MID-TERM EVALUATION

KSV/017

Health Support Programme in Kosovo
(Phase II)

PROJECT SUMMARY DATA

Country	Republic of Kosovo
Long project title	Health Support Programme in Kosovo (Phase II)
Short project title	Health in Kosovo (Phase II)
LuxDev Code	KSV/017
Version of the Report	Second version, March 2018

RATING OF THE PROJECT BY THE EVALUATION MISSION

Global rating (Effectiveness)	**3** On a scale of 1 (excellent results, significantly better than expected) to 6 (the project was unsuccessful, or the situation has deteriorated on balance)
Rating using other evaluation criteria	Relevance: **2 (with a tendency to 1)** Efficiency: **2 (overall technical efficiency)** Sustainability: **3**

EXECUTIVE SUMMARY

Framework of the Mid-Term Evaluation

This KSV/017 mid-term evaluation is based on a mission conducted in Kosovo from 8 to 18 January 2018. The mission's main objective was to analyse the results and the specific objectives reached at the time of the evaluation, compared with what had been anticipated in the project document and the project Inception report.

Management4health GmbH was commissioned by Luxembourg Development Cooperation Agency (LuxDev) to carry out a mid-term evaluation for the KSV/017 project. The mission was carried out by a team of experts, Mr. Ekkehardt Roth as the Lead Evaluator and Dr. Lulsim Cela as the National Health Sector Expert. The Management4health team has combined expertise in health services sector, electronic health systems, and Monitoring and Evaluation.

The evaluation team's methodology consisted of an in-depth desk evaluation of project related documents, informant interviews with project staff and stakeholder's. Responses to specific questions were collected and compared to what was observed during the mission. Through this method, a triangulation of information was achieved for most points of interest.

The main objective of the KSV/017 project is "To contribute to the quality of the health services to the benefits of the population of Kosovo". The objective is supported by three results. Result 1 "Capacity of the Ministry of Health in fulfilling its core functions and responsibilities is upgraded", result 2 "The performance and quality of health services in the public sector are improved", result 3 "Health Information System scaled-up in the public sector and effectively used in the implementation of the Health Sector Strategy". During a briefing session with the Luxembourg Development Cooperation Agency, it was mentioned that a key interest of the evaluation would be to provide the Luxembourg Development Cooperation Agency with guidance on how to continue with result 3 with a particular focus on sustainability of the Health Information System implementation, which was introduced by the predecessor project KSV/014. Although some special interest was placed on result 3, equal attention was applied on the achievements under result 1 and result 2. The evaluation team also looked into result linkages and how to enhance such common thematic topics within one project.

Since the Kosovo 2017 elections, the country has a new Government and new Minister of Health, a large new cabinet comprised of five deputy ministers, and five advisors and other support staff. Due to the political instability and situation that characterises pre-election periods, there was no handover process between the previous leadership to the current political leadership of the Ministry of Health. As a consequence of political changes and new programmatic priorities, the Ministry of Health experienced a substantial staff turnover. The general secretary and several directors of departments and chiefs of divisions were changed by executive decisions. Most of staff in key managerial positions are "acting" managers including the new acting general secretary. Overall, the project operates within a difficult environment.

The newly appointed minister's priority included an impact valuation of donor-funded projects. Until such clarity was achieved, the Minister halted a number of project activities related to the further roll-out of the Health Information System. These circumstances slowed down the progress of the project connected to result 3. It also influenced the achievement ratings of project components, which do not reflect the true effort of the project.

Objectives and results achieved

The project's development objective is to "**To contribute to the quality of the health services to the benefits of the population of Kosovo**" supported by the specific objective to improve the planning, leadership and management capacities of the health sector. The project provides the Ministry of Health with capacity building measures, legal advice for drafting laws, and tools for evidence-based decision-making. **The project's objective is fundamentally targeting governance issues and therefore is fully aligned with the legal framework regulating health sector and with the national Health Sector Strategy and its plan of action.**

The main project achievement by the end of 2017 can be summarised as:

• Support to drafting of three systemic Laws that were proceeded from the Ministry of Health to the prime minister's office and recently included in the 2018 legislative programme of the Kosovo assembly, namely:
  – Draft law on amending and supplementing the Law No: 02/L-125 on health,
  – Draft law on amending and supplementing the Law No: 04/L-1249 on health insurance,

- – Draft law on amending and supplementing the Law No. 02/L-38 on Health Inspectorate[1];
- Review, finalisation and endorsement of the Health Sector Strategy Plan of Action 2018 - 2021;
- Finalisation and approval of the Health Sector Strategy Monitoring and Evaluation manual;
- Finalisation of the situational analysis of hospital services;
- Finalisation of the strategic plan of the Prizren Regional Hospital;
- Finalisation of the strategic plan of the Gjilan Regional Hospital;
- Support to the election process for the Professional Medical Chamber and functionalisation of the Medical Chamber;
- Reaccreditation of the Family Medicine Residency Programme;
- Increased capacities of Ministry of Health staff to cope with reform challenges;
- The Health Information System is fully operational at Prizren Regional Hospital, Prizren Main Family Health Centre, and Pristina Main Family Health Centre;
- Three Admission, Discharge, and Transfer modules for the Health Information System are in use and appreciated by the pilot organisations and users;
- The constantly growing central Health Information System database contains approximately 350 000 registered patients;
- More than 4 000 users were trained on the Health Information System;
- Acceptance level of the Health Information System is high by end users of the system;
- Missing hardware was procured and deployed to University Clinical Centre of Kosovo to further the implementation process;
- Ministry of Health technicians at Ministry of Health Network Operating Centre were supported and trained on network and database technology;
- A feasibility study investigating the most economic business model for the Health Information System was commissioned, executed, and the result was presented to the previous minister of the Ministry of Health;
- A National Health Performance Framework was developed and is ready for implementation;
- Focus groups necessary to shape the Health Information System modules were established (but lack leadership);
- The Health Information System provides data supporting the Health Sector Strategy Monitoring and Evaluation indicator "Annual electronic health information transactions by health care providers increased by each year, starting from 2017";
- Ministry of Health decision making is supported through the creation of graphical presentation of key health indicators, known as Info graphics.

Through these different achievements and activities, the project has contributed to the long-term overall objective, "To contribute to the quality of the health services to the benefits of the population of Kosovo".

Evaluation scoring

The relevance of the project is very high with a score of "2" and a tendency to "1". All interviewed persons, the Auditor General of Kosovo, the World Bank Health Insurance Fund project, other donors, as well as the new minister have confirmed the relevance of the project. The design of the project and the way the three results components flow together to support the project's specific objective, "**To improve the planning, leadership and management capacities of the health actors**", which was interpreted by the evaluation team as strengthening the decision making at the Ministry of Health.

The overall global rating score for effectiveness of the project is rated "3". This lower score is largely attributed to the effectiveness at individual results level. Result 1 can be scored as "3", whereas result 2 can be scored as "2" with a tendency to "1". For result 3, it is "3" due to the external factors caused by the recurring struggle of Ministry of Health to take ownership of the Health Information System. The score for result 1 is influenced by the instability at Ministry of Health regarding staff positions and the only slowly increasing but currently still low valuation of Monitoring and Evaluation at Ministry of Health.

---

[1] http://project.kryeministri-ks.net/repository/docs/PROGRAMI_LEGJISLATIV_PER_VITIN_2018.pdf

The score for result 2 is high to very high, as all engaged beneficiaries were grateful for the interventions and the creation of strategic plans at the General Hospitals in Prizren and Gjilan will have a large effect on the development of other hospitals in Kosovo. The score for result 3 is influenced by the position of the new Minister at Ministry of Health. At the time of this evaluation, it was unclear how the minister would decide concerning the further development of the Health Information System.

The technical overall efficiency of the project is "2" with individual scoring for result 1 and result 2 "2", and for result 3 is "3". The evaluation team was not mandated to perform a budget audit / economic evaluation and therefore, uses the wording 'technical overall efficiency', excluding an evaluation of the financial efficiency.

For result 1 and 2, the commitment breakdown does not show any unnecessary cost items. The budget was mostly used for professional fees of international and national experts as well as salary for project staff. Other larger amounts are related to office running costs, contributions to activities of the working groups at the General Hospitals Prizren and Gjilan, costs related to study visits of partner hospitals in Slovenia, support to international accreditation of Kosovo Family Medicine Residency Programme by the United Kingdom Royal College of General Practitioners, and costs for external training provided to Ministry of Health staff. The presented amounts are all comparable to similar interventions in other countries and projects. For result 3, the evaluation team recommends to perform a separate and detailed programmatic and economic evaluation of the Health Information System.

The project's overall sustainability rating is "3" with individual scores for result 1 is "3", result 2 is "2", and for result 3 is "4". Sustainability of interventions under result 1 is affected by frequent and massive changes in the management and leadership structure. All interventions under result 2 show solid potential for sustainability. Sustainability of result 3 is characterised with high risks since Health Information System is highly dependent on political decisions, available Ministry of Health finances, and donor support. **The evaluation team found that Health Information System components supported by the project were implemented at an above-average level, while implementation of Health Information System components that were dependent on Ministry of Health witnessed delays, underfinancing and poor implementation, thus jeopardising achieved results.**

Conclusion and recommendations

In general, the KSV/017 project has been able to generate a high-level of support by all persons at beneficiary institutions, as well as with direct beneficiaries and Health Information System end users. On a personal level, the project and the project team is very well accepted in the country and appreciated by the project beneficiaries. The wish for a continuation of the project and the input of their experts was voiced several times throughout the mid-term evaluation.

Due to the change in political leadership and key stakeholders at the Ministry of Health, the project's participatory approach was several times disrupted. While at the inception of project activities there were clear institutional agreements on activities to be implemented, at later stages individuals at the Ministry of Health questioned those activities. This situation requires a lot of flexibility from the project team.

It also creates frustration among the various beneficiaries, especially the Health Information System end users not knowing if and when specific activities will happen, ensuring non-interrupted and stable system functioning. A variety of opinions regarding the nature of a Health Information System exist amongst Ministry of Health and the project, and since there is no agreed definition of a Health Information System that is accepted by all parties within this project, miscommunication occurs regularly.

Generally, addressing the slow Ministry of Health response time has impeded crucial processes and stopped project activities from continuation. **To overcome such difficulties the establishment of a joint task force comprising Ministry of Health and the project accompanied by a fixed date is proposed**. Official interaction would generate some pressure for action, since the urgency for decisions caused by slow processes is visible. Chair of such a task force should be held by the Ministry of Health general secretary or a person mandated by him to yield a higher involvement of Ministry of Health management, and thus creating a better ownership of the agreed results. The frequency of the project steering committee is not conducive to the progress of the project. It should be considered to increase the rate of meetings if the above-mentioned task force could not be established. The project should engage with the donor committee meetings more often, comprising of the Ministry of Health, donors, and implementers, like consulting companies with running projects in the health sector.

Result No 1 - the project should support developing capacities that will build synergy between the Ministry of Health Monitoring and Evaluation System and Health Information System. The Monitoring and Evaluation division as part of the Strategic Management Department must be enabled to leverage main sources of data and information supporting evidence-based planning and policy making. **The project should enhance support to National Institute of Public Health in becoming a provider of key health data, as well as editor and publisher of health information, as the National Institute of Public Health acts as a body of technical support to the Ministry of Health and to the minister of finance**. Even when the Health Information System in its current form is abolished, National Institute of Public Health needs to be trained to become the source for health information. An analysis system for aggregated data, like DHealth Information System2, needs to be established using data from various sources and can be established without the current Health Information System.

Without direct involvement in the Health Information System customization and further development, particularly in the analysis of data provided by the Health Information System, the National Institute of Public Health will not be able to provide real time evidence for decision making. Within this context, the project should also assist Ministry of Health in establishing a cadre of health data analysts at Ministry of Health or National Institute of Public Health level. Data analysts are capable of extracting information from a large set of data and transform it into graphs to make the analysis more comprehensible. Those analysts would also be trained and working with the under result 3 recommended system for aggregate data analysis.

The project could support Ministry of Health to initiate a regular recruitment process in order to establish a sustainable management structure. The project could support drafting of Terms of reference for those positions and support development of the recruitment framework based on legal framework and competencies. If required, the project could support establishment of the Independent Recruitment Commission for key positions such as the position of the general secretary and Directors of Departments.

Result No 2 - the project should continue supporting the national Family Medicine Residency Programme. Using the existing experience with the United Kingdom Royal College of General Practitioners further accreditation of residency programmes in priority health areas such as maternal and child health care, gynaecology & obstetrics, paediatrics, should be initiated. Sustain and expand the scope of current activities for the development of Strategic Plans for the General Hospitals in Prizren and Gjilan in two directions:

• Support targeted implementation of selected activities of strategic plans in both hospitals. Options for support are the supply of essential equipment, building management capacities, drafting and endorsing internal regulations, and establishing monitoring capacities derived from Hospital Strategic Plans where the project is already operational and thus does not need to wait for Ministry of Health decisions or for interventions of other donors;

• Disseminate activities and current experience in hospital strategic planning to at least 2 other general hospitals. Expanding this activity to other general hospitals can build upon the existing achievements, like the existing situation analysis for Kosovo Hospitals and University Clinical Services, investments in drafting Strategic Plans for Prizren and Gjilan yield an instant result at other general hospitals by using many outputs as ready-made products for other hospitals e.g. strategic planning approach, matrix, and job descriptions.

The project should also work with the Kosovo Hospitals and University Clinical Services Board and management structures to keep them updated on the activities implemented at their constituency - hospital level and prepare the ground for absorption of changes and increased demand. **The project should continue supporting establishment and functionalisation of the Medical Chamber**. It is recommended that project supports transition of financing from Ministry of Health to autonomous financing through doctors' annual registration fees i.e. support Doctors Chamber to become administratively and financially independent and capable to manage its functions and finances as foreseen by the Law on Professional Medical Chambers.

Result No 3 - The project should not continue to concentrate on the current maintenance and future rollout of the Health Information System, but support Ministry of Health in data analysis and decision support using data and information provided by a Health Information System, while waiting for the Minister's decision on whether to continue the Health Information System with VAMED/Avicenna. If the Minister decides to continue the rollout of the VAMED/Avicenna system, the project should continue to support the establishment of this system. Only with a clear commitment from the minister the investment in an instant extension of the VAMED maintenance contract would be justified. The evaluation team is of the opinion that the existing system is not yet a comprehensive Health Information System, but more of a hospital information management system. The rationale behind this recommendation is the definition of a health information system. According to the World Health Organisation / Health Metrics Network there is clear value in defining what constitutes a health information system and how its components interact with each other to produce better information for better decisions and better health. For a health information system to function, various policy, administrative, organisational and financial prerequisites must be in place. Supportive legislative and regulatory environments are needed to enable confidentiality, security, ownership, sharing, retention and destruction of data. Investment from domestic and international sources is required to strengthen ICT and provide human resources to run these systems.

The Health Metrics Network Framework is sectioned into Inputs, processes, and outputs. The VAMED/Avicenna system is working on the inputs and some parts of the processes. Although the system provides some reporting capabilities, the outputs are yet to be further developed and are not part of the current Health Information System. The outputs comprise information products that transform data into information that will become the basis for evidence and knowledge to shape health action and dissemination and use that enhance the value of health information by making it readily accessible to decision-makers. By developing the Kosovo National Health Performance Framework, the international Health Information System expert has already contributed to enhance the current system to a comprehensive Health Information System, which is presented in the following figure.

A close collaboration between Ministry of Health Monitoring and Evaluation and the international Health Information System expert must be established and extended to the National Institute of Public Health to develop a national set of core indicators based on the World Health Organisation and the EUROSTAT requirements. The evaluation team recommends to intensify the collaboration with the World Bank Health Insurance Fund project to achieve synergy effects particularly concerning shared health data. Since the Health Insurance Fund's IT system must interact with the Health Information System on the level of data exchange, a common approach and system architecture is crucial. If Ministry of Health decides to replace the VAMED/Avicenna system even closer collaboration is needed to assist in shaping any new system.

Measuring the effectiveness of result 3 and in particular the Health Information System is very difficult. It must be noted that the Objectively Verifiable Indicators are not very specific. The Objectively Verifiable Indicators "All Health Information System stations are accessible for the system by the end of 2018" does not define the term "All". For the moment "All" means all Health Information System pilot sites, because the Health Information System still waits for the next roll-out phase. **It is recommended that project undertakes mid-term evaluation of project Monitoring and Evaluation tools to change or reaffirm relevance of Objectively Verifiable Indicators, means of verification and assumptions**.