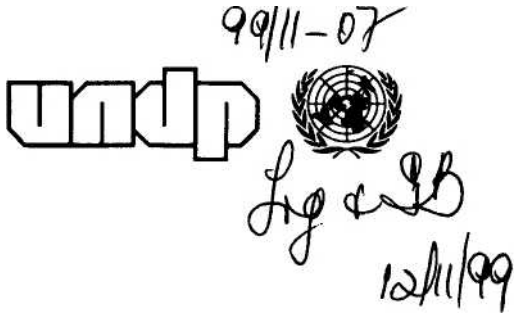
United Nations Development Programme Sustainable Human Development Office in Bosnia and Herzegovina



EVALUATION REPORT

- BiH/96/035

Strengthening of the Primary Health Care Institutions and Professionals in the Region of Banja Luka and two Cantons of the Federation BiH

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EVALUATION REPORT

Project Number and Title: $'HI96/035/A/01/14

Strengthening of the Primary Health Care Institutions and Professionals *in the* Region of Banja Luka and two Cantons of the Federation BiH.

BRIEF DESCRIPTION OP THE PROJECT:

in February 1997, both Ministries of Health in Bosnia and Herzegovina signed **together with UNDP and WHO a project "Strengthening of** Primary Health Care Institutions and Professionals in two cantons of Federation and in the region of Banja Lukas (UNDP-Project BiH/96/035). The project is a capacity building project, which aims to enhance the capabilities of local health professionals in the functional area of family medicine, and health care managers at the peripheral level in the areas of primary health care, health care planning and financial management. It is also intended to strengthen the infrastructural and material resources of first line clinics: Ambulantas. Primary health care with an emphasis on family medicine has been selected a priority in both entities to build a health cart system that is more *effective* and financially sustainable.

In thee original Project document (BiH/96/03 5/A/0 1114), chapter 112, it was described that an

evaluation will take place 12 months after the start of full implementation of activities.

This Evaluation Report consists of three chapters:

I **Introduction -** describes briefly the background of the evaluators. It also describes the evaluation programme and gives some general remarks about the (observations) findings and experiences of the evaluators.

II **General Remarks and Experiences -** the evaluators are going more in depth and this chapter is closing with some personal observations,

III In the third chapter the **Headlines of the Terms of Reference** for *the* Evaluation Mission are followed with some comment.

following documents of the project **were given:**

1. PHC **Programme WHO.** Sarajevo, March 1997. Z_ Project

Document UNDP.

3. Draft Tams of References for the Evaluation Mission.

The short time left for the preparation of the mission was compensated by the fact that the next day the launching of the ***S'rrategic Plan for Health Reform and Reconstruction in the Federation of Bosnia and Herzegovina*** in hotel Holiday Inn by the Minister of Health could be visited. This plan and the ***Strategic Plan for Health System Reform and Reconstruction in the Republic Srpska,*** **which was also** received, gave indispensable information about the health policy of the government, and ***above all, the*** position, place, task and responsibility of the family doctor in the new system was made clear. As far as could be judged, the PHC programme fits perfectly in both reform plans. The evaluators found back in the plans of Federation BiH and Republic Srpska the ***general international*** **development** in health care systems:

Emphasis from the Doctor	CO	Patient
Hospital	CO	Primary health care
Disease	C	Health
Discipline	b	Problems

Specialities	.0	Family Medicine
Medical care	10	*Health care*

Although both the evaluators have experience *in Health Care Reform situations* in their native and some other countries, during their mission they realised that the situation in **BiH is** more complex and specific_

Several general circumstances are making the situation in BiH very special and difficult:

a) ***The postwar*** **sitaadon** (already described in the project Document).

The evaluators noticed during their mission programme that the whole infrastructure is moving; all the organisations, institutions, systems and *structures are in a phase of* rebuilding, repairing, renewing or reorganising and reorienting.

b) There is *a lack* ***of updated*** *accurate* ***and actual inforrnatkn and data*** about the *public health situation; in other words, the post war* epidemiological data are *patchy*.

c) The ***extremely difficult economic situation*** *of the country, which results in a* strong emphasis on the cost reduction and cost containment of the health care system,

(When the reform plans will result in a better health *situation of the population,* one must be *aware* that the general experience is that health improvement implies an *increase* in health care consumption!)

d) The *post socialistic system* situation.

Although the structure has been changed it takes a long time before the culture has been changed_

Decentralisation of financing and management including the delegation of responsibilities to the experts, means a principal changing of the mindset to *all* participants in *the health care* organisation.

The evaluators recognise in many discussions with the health authorities (doctors and governmental authorities) the traditional way of thinking (waiting for *decisions, **waiting** for laws).*

e) The presence of *396 registered humanitarian AID organisations* (governmental and non-governmental) requires enormous management skills *for* the coordination and tuning and streamlining.

t) The evaluators noticed that *many key persons,* doctors as well as civil authorities, *were strong smokers* during the meetings! Bad examples for a healthier lifestyle!!

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II General remarks, experiences and observations in relation to the Evaluation Mission *a) Positon of the patient*

Changing the health **care system as** proposed, implies another position and responsibility of all participants (partners) involved in the system. The voice of the patient: his or her opinions, expectations, experiences, must be seriously taken into account (including *rights and duties).*

b) Some doctors were complaining not having got their salaries for more than three months!! Doctors as part of the health care **system are key** persons and have key positions in implementation of new systems. When they **are** demotivated, the **reconstruction of the *system will fail! "Poor doctors are bad doctors" (in many* ways).**

c) The Evaluators found some *lacks in the coordination of the delivery of equipment given by gfifferent aid agencies (two* sterilisers in one ambulanta). Besides that, few times they found that **new given equipment was not used.**

d) The evaluators got the impression that the ***position of the family doctor*** was .not well known and appreciated by all parties involved in the health care. Perhaps a lack of information?

e) The evaluators were ***surprised*** that in this time **of transition the *doctors are not taking* initiatives** in order to influence the changing process with their professional know-how and experiences.

1) The evaluators missed the ***structured collaboration*** between the family doctors, as well as between family doctors and the **specialists,**

g) The evaluators missed a systematic ***attention*** *to vulnerable groups* by the family doctors.

III Detailed comments on the Terms of Reference of the Evaluation Mission (Attached)

L INTRODUCTION (page 1)

Highlights of achievements

a) The goal was to train 30 family medicine teams. 27 were nominated.

b) The goal was to train 60 nurses. 54 nurses were trained.

c) It is noticed that in the Federation no health care managers were trained.

d) The project originally planned to two cantons, was extended to three cantons. **2.**

OBJECTIVES OF THE EVALUATION (page 2)

The role of the Steering and Research Committees, the selection of the National project coordinators, the choice of the Cantons and the level of salary for the national project coordinators were the problems discussed at tripartite review in August 1998.

The evaluators were told that these problems were brought to a satisfactory solution.

The objectives of the evaluation listed in this chapter have been the guidelines for the evaluators.

3. **METRODOLOGY OF THE EVALUATION** (page 2)

The evaluators received every information about the project very late. They felt this as a miss.

- ***Documentation Review - files*** *of the* meetings and reports of the courses were given to the evaluators. They had free access to all the available information,
- The **evaluators missed** the data and information concerning the ***way of working of the teams - before, during*** *and* ***after*** the training (these data were not ***registered),***
- The evaluators were free to speak with the course coordinators and participants. These discussions were very informative. Striking was the enthusiasm of which the participants spoke about the projectl No negative sound was heard The only

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negative comment was made in relation with the working conditions of the doctors. A low or even no salary was paid! In these cases the doctors felt it is a heavy burden to start with something new, but besides this, they spoke with enthusiasts about the project.

* The field visits were well organised.

* The evaluators were pleased to speak with several stake holders. Unfortunately, it was not possible to

speak with a representative of the Ministry of Health of the Federation.

4. EVALUATION TFAM (page 3)

The evaluation team was composed and asked by the WHO Office for BE. The composition of the team is not the same as it was proposed in the **Terms of Reference.**

5. **TMPLxvENTATION** ARRANGEMENI's for the evaluation (page 3)

The time schedule of the evaluation mission is attached. *The* evaluators got a good impression of the project. Specially the visits to the Ambulantas and Dom zdravljas were very instructive and *informative.*

6. SCOPE AND **PURPOSE** (page 4)

6.1 *THE* PROJECT AND ITS DEVELOPMENT CONTEXT

The evaluators got the opinion that the immediate and development objectives were ***relevant.***

Re: organisation of PHC: Structural collaboration between doctors of the PHC is **absolutely necessary to** start at local level. A structural collaboration / exchange of experiences and know-how between doctors and nurses and doctors and pharmacists is also necessary. Strengthening of the organisation of PHC means collaboration with **all** participants of PHC.

Re: service delivery quality increase: The evaluators missed here the definition of ***quality.*** Simple analyses of the term ***quality*** results in three dimensions that could be defined:

a) organisation of *PIIC (c,g,* appointment system, patient's waiting time)

b) ***technical medical*** **know-how** ***of the doctor (e.g. is*** *he* updated with his knowhow? How are his treatment results? etc).

c) communication AM (e.g. **are** the patients satisfied? Did they **understand** everything? Patients questionnaire).

About the expected results (page 5)

In general, the expected results are more the **expression of *quantitative*** than of ***qualitative*** values.

(Questions about quality:

is an established family medicine team working well? Define what is **well! Is the**

collaboration good? What is good? Is the *patient* satisfied in the doctor - patient relationship? Questionnaire! Is the medical equipment properly used? *Is the* model for family medicine training adequatly implemented? etc.

These are questions about the ***quality*** which need attention.)

6.2 PROJECT CONCEPT AND 17ESIGN

The Project Document clearly ***defined*** the problems to be addressed to the project.

The institutional, socio-political, economic aspects are taken into **account. Nothing** was said about the gender considerations and environmental aspects. During their mission, *the* evaluators noticed that they did not see male nurses and saw in the leading positions only a few female doctors_

The project approach and strategy was made clear in the Project Document.

About the linkages among *objectives, activities, output, expected outcomes* and *impact:*

The description between objectives, activities, output, outcomes* and *impact* are** *mainly* ***quantitative *and* ***instrumental.***

A qualitative judgement is different *to be* given because there are no references or data.

Example:

Objective *1* - *What is* ***strengthening*** *the* organisation? How to measure?

Objective 1.2 - What is improving?

Objective 2 - Is the equipment properly used? Objective 2.3 -

What means sufficiently trained?

Conclusion: the evaluators cannot subscribe the ***linkage*** among objectives, activities, *output,* ***expected*** outcomes and impact, because of *lack of* ***proper definitions*** and ***quahlcptions.*** (To strengthen, to improve are *the* ***intentions).***

Implementation* and *management arrangements.

The health care managers were trained . We missed in the training programme the following areas:

* Relation and difference between the ***professional responsibility and managerial responsibility.***

ᴍMedical ethics and health management. * The legal

position of the patient.

indicators for use in monitoring and evaluation differentiated by gender as applicable were not found in the doc unent.

Relevancy of the project (pages)

The evaluators got *the* strong opinion that the aims of the project have a high impact of relevancy for BiH. The project fits very well into the reform plans of the governments.

The introduction of family medicine as a starting point for the health care reform plans deserves a broad support of the entire society.

The **working conditions for the pioneer family** doctors have to be unproved. They are *the key* persons for the long term success and sustainability of this development,

One other condition must be mentioned: **publicity.** It is very, very important to inform and influence the public_ This must be well prepared with marketing professionals and the family doctors.

The monitoring and evaluation indicators have to be improved.

Although the evaluators have seen appropriate monthly reports from course coordinators and the project manager, they missed patient-questionnaires about opinions, experiences, complaints etc.

Patient surveys are necessary)

6_3 PROJECTIIMPLBIETrATION

Efficiency

The project has used its resources in a responsible and adequate way. The target outputs were realised and the expenses were kept within the accepted budget. The overall costs were limited to 10°/a, according the UNDP rules.

Quantity and quality of the project inputs relative to the target outputs

In the Project Document the inputs arc described on pages 10 and 11. The achieved outputs are described in the terms of reference on page 1. So far as the evaluators could understand the planned outputs are achieved. Because there are no data available concerning the aspects *of different process,* the evaluators *are not* able to comment the quality of the outputs.

To what extent are the local expertise and indigenous technologies and resources used?

Local doctors were also used as teachers and coordinators during the courses. So, there was a right balance between foreign and native experts.

Effectiveness

About the ***project staffs:*** The evaluators see this project as the first step in a very important development and change process in the health care system. It will be worthless, if this first step is not followed by next steps. ***Factors impeding or facilitadng the process*** **are depending on the active participation** of the key **persons in the health care organisation -- doctors and nurses.**

It is self-evident that **and ioritiee** must continuously support this development. ***Internada al support also*** is still an important factor. However, the goal must be self ***supporting.***

About the needs of ***direct beneficiaries***

The evaluators will make clear that the justification of the project as described in the Project Document is to get more effective and efficient health care planning and provision, a less supply dominated approach and less duplication, waste and compartmentalisation (page 5 of the **Document).**

There is not a description of the **needs** of **beneficiaries. It** is a wishful thinking that the population will get some health gains as a result of all the activities! These health gains have to be ***monitored)*** (Health information system).

Do the outputs contribute to the achievement of the immediate objectives of the project?

Yes, they do. However, this depends *on the quality of* the outputs, The evaluators were not able to check this, because of a lack of the appropriate data.

Implementation and management of the project (page G)

How *appropriate* are the *execution* and ***Implemerrtadon madaUties?***

In relation to the immediate goals as described in the Project Document, the

modalities are appropriate. However, in relation to the developmental objective - to ***achieve health gains - (page*** *7* of the Project Document) the relationship is ***not clear.***

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How well is the project managed?

Evaluators are convinced that the project was well managed. There is an appropriate administration and the project manager was well known among the authorities and the local participants.

Monitoring and reporting

'Me evaluators had an insight in the monthly reports made by the project manager and the regular reports from the project coordinators.

Re: ***Support UNDP Office***

In a mutual understanding between UNDP Sarajevo and WHO Office for BIR in Sarajevo, the latter got the full responsibility to guide and manage the project.

How effective are support - cost arrangements?

Re: Management project

The direct beneficiaries did not participate in the management of the project.

As far as concerns the stakeholders; after some starting problems, which were discussed *in the* tripartite review (August 1998), the WHO Office for BM got *the full* responsibility of the project.

Areas for corrective action

Re.- Problems

We mentioned the tripartite review with discussed with discussed problems (August *1998), which were solved by* negotiations.

Re: Flaw& What are the flaws?

a) By implementing and using the experiences from Western European countries concerning the family medicine *aspect of the total* health care system, cultural differences are becoming clear and may cause confusion and delay. Stakeholders and participants have to be aware of this!!

b) The evaluators emphasise strongly the need to organise and implement on regular basis ***patent surveys_***

c) The evaluators consider the lack of planning for introduction of financial incentives as an important ***flaw to a successful*** **implementation** and sustainability **of the changes_**

d) The *practical experiences and visions* *of the* *doctor:* and nurses* working in the field of the primary health care are of a great value. Neglecting these experiences and visions during the preparation of regulations will be unwise and lead to **problems later on.**

e) The defensive attitude of the specialists concerning competencies and territory is absolutely obstructing the development of the family doctors. The present family doctor - specialist relationship is unfortunately a relationship *of threat,* dependency and distance.

Arcas of success (page 2)

The evaluators are *convinced that the first very* important step *to* development of the health care system in Bosnia and Herzegovina has been taken.

This PHC project supports this development *However, this first step has to be* followed by next steps_ In other words, to create the conditions for the sustainability, further material and immaterial support is necessary.

Capacities developed at the national and regional levels

Na **ional** ***level:*** the strategic planning for the health care reform has taken place on national level simultaneously with the development and implementation of the PHC project.

Without any doubt, there has been an interaction between the national level and this project.

Regional levels: In the cantons involved in the project, the regional authorities *were* engaged with the developments of the PHC project and developed capacities.

f)

The absence of the awareness and recognition of the (legal) rights of the patients.

6.4 PROM3GT RESULTS

Mixed feelutgs:

As far as the evaluators have spoken with diverse beneficiaries, doctors, nurses, health managers,, authorities, they were impressed by the enthusiastic support in the project, in most of the places.

In some places, surprising initiatives were shown- More or less disappointing was the attitude of ` waking on orders from above", sometimes shown by local authorities and doctors.

The forming of the family health teams has been a ***very positive stimulus by*** improving organisational structures and interrelationships.

Nevertheless, the evaluators conclude that there is an ***urgent*** **need to** ***develop the skills*** **for** ***collaboration*** and working together.

What is the impact of the project beyond the direct beneficiaries?

* The evaluators are convinced that the project will accelerate the general introduction of the family doctor system in this country.
* Thanks to ***the project, a discussion*** **between** the family doctors and the specialists concerning their responsibilities and skills has been started.

fi A good health of the population is an absolute precondition in order to improve the economic situation of the country.

Ts there an adequate ***government commitment*** to the project?

Unfortunately, the evaluators could not find an opportunity to speak with the governmental authorities of the Federation.

In the Republic Srpska, the evaluators had a meeting with the Associate Minister of Health_ He emphasised the need of the continuation of the project and *pleaded for* more projects.

The tendencies of the fo lowing steps (continuity andfuture implementation)

It ***is the impression of the evaluators*** that in financing, the further implementation of rcsuhs of this ***project*** many, unsolved problems remain.

what *corrective* ***actions are recommended?***

a) Development of ***qualitative*** parameters.

b) The evaluators want to emphasise the position and experiences of the ***patients,*** **as** direct beneficiaries

of the project. In this **light, the need *for patient surveys* has** already **been mentioned**

c) The evaluators ***emphasise*** the ***legal*** position of the patients - the patients' rights ***with subjects as*** informed consent, right on information, ***access to*** his/her ovm medical records, privacy and protection of data, secrecy, attention to special categories of patients - children, youth, adults and psychiatric patients. Reaffirmation of fundamental human rights in health care, especially to protect **the dignity** and integrity of the patient as a person is particularly important as the vulnerability of the sick makes them easily subject of violations of rights and more affected by the shortcomings of social and health administrations.

d) Discussion about ***ethical problems.***

e) Discussion about the *professional responsibility* of the doctors and nurses ***versus*** the ***managerial responsibility*.**

f) Specific attention to ***vulnerable groups*** in the society (the chronically ill, the elderly and the handicapped patients).

g) Development of *publicity plan* to introduce *and get* accepted the family doctor system in the **society.**

Following are the ***recommended actions;***

a) The further development and implementation of the family doctor in this country, started with this project, needs fuuther external material and immaterial support.

*The **lessons learned***

a) The project time - one year - is absolutely too short to come to a sustainable health care reform.

According to the experience of the health care reform in one other country in transition, Estonia, it will take at least 10 years before a sustainable situation is reached.

*b) **Doctors** are key persons in* this process *of* transition. They need the guarantee of a ***proper payment** in time. ("A poor doctor is a bad*

doctor in marry ways').

c) Healtk infornwtlon monitoring system has to be improved_

d) ***Padent surveys*** *are* indispensable for assessment of the quality of medical service.

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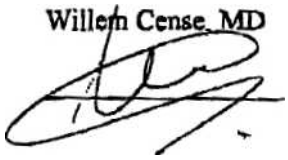

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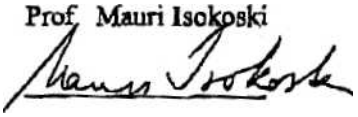

Sarajevo, 19 June 1999