TRANSPARENCY INTERNATIONAL CROATIA

Improving Transparency, Quality and Effectiveness of Pro-Poor Public Services through the use of ICTs

ASSESSMENT REPORT

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Content

1. Introduction

1.2. Background Information

During the international workshop that took place in Zagreb from February 5th to 8th, hosted by Transparency International Croatia, TI Croatia team members have selected the health sector as the sector in which the project would be implemented. The health sector was chosen based on the agreement of the team members that health services for the poor are in the most urgent need of improvement in terms of both quality and transparency of the work of public health institutions. As the poor are highly susceptible to contraction of chronic diseases due to their living conditions, transparent and efficient work of public health institutions, namely hospitals, is crucial for this particularly vulnerable group.

TI Croatia team members have detected lack of transparency and information about waiting times in hospitals and nursery homes as an area of public interest that could be improved by making waiting lists for diagnostics and surgeries as well as application for nursery homes public, which was made the final objective of the project. Bearing in mind privacy laws and laws that regulate protection of personal data, it was agreed that the lists could be published using codes or assigned numbers instead of patients' names. One hospital in the area of the city of Zagreb was selected for the implementation of pilot project due to its advanced level of computerization of services and on-going ICT projects.

Implementation of the project in a public health institution requires obtaining a permission from the Ministry of Health, which TI Croatia project team has foreseen as a possible obstacle due to the recent changes in the Government and consequently, in the administration staff. As an alternative solution, liaison was established with the City of Zagreb City Office for Health, Labor and Social Welfare in order to examine the possibility of publicizing waiting lists for nursery homes which are in the domain of the City Office.

The Ministry of Health and Social Welfare has welcomed TI Croatia's initiative and a written permission was granted to proceed with the project in the selected sector.

The Head of the City of Zagreb Office for Health, labor and Social Welfare welcome this idea and approved actions to be undertaken.

1.3. Objectives of the Assessment Survey

The objectives of the assessment survey are:

-to examine availability and quality of pro-poor services in the area

-to identify particular areas of health care services that need most improvement

-to assess availability and citizens' awareness of existing complaint mechanisms in the health sector

-to gather feedback information from target beneficiaries regarding quality of health services in hospitals and their perception of areas that need improvement

-to identify most appropriate ICT model to be used in providing the poor with access to information

1.4. Approach

The approach taken for the assessment survey included both primary and secondary research of the selected sector. As the main objective of the assessment was to gather feedback from target beneficiaries regarding their perceptions of the availability and quality of services in hospitals, primary research consisted of direct interaction with both the poor and socially excluded, and other CSOs and public institutions that cater to the needs of the poor in the area. Primary data collection included a survey of the beneficiaries' perceptions of health services in the form of a questionnaire and focus group discussions.

The questionnaire consisted of thirty two close-ended questions divided into several categories; questions about frequency of visits to health providers and reasons for visits, satisfaction with waiting times in health institutions, behavior of medical staff, access to information, work of health institutions, attitudes about the need to limit waiting times, satisfaction with existing complaint mechanisms,

and general satisfaction with hospital services. The respondents were divided by gender and age.

In the category of questions relating to waiting times, the questionnaire participants were asked to assess waiting time as; "too long", "long", "satisfactory" or "fast".

The section examining the perception of behavior of medical staff offered the possibility of replying; "satisfied", "not satisfied" or "no opinion".

In the sections relating to access to information, the work of health institutions, and attitudes about the need to limit waiting times, the respondents were presented with a number of statements and were given the option of agreeing, disagreeing, or stating that they have no opinion.

In regards to complaint mechanisms, the respondents could either express satisfaction or dissatisfaction with the existing mechanisms, or state that they were not aware of the existance of such mechanisms.

The respondents were also asked to rate their overall satisfaction with hospital services on a scale of 1 to 5, where 1 represented the lowest mark.

In order to make sure that all the respondents were in the category of the poor and socially excluded, the survey was conducted at the local soup kitchen and the branch offices of the Center for Social Welfare. The respondents were selected randomly and special care was taken to cover all adult age groups and approximately equal number of men and women. The survey was conducted by the members of the TI Croatia project team and TI Croatia volunteers.

Focus group discussions took place at one of the eleven branch offices of the Center for Social Welfare operating in the area of Zagreb, which was selected on the basis of its size, i.e. the number of beneficiaries it services. Two separate focus group discussions were conducted; one for each gender, and both had seven participants. The participants of the women's focus group were between 40 and 70 years of age, while the male focus group participants were aged between 25 and 50. Focus group discussions were moderated by two members of the TI research team, one for each group. Both groups were asked the same 20

questions and each lasted 60 minutes. The questions ranged from general satisfaction with health services and behavior of medical staff, the participants' perceptions about specific problems within the health sector, to questions about information seeking behavior and awareness of existing complaint mechanisms.

The participants in both groups were in the category of poor and socially excluded citizens.

Secondary data research was focused on finding the existing and on-going projects for improving pro-poor services both on the national and international level, identifying local public institutions and CSOs that offer pro-poor services, assessing the complaint mechanisms in function, finding comparable international health standards for hospitals, examining social laws relating to health and social protection rights, and assessing various options for implementation of an appropriate ICT model by studying the level of computerization in public institutions and particularly in the local hospitals. The data collected was both quantitative (statistical yearbooks, international organizations' statistical data collections) and qualitative (research projects, narrative study reports etc.). Most of the data was collected from the Internet, namely from the web sites of various international organizations that have conducted studies in Croatia related to the quality of health services and social policies, and local public institutions catering to the poor and socially vulnerable.

As the objective of this project is to improve transparency and quality of health services in hospitals by publicizing waiting lists for diagnostics and surgeries, finding international standards that regulate hospital waiting times was an important component of secondary data research. It was discovered that applicable international standards do not exist, although some countries, such as the United Kingdom, do have proscribed standards for waiting times and the waiting lists of their hospitals are available on the Internet. These lists shall be useful in providing a reference point for the hospitals in Croatia.

Assessment of the local public institutions and on-going projects undertaken for the purpose of improving the quality of pro-poor services in the area has revealed that the current situation is far from satisfactory, especially in terms of projects

geared towards improvement of health services. There are a number of local and international research studies conducted for the purpose of assessing the present situation within the health and social services sectors in Croatia, but there is still a very limited number of projects directly aimed at improving the transparency and quality of hospital services.

Secondary research has also revealed that the level of computerization in the local public institutions and hospitals, with the exception of one hospital in the city of Zagreb, is still very low and cannot be judged as satisfactory in comparison to other European countries. Hence, the most appropriate ICT tool to be implemented in this project must incorporate more traditional forms of ICT.

1.5. Methodology for selection of Sector

The health sector was selected based upon the conviction that health care services are the most essential public service for all segments of the society and particularly for the poor. Living conditions have a significant effect on people's health and wellbeing and hence the poor are particularly vulnerable to long-term and chronic diseases. They often suffer from health problems typically associated with poverty, including malnutrition, infectious diseases and psychosocial stress, most of which are the result of inadequate diet and poor housing conditions. The poor tend to live in dilapidated houses with a high degree of humidity and insufficient heating, which increases their vulnerability to contraction of chronic diseases. Although morbidity may not be directly related to an individual's social status, people living in conditions of poverty are more likely to suffer from chronic illnesses and therefore seek medical assistance on more frequent basis.

In light of the fact that the poor and socially vulnerable citizens are completely dependent on public health care institutions for the provision of services since they cannot afford alternative, private care, the quality and accessibility of public health care services is of particular importance to them and it cannot be compromised. Out of all areas of public life, health care services have the most immediate effect on the quality of life of the poor and the impact of any inefficiency in the work of public health care institutions will be most strongly felt by socially vulnerable citizens.

SELECTION OF THE PROJECT SITE

Selected project site is the entire area of the city of Zagreb since the target beneficiaries, i.e. the poor and socially excluded, are not confined to a particular part of the city. The beneficiaries were not selected based on the criteria of their place of residence but rather, they are identified as all poor and socially excluded citizens of the city of Zagreb with primary health insurance who use the services of the local health care providers and in particular, the local hospitals.

2. Manifestation of Social Exclusion

2.1. Demographic Aspects

The present demographic structure of Croatia is still to a large extent a consequence of the war which has had a negative impact on all components of population dynamics. Although most demographic indicators have improved since 1996, the overall demographic situation has remained undesirable with a relatively high mortality rate, low birth rate and high immigration.

According to the *2001 Census*, the total population of the Republic of Croatia is 4.43 million inhabitants. Figures from 2003 (*Source: CIA, The World Factbook 2003*) reveal a total annual population growth rate of 0.31% which, although low, represents an increase from the previous years. The total birth rate, however, remains relatively low with 12.76 births per 1,000 population while the mortality rate is rather high, with 11.25 deaths per 1,000 population. Crude death rates by sex indicate higher male mortality. In the early 1990s, male mortality amounted to 12.7 per thousand due primarily to the war.

Croatia's demographic features since 1990s have been characterized by several prominent trends. One such trend is a long and on-going process of migration which, coupled with a low birth rate and high death rate, has resulted in a considerable population loss. The net migration rate, according to the 2003 figures, is 1.61 migrant(s) per 1,000 population.

The Croatian population has grown considerably older crippling thus the nation's reproduction capacity in the long run. As much as 15.6% of the total population of Croatia is older than 65 years of age. The growth in the number and proportion of the elderly in the total population is the result of accelerated decrease of birth rate, long-term and intensive emigration of mainly younger, economically active members of the population, and better living conditions. Life expectancy is continuously increasing, more rapidly in the case of women than men. The male

population may expect to reach the age of 70.76 years, while the female population is expected to reach the age of 78.2 years. Apart from the high mortality rate, another area of concern from the population aspect is the increased incidence of cardiovascular disorders and neoplasm, as well as breast cancer among the female population. The most frequent causes of death in Croatia are similar to those in other European countries, namely: diseases of the circulatory system, neoplasm, accidents, and respiratory diseases. In 2001, the number of deaths resulting from the circulatory system diseases amounted to 26 542 or 53,5 % of the total number of deaths, while 11 779 deaths (23,8%) were due to neoplasm. Hence as much as 77% of the total number of deaths for that year was the result of circulatory disorders and neoplasm. *(Source: Statistical Yearbook 2003, Central Bureau of Statistics)*

War devastation in rural parts of Croatia has created a significant urban-rural gap with an increasing number of the rural population moving to large urban centers in search of employment. The countryside is thus, rapidly dying away while the influx of migrants from rural parts of Croatia is considerably burdening the already frail infrastructure of the cities and disrupting economic balance. This problem has particularly affected the capital city of Zagreb which is experiencing an uncontrollable growth in the number of inhabitants since the 1990s.

In 1996, the Croatian Parliament has adopted the National Demographic Development Program to avert negative demographic trends by increasing maternity benefits and providing various economic incentives for families to have more than one child. As a result of the affirmative government policy in the field of reproductive health and family policy, the total fertility rate has experienced an increase to 1.93 children per woman. The total birth rate, however, remains low and the positive effects of the Government's measures to improve Croatia's demographic picture remain to be seen.

2.2. Economic Conditions

Using an internationally comparable standard across transition economies (US$4.30 a day per person at purchasing power parity) incidence of absolute poverty in Croatia is low at 4 percent. An international poverty standard,

however, may not adequately reflect country- specific conditions. The World Bank economic report on Croatia has estimated the level of total household expenditure at which families, after paying for essential non-food expenditures, just attain minimal nutritional needs. This level of expenditures therefore represents an absolute poverty line and amounts to HRK 41,500 per year (in 1998 prices) for a couple with two children or HRK 15,474 for an adult. Fewer than 10 percent of the Croatian population falls below this nationally specific poverty line.

The life of the poor differs in many respects from that of the non-poor. The poor tend to live in overcrowded, poorly maintained dwellings; their diet is limited (especially for the urban poor who can afford little beyond basic staples such as bread, potatoes or milk); and, they are poorly educated. Few of the poor have savings; they are often immobile, and their social networks are very limited.

Poverty is not confined to certain areas or ethnic groups: the poor live in all regions and are predominantly Croats. The poverty profile is dominated by two groups: poorly educated individuals and the elderly. Almost three-fourth of the poor live in families whose head has primary education or less. These individuals are likely to have little prospect of finding work if they are not employed, or to have low earnings if they are employed. The risk of poverty is particularly high when poor education is combined with unemployment. Low or non-existent pension benefits in old age is the second cause of poverty: 40 percent of the poor live in households with a retired household head. In 1998 when the household survey was conducted, as many as 25 percent of retirees did not receive pension benefits at all and about half of pension beneficiaries received pensions that were below the poverty line.

Poverty in Croatia already has many features of a permanent state. There are two basic reasons why the poor are unlikely to escape poverty easily: (i) the limited nature of economic opportunities; and (ii) the limited capacity of the poor to benefit from such opportunities as exist.

Economic opportunities are limited because growth has so far has not generated enough jobs. Despite positive economic growth in 1995-98, the net change in employment has been persistently negative: many old jobs have been destroyed

and very few new ones have been created. Growth has benefited primarily those who have kept their jobs, but for those locked out of employment, the effect has been was close to nil, if not negative. Croatia has one of the highest unemployment rates in the region that reached 22,3 percent of the labor force in 2002. The total number of unemployed persons in 2002 was at the alarming figure of 389, 741 (out of 1, 748 756 economically active population), 212, 987 of which were women, which shows that unemployment is gender-biased, making women thus, more vulnerable economically and more likely to fall beneath the national poverty

Table 2: Average number of unemployed persons by professional attainment (2002)

	Total	Women
Unskilled	72 598	41 081
Semi-skilled	64 977	33 860
Skilled, highly skilled	130 941	59 191
Secondary school education	94 052	62 939
Non-university college degree	12 333	6 970
University degree	14 840	8 946

Source: Croatian Statistical Yearbook, 2003

line. The net amount of an average paid off monthly salary for the same year was HRK 3, 721 while the average cost of living was calculated to be HRK 1, 900.

Figures for employment by sector reveal that the majority of the Croatian labor force is employed in the service sector, namely in wholesale and retail trade and public administration. These figures, however, may vary due to a large number of workers employed in seasonal labor, particularly in tourism in Southern areas of Croatia. Therefore, employment figures are often higher in the summer months but tend to fall rapidly once the tourist season is over.

The Croatian Government spends over 25 percent of GDP on social sectors and social protection programs, more than other countries in Central Europe, but achieves little real redistribution, because most social spending is costly and poorly targeted, while relatively well targeted social assistance programs are small.

Table 1: Percent of GDP in 1998

	How much the government spends on social programs?	How much the poorest 20% of population receives?	How much the poorest 8.4% of population recives?
Pensions	12	1.9	0.7
Social Assistance	0.4	0.2	0.1
Child & Family Allowance	1.4	0.3	0.1
Unemployment benefits	0.4	0.2	0.1
All transfers	**17**	**2.8**	**1.0**
Education spending	3	0.5	0.2
Health care (estimate)	7	0.4	0.2
Total social spending	**27**	**3.7**	**1.4**

Source: World Bank Report, *Croatia Economic Vulnerability and Welfare Study* (2001)

Pension expenditures, which account for the bulk of social transfers, are rising rapidly (from 12 percent of GDP in 1998 to 14 in 1999), leading to a deficit in the pension system covered from general Government revenues. Incidence analysis

shows that pensions represent a transfer to the relatively well-off, and do not adequately and equally protect all elderly and disabled from falling into poverty. One quarter of this group do not receive a pension, one-half receive benefits lower than the poverty line. Therefore deficit financing of the pension is a diversion of budget resources that could otherwise be redirected towards the poor.

The system of social care in Croatia is adequate although there are certain areas that need improvement, particularly with regards to health care. The health care system in Croatia has undergone profound structuralchanges in recent years in its financing, organization and ownership, shifting from social ownership to state, county and even private ownership. These changes have been implemented rather successfully, despite the additional problems posed by economic turmoil and armed conflict.

Problems, however, remain in the area of provision of services for socially most vulnerable citizens. For instance, there is only limited provision for the dependent elderly on low incomes, and for those with special needs such as the mentally or physically handicapped. As a result, people who need social care fill beds in long-term care hospitals.

The care of people suffering from serious long-term illness, or from severe disabilities, is covered by health insurance through contracts with inpatient facilities for long-term care (such as psychiatric and geriatric hospital departments). Health care for persons in social care institutions is provided separately through contracts with health teams in these institutions or through contracts with local health centers.

General practitioner-led primary health care is central to the newly organized health care system. Patients have a free choice of primary care doctor or dentist, but must obtain a referral for any specialist service. The primary care doctor acts as a gatekeeper to secondary care by a specialist, a polyclinic or a hospital. There are no formal restrictions on the referring doctor’s choice of a secondary care service but, in practice, these services are relatively few.

There is a legislative commitment to accessible and affordable health care including health promotion, preventive care, primary care and hospital care. An insurance contribution covers family members (including children up to the age of 15 if they are in full-time education) and also other dependants. The county authority pays health insurance contributions for the unemployed and

for those below a minimum income.

Despite this legislative commitment to the principle of equal access to health services, there are still significant geographic inequities that reflect urban/rural divisions, differential economic development and population density. The new health legislation has addressed these problems by reducing the required population for a primary health care team and by offering the free lease of equipment and premises to private practitioners.

The main issue for the poor, however, is not access to health services, but rather its quality particularly with regards to hospitals. The poor are generally not deprived of equal access to general practitioners but access to good quality specialists in hospitals represents a problem since the hospitals are plagued by long waiting lists and the poor cannot afford private care.

2.3. Type of Pro-poor Public Services Available in the Area

The poor living in the city of Zagreb have access to a number of institutions that can provide them with various types of public services. Apart from public institutions that cater to the needs of the poor, including the Center for Social Welfare, City Office for Health, Labor and Social Welfare, and soup kitchens, the poor and socially vulnerable also have the option of seeking assistance and shelter at humanitarian and Church-affiliated institutions active in the area. The most prominent of these are the Croatian Red Cross and Caritas respectively.

CENTERS FOR SOCIAL WELFARE

The Center for Social Welfare, with its eleven branch offices operating in the city of Zagreb, is the most vital public institution that provides social welfare services. Centers for Social Welfare are funded by the Government and are directly responsible for the implementation of the social rights from various acts relating to social protection and family laws. Beneficiaries of the Centers for Social Welfare

are entitled to free counseling services, welfare benefits and financial assistance, financial allowances for special medical assistance, disability benefits, vocational training programs, rental allowance, children's allowance and one time allowances granted in special circumstances such as childbirth or death of a family member. Social welfare beneficiaries can be individuals or families that lack sufficient financial means for basic sustenance and are unable to cover their living expenses with their salary, pension or other sources or income.

The following categories of people are also entitled to services provided by the Centers:

- persons with physical or mental disabilities or mentally ill children
- adult persons with permanent physical and mental impairments, elderly or other disabled persons with permanent mental and physical impairments
- all persons in need of help due to family problems, alcohol and drug addiction, or any other type of socially unacceptable behavior

Beneficiaries of the Center for Social Welfare, who fall under the category of persons lacking sufficient means for basic sustenance, receive monthly welfare checks as well as food stamps they may exchange for hot meals in the local soup kitchens. The amount of monthly social welfare payments per individual or per family depends on a variety of factors, the most important of which is the number of dependent family members.

Apart from regular monthly welfare checks, the beneficiaries, whether as individuals or families, are also entitled to one time allowances that are granted under special circumstances, such as childbirth, death of a family member, natural disasters etc. The amount of such one time allowances is determined by the Center for Social Welfare for every individual case.

The exact figures for the number of beneficiaries of the Centers for Social Welfare in the area of Zagreb are difficult to obtain due to the fact that the number varies from month to month. However, each of the eleven branch offices of the Center for Social Welfare estimates the figure of 1500 to 2500 beneficiaries per Center who receive social welfare checks on regular monthly basis. The Center for Social

Welfare also estimates that the total number of recipients of welfare benefits, including one time and regular monthly checks, varies between 30 000 to 35 0000 per month for the area of Zagreb.

SOUP KITCHENS

In the city of Zagreb, there are two town soup kitchens operating under the authority of the City Office for Health, Labor and Social Welfare as well as several smaller soup kitchens affiliated with the Church. The town soup kitchens provide their beneficiaries with hot meals on daily basis in exchange for coupons that the beneficiaries of the Centers for Social Welfare may obtain at their local Center.

CITY OFFICE FOR HEALTH, LABOR AND SOCIAL WELFARE

Apart from implementing various social programs and projects intended for the improvement of public services in the city of Zagreb, the City Office for Health, Labor and Social Welfare runs and supervises the work of the town soup kitchens and it organizes free annual medical examinations for the homeless. The Office has recently conducted a project with the objective of ensuring primary health insurance for the homeless in the area of Zagreb, which provides them with access to basic health care at the Croatian Institute for Public Health.

CROATIAN RED CROSS

The Croatian Red Cross provides its beneficiaries with a number of services of both social and medical nature. Apart from offering housing and shelter to the poor, the Red Cross also provides its beneficiaries with food and clothing and in the case of persons with physical disabilities, it delivers meals to their homes. The Red Cross is particularly active in the area of providing assistance to the disabled and ill, especially children.

CARITAS

Caritas is a Church-affiliated humanitarian organization, which provides basic care for the socially vulnerable population in the community. Apart from caring for the ill and the disabled, Caritas provides food, clothing and shelter for the poor and for persons, particularly women and children, seeking refuge from family violence. Caritas also provides their beneficiaries with psychological and counseling services and family advising services. Another important service to the poor includes distribution of medicine and basic medical supplies. In addition to the above

services, Caritas also assists the poor, particularly elderly and the disabled, in repairing and maintenance of houses.

3. Service Delivery: Areas of Concern

3.1. Macro Perspectives

Secondary Data Research was mostly done using Internet resources. TI Croatia team members were searching for information on standards about waiting time for surgery major and mayor medical tests. World Health Organization does not define standards for this particular matter.

Policies and procedures set by Croatian Institute for health Insurance found on Internet were useful in getting aquatinted what primary health insurance plan contains of.

As a part of secondary data research it as discovered that some of the hospitals in UK and Ireland have statistics on waiting times which could be compared with Croatian averages.

Most useful secondary research data was Croatian Health Yearbook as it gives all projects undertaken in health sector, planned activities, statistics of treatments, information on infrastructure, regularities and policies.

3.2. Micro Perspectives

3.2.1. People's perception on Service Delivery

3.2.2. FOCUS GROUP DISCUSSION[1]

On the April 8th Transparency International Croatia Research Team members organized two focus group discussions with users of Center for Social Welfare "Trešnjevka" (branch office). This event has been organized in cooperation with Center for Social Welfare "Trešnjevka" with official approval of Ministry of Health and Social Welfare of Republic of Croatia. The Focus Group Discussion has been held in premises of "Trešnjevka" Center for Social Welfare.

[1] According to the Law on Legal Protection of Personal Data (passed in Croatian Parliament in July 2003), we are not aloud to identified names of the FGD participants.

Focus groups have been conducted separately for men and women as this suggestion came from the Head Research Advisor in this project Dr. Gopakumar Krishnan.

In each of the group there were 7 participants and discussions lasted for 60 minutes. Female focus discussion group was moderated by Ms. Ana Milovcic and male focus discussion group was moderated by Ms. Selma Rojnica. Afterwards, answers from both of the focus discussion groups were discussed and compared among team members. Twenty-one questions were discussed among users of the Center for Social Welfare "Trešnjevka". The same questions were discussed and analyzed in both of the groups.

ANALYSIS OF FEMALE FGD

Number of participants: 7

Age of Participants: Between 40 and 70 years of age

Marital Status: 5 married

2 single

Education: 1 elementary school

5 secondary school

1 MA degree

Social & Economic Status: Women on Welfare benefits (welfare checks) and dole.

Three out of seven women lost their jobs during early 90' as a labor force surplus. One is 100% disabled hence never been employed, two are single mothers without job.

Six out of seven women are tenets of state owned apartments and only one participant inherited apartment as a family property.

Monthly financial support given by Center for Social Welfare for the household:

- 890,00 HRK (approximately 80,00 GBP)

Two persons per household

- 1770,00 HRK (approximately 160,00 GBP)

Four persons per household

- 800,00 HRK (approximately 72,00 GBP)

Two persons per household

- 1500,00 HRK (approximately 136,00 GBP)

Two persons per household

- 2000,00 HRK (approximately 181,00 GBP)

Five persons per household

- 1200,00 HRK (approximately 109,00 GBP)

Three persons per household

- 700,00 HRK (approximately 63,00 GBP)

A single person

Health Condition of the Participants:

- cerebral palsy
- cardiovascular diseases
- hearing problems – deftness
- diabetes
- impairment of the colon (100% disability)
- kidney failure
- osteoporosis

Quality of Health Services in the Hospitals Located in Zagreb Area:

Participants have agreed that quality of health services at Zagreb hospitals is poor. They have identified several areas where prompt improvement is needed:

1. The time needed for getting the appointment arranged.

2. Waiting lists in the hospitals should be public and patient should have opportunity to check his/her position on the list.
3. Obsolete and inconvenient equipment within some of hospital departments such as Gynecology Department.
4. Lack of hospital beds which makes waiting time for surgeries even longer.
5. Inappropriate accessibility especially for disabled people – only one hospital in Zagreb area is accessibly by tram, others are accessibly by buses which are not frequent or by car that participants do not have.
6. Availability of gadgets for disabled people (wheel chairs, crutches, hearing aides...)
7. Double standards in treatments of patients. Respondents strongly believed that poor and socially excluded people have different treatment than employed middle class or upper class citizens. It is in their opinion that poor people are often stigmatized for being poor and that doctors and nurses are in favor of those who bring them small presents as coffee, sweets and flowers.
8. Arrogance of doctors towards patients. It has been said that older doctors treat them better in comparison with younger one who are not rarely arrogant and haughty.

The Behavior of Staff in the Hospitals:

It has been said that most well behaved staff in Zagreb hospitals are nurses. It is general opinion that older doctors have more understanding for their problems and that they treat them better with more compassion and kindness. They had complaints on the behavior of desk receptionists who treat them in inappropriate manner.

The Treatment Procedure in Hospitals:

The participants had no significant complaints on treatment procedures in the hospitals. However, they have agreed that referrals should be open for a year minimum. Currently they are open only for a month, which repeatedly causes botheration for those who are disabled.

Possibility of choosing Doctors:

Respondents have said that even if there is possibility of choosing the doctor for particular treatments they are not aware of that. When moderator explained them that patient has right to chose specialists they were doubtful about the fact that they could fulfilled that right. Again, moderator has faced problem of apathy.

The quality of services at Center for Social Welfare "Trešnjevka":

It was said that social workers couldn't do much since their hands are tighten with insufficient legal system in the country. According to opinion of respondents, social workers could do much better if laws were flexible enough. Good cooperation between social workers and employment officers is missing. Social workers should be more involved in educating beneficiaries about their rights.

Accessibility of Information:

Respondents have said that most of the time they informed themselves about health services trough radio announcements or trough word of mouth in the Centers.

Some of them knew that Ministry of Health and Social Welfare have free of charge citizen's advisory phone line but they said that most of the time line is busy.

They have identified TV as a best communication tool together with radio programs for informing patients about health services. It has been suggested that either CSOs or Centers for Social Welfare create leaflets written in simple and understandable manner about patient's rights, especially for those who are social welfare users. Those leaflets should be disseminated in the soup kitchens, centers for social welfare, ER, hospitals and shelter for homeless.

Grievance Redress Mechanisms:

Respondents were not familiar with grievance redress mechanisms apart from phone line established by Ministry of Health and Social Welfare. They do not have faith in grievance redress mechanisms introduced recently (Moderator has informed them about that) as they said that most of the institutions introduce those mechanisms only because of self-promotion and nothing concrete has ever

been done about citizen's complaints. It is common believe that all decisions are made at the top of executive power and even if someone shows initiative to help them he or she faces obstacles either in the existing laws and procedures or within the system that is, according to their opinion, corrupted.

Issue of Medicines that should be Available Free of Charge:

Even though this question was not explicitly asked participants felt free to present case of medicines that were free of charge but recently withdrawn from the list of free medicines. Those medicines are essential for the normal life of participants therefore needed on the daily basis. With the introduction of the paid medicines, Centers for Social Welfare and Croatian Caritas are covering part of the expenses for chronic diseases but still some medicines remain uncovered. It is obvious that socially excluded and poor people cannot afford to pay those medicines, which leaves them with no exit situation.

Respondents have said that civil society organization should be more involved in lobbing among decision-makers for finding good solution for this problem that could work in interest of both sides.

ANALYSIS OF MALE FGD

Number of participants: 7

Age of Participants: Between 25 and 50 years of age

Marital Status: 2 married

5 single

Education: 4 elementary school

3 secondary school

Social & Economic Status: Man on Welfare benefits (welfare checks) and dole. All unemployed, four of them without any job qualifications. One of them lost his job in the factory at the end of 80'. One person is living in shelter for homeless, two are living in state owned apartments, and four of them still live with their parents, brothers and sisters.

Monthly financial support given by Center for Social Welfare for the household:

- 900,00 HRK (approximately 81,00 GBP)

Two persons per household

- 900,00 HRK (approximately 81,00 GBP)

Seven persons per household, only two of them are on dole

- 600,00 HRK (approximately 54,00 GBP)

A single person

- 900,00 HRK (approximately 81,00 GBP)

Two persons per household

- 900,00 HRK (approximately 81,00 GBP)

Five persons per household, parents are getting welfare checks for each of the children.

- 1500,00 HRK (approximately 136,00 GBP)

Three persons per household

- 600,00 HRK (approximately 63,00 GBP)

Single person

Health Condition of the Participants:

- diabetes
- kidney failure
- PTSP

Quality of Health Services in the Hospitals Located in Zagreb Area:

Quality of health services in the Zagreb hospitals is rated relatively satisfactory. Major complaints were about long waiting time for surgery and medical tests. Majority complained about availability of doctors/specialists. Quality of treatments was rated high.

The Behavior of Staff in the Hospitals:

All respondents have agreed that most well-behaved staff in Zagreb hospitals that they are visiting frequently are nurses. Since majority of respondents has serious diseases they have their own specialists which behave in very correct manner. They have complaints on the behavior of desk receptionists.

The Treatment Procedure in Hospitals:

Same as in female discursion group the male participants had no notable complaints on treatment procedures in the hospitals. Nonetheless, they have mentioned that referrals should be more flexible. At the moment they face problems reaching doctors within the month, which is duration time of referral. After a month they have to ask for new referral which is issued by general practitioners. All of this slows procedures of getting the doctor's appointment.

Possibility of choosing Doctors:

Respondents have said that in case they want to see a particular doctor they have to wait even longer hence, possibility of choosing doctors is really not applicable or significant to them.

The quality of services at Center for Social Welfare "Trešnjevka":

Two out of seven FGD participants said that they are satisfied with quality of services at center for Social Welfare Branch Office "Trešnjevka". They have emphasized that welfare checks always come on time. Others have said that quality of service needs improvement. Again, like in female FG, they have said that cooperation between Center and Office for the Unemployed is not as good as it should be. Three of them are attending career advisory in Office for Unemployed for five years and nothing happened since.

Accessibility of Information:

Respondents have said that most of the time they informed themselves about health services trough word of mouth in the Centers from social workers or around friends.

They showed lack of faith in advisory phone line system established by Ministry of Health and Social Welfare and Croatian Institute for Public Health.

They have identified radio programs as the best mean for accessing the information about health services. In terms of health side benefits for poor population, male respondents believed that best possible way to inform them is trough leaflets or billboard announcement posted in the Centers for Health and Social Welfare.

Grievance Redress Mechanisms:

As in female FG, respondents were not familiar with grievance redress mechanisms apart from phone line established by Ministry of Health and Social Welfare and written complaints that could be filled to Head of Hospitals.

They said that it is much wiser not to complaint at all as retaliation situations are not rare in Croatia according to them.

They would like to see ombudsman office more involved in protection of rights of poor people. According to them ombudsman could act as a mediator between complaints of the poor patients and executive power in the country.

Disability Assessment Panel:

Among male respondents, one of them was war veteran suffering from PTSP, diabetes and kidney failure. Since he is beneficiary of social welfare Disability Assessment Panel is entitled to decide to what extent he needs help. A help that he is getting is not enough for proper treatment especially since he needs more markers for diabetes per month than he is getting at the moment. If he asks for more, he gets response from DAP that according to existing law he is entitled only to dose given to him.

3.2.3. QUESTIONNAIRE ANALYIS

Q1. Respondents Gender Status

Respondents	No.	%
Male	30	46%

Female	35	54%
Total	**65**	**100%**

Q2. Age of Respondents

Age	**No**	**%**
<25	4	6
25-35	9	14
35-45	4	6
45-55	21	32
55-65	14	22
>65	13	20
Total	**65**	**100%**

Q3 During the past three months, how many times have you visited a doctor?

	No	**%**
None	16	25
Once	9	14
Two to three times	15	23
Three to five times	12	18
More than five times	13	20
Total	**65**	**100%**

Q4 How many times have you been to a hospital within the past year?

	No	**%**
None	31	47

Once	19	29
Two to five times	13	20
Five to ten times	2	4
More than ten times	0	0
Total	**65**	**100%**

Q5 Reasons for going to hospital

	No	**%**
Medical test	20	31
Minor surgery	9	13
major surgery	4	6
Hospital stay	14	20
Childbirth	0	0
Visit to a specialist	15	23
None of the above	2	4
Total	**65**	**100%**

Q6 How would you rate waiting time to be examined by a doctor?

	No	**%**
To long	30	46
Long	11	16
Satisfactory	22	34
Fast	2	4
Total	**65**	**100%**

WAITING TIME

Q7 How would you rate waiting time for surgery?

	No	**%**
To long	29	45
Long	18	28
Satisfactory	17	25
Fast	1	2
Total	**65**	**100%**

Q8 How would you rate waiting time for medical test?

	No	**%**
To long	27	41
Long	27	41
Satisfactory	9	14
Fast	2	4
Total	**65**	**100%**

Q9 How would you rate waiting time for the results of medical test?

	No	**%**
To long	9	14
Long	6	9
Satisfactory	49	75
Fast	1	2
Total	**65**	**100%**

Q10 How would you rate the time spent in the reception room in the hospital?

	No	**%**
To long	16	24
Long	16	25
Satisfactory	28	43
Fast	5	8
Total	**65**	**100%**

BEHAVIOUR OF THE STAFF

Q11 Are you satisfied with the amount of time that doctor spent with you?

	No	**%**
Satisfied	54	83
Not Satisfied	11	17
No Opinion	0	0
Total	**65**	**100%**

Q12 Are you satisfied with doctor's explanation of diagnosis/treatment needed?

	No	**%**
Satisfied	41	63
Not Satisfied	19	29
No Opinion	5	8
Total	**65**	**100%**

Q13 Are you satisfied with thoroughness of examination by a doctor?

	No	**%**
Satisfied	57	88
Not Satisfied	6	3
No Opinion	2	9
Total	**65**	**100%**

Q14 Are you satisfied with doctor's explanation of test results?

	No	**%**
Satisfied	37	57
Not Satisfied	24	36
No Opinion	4	7
Total	**65**	**100%**

Q15 Are you satisfied with curtsey of medical staff (doctors, nurses etc)?

	No	**%**
Satisfied	50	77
Not Satisfied	13	19
No Opinion	2	4
Total	**65**	**100%**

ACCESS TO INFORMATION

Q16 Information about waiting times for medical tests/surgery is available to patients

	No	**%**
Agree	28	27

Disagree	35	54
No Opinion	12	19
Total	**65**	**100%**

Q17 Written materials on diseases (brochures, flyers, publications) are available to patients?

	No	**%**
Agree	22	34
Disagree	23	35
No Opinion	20	31
Total	**65**	**100%**

Q18 Information on medical test/surgery needed is available to patients?

	No	**%**
Agree	21	32
Disagree	33	51
No Opinion	11	17
Total	**65**	**100%**

Q19 Information about the work of health care institutions is available by phone

	No	**%**
Agree	29	44
Disagree	20	31
No Opinion	16	25
Total	**65**	**100%**

Q20 Information about the services covered by the basic health insurance plan is available

	No	**%**
Agree	23	35
Disagree	35	54
No Opinion	7	11
Total	**65**	**100%**

WORK OF HEALTH INSTITUTIONS

Q21 It is easy to get referral to specialist

	No	**%**
Agree	49	75
Disagree	13	20
No Opinion	3	5
Total	**65**	**100%**

Q22 It is easy to get medical prescriptions

	No	**%**
Agree	56	85
Disagree	7	11
No Opinion	2	4
Total	**65**	**100%**

Q23 Forms/paperwork are easy to fill out

	No	**%**
Agree	12	18
Disagree	10	16
No Opinion	46	66
Total	**65**	**100%**

Q24 Services covered by basic health insurance plan are on satisfactory level

	No	**%**
Agree	33	50
Disagree	25	39
No Opinion	7	11
Total	**65**	**100%**

Q25 Patient has an option of choosing the doctors for treatment

	No	**%**
Agree	40	61
Disagree	16	25
No Opinion	9	14
Total	**65**	**100%**

Q26 Making waiting lists for surgeries and medical test public would make work of health care institutions more transparent

	No	**%**

Agree	54	83
Disagree	10	15
No Opinion	1	2
Total	**65**	**100%**

Q27 Making waiting lists for surgeries and medical test public would make work of health care institutions more accountable

	No	**%**
Agree	53	81
Disagree	11	17
No Opinion	1	2
Total	**65**	**100%**

Q28 Making waiting lists for surgeries and medical test public would contribute to improvement of health care institutions services

	No	**%**
Agree	48	74
Disagree	16	24
No Opinion	1	2
Total	**65**	**100%**

Q29 Waiting time for surgeries should be limited

	No	**%**
Within one month	48	74
One month to three month	15	23
Three months to six months	0	0

Six months or more	0	0
No opinion	2	3
Total	**65**	**100%**

Q30 Waiting time for medical test should be limited to

	No	**%**
Within one month	59	91
One month to three month	5	7
Three months to six months	0	0
Six months or more	0	0
No opinion	1	2
Total	**65**	**100%**

Q31 Are you satisfied with the existing complaint mechanisms regarding the work of health care institutions?

	No	**%**
Yes	7	11
No	30	46
I was not aware that such mechanism exist	28	43
Total	**65**	**100%**

Q32 How would you rate your general satisfaction with the services provided by health care institutions?

(1 means lowest, 5 means highest score)

	No	**%**
1	0	0

2	9	15
3	24	37
4	20	30
5	12	18
Total	**65**	**100%**

3.2.4. STATISTICAL DATA ANALYSIS

The questionnaire encompassed an approximately equal number of male and female respondents. The majority of respondents were in the age group of 45 and above (72%). 75% of the respondents responded that they have visited a doctor in the past three months, and 53% visited a hospital at least once within the past year. More than 50% of these visits were related to diagnostics and visits to a specialist.

62% to 82% of the respondents agree that the waiting time for diagnostics, surgeries and examinations by a specialist is either long or too long, but ¾ of the respondents expressed satisfaction with the waiting time for medical test results.

In the section with questions regarding behavior of the medical staff, more than 80% of the respondents expressed satisfaction with doctors' attitude towards patients. 77% of the respondents are satisfied with the behavior of the other medical staff. The percentage of respondents satisfied with the doctor's explanation of diagnosis/treatment needed and test results is slightly lower, ranging from 57 to 63%.

In regards to access to information, over 50 % of the respondents consider that the information about waiting times for examinations and needed medical tests/surgeries is not available, as well as information about what is covered by the basic health insurance plan.

Availability of written materials on diseases is considered by 1/3 of the respondents as satisfactory, 1/3 disagrees with that and 1/3 has no opinion. Accessibility of information about the work of health care institution by phone was

judged as satisfactory by 44% of the respondents, 31% was not satisfied and 25% has no opinion.

In the part of the questionnaire relating to the work of health institutions, more than 2/3 of the respondents agreed that referrals to specialists and medicine prescriptions can be easily obtained, and 61% believes that they have the option of choosing a doctor for treatment.

Only 50% are satisfied with the services covered by the basic health insurance plan.

As much as 80% of the respondents agrees that making waiting lists for surgeries and medical tests public would make the work of health care institutions more transparent and accountable, while 74% believes that it would also contribute to improvement of health care institutions' services.

74% of the respondents has declared that the waiting time for non-emergency surgeries should be limited to within one month, and as much as 91% of the respondents would limit the waiting time for diagnostics within the same time period.

46% of the respondents are not satisfied with the existing complaint mechanisms while 43% was not aware that such mechanisms exist.

General satisfaction with the services provided by health care institutions was given the rating mark of 3 or above on a scale of 5: 37% rated the services with a 3, 30% with a 4, and as much as 18% rated the work of health institutions as excellent.

General conclusion

The results of the questionnaire have revealed that:

1. publicizing of waiting lists for diagnostics and surgeries would make the greatest contribution to improving transparency and accountability in the health sector,

2. ¾ of the respondents use phones to obtain information about the work of health institutions regardless of the fact that 1/3 does not have positive experience with this information seeking mechanism.

This reveals that the project covers the most important area that needs improvement within the health services sector as well as that the planned construction of the ICT model is sustainable in relation to the target group of the poor and socially excluded citizens.

4. Information Seeking and Grievance Redress

4.1. Information Seeking

4.1.1. Available official mechanisms

Ministry of Health and Social Welfare has introduced recently a new program for improving the quality and effectiveness of health services. Mentioned program contains introduction of new mechanisms for information seeking, such as two free of charge phone line within the Ministry; "White phone" – the one that enables citizen to file complain directly to Ministry in case of unfair treatment, extortion or any other malpractice done by doctors and Free Phone Line which allows citizen to get information related to policies, procedures and regulations within health institutions.

Apart from this, Minster of Health and Social Welfare has announced implementation of 10 new measures to be undertaken in order to improve transparency and quality of health sector. For instance, from May this year on, all patients no matter of their social status that are older than 45 will have completely free of charge medical tests including some sophisticated one.

Every public hospital in the City of Zagreb provides its patient with the possibility to file letter of complaint or to make a statement in to the complaint book. Unfortunately, there is no mechanism available to monitor how many complaints have been filed and how many have been positively resolved.

4.1.2. Delivery of information: reaching the unreached?

In terms of level of awareness, conclusion could be drowned from focus group discussion and interviews taken during dissemination of questionnaires. Level of awareness and knowledge among the poor social members needs improvement especially in dissemination of information related to primary health insurance plan.

4.2. Mechanism for Redress of Grievances

4.2.1. Perceptions of the Intended Beneficiaries

Based on statement shared with moderators during focus group discussion, beneficiaries perceived old forms of ICT models as the best one.

Many of them identified radio as a solid mean of communication and information dissemination. Some of them described national TV broadcast as favorable mean whereas others said how free of charge phone line could be good tool if it is not maintained by state institutions rather by independent organizations.

4.2.2. Desired model for ICTs

a) Existing relevant community level ICTs in the area/sector:

Clinical Center – Hospital "Dubroava" is one of the most technologically sophisticated hospitals in Croatia. Recently hospital management introduced new computer system for maintaining users applications.

b) Relationship of new and traditional forms of ICTs:

ICT model that will be implemented is combination of new and traditional forms of ICT. Basically, it contains: telephone, radio, Internet and placards.

c) Type or desired Need for training and support services that would be required to increase literacy, competence and confidence in using the developed ICT model:

In case that we get approval of placing waiting lists on Info kiosks within the hospital, additional training on how to use info kiosks will be needed for community members.

d) Identification of factors that would facilitate access to and adoption of alternative ICT models:

Up to now strong partnership with Branch offices of Centre for Social Welfare was established. Implementing model of information dissemination in co-operation with them is possible true old ICT forms such as brochures, leaflets and booklets.

e) Identifications mechanisms of securing funds and resources for continuing with the ICT led initiatives:

TI Croatia ICT model could be easily integrated with National Health Program recently introduced by Ministry of Health and Social Welfare. Since Ministry has introduced ten new measures how to increase quality, effectiveness and transparency of health services, TI Croatia pilot project of making waiting lists in "Dubrava" hospital public, could become model for other hospitals and could serve as a sold platform to develop this idea in more technologically sophisticated manner.

In terms of nursery homes waiting lists will be given to us and we would monitor application processes. In terms of financial resources, this initiative is not costly and it could be integrated to TI Croatia project Advisory Legal Advocacy Centre which will start late June this year and last for 18 months.

5. Proposed ICT model

(For the ICT model picture, please refer to Appendix 1)

TI Croatia ICT proposed model has following infrastructure:

Waiting lists for surgery and medical tests as well as for nursery homes will be given to us either in electronic format (Hospital "Dubrava") or as in hard copy format. Those lists will be coded in order not to deviate law on Legal Protection on Private Information. Lists will be kept in TI Croatia office as in case 2 or on TI Croatia web site as in case 1. TI Croatia team members and volunteers will disseminate those information trough phone line and radio and local TV announcements.

In case of Dubrava hospital lists will be published on existing monitors if applicable of on billboards at reception are of the hospital.

6. Implementation Partners

6.1. Available Community Resources

Our identification of government institutions, NGO's, and others associations as anticipated target services for action research:

PRO POOR ORGANIZATIONS

ORGANIZATION	ACTIVITY
CROATIAN RED CROSS	Red Cross Zagreb is a humanitarian organization which, within the framework of its social and medical services, offers the following types of assistance: home care, delivery of meals to homes, accommodation for the homeless, voluntary blood donations, first aid, tracking missing persons, care for the disabled, ill, poor and other vulnerable groups, and particularly children.
CARITAS	Activities of Caritas include providing accommodation for abandoned children, caring for the disabled and the ill, providing mobile medical and psychological services, providing shelter to women and families in danger, providing shelter for children, caring for children that have lost their parents in the war, caring for the disabled war veterans, psychological advising center, family advising services and financial assistance to families with many children, various cultural activities, assistance in fixing houses, distribution of medicine, providing shelter and caring for the elderly, distribution of material goods through local Caritas chapters and directly, assistance to retired people, socially excluded and parents with children with disabilities, and various

	individual assistance.
ZAGREB «BOKCI»	The organization was founded with the aim of promoting, developing and improving the quality of life of the poor in the City of Zagreb. Activities include collecting used clothes, furniture and other necessities and distributing them to the poor, distributing food, renovating, and cleaning up public areas of the town.
«DOBROBIT» - ZAGREB	Non-governmental organization, which provides assistance to the most vulnerable social groups, particularly victims of the war and elderly citizens. Within the framework of the organization, there is a Center for Additional Care for the Elderly, which organizes visits to the ill, and the disabled elderly in the Zagreb area. Nurses, therapists, social workers and volunteers who provide them with direct assistance in their homes visit the elderly. Advising center offers the elderly and their families legal, medical, psychological and other advice- directly and by phone.
CROATIAN ASSOCIATION FOR THE PROMOTION OF PATIENTS' RIGHTS	Non-profit non-governmental organization, namely an association of medical professionals and citizens whose aim is to promote patients' rights by making citizens aware of their rights and of the existing laws which regulate medical practice.
«SUNCOKRET» CENTER FOR HUMANITARIAN WORK	Non-governmental, non-profit organization engaged in humanitarian and educational activities in developing local communities with the aim of improving the quality of life for the pro-poor and socially excluded members of Croatian society. Implements numerous projects and activities in local communities, including refugee centers, primarily for children and the youth but also

	for women, elderly persons, and persons with special needs.
ASSOCIATION FOR THE INITIATIVE IN SOCIAL POLITICS (UISP)	Non-profit, non-governmental organization founded in 1993. Activities of the organization are aimed at improving the position of the most vulnerable social groups, and particularly children with special needs, children refugees, and poor families with multiple problems.

GOVERMENTAL INSTITUTIONS

Clinical Hospital "Dubrava"	Hospital located in Zagreb.
Croatian Institute for Health Insurance	Croatian Institute for Health Insurance (HZZO) was founded for the purpose of implementing basic health insurance and for performing other duties as set in the Act on Health Insurance from 2001. HZZO also implements additional health insurance, which is a form of voluntary health insurance. The Institute's main responsibilities include: -setting the price of health insurance in the total amount for the full value of rights from the basic health insurance with agreement of the Minister responsible for health -insuring implementation of international agreements in basic health insurance -supervising the work of health institutions and private medical professionals in accordance with signed contracts.
Center for Social Welfare of Zagreb	Center for Social Welfare is a public institution founded by the Republic of Croatia. It is established for the area of one municipality or town in the same county, in this case the City of Zagreb.

	Center for Social Welfare, on the basis of public authority, decides upon the rights included in the social care, family rights and other rights in accordance with special law. Center for Social Welfare Zagreb is active in the area of the City of Zagreb.
Ministry of Health and Social Welfare	Ministry of Health and Social Welfare is responsible for sustainable system of health care and health insurance within Croatia.
Zagreb Public Health Institute	Activities: • to promote and improve public health • to carry out disease control and prevention • to improve the living and working conditions of the population through Environmental Health Services • to accurately and promptly inform the public on health issues • to take an active role in health and medical education.
Ministry of European Integration	The Ministry for European Integration is a co-coordinating body within the state administration, working on the adjustment of the Croatian legal and economic systems to those of the European Union. Its goal is to achieve the highest possible degree of integration of the Republic of Croatia into the EU. In addition to that, the Ministry is also responsible for the co-ordination of EU technical assistance programmes, raising public awareness of the process of rapprochement with the EU, education and further training of government employees in the field of

	European integration as well as for the translation of EU legal documents required for the harmonization of the legal system.
Government of Republic of Croatia – Office for Human Rights	This Office carries out the following tasks: it drafts a comprehensive national system of protection, respect for and the promotion of human rights, including the institutional and normative regulation of this field in the Republic of Croatia; it monitors its effectiveness and reports on this to the Government of the Republic of Croatia and proposes amendments and supplements to the system; it encourages and co-ordinates co-operation between bodies within the system; co-operates with the Ombudsman's Office and with the Office of the Government of the Republic of Croatia for Associations and local non-governmental organizations for human rights, etc.
City of Zagreb City Office for Health, Labor and Social Welfare	City Office for Health, Labor and Social Welfare is performs duties related to: health sector and health services, health and pension-disability insurance, protection of war victims and veterans, sanitary inspections and other duties under auspices.
Town Soup Kitchen	In the city of Zagreb, there are two town soup kitchen operating under the authority of the City Office for Health, Labor and Social Welfare as well as several smaller soup kitchens affiliated with the Church. The town soup kitchens provide their beneficiaries with hot meals on daily basis in exchange for coupons that the beneficiaries of the Centers for Social Welfare can obtain at their local Center.

OTHER ASSOCIATIONS

Croatian Medical Chamber	Croatian Medical Chamber is independent professional medical association, founded as legal entity according to The Law of Health Protection of Republic Croatia ("Narodne novine" no. 75/93). Medical professionals with university medical education, working directly in health protection activities and medical practice in Republic Croatia, associate in the Chamber in order to realize their goals and interests according to the Article 173, the Law of Health Protection.

Results of the research on other available community resources:

- Media Resources
- Telephone networks – fixed and mobile, free of charge lines
- Computer terminals installed in some hospitals and public libraries for information about EU
- Existing complaint mechanism in health sector such as free of charge advisory phone line, complaint books in each of the hospital departments, possibility of filing the letter of complaints to the Head of Hospitals and higher level state institutions
- On-going Government Project for Improving the Health Sector with partnership of the World Bank
- Pilot project for improvement of the work of information department in "Dubrava" Hospital
- Information leaflets and brochures

- Volunteers
- Timely Updated Web sites of Zagreb hospitals. Web site of the Ministry of Health and Social Welfare is under construction for more than 4 months.

6.2. Required Institutions

With all aforementioned institutions contact has been established.

Affirmative response was received from the following institutions and organizations:

A – Governmental Institutions

1. Ministry of Health and Social Welfare
2. Center for Social Welfare of Zagreb
3. Branch Office Trešnjevka of Center for Social Welfare of Zagreb
4. Branch Office Novi Zagreb of Center for Social Welfare of Zagreb
5. City Office for Health, Labor and Social Welfare
6. Town Soup Kitchens
7. Government of Republic of Croatia – Office for Human Rights

B - The other Associations and Organizations

1. Croatian Medical Chamber
2. Croatian Red Cross
3. Zagreb Red Cross
4. Zagreb «Bokci»
5. «Dobrobit» Zagreb

The contacts, meetings and activities were realized as follows:

B – 2 and **B - 3**

Telephone contact has been established with Croatian Red Cross on the February 18th. A day later contact was established with Zagreb Red Cross. These contacts

helped TI Croatia team members initially with secondary data gathering. This cooperation was rather important, as they have instructed TI Croatia team members about institutions and contacts that might be helpful to this project.

A – 1

On the 24th of February TI Croatia team members have contacted the Ministry of Health and Social Welfare in order to arrange meeting. After no response, the request for the meeting was repeated on the 16th of March. Selma Rojnica and Zorislav Antun Petrović had a meeting with Secretary General on the 23rd of March, so the official approval for undisturbed project conduction was sent out on March 24th.

It is foreseen that most merit institution for good project development is Ministry of Health and Social Welfare, because all other governmental institutions depend of their official approval in order to cooperate with TI Croatia. It was the most difficult contact to realize, because of the present political situation in Croatia. In November 2003 we had general elections, resulting in changes of the Government. All political nomenclature such as Prime Minister, MPs, Acting Ministers and other relevant political figures have been replaced by new people.

Due to other important issues, cooperation with civil society organization was not high at their priority list. However, we have successfully overcome this obstacle without significant delays.

A – 2

On the 25th of February meeting with the Head of Center for Social Welfare of Zagreb was organized. On the occasion, the Head of Center for Social Welfare ms.Branka Čavarović-Gabor exhibited full understanding and support to the project. She has helped Ms. Selma Rojnica in gathering statistical data of their beneficiaries, around criteria for interventions and defined possibilities of social help. She has welcomed the idea of cooperation between Branch Offices and TI Croatia research team.

B - 1

Apart from governmental institutions, team members have requested meeting with Croatian Medical Chamber. The official support to this project by Croatian Medical Chamber is important as it opens the door for many other contacts within health sector.

Selma Rojnica, Zorislav Antun Petrović and Tanja Cicvara attended meeting with representatives of Croatian Medical Chamber on the 8th of March. President of the Croatian Medical Chamber with his team offered their full cooperation, partnership, and one of their advisors at disposal.

A – 3 and **A - 4**

TI Croatia team members have requested help from Branch Offices of Center for Social Welfare of Zagreb around organizing FGD.

Since at that time it was still uncertain whether we would get official approval from Ministry of Health, organization of FGD has to be postponed by first week of April.

A – 5 and **A - 6**

Meeting with the Head of City Office for Health, Labor and Welfare of Zagreb was held on 25th of March. The Head of City Office was extremely cooperative and very supportive which resulted in getting official approval for carrying out the Questionnaire in Town Soup Kitchens.

A - 7

Meeting with public officials from Office for Human Rights of the Croatia Government was organized on 24th of March. This meeting was organized with the aim to get letter of support to this project. On this occasion, the Head of the Office welcome TI Croatia initiative and overall the project.

B - 9

NGO Zagreb «Bokci» is helping the poorest of poor population in Zagreb – homeless persons. Discussion about issues of the project was very productive and further cooperation is established. Because of the sensitivity of homeless issue and inability to organize focus group discussion with them (Impossible to get the

users on board at the same time at the same place), it was concluded that TI Croatia and NGO "Bokci" will continue cooperation in upcoming phases of the project.

B - 10

The first contact established on the 26th of March with NGO «Dobrobit» was rather promising, but it appeared afterwards that their beneficiaries were not interested to participate in FGD.

A - 9

Questionnaires were carried out in Town Soup Kitchens on 5th and 7th of April.

6.3. Forseen Obstacles

On the very beginning TI Croatia research team has experienced the dragging out of bureaucracy in governmental institutions. This situation consumed a lot of our time and all our planned activities had to be postponed.

Apart from that we were not aware that in order that to get official approval from Ministry of Health and Social Welfare one needs to fulfill many requirements and procedures which are time consuming.

Above all, it seems that the Ministry of Health and Social Welfare overtook part of this project for their own promotion. The idea of publicizing waiting lists for surgeries and diagnostic in Croatian Hospitals presented to Secretary General of Ministry of Health and Social welfare by TI Croatia team members has been included in State Program of Improving the Health Sector introducing 10 new services in health sector. This is rather faltering for Ti Croatia team members but it has to be emphasized that throughout media Minister and his close associates have forgotten to acknowledge TI Croatia as initiator. Aforementioned state program is still in its initial phase, which enables TI Croatia research team members to act swiftly with introduction of ICT model in Dubrava hospital.

Public declaration of the Head of Clinical Hospital Dubrava on the Governmental program was extremely positive, so TI Croatia research team is going to request

their assistance to implement the ICT project as pilot project in these hospitals at their earliest convenience.

Another important issue that TI Croatia team members have to look at is insufficient computer equipment in government institutions. Some of government institutions are extremely well equipped whereas others are not equipped at all. For instance Branch Offices of Social Welfare are not well equipped and as direct intermediaries between their beneficiaries and information on web sites about waiting lists is not certain for every one of them in a way that it was counted. Modification is possible and their representatives or personal social councilors if not having computers could call in the name of their beneficiaries TI Croatia free telephone line.

7. The Road Ahead

Due to the fact that the Croatian Government has introduced its plan for improving the health sector, which includes publicizing of waiting lists, TI Croatia sees this Government initiative as an opportunity to make its project sustainable after the initial 18 months. TI Croatia's project will be implemented as a pilot project in one hospital in the area of Zagreb, which is a task that can be accomplished within a relatively short time span whereas the Government's plan is more extensive and it will take a longer period of time to be fully implemented. After the initial 18 months, the Government will continue on from TI Croatia's project and thus ensure its further sustainability.

TI Croatia project team believes that its ICT model, could help the Ministry test the feasibility of this initiative. Despite the fact that the Ministry welcomed the launching of the project, its successful implementation will be a matter of hospital infrastructure, capability and willingness to cooperate.

TI Croatia team members have contacted the Head of Clinical Hospital "Dubrava" to request a meeting and are currently waiting for his reply. "Dubrava" hospital is at the highest level of computerization of all the hospitals in the area of Zagreb, with an on-going pilot project aimed at improving the work of their information department. Their current level of computerization should enable TI Croatia to put waiting lists for diagnostics and surgeries of at least one of the hospital's departments on its web site with rather simple additional software.

At the meeting with the Head of the City Office for Health, Labor and Social Welfare of Zagreb held on April 14th further cooperation with the TI Croatia team members as equal partners has been established. The Head of the City Office welcomed TI Croatia's initiative to make waiting lists for nursery homes available to the public on TI Croatia's web site which could then be accessed by citizens who do not have access to computers by calling TI Croatia's free telephone

number. Although the City Office launched an initiative to make lists with all the relevant data available to the nursery home applicants, the lists could only be accessed at the City Office for Health, Labor and Welfare of Zagreb and at the Ministry of Health and Social Welfare. The City Office legal department is in the process of completing the draft of the Regulations for eligibility for accommodation in nursery homes, and their intention is to include TI Croatia as their consultants on this Draft. The City Office for Health, Labor and Welfare of Zagreb has recently announced a public tender for software needed to implement the aforementioned project. TI Croatia team members were asked to be allies in the whole process of implementation, with agreement on regular updating. As official procedures in governmental institutions are time consuming, TI Croatia estimates that the date of completing software programming may be at end of June.

7.1. Media Coverage

The main objectives of this project were presented in daily newspaper "Novi List" during February.

Announcements of activities related to this project were presented on TI Croatia monthly press conferences.

Further promotion includes participation at local radio stations and round table discussions related to improving efficiency and quality of public services and free access to information. It is important to intensify contacts with news agencies for more active cooperation.

All obstacles aforementioned in this report, as well as positive responses from all stakeholders should be presented in public trough media.

Sources

CENTRAL BUREAU OF STATISTICS (2003). *Statistical Yearbook-2002* Zagreb: Central Bureau of Statistics.

CENTRAL INTELLIGENCE AGENCY (2003). *The World Factbook- 2003* http://www.cia.gov/cia/publications/factbook/geos/hr.html

EUROPEAN OBSERVATORY ON HEALTH CARE SYSTEMS (1999). *Health Care Systems in Transition: Croatia*, 1999. Copenhagen: WHO Regional Office for Europe.

UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE (1998). *Croatia-National Report,* 1998. Regional Population Meeting, Budapest: 7-9 December, 1998.

WHO REGIONAL OFFICE FOR EUROPE (2000). *Highlights on Health in Croatia*, 2000. Copenhagen: WHO Regional Office for Europe.

WORLD BANK (2001). *Croatia Economic Vulnerability and Welfare Study*, 2001 Zagreb: World Bank, Poverty Reduction and Economic Management Unit Europe and Central Asia Region.

Appendix-1

The ICT Model Picture