

Review of Enhanced Malaria Control Project

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EXECUTIVE SUMMARY

Enhanced Malaria Control Project (EMCP) of Government of India (GOI), focusing on 1045 Primary Health Centres in 100 Districts of 8 States and on 19 Townships started in 1997 for a period of 5 years, with a view to enhance the work of malaria control through early detection, treatment and vector control efforts through a system of decentralized administration and community participation. EMCP, with a total budgetary outlay of Rs. 675.88 crores, is supported by the World Bank.

The EMCP was envisaged as a model for States to follow with an efficient Management Information System, programmed human resource development, effective Information Education and Communication (IEC) initiatives and decentralized decision making through semi-autonomous Societies at the State and District level with the responsibility to plan, organize, implement, monitor and evaluate, so as to achieve progressive social ownership and sustainability and greater effectiveness.

Even though internal assessments have indicated encouraging trends in the achievement of the objectives of the EMCP, it was important to conduct an evaluation of the Project by an outside agency to make a situation analysis and determine the extent of achievements of the project and to design the future course of action. Hence this evaluation and the report.

The present evaluation was commissioned to be conducted within a short span of 3 weeks. As such, the study was concentrated at (a) the National Head Quarters of EMCP and Ministry of Health and Family Welfare, GOI New Delhi (b) State head quarters and two Districts each from Andhra Pradesh, Maharashtra and Orissa and (c) two Townships of Chennai and Visakhapatnam, on the basis of geographical and logistical considerations. Qualitative and objective review of the (i) technical (ii) operational and (iii) administrative aspects of the EMCP at the National, State, District, P.H.C, Village and Township level was attempted at with the help of appropriate tools including check lists, interviews and group discussions and through physical verification and observations. Quantitative data at all points were looked at, compared and verified.

The major observations made through the present review include the initial meticulous preparedness of the EMCP Directorate in proper planning, implementing, monitoring and

evaluating the project, but this enthusiasm and systematization has percolated to the lower levels of State, District and PHC at a slower than anticipated pace. The National Head Quarters also faced the problem of introducing a highly reformist project in a poorly reformed system at the State and District level which is characterized by delays, in the absence of clear benchmarking and defined performance indicators. It is further observed that in spite of not fully achieving the targets for expenditure (43.5% of the outlay as on July 31, 2002), the project has come in to fill the deeper needs of the implementers of the malaria control programme and helped in creating a trend in reducing mortality and morbidity due to malaria. The State and District level Societies have helped in taking decentralized and need based decisions, in spite of the fact that the societies have not fully taken advantage of the autonomy given to them without being subservient and that they lack adequate clarity of the roles and guidelines provided for them. It was evident that the EMCP needs specialized and highly committed human resource to manage at various levels. It was also clear that the achievements of the Project have a serious bearing on the availability, turnover and commitment of the human resource and a properly designed Management Information System and networking at these levels.

The EMCP is a good example to conclude that wherever the participation of community, various inter-linked sectors and the Panchayath Raj Institutions is progressively achieved, success is sure to come by and is a challenge to work hard to achieve such qualitative participation. More innovative approaches in IEC would have found its proper place in the context of such participation. Resistance to certain insecticides show that the programme has to be more need based, beneficiary based and locally sensitized rather than provider based. The extent of use of bed nets has taken away any apprehension about its proper use and point towards more such unconventional approaches to malaria control. The use of larvivorous fish as a part of integrated vector control points towards the need for developing such innovative methods with the support of research on local needs, application and adaptability.

The future perspectives of malaria control activities would need to consider the significance of districts adjacent to high-risk malaria endemic states/districts and the urban areas which do not have a primary health care system.

In order for the momentum created by the EMCP to be sustained and the lessons learned to be translated into action, it is important that the project falls within a framework of strict benchmarking, performance based funding and a system of continuity of qualitative human resource with frequent skill updating.