

Knowledge and Research Programme on Improving Efficiency of Pro-poor Public Services



Croatia Toolkit
November, 2005



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Department for International
Development Knowledge and Research Programme
on
Improving Efficiency of
Pro-poor Public Services

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Overview

About the research:

Despite considerable investment, public services in most developing countries are widely perceived to be unsatisfactory and deteriorating. The poor and disadvantaged in developing countries suffer in relation to delivery of public services. Firstly, they lack access to those services due to physical, financial, informational, political and other barriers. Secondly, they lack effective mechanisms for feeding back their complaints, views and requests in relation to those services. As a result, public services to the poor lack transparency, accountability and quality. The poor and the disadvantaged are particularly vulnerable as they rely completely on the state for accessing critical services like drinking water, health and education.

To address this gap, OneWorld South Asia, representative office of OneWorld International (OWI) was entrusted by the Department for International Development (DFID) to conduct a KaR programme on improving quality, effectiveness and transparency of pro-poor public services through the use of ICTs

The study period was January 2004 –June 2005. Transparency International (TI) country chapters in Croatia, Pakistan and Nigeria and OneWorld South Asia in India were chosen as the four implementing agencies for this action research.

The project, focused largely on access to information and on identifying ways to improve the effectiveness of delivery of public services to the poor and vulnerable sections and the opportunities for ICTs to strengthen those mechanisms.

Research objectives:

The research objective was to design and implement an appropriate ICT led model to improve the transparency, quality and effectiveness of pro-poor services and to identify an effective niche for integrating ICTs in the traditional public services domain

It sought to use the appropriate ICT to disseminate information to service providers and users and provide an appropriate means by which the poor can provide feedback to governments on the service provided.

Research methodology:

The common core of this project was to

combine ICT with participatory techniques. These were used to gather views from the poor about various public services. This bottom up approach is in contrast to traditional ICT approaches (and indeed public service provision) which tend to be top down and are unresponsive to user needs.

The research method used to address the problem was 'participatory action research' that involved an in-depth study of the system to comprehend the existing problems, and then, strove to change it towards a desirable direction in close association with community members. The distinguishing feature of this research was the use of ICTs to bring about positive changes in access to pro-poor public services. Most of the participatory action research techniques, such as surveys, interviews, Focus Group Discussions (FGDs) were used in all stages of the project. These included the selection of the sector for research, the choice of the ICT tool/ intervention and monitoring and evaluation of the intervention.

The project was designed to facilitate peer to peer learning among the participating country teams. These teams met at various stages of the project to share their learning's.

The research has demonstrated that appropriate and relevant use of ICTs can help break the traditional wall of mistrust and apathy between the people and the service providers. The project has exhibited how ICTs can be neutral catalysts, acceptable to both sides as platforms for information exchange and communication.

Production of pro-poor services improvement packs are an important factor in this respect.

These information packs published by the three country teams and the international pack contain learning's from the project, would inform relevant interventions. These packs would provide specific guidance to government and civil society institutions on how to implement/improve ICT enabled-feedback/grievance redress systems for public services for the poor. Public sector organisations will benefit from this information with increased capacity in designing appropriate pro-poor programmes. This in turn, is hoped would contribute substantially to poverty alleviation and improved livelihoods.

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1. Instead of Introduction

Most of the international public-opinion polls about corruption in health services and social welfare indicate high grade of corruption in this sector. Croatian civic community opinion research on corruption in health services and social welfare shows almost identical results. According to one of the most known researches on the range of corruption in the world, *Global Corruption Barometer for the Year 2004*, Croatian citizens considers health services to be a corrupted sector, as well as the judicial and legislative authority and the political parties. The most recent national research about the range of corruption in the Republic of Croatia, conducted in May by TI Croatia in co-operation with GFK Croatia, shows that more than 79% interviewees consider corruption to be present in Health services, 48.3 % interviewees consider it to be widely spread, and 31.5% interviewees consider it to be reasonably spread. The reason for such high percentage of corruption within health services should be looked for in the fact that this very sector, besides the administration of justice, concerns the everyday life of Croatian citizens most deeply. Since the beginning of the development of analytical thought and research of the phenomenon of corruption in the world, as well as in Croatia, it has been evident that the poor classes are the worst affected by any form of corruption because they have no means to seek the alternative to the services normally provided by the government. The same holds true for health services which lack transparent policy as well as the responsibility to provide quality service. We are met with the inability of finding the *Exit Strategy* as well as with a clear need to initiate programs and projects in the civil community which would make public sector services more transparent.

Jeremy Pope, the father of modern study of national integrity, said, "Corruption is like weather forecast, everybody talks about it, but nobody can do anything about it". To prove him wrong, Transparency International Croatia started a project called "The increase in the transparency, efficiency and the quality of the government's services to the poor citizens by use of modern technology (Information & Communication technologies - ICT)" in January 2004. The project was funded by the British Government's Department for International Development (DfID). The Health services and Social welfare Sector was chosen for the project, program activities were aimed at making the service within this sector more transparent, more efficient and of better quality as stated by the project title.

Through this information pack, we wish to give you the details about the reasons for choosing this project and about the logic of performing the project activities. On the pages of this information pack, we dedicate special attention to the challenges in the project as well as to the possibilities of overcoming those challenges without much difficulty, time and material costs. An important part of this publication refers to the description of the strategy for successful co-operation with the authorities, this gives us hope that your organisations can also achieve a full and successful co-operation with the authorities and with their different sectors by using our model or by using some parts of it, aiming to make partnership in future projects, with an ambition to make a transparent and democratic society.

We are sure that this is one of the important duties of civil society actions, and this information pack represents a pragmatic step towards its successful realization.

2. Perception and Reality

What happens at other places?

World Health Organisation (WHO) defines corruption in health care as the *use of the authorities of medical workers, state administrators and health care officials, and health care institutions for personal advantage*. Furthermore, the same organisation observes the corruption in health care as *taking and giving bribe, fraud, administrative or political corruption, withholding of publicly available information or giving incorrect information*. The existence of corruption in health care (and social welfare, since these two sectors are administratively connected in Croatia) have serious repercussion on the quality of the service in the public health care in the whole world, particularly in impoverished third world countries where health care services do not satisfy the standards of quality of most countries in the western hemisphere. Business activities are carried on within public health care facilities very often; these are manifested by use of resources of public hospitals for private purposes. This makes the costs of maintaining the equipment higher, thus burdening the state budget and tax-payers, and making negative macro-economic effects resulting in lower economic growth and private sector investments.

Countries in economic transition frequently face such problems. For example, in Bulgaria, a country preparing for admission in EU, informal payments within health care sector are considered as a way to co finance the limited state funded public health care sector rather than corruption. The research on the presence of corruption in Romania done by World Bank shows that 47% of citizens consider almost all of the administrators in health care to be corrupt, and in average, every two in three interviewed citizens who have recently visited hospital, give bribe in cash or in kind as presents which are considered as a way of expressing gratitude for most people in Romania.

Recent researches in Turkey show that citizens in that country are confronted by informal ways of payment to hospitals and other

health care institutions. Although there are no accurate data about the losses caused by the possible corruption activities within hospitals and other health care institutions, the Turkish government identified that particular problem as an important obstacle towards successful harmonisation of institutions with institutions of the European Union.

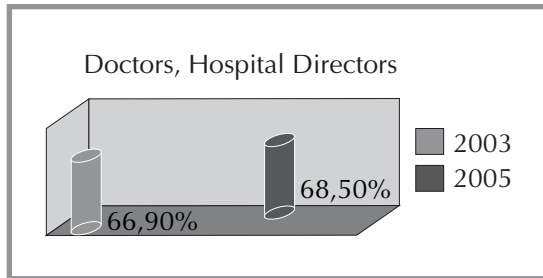
According to the publicly available information on the web, some of the European Union members, like Great Britain, have to deal with the problem of unequal treatment of social classes in health care institutions. In England and in Wales the index of infant mortality is 1.7 times higher in working class families, mainly into manual labour, than in the families of the educated. One of the reasons for such disparity in index, according to experts' opinions, is the unequal treatment in hospitals.

The new EU members, according to researches in 2004, show specific stagnation in the development of transparent public institutions. The citizens of the Czech Republic, Hungary, Slovakia and the Baltic countries perceive corruption stronger in their own countries than in their western neighbours, and according to a local research in Slovakia, 66% of citizens consider the corruption in the health department to be widely spread.

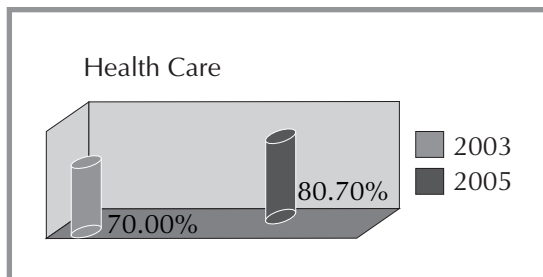
These data show that not only Croatian citizens believe that corruption in health department is a burning issue. Regardless of cultural and sociological conditions of the country in which the phenomenon is studied, an efficacious method of fighting against corruption and a reform in the health care system that streams towards transparency, can overcome localisms, and be observed on a global level with the goal of implementing those methods in the native system. It is necessary to emphasize that the Croatian Government has already initiated some of the projects to improve the health care sector, and that will also be discussed here.

Research of public opinion about corruption, public availability of information and conflict of interests, TRANSPARENCY INTERNATIONAL Croatia (the comparison of the results in years 2003 and 2005)

Which public workers and officials are corrupted?



Which institutions and sectors do you consider to be corrupt?



Project of health care sector reform in Bulgaria

The project of health care sector reform in Bulgaria is financed by the World Bank office, and the goal of that project is to help the Bulgarian government to make some fundamental reforms within the public health care system. The aim of this project is to create the preconditions for the financial and organizational viability of the Bulgarian public health care, and thus reduce the non-transparent and irresponsible ways of managing business. The World Bank finances this project with over 60 million US dollars.

Establishment of so-called co-payment policy in Kyrgyzstan's health care system

The so-called Co-payment policy is a component of the ten-year health care reform implemented in Kyrgyzstan. It was introduced in 2001, for the first time, in hospitals of the two regions in Kyrgyzstan.

This measure includes the introduction of the payment system for some hospital services. Each hospital has a duty to give a patient a total price-list of the service, and the part of the price that is paid by the patient and also a receipt for the price that has already been paid by the patient. This measure was established in order to cut down the informal ways of payment and giving bribe to medical staff for services and medications, and also to start generating additional financial means to acquire better equipment. As a result of this the quality of service in those hospitals was raised, and the income of the medical staff was increased which was very low prior to this intervention. Also the funds for covering the cost of the medical services and medications for the underprivileged were opened. According to sources, after the introduction of this system the corruption of the medical staff was remarkably lowered, and the patients were satisfied because they knew that the money, in most of the cases less than the possible bribe, is used for the improvement of the medical services.

Optimum public procurement service within greek health care system (OPUS project)

OPUS project (Optimal Public Procurement Service) stands for specific technological progress in the Greek public health care, which, without any doubt, makes public procurement service transparent within hospitals and other health care institutions. In other words, software support in hospitals provides electronic data exchange with possible goods and services suppliers (pharmaceutical industry, medical equipment producers, food and working clothes procurement) by finding the optimal value for money market price. In this way the hospitals are provided with the possibility of on-line search and procurement (by open tenders and offers) of needed goods and services. This project was initiated by the private sector PC SYSTEMS company, and is also supported by the European Commission funds. Besides PC SYSTEMS many European and world companies, organisations, associations and educational institutions participate in this project, for example Berkley University, U.S.A. and Sussex University, UK.

Social welfare services improvement initiative in the Republic of Croatia, Ministry of Health care and social welfare secured a loan of 31 million euros from the International Bank of Reconstruction and Development, for a project on development of the social welfare system in Croatia. The goal of this project, based on the analysis and the evaluation of the existing system of social welfare in cooperation with other competent institutions, is to establish a new, rational and more effective system of social welfare in keeping with the European Union standards, oriented toward most socially endangered citizens and the improvement of social welfare providing quality, through developing a series of social welfare programs. By establishing an informational and managerial system into the existing structures of the system, a new organisational model of providing services will be maintained by the one-stop-shop principle. This will contribute towards betterment of organization as a whole & work environment in the social welfare centres and improvement of services for users.

Croatian case

Health care system services improvement initiative in the republic of Croatia

During the year 2004, the Ministry of Health care and social welfare took a

series of reform-minded steps to establish a transparent and responsible system of medical services for patients. The novel package is called '10 Services for our Patients', services among which the white line telephone is especially interesting. This telephone line is an advisory service in the Ministry of Health care and social welfare and it gives competent answers on a wide range of questions, such as patient's rights, expert questions about medicine, questions on the provisions in the government constitution regarding health care and social welfare. It is possible to get answers on the efficacious ways of dealing with the potential corruption in hospitals and other health institutions, and restoring open reception waiting lists in hospitals. Patients can demand to see the waiting list if they need a medical treatment in the hospital. The list containing the names of all the patients registered for the treatment must be available in every reception place (doctor's office), and patients who don't want their name to be seen on the public list can be quoted as a number. Complaints for the established irregularities are made to the general manager of the hospital or to the Ministry of Health Care and Social Welfare.

3. Reasons for Choosing the Project

In February 2004 TI Croatia was honoured to organise an international workshop which was an overture to defining the goals of the project ahead. At that moment we knew the directions for the development of this project, we knew that this project had two important segments: the research and the action part, we as the members of the project team were determined to start an experimental project, the project that will, with the help of modern technology, start the process of improving services of public legislative. Being aware of our limited financial funds, we decided to choose a narrow and focussed field of action within which progress could be quickly attained. It was the 2004 winter workshop that brought the answers to *what, where and with whom* questions.

Beginning with the presumption that our citizens consider the health care to be a corrupted sector and considering that the users of social welfare are the neediest ones, and this project is devoted to them exactly; a consensus was attained to choose these systems for project implementation. Along with the public opinion polls conducted twice a year by the project teams of international and the local offices of Transparency International and with subjective assessment of the project team on the need to act in this particular segment, the data collected on the "open phone line" also contributed to the decision to start this project. On this occasion it was also pointed out that the poorest citizens are in greatest need (exposure to different diseases and medical complications because of the low life quality and ruinous life accommodations) to use public health care services, which is still not on satisfactory efficacy level (long waiting list for diagnostics, surgical operation, lack of equipment and staff, low incomes for doctors).

After choosing the sector, the selection of the specific health care and social welfare aspect within the project followed in which the research and the specific activities will be implemented. The project team decided to find out all the available data on how long it takes to get a specific service in hospitals and how long it takes to be placed in a nursing home, since it was stated in public on several occasions that these take too long. The next step represents a working hypothesis which

wanted to enquire into the possibility of the improvement of transparency and efficiency of medical services, by launching the waiting lists in hospitals and nursing homes. It is necessary to mention that the Ministry of Health Care and Social Welfare brought a package of 10 steps to improve the medical service for patients, such as public waiting lists brought out at the beginning of April 2004. As TI Croatia is the one which started the waiting list project a month and a half earlier, we were extremely proud that the authorities recognized our project to be necessary, by making our project part of their reform activities.

Considering the privacy protection law and the patients' rights which were identified as a difficulty for making the waiting lists public, it was agreed that the lists will be published using patients' registration number.

The logic of the consideration within this project dictated searching for a partner hospital which is most equipped with the informatical means, the most desirable being the ones that use the Intranet for internal communication and the Internet for external communication. After a few days' research, it was concluded that the Dubrava clinic is the hospital in which the efficiency of this project could be tested. The lobbying and the advocacy started immediately. Before we explain the project activities in the social welfare sector, we need to clarify the way of implementing this project in the Dubrava clinic.

The means of our intervention into the welfare system was to research the problem of the possible manipulations and misuse in the nursing homes accommodations in Zagreb. The project task was to speak in favour of acceptance of the informatization of all nursing homes on the territory of Zagreb, in other words, development of database for all homes, waiting list for accommodation in homes and the type of accommodation capacities. Our initiative went along with the initiative of the City office for health care, work and social welfare, and that provided our participation and impact on developing that database as well as researching the database, that is discussed further in this document.

Public waiting lists in the Dubrava clinic

The model assigned, for the patients in the Dubrava clinic, intended to make waiting lists for surgical operation or diagnostics in all departments open to public. It was felt necessary to put paper lists into the electronic form and on the Internet to accomplish that goal. Once the lists were put on the Internet the citizens have free access to browse through the lists by means of the registration number or the medical insurance number as well as by the date of the surgical operation or diagnostic tests.

Other information, such as the patient's name and last name, date of birth or the type of diagnostics is known only to the hospital. Also, our idea was that the hospital should appoint a contact person, in other words, contact doctors for any explanations in case of nontransparent changes on the list.

Besides checking upon the lists for reasons of research, this idea also had the action component; Transparency International Croatia telephone line by which, patients who do not have access to the Internet, can check their position on the list. By calling **0800 245 542** patients can check their position on the list, as well as the possible changes that they did not know about or changes that could cause unequal treatment among the patients. In case of the unequal treatment, our organisation would ask for certain explanations from the hospital management.

The model of cooperation with the Dubrava clinic could provide the civil society with a specific position of being a mediator in realizing the so called public mechanism of complaints.

Nursing homes

The City office for health care, work and social welfare in Zagreb started the information digitization project in nursing homes in spring 2004. The most important term of reference in this project was a unique database for all nursing homes, and that database was used to make a

network between the homes, and waiting lists became mutual. In other words, this database should have cleaned up the mess related to the accommodation in the homes that was building up for years proving the transparency in the system insufficient. Since our idea was to realise the right to access the data base as well as the right to know the committee's reasons to provide accommodation, we asked for the cooperation of the City office. The cooperation was established, and the model suffered certain alterations and additions during the project implementation.

Partnership with public administration – key to the project success

At the very beginning of the project implementation it was noticed that the good performance of the project depends on the cooperation with the authorities, in our case the Ministry of Health Care and Social Welfare. Naturally, we could not start any activity in the hospitals or in the nursing homes without permission of the Ministry, and without their validation that the community needs this project. That is why, in the early phase of the project, we asked for the consent from the ministry and from the other institutions and organisations which could help to reduce the time needed to start this project to the Dubrava clinic and to the City office for health care, work and social welfare in Zagreb. The affirmative validation from the minister Andrija Hebrang about the usefulness of our project opened the doors for us in the Dubrava clinic, after that we asked them to sign the agreement of understanding and cooperation.

We are sure that this informative pack will prove to be a good resource base for all readers, especially for professionals and for volunteers in civil society organisations. We need to point out that the process of signing such a document that is binding both sides to cooperate and understand the project's goal as well as social contents, is very often a long and exhausting job, followed by devoted and consistent work. Plans could also get more complicated or prolonged if managers or other responsible persons are removed from the office. These

initiatives normally require a top-down approach which is also recommended as a time saver. Besides that, the responsible persons on the *lower ladders* of the system will not ignore the obligatory decisions or recommendations from the Ministry.

Regardless of the slow process of getting the consents, we were lucky that our project was recognised as useful on both the state and the city level and it was included into the initiatives of the authorities.

Enriched by the experience of this project, we think that the good cooperation with the authorities, nursing homes and the Dubrava clinic was of crucial importance for getting satisfactory project results, and in the end this cooperation provided for maintenance of the project after the project's funds were depleted.

In fact, at the end of June 2005, the Ministry of Health care and social welfare took intensive actions so that all managers in Zagreb hospitals make waiting lists available to patients on the Internet. Our organisation was contacted for that purpose, as a potential partner.

List of international projects that use modern technologies-health care sector:

- http://europa.eu.int/information_society/activities/health/index_en.htm - Project e-health care, improvement of health care in Europe
- <http://www.nirphad.org/health.htm> - Project for inducing health and development in rural regions (India)
- <http://www.hdnet.org/home2.htm> - ICT project „Education and prevention of malaria”
- <http://aidsradio.oneworld.net/> - ICT project “Aids Radio”
- <http://www.nici.org.gh/ictprojects.html> - Project for introduction of electronic (smart card) health care identification cards
- <http://www.ruralwellbeing.org.uk/> - Informational centre about health care dedicated to rural population in Wales
- <http://www.transparenciamexicana.org.mx/manualciudadano/> - Guide for citizens of Mexico about public administration functions

Elements of the Croatian model:

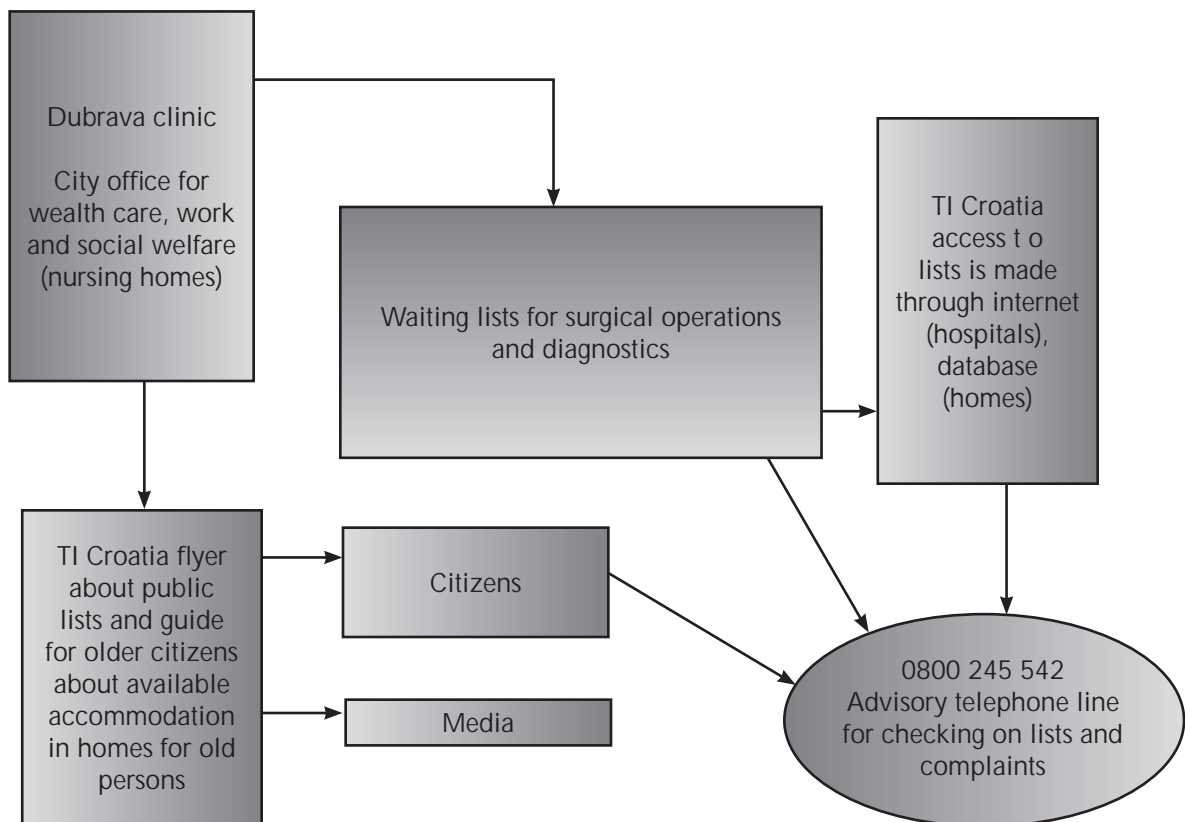


Figure 1: A model of public waiting lists in the republic of Croatia

After making the decision to work to make waiting lists transparent in Dubrava Clinic and on the waiting lists for accommodation in nursing homes, we started the research among the users of the city soup kitchen (The soup kitchen in Knez Branimir street) to empirically check the hypothesis, among the poor citizens, that publishing of the waiting list brings improvement in hospital services, and in the impact on the negative perception of corruption in health care and social welfare and lowers risks for appearance of so called list phantoms.

The question form that we used for the aforementioned research was made up of 32 questions divided into categories of questions that validate the quality of service in the hospitals, satisfaction with the medical staff, availability of information on patient's rights, availability of information about social welfare rights, frequency of hospital visits, attitudes on waiting lists for surgical operation and diagnostics (attitudes about waiting period needed to get desired service), attitudes about the need to make waiting lists public and opinions about possible ways to complain about health care institutions' work and health care workers.

Most of the interviewees were in the group of over 45 years, the frequency of hospital visits for diagnostics and/or surgical operation was every three months. More than 80% of interviewees validated the waiting time in hospitals as really long, but there were also people who were satisfied with the time they have to wait in hospitals. It is interesting to know that 80% of the interviewees expressed their satisfaction with the doctors and other medical staff, and a little more than 60% of the interviewees expressed satisfaction with the diagnosis explanations.

Considering the availability of information, more than 50% of the interviewees expressed their dissatisfaction with the availability of the information about waiting periods to get medical services, and the information about obligatory social security package.

It is important that 80% of citizens consider the publishing of waiting lists as one of the prerequisite conditions for transparent and responsible public health care system and 76% of citizens believe that this publishing could contribute to service improvement within health care institutions. It is worrisome

that 46% of the interviewees are not satisfied with the mechanisms of complaint in the health sector and even more concerning is the fact that, according to this pilot research, 43% of the interviewees is not aware of any mechanism of complaint at all.

Even though the research was not scientifically accepted and verified because not all norms were followed, the data we retrieved showed the perception of the part of the public we needed to diagnose the problem and start working. After the research, a focus group of the welfare users was created to validate the publishing of the hospital waiting lists, decrease in the misuse of the lists, and thus increase the transparency in the hospital work and their services. The interviewees recognised the problem of the nursing homes also. Namely, the welfare clients are not familiar with the welfare laws, the regulations of the nursing homes and the criteria of accommodation in these homes. More often than not the person entitled to immediate accommodation in a nursing home can not realize the right because of the disproportion in the number of the people on the waiting list and the available accommodations.

That is why it was decided that, along with the initiative to launch the public waiting lists in the hospitals and nursing homes, the project will also extend to include the publishing of a brochure or a guide through the nursing homes of the city of Zagreb. As we have mentioned earlier, the city office for health care, work and social welfare endorsed the initiative to monitor the nursing homes waiting lists and included our project into their "The City of Zagreb Social Policy Program 2004-2007". We have also cooperated actively on the making of the program system for registering the applications for nursing homes in the city of Zagreb.

How the model works?

Figure 1 shows the originally planned model of the public waiting lists which had to go through certain changes and alternative solutions. In the beginning we believed we would successfully publish all the waiting lists of the Dubrava clinic on the Internet. After the long and dedicated work of the project manager on the consultations with the key people of the clinic, we realised it was not possible to accomplish this during the time of the project implementation since most of the lists was not in the electronic form. It was only

possible to create a pilot version and come out with the list of the gastroenterological ward which would then be monitored until the preconditions for all the other lists were met. Even though this conclusion was not identical to the original idea, we agreed to the clinic's offer because it was in our interest to set the process in motion, to organize a public campaign and to advocate the spread of this initiative to other hospitals in the media and other civil societies.

The composition of the model is rather simple: the list of patients registered for the admission to the gastroenterological ward of the clinic was compiled; the patients were listed under a code known to them, along with the dates of the indication and the hospitalization. The patients who could not access the Internet could refer to the Transparency's free phone line, which also served as a complaint line for the cases of corruption and irregularities in the Dubrava clinic and other hospitals as well.

A few months later, an identical model was successfully implemented on the plastic surgery ward.

The following model of cooperation with the city office for health care, work and social welfare and the nursing homes was established; the access to the Intranet of the municipality which contains the files of the nursing homes enabled us with the opportunity to monitor the registry lists as well as the rulings of the committee on the accommodations. The following data were accessible to the society;

- The registry number of the application,
- The name of the home the application was accepted in,
- The type of the requested accommodation,
- The date of the application,
- The status of the application and
- The ruling of the committee.

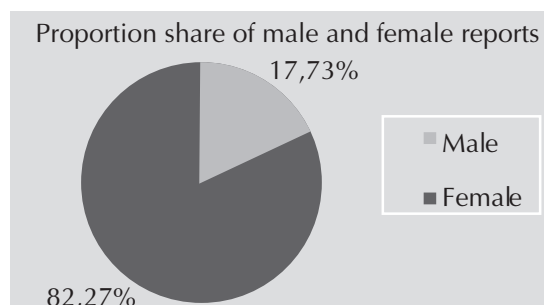
There was also the possibility of acquiring the details of the rulings if needed. In accordance with the privacy laws, we were denied the access to the names of the people applying for the accommodation or any other private information. All the people on the waiting list, especially the clients were given an

opportunity to check the list by our free telephone line. It was also possible to look for an answer to the irregularities in the treatment of the list or the application. It was our organisation which approached the nursing homes with these questions then.

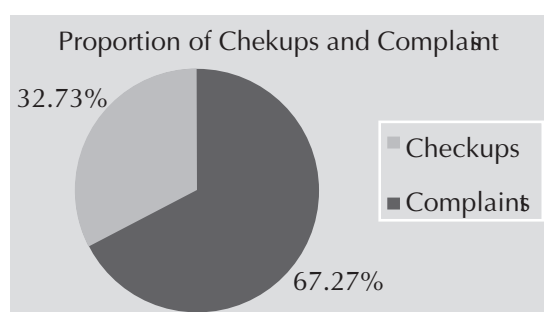
An important segment of this initiative is precisely the ability to monitor the list of applications. This was the first time an independent, non-profit organization was granted this right. But this was not the role of the controller or the supervisor, but only of an observer who can not sanction failures. However, this gave us an opportunity to inform the authorities and the relevant institutions of the failures of the committees in cases when their rulings were not in keeping with the regulations on the admission and the dismissal of the users.

Checkups and complaints statistics overview

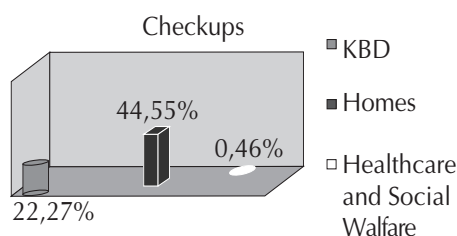
Citizen's checkups and complaints statistics overview, which we received on the advisory telephone line:



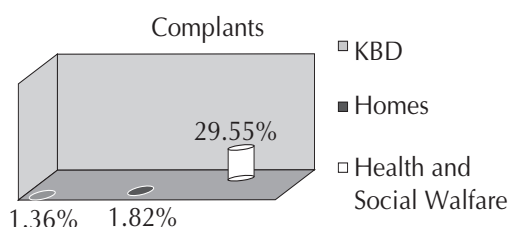
Total male:	17.73%
Total female:	82.27%



Total checkups:	67.27%
Total complaints:	32.73%



Checkups: Waiting list in Dubrava	22.27%
Checkups: Entrance list for homes	44.55%
Checkups: Health care and social welfare sector	0.46%



Complaints: Waiting list in Dubrava	22.27%
Complaints: Entrance list for homes	1.82%
Complaints: Health care and social welfare sector	29.55%

Level of Complaint KBD	
Waiting list KBD	4.84%[4.41]
Director KBD	0.00% [0.00%]
Ministry of health care and social welfare	14.52% [13.23%]
Other	80.64% [73.53%]

Level of complaint	
Total of complaints for KBD:	91.18%
Total of complaints for homes:	8.82%

Level of Complaint homes	
Entrance list to nursing homes	33.33%[2.94%]
Committee decision for acceptance into home	16.67% [1.47%]
Decision of home's council	0.00% [0.00%]
Social welfare centre official decision	33.33% [2.94%]

Status	
Accepted	89.55%
Refused	0.00%
Unknown	10.46%

Projects of this kind require an active participation by the users in process of implementing the project activities and tasks. The same was also true in our case. Although we based the thesis on the previously familiar researches and studies, we made an ad hoc pilot research with the users in the soup kitchen in April 2004, and two focus groups with social welfare users: one in April 2004, and the other one year later.

The research conducted with the soup kitchen users, gave us a general picture about their discontent with the health care services in hospitals, about waiting period for surgeries and diagnostics, and for being ignorant of their social welfare rights.

We wanted to compare that picture with that of social welfare users in some social welfare centres in Zagreb. Discussions within the focus groups, gave us the almost identical results. Social welfare users are not well acquainted with their rights, health care services are slow and a general opinion pervades that they do not get equal treatment, in other words, they get poorer treatment than other citizens. The idea about public waiting lists as well as the free telephone line was given an approval for information on corruption in health care and social welfare.

Was success achieved?

Considering the limiting factors in this project, such as lack of time, limited financial means and the demands of co-operation with the authorities, we can talk about certain success stories of this project. For the first time in Croatia a hospitalisation waiting list was established, and for the first time a civil society organization was given the right to access database in nursing homes in Zagreb. We printed out a guide and we made an effort to find the right addressees for that guide, and we mobilised advisory telephone line in order to provide proper help for poor citizens, who suffered certain disadvantages in health care and social welfare.

After receiving an invitation for further co-operation from Ministry of Health care and social welfare, to be precise, from the state secretary for health care Dr. Golem, to work on the waiting lists, we concluded that this project had achieved viability.

However, we need to share with the readers of this electronic publication certain drawbacks of the project. We should start with the ones that we had impact on, like personnel changes within the project team and personnel changes in institutions. It is hard to protect oneself from such project "disasters", but it is possible, when receiving project documentation, to predict such situations and to define flexible due dates.

The second important drawback was insufficient media campaign at the beginning of the project, which was improved at some level during the functional phase of the model.

The fact that we didn't have enough funds to pay for notices, jingles and advertisement contributed to that problem, so we had to rely on our insufficient PR capacities. An ineffective media campaign at the beginning of the project caused for lack of users' interest for services that we provided through free telephone line that was corrected later on.

At the end, we need to say that because of the action approach to the realisation of the project, the research component was set aside. In other words, our database, used to register telephone calls and to analyse certain cases and demands of citizens, had technical faults. Though it was improved during time, but certain amount of data was useless. Above that, volunteers who answered calls did not go through continuous education, and because of that there are certain differences in quality of records throughout the project.

Civil sector organisation network – challenge for starting the ICT project

Considering that we worked on the project in which the co-operation with the Dubrava clinic and other hospitals, the municipal office for health care, work and social welfare, sub centres for social welfare, as well as with nursing homes in Zagreb, was primary, there was no need to search for partners among other civil society organizations. The international trends, however, show that the

projects which have an ambition to implement different ICT models in order to improve governmental services have almost always worked in co-operation with several civil society organizations.

The reasons are of pragmatic nature, a network of organisation can provide better services for citizens than each organisation separately. Such advantage is most evident in the case when it needs to get through to the potential user of the ICT model and when it needs to provide usage. This is especially important in the case when the targeted group of people, like in our project, consists of poor citizens. Organizations that deal with human rights protection and provide any kind of help for citizens, are more competent in searching users who can have a direct benefit from the project.

The experience tells us that the donor agency is more likely to provide funds for projects in which more than one organization participates, naturally with clearly stated parts and obligations of each partner in the project. As far as the projects that include modern technologies are concerned, there are initiatives (mostly in India) that include a large network of different non-profit organizations.

International projects:

FOOD/India shop project **(<http://foodindia.org.in/>)**

FOOD India is a non-profit organization with twenty years of practice. The main goals of this organization are the research for the improvement of civil society, alleviation of poverty, women's education, networking among civil society organisation network, developing projects concerning water supply and waste. Since 1993 this organization had opened the first free Internet provider (IP) service in Chennai. This service was promoted among other non-governmental organizations, students' organizations, researchers and citizens of Chennai. In spite of the bad modem connection and poor telephone lines, this organization has managed to educate 200 permanent users. When the non-profit organization network using the Internet

services became stronger, FOOD started to collect a yearly subscription of 75 dollars for the Internet services. That money was invested in the software and equipment. Later on their web service got stronger and started to develop, maintain and promote web pages for other non-governmental organizations. At this time 200 non-governmental organizations use their server.

Recently FOOD opened on-line office for the local tradesman, and named it *Indiashop*. This project was started in co-operation with the Indian government, in order to preserve old Indian crafts and to improve economics in rural parts of the country. Part of this project concerns training young unemployed people to promote products by using the Internet. The activities in this project mostly concern collecting information about products and ways to sell products, contacting the tradesmen and tradesmen organizations, making non-governmental organization network concerned with preservation of indigenous Indian culture and products and enabling the sale of products through the Internet.

This project is an excellent example how modern technology, in this case e-commerce system helps to reduce poverty and helps to develop rural economy.

UNESCO's pilot project "ICT in the hands of the poor" (more of the project on <http://portal.unesco.org/>)

The women of many rural and predominantly poor counties have no structured communication network, no access to information or various forms of knowledge and skills. That is why UNESCO helped many organizations to develop ICT models which try to ensure prosperity for the poor female population. This includes three projects in India.

1. Nabanna network of citizens of Baduria, west Bengal
2. ICT education centre or learning centre for women in Seelampur, New Delhi
3. A local ICT network called "Namma Dhwami" in Budikota, Karnataka

Nabanna information network, for example, enables the poor women to search the information in their local language (Bengali) and the exchange of experience with other women through off-line group activities. The project is focused on the fields of agriculture, environment, health, family planning, education, literacy and legislation. This initiative has certainly contributed to the change of attitudes towards the modern technologies. Women are more aware of the advantages of the daily use of the informational network, they have a chance to discuss the social norms and even question the existing hierarchy based on the sexual inequality.

More on this subject in two of UNESCO's publications: Profiles and Experiences in ICT Innovation for Poverty Reduction and Research ICT Innovations for Poverty Reduction.

Digital Village, Soweto – South Africa (training centre)
(<http://www.sustainableicts.org/DIGVILL.htm> on this web page you can see two short films about the project)

Digital Village is a common initiative of the non-government sector, the civil society organizations and the public sector in South Africa. The aim of the project is to provide the community with the access to the information and the communication technologies, as well as the education of the members of the community in the use of these technologies. The centre enables the schools, the students and the local entrepreneurs to access the desired data and information by way of the Internet. Its primary role is educational, especially when it concerns the computer literacy. A wide range of educational courses is offered; from the basic knowledge of the use of the Microsoft package to e-commerce. The stress is placed on the reduction of the unemployment since it is the poor members of the community who are being educated to work with computers. In the first year of the implementation of the project 500 children and youth successfully finished the computer courses. The new users today discover that the computers and the modern technologies can aid small scale

entrepreneurial initiatives and promote the activities of the community.

Revistazo project honduras
(http://www.revistazo.com/sitio_revistazo/index.htm)

Revistazo.com is a virtual monthly magazine launched in 2001 by the organization Asociación para un Sociedad más Justa, Organization for the Development of a More Just Society. It is a Christian non-governmental organization that promotes fairness and equality for all citizens by informing them on the important topics, e.g. research of corruption, monitoring of corruption in court cases and by educating the citizens in social fairness and equality. Revistazo.com is an alternative portal for investigative journalism and the acquisition of the important data which are then distributed to the citizens. We find out that the project was a reaction to the frustration of the organization with the information acquired via the traditional media mostly owned by the ten wealthiest families in Honduras. That is the reason why Revistazo project seemed to be a good option, especially considering the low cost of the web portal in comparison to the cost of publishing a newspaper or acquiring a concession for a radio station. The themes researched and covered by this initiative are various, but the themes which receive the most attention are the so called controversial themes of the election of the new superior court judges or the new state commissioner for the human rights and the analysis of the first one hundred days of new government. The average web page is visited 1500 times a month.

If you find these projects interesting we would also like to recommend the web page sustainable initiatives (<http://www.sustainableicts.org/>) which refers to sustainable projects using modern technologies.

Project promotion

It is self evident that promotion is one of the key things in every civil initiative. A good promotion and a well planned media campaign result in increase in the number of the beneficiaries of the project.

We have used the conventional methods of promotion and media campaign for our project; press conferences, press communiqués, direct contacts with the media and the institutions. The alternative methods should not be excluded if the initiatives are to reach the greatest possible number of people. Oneworld South Asia's project uses precisely these methods. For example, the promotion of their ICT project was entrusted to a non-government organization dealing in the promotion of the Indian culture and tradition. The organization organised street theatre as a part of its promotional activities. Since OneWorld South Asia educated the poor, mostly illiterate women on the possibility of use of public maternity hospitals, the partner organization used the street theatre and performances to explain to the women the importance of proper medical check up during pregnancy, how to get the mentioned service etc. Public address was used before the performances to gather women to watch the play that could save their lives.

4. Conclusion

The project of the public waiting lists, even though in pilot stage represents a considerable step towards realization of the transparent operation of the health care and social welfare institutions.

The information available on the Internet and the available accounts do not show the presence of a similar initiative elsewhere in southeast Europe, which gives us the right to conclude that our considerations of the transparency of this public sector are leading in the region.

This initiative could not have been a success if it hadn't been supported by the Ministry of health care and social welfare, the municipal office for health care, work and social welfare, the directorate of the Dubrava clinic and the dedicated work of Transparency International Croatia project team and the volunteers of our organization. A considerable part in the

implementation of the project was played by the partner organization OneWorld South Asia and the consultant Mr. Paul Sturges who helped us with his advice throughout the project.

Probably the most important moment of this project was the call we received from the Ministry of health and social welfare to continue the project and introduce the public waiting lists to all the Croatian hospitals. That is how this initiative became sustainable and one civil society organization kept its important position which enables it to influence the authorities while making decisions concerning the improvement of services and efficacy of business transactions.

The projects using modern technologies have long been worldwide. We believe this project will motivate other organizations to follow us in this direction.

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- Organization For Democratic Society
- Ministry Of Health Care And Social Welfare
- Croatian Chamber Of Health Workers
- Municipal Office For Health Care, Work And Social
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Transparency International, Croatia

Transparency International Croatia is a civil society organization founded in 2000, devoted to combating corruption, bringing civil society, media and government together in a coalition against all forms of corruption. TI Croatia does not expose individual cases; rather, in an effort to make long-term gains against corruption, TI Croatia focuses on prevention and reforming systems.

So far, its main interest were: conflict of interest of public officials, accessibility of information, promoting of ethics in judiciary, promoting the role of media in the fight against corruption, development of National Integrity System Study, conduction of research on citizen's corruption perception and development of Advocacy Legal Advisory Centre.

Till date, three most important projects were "Increased Accountability in the Western Balkan" – regional project on conflict of interest and access to information, ALAC project and project "Improving the transparency, quality and effectiveness of pro poor public services using Information Communication Technologies (ICTs)".

For more details on the project, please visit,
<http://propoorict.ekduniya.net>

For more project related queries, write to,
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OneWorld South Asia

OneWorld South Asia – the South Asian Centre of OneWorld Network with independent and autonomous governance structure – works towards use of Information, Communication and Technology (ICT) for promoting sustainable development and human rights, in India and in all the five south Asian countries and a few other countries in the West and East Asian regions such as Myanmar, Maldives, Afghanistan, Vietnam and Cambodia. Core focus of OWSA activities is to strategically position ICT tools — ranging from the Internet, mobile telephones to community radio — enabling the poor to communicate on developmental issues and work towards realisation of Millennium Development Goals (MDG).

With a strong network of more than 700+ civil society organisations as partners, OneWorld South Asia (OWSA) works symbiotically to achieve these goals through four major programme areas: "voice the voiceless" through grassroots communication; channelise knowledge for development efforts; advocate for inclusive and pro-poor ICT policy; and enhance partners' capacity to communicate and advocate for affirmative policy change and public action.

These programme areas function as focused operational units with organic inter-linkages within a larger conceptual level strategic framework. Two anchoring division – Partnerships and Programme Co-ordination (PPC) and Capacity Building and Technical Services (CBTS) actively support and feed into the outcome of these programme areas.



A development organisation working with poor and marginalised communities and facilitating processes for achieving the Millennium Development Goals

- Advocating for inclusive and pro-poor ICT policy
- Enhancing partners' capacity to campaign for affirmative policy change and public action
- Giving a voice to the voiceless through grassroots communication
- Promoting communication for development



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