

Type of Project:	Health Ambulantas	Country: Serbia		
Approach:	Repair/Rehabilitation	Realisation Year: 2002 - 2003		
Project name:	Health Care in Southern Serbia Rehabilitation of 4 Ambulantas	Version: 1	Date:	February 2004



Initial Situation, Context

The crisis in the Balkans strongly affects all level of public services. The presence of 350'000 refugees and 200'000 IDPs is an additional burden for the state and its services. Therefore the health care system is in a very precarious situation. Urgent and necessary investments are not possible because of the limited state budget. This situation is even worse in the poorest corner of the country, in the south eastern border area of Serbia where most basic health services are no more always provided. Lack of finance and poor maintenance during decades are the reasons why the health care facilities in this area are generally in a very bad condition. Shortage of equipment, medication and drugs are therefore sometimes becoming life threatening. The Ambulantas as the lowest level of health care do not get particular attention, despite the fact that they should provide the population with the basic medical services.

ICRC has therefore established an ongoing health program in Presevo and Bujanovac (GSZ) with health houses. The reopening of Ambulantas could help them to cover the basic needs in this area.

Goals, Beneficiaries

Main goal was to assist the primary health care system in rural area of the municipality of Bujanovac in southern Serbia by rehabilitating and reopening of Ambulantas for the benefit of the most vulnerable population.

Approach

The selection of Ambulantas for rehabilitation was done after the input from the relevant partners (ICRC, MoH and municipalities with a health centre).

Partner(s)

MoH, as the Ambulantas are part of the public health care system

Health Centre in Vranje. This is the administrative centre in the region; it allocates the budget for the running cost of the Ambulantas

Municipality of Bujanovac: The municipality will have the responsibility for the operation of the ambulanta.

ICRC: provides assistance in the project definition and will later supply drugs and monitors the services provided by the Ambulantas.

UNDP: is responsible for connecting the Ambulantas to the water supply system with its REP (Rapid Employment Program)

SDC-HO: develops the concept, prepares, implements and monitors the project; finances the rehabilitation of the Ambulanta in Bresniza.

Implementations/Results

The implementation required 7 months.

2 months for selection of health center, agreement, preparatory works, project designs, authorization, bidding and contracting (local contractors)

4 months for construction works and hand-over

Local material was used and the construction was in line with the local building standards.

Technical details

Among 4 Ambulantas, covered by this project, one in Breznica was specific in its wide range of works and funds invested in the implementation.

The building for the Ambulanta in Breznica was previously built as a primary school and as a premise for the communal union. But the building was never finished. Only the walls, the primary constructions for the floor and the roof were completed. Doors, windows, insulations, floors, plastering, painting, all installations for water- and electric supply and the sewage system had to be executed

The total size of the basement is 151,5 m2 out of that 82 m2 are used for the Ambulanta, the rest is used for the staff (medical support, assistants)

Cost, Financing

The construction work of the Ambulanta in Breznica was financed by SDC. In total 36'000 EUR. ICRC funded the medical equipment and the furniture, UNDP financed the water supply.

Problems/Constraints

The water supply from an underground cistern is only a temporary solution. But the water supply in the village Breznica in general is not yet solved. The existing road connecting the Ambulanta in Breznica with the Health House in the town Bujanovac is difficult to drive during rain and winter period. The only good road makes a turn into the territory of Kosovo, which is for the villagers for security reasons not accessible.

Lessons learned What was useful in the approach?

By opening the Ambulantas in Breznica and in the other 3 places, the health care system for more than 1200 villagers was improved.

Lessons learned What should be done different next time?

To many partners were acting in this process. It would probably have been easier to implement bilateral direct with the local Health Centre.

Preconditions and Limitations for this approach

Political acceptance of this project by national and local authorities and a close cooperation with all partners is a must.

Evaluations

None

For further information

Recommended Contacts:	Ernesto Morosin, Head of SDC Housing Office Belgrade
Recommended Institutions:	SDC/SHA, desk Europe + CIS
Recommended books/reports:	SDC/SHA Fact Sheet June 2002: "The Swiss Contribution"
Relevant other projects (links):	Similar Projects in Albania

Annex: (technical drawings, schemata) see page: 3-5

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Procedures Checklist

General Information

ICRC and local Health Centre in Bujanovac are responsible for monitoring the health care in the ambulanta of Breznica. The running cost are covered by the Serbian health care system. But the building premises are mostly in a bad shape due to poor maintenance since decades and civil unrest. The necessary funds for rehabilitations are not available within the regional health care system.

Goals, Beneficiaries

The concept of this project is to rehabilitate 4 ambulantas in accordance with the regional Health Care Program. The main goal is to support the Serbian MoH in its effort to facilitate the primary health care of local populations in villages of the municipality of Bujanovac, by rehabilitating and reopening of former ambulantas. About 1200 inhabitants will be provided again with basic health services and protection.

PROJECT IDENTIFICATION

1. Problem Detecting: ICRC + SDC + MUN + Ambulanta Bujanovac Initiative

- a Is there an awareness of the high number of population in need of basic health care?
- b Is there a support of the Government (National Strategy to solve Health Care Problem)?
- c How is the specific situation in the involved Municipality?

2. Concept: SDC Initiative

- a Analyse the needs of the Municipality and the local population
- b Analyse the needs of the Health Centre for necessary health care in the villages
- c Define the concept and the participation of each partner
- d Assess and present already existing similar projects (if existing)

3. Assessment of project solutions: ICRC, UNDP, SDC Initiative + Health Centre Bujanova

- a Update the records about health care system in the municipality
- b Develop appropriate solutions
- c Assess the requirements for finalization of the technical project
- d Propose the layout plan and the preliminary technical design

4. Motivation: ICRC, UNDP, SDC Initiative + Municipality

- a Check the willingness of the Health Centre and the Municipality
- b Analyse the potential of the municipality to participate in the project
- c Motivate, if necessary, the municipality to find potentials and resources
- d Motivate local population by defining benefits for them

PROJECT STRUCTURE

5. Partnership: ICRC + UNDP + SDC Initiative + Health Centre + Municipality

- a Organise Round Table discussion, approach other partners
- b Preliminary discussion on project concept
- c Prepare first draft of Agreement based on preliminary discussion
- d Include partner-comments and remarks in a second draft and organise discussion
- e Define and sign final Agreement by all partners

6. Responsibility (Agreement): All Partners

- a **SDC**: Initiates, funds construction, technical documents, implementation
- b **ICRC**: Provides Assistance in project definition, will later on supply drugs and monitor the services provided by the Ambulantas
- c **UNDP**: Responsible for connecting the Ambulantas to the water supply system in the frame of a Rapid Employment Program (REP)
- d **MoH**: Is part of the Government, monitors the public health care system
- e **Health Centre Vranje**: Responsible for health centre in Bujanovac. Allocates the funds for running the Ambulantas
- f **Municipality**: Provides all permits and authorizations, performs day-to-day supervision of the construction

PROJECT IMPLEMENTATION**7. Building works: SDC + Municipality**

- a Elaborate the main and executing design and documents
- b Provide technical check-up of all project documents
- c Provide approval from the relevant organizations
- d Organise the necessary "Building Permit"
- e Organise Tendering
- f Organise Contracting
- g Open the construction site
- h Run the project monitoring
- i Find and organise the project acceptance
- k Organise the final account
- l Organise the documents for "Permit for use" and handover

8. Medical Equipment and furnishing: SDC + ICRC + Local Health Centre

- a Local Health Centre proposes list of medical equipment and furniture
- b ICRC checks the list according the standard needs of Ambulant as
- c Organise Tendering
- d Organise Contracting
- e Check the delivery and hand-over
- f Final account

Legend

MoH: Ministry of Health

MUN: Municipality

HC: Health Centre

ICRC: International Committee of Red Cross

UNDP-REP: Rapid Employment Program of UNDP

For further information

Recommended Contacts:	E. Morosin, SDC Housing Office Belgrade e-mail: sdc.ho@eunet.yu
Recommended Institutions:	SDC/SHA, desk Europe + CIS
Recommended books/reports:	SDC/SHA Fact Sheet June 2002: "The Swiss Contribution"
Relevant other projects (links):	similar Projects in Albania