. Girish SN, collector & District Magistrate of Dhenkanal presided over the meeting. In this meeting all district level stakeholders like CDMO, ACDMO, ADMO (PH), DPM and Deputy MEIO were present.

The discussion was on adherence to the guideline given by the state and not to violate it in any case. A theatre group named "NOOPUR" was assigned the responsibility for the street theatre show. VARR an NGO working closely with NRHM activities was selected as the NGO partner.

The key stakeholders like MO (I/C), BPO, BEE, and MTS were asked to send their micro plan for rath movement in distributed areas as per the state guidelines. There was an orientation workshop for block level stakeholders about the programme. It was decided to launch the ratha campaign from K.nagar Sub Divisional Hospital on 8th June 2010.

Block level orientation meeting:

The block level orientation was held on 5th of June at the block PHC, Birasal which was presided over by Dr. PK Jena MO (I/C). All the block level stakeholders were present in the meeting including the 2 MTSs of the districts. I discussed with the block level staffs and the MTSs about their implementation plan. It was found that they had prepared a micro plan for the execution of the campaign and decided to involve the GKS actively in the process. The role of NGO did not seem to be significant in the micro plan.

3.2 B: During campaign activities

During the movement of Rath:

The Rath campaign started from K.Nagar SDH on 8th June and was flagged off by the CDMO. It was already 12 days past that the rath campaign had started.



After having a thorough discussion with the MTS and NGO workers who accompanied the Rath it got revealed that the rath moved to the villages one day before the street theatre and the street theatre was held on the next day. They said that this strategy led to less participation of the community members. Thus the Rath movement was done on the same day which led to more participation of the community.

The state protocol was maintained for the designing of the Rath. Though the rath was managed by the NGO partner, but except the sound operator no body from the NGO partner were present during the rath movement. It was observed that announcement was done by the operator accompanied by the health worker of the area. During movement of rath, leaflets were distributed. They were playing the audio system during the movement of the rath. However the message was not clearly audible.

Most of the villagers were complaining about the distributions of nets. No GKS members were oriented institutionally about the BCC campaign but they were present at the sites and were involved in mobilizing people.

The swasthya kantha was not updated about the venue time and date during our observations. In some patches people of the village could not say about the place and time of the theater show though they knew about the campaign. They could tell about the key messages of the leaf lets. In some places GKS was involved to choose the venue of the theater show.

The frequently asking questions by the community were about a) the utility of the net b) how long will it last, whether another one will be supplied after the destruction of the supplied one c) what about the other family members who are not able to sleep under LLIN due to less supply d) What is the method of cleaning the nets e) Whether the nets are harmful for the skin as they caused mild irritations.

During the theater show

It was observed that organizers had not announced the time and venue of the theater during rath movement. Due to this reason community could not tell about the detail of theater show during our community interactions. NGO members were not found in any of the five villages. Leaflets were distributed during rath movement. There was no change in key messages of the theatre show. Local dialects were added for better understanding of the community. After theater show there was feedback sessions.



The MTS were accompanying the troupe during theater show. There was a register mentioning the yatra point and signature of local audiences. The communities were complaining about the distribution of the LLIN. The community were expressing their dissatisfaction of not receiving the required no of bed nets per family. This caused hindrances in keeping the community members organized at one place and see the street theatre s that can develop their understanding.

3.2 C: Post campaign activities: The name of village covered were Tandimunda, Janga, Kampula, Birasal and Mahabir road. A discussion was initiated with pregnant women, school children, elderly people, GKS members, and SHG members.



Most of the beneficiaries visited were found not using the LLIN. They said that they have the old ones and shall use it after it is torn. The pregnant women were not given special attention for using the nets. The ASHA or the AWW have

not communicated to the pregnant women or any member of the house hold regarding the vulnerability of the pregnant women and that she should be given special attention. The women members of the house holds could not say the mode of transmission and the benefits of using LLINs however the men were aware of the mode of transmission, the treatment and the benefits of using LLIN. None of them new about the technique of washing the LLIN. The GKS members had collected nominal amount from the beneficiaries during the distribution of LLINs to ensure ownership. The amount has been deposited in the GKS fund and they sought suggestions on how to spend the collected amount.

3.3 District – Mayurbhanj

Block: Kaptipada

3.3 A: During campaign activities

Rath Campaign

There are 26 no. of Gram Panchayats, 31 no. of Sub-centers and 147 no. of revenue villages in Kaptipada block. The total population of the block is 145566. LLIN has been distributed in 6 sub centres covering 30 villages having a total population of 27,306.

Mr.Surendra Kumar Das, BEE of Kaptipada block provided support for monitoring the LLIN BCC campaign. The Rath has been designed as per the State prototype. The BPO, MTS and the staffs of the NGO Anneswana accompanied the Rath. The leaflets had been distributed during the campaign. The people were showing their interest about the campaign and the community was keen in seeking clarification on malaria, its mode of transmission, treatment and use of LLIN.

The announcement was made about the date, time and venue of the theatre show. Where ever necessary, the GKS members translated the announcement in their local language and also they have mentioned the time, venue and place of the theatre show in their village Swasthya Kantha.

Interaction with Pregnant women, GKS and SHG members revealed that they were all aware about the Nidhi Rath Campaign and its purpose. They got the leaflets and some were aware about the key messages. They showed their keen interest about the theatres. They got the leaflets and the key messages on how to use LLIN, DDT spray, and to keep the surroundings cleaning and seek the help of health service providers on time. They were also aware about

the venue and timing of the theatre and they expressed their interest about the theatre.

Theatre/Video Show

The theatre show has been organized as per the announced date, timing and venue and it was showed on the next day of the rath campaign. The venue and the time of the theatre show has been decided with the consultation of the GKS members. The GKS members were very much cooperative and took active role for the smooth operation of the theatre show.

Interaction with the community after the theatre show:

The key messages were well understood by the community people like – a) to use LLIN b) ensure DDT spray c) keeping the surroundings clean, d) seeking immediate treatment for symptomatic from the service providers. None of the individuals interacted could say about the special attention to be given to pregnant women regarding the use of LLIN. The ASHA and the ANM has not given any specific awareness regarding the use of LLIN especially for the pregnant women. No follow up has been done by the GKS after the distribution of LLIN.

Interaction with the local troupe:

The local troupe said that they have not done any rehearsal before the block team prior to the live show. The BEE or the MTS accompanied the troupe. Where ever the street show was organized.

Monitoring and Supervision

For block level supervision and monitoring a block level group has been formed and the MOI/C, BEE, BPO and MTS are the members of the group. They have prepared the check list and are maintaining daily diaries for monitoring the campaign. There is no other tool used by them. The reports of the campaign activities are given to the district head quarter on a daily basis. The registers with the signature of the audiences was maintained by the troupe along with the photographs.

Involvement of the NGO for implementation

The local NGO ANNESWANA has been selected by the district health administration to support the campaign. The NGO has prior experiences in working in malaria projects. The District health administration has followed all the norms of selection and has recommended the NGO for being a part of the LLIN BCC campaign.

3.4 District Nuapada

Blocks- Komna and Boden

We had selected five yatras from two clusters such as Komna and Boden in Nuapada district. There were five yatras in five different villages such as a) Budhi Komna b) Kandatora c) Kuleikela d) Suklibhata e) Tikrapada

3.4 A: Pre campaign activities

District level

In Nuapada district due to paucity of time at the collectorate office, they had merged the LLIN meeting with monthly review meeting where they had framed the district plan for LLIN BCC campaign. In this meeting all district level stakeholders like CDMO, ADMO (PH), VBD consultant, DPM and Deputy MEIO were present. They had not changed any guideline from the state. They had given authority to block level stakeholders to select the local folk media party to perform the theater show. There only they had asked the block level key stakeholders like MTS to send the micro plan for rath movement in distributed areas as per the state guidelines. The meeting was held on 10th June in collectorate office at 10 am. There was no separate meeting at the district health office. There was no specific orientation workshop for block level stakeholders about the programme. At the district they had decided about the selection criteria for folk media group as follows

- Local group
- Experience on IEC/BCC of health programmes
- Group should have five to six members

Block level

There were three blocks (Komna, Boden and Sinapalli) which was divided into two clusters. Before moving to the village we talked with block level stakeholders like BPO, BEE, MO I/C, MTS at the block level facility about their implementation plan. It was found that there was a separate orientation meeting held at the boden cluster but in Komna block orientation was given in monthly review meeting at the block to the ANMs and other health workers. Information was given very briefly in the meeting which led lack of importance of the programme at the field level staffs. In this meeting there was no participation from NGO and GKS members, which were reflected as absence of NGO members in the rath movement in the village. There were two different folk media group for two different clusters.

During campaign activities

During rath movement:

It was observed that the movement of the ratha was just one hour before the theater show where as the guideline was to organize before one day. But they had maintained the state protocol for designing the ratha. There was absence of NGO partner in the ratha during campaign.



It was observed that announcement was done by the health worker of the local area. During movement of rath, leaflets were distributed. They were not playing the audio system till the end of movement as the cassette was getting over just after 15 minutes. It was marked in both the clusters that music was not clearly audible to the community. Most of the villagers were complaining about the distributions of nets.

No GKS members were oriented institutionally about the BCC campaign. Most of the swasthya kantha did not have information about the venue time and date during our observations. Out of two villages in Komna block, people of one village could not say about the place and time of the theater show though they knew about the campaign. They could tell about the key messages of the leaflets. Unfortunately no GKS was involved to choose the venue of the theater show.

During the ratha movement most frequently asked question was on a) the criteria of distribution of LLIN and what steps shall be taken for those family members who are unable to sleep under LLIN due to inadequate supply b) The cause of irritation of the skin when it comes in contact c) The technique of washing the LLIN.

Theater show

It was observed that organizers had not announced the time and venue of the theater during rath movement. Due to this reason community could not tell about the detail of theater show during our community interactions. Health worker of the local area was accompanying the rath. NGO members were not

found in any of the five villages. Leaflets were distributed during rath movement. There was no change in key messages.

Local dialect was added for compatibility of community to understand the theater. After theater show there was no feedback session from the system. BEE and MTS were accompanying the troupe during theater show. But they were not maintaining any specific register to document the programme. It was only found that block level officials were making a proceeding with signature of GKS chairman. It was found that community was more complaining about the inadequate supply of LLINs.

It was observed that health worker was not documenting any kind of questions to get FAQs as a whole. It was observed in each cluster that folk media group was performing their show very successfully.

Post campaign activities

This assessment was done in two villages in each cluster. Due to time availability and communication problem we could not cover five villages for this purpose. During our community interaction, we could talk to some pregnant women, elderly people and sarpanch of the panchayat. The name of village under Komna was Mundapala and the other one was sukhlbhata under Boden cluster.



The pregnant women were not sleeping under LLIN barring few exceptions. None of the house holds knew about the vulnerability of a pregnant women to malaria and that they should be given due attention. ASHA and ANM have not taken initiatives to generate awareness on usage of LLIN. The GKS also has played no role in monitoring the usage of LLIN after the distribution of LLIN. The money collected from the beneficiaries has remained unspent. The members wanted to know the basis of spending the collected amount.

4. Conclusion and Recommendations

The following recommendations are made basing on the findings of the monitoring of LLIN BCC campaign in the selected districts.

- a) Micro plan for the movement of rath and the theatre show- The micro plan prepared at the block level for smooth running of the campaign did not match with the actual execution. This can be attributed to the lack of involvement of the local theatre groups during the planning, the complete knowledge on the geographical terrain by the planning team, no proper arrangement for quick transportation of the theatre groups after completion of performance to another place where performance shall be done in the same day, lack of emphasis on the availability of the community during a day as it is the season for agricultural activities where the entire labor force in a family gets involved, and lack of strong involvement of the NGOs working in the respective areas where campaign activities were taken up. These aspects can be looked into so that the execution of the campaign can be at par with the micro plan in future.
- b) Prior activities before the campaign- As per the findings the community was not satisfied with the procedure followed for the distribution of LLIN. These unresolved issues took a heavy toll during the LLIN BCC campaigns as the major attention of the community was to project the issue of distribution rather than knowing about the malaria control programme and the usage of LLIN. The dissatisfaction among the community resulted in low participation and lack of focus on the key messages given for improving their understanding on malaria control. It was therefore necessary that a meeting on the distribution of the LLIN should have been done through the GKS members as they were involved in the distribution so that there could have been smooth execution of the campaign and maximum community participation could have been ensured.
- c) Quality of the performance of the local troops- As per the findings the local troops hired for the theatre show did not have any rehearsal before the block team which should have been done as per the guideline. This resulted in deviations from the actual performance which was envisaged. There was no feed back given to the troupe after the end of each performance by the team who accompanied them. Thus it is felt that the video clippings of the professional theatre group who staged the show during the inauguration of the campaign at Bhubaneswar should be

shown to the local theatre groups and the team who shall accompany them so that they can know the actual performance they need to do. Further modification of the original script if done in any case to suit the local requirement should be carefully seen so that there does not have any major distortions in the key messages.

- d) Community Mobilization- Community mobilization was the biggest challenge during the campaign. As per the guideline the rath movement was done on the previous day to appraise the community regarding the date and venue of the theatre show. As no other announcements were made on the same day the participation was less. However in certain cases where the organizers have made announcements both on the previous day and the same day in which the theatre was done there was more response. Further the villages where there has been active involvement of the GKS members the participation has been more
- e) Involvement of the GKS: There was no prior orientation of the GKS members regarding the LLIN BCC campaign though they were a major part of the campaign. This resulted in their low contribution as they themselves were not aware about the campaign and its objectives. The GKS members were not maintaining any register regarding the campaign where the team and the theatre group should put their signature as per the guideline in front of the GKS members to ensure transparency in the campaign activities. Thus it is essential to put emphasis on building the awareness on the GKS members and involve them at every stage to ensure a successful campaign.
- f) Poor logistics and equipments- The sound system used by the campaign team was not satisfactory in many cases. The message given to the community was not clearly audible. In many cases the cassettes were not played repeatedly and the vehicle remained stationed in a particular place and the team was involved in distribution of leaflets. The team who accompanied the rath played a very insignificant role in reaching out to the people and ensuring effective communication. The time of starting of the theatre show was also not done as per the announcements done on the previous day. It is therefore pertinent that emphasis should be given on good audio system and repeated announcements. As the NGOs who participated in the campaign did not show much enthusiasm the district administration can rethink in selecting NGOs who can support such campaigns.

- g) Monitoring of the campaign- The district authorities encountered problems in monitoring the campaigns as in many cases the campaign could not be held as per the micro plan submitted by the respective block authorities. There were deviations in the plan looking into the problems of the logistics and the time taken by the troupe in completing their no of shows in a day. This gives an indication that the micro plan needs to be realistic which can be actually be put into action so that there can be proper flow of information as per the plan. Further the campaign team were not documenting the problems and challenges at the end of each show which could have given insights for further improvements in the subsequent shows.
- h) Interaction with the community- Emphasis was not laid to interact with the community after the completion of the theatre to respond to their queries and know their level of understanding. It was a hit and run attempt to complete as many no of theatre shows in a day to achieve the target. Therefore it was felt that though many of the community were eager to seek certain clarifications, adequate time and emphasis was not given due to which many of their queries remained unaddressed. It is pertinent that there should be adequate interaction with the community after the theatre show so that the community can seek clarifications and can dispel their doubts.
- i) Responsibility of the service providers- The service providers including the ANM, AWW and the ANM should play a significant role in monitoring the usage of the LLIN among the community. As maximum of the pregnant women are not using the LLIN it becomes the prime responsibility of them to counsel the family members and the pregnant women regarding the benefits of using LLIN. Further they should also monitor its usage also.
- j) Usage of the money collected from beneficiaries by GKS members- The money collected(BPL- Rs. 20/- and APL- Rs. 30/-) from beneficiaries during distribution of LLIN for ensuring ownership by the GKS members are lying idle in the GKS funds since many months of collection as they seemed to be clueless about the spending pattern. The MTS and the BPO of respective blocks in consultation with the GKS members can prepare a guideline for the expenditure pattern looking into the local requirement regarding malaria control activities so that the funds can be effectively utilized.

