

**DEVELOPMENT
AND
STRENGTHENING OF**

LOCAL HEALTH SYSTEMS

**SELF-EVALUATION
OF A LOCAL SYSTEM**

**RESOLUTION XV OF THE
XXXIII DIRECTING COUNCIL**

**HEALTH SERVICE DEVELOPMENT PROGRAM
PAN AMERICAN HEALTH ORGANIZATION/
WORLD HEALTH ORGANIZATION**

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CHAPTER I

RESOLUTION XV OF THE XXXIII DIRECTING COUNCIL

"Development and Strengthening of Local Health Systems in the Transformation of National Health Systems," adopted by the XXXIII Meeting of the PAHO Directing Council.

The Directing Council,

Having seen Document CD33/14, "Development and Strengthening of Local Health Systems in the Transformation of National Health Systems," Resolution WHO41.34 of the World Health Assembly, and the observations of the 101st Meeting of the Executive Committee;

Taking into account Resolution XXI of the XXII Pan American Sanitary Conference, which defined the orientation and programming priorities of PAHO for the quadrennium 1987-1990,

Recognizing the urgent need to accelerate the transformation of the national health systems in order to promote application of the primary health care strategy and to attain the goal of health for all by the year 2000;

Concerned about the constraints on the proper development of health care imposed by the present economic crisis and by limitations within the health sector itself;

Convinced that the challenge of improving the health of the neediest populations should be met, despite the crisis, with innovative measures for the structuring and administration of available resources;

Cognizant of the experiences already under way in most of the countries for the transformation of the national health systems based on the development of local health systems as part of national decentralization and deconcentration processes; and

Agreeing that it is at the local level that policies and strategies for social development and health care can be implemented on the basis of social participation, intersectoral action, coordination of financial sources, and integration of programs;

Resolves:

1. To thank the Director for Document CD33/14, "Development and Strengthening of Local Health Systems in the Transformation of National Health Systems."

2. To urge Member Governments:

- a) To continue and to strengthen their work of defining policies, strategies, programs, and activities for the transformation of national health systems through the development of local health systems;
- b) To ensure coordinated participation in the strengthening of local health systems by all government institutions responsible for the delivery of services, especially the social security administrations and the international cooperation agencies;
- c) To promote, in accordance with their institutional realities, the notion of a program-level partnership among the public sector, nongovernmental organizations, and the private sector;
- d) To place special emphasis on the provision of resources and decentralization to strengthen the operating capacity of local health systems, and on specific programs for dealing with priority health problems;
- e) To give special attention to the aspects cited in Section IV of Document CD33/14 as a response by the sector for the attainment of greater equity, efficiency, effectiveness, and participation;
- f) To define and apply suitable indicators and processes for evaluating the development of local health systems and the progress made;
- g) To promote research on health system services at the local level.

3. To request the Director:

- a) To strengthen technical cooperation with the Member Countries so that resources will be mobilized for activities to transform national health systems and to support priority programs through the development of local health systems and, particularly, to develop the planning processes and information systems, administration, community participation, the leadership of the sector, and personnel training;

- b) To encourage exchanges of experiences between countries and groups of countries as a form of technical cooperation among countries, and to disseminate among governments and local organizations the available information on advances in the development of local health systems and the transformation of national health systems;
- c) To promote the coordinated participation of all health-related agencies, including those providing services, those training human resources and pursuing research, and those for international cooperation;
- d) To disseminate to the governments and their ministries and agencies the information available on methodological aspects and advances in the development of local health systems and the transformation of national health systems;
- e) To support the monitoring of the evaluation of progress in the countries, and to include this topic in his annual reports during the present quadrennium (1987-1990).

(Adopted at the tenth plenary session, 30 September 1988)

CHAPTER II

A. CONCEPTUALIZATION OF LOCAL HEALTH SYSTEMS^{1/}

In September 1986, through Resolution XXI, the XXII Pan American Sanitary Conference approved the document "Orientation and Program Priorities for PAHO During the Quadrennium 1987-1990." This document set the Organization's programming priorities according to three areas:

- Development of the health services infrastructure with emphasis on primary health care;
- Focusing on priority health problems of vulnerable groups with specific programs implemented under the health service system; and
- Management of information necessary to carry out the preceding two activities according to the management strategy for the best possible use of PAHO/WHO resources.

In the Region of the Americas, as in the entire world, there is awareness of the special significance of this stage of development of our societies and of the projections of this situation for the coming years. Undoubtedly, we are witnessing a period of rapid change that affects all aspects of our lives and that has deep repercussions on the health situation and on the resources available for coping with it. Understanding this process and the consequent adjustments in the health sector and in society itself is imperative if the goal set by the governments--to achieve health for all by the year 2000 with equity, effectiveness, efficiency, and participation--is to be attained.

In response to this need to establish priorities for the development of health service infrastructure and to address priority problems and groups according to the primary care strategy and the mandate from the XXII Pan American Sanitary Conference, the PAHO Directing Council at its XXXIII meeting adopted Resolution XV on reorganization and reorientation of the sector through the development of local health systems as an operational tactic to accelerate the application of the strategy of primary care and its essential components.

As stated above, the health sector should work with, organize, and participate in these processes of local development. Therefore, from the standpoint of the health sector, the definition of local health systems

1/ "Development and Strengthening of Local Health Systems." Pan American Health Organization/World Health Organization, Washington, D.C., 1989.

is geared toward greater flexibility and a better response to the changing and specific requirements of population groups affected by common socioeconomic, environmental, and epidemiological problems. This gives rise to a series of elements specific to the health sector and that can be observed in two complementary areas: on the one hand, the reorganization and reorientation of the sector's overall structure through the processes of decentralization and the reorganization of the network of services within defined populations, and, on the other hand, full social participation to ensure the democratization of health.

Therefore, a local health system should be identified by its having an administrative structure responsible for managing the health activities in that particular population. This means having the capacity for direct administration of certain resources and for coordination of all the social infrastructure assigned to health in a given geographical area, along with a structure capable of solving a significant proportion of the health problems of individuals, families, social groups, communities, and the environment and of facilitating social participation, all within the national health system, to which it gives vitality and new direction.

This administrative level should, therefore, assume responsibility for coordinating all existing resources (hospitals, health centers and posts, water supply systems and other sanitation services, and extrasectoral resources) for a given population to ensure their optimal utilization tailored to the local reality. Within this responsibility, it is of paramount importance to establish reciprocal responsibilities regarding health development with the population.

This reciprocal relationship should be manifested in all aspects that touch on individual and public health in the definition of policies and the establishment of priorities, in the origin and distribution of resources, programming, execution, and evaluation, as well as in individual and group behavior vis-à-vis the health-disease process. If both the population and the territory to be served have been defined, it will be possible to evaluate the activities undertaken or that need to be carried out to respond to local health needs.

Local health systems should be viewed as the basic organizational units of a much broader, fully articulated structure--the national health system. That is to say, local health systems are the focal point for peripheral planning and management of health systems under the integrative and normative guidance of a national structure for coordination of the health system, which formulates overall policies and defines the systems of logistical, technical, and administrative support required for the execution of programs and the delivery of services at the local level. Within this national scheme, local health systems can serve as the base for defining regional health systems.

As a result, although political and administrative divisions may be useful for defining a local health system, as is the case in municipalities in some countries, the aforementioned characteristics also allow for other solutions. Using this same approach, local health systems can also be defined by grouping municipalities or other political-administrative units together, in other cases, especially in urban areas, local health systems may cover a geographical or populational division within a given municipality.

In synthesis, the population covered by a local health system should not be so small that the system becomes inefficient nor so large that it impedes the proper control and coordination of resources.

Considering these points, a local health system should take into consideration the country's political and administrative structure, be defined for a given population, cover all available resources for health and social development for that population, respond to the processes of decentralization of the State and of the health sector, to the needs of the population, and to the structure of the health service network; and be organized in such a way as to facilitate the overall coordination of actions.

Under this scheme, it is of key importance to reorganize health care based on a new health care model. This should not be limited simply to a division of labor within a decentralized scheme of government. Rather, it should be a process of fundamental change in the technical procedures of service delivery, in the integration of the hospital level and the network of satellite units, in the use of available technology, in the integration of knowledge, in the way resources are used, and in how to ensure social participation. Based on these elements, a series of methodologies and basic principles can be set to facilitate the development of these new health care models.

Outstanding among these are an analysis of the health situation, the definition of needs, and the identification of risk conditions in order to steer the definition of priorities and the organization and utilization of the available resources.

B. EVALUATION OF LOCAL HEALTH SYSTEMS

Considering the need to continue and intensify the development of innovative models of health service at the level of the local health systems, research on health services should accompany--from the very beginning--the entire process of reorganization and reorientation of the sector through the development of local health systems.

Research on local health systems should be basically coordinated with service providers, the community, and the users, thereby enhancing the possibility that the results will be used to introduce corrective actions, and, consequently, to move a step closer to improved health for the population.

The general guidelines for formulating a PAHO plan of action for the next years to support Member Countries in their efforts to develop local health systems focus on three specific areas (Resolution XV - Document CD-33/14):

- Collection, evaluation, and dissemination of national experiences in the development of local health systems;
- Conceptual analysis and methodological development;
- Support for the national processes of development of local health systems.

In order to understand the countries' efforts regarding the strengthening of local health systems, it is necessary:

- To undertake a critical analysis of the experiences described in order to detect their virtues and problems,
- To promote prospective field research on selected experiences, taking into consideration the structure, the processes, and the results of local health systems.

A comparison should be made of, among other things, productivity, effective coverage, program development, the efficiency and effectiveness of services, and the participation and satisfaction of the population.

The collection and evaluation of experiences, as well as the conceptual analysis and methodological development, have to be expressly oriented to support specific activities at the national and local levels. Hence the Organization's resources and cooperation at both the country and regional levels should focus on supporting the processes of transformation identified in the Region. This will require a joint interprogrammatic and interdisciplinary effort of all of PAHO's areas and programs to facilitate the integration of actions for achieving a given objective.

The present proposal is an attempt to attain the above objectives.

C. OBJECTIVES

1. General Objectives

- 1.1 To promote an understanding of the importance and feasibility of evaluation of local health systems as an instrument of change and as a self-management activity for decision-making.
- 1.2 To promote the development in the local setting itself of practical methods for the evaluation of local health systems.

- 1.3 To develop the knowledge, attitudes, and abilities to use instruments for the measurement, comparison, and standardization of health care at the local level.

2. Specific Objectives

- 2.1 To evaluate the various aspects of the health care provided by a local health system, as well as its relationship with other local health systems in different geographical regions of the country.
- 2.2 To observe the most important variables in the political and administrative base of local health systems and their organization and decision-making capacity, as well as aspects of social participation.
- 2.3 To make a comparative analysis of local health systems.
- 2.4 To establish a process that makes possible the implementation of continued procedures for the evaluation and comparison of local health systems.
- 2.5 To promote the mobilization of essential resources for continuous development in the operation of local health systems, in order to attain the necessary equity, effectiveness, and efficiency.

D. **METHODOLOGY**

It is proposed that the activities for observation of a local health system form a continuing process of information acquisition, analysis, comparison, definition of standards, and correction. Each of these stages will be carried out through active participation by those responsible for each local health system and by various agents from the community and the health systems, sharing their experiences with other local health systems within their area, as well as at the country and the regional levels. The following overlapping phases are proposed:

1. First Phase: Information and Analysis

- 1.1 The methodology devised for execution of the first phase involves the use of multiple instruments. It is proposed to collect the information available and to interview the principal persons responsible for health care, health personnel, administrators, persons in charge of sanitation, the population, and users from several geographical regions in the country. This observational phase will involve more of a qualitative than a quantitative evaluation.

- 1.2 The working team should collect the records, reports, and documents that are available (it is not necessary to prepare documents or to carry out any special research for this exercise) at the level of that context and of the institutions.
- 1.3 The working group will apply the attached guide where it is possible to select the variables and indicators that are best suited to the objectives of the health care provided by the local health system under study.
- 1.4 At a joint session, in small groups composed of those responsible for the local health system, a consensus will be reached as to the variables, indicators, and techniques and instruments to be used, as well as the unit that will work with the protocol.

2. Second Phase

It is desirable that the analysis of the estimated results be carried out at a joint workshop which is attended by local authorities, regional authorities, and the community.

The objective of the meeting is to evaluate the analysis of the local health system and to make recommendations for its improved operation.

PAHO will also organize subregional meetings for sharing experiences in keeping with the spirit of technical cooperation among countries.

3. Third Phase

The local health authorities will seek to establish their own standards for monitoring the health care provided in their local health system.

4. Fourth Phase

Implementation of corrective measures within the structure and health care delivery process of the local health system.

CHAPTER III

A. OBSERVATIONAL GUIDE TO INITIATE THE PROCESS - PRELIMINARY VERSION

The present document is a guide for obtaining information on and analyzing the level of development in a specific local health system. Each working group that carries out this observational study should adapt the guide's contents to the health needs and health care of its own local health system. Therefore, it is recommended that there be allowance for the incorporation of new variables that are of interest, or the elimination of others which do not apply, to thus adapt the guide to the national strategy for development of local health systems.

The proposed document should be utilized with sufficient flexibility to allow it to continuously adapt to the availability of information, and in such a way as to encourage active participation by all the agents involved and having responsibility in the local health system; in other words, the community and the health systems.

One of the fundamental characteristics of this proposal is the initiation of a self-evaluation process which, once it is introduced into the continuous activity of a local health system, makes it possible to obtain information for decision-making, and, at the same time, to modify and update the evaluative document itself. It is thus hoped that the use of this guide will lead to the establishment of new instruments, this time both produced by and appropriate for the specific agents in the local health system.

The fundamental characteristics of this process are self-evaluation, flexibility, adaptability, continuous growth related to decision-making, and above all the adaptation of the evaluation measure by the agents themselves.

It is expected that comparisons with other experiences, both national and in other countries, will make possible continuous adjustment of a body of knowledge and standards that are geared toward evaluation of the processes and impact of each local health system.

The Guide has three parts:

- PART 1 : POLITICAL AND ADMINISTRATIVE CONTEXT OF THE LOCAL HEALTH SYSTEM.
- PART 2 : GUIDANCE OF THE LOCAL HEALTH SYSTEM.
- PART 3 : THE ORGANIZATION OF HEALTH CARE.

PART 1 : POLITICAL AND ADMINISTRATIVE CONTEXT OF THE LOCAL HEALTH SYSTEM

This section should be used to describe the relationship of the local health system under study to the national and regional context. This means giving a brief overview of the political and administrative context of the country, the origin of the local health system, and the bases that support it.

COUNTRY _____

NAME AND LOCATION OF THE LOCAL HEALTH SYSTEM UNDER OBSERVATION

1. The Political Context

- 1.1 Is there any explicit policy on territorial/population regionalization?
- 1.2 Give a step-by-step summary of the institutional planning process at the national and regional levels for the implementation of local public policies.
- 1.3 What was the sequence of significant events that led to the political decision to divide the national territory for implementation of the local health system?
- 1.4 What other indicators covering the context can you suggest? How are they operationalized and how do they act in this local health system?

2. Policy Instruments

- 2.1 Are there any agreements, pacts, or municipal laws on decentralization, deconcentration, and coordination among public health, private, and nongovernmental institutions? If so, list them and give a brief description of each (health posts, health centers, polyclinics, hospitals, etc.).
- 2.2 List the public, private, and nongovernmental institutions whose health-related objectives are in agreement with the local health policy. Which are not? Why? Prepare a "schematic diagram of agents" which identifies the facilities for and constraints on the development of the local health system.
- 2.3 What other indicators covering policy instruments in this local health system can you suggest? How are they operationalized?

- 10.7 Briefly describe the conditions of public transportation with regard to the health services.
- 10.8 What other socioeconomic indicators in this local health system can you suggest?

PART 3 - THE ORGANIZATION OF HEALTH CARE

This part involves describing the health care model in effect, using variables that are related to local programming, use of the programs, the network of services, the centers for diagnosis and treatment, accessibility, coverage, equity, utilization and production of services, quality and effectiveness, impact, satisfaction, efficiency, training, and research.

1. Local Programming/Risk Approach

- 1.1 Is it known what the total population and the risk groups are in the local health system? If so, what is the population?
- 1.2 Is there a programming process which identifies risk groups, provides resources, and defines activities? Describe it briefly.
- 1.3 Are decisions on resource allocation made based on the local epidemiological profile?
- 1.4 Give examples of programming designated for specific population groups or health problems in this local health system.
- 1.5 Provide the following information on coverage, quality, and continuity of care:
 - 1.5.1 Percentage of children under 1 year of age monitored in relation to total live births (indicate which year).
 - 1.5.2 Percentage of pregnant women monitored in relation to total live births (indicate which year).
 - 1.5.3 Percentage of diabetics and hypertensives monitored by assigned population (indicate which year).
 - 1.5.4 Percentage of cases of breast cancer without early diagnosis in one year (indicate which year).
 - 1.5.5 Percentage of cases of cervical cancer operated on, with no prior Pap test at the level of the health center, detected during one year (indicate which year).
 - 1.5.6 Percentage of high risk births in relation to total deliveries (indicate which year).

1.6 What other indicators covering programming and risk approach in this local health system can you suggest?

2. Integration of Prevention and Control Programs

2.1 Is the health care at levels of lower complexity (health posts, health centers) comprehensive, i.e. preventive, curative, in addition to psychosocial?

2.2 Are there other examples of integration/coordination of programs?

2.3 What other indicators covering prevention and control in this local health system can you suggest?

3. Network of Services (includes the health care services: medicine, dentistry, nursing, and others)

3.1 Are all the health care resources--official, social security, and private--identified according to their complexity? What is their number and location? What is the number of cases by unit and specialty?

3.2 Have operational relations between the services and institutions been defined? Which relate the installed capacity of the local health system with other supplementary resources from outside? Where are referrals vis-à-vis levels of greater complexity made?

3.3 Is there control of unnecessary hospital admissions?

3.4 What instruments are used for counter-referral of patients (from the hospital to the original health services)? Memoranda, letters, or telephone?

3.5 Is it known what number and percentage of patients are counter-referred from the hospital back to the patients' original satellite services?

3.6 How is the continuity of care ensured between medical care levels (or institutions)?

3.7 Are there any written standards and criteria governing patient referral and counter-referral between the three principal levels of care?

3.8 What is the distribution of case referrals, by medical specialties, from the health center to the hospital?

3.9 What is the percentage of patients seen for the first time at the secondary and tertiary levels who were not referred by the primary level? Why?

3.10 What other indicators covering the network of services in this local health system can you suggest?

4. Support Services for Diagnosis and Treatment

4.1 Are the public and private laboratory and radiology services identified, along with their level of complexity and sphere of influence?

4.2 Is there a designated zone for the collection of laboratory tests? Of radiological examinations?

4.3 Do the health centers (primary level of the local health system) conduct simple laboratory tests (hemogram, blood biochemical analysis, urine, parasitology, bacilliscopy, pregnancy test)? How is quality control carried out?

4.5 What is the development of clinical public health and environmental sanitation laboratories and blood banks?

4.6 How many x-rays are repeated unnecessarily per patient? Is there quality control of radiological equipment?

4.7 What is the total number of laboratory tests repeated unnecessarily per patient, and the number of results that are not delivered or collected?

4.8 How many days does it take for the primary care level to get back the results of a simple laboratory test (for example: hemogram and bacilliscopy); how many days for a radiological examination of the thorax (simple)? (For cases where the primary level service is not set up to conduct such tests.)

4.9 Are there any programs for physical maintenance and preservation of equipment for this infrastructure (by levels of care)? Are there procedural manuals?

4.10 Have precautions been taken for protection from radiation in the radiology services? Is there shielding? A dosimeter?

4.11 What other indicators covering support for diagnosis and treatment in this local health system can you suggest?

5. Accessibility

5.1 Has the population been classified according to geographical, economic, and cultural accessibility?

5.2 Are there any programs designed to improve accessibility? What are they?

- 5.3 What indicators could be used to measure accessibility and waiting period, by specialties--for example, dermatology, operation for inguinal hernia, etc.--in this local health system?
- 5.4 How long does it take for the population residing in the periphery of the local health system to reach a comprehensive health service when starting from home?
- 5.5 Are the hours of operation at the basic health care services (curative and preventive) compatible with the schedules of the working population? Which is the schedule during a typical week of care at the outpatient clinics?
- 5.6 Are there 24-hour emergency services in the local health system? Which ones have ambulances?
- 5.7 Has there been any expansion, updating, or improvement in the services of the local health system? If so, which are provided at each level of care at public institutions? at private ones?
- 5.8 Were the above changes made as a function of the epidemiological profile of this same population?
- 5.9 What other indicators of accessibility in this local health system can you suggest?

6. Coverage

- 6.1 How do you define coverage? Which is the estimated population of persons lacking coverage?
- 6.2 What percentage of patients (and families) are registered in the health services (health center and hospital) of the total assigned patients (and families) by service area?
- 6.3 What is the coverage of the population having full access to vaccinations?
- 6.4 What is the coverage by dental care? For which activities?
- 6.5 What other indicators of coverage in this local health system can you suggest?

7. Utilization/Production of Services

- 7.1 Are there data available on utilization of services by families? By individuals?

- 7.2 What is the number of consultations per inhabitant/year? the number of payments? Of diagnostic services? etc.
- 7.3 Is there a register of drug consumption by level of care in this local health system?
- 7.4 Is it known what the production or output of health care services is? Of environmental care services?
- 7.5 What is the percentage of occupancy, length of stay, and bed turnover for the public hospital, the private hospital, and social security?
- 7.6 What other indicators covering production in this local health system can be suggested?

8. Quality/Effectiveness

- 8.1 Indicate what measures are taken to control, ensure, and evaluate the quality of the care provided, for example, tasks in the area of personnel supervision.
- 8.2 How are drugs controlled and prescribed at the primary level for specific pathologies (tuberculosis, hypertension, diabetes, cardiac insufficiency, etc.)?
- 8.3 Are there elements used for monitoring the quality of the health care, such as:
 - 8.3.1 Number of consultations with pregnant women, prenatal and postpartum monitoring.
 - 8.3.2 Number and percentage of hospital readmissions during the puerperium.
 - 8.3.3 Length of stay of acute cases by general hospital (public, private, social security).
 - 8.3.4 Are there any hospitals with a committee for the prevention and control of nosocomial infections?
 - 8.3.5 Percentage of intra-hospital infections.
 - 8.3.6 Are anato-pathological examinations made of the tissues or organs removed--for example, post-appendectomy appendixes--in the private and public hospitals?
 - 8.3.7 Is there monitoring of cases of postsurgical complications, readmissions, postanesthesia ocular lesions, decubital ulcers in traumatized patients, etc.?

- 8.3.8 Percentage of cesarean sections in relation to total deliveries.
- 8.3.9 Percentage of induced deliveries. Is there monitoring of obstetrical indications?
- 8.3.10 Percentage of traumas from or sequelae to delivery?
- 8.3.11 Is there monitoring of cases of accidental contamination of staff?
- 8.3.12 Is there monitoring of staff health (tuberculosis, for example) at the three levels?
- 8.4 Is there a basic therapeutic table or formulary broken down by level of care?
- 8.5 Is there any "discharge plan" (orientation for continuity of treatment) for patients leaving the hospital?
- 8.6 What other indicators covering quality control in this local health system can you suggest?

9. Impact

- 9.1 What were the annual rates of infant, perinatal, maternal, and general mortality during the last five years?
- 9.2 What were the ten most frequent causes of mortality by age group during the last five years?
- 9.3 What were the ten most frequent diagnoses during the last five years at the level of the health centers (primary) and at the hospital level?
- 9.4 What is the trend for the principal oral diseases (caries, periodontics, etc.).
- 9.5 What other indicators of impact in this local health system can you suggest?

10. Satisfaction

- 10.1 Are surveys carried out to determine whether the population knows of the services provided (types, schedules, complexity) and how to utilize them?

- 10.2 Are studies made of satisfaction with health services, hospital care, and basic sanitation services? Briefly summarize the main opinions gathered.
- 10.3 What other indicators of satisfaction can be suggested for this local health system?

11. Efficiency

- 11.1 How many consultations are carried out with children (by age groups) by health centers, per month? What is the relationship between consultations and hours available?
- 11.2 How many vaccinations (by types) are administered per day, by health center? How many per hour?
- 11.3 How many and what kinds of surgical procedures are carried out on an outpatient basis - at the health center?
- 11.4 How many dental consultations are carried out per day, by health center? How many consultations per medical hour?
- 11.5 What other indicators of efficiency in this local health system can you suggest?

12. Training

- 12.1 Have the directors of health services in the local health system pursued formal studies in management? What percentage have not?
- 12.2 What is the number and percentage of health services having teaching work?
- 12.3 In the region of the local health system are there courses available in health administration or hospital administration for the directors of services in the local health system?
- 12.4 Are there any programs for residencies in the local health system (in the fields of internal medicine, obstetrics, gynecology, urology, outpatient surgery, pediatrics, dermatology, nursing, sanitation, and administration)?
- 12.5 What other indicators covering training in this local health system can you suggest?

13. Health Services Research

- 13.1 During the last two years has any research been carried out on the situation of the local health system? Operational research? Epidemiological research?
- 13.2 Have the results of the research been (or are they being) utilized in the decision-making process?
- 13.3 What other indicators covering research in this local health system can you suggest?

B. DESCRIPTION OF THE EVALUATION PROCESS

Briefly explain how the evaluation was carried out, telling who took part in it, what person or persons were responsible for completing the final information, and how much time it took, providing any additional information that is felt to be of interest. Give the date of completion and the name of the person in charge.

C. CONTINUATION OF THE PROCESS

1. After having taken part in this self-managed evaluation process, what is your proposal for a new evaluation guide? Attach any proposed modifications.
2. Based on your results, what decisions do you think should be made to improve the operation of the local health system? List these decisions in such a way as to facilitate the next stages of the evaluation process.