



QUESTIONNAIRE FOR HEALTH ADMINISTRATOR/PLANNER

Annex (iii)

1. SOCIO-ECONOMIC DEVELOPMENT PLAN

1.1 Is there a socio-economic development plan?

- 1.1.1 What priority does the government actually give to the plan?
- 1.1.2 Are there clear and sustained directives for the preparation and/or the execution of the plan?
- 1.1.3 Is there an enabling legislation for planning and subsequent implementation of the plan?
- 1.1.4 What period is covered by the socio-economic plan?

1.2 What is the directing authority for the socio-economic plan?

- 1.2.1 Is there a planning organization?
  - 1.2.1.1 Is there a planning board at policy and decision-making level coordinating and integrating sectoral planning?
  - 1.2.1.2 Is there a planning secretariat?

1.3 Is the administrative system effective?

- 1.3.1 Has it been strengthened during the pre-planning period?
- 1.3.2 What kind of basic training and refresher training in decision making and problem solving have the administrative officers received?
- 1.3.3 Have the health administrators received formal training in administrative organization and management?
  - 1.3.3.1 Are they assisted by lay-administrators?

1.4 Is the socio-economic plan respected and followed up?

- 1.4.1 Has the planning machinery power to implement it?

1.5 To what extent is sectoral planning developed?

- 1.5.1 In which sectors? Health, education, agriculture, public works, etc.
- 1.5.2 Are the broad policy objectives to be fulfilled in each sector well-defined?

1.5.3 How are the resources distributed between sectors?

2. NATIONAL HEALTH PLANNING

2.1 Is there a national health plan?

- 2.1.1 What priority does the Ministry of Health actually give to the plan?
- 2.1.2 Are there clear and sustained directives for the preparation and/or the execution of the plan?
- 2.1.3 Is there an enabling legislation for planning and subsequent implementation of the plan?
- 2.1.4 What period is covered by the current national health plan?

2.2 What does the planning machinery consist of?

- 2.2.1 Is there a health planning committee in the Ministry of Health?
  - 2.2.1.1 What are the technical tasks of the committee?
  - 2.2.1.2 What is the composition of the health planning committee?
- 2.2.2 Is there a planning unit acting as secretariat for the committee?
  - 2.2.2.1 What are the terms of reference of the planning unit?
  - 2.2.2.2 How is the planning unit staffed?
- 2.2.3 What is the participation of national staff and of foreign aid (international-bilateral) in health planning?
  - 2.2.3.1 How are they coordinated?
- 2.2.4 To what extent and how has technical and administrative coordination and cooperation been established with other sectors concerned: education, agriculture, public works, labour, etc?

2.3 What does the implementation machinery consist of?

(This will be dealt with in paragraph 4 - Health Services, Structure, Organization and Administration)

2.4 What does the evaluation machinery consist of?

- 2.4.1 Is evaluation of the plan a continuous activity?
- 2.4.2 Has a base-line reference been defined?
- 2.4.3 What evaluation methodology and indices are used?
- 2.4.4 Are objectives and targets, where necessary, re-orientated according to evaluation results?

3. PRIORITIES

3.1 What priorities have been established by the plan?

3.1.1 On what criteria have these priorities been established?  
Economic principles? Public health principles? Both?

3.1.2 How have they been tackled, on a short-term and long-term basis?

3.2 What is the place of malaria among these priorities?

3.2.1 On what criteria has this place been justified?

3.2.2 Has the flexibility required of the malaria eradication programme been satisfactorily translated into adequate budgeting and staff provisions both in quantity and in duration, without prejudice to the development of the national health plan?

3.3 What importance has been given to the organization of an epidemiological service at all levels in view of its leading role after eradication has been achieved?

4. HEALTH SERVICES STRUCTURE, ORGANIZATION AND ADMINISTRATION

4.1 Manpower - Health Personnel

4.1.1 Has a general manpower policy been evolved and what account has so far been taken of the need to train health personnel?

4.1.2 Indicate below the key health personnel required for the support of the malaria eradication programme and how many of these posts are actually vacant against the planned programme for public health services. Give the main reasons for posts remaining vacant.

Categories of Personnel	Urban			
	Preventive services		Curative services	
	No. of posts planned	No. of posts vacant	No. of posts planned	No. of posts vacant
Physicians Sanitary Engineers Sanitarians Health Inspectors Laboratory Technicians				

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Categories of Personnel	Rural			
	Preventive services		Curative services	
	No. of posts planned	No. of posts vacant	No. of posts planned	No. of posts vacant
Physicians Sanitary Engineers Sanitarians Health Inspectors Laboratory Technicians				

4.1.3 Give the number of personnel of the categories indicated to be trained annually?

Years	Number of physicians expected to graduate	Number of physicians to be trained in public health	Number of health inspectors to be trained
1968 1969 1970 1971			

4.1.4 Are public health doctors permitted private medical practice? If not, is there adequate compensation for private practice?

#### 4.2 Basic Health Services

4.2.1 Has a thorough evaluation of the existing basic health services, particularly at the intermediate and peripheral levels, been carried out prior to or during the malaria eradication campaign?

4.2.1.1 What elements of evaluation have been used: structures, activities (quality and quantity of services), area of influence of health units, budgetary considerations?

4.2.1.2 Have the specific needs of the malaria eradication programme in Basic Health Services and, after evaluation, the supplementary needs, been established?

- 4.2.2 Has a plan for the development of basic health services been evolved?
- 4.2.2.1 On what priorities has this planning been based? Was it devised in function of the malaria eradication programme needs or of more general considerations?
- 4.2.2.2 Has the planning involved regionalization?
- 4.2.3 Has a programming of the development of BHS been established? By sectors? including training of personnel, development of peripheral network, staffing, etc.
- 4.2.3.1 Has the programming been scheduled in close coordination with the malaria eradication programme in order to fit the different phases of their respective development?
- 4.2.3.2 Have the various elements of BHS been tested and where necessary revised and improved in a pilot zone of demonstration, training and operational research?
- 4.2.3.3 Are the institutions training staff at professional and auxiliary level coordinating their activities with the planned development of basic health services?
- 4.2.4 What is the present functional or operational stage of development of basic health services?
- 4.2.4.1 How are health centres staffed?
- 4.2.4.1.1 How are health posts staffed?
- 4.2.4.1.2 What type of training has been given or is being given to this staff?  
Basic training? Refresher training?
- 4.2.4.2 How is supervision carried out? From intermediate levels to health centres? From health centres to health posts?
- 4.2.4.2.1 Who are the supervisors? How have they been trained?

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- 4.2.4.3 What are the actual functions of health centres?
  - 4.2.4.3.1 What are the actual functions of health posts?
  - 4.2.4.3.2 Do the health posts consist of a static element and an itinerant element?
  - 4.2.4.3.3 How is the itinerant element staffed and what are its functions? Should it be improved? Is there possibility of extending its activities of home visiting, not only in respect of malaria but also of other public health problems?
- 4.2.4.4 To what extent is population coverage ensured?
  - 4.2.4.4.1 Coverage in space? Coverage in time? By static or itinerant units? Frequency of visits? Regularity of visits?
  - 4.2.4.4.2 How is coverage assessed? What are coverage standards?