

# Against Malaria Foundation

## LLIN Distribution Programme – Detailed Information



### Summary

# of LLINS	Country	Location	When	By whom
20,000	India	Koraput, Orissa	Feb-Mar 2010	S.O.V.A

### Further Information

1. Please describe the specific **locations & villages** to receive nets and the number to each? Please provide longitude/latitude information. (Important note: If the distribution is approved, approval will be for the nets to be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.)

20,000 nets will be distributed to achieve blanket coverage in 149 villages in the state of Orissa in India. Lat/Long: 18°49'N 82°43'E / 18.82, 82.72



Summary:

<u>Area Name</u>	<u>Pop</u>	<u># of HH</u>	<u>Nets (2/HH)</u>	<u>Day</u>
Sunki	3,194	699	1,398	1-7
Ralegeda	3,280	698	1,396	8-13
Sargiguda	2,365	450	900	1-3
Batasana	7,100	1,501	3,002	4-13
Koraput NAC	2,775	685	1,370	14-17
Badekeranga	6,245	1,528	3,056	18-23
Lankaput & Suku	10,406	2,823	5,646	24-33
Kundra	7,902	1,080	2,120	34-39
Lima	4,934	1,241	2,482	39-43
	48,201	10,705	21,370	

Detail:

<u>Area Name</u>	<u>Village Name</u>	<u>Pop</u>	<u># of HH</u>	<u>Nets (2/HH)</u>	<u>Day</u>	<u>PP/HH</u>	<u>PP/NET</u>
<b>Sunki</b>	Goudaguda.	117	30	60	1	3.9	2.0
	Totabalasa.	104	19	38	1	5.5	2.7
	Ippabalasa	124	25	50	1	5.0	2.5
	Sunki.	1,021	209	418	2,3	4.9	2.4
	Panasmanguda.	157	22	44	4	7.1	3.6
	Andarangi.	148	27	54	4	5.5	2.7
	Nimalpadu.	165	38	76	4	4.3	2.2
	Mungarugumi.	61	13	26	4	4.7	2.3
	Jamuguda.	106	16	32	5	6.6	3.3
	Sankupadu.	168	40	80	5	4.2	2.1
	Gadigudibalasa.	60	19	38	5	3.2	1.6
	Alasi.	66	13	26	5	5.1	2.5
	Metabalasa.	75	12	24	5	6.3	3.1
	Patalaudi.	62	14	28	6	4.4	2.2
	Ittabalasa.	89	22	44	6	4.0	2.0
	Gangapani.	105	21	42	6	5.0	2.5
	Laudi.	228	77	154	6	3.0	1.5
	Olagaon.	115	26	52	7	4.4	2.2
	Gurujiguda.	114	26	52	7	4.4	2.2
Rengalpadu.	109	30	60	7	3.6	1.8	
	<b>Subtotal</b>	<b>3,194</b>	<b>699</b>	<b>1,398</b>			
<b>Ralegeda</b>	Rallegada.	460	72	144	8	6.4	3.2
	Kartalaba.	123	29	58	8	4.2	2.1
	Ittabalasa.	89	19	38	9	4.7	2.3
	Budepadu.	62	13	26	9	4.8	2.4
	Badapadu.	167	38	76	9	4.4	2.2
	Bandhulupadu.	94	18	36	9	5.2	2.6
	Kumbhapadu.	63	12	24	9	5.3	2.6
	Metabera	163	33	66	10	4.9	2.5
	Sidipadu.	139	28	56	10	5.0	2.5
	B.Lamatapadu.	94	23	46	10	4.1	2.0
	Puthapadu.	276	76	152	10	3.6	1.8
	Mirialupadu.	265	65	130	11	4.1	2.0
	Jodimadili.	230	51	102	11	4.5	2.3
	Tangini.	145	31	62	11	4.7	2.3
	Rajuguda.	183	39	78	12	4.7	2.3
	Kurelupadu	226	48	96	12	4.7	2.4
	Jamuguda.	77	19	38	12	4.1	2.0
	Pilika Bitra.	59	12	24	13	4.9	2.5
	Bitra.	196	37	74	13	5.3	2.6
	Telarai.	169	35	70	13	4.8	2.4
	<b>Subtotal</b>	<b>3,280</b>	<b>698</b>	<b>1,396</b>			
<b>Sargiguda</b>	Andiramunda	600	90	180	1	6.7	3.3
	Sargiguda	240	55	110	1	4.4	2.2
	Pokhnaguda	403	100	200	2	4.0	2.0
	Birahandi	173	32	64	2	5.4	2.7
	Pathanguda	455	90	180	3	5.1	2.5
	Miriguda	494	83	166	3	6.0	3.0
	<b>Subtotal</b>	<b>2,365</b>	<b>450</b>	<b>900</b>			
<b>Batasana</b>	Lal Munda	292	79	158	4	3.7	1.8
	Khatlaguda	433	75	150	4	5.8	2.9
	Potraguda	773	167	334	5	4.6	2.3
	Batasana	999	210	420	6,7	4.8	2.4
	colony no 4	794	141	282	8	5.6	2.8
	Sitiliguda	779	142	284	9	5.5	2.7

	Colony no 5	437	73	146	10	6.0	3.0
	Camp no 4 B	257	60	120	10	4.3	2.1
	Camp no 6	178	44	88	10	4.0	2.0
	Camp no 7	701	182	364	11	3.9	1.9
	Kasomguda	631	118	236	11	5.3	2.7
	A.Ghatarla	826	210	420	12,13	3.9	2.0
	<b>Subtotal</b>	<b>7,100</b>	<b>1,501</b>	<b>3,002</b>			
<b>Koraput NAC</b>	Champaguda	422	101	202	14	4.2	2.1
	Goudaguda	238	69	138	15	3.4	1.7
	Relikumbha	510	137	274	16	3.7	1.9
	Rangabali kumbha	1,172	263	526	16	4.5	2.2
	Mendhaguda	288	78	156	17	3.7	1.8
	Landiguda	145	37	74	17	3.9	2.0
	<b>Subtotal</b>	<b>2,775</b>	<b>685</b>	<b>1,370</b>			
<b>Badekeranga</b>	Thanacolony	368	80	160	18	4.6	2.3
	Damsite	277	67	134	18	4.1	2.1
	Nuakerenga	178	47	94	18	3.8	1.9
	Salmanguda	350	109	218	18	3.2	1.6
	Dhauda-Padar	472	148	296	19	3.2	1.6
	Gangei-padar	880	170	340	19	5.2	2.6
	Puruna-puki	321	69	138	20	4.7	2.3
	Balipadar-Guda	163	30	60	20	5.4	2.7
	Nua-puki	244	61	122	20	4.0	2.0
	Putkernga.	246	47	94	21	5.2	2.6
	Lauriguda	163	25	50	21	6.5	3.3
	Kendubeda	491	88	176	21	5.6	2.8
	Taramajiguda.	216	35	70	21	6.2	3.1
	Devighat.	988	247	494	22	4.0	2.0
	Chakarliguda.	241	69	138	22	3.5	1.7
	Bogeipadar	597	186	372	23	3.2	1.6
	Residencial School Girls	50	50	100	23	1.0	0.5
	<b>Subtotal</b>	<b>6,245</b>	<b>1,528</b>	<b>3,056</b>			
<b>Lankaput &amp; Suku</b>	Chappar	393	103	206	24	3.8	1.9
	Umuri	584	163	326	24	3.6	1.8
	Residencial School	50	50	100	23	1.0	0.5
	Machhara	992	248	496	25	4.0	2.0
	Khaparaput	94	22	44	26	4.3	2.1
	Khagadhara	61	20	40	26	3.1	1.5
	Sukuriguda	224	60	120	26	3.7	1.9
	Khilaput	132	34	68	26	3.9	1.9
	Padeiguda	303	83	166	27	3.7	1.8
	Parajapandi	366	95	190	27	3.9	1.9
	Panasput	245	57	114	27	4.3	2.1
	Narjiput	230	58	116	27	4.0	2.0
	Girlaguda	122	30	60	27	4.1	2.0
	Simla	335	96	192	27	3.5	1.7
	Kechhla	332	95	190	28	3.5	1.7
	Lankaput	342	84	168	28	4.1	2.0
	Gulelput	229	59	118	28	3.9	1.9
	Paidaput	207	49	98	28	4.2	2.1
	Kolab	243	86	172	28	2.8	1.4
	Dumuriguda	129	39	78	28	3.3	1.7
	Masiput	141	46	92	29	3.1	1.5
	Sirisi	220	65	130	29	3.4	1.7
	Chandalmundar	184	46	92	29	4.0	2.0
	Pitai	552	138	276	29	4.0	2.0
	Ghatmundar	232	58	116	30	4.0	2.0
	Kalchur	244	61	122	30	4.0	2.0
	Bhoiguda	204	51	102	30	4.0	2.0
	Parajamundar	612	168	336	31	3.6	1.8
	Kadamguda	108	28	56	31	3.9	1.9
	Hingeiput	222	59	118	31	3.8	1.9

	Hatasuku	586	192	384	32	3.1	1.5
	Lanjisuku	348	93	186	32	3.7	1.9
	Malikudubi	116	31	62	32	3.7	1.9
	Hariamunda	712	178	356	33	4.0	2.0
	Padachenda	312	78	156	33	4.0	2.0
	<b>Subtotal</b>	<b>10,406</b>	<b>2,823</b>	<b>5,646</b>			
<b>Kundra</b>	Majurgula	105	22	44	34	4.8	2.4
	Bonuguda	174	44	88	34	4.0	2.0
	Bhadraguda	68	15	30	34	4.5	2.3
	Heruguda	161	33	66	34	4.9	2.4
	Heruguda colony	96	27	54	34	3.6	1.8
	chendia jhiligao	175	34	68	35	5.1	2.6
	jhiligao	227	52	104	35	4.4	2.2
	mundiguda	81	19	38	35	4.3	2.1
	Kaudiaguda	110	33	66	35	3.3	1.7
	raikundra	187	51	102	35	3.7	1.8
	Bausia guda	181	42	44	36	4.3	4.1
	Kudum padar	3,392	78	156	36	43.5	21.7
	chatriguda	98	20	40	36	4.9	2.5
	Bhajiguda	60	12	24	36	5.0	2.5
	jeeraguda	393	70	140	36	5.6	2.8
	kenduguda	407	94	188	37	4.3	2.2
	sardhapur-1	168	36	72	37	4.7	2.3
	sardhapur-2	202	52	104	37	3.9	1.9
	makdiguda	157	41	82	37	3.8	1.9
	katnikund	259	60	120	38	4.3	2.2
	kaliaguda	152	26	52	38	5.8	2.9
	tabhapadar	259	44	88	38	5.9	2.9
	pakhnaguda	150	47	94	38	3.2	1.6
	Ghandgaguda	435	87	174	39	5.0	2.5
	padampur	205	41	82	39	5.0	2.5
	<b>Subtotal</b>	<b>7,902</b>	<b>1,080</b>	<b>2,120</b>			
<b>Lima</b>	Bandia guda	155	31	62	39	5.0	2.5
	kusum guda	481	134	268	40	3.6	1.8
	chandrapadia guda	61	11	22	40	5.5	2.8
	Behera guda colony	97	20	40	40	4.9	2.4
	Beheraguda	119	26	52	40	4.6	2.3
	Tentulipar	99	25	50	40	4.0	2.0
	Chanchara guda	91	25	50	40	3.6	1.8
	Santali guda	134	33	66	40	4.1	2.0
	Pradhani guda	185	51	102	40	3.6	1.8
	Ghatgundal	341	80	160	41	4.3	2.1
	Khutuguda	116	26	52	41	4.5	2.2
	Manji guda	67	17	34	41	3.9	2.0
	salap padar	117	26	52	41	4.5	2.3
	Badtalia guda	132	33	66	41	4.0	2.0
	Agram guda	81	22	44	41	3.7	1.8
	Pandkimari	260	61	122	41	4.3	2.1
	Gundal	298	82	164	42	3.6	1.8
	Pandripani	339	80	160	42	4.2	2.1
	Katri guda	61	18	36	42	3.4	1.7
	Barma guda	107	31	62	42	3.5	1.7
	Ada munda	41	11	22	42	3.7	1.9
	Hatguda	117	33	66	42	3.5	1.8
	Khalapi guda	288	64	128	43	4.5	2.3
	Jhalaguda	110	32	64	43	3.4	1.7
	Jhadiguda	81	32	64	43	2.5	1.3
	Kumbarguda	333	81	162	43	4.1	2.1
	Pukiaguda	332	76	152	43	4.4	2.2
	Gunthaguda	291	80	160	43	3.6	1.8
	<b>Subtotal</b>	<b>4,934</b>	<b>1,241</b>	<b>2,482</b>			
	<b>Grand Total</b>	<b>48,201</b>	<b>10,705</b>	<b>21,370</b>			

## 2. Is this an urban or rural area and how many people live in this specific area?

Rural.

## 3. Is this a high risk malaria area? If yes, why do you designate it as high?

High Risk.

Provisional data for the year 2006 (provisional) reveals the largest numbers of cases in the country were reported by Orissa, followed by Jharkhand, West Bengal, Assam, Chhattisgarh, Rajasthan, Gujarat & Uttar Pradesh and the largest numbers of deaths were reported by Assam followed by Orissa, West Bengal, Arunachal Pradesh, Meghalaya, Maharashtra, Mizoram, Gujarat & Karnataka.

Statistics stated by Dr John Oommen, during an interview on film in Feb 2009. Dr Jonny is a clinical and community health and malaria specialist in Orissa.

'Orissa has 3% of the population of India, 30% of the malaria cases, and 95% of those are falciparum' Dr Jonny is contactable +91 674 3201850 and jcoommen AT gmail.com  
[www.mrcindia.org/MRC\\_profile/epidemiology/true\\_incidence](http://www.mrcindia.org/MRC_profile/epidemiology/true_incidence)

[www.mrcindia.org/rourkela](http://www.mrcindia.org/rourkela)

Malaria is a major public health problem in Orissa state, which contribute highest number of malaria cases (22 %), 43% of total P. falciparum cases and about 50% of all reported deaths due to malaria in the country although it constitute only 4% of the total population of India. Tribal areas of the state such as Sundargarh district are the most seriously affected regions of the state where malaria exists in meso-to hyper endemic form. P. falciparum is the major cause of malaria and accounts for 80-90% malaria cases in the tribal areas of the state, which have distinct ecological features such as hilly terrain, forest fringe and forested area or foothill ecosystems where all the malariogenic factors operate at their maximum efficiency. Malaria is clearly one of the major health problem in this region and is responsible for significant morbidity and mortality.

Report from 2002 [PDF] HEALTH STATUS OF PRIMITIVE TRIBES OF ORISSA - 2:37am

File Format: PDF/Adobe Acrobat - View

1 Regional Medical Research Centre, Indian Council of Medical Research, Chandrasekharpur, Bhubaneswar 751 023, India 2SCB Medical College and Hospital, Cuttack 753 007, India

Orissa, an eastern Indian state with 3.47% of the country's population, contributes 23% of the malaria cases, 40% of Plasmodium falciparum cases and 50% of malaria attributed deaths in the country. 2. Retrospective analysis<sup>3</sup> of the epidemiological data of Orissa reveals that there is a steady rise in the number of malaria-attributed deaths from 131 in 1995 to 465 in 2002.

**4. Baseline malaria case information. How many reported cases of malaria and malaria deaths were there in this specific area in the most recent period available? We are looking for data from health clinics in the area. Month by month information is strongly preferred. We are NOT looking for regional level/national level information. Please cite your source. Baseline malaria case information forms the basis of comparison post-distribution.**

National Vector borne disease Control Programme data.  
Malaria cases in Orissa 2008. 359,619. Recorded deaths - 218  
Report by Orissadiary correspondent; Bhubaneswar: 18Feb09  
Study reveals Orissa has earned the dubious distinction of topping the list of cerebral malaria affliction standing at 44 per cent against the all-India figure of 725,502 cases per annum. The study reveals that Orissa not only soars the vulnerability scale but also posts itself in the pinnacle of fatality rate of plasmodium falcifarum.

**5. Is this distribution of nets 'blanket coverage' of an area/village or to a select/vulnerable group? If the latter, please describe this group.**

Blanket coverage.

**6. What is the existing level of ITN use in this area? Are there existing bednet distribution programmes in this area?**

I have worked in the area for 5 years and have seen very little evidence of bed net distribution. Where in a few villages nets have been distributed, they are not LLIN's.

**7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position and organisation of the person/s making the decision.**

The area was chosen by Anne Heslop. I have a small charity in Koraput, and have always known that the area was endemic but it wasn't until recently I became aware of the magnitude and repercussions of the rapidly changing epidemic and current statistics.

Specific villages chosen by Sanjit Patnayak, secretary, SOVA.

SOVA (South Orissa Voluntary Action)  
Rangabali Kumbha Road, Koraput-764020, Orissa, India  
Tel: 06852-250194 Fax: 250590 Mobile: +91-9437077718  
Email: sovakpt AT gmail.com; website: [www.sovakoraput.org](http://www.sovakoraput.org)

**8. Have you consulted with the country's National Malaria Programme about this distribution and what was their response? Please provide the name, position and contact details of the person/s with whom you have liaised.**

I have discussed this proposal with Dr R.K Guru and Dr N Chowdrey in Koraput Orissa, who are the Central District Medical Officers specializing in Malaria in the region. I have also discussed this with Dr Jonni from the Christian Missionary Hospital in Bissam Cuttack, Rayagada, who is a malaria expert. Their response was to encourage the distribution.

The NMCP representative is Dr RK Guru.

**9. Please give the name and contact information for the (government) head of the district health management team for the/each area. Please ensure you include contact information.**

The contacts are Dr RK Guru and Dr N Chowdrey. They are both available at the CDMO in Koraput Orissa. Dr RK Guru's mobile no is +91 9437 119061.

**10. Please confirm the nets will be distributed free-to-recipients, a requirement for us to fund nets.**

I confirm the nets will be free to recipients.

**11. Please describe all pre-distribution activity, including how the size of the target group and number of nets required will be ascertained and how the local community and leaders will be involved in this phase of the work?**

I intend to spend time in Koraput and Rayagda in October/Nov this year to plan and organize the distributions, and to begin the malaria (Re) education programme. We will run the preliminary malaria education meetings in conjunction with existing HIV/AIDS conferences. The target group is so large that 20,000 nets is just a place to start. SOVA has been working with the target villages for 12 years and has the statistics of all the villages. Most villages are between 50-100 households so I have calculated that with 2 nets per household we will be able to 'blanket cover' approx 120 villages.

**12. Please describe how the bednets will be distributed and by whom. Please give detail. Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.**

The 'bednets' will be distributed by SOVA, and aided by Anne Heslop. We will be enlisting the help of established women's groups and local volunteers. I believe it will take approx two months to complete the distribution. For 2 weeks of that month we will be assisted by Quinton Fivelman, and 2 medical students. It will be a focused effort and will begin with information/education. In previous meetings with villagers, I have found that despite NGO's attempts to educate using street plays, and leaflets most tribal's are still confused about the way malaria is contracted. The practice of treating 'any fever' with chloroquine also has to be re-thought, so re education is necessary.

About SOVA

SOUTH ORISSA VOLUNTARY ACTION, KORAPUT, ORISSA

SOVA were the first NGO to set up a charity in this area working with remote marginanlised tribal communities.

Number of full and part time staff: 57 Volunteers: 73

'We are non-profit, non-political, secular organization\* working in Koraput, one of the poorest districts in India. Our team of committed development professionals works hands-on with over 225 tribal villages encouraging men, women and

children to participate in their own holistic development. Our participatory process motivates the most marginalized people in society to work together in addressing issues that affect their lives. We provide the training, information and resources; they make the difference.

We work in five key areas - health, education, governance, livelihood and disaster relief - with a special emphasis on empowering women and children. Some of our varied projects include HIV/AIDS awareness through peer educators, reproductive health training to village midwives, alternative education for tribal children, additional income sources for farmers and advocacy tools for local self governing bodies, to name a few.

By partnering with local and national NGOs as well as government agencies, our combined efforts form a much bigger picture for eliminating poverty in India. As a lead NGO in South Orissa, we build the capacity of local NGOs and community-based organizations so they can work to their full potential. The grassroots community organizations and programs we develop and support provide tribals a platform to make informed decisions, stand up for their rights and help each other thrive. We measure success not by our own actions, but by those adopted and carried forward by the tribals themselves.

Square kilometers villages are spread over: Approx 960 Sq Km

**13. Please describe the malaria education component of the distribution. Please give a detailed answer.**

We intend to educate firstly by establishing that the recipients understand the way that malaria is transmitted. We will also explain that there are different types of malaria and that the most dangerous type, is now the most common, and is largely resistant to chlorequinn. Rapid diagnostic kits (SB Malaria Diagnostic Kit; Orchid Malaria Diagnostic Kit) are available and we will ensure that these are supplied to local health workers, and explain why it is necessary to diagnose the illness before treatment. We will show them how to use the mosquito nets, and also explain that to eradicate malaria from the specific village/block it is vitally important that nets are used by the entire village every night, and we will encourage them to work together as a village to ensure that people comply with this. We will also remind them of the breeding requirements for the mosquito to thrive.

**14. Please confirm: a) you will conduct immediate post-distribution follow-up to assess the level of usage (hang-up %) of the nets; b) this take place within four weeks of the distribution; c) you will provide us with the findings.**

I confirm usage will be monitored, and that we will provide a report of the findings.

**15. Please confirm you will send a Post-Distribution Summary when the distribution is complete.\*\***

I confirm the above.



**16. Please confirm you will send us, post-distribution, at least 60 digital photos per sub-location\*, taken at the distribution/s, to be added to our website as we report on the distribution to donors.\*\***

I confirm the above.

**17. Please confirm you will provide at least 15 minutes video footage from each sub-location. It does not need to be 'broadcast' quality and can be taken with a handheld digital video camera.\*\***

I confirm the above.

**18. Please confirm: you will carry out longer-term Post-Distribution Reviews (PDRs)\*\* to assess the level of usage (hang-up %), correct usage and condition of the nets; b) this will take place 6, 18, 30 and 42 months after the distribution of the nets; c) you will provide us with the findings.**

I confirm the above.

**19. Please provide your name, role and organisation and full contact information.**

Anne Heslop. Anne Heslop Photography/Goats and Hopes for Orissa. [Address and personal contact information provided.]

\*Sub-locations are mutually agreed and are typically a portion of the total distribution ie A 20,000 net distribution, for photo and video reporting purposes, might be divided into 5 sub-locations.

\*\*Information on the provision of photos, video, Post-distribution Summary and Post-Distribution Reviews is included in the attached document.

Ends—

**THANK YOU!**