



Evaluation of

**Improving Essential Provision of Primary Health Care
Services for IDPs/Refugees and Vulnerable Population
in Vojvodina, Yugoslavia**

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1. Introduction

CARE Österreich has achieved the overall objective of the ECHO project “Improving Essential Provision of Primary Health Care Services for IDP/Refugees and Vulnerable Populations in Vojvodina” The objective was achieved through the successful implementation of the three project components:

- Provision of basic laboratory and diagnostic equipment
- Minor repairs to Public Health Centers (PHCs)
- Provision of medical seminars and training workshops for the Primary Health Care Staff.

As a result of the skills of PHCC staff were updated in the areas of latest primary health care practices and challenges. The capacities of PHCCs to properly diagnose and treat patients was enhanced by the installation of updated medical and laboratory equipment. Public awareness of common diseases was enhanced through the distribution of health education material.

The following report evaluates the project outcomes based on the results and indicators in the project design. Recommendations are then put forth to improve implementation and design of future work of CARE Österreich.

2. Evaluation of project vise-a-vie project results

2.1 Result #1:

Primary Health Care Centres equipped with basic diagnostic and laboratory equipment, which is adequately used by medical staff and well maintained.

The CARE Yugoslavia project team worked in close collaboration with the PHCC staff to select the most appropriate basic diagnostic and laboratory equipment to meet the needs of the target population, with in the project design and budget. All equipment was installed and operational in accordance with the project design.

Each of the targeted centers were requested to submit a list of most urgently needed items based on the pre-determined budget. The board of directors at each center, comprised of the director and chiefs of each department, reviewed the needs of their center and submitted the request to CARE. The CARE Yugoslavia team then reviewed these lists to ensure that the equipment and specifications were appropriate.

A minimum of three visits was made to each center to ensure that the request was valid. When the specifications or brand requested was deemed to be inappropriate the CARE Yugoslavia team consulted with the PHCC staff. The team also collected information regarding the average number of individuals requiring specific diagnosis to identify whether the specification requested were required for the selected item.

For example, at the B. Topola center a request was made for a Sieman's ultrasound, one of the most expensive brands. The CARE Yugoslavia team met on site with the technician and described other more affordable models, which would meet the needs of the center. The PHCC management agreed with the recommendation and are very satisfied with the equipment now installed.

When one center requested a Halter monitor the CARE Yugoslavia team ensured they received the device according to the specifications requested. When the PHCC began using the device they were concerned that not all measurements they wanted. When the CARE Yugoslavia team followed up with the supplier they were informed that any higher specifications are not required for a PHCC, but rather only for hospitals. Therefore, the CARE Yugoslavia team was able to supply an appropriate level of equipment.

2.11 Indicators of result # 1

- Number of patients examined and properly diagnosed –

The equipment supplied has resulted in more efficient services. For example, seven PHCCs received a hematology analyzer. Prior to delivery of this equipment the PHCCs could only perform 5 to 6 analysis per hour. With the new equipment 30 to 60 tests can be run per hour. The work at these centers, which once took 3 persons to manually perform with a microscope, can now be completed by 1 technician.

In order to determine whether more patients are now properly diagnosed a longer period of surveillance and improved baseline data is required. Therefore, no conclusive statement can be made at this time regarding the number of properly diagnosed patients. A longer period is also necessary to conclude whether the number of clients seen overtime has increased as a result of the new equipment.

- Number of certificates of health issued

Health certificates are issued by PHCCs for a variety of reasons including driver licenses and employer requirements. This project does allow for PHCC to more efficiently serve their clients. However, this can not be measured by the number of health certificates issued. If the more efficient service does indeed lead to an increase of the number of certificates issued, the 7 month project duration does not allow for adequate time to acquire a significant amount of data. Therefore, this indicator is not an appropriate measure of success for the type of activities implemented by CARE Yugoslavia in this project.

- Diminishing number of referrals to hospitals

Based on the 7 month project duration it is difficult to acquire sufficient quantitative data to measure whether the number of hospital referrals has decreased. However, it is clear that PHCCs now have diagnostic equipment available to them such as; EKGs, hematology analyzers and bio chemistry analyzers, which were previously unavailable. Therefore, clients, even in the smaller municipalities will no longer need to travel to hospitals to receive diagnostic tests. This should result in a decrease in hospital referrals, but cannot be accurately measured at this time.

- Patients receive appropriate medicines

As designed the project did not include a specific focus on appropriate provision of medications. However, the equipment supplied does improve the ability of the centers to efficiently and correctly diagnose their clients. Using new health technology, it can be assumed, that patients would receive the correct medications.

This indicator though has not been specifically measured during the course of the project, and is not appropriate for measuring the success of the project as it has been designed.

- Materials regularly utilized and properly maintained

The PHCC staff has been able to fully utilize the new equipment. In preparation for a follow up project, each of the centers were visited 3 months after the equipment installation. At this point in time all equipment was regularly utilized and properly maintained.

- Medical staff trained in appropriate use of medical equipment

According to Yugoslav regulations the suppliers of all medical equipment must provide training to users upon delivery. As such, for each piece of equipment training was provided.

After the initial training sessions with the medical staff, PHCCs then had the opportunity to request additional technical support from suppliers. In Novi Knezvac for example, additional training was provided for the hematology analyzer. After the first sessions, when the PHCC staff were unsure about its use, they requested and were provided with a follow up training session on site. The PHCC of Novi Knezvac requested that staff from Coka also assist with the training process as they had received the same equipment through the project.

- Medical staff aware of maintenance needs of technical equipment

The medical staff have all been made aware of the maintenance needs of the equipment during the training sessions with the suppliers. During the assessment for a follow up project 3 months after the equipment was installed all equipment was well maintained and functional.

- Minimal breakdown of diagnostic equipment

No equipment has broken down since final installation 3 months ago.

- Reduction of mortality rate

The reduction of mortality rate is not an appropriate indicator for this project. The provision of medical equipment does, and training of PHCC staff will positively impact the medical care provided. However, there are numerous factors which contribute to the mortality rate which are far beyond the influence of this project.

- Diminishing number of emergency cases

It is true that the provision of improved primary health care leads to a decrease in emergency cases. However, this indicator can not be effectively measured during the 7 month project duration.

- Increased number of refugees/IDPs treated at PHC

The Vojvodina area is faced with the challenge of providing services for a large number of refugees and IDPs. When PHCCs provide medical services they do not track the status of

individual clients. Therefore, as medical services have been improved in an area which has a high level of refugees and IDPs it can be assumed that there are an increased number who have been properly treated at the targeted PHCCs.

2.2 Result #2

Increased capacities and skills improvement of medical staff to deliver quality health care.

To achieve result #2 the project team at CARE Yugoslavia organized one medical conference, 2 seminars, a series of workshops and ensured that the users of all medical equipment were properly trained by the suppliers.

Conference

The conference, "Primary Health Care Reform Experience of FRY, BiH and FYROM", addressed the status of health care reform in Yugoslavia. The topic was selected based on the need of PHCC staff to become better informed of the status of legislative reform and the impact it will have on their practices. Experts were invited from BiH and FYROM to describe important lessons learned in the process of reform in their countries.

82% of the participants were satisfied with the contents of the conference. 85.71 % were satisfied with the theme of the event. Some participants did express that they felt the material covered was a bit too theoretical. However 73.47 % of the participants replied that they were satisfied with the choice of lecturers.

Some comments were made that it would have been interesting to hear more information about health reforms in Slovenia or Hungary where they are farther along in the reform process. However, the CARE Yugoslavia team felt that the situation in these two countries was not as relevant since they have much greater funds available to them.

Dr. Predrag Ristic from the Public Health Institute of Serbia chaired the conference. As one of the leaders responsible for health reform he made an important contribution to the discussion. However, some participants wanted to have additional practical information regarding the reforms. Unfortunately, this is not yet available.

Seminars

Two seminars were held hosted by CARE Yugoslavia. On November 22 the topic focused on radiology and ultra sound. The 80 participants included individuals from each of the 15 PHCCs (5 people from each PHCC) and representative from the Ministry of Health and Institute of Public Health. On the 19th of December 80 participants attended a seminar on "The role of Medical Biochemistry in theory and Practice. Again, a representative from the Ministry of Health attended.

Seminar topics were selected based on requests from the PHCC staff themselves. Participants were chosen to attend by the PHCC managers based on their specific area of expertise. The seminars provided an opportunity for the health professionals to update their skills for the first time in 10 years.

At both seminars more than 80% of the participants reported that they were satisfied with the contents of the seminar. Approximately 75% at each seminar replied that they were satisfied with the choice of lecturers.

Workshops

The workshop series on Doctor-Patient communication was designed and facilitated by Dr. Ursula Pueringer, MD, MSc. The overall objective of the workshop was to improve the capacity of health care workers at the 15 PHCCs to develop effective strategies for health promotion activities. Through the use of adult learning techniques the topics of; general communication, patient satisfaction, burn out, stress and time management techniques, Balian group work and Health Promotion were reviewed. The 15 PHCCs were sub-divided into three groups to ensure smaller training groups.

In general the participants found the problem-oriented work-style in small groups stimulating¹. They did request more information on topics such as handicapped and mentally ill children. Participants in the Sombor workshop felt that they do not need additional training in communication. They recognized signs of burn out in themselves and thought the techniques to prevent stress in the future, although interesting would be difficult to implement.

The workshop allowed participants to address non-clinical aspects of their work, such as, burn out, stress and communication. These topics are rarely given any attention and in the context of the Yugoslav health care system they do need to be addressed. An additional benefit to the workshop design was the inclusion of all levels of staff. This led to an opportunity for networking between physicians and nurses. One which does not usually occur within the structure of the Yugoslav healthcare system.

2.21 Indicators for Result #2 from Proposal

- Number of medical staff attending conference and trainings

Each of the targeted PHCCs were very cooperative in allowing staff to attend all training related activities. At the conference, seminars and workshops each of the 15 centers were represented. 80 participants attended each of the seminars and conference. This included representatives from each PHCC in addition to Ministry of Health and Institute of Public health representatives.

- Medical staff aware of latest primary health care practices and challenges

The seminars, conferences and workshop series introduced the participants to relevant primary health care practices. For many this represented the first time in 10 years that they were provided with an opportunity to improve their skills. In addition, the chance to work with new equipment, and the training provided to users of the equipment, led to an improved understanding of new primary health care tools and techniques.

¹ From Final Workshop Report

- Networking opportunities initiated by medical staff

The seminars, conference and workshops gave the medical staff an opportunity to meet with their colleagues to exchange important information of their day to day work. This opportunity does not otherwise exist due to poor communications and the cost of travel. For the staff in Novi Knezevac this was very helpful when they were able to get support from their colleagues in Coka who also received a new hematology analyzer.

Important connections were made between the Ministry of Health and the PHCCs. After the conference the PHCCs were provided with drafts of the health care reform legislation and asked to give their feedback. Although, the reform process has not moved forward this was an important step for the central authorities to ask for input from the PHCCs.

- Increased quality of diagnosis

It is difficult to accurately measure this indicator within the 7 month project time frame. However, numerous health centers were provided with equipment which allowed them to make diagnosis which were impossible before. For example, PHCCs supplied with ultrasounds would have had to refer patients to larger centers, sometimes 20 Kms away. Once referred patients had to wait months before getting an appointment. Now this service can be provided on site. Biochemistry analysis equipment allows PHCCs to perform tests which were impossible before, thus enhancing the physicians ability to properly diagnose patients.

- Increased confidence of medical staff to diagnose and treat patients

The provision of new equipment and training gave the PHCC staff both greater motivation and self confidence to serve the needs of their clients. The training program implemented during the project, however, is just the first step for a medical staff that has had limited access to education over the past 10 years.

- Literature related to health issues available at PHC.

24,000 brochures were printed and distributed based on population served to the 15 PHCCs. 3 months later all have been taken home by patients. 6 types of brochures were printed in close collaboration with the Institute of Public Health of Serbia. Please see result #3 for additional details.

2.3 Results #3

Increased public awareness on specific health issues, including preventive care, hygiene, reproductive health, etc.

All brochures were produced in cooperation with the Institute of Public Health. 4 brochures produced under a previous projected were reprinted on the basis that these had received very positive feedback from patients, and a need to increase knowledge on these topics still existed. These included the topics of; nutrition and illness, decubitus, home care patient and how to deal with an emergency. New brochures were designed for the topics of importance of water and regular exercise.

The 24,000 leaflets were distributed to the 15 PHCCs based on the population they serve. 3 months after the distribution all have been distributed to clients of the PHCCs. No pre-test was done of the brochures and therefore it is difficult to judge the level to which PHCC clients can understand the material.

2.31 Indicators for Result #3 from Project Proposal

- Number printed

24,000 brochures were printed. All were taken home by patients within 3 months of distribution.

- Number of brochures/leaflets requested and taken home by patients

All 24,000 brochures were distributed by the CARE team to the PHCCs, where they were left in the waiting rooms for patients to take as they wanted.

- Questions and issues related to the content in brochures/leaflets raised by patients during visit at PHC.

Although all were taken by patients the process was not monitored. Therefore, it is not possible to conclude what the motivation for taking the brochures was, or what questions resulted from the review or reading of the brochures.

2.4 Result #4:

Information on community health status provided to national health authorities for policy and decision making

As a result of the conference the Ministry of Health consulted the PHCC staffs on the health reform in process. The draft law was distributed among the participating PHCCs for their review and comments. Each of the centers put forth their comments. Unfortunately, health reform has not yet moved forward and therefore it is not possible to judge the impact of the input given by the PHCCs

2.41 Indicators for result #4 from Project Proposal

- Medical staff able to identify issues to bring forward to the national health authorities

The medical staff had the opportunity to bring forward their comments on the health reform process. This was initiated as a result of the conference and has not occurred previously.

- Data collected, analyzed and made available

Other than regular surveillance data provided by the PHCCs to the Ministry of Health and Institute for Public health, no other information was made available. It would be interesting to discuss with PHCC staff whether they will do this in the future based on their experience of commenting on the health care reform process.

2.5 Result #5

Increased hygienic standards in all Primary Health Care Centers due to minor repairs.

The minor repairs not only resulted in greatly improved conditions for PHCC clients. It also served to mobilize the community to contribute time and funds to the upkeep of their health centers.

The board of directors at the Kikanda PHCC made the decision that all 3,500 EUR allocated to their center should go for minor repairs at the health post in Sajan, a predominately Hungarian village. The decision was based on the fact that this small health post has received hardly any assistance in 10 years, and was in dire need of a new heating system. Now, the health post can provide services throughout the winter months.

In Subotica, home to 150,000 persons, the Ministry of Health had threatened to close the center due to the poor conditions. This health post is now able to provide services and is not at risk of closing its doors. Repairs included; electrical work, painting and repair of the toilets.

In the communities of Coka, Senta and Novi Knezevac the local company contracted to do the repairs contributed 30% in-kind to ensure that the needs were met, despite the budget constraints. In other larger PHCCs all ECHO funds went to purchase supplies and materials and the labor was supplied by the center free of cost.

These examples demonstrate how the CARE Yugoslavia team was able to work in close collaboration with the PHCC staff and the community to utilize the budget for minor repairs to its maximum.

2.51 Indicators for Result #5

- Clean and Hygienic conditions in PHCs

Each of the centers prioritized the minor repairs to ensure that clean and Hygienic conditions were provided for. During the assessment for follow up projects, 3 months after the end of the project, the clean and hygienic conditions have been maintained.

- Access to bathrooms for both staff and clients

Many of the centers required repair of toilets and thus this was identified as priority. In these centers access to clean and well functioning toilet facilities has been insured, and maintained up to this point in time.

- Safe and easily cleanable flooring

In 4 of the PHCCs the flooring was replaced and is now safe and easily cleanable.

- Functioning equipment

All equipment installed has been well maintained and is functioning.

3. Recommendations

The following recommendations are based on the results of the evaluation, and are made in order to improve future health projects CARE Österreich.

- **Training**

The training program developed for this project is an important first step for enhancing the skills of health professionals at PHCCs. Due to the numerous years, during which professional education was not available, it is important that any health program includes a significant training component. The training should both include clinical and non-clinical primary health care topics.

- **Networking**

Opportunities for networking need to be further developed. This is especially important as health care reform is introduced.

- **Cooperation between CARE Yugoslavia and PHCC staff**

The CARE Yugoslavia team demonstrated a great ability to cooperate with the PHCC staff. As many of the health professionals in these centers are somewhat isolated this cooperation helped to empower the board of directors and others to improve the conditions at their centers. Any future projects should also use this approach as it greatly enhances sustainability.

- **Community participation**

An unintended outcome of the minor repair component was the contribution made by the centers themselves and the contractors. These actions demonstrated that there are resources available at a community level, which when combined with donor funds can greatly enhance the impact of a project. Design of future work should take this into consideration and find ways to utilize locally available resources.

- **Assessment**

CARE Yugoslavia and the PHCC staff cooperated to select the most appropriate equipment. However, additional time could have been spent to assess the needs of each center based on equipment standards as per population or based on distance to other centers or hospitals.

- **Indicators**

The project proposal included a number of indicators. Although some are quite good measurements of the project results, others need to be revised. Indicators such as mortality rate, improved quality of diagnosis and decreased number of emergency cases, cannot be accurately measured in the 7-month timeframe. Further in order to accurately measure the indicators there is a need for improved baseline information.