

**Croix-Rouge Suisse
Schweizerisches Rotes Kreuz
Croce Rossa Svizzera**



Produced for the Swiss Red Cross – office in Kosovo

**” Strengthened quality of Reproductive Health services through
improved provider’s competence”**

July 2004 - June 2006

FINAL EVALUATION REPORT

Aliriza Arënliu

Prishtine, July 2006

TABLE OF CONTENTS

ACRONYMS	3
ACKNOWLEDGMENT	4
EXECUTIVE SUMMARY	5
1. PROJECT BACKGROUND	7
2. EVALUATION PURPOSE	7
3. METHODOLOGY	7
4. EVALUATION FINDINGS	9
4.1.1 Project Output 1: Strengthened human resource capacity in Family Medicine Health Centers to provide quality RH services.....	9
4.1.2 Impact achieved related to output 1	10
4.2.1 Project Output 2: Improved access to /availability of quality RH services	10
4.2.2 Impact of the structural, physical and technological processes on the access and availability of quality reproductive RH services.....	14
4.3.1 Project Output 3: Improved awareness and knowledge on reproductive rights and reproductive health of women, men and adolescents.....	15
4.3.2 Impact of the provision of information on the level of awareness and knowledge on reproductive rights and reproductive health of women, men and adolescents	16
4.4.1 Project Output 4: Compiled Reproductive Health Strategy for Kosovo	20
4.4.2 Impact achieved related to output 4	21
5. EFFICIENCY AND EFFECTIVENESS	21
6. CONCLUSIONS	21
7. RECOMMENDATIONS.....	22

ACRONYMS

RH – Reproductive health

SRC – Swiss Red Cross

MFMHC- Main Family Medicine Health Centers

FMHC – Family Medicine Health Centers

FM – Family Medicine

WHO – World Health Organization

RCK – Red Cross of Kosova

CDFM –Center for Development of Family Medicine

IMPAC – Integrated Management of Pregnancy and Childbirth

ACKNOWLEDGMENTS

The consultant thanks the following teams, organizations and individuals:

- SRC Prishtina staff for their generous logistical support
- Managers and staff from the Family Medicine Health Centers and the Red Cross of Kosova in Mitrovica, Vushtrri, Skenderaj for their support in preparation of interviews and group discussion
- Representatives of the Ministry of Health for substantial input and insights, and
- Representatives of UNFPA

EXECUTIVE SUMMARY

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

Kosovo from 1989-1999 has gone through various political turmoil's that culminated in an armed conflict and international intervention in 1999. Health services were shattered. The consolidation process started with support of international community RH issues until 2004-05 were dispersed and various organizations worked without any specific guidelines or strategy.

Some of the key findings from the collection and review of qualitative and quantitative data in evaluation of SRC implemented project :” Strengthened quality of Reproductive Health services through improved providers” are presented bellow:

- A total of 359 health professionals (doctors and nurses) have attended a training organized by the SRC on RH health, in three municipalities: Mitrovica, Skenderaj and Vushtrri.
- 28 Trainer of Trainers were educated to provide echo training to the health workers in Family Medicine.
- Part of a grass-root intervention in the community on this regard, there was a successful cooperation with Red Cross of Kosova, which resulted with total of 48 volunteers who participated in the RH training.
- A remarkable number of female participants were trained in the program.
- Dissemination of the information on RH health covered well rural areas.
- Respondents mentioned following reasons as a necessity to provide training on RH field: lack of professional trainings of in this field, high mortality rate among new born children, and high percentage of women in the fertility phase.
- Majority of participants of these trainings replied to have been satisfied with the content of the training, and all respective elements pertaining to the training.
- Supervisors of the trainees report more qualitative care provided on RH matter (information and health care) to the population, due to participation on the trainings provided by the project.
- Participants replied, as a result of the training attended, to have been empowered in providing more qualitative support to the population on RH issues.
- Some participants reply to have noticed a higher demand of contraceptive tools from the users of the family health centers. Consequently, some FHC seem to be better supplied with the contraceptive tools now, hence the health workers are in a better position to provide a broader range of support to the users.
- According to the participants interviewed, population is still used at first to visit a gynecologist for any matter related to the RH health, rather than FM practitioners. If the former were able to be more active in this regard, the possibility to put into practice knowledge and information received from the training would drastically increase.
- There is a clear increase of ante-natal and post-natal visits to the MFMHC and FMHC since the project has started. There is also an increase over time on number of

consultations offered from the health professionals on RH, in municipalities where the project was implemented.

- Awareness raising campaign covered a broad spectrum of media publication.
- A National Strategy for Reproductive Health was compiled and waiting for an official approval from the Ministry of Health.

Three main steps within the implementation of the project have been made since and the project has proven that: RH services can be systematized in public health services and sensitivity of the health professionals on RH can be reinforced; assuming that not all population can be reached through health services community intervention are extended to reach the distant and economically disadvantaged populations; better coordination on RH activities is possible by getting together the relevant actors and interested stakeholders as has been done in this project.

1. PROJECT BACKGROUND

The project “Strengthened quality of Reproductive Health services through improved provider’s competence” addresses the improvement of access and provision of quality reproductive health services for the community and is a partnership between UNFPA, Ministry of Health (MoH) and Swiss Red Cross (SRC).

This two and half-year project ran from August 2004 to June 2006 and targeted health professionals from Primary Health Care (PHC) and communities of reproductive age in three project sites across Mitrovica Region.

The project sought to contribute to the improvement of utilization of reproductive health services by accomplishing the project outcome: “Increased use of quality RH/family planning services and commodities among men, women and young people in Kosovo”.

The outputs of the project intended to reach the following:

- Strengthened human recourse capacity in Family Health Centers and Red Cross of Kosova to provide quality RH services
- Improved access to /availability of quality RH services
- Improved awareness and knowledge on reproductive rights and reproductive health of women, men and adolescents
- Strengthened policy support within the Ministry of Health through a compiled RH strategy for Kosovo

The project framework focused on addressing the above mentioned four outputs by applying a comprehensive approach with all the various components, such as policy and advocacy, client-friendly services, reproductive health education, media, and so forth, to strengthen the capacities of the health workers for provision of quality RH services and improve the knowledge and access of the communities towards RH issues. The project’s core intervention was staff training in PHC – Family Medicine as well as training for health educators of the Red Cross of Kosova. The training course developed during project was added to the curriculum schedule of the Continues Professional Development Programme for Family Doctors and Nurses in the Center for Development of Family Medicine in Prishtina.

In terms of capacity building, the project conducted training for service providers (including Family Doctors, nurses and Gynecologists at Family Medicine Health Centers providing RH services) and developed professional relationships of care providers and supporting mechanisms to provide client -friendly services.

In addition, community information courses were conducted by the health educators of the RCK which used participatory approaches in order to develop knowledge, attitudes, skills and behaviors that promotes prevention measures for reproductive health for community members of reproductive age.

To enable a supportive environment for the clients and the community, the project developed and disseminated media and education/information materials to inform the community about the RH issues.

Strong motivation of stakeholders with close cooperation of the International Agencies and NGO led to development of a National Strategy for Reproductive Health which is in the process of official approval by the Ministry of Health.

In the last phase of the project an evaluation study was carried out .The aim of the study was to asses the degree to which the project has achieved its goal of improving Kosovar reproductive health status, in terms of increasing community's reproductive health, promoting healthy attitudes regarding sexuality and promoting healthy sexual behaviors among the community.

The experience while implementing the project shows that the RH services can be systematized in public health services and sensitivity of the health professionals on RH can be reinforced; assuming that not all population can be reached through health services community intervention are extended to reach the distant and economically disadvantaged populations; better coordination on RH activities is possible by getting together the relevant actors and interested stakeholders as has been done in this project.

2. EVALUATION PURPOSE

The aim of the evaluation is to assess whether the planned outputs/results have been reached and whether the project has effectively contributed to the project outcome. Additionally it should provide recommendations for the coming phase.

This evaluation report provides specific answers to the following questions:

1. Did the project with its various inputs strengthen the family medicine staff's member's capacities to provide adequate reproductive health care services?
2. Is improved awareness and knowledge on reproductive rights and reproductive health of women, men and adolescents achieved?
3. Did the Ministry of Health receive the expected support for its Reproductive Health Policy development?
4. Were the methods and means deployed by the SRC to reach these results effective (in the sense of doing the right thing) and efficient (in the sense of the good use of the resource)?

3. METHODOLOGY

The above mentioned questions are answered through the analysis of the existing data/documentation related to the project and objectives foreseen in the project. Other sources of information used for the evaluation of the project are various interviews conducted with the beneficiaries and relevant stakeholders.

Four main sources of data are used for evaluation of SRC implemented project:

1. review of existing documents (quarterly reports from SRC, evaluation reports from consultants, reproductive health strategy documents, RH official website, etc)
2. Interviews⁴ conducted in Ministry of Health
3. Focus groups conducted in FMHC and with officials of RCK
4. Evaluations forms and discussions with beneficiaries

⁴ The Interviews are semi-structured. The interviewer has focused on the objectives assigned in the mission instruction document.

4. EVALUATION FINDINGS PER PLANNED PROJECT OUTPUTS

4.1.1 Project Output 1: Strengthened human resource capacity in Family Medicine Health Centers to provide quality RH services

To create the prerequisites for successful implementation a steering committee with key representatives on reproductive health was established. The steering committee consisted of: representatives of Ministry of Health, Kosovo Obstetrics and Gynecologist Association (KOGA), Center for Development of Family Medicine, Mother and Child Committee, Association of Pediatrics of Kosovo Institute of Public Health, Center for Continuing Nursing Education, WHO, UNICEF and UNFPA . The steering committee initiated different project related activities and monitored the project implementation.

In August 2004 a working group for the development of RH standards and guidelines was established. The working group agreed to develop standards and competencies for reproductive healthcare. The first standard developed was WHO's IMPAC (Integration Management of Pregnancy and Child Birth). The working group adapted the manual specific for healthcare services in Kosovo. After acknowledgment of the Ministry of Health, the manual was printed in 1050 copies for service providers and health facilities in Kosovo.

A working group of national experts was established to perform a desk review of all reproductive health training materials developed in Kosovo from 1999 – 2004. A report of the existing curricula on reproductive health trainings was presented to the stakeholders with the strong recommendation of the working group to use the adapted IMPAC manual as standard material in the forthcoming Continuing Professional Education programs of Family Doctors and Family Nurses.

After a list of criteria's for selection of trainers (see annex 1) was developed by the steering committee and approved by Ministry of Health. For facilitation of the training the Center for Development of Family Medicine was chosen since it is equipped with a clinical skills lab. The selected trainers were 13 family doctors, 3 gynecologists, 8 family nurses and 4 midwives in total 28. The training of TOT was taught in May 2005, 28 Certificates were issued to the participants who successfully completed the training. The training was evaluated through a pre and post test. Evaluation of the TOT training by participants in general was very positive all participants considered that the objectives of the training program were clear and realistic.

This was followed by Echo Trainings, the estimated amount of RH providers to be trained was 400 from the regional hospitals, FMHC to cover the 3 municipalities Skenderaj, Vushtrri and Mitrovica. The Echo trainings followed the same curriculum and training methodology by using the Trainers Manual and RH guidelines as in the TOT. The Ministry of Health accredited the echo trainings as a part of the Continuing Medical Education of the health staff and the points were recorded in their portfolio. In total 359 health workers from three municipalities were trained in period of May - November 2005. 93.5% of the respondents replied to have been very satisfied with the overall quality of the training. The respondents pre and post test results were positive.

Table 1 – number of nurses and doctors trained in RH echo trainings

	Echo Training	
	Doctors	Nurses

Mitrovica		21	117
Skenderaj		13	96
Vushtrri		24	88
	Total	58	301

4.1.2 Impact achieved related to output 1

Health workers emphasized the importance of the training in reproductive health. Evaluating the training eight months after ending, the health workers expressed empowerment of themselves, feeling more aware, confident and capable, in providing better qualitative reproductive health services. The training was a good opportunity to understand the developments through a systematized tool as IMPAC. Especially the information on eating habits during pregnancy and the care for the infant immediately after the birth are seen as fields where the beneficiaries would gain the most.

Possibilities for counseling and providing information in reproductive health care issues are easier assessed than before the training. Training of the staff especially in provision of counseling skills is a need all the health workers expressed.

4.2.1 Project Output 2: Improved access to /availability of quality RH services

In order to measure access and availability of the RH services in FMHC, quantitative and qualitative data were collected. The data were collected before and after the training of the staff in the project area. Regarding the situation in the primary health care institutions rapid facility surveys were performed by the Swiss Red Cross office. Additionally a checklist was used to observe the quality of the RH service provided by the primary health care professionals.

The RH indicators such as: pre and post natal visits and family planning services were closely monitored. In general the results indicate an increase in number of consultation services for family planning and ante-natal care since 2004 when the project has started.

Table 2 - Number family planning consultations and number of contraceptives distributed to the clients in Mitrovica municipality

	Sep 04 - Nov 04	Dec 04 – Mar 05	Apr 05- July 05	Aug 05- Nov 05	Dec 05 - Mar 06
Family planning Consultations	80	180	452	496	816
Condoms	151	299	180	265	260
Pills	7	11	93	135	494
Injections	0	0	0	0	21
IUDs	0	0	0	0	17

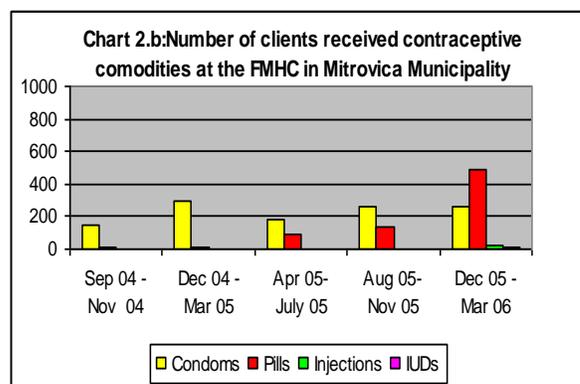
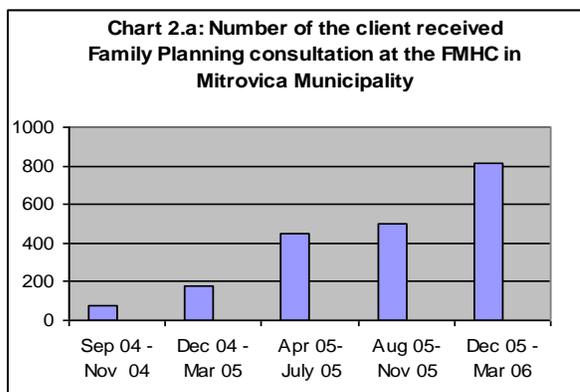
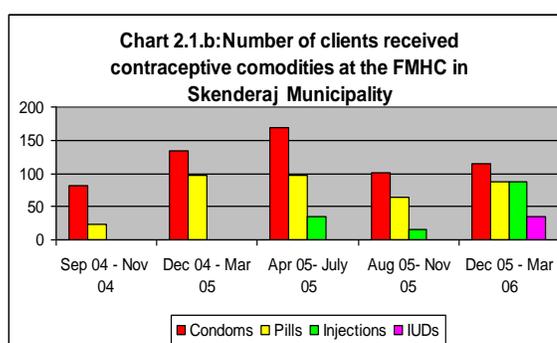
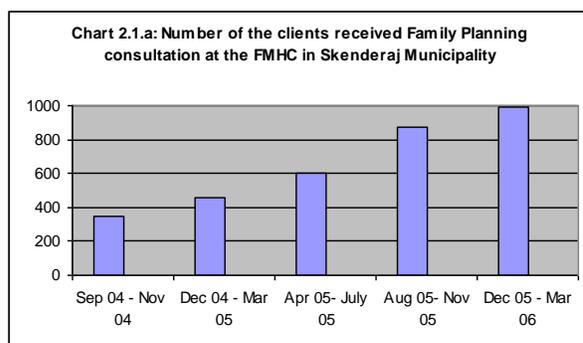


Chart nr.2 a and 2 b show the number of the family planning consultations offered in the FMHC and the number of the clients received contraceptive commodities at the same FMHC. From the results from the charts we can conclude that the training of the staff resulted with an increase of the consultation services which is not followed with the increase of the use of the commodities from the same FMHC, most probably due to lack of availability of the contraceptive commodities in FMHC as was confirmed also in the focus groups with the health professionals in family medicine centers where project was implemented. Quality reproductive health care must include a minimum level of commodities, appropriate equipment and trained staff.

Table 2.1 - Number family planning consultations and number of contraceptives distributed to the clients in Skenderaj municipality

	Sep 04 - Nov 04	Dec 04 - Mar 05	Apr 05- July 05	Aug 05- Nov 05	Dec 05 - Mar 06
Family planning Consultations	350	460	599	872	990
Condoms	81	134	168	101	114
Pills	24	98	97	64	87
Injections	0	0	34	16	87
IUDs	0	0	0	0	35

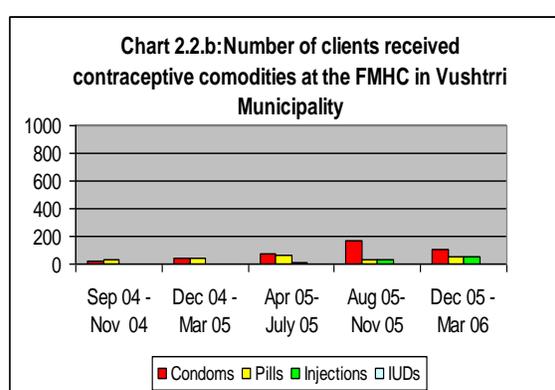
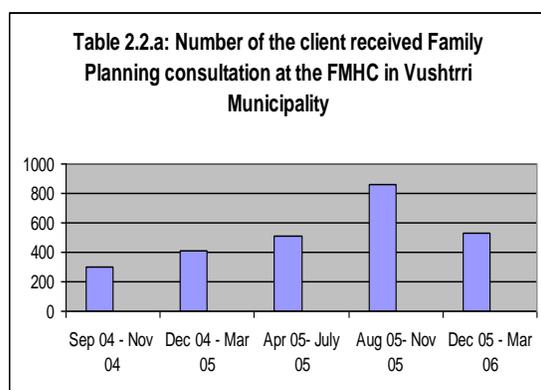


Similarly in Skenderaj as in Mitrovica there is steady increase in number of consultations in family planning from September 2004 until March 2006. However similarly as in Mitrovica in Skenderaj the number of usage of commodities

The same trend is followed also in the chart nr 2.1.a and 2.1.b. The increase of the consultations services does not follow the same trend of the increase of the usage of the contraceptive commodities is not increasing except for period of September 2004 until July 2005.

Table 2.2 - Number family planning consultations and number of contraceptives distributed to the clients in Vushtrri municipality

	Sep 04 - Nov 04	Dec 04 - Mar 05	Apr 05- July 05	Aug 05- Nov 05	Dec 05 - Mar 06
Family planning Consultations	297	407	511	865	528
Condoms	17	43	72	173	109
Pills	30	42	60	29	56
Injections	0	0	10	32	56
IUDs	0	0	0	0	0



From the focus groups with the health practitioners in Vushtrri family medicine center it was clearly indicated that they lack contraceptive commodities in this health facility. Similarly there is no change in the usage of the contraceptive commodities during the intervention period whereas the number of family planning consultations had a steady increase especially until November 2005.

Table 3.1 – Number of Antenatal/Postnatal visits in Mitrovica Municipality

	Sep 04 - Nov 04	Dec 04 - Mar 05	Apr 05- July 05	Aug 05- Nov 05	Dec 05 - Mar 06	Apr 06 - Jun 06
Antenatal	9	39	52	121	113	353
Postnatal	0	0	148	85	50	269

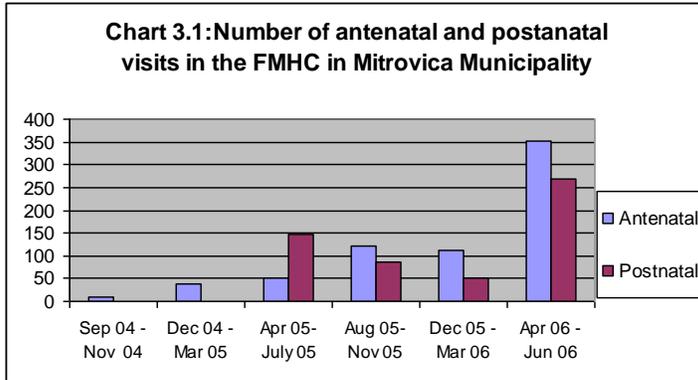


Table 3.2 – Number of Antenatal/Postnatal visits in Skenderaj Municipality

	Sep 04 - Nov 04	Dec 04 - Mar 05	Apr 05- July 05	Aug 05- Nov 05	Dec 05 - Mar 06	Apr 06 - Jun 06
Antenatal	169	272	290	266	214	263
Postnatal	256	188	144	151	77	104

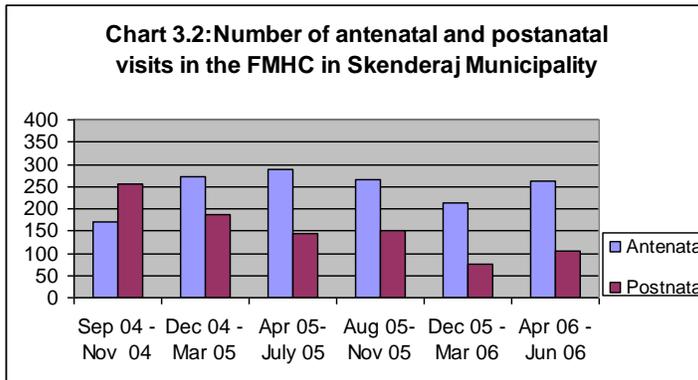
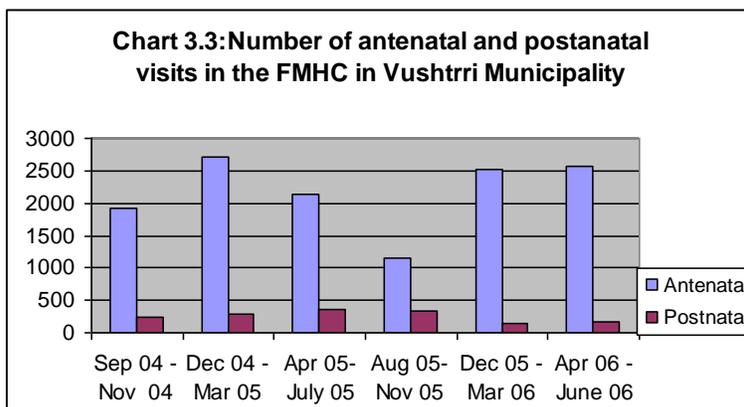


Table 3.3 – Number of Antenatal/Postnatal visits in Vushtrri Municipality

	Sep 04 - Nov 04	Dec 04 - Mar 05	Apr 05- July 05	Aug 05- Nov 05	Dec 05 - Mar 06	Apr 06 - June 06
Antenatal	1925	2704	2134	1147	2530	2560
Postnatal	250	293	359	329	154	165



The amount of visits decreased slightly in the three municipalities from August 2005 until December 2005. The explanations⁵ for this decrease are:

- The general decrease of 10000 (25 %) of the total amount of deliveries in 2005 Kosovo wide
- The seasonal influence, harvest time August until October 2005
- A community approach for provision of RH related information and condoms in remote and distance villages with limited access to health services

In addition to being assessed the services, eleven health workers were observed on performance in the FMHC while attending to clients. The total number of the health providers observed in Mitrovica region was seven (two Family Nurses in Mitrovica, two Family Nurses in Skenderaj, two Family Doctors and one Gynecologist in Vushtrri), and four health providers in Peja and Istog (two Gynecologists and one midwife in Peja and one Gynecologist in Istog). The observations were conducted with a performance checklist containing eighteen items that characterize the providers communication skills, against which providers were assessed.

The results of the observations show that 54.5 % of the health providers have excellent counseling skills mainly Family Medicine staff in the Mitrovica region (two Family Doctors from Vushtrri, two Family Nurses from Skenderaj, one Family Nurse from Mitrovica) and one Gynecologist in Istog

28 % of the providers have moderated communications skills (2 Gynecologists in Peja and one Family Nurses in Mitrovica) and 18% of the health providers do not have required knowledge on counseling skills (one Gynecologist in Vushtrri and one midwife in Peja)

Table 4: Percentage of health provider's performance in communication skills in interventions and nonintervention sites

	Excellent	Moderate	Poor
Intervention sites	45%	9%	9%
Mitrovica	9%	9 %	
Vushtrri	18%		9%
Skenderaj	18%		
Nonintervention sites	9%	18%	9%
Peja		18%	9%
Istog	9%		

4.2.2 Impact of the structural, physical and technological processes on the access and availability of quality reproductive RH services

Overall the impact of the project on the development of RH services is positive. According to the health workers in Mitrovica the increase in the family planning consultations was an immediate

⁵ Explanations are not validated through research, but based on health facility records, interviews with health workers, red- cross volunteers and beneficiaries. A KAP survey is done (May, June 2006) in the region which will support our findings. A report of the survey will be released in October 2006.

effect of the RH training conducted. Overall RH services are increasing due to the attempts of the health facilities to implement, spread and sustain quality and service improvement processes.

Two factors are complicating the attempts. At the moment there is still a clear cut between RH services which are provided by the hospitals (gynecologists and midwives) and the family medicine health workers in primary healthcare. Clients do not access FMHC as the entry point for RH services. In the municipalities Mitrovica and Vushtrri primary and secondary healthcare are situated in the same building.

Nevertheless is the trend visible that since the project started gradually a division of services occurred. Family medicine workers are able to provide family planning consultations and deliver family planning commodities. Prenatal and postnatal care services in the urban areas are the primate of the gynecologists. In rural areas prenatal and postnatal check-ups by family medicine workers are slightly increasing. The renovation of the MFHC of Skenderaj and reallocation of primary healthcare services in the near future in Mitrovica and Vushtrri, specifically for family planning and provision of counseling in reproductive health issues providing a more intimate atmosphere for adolescents and other youngsters who might refrain to come to the MFHC center down town which is overcrowded.

Another factor which positively affects the use of RH services in FHC is the improved supply and distribution of family planning commodities in Mitrovica and Skenderaj.

4.3.1 Project Output 3: Improved awareness and knowledge on reproductive rights and reproductive health of women, men and adolescents

To reach and cover a broad public -reaching the grass roots- different communication and information approaches, tools and materials were used with specific content. Together with beneficiaries, volunteers of the Red Cross, health workers and publishers a wide spectrum of reproductive health issues was disseminated and discussed.

Provision of RH related information in remote and distance villages with limited access to health services through a community approach was essential to the project outcome. The Red Cross of Kosovo implemented this part of the project. RCK volunteers 48 in total were trained in 3 x 2 day participatory workshops. Teams of three lecturers with one supervisor conducted training sessions in rural and urban areas. The trainings in total were carried in 73 locations including Vushtrri, Mitrovica and Skenderaj. The training was conducted in several sessions and on 6 main subjects.

1. Introduction of Safe Motherhood
2. Prenatal Care
3. Postnatal Care
4. Family Planning and Contraceptives
5. Sexually Transmitted Infections
6. Menopause and Adolescent reproductive health

According to the focus groups conducted with the volunteers of RCK in Vushtrri and Skenderaj who were engaged in these trainings they were positively surprised by the openness of the community to discuss on RH issues especially on contraceptives which was against their expectations. Additionally in both focus groups it was expressed that usually all training sessions were overcrowded and this especially happened in the rural areas. In total 2902 people were reached through the activities of RCK branches in Mitrovica, Vushtrri and Skenderaj, of which

2031 from the rural areas and 834 from urban areas. These trainings were mainly attended by women 86%. This might be explained by the fact the most of the trainers were women and majority of the trainings were conducted in rural areas. The trainings were held mainly in the community schools or in houses in villages. Age range of the participants ranged from 15 to 70 resulting with average age of the participants around 25.

The trainings started in October 2005 and lasted until the end of the June 2006. From the data collected a steady increase in number of participants in all three regions was noticeable. The RCK volunteers expressed their enthusiasm, most of the beneficiaries in distant rural areas received health related education for the first time in their lifetime. Mouth to mouth advertisement of the courses from the beneficiaries increased the number of participants in the groups.

Dissemination of IEC materials relevant to reproductive health was done for two target groups. For the population an annex about reproductive health was prepared and published in the monthly magazine Teuta – one of the most famous women magazines in the country, 5,000 copies of this publication were distributed country wide. Additionally five leaflets were prepared in a total amount of 48000 copies. All these materials were printed and distributed in FMHC and through volunteers of the Red Cross of Kosova. For family medicine workers 10 editorials about RH issues were published in the Family Medicine Magazine, a well known scientific magazine.

Another part of reaching the grass-roots was the awareness campaign through mass media, which started from October 2005 till June 2006. A total of 104 broadcasts were aired: Vushtrri 36, Skenderaj 36, and Mitrovica 32. Every month two new broadcasts (45-60 min per broadcast) were prepared and the repetition of the same broadcast done within the same month. Health workers and Red Cross staff participated in the broadcastings. All topics were related to reproductive health issues and services. Some of the broadcasts were live transmitted where the citizens could call and make questions about certain topics presented.

After careful and long-lasting preparation, as of February 2006 SRC set alive the official web site of the project (for more information, www.shendetiriprodhues.org). The web site is easy to navigate, elegant design and user friendly. As a main asset, it contains crucial and fundamental information on RH. The website contains all relevant materials provided by the project, as well as many other publication on RH can be downloaded from this web site.

4.3.2 Impact of the provision of information on the level of awareness and knowledge on reproductive rights and reproductive health of women, men and adolescents

In the period between April and July 2006, an evaluation study was conducted. The aim of the study was to conduct a research on Knowledge, Attitude and Perception on Use of Contraceptives and Facilities among people of reproductive age 15-49 years, The survey was conducted by the SRC in cooperation with the UNFPA, IPH, and the RCK and was supported by an International expert on Reproductive Health Research. The research consisted from four parts, quantitative research, qualitative research, skills checklist, facility audit. The survey through questionnaires took place in 7 cities plus their respective rural region: Mitrovica, Vushtrri, Skenderaj, Viti and Kacanik where interventions of Swiss Red Cross have been made plus Peja, Istog, where no interventions of Swiss Red Cross have been made.

Results of the survey will be presented in the special survey report which will be prepared by International expert. Some of the first preliminary results of the survey are presented in the text below in order to give more explanation about impact of the project activities in the knowledge, attitude and behavior of the community regarding contraceptives.

Knowledge about contraceptives

With respect to knowledge on methods to prevent unwished pregnancy, there was a significant difference between the intervention and non-intervention sites. Respondents from the intervention sites knew more about contraception methods, compared to respondents from the non-intervention sites (89,7% versus 78,1%)

Table 1: Percentage of knowledge about contraceptive methods in intervention and nonintervention sites

Komunat	Yes		No		Total	
	N	%	N	%	N	%
Kaçanik	398	95.9	17	4.1	415	100.0
Mitrovica	411	98.6	6	1.4	417	100.0
Skenderaj	379	82.9	78	17.1	457	100.0
Viti	353	91.9	31	8.1	384	100.0
Vushtrri	370	80.8	88	19.2	458	100.0
Interven. group	1911	89.7	220	10.3	2131	100.0
Istog	346	82.2	75	17.8	421	100.0
Peja	290	73.8	103	26.2	393	100.0
No inter. group	636	78.1	178	21.9	814	100.0
Total	2547	86.5	398	13.5	2945	100.0

From the people that knew about any methods, respondents in the intervention sites could mention more and more different methods of contraception. In the intervention sites people could name less familiar modern methods like, female and male sterilization, the female condom and a diaphragm. From the intervention sites the respondents in Vushtri by far named the less different methods.

Table 2: Different contraceptive mentioned by the respondents

	Istog n=346		Pejë n=290		No interv. group n=636		Kaçanik n=398		Mitrovicë n=411		Skenderaj n=379		Viti n=353		Vushtrri n=370		Intervent. group n=1911		Total n=2547	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Any method	345	99,7	289	100	634	100	397	100	409	99,5	377	99,5	352	99,7	369	100	1904	99,6	2538	99,6
Any modern method																				
Pill	216	62,4	103	35,5	319	50,2	258	64,8	209	50,9	167	44,1	154	43,6	172	46,5	960	50,2	1279	50,2
Injection	100	28,9	95	32,8	195	30,7	170	42,7	165	40,1	193	50,9	106	30,0	96	25,9	730	38,2	925	36,3
IUD	146	42,2	114	39,3	260	40,9	253	63,6	310	75,4	231	60,9	257	72,8	205	55,4	1256	65,7	1516	59,5
Condom	244	70,5	234	80,7	478	75,2	298	74,9	364	88,6	330	87,1	309	87,5	314	84,9	1615	84,5	2093	82,2
Female sterilization	2	0,6	5	1,7	7	1,1	55	13,8	85	20,7	32	8,4	49	13,9	11	3,0	232	12,1	239	9,4
Male sterilization	2	0,6	2	0,7	4	0,6	24	6,0	37	9,0	10	2,6	45	12,7	6	1,6	122	6,38	126	4,9
Female condom	3	0,9	17	5,9	20	3,1	26	6,5	30	7,3	14	3,7	40	11,3	11	3,0	121	6,33	141	5,5
Diaphragm	1	0,3	-	-	1	0,2	11	2,8	29	7,1	12	3,2	43	12,2	5	1,4	100	5,23	101	4,0

Any traditional method																				
Withdrawal	125	36,1	77	26,6	202	31,8	242	60,8	300	73,0	209	55,1	265	75,1	138	39,1	1154	60,9	1356	53,2
Calendaring	7	2,0	2	0,7	9	1,4	32	8,0	8	1,9	21	5,5	136	38,5	-	-	197	10,4	206	8,1
Abstinence	8	2,3	-	-	8	1,3	6	1,5	2	0,5	7	1,8	38	10,8	-	-	53	2,8	61	2,4
Any other method	13	3,8	6	2,1	19	3,0	7	1,8	-	-	-	-	1	0,3	12	3,4	20	1,1	39	1,5

Usage of contraceptives

Nearly 70% of the respondents use one of the named methods together with their partner, to prevent unwished pregnancy. This percentage is higher for males (80%) than for females (63%). Males use the condom three times more than females. Female respondents use the traditional method of withdrawal twice as much as they use a condom, where male respondents use the condom more than the method of withdrawal.

Table 3: Usage of contraceptives by all respondents

	F n=1708		M n=839		Total n=2547	
	N	%	N	%	N	%
Any method	1081	63,3	678	80,8	1759	69,1
Any modern method	523	30,6	397	47,3	920	36,1
Pill	77	4,5	18	2,1	95	3,7
Injection	57	3,3	15	1,8	72	2,8
IUD	160	9,4	48	5,7	208	8,2
Condoms	214	12,5	314	37,4	528	20,7
Female sterilization	7	0,4	-	-	7	0,3
Male sterilization	2	0,1	-	-	2	0,1
Women condom	4	0,2	2	0,2	6	0,2
Diaphragms/spume	2	0,1	-	-	2	0,1
Any traditional method	533	31,2	273	32,5	806	31,6
Withdrawal	477	27,9	229	27,3	706	27,7
Calendaring	40	2,3	34	4,1	74	2,9
Abstinence	16	0,9	10	1,2	26	1,0
Any other method	25	1,5	8	1,0	33	1,3

Table 4: Usage of contraceptives by municipality

	Istog n=346		Pejë n=290		No interv. group n=636		Kaçanik n=398		Mitrovicë n=411		Skenderaj n=379		Viti n=353		Vushtrri n=370		Intervent. group n=1911		Total n=2547	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Any method	196	56,6	202	69,7	398	62,6	288	72,4	226	55,0	313	82,6	341	96,6	193	52,2	1361	71,2	1759	69,1
Any modern method	99	28,6	148	51,0	247	38,8	157	39,4	116	28,2	145	38,3	137	38,8	118	31,9	673	35,2	920	36,1
Pill	14	4,0	8	2,8	22	3,5	41	10,3	5	1,2	18	4,7	1	0,3	8	2,2	73	3,8	95	3,7
Injection	8	2,3	38	13,1	46	7,2	6	1,5	1	0,2	10	2,6	1	0,3	8	2,2	26	1,4	72	2,8
IUD	27	7,8	40	13,8	67	10,5	37	9,3	22	5,4	31	8,2	31	8,8	20	5,4	141	7,4	208	8,2
Condom	50	14,5	62	21,4	112	17,6	69	17,3	79	19,2	86	22,7	101	28,6	81	21,9	416	21,8	528	20,7
Female sterilization	-	-	-	-	-	-	1	0,3	6	1,5	-	-	-	-	-	-	7	0,4	7	0,3
Male sterilization	-	-	-	-	-	-	-	-	1	0,2	-	-	-	-	1	0,3	2	0,1	2	0,1
Female condom	-	-	-	-	-	-	2	0,5	1	0,2	-	-	3	0,8	-	-	6	0,3	6	0,2
Diaphragm	-	-	-	-	-	-	1	0,3	1	0,2	-	-	-	-	-	-	2	0,1	2	0,1
Any traditional method	90	26,0	48	16,6	138	21,7	124	31,2	109	26,5	164	43,3	200	56,7	71	19,2	668	35,0	806	31,6
Withdrawal	75	21,7	48	16,6	123	19,3	113	28,4	109	26,5	153	40,4	137	38,8	71	19,2	583	30,5	706	27,7
Calendaring	2	0,6	-	-	2	0,3	9	2,3	-	-	8	2,1	55	15,6	-	-	72	3,8	74	2,9
Abstinence	13	3,8	-	-	13	2,0	2	0,5	-	-	3	0,8	8	2,3	-	-	13	0,7	26	1,0
Any other method	7	2,0	6	2,1	13	2,0	7	1,8	1	0,2	4	1,1	4	1,1	4	1,1	20	1,0	33	1,3

Males used more modern methods than females – 47,3% versus 30,6%, what can probably mainly attribute to the relative higher condom use reported by men. Although the results show us that females use more different methods, it is interesting to observe that males probably use withdrawal combined with condom use.

Age plays an important role in the use of contraceptive methods. The higher the age the more respondents use a method to prevent unwished pregnancy. From almost 30% in the age category 15-19 to 99% in the 35-49 category. A considerable part of this difference is the higher use of withdrawal in the higher age groups. Almost 50% in the category 35-49 uses withdrawal as a method were this is 6% in the youngest category. The condom is the method the youngest respondents are using the most, but it's less than the condom use in the category 20-24 and 24-35.

Respondents with higher education are using more contraceptive methods than the respondents with a lower education. Only respondents with a primary level of education are using more traditional methods than modern methods, while the reverse is true for all the other education groups.

The use of condoms and withdrawal are the two most used methods. In the primary education group withdrawal was used more than condoms, in the groups with secondary and high education these two methods were more or less equally used. In the group with university as educational

level condoms were more used than withdrawal. This difference is especially noticeable in the use of condoms. Respondents with a secondary, a high or university level of education are using the condom twice as much as respondents with only primary education.

Another interesting result is the use of withdrawal. Here is also a difference between respondents with only primary education and respondents with an education higher than that. One third of the respondents with only primary education are using withdrawal as a contraception method, where this is 20% in the conditions of people with secondary and university education. The interesting fact is that people with an education between secondary and university level, the so called high education, scored just the same percentage as respondents of the primary level.

Respondents from urban regions are using more contraceptive methods than respondents from rural regions. They are also using more modern methods (39,2% versus 34,5%), and especially the condom. The use of traditional methods is more or less equal.

In this study CPR is defined as the percentage of all women between 15-49 years, currently using a (modern) contraceptive to delay or prevent pregnancy. This CPR is for any method 63,3% and for any modern method 30,6%. This is a surprising high rate when compared with the DHS 2003. The CPR for all women as per DHS 2003 was 35 % for any method and 14,5,% for modern methods.

In the DHS 2003 the CPR was defined as the percentage of ever-married women currently using contraception to delay or prevent pregnancy where the figures were 54,9 % use of any method, and 22,6 % use of any modern method. In this study the CPR for married women is 68% for any method and 33% for any modern method.

This withstanding the fact that between DHS 2003 and this current study exist differences in methodology and definition. In DHS 2003 the respondent was firstly presented with a list of contraceptive methods and asked if she knew this method. Than she was asked if she had ever used that specific method and the next step was the question if she was using that method now.

In this current study women were asked to name spontaneously which contraceptives they knew, without offering any possibility. Than the respondent was asked which method she used in the past and which method she was using now, at different parts of the survey. This method gives more reliable answers, as it is avoided that people just confirm that they know about a method, and socially preferred answers are given. Also the CPR definitions of both surveys differ: in the DHS 2003 it were currently married women, in this study all women of reproductive age.

Nevertheless, a considerable rise of CPR is seen over the past few years. With other conditions being more or less the same, it can be said that efforts to raise the awareness of people on contraceptive use, to give information on it and, seen the results in the intervention areas (see parts hereafter) the free distribution of the modern contraceptives (especially condoms) count for this remarkable rise.

4.4.1 Project Output 4: Compiled Reproductive Health Strategy for Ministry of Health of Kosovo

The Swiss Red Cross office facilitated the compilation of a comprehensive document that would encompass a detailed strategy for future of RH services in Kosovo. A task force assembled 13 times, drafting and finalizing the strategy document. The Kosovar Strategy on Reproductive

Health 2006/2015 is expected to be approved by the Ministry of Health. It was the right moment to start the process since compiling a RH strategy was according the priorities in the health policy of Kosovo.

The task force was successful not just in development of the strategy but also served as a platform where important information's were shared related to the RH field. This sharing of information was crucial in the process of developing the strategy since most of the persons represented in the committee were people working in offices with no real experience in the field. Presentation of the projects in the field enabled the committee to include the promising projects and the ones that are considered to be successful ones.

4.4.2 Impact of the developed reproductive health strategy on the health system

The ministry of Health emphasizes that future support of the taskforce is a must since the existing capacity of Ministry of Health after the approval of the strategic plan is very limited in terms of implementation and coordination. Especially now when the action plans need to be defined. It is crucial that concrete projects from various actors who were engaged in the development of national strategy are implemented. The Ministry of health will be committed to support the process especially by facilitating the process of approving laws that regulate the RH issues.

5. EFFICIENCY AND EFFECTIVENESS

Increase of delivery of the post-natal and pre-natal visits in the piloting areas of Skenderaj, Vushtrri and Mitrovica, as well as higher usage of reproductive health services such as family planning consultations, use of condoms and contraceptive pills, might be interpreted as a mean of efficient approach of training family medicine staff to provide RH services.

One of the aims of the project was to provide RH services to vulnerable social groups, such as women and people living in rural areas. Based on the structure of participants in the trainings provided by the Red Cross of Kosova, majority of beneficiaries are young female from rural areas. Development of strategic plan for RH health encompass all relevant actors working in the field of RH, whom until 2004 were working on separate subjects, such as mother and child health (UNICEF, WHO), contraceptives (UNFPA), and other organizations form a synergy with establishment of steering committee that resulted with a draft proposal of National Reproductive Health Strategy for Kosova 2006-2015, which was delivered to the Ministry of Health for approval.

6. CONCLUSIONS

Development of a national strategy on RH can be considered as important breakthrough in the institutionalization of RH in Kosovo taking in consideration the facts and figures that reflect the high child mortality, high percentage of population at fertile age, low usage of contraceptives etc. These issues are addressed in the strategy document and concrete steps are recommended, however based on visits in FMHC and interviews with the RCK representatives a lot needs to be done in order to change the behavior and attitude related to RH. Family medicine services are still in the process of consolidation. Their access to important target population of adolescents and pregnant women is limited, first one due to over crowdedness of services and the other because of client behavior of visiting directly the gynecologists in secondary care or preferring the private

practice. Additionally the furnishing of FMHC with contraceptives needs to be monitored in one of the centers during our visits there were no contraceptives available this might damage the credibility and trust of the clients in ability of FMHC to provide RH services.

Experience of Red Cross of Kosovo with education sessions on RH in the rural areas seems to be the only way besides using TV and radio to access remote rural areas with very limited or no health services. In order to have a clear view on effectiveness of these educational sessions more thorough monitoring and evaluation methods need to be established. Periodic focus groups and surveys with targeted beneficiaries might be one of the options. Grassroots'-community approach in many other fields has proven to be most effective intervention tool in awareness raising one of the reason might be that the information provided is given by the members of the community who have maximum sensitivity on rituals and customs of the regions and places where the trainings take place. These community volunteers know the logical frame of the community therefore their information transmission is clearer and more digestible for the target groups.

Therefore the right three steps with the project have been made since the project has proven that:

1. RH services can be systematized in public health services and sensitivity of the health professionals on RH can be reinforced through continuous trainings and monitoring. However there are challenges to be overcome as how to make the FMHC more accessible for adolescents and how to extend FM services to pregnant women.
2. Not all people have equal access to RH health services and information. Assuming that not all population can be reached through health services community intervention is extended hand to reach the distant and economically disadvantaged populations. However more needs to be done in including minorities as RAE and Serbs in these interventions.
3. Better coordination on RH activities is feasible and possible. Until now in Kosovo various organizations worked almost independently from one another in RH issues. Development of national RH strategy ensures that priorities are set and activities are coordinated better than before.

7. RECOMMENDATIONS

1. A follow up project on RH should include the component of strengthening managerial capacities of the managers of MFHC in order to be able to organize efficient and effective provision of RH services in FMHC. Organizational structures of the service provision have to be in place in order to play a key role in ensuring that workers are able to perform their expanded duties. Workers need to understand their new roles in reproductive health programs to enable them to perform their new jobs effectively and to discourage them from reverting to their former practices. The introduction of audit of facilities could be an effective tool for quality improvement and should be carried out in an open, non-punitive system by relevant institutions helping the managers of the FHC to disclose both what were done right and what needs improvement.
2. All levels of workers should be trained in accountability and quality of care, including technical competence, sensitivity to the needs of clients, continuity of care, commitment to informed choice, and listening to clients. Health professionals need to be supervised for skills maintenance and supported in their use of new approaches. Training of coaches on the job is critical, and has to be discussed with the CDFM and CCNE as well.

3. Continuation of community information courses in the field providing information on RH with emphasize on Modern Family Planning methods could be extremely effective for those community members who are already interested to increase their knowledge on contraceptive technology and where to obtain them. Parallel enhancing the provision of quality RH services in all FMHC in the villages could be an effective source of information for all population, male and female adolescent included. A continuous supply of contraceptives and equipment to all service delivery levels is essential to enhance reproductive health.