

Physical verification of LLIN distribution (KANKAR DIST)

May 2010 .

OBSERVATIONS:

1. **District Plan:** On verification of record and PIP, it was found that the District authority has identified the villages for distribution of LLIN in the Plan for 2010-2011.
2. **Demand and supply Gap:** The demand of LLIN during current year is 4.5 lacs but they have received only 1 lac, which was supplied in the month of April 2010. The LLINs were distributed in two blocks through PDS.
3. LLINs have been distributed in two blocks covering 8 PHC's.
4. LLINs have been distributed in the PHC areas which are inaccessible/areas are having poor IRS coverage.
5. District has developed IEC plan prior to distribution but implementation was poor.
6. **Antagarh PHC and Kapsi PHC:** There was no annual plan of malaria at the visited 2 PHC and the officials of PHC are also not aware of it. The IEC for distribution of LLIN materials is almost negligible at both PHC and village level. The record of the LLIN is also not maintained properly. As the distribution of LLIN was made through PDS, the information given by PDS was directly forwarded to District Malaria Officer by PHC M.O. without any remarks.
7. There is proper communication link between DMO and BMO, but lacking between BMO and PHC M.O. as far as LLIN distribution system is concerned.
8. ANC record was not available as far as distribution of LLIN distribution is concerned at visited PHC.
9. The officials of visited PHC are not aware of the distribution of LLIN to first trimester pregnant women's and also they are not maintaining the records of pregnant mothers having confirmed malaria in the past.
10. 75% of families in surveyed villages have received LLIN.
11. 70 to 80% of members regularly using LLIN at night and 20 to 30 % were not using the LLIN due to hot environment, due to ongoing summer there is no mosquito and only one interviewed person told that he had itching and erythematic after use of supplied LLIN.
12. Villagers are not aware of the benefits of the LLIN and technique of usage.
13. No involvement of NGO's seen in distribution of LLIN and IEC in surveyed village.
14. No monitoring at village level was done after distribution of LLIN by MTS/Health workers/MO.

RECOMMENDATION:

1. IEC activities should be strengthened before LLIN distribution at PHC and village level.
2. There should be linkage between the PDS, Health workers and concerned officials of the PHC.
3. Periodic monitoring should be carried out to see any outlets.

4. Ensure community participation before and after distribution.
5. Involvement of NGO's wherever available.
6. Record keeping at PHC should be maintained properly.



**MINISTRY OF HEALTH AND FAMILY WELFARE
REGIONAL DIRECTORATE OF HEALTH AND FAMILY WELFARE,
CHHATTISGARH
(REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE)
LALPUR, RAIPUR-492001 (C.G.)**

Ref. No. RLTRI/RD/2010/

Dated 31.05.2010

To,

Dr. Kalpana Baruah,
Deputy Director,
National Vector Borne Disease Control Program,
22, Shamnath Marg,
Delhi-110054

Sub: - Physical verification of LLIN distribution.

Sir,

With reference to your letter No. 14-3/2010-11/NVBDCP/LLINs dated 13.05.2010, this is to inform you that Dr. Mukesh Kumar Soni, Medical Officer and Dr. Prashant Kumar Sahu, Medical Officer of this Institute has visited **Kanker** district on 25-26 May 2010 and submitted Physical Verification report in the specified format. The **observation and recommendation** on the **LLIN verification** is enclosed herewith for further necessary action at your end.

Yours faithfully,

Enclosed: -1. LLIN verification report.
2. Observation & recommendation

**[DR. HARISH RATHOD]
REGIONAL DIRECTOR**
