

Development of Community Based Rehabilitation Project in Croatia

In partnership with the World Health Organization, Croatian Government, and officials at the Physical and Rehabilitation department at the Sveti Duh Hospital in Zagreb.

Dates:	January 1996 to December 1998
Primary sites:	Zagreb, Croatia
Budget:	\$878,130 CAD
Donor:	Canadian International Development Agency (CIDA)

Overview

The Republic of Croatia became an independent state in 1991 and immediately became involved in the conflict in the Balkans. Many of the same challenges detailed in the other Balkans projects were present in Croatia – the country lacked rehabilitation services at the primary care level, had high levels of disability, and used institutionally focused healthcare that tended to isolated people with disabilities.

In 1995 the Ministry of Health in Croatia identified community based rehabilitation (CBR) as a priority for their healthcare system. Working with the ICACBR, Croatian authorities developed a proposal for the CIDA - The Development of Community Based Rehabilitation Project in Croatia.



The project achieved the following:

- The project created a CBR demonstration centre in Zagreb that was able to take 100 patients daily. The centre was placed in an existing primary care centre and staffed by occupational therapists, physical therapists, and a psychiatrist.
- The project held 140 clinical skills development sessions for CBR centre staff. These sessions improved the quality of care and interdisciplinary communication between members.
- The team worked to improve the physiotherapy (PT) and occupational therapy (OT) programs at the University of Zagreb. As part of a CBR course, Canadian professionals made 34 presentations for 934 rehabilitation students in these programs. The presentations introduced CBR concepts in the institutionally focused curriculum. In-class teaching was supported by clinical sessions.
- The team gave a series of 38 presentations, including clinical workshops and national policy conferences. Nearly 2000 individuals attended these events, including Croatian government officials, policy makers, and the general public. The events enabled information sharing between professionals and stakeholders and allowed the project to highlight its work.

Background

The Republic of Croatia became an independent state in 1991 and immediately became involved in conflict in the Balkans, including the Bosnian War. As detailed in the sections of ICACBR projects in Bosnia and Herzegovina, the war produced a large number of refugees and displaced many people internally, including many people from Croatia. These people were particularly vulnerable to physical and mental trauma. A large number of refugees and displaced people sustained injuries during the conflict. Poor access to emergency care or rehabilitation programs during the war led to many long-term complications for these injured people, ultimately leading to disability.

Prior to the war, Croatia used an institutionally based healthcare system. Given the large number of injury induced disabilities in the Balkans (including Croatia), this presented a substantial challenge for the healthcare and rehabilitation sectors. In 1995 the Croatian Ministry of Health identified community based rehabilitation (CBR) development as a priority. In a collaboration with the ICACBR, World Health Organization, and officials at the Physical and Rehabilitation department at the Sveti Duh Hospital in Zagreb, the Development of Community Based Rehabilitation Project in Croatia was implemented from 1996 to 1998.

Rationale

The goal of the project was to help war victims and people with disabilities to return to their lives in their communities. This includes allowing people who would have previously been institutionalized to return to their homes and find meaningful employment. This was to be accomplished by the development of CBR initiatives. The project promoted an interdisciplinary, community based approach to disability and rehabilitation, with emphasis on the role that people with disabilities themselves have in rehabilitation (such as peer counselling). To ensure sustainability and maximum impact for the project, the activities of the project were primarily focused on education and policy development.

Actions and Outcomes

Project actions had the three major areas of focus in clinical development, education, and healthcare policy. The outputs of the project include the following:

- The ICACBR created a team of four physical therapists, two occupational therapists, two nurses and a social worker. Each of these clinicians had a unique skillset and was able to contribute to project development differently.
- **The project worked to implement a CBR centre that was used to demonstrate clinical and education activities that would be replicable in other regions of Croatia.** The CBR centre was integrated into an existing clinic in DZ Trnje of Zagreb. **This facility was able to handle 100 patients per day**, and was staffed with physical therapists, occupational therapists, and a psychiatrist. The centre was able to establish a referral relationship with the Mladnost Rehabilitation Centre, a nearby secondary care facility.
- **Local experts and Canadian clinicians held 140 educational sessions to introduce the CBR centre team to principles of CBR and to develop clinical and interdisciplinary skills.**
- The CBR centre expanded in 1998 to become a “Centre of Excellence”. **The Centre of Excellence provided consultation and educational support for CBR centres in other regions**, such as the one in Osijek that was funded by WHO.
- **The project worked to create a multidisciplinary team at the CBR centre**, which was uncommon in Croatia at the time. Healthcare was very hierarchical and had historically had only physician

leadership. Different Croatian healthcare sectors were relatively isolated, and collaboration was uncommon.

- The project formed a major partnership with Sveti Duh Hospital, a facility with an expert physiatry and physical therapy staff, including a “satellite physiotherapy clinic”. Staff from the hospital provided support to the clinic on a rotation basis. This increased the capacity for care in the CBR centre and expanded knowledge of CBR workers at the centre.
- **The team worked to expand the role of healthcare providers such as patronage nurses and social workers in rehabilitation provision.**
- **The project implemented an assessment and data collection tool in rehabilitation settings.** This tool encouraged independent assessment, goal setting with patients, and assessment of treatment outcomes. It also enabled clinicians in other parts of Croatia to develop rehabilitation programs.
- **The project ran educational sessions for physicians and other healthcare professionals to make them aware of community options for disability management.** The project also provided these healthcare workers with contacts for patient referrals. These education sessions included regional and national conferences such as the national meeting of the Croatian Physiotherapy Association and “Outcome Measures in Rehabilitation”. **A total of 38 presentations reached an audience of nearly 2000.**
- Project members taught CBR concepts to students at the Faculty of Medicine in Zagreb. **CBR curriculum was developed for the School of Physiotherapy and Occupational Therapy at the University of Zagreb in the form of an integrated CBR course. This course included 34 presentations for 934 students.** The project also arranged for clinical practice placements in the CBR centre at TZ Trnje. The director of the School of Physiotherapy visited the School of Rehabilitation Therapy at Queen’s University to share information and improve physiotherapy curriculum at University of Zagreb.
- **The project raised awareness about disability issues using media such as radio, television, and newspaper articles.** These campaigns were designed to increase knowledge of CBR and were estimated to have **reached over 16,500 people.**
- **A CBR newsletter was created and disseminated to 950 members and 182 groups with interest in CBR.** Recipients included government officials, healthcare professionals, conference attendees and more.
- **Project members met regularly with officials from the Ministry of Health and the Health Insurance Institute** to ensure that the government’s strategies were congruent with the project. These members also helped **guide policy development related to rehabilitation services and highlighted the value of CBR to the government.**

Conclusion

All of the project objectives were met or exceeded. The project reached many healthcare and rehabilitation professionals and increased their interest and capacity to provide CBR. The project organized a CBR demonstration site, increased knowledge of CBR for practicing professionals and future healthcare/rehabilitation professionals and worked to improve rehabilitation policy. In doing so, the project aided in creating the foundation for a national CBR system and improved the lives of people with disabilities.

Partners

Implementing partners: World Health Organization, Croatian Government, and officials at the Physical and Rehabilitation department at the Sveti Duh Hospital in Zagreb.

Community collaborators: Officials from the Republic of Croatia, DZ Trnje, Centre for Health Care at Home (Zagreb), University of Zegrab School of Medicine and School of Rehabilitation, consumer groups and associations of people with disabilities in Croatia (Croatian Association of the Physically Disabled, The Croatian Union of Invalids Associations), War Veterans Associations (Croatian Society of War Injured Soldiers in the City of Zagreb and Zagreb County), Disability Committee of the Government of Croatia.

International collaborators: Government of Canada, Queen's University.

Sources and Project Resources

1. Croatia Final Report 1999*
2. Croatia Financial Report 1999
3. Development of Community Based Rehabilitation Project in Croatia full project details*
4. Development of Community Based Rehabilitation Project in Croatia website archive

*used to generate this report