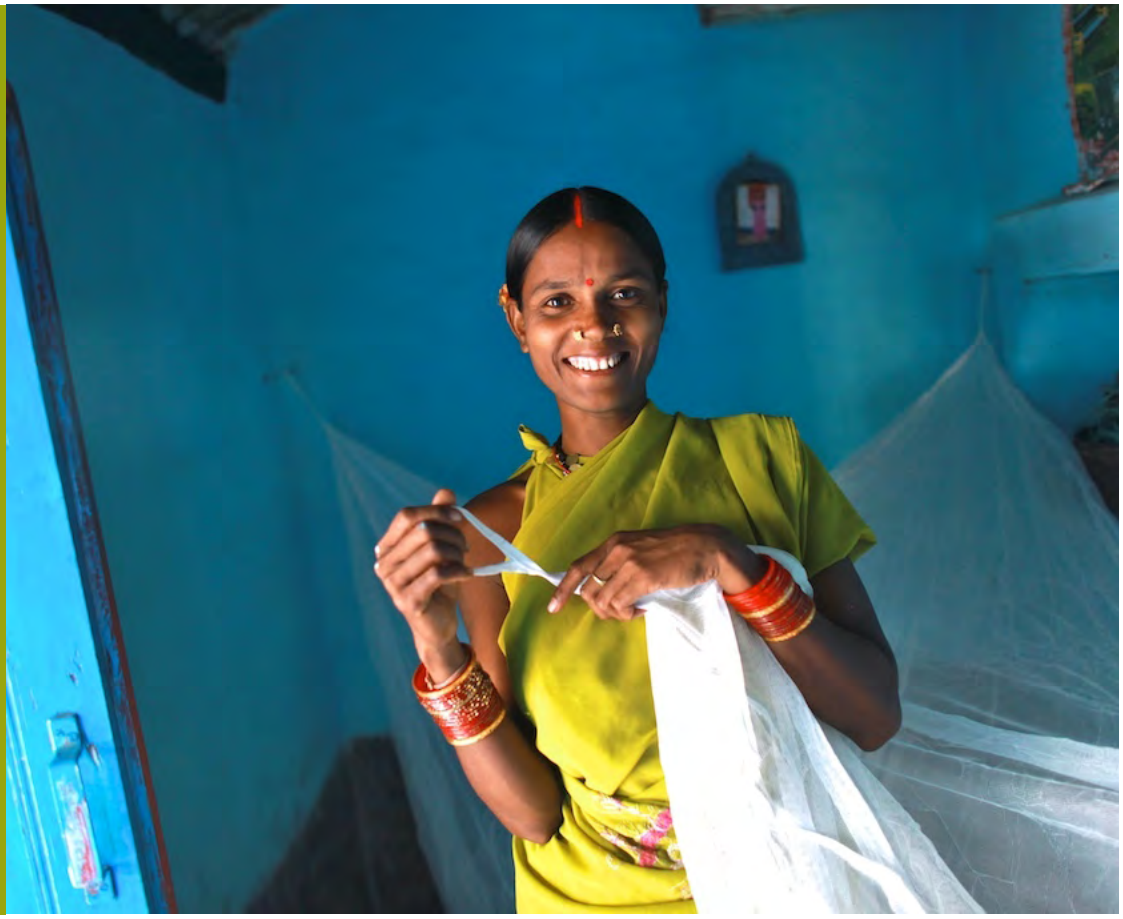
MALARIA FREE VILLAGES

Koraput
Orissa
India



Mosquito Net Distribution in Orissa, India.

7,200 nets were delivered in the months of September and October 2011.

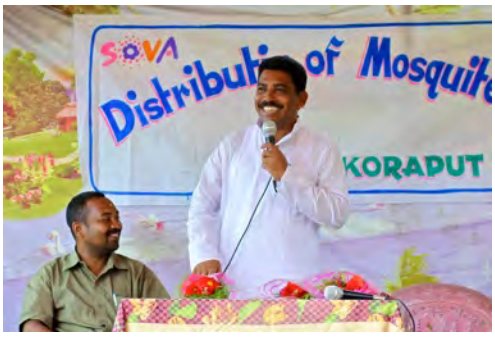
Malaria is frequently referred to as a disease of the poor, or a disease of poverty, so it comes as no surprise that one of the poorest states in India, Orissa, carries the heaviest burden of malaria. With just 3% of the population, Orissa accounts for 36% of India's malaria cases, and 50% of deaths due to malaria.

I've been working with S.O.V.A (South Orissa Voluntary Action) in Koraput, Orissa for the past 8 years. I support 2 schools, supply solar lights where there is no electricity, and have implemented livelihood projects such as goat farms and vegetable cultivation. S.O.V.A has expertly managed these projects. When a few years ago, one of our sponsored children died of 'a fever' during a visit to his remote village, I decided to take a closer look at the problem of malaria in the region, and found it to be hugely under-reported. I made a short film on the problem of malaria in Koraput, which can be seen here http://vimeo.com/7738165 . Returning to the UK, I discovered the wonderful charity 'Against Malaria'. With their help and encouragement, I was able to return to India this year with 7,200 mosquito nets to distribute to the malaria endemic tribal villages of Koraput, with a team from S.O.V.A.

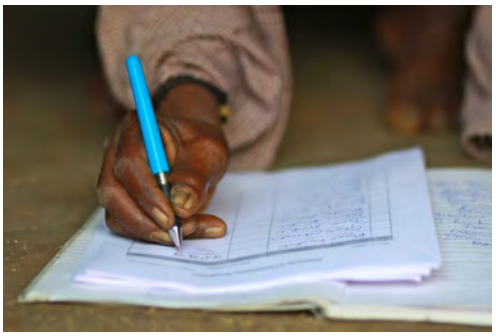
S.O.V.A's project area extends over 280 sq kms, and as a high percentage of the 278 villages are very remote, the logistics of the net distribution had to be carefully planned and executed. It was a great benefit to be working with an NGO who had longstanding relationships of trust with the villagers. Village household lists were already in use, local volunteers were available to translate from English/Oriya into tribal language, and government Anganwadi workers were happy to be involved with house to house visits to advise on usage of nets.

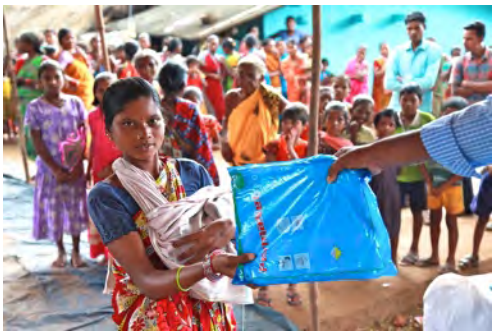
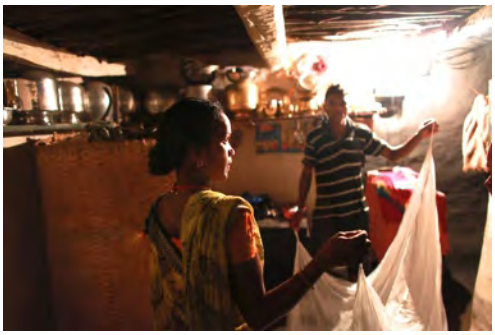
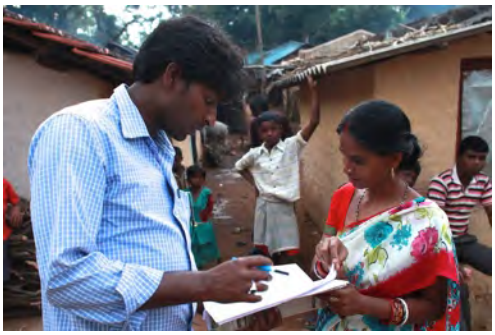
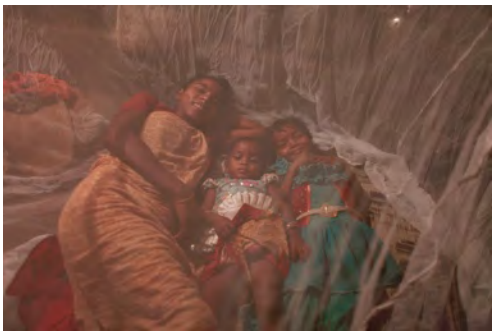
The 78 villages we were able to distribute to were chosen as the most needy, having suffered the highest incidence of malaria over the past few years. These villages fell into 4 different blocks, Koraput, Kotpad, Kundera, and Pottangi. At each block level, we arranged a project inauguration. A local MLA and/or a medical officer was requested to attend to speak about the importance of mosquito nets to protect against malaria. We hung banners, and gave out information a few days before, and on the day, played music to gather the people. Tribals from 3 - 4 local villages were able to attend these inaugurations. After talks of about 30 mins, and a demonstration on the usage of the net, we distributed 1 net to every household present. We then followed up with house to house visits in each village over the next few days to asses each families personal net requirements. This method of distribution proved to be very successful in ensuring that every single person in the village was able to sleep under a net, no household was short, and no nets were wasted.

The Inauguration in Koraput block took place on the 12th October 2011 in Machara village, Umuri, Koraput. 620 LLIN's were distributed on the day, and a further 2996 were distributed to 29 villages in the Koraput block area over the next 2 weeks.



In conversation with beneficiaries post distribution, we asked how they felt about sleeping inside the mosquito nets. The consensus was, that apart from the important benefit of being protected from the night biting malaria vector, a welcome uninterrupted nights sleep could be had without the more general aggravation of mosquitos!. They also mentioned that their houses were very small and windowless (some could only just accommodate 1 double net), so at night when they closed the door against mosquitos, they were very hot. They were looking forward to being able to sleep with the door open, once they'd worked out how to keep the snakes out!

Some people we spoke to were concerned that the insecticide used to impregnate the nets might be harmful to them. They were easily reassured, and also very excited by the possibility that other insects, including head lice, may also be killed by contact with the impregnated bed net. We heard afterwards that experiments were being carried out on poor unsuspecting ants!

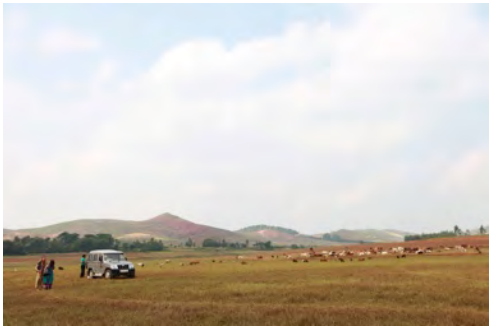
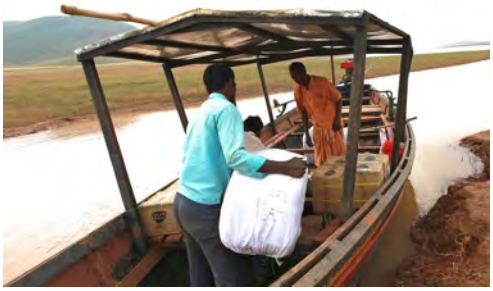
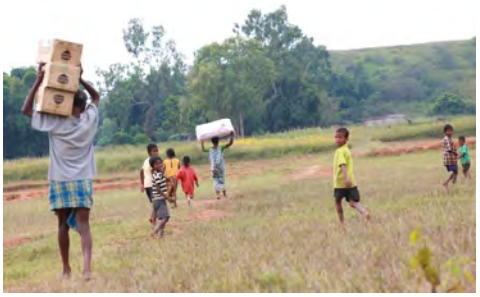
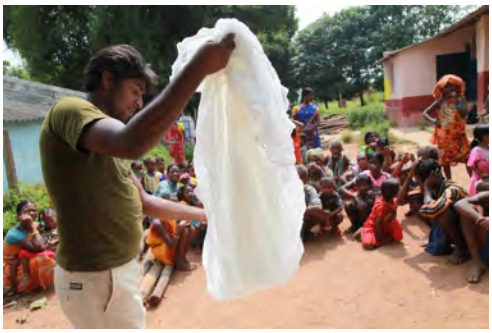
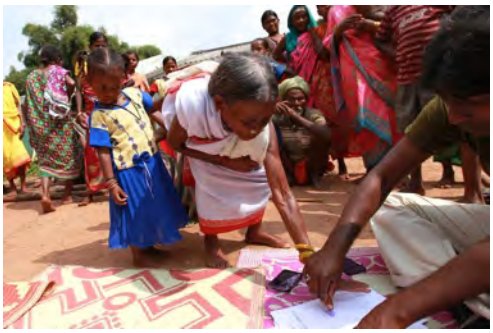
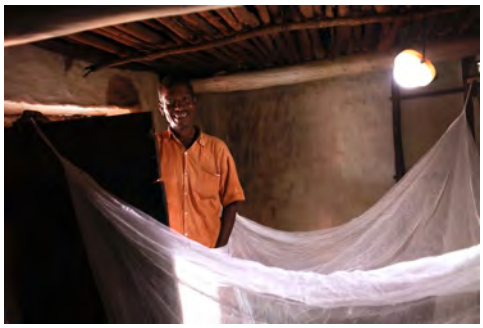
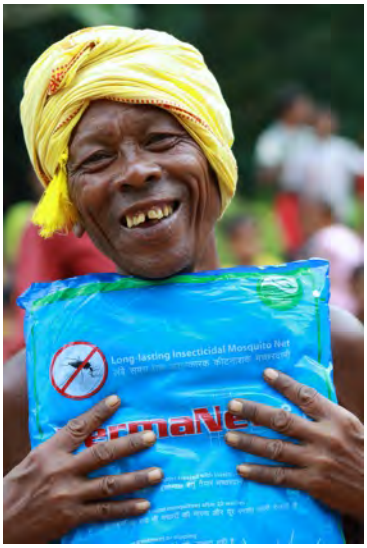
India's National Vector Control Center field office is stationed in Koraput, and they kindly tested the Permanet 2 against the local vector, the *Anopheles fluviatilis*, which had been collected from the walls of houses in remote tribal villages. It proved, as expected, to be effective by WHO standards in that all mosquito's died within the holding period of 3 -10 mins, after being exposed to the net for 3 mins.

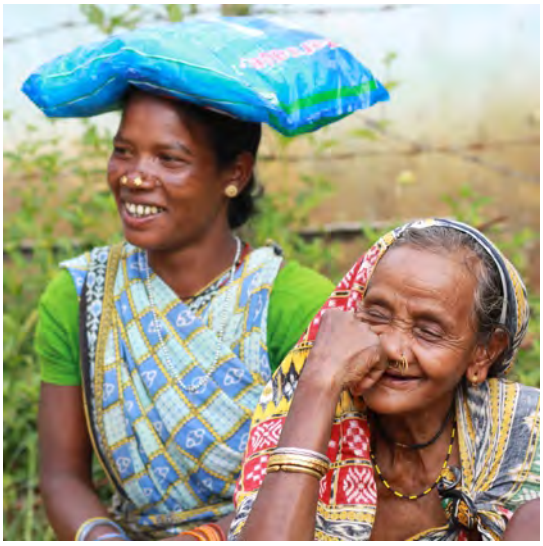
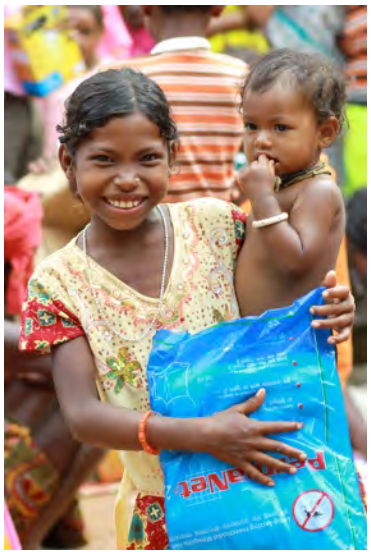
Distribution to Sirisy Village, Koraput Block.

Sirisy is a small tribal village ‘cut off’ from normal facilities such as schools, hospitals, and markets by the Kolab reservoir which was created to supply Koraput block with hydroelectric power. To reach the village we travelled by jeep, boat, and foot to deliver and distribute 128 mosquito nets. We were the first western visitors to the village, and instead of the normal greeting of flowers or a red tilak dot on the forehead, we were greeted by silent children and barking dogs. Along with the mosquito nets we were also distributing solar lights, as this was a village which would doubtfully ever have a supply of electricity. The use of mosquito nets in tiny households, with kerosene fueled lamps, was a source of concern to us.

Each distribution followed the same formula. Music to gather the people, (amplified or local), followed by an introduction to all new guests to the village - usually myself Anne Heslop, Cristina Amrein, and Vibs Dhimar, and Ashley (3 skill share volunteers who were posted with S.O.V.A). For the first 30 mins of each meeting we discussed malaria, it’s source, it’s prevalence in the area, and the available methods of prevention. We found that a question and answer approach was useful to asses the level of malaria education needed post distribution. In the past, in some villages, street plays were used to raise awareness and to encourage villagers to destroy mosquito breeding sites, but mosquito nets have never been available here. If we found that the villagers knew very little about malaria, we would continue with an in depth discussion pre distribution. We then had a lively demonstration on how to hang and take care of the net, involving the locals to help out, using humor where possible to educate. For example, rather than pure instruction, one of SOVA staff would go inside the net, and pretend to sleep with his feet outside, and ask ‘is this right’? Or we would leave a gap and the bottom of the net, and ask ‘what’s wrong with this net’?.

For the distribution, using the existing village household list, we prepared documents with the names of each household. During the gathering we distributed 1 net per household, taking a signature or thumb print from each recipient. With Sirisy, and other small remote villages, we would aim to carry out house visits in the afternoon to complete the distribution. After a delicious lunch served on banana leaves in the community hall, we managed to complete the distribution, and returned home just before sunset, with the happy knowledge that all 252 inhabitants of Sirisy Village were sleeping safely, protected from malaria by Permanet 2.

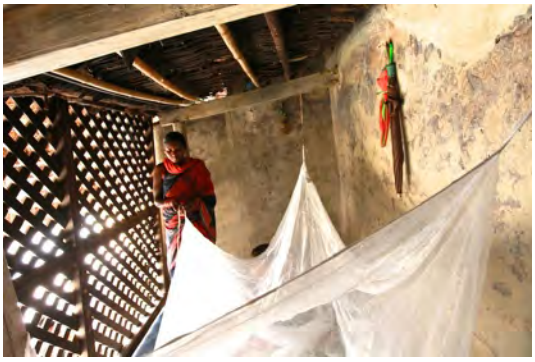



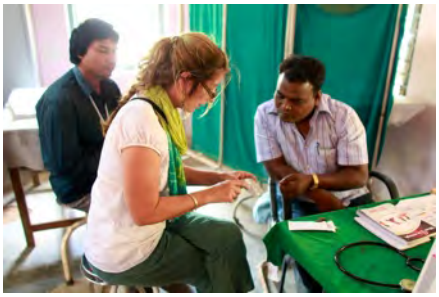
Khutuguda village, Lima, Kundera Block.

A show of hands confirmed that malaria was highly prevalent in Kaliaguda village, and that the low quality nets which had been made available to pregnant women and children 5 years ago, were having little or no impact on the overall problem of malaria here. In our discussion time, we found that the villagers are very aware of the nature of malaria transmission, and also know that a 'fever' especially in the rainy season, has to be treated seriously. We spoke of the 2 different types of malaria parasite present in Koraput, both *Plasmodium vivax* and *P. falciparum*, and found that they were not aware of the differences. They would in future insist on being given more information by the local hospital.

It was necessary to reach this village by jeep, and when we arrived after a very bumpy 2 hour journey from Koraput, we were greeted in their customary way with a sindoor and rice dot on our foreheads. The village chief wanted to start the distribution by expressing his, and the entire villagers' thanks to the donors of the mosquito nets. He also wanted to oversee our distribution and impress upon his villagers how important it was for everyone, without exception, to sleep under the nets, each and every night. We also enlisted him to hand out the nets to the beneficiary.

We were invited into so many homes to see the nets in use that we had to decline many as we had planned to visit a second village that day, leaving the follow up visits to SOVA staff and the local Anganwadi. However, we visited a few and were allowed to leave, but only after we'd joined in with some tribal dancing!





On route to the village we called into a primary health center - I wanted to pick up a rapid diagnostic kit (and a lesson on how to use it!) as I'd felt very helpless when the day before, we'd discovered a sick, feverish child whose father was unaware of the dangers of malaria, and too busy to make the hour-long trip to hospital. The doctors in the PMC were very helpful, and happy to know that we were distributing much needed nets in their area. Tests for malaria are still done by blood slide examination, and the record book was full of falciparum malaria positives.

Jodimudli village distribution, Ralegada, Pottangi Block.

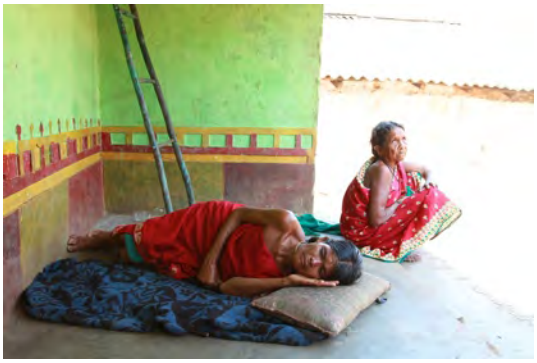
The journey to Pottangi told us much about the area. Villages became more and more obscured by ‘jungle’, tarmac roads disintegrated, and all mobile telephone signals stopped. Pottangi is in the South East of Orissa, on the border of Andra Pradesh, and is Naxalite (Maoist) territory.

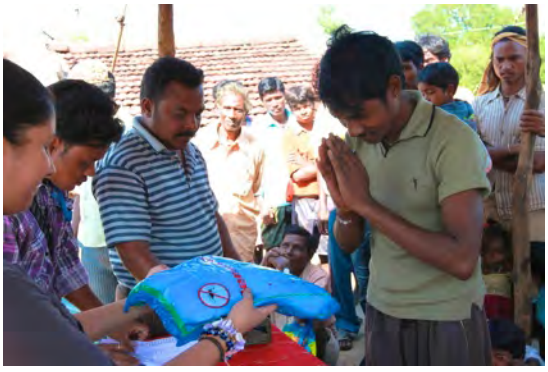
SOVA have only been working in the area for about a year, supplying solar lights and relationships with villagers were still forming. The difference was very noticeable, both in the people themselves, and in the level of poverty seen in the villages and in the eyes of the people.

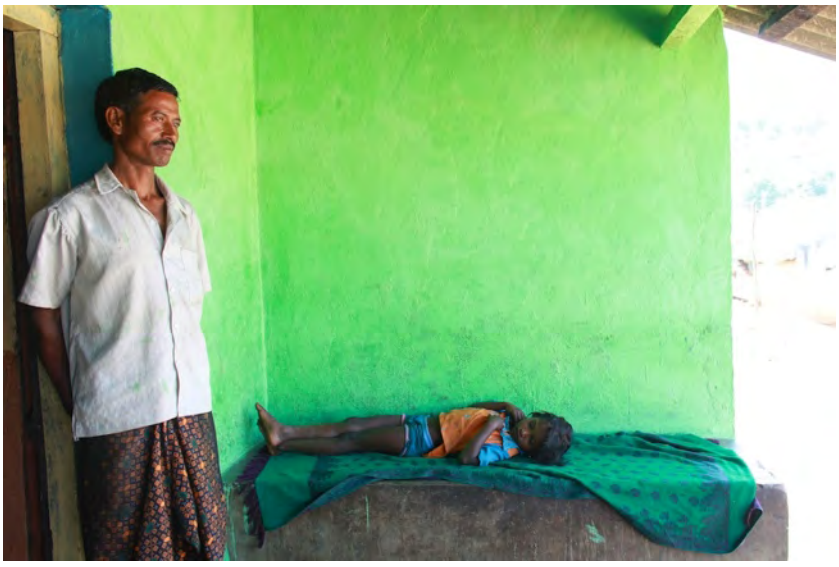
When we arrived in the village, we were greeted with flower garlands, and shown to an area for meetings. While people gathered, 2 children, and 2 adults were brought to us suffering from ‘fever’. An elderly woman hoped we would have some medicine for a serious lesion on her nose. Both children had been to hospital, but not the adults. They had been given injections, but neither parent knew what is was for. When we asked whether they had been tested for malaria, they asked what malaria was.

We decided to start from scratch, with long discussions about malaria, mosquitos and their breeding environment, malaria prevention and mosquito nets, before we started the distribution. When we did, we noticed in this particular village how incredibly humble and grateful each individual was when they received their net. Many asked a member of SOVA to come to their house to help them to hang it, while others asked us to visit a little girl who was too sick to leave her house. She had been suffering from a fever for 5 days, and had been prescribed paracetamol by the local doctor, but the fever had only got worse. When he told us that his wife had died of a fever, and that ‘her mind had gone crazy‘ we asked him to go back to the hospital for a malaria test.

We weren’t able to visit many interior villages in the Pottangi area for our personal safety, but are very happy to know that SOVA have now distributed 1958 nets to the neglected villages of Pottangi, and will be following up with post distribution education, and usage checks as a priority.



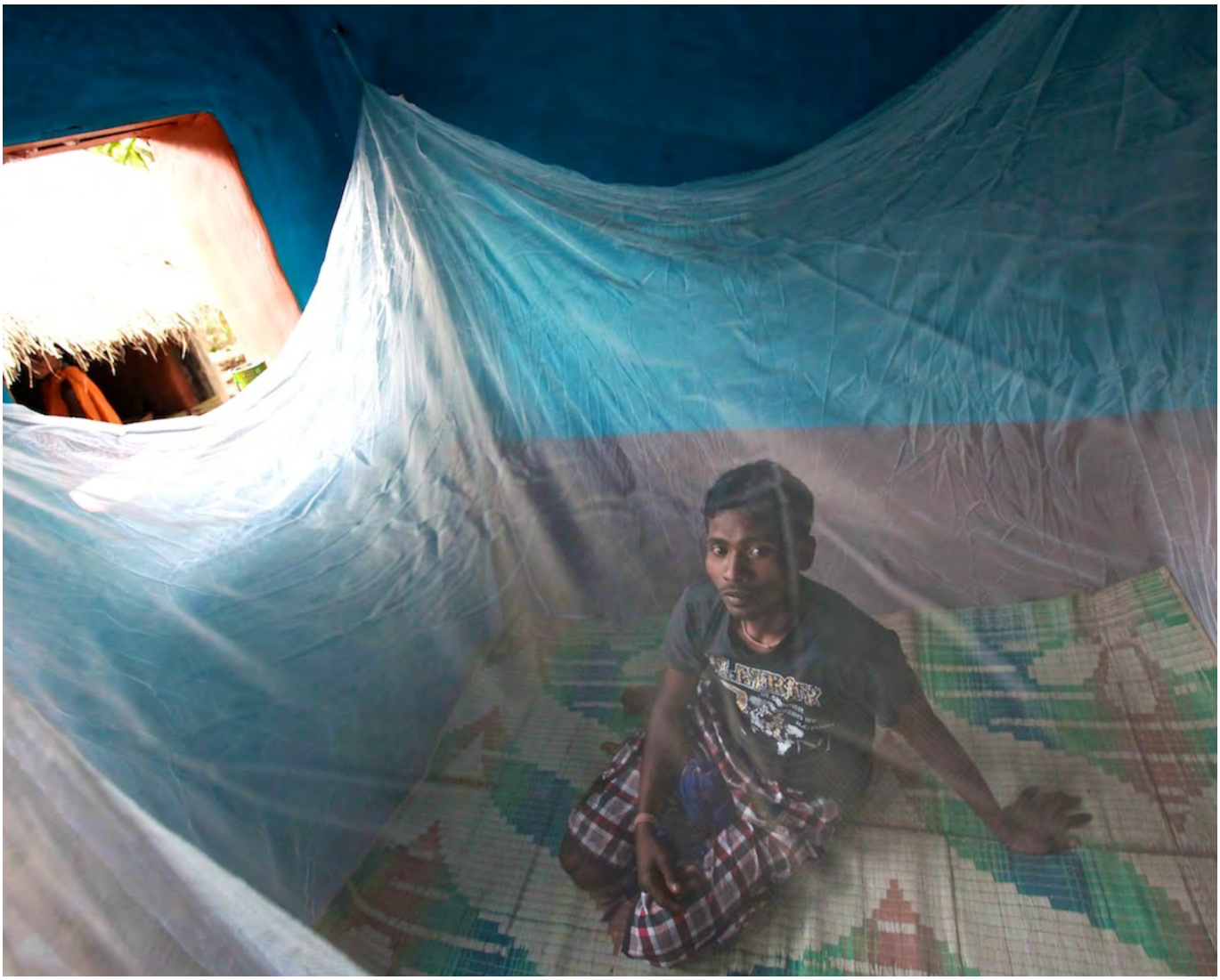




Malaria is not only a disease commonly associated with poverty, it is also a cause of poverty and a major hindrance to economic development.

12,990 people in Koraput, now sleep safely protected from the potentially deadly bite of a malaria transmitting mosquito. Both the cycle of malaria transmission, and the cycle of poverty are simultaneously reduced by the delivery and use of mosquito nets.

Thank you ‘Against Malaria’, and every individual donor who made this distribution possible.



Final village list for Malaria Prevention Program

S.L.No	Area Name	Village Name	Po	# of HH	(2/HH)	Total
1	Sunki	Goudaguda.	117	30	60	
2		Totabalasa.	104	19	38	
3		Ippabalasa	124	25	50	
4		Panasmanguda.	157	22	44	
5		Nimalpadu.	165	38	76	
6		Mungarugumi.	61	13	26	
7		Jamuguda.	106	16	32	
8		Sankupadu.	168	40	80	
9		Gadigudibalasa.	60	19	38	
10		Metabalasa.	75	12	24	
11		Ittabalasa.	89	22	44	
12		Gangapani.	105	21	42	
13		Olagaon.	115	26	52	
14		Gurujiguda.	114	26	52	
		Subtotal	**1,560**	**329**	**658**	**658**
1	Ralegada	Kartalaba.	123	29	58	
2		Kumbhapadu.	63	12	24	
3		Metabera	163	33	66	
4		Sidipadu.	139	28	56	
5		B.Lamatapadu.	94	23	46	
6		Puthapadu.	276	76	152	
7		Mirialupadu.	265	65	130	
8		Tangini.	145	31	62	
9		Rajuguda.	183	39	78	
10		Kurelupadu	226	48	96	
11		Jamuguda.	77	19	38	
12		Pilika Bitra.	59	12	24	
13		Bitra.	196	37	74	
14		Telarai.	169	35	70	
15		Jodimadili		52	104	
16		Badapadu		37	74	
17		Relagada	366	89	178	
		Subtotal	**2,178**	**487**	**1,330**	**1330**
1	Batasuna	camp4-B	256	60	120	
2		camp-6	178	44	88	
3		camp-7	316	79	158	
			750	**183**	**366**	**366**
4	BadaKerenga	Puruna-puki	321	69	138	
5		Balipadar-Guda	163	30	60	
6		Taramajiguda.	216	35	70	
7		Chakarliguda.	241	69	138	
8		Nua Puki	244	61	122	
9		Bhutnagar	87	20	40	
10	Debighat	Lauriguda	163	25	50	
11		Kadamguda	163	30	60	
		Subtotal	**1,598**	**339**	**678**	**678**

1	Lankaput Umuri	Umuri	584	163	326	
2		Khaparaput	94	22	44	
3		Sukuriguda	224	60	120	
4		Khilaput	132	34	68	
5		Padeiguda	303	83	166	
6		Parajapandi	366	95	190	
7		Panasput	245	57	114	
8		Narjiput	230	58	116	
9		Girlaguda	122	30	60	
10		Simla	335	96	192	
11		Gulelput	229	59	118	
12		Paidaput	207	49	98	
13		Kolab	243	86	172	
14		Dumuriguda	129	39	78	
15		Masiput	141	46	92	
16		Hingeiput	222	59	118	
17		Hatasuku	586	192	384	
18		Lanjisuku	348	93	186	
19		Malikudubi	116	31	62	
20		Sirisi	252	64	128	
21		Machra	976	246	452	
		Subtotal	**6,084**	**1,662**	**3,284**	**3284**
1	Kundra	Majurgula	105	22	44	
2		Bhadraguda	68	15	30	
3		Heruguda	161	33	66	
4		Heruguda colony	96	27	54	
5		chendia jhiligao	175	34	68	
6		jhiligao	227	52	104	
7		Kaudiaguda	110	33	66	
8		katnikund	259	60	120	
9		kaliaguda	152	26	52	
		Subtotal	**1,353**	**302**	**604**	**604**
1	Lima	Bandia guda	155	31	62	
2		chandrapadia guda	61	11	22	
3		Behera guda colony	97	20	40	
4		Beheraguda	119	26	52	
5		Khutuguda	116	26	52	
6		salap padar	117	26	52	
		Subtotal	**665**	**140**	**280**	**280**
	TOTAL		**12,990**			**7200**