

Evaluation Report

External Review

Project: “Strengthening Nursing in Bosnia and Herzegovina (BiH)” – Phase 2

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August 26, 2022

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Acronyms and Abbreviations

| | |
|--------|--|
| AKAZ | FBiH Agency for Healthcare Quality and Accreditation |
| ASKVA | Agency for Certification, Accreditation & Healthcare Quality Improvement of RS |
| BD | Brčko District |
| BiH | Bosnia and Herzegovina |
| CN | Community Nursing, Community Nurse(s) |
| CPD | Continuing Professional Development |
| EFN | European Federation of Nurses Associations |
| ENC | European Nursing Council |
| EU | European Union |
| FAMI | Fondacija fami |
| FBiH | Federation of Bosnia and Herzegovina |
| FM | Family Medicine |
| FMoH | FBiH Ministry of Health |
| FTE | Full time equivalent |
| GO | Governmental Organizations |
| HIF | Health Insurance Fund |
| HUG | University Hospitals of Geneva |
| ICN | International Council of Nurses |
| IT | Information Technologies |
| LIP | Local Implementation Plan |
| MoCA | Ministry of Civil Affairs |
| MoF | Ministry of Finance |
| MoFT | Ministry of Finance and Treasure |
| MoEC | Ministry of Education and Culture |
| MoES | Ministry of Education and Science |
| MoF | Ministry of Finance |
| MoFT | Ministry of Finance and Treasury |
| MoH | Ministry of Health |
| MoHSW | Ministry of Health and Social Welfare |
| NCD | Non-communicable diseases |
| NGO | Non-governmental organization |
| PHC | Primary Health Care |
| PHCC | Primary Health Care Centre |
| PHI | Public Health Institute |
| ProSes | Project Strengthening Nursing |
| QA | Quality Assurance |
| RS | Republika Srpska |
| SC | Steering Committee |
| SDC | Swiss Agency for Development and Cooperation |
| SOP | Standard Operating Procedure |
| ToR | Terms of Reference |
| Tot | Training of Trainers |
| UNDP | United Nations Development Program |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations International Children's Emergency Fund |
| WG | Working group |
| WHO | World Health Organization |

1 Executive summary

1.1 Overview

This external review assesses the ongoing project "Strengthening Nursing in Bosnia and Herzegovina (BiH), Phase 2 (hereinafter, ProSes)", implemented by the FAMI/HUG consortium, and funded by the Government of Switzerland (Swiss Development Cooperation – SDC).

ProSes aims at increasing the quality of nursing services and enabling better access to these services. In order to improve the position of nurses in the health system the project aims at setting up community nursing services, developing standards of nursing practice and the regulation for education of nurses and their licensing. The project intervenes on a nation-wide basis, simultaneously in both entities of Bosnia and Herzegovina.

ProSes phase I lasted from October 2012 to November 2017. Phase II started in December 2017 and will end in November 2022. In view of a possible phase III, SDC commissioned the present external review the purpose of which is to assess the overall relevance, quality of implementation, performance, management, and achievements of the project. In particular, the review is expected to inform about a long-term vision for nursing in BiH. Also, according to SDC, phase III will most likely have to promote a stronger ownership by the institutions and ensure the implementer takes more clearly a facilitation role.

The review has been conducted in the period between April 2022 and August 2022. The field visit took place in BiH from 13 - 25 May 2022. A review team of three consultants visited project partners, stakeholders, beneficiaries and patients in Sarajevo, Banja Luka, Tuzla and Zenica. The data collection (the interviews) during the field visit was completed by a desk review of relevant documents, and visits to the consortium partners in Geneva, Switzerland.

1.2 Summary findings

The reviewers found that ProSes has had an important role in facilitating the different ongoing reform processes, namely the primary care reform, with an increased role of the nursing workforce, the introduction, training and deploying community nurses, with a view of supporting vulnerable citizens, as well as the ongoing nurse education reform in Bosnia and Herzegovina.

ProSes has influenced the country's endeavor to strengthen nurses, by far the largest proportion of the health workforce in the Bosnian health system.

Overall, ProSes has met its objectives in a timely, effective and efficient way, and has had a significant impact on its target population: the nursing workforce and the vulnerable groups.

ProSes has helped increase the skills and capacities of community nurses to provide appropriate interventions to beneficiaries most of whom being vulnerable and hard-to-reach.

ProSes has therefore contributed to strengthening nursing in the fragile context of BiH over the last ten years and will be able to consolidate this long-term endeavor when it is given the chance through a third and final phase, to address "unfinished business" including the nursing associations, the high number of municipalities that did not yet benefit from community services and the highly complex nurse education reform.

1.3 Recommendations on a strategic level

Looking at the achievements of ProSes phase 1 and phase 2 with its respective potentials and considering the "unfinished business" we strongly recommend the continuation of ProSes by pursuing a third and final phase of four years. The motto could be "*Pozuri Polako*", according

to the famous Latin proverb “*Festina lente*” (see bridge in Sarajevo with this quote). “*Hurry slowly*” provides a metaphor for the two main points of a future “ProSes III”: Scale up and consolidate.

Specifically, with the four years’ duration of a potential third phase should be able to:

- Increase efficiency and sustainability. By consolidating and upscaling the three components of the project (nursing working environment, nurse education and community nursing), streamlining its activities, accordingly and adapted to the different contextual factors, will be possible.
- Achieve institutionalization. The risk of not achieving institutionalization is greatest in the component of community nursing (CN), therefore its further development and roll-out should be especially targeted. A useful resource for tailor-made adaptation of CN is the report on vulnerability, produced by the FAMI/HUG consortium and SDC in 2013¹. It has the huge advantage that these data were collected and analyzed by local partners in both entities involving many institutions in many areas (PHI, research institutions). Furthermore, a third phase is essential to anchorage CN in the health system, and to institutionalize CN quantitatively in as many geographical areas as possible. This implies two things: The first is the need for the entities' respective Ministries of Health to include community nursing development in their respective strategies (which is beyond the scope of the project but should be part of the policy dialogue led by SDC), and the second is the expansion to additional municipalities.
- Nursing will be strengthened if the different efforts are integrated and converge to the improvement of the BiH health system(s): the last phase should allow for coordination and facilitation in order to bring together the strands of PHC reform, the nursing reform, the education reform, and the health insurance schemes (that deal with the pricing of nursing services). Since all the “threads” can improve quality of care, collaboration with AKAZ and ASKVA should be expanded. All these reforms take a lot of time. It is unlikely that these reforms can be completed in the period of the next four years (presumed duration of ProSes III), but the contribution of ProSes III will be valuable and needed for facilitating and assisting these processes.
- A duration of 12 to 14 years for the whole ProSes (from phase 1 to phase 3) is not exaggerated, considering the complexity of the BiH system. It would be a pity the stop this slow but crucial process. It would mean a stop of that process of fitting the threefold process in the two BiH health systems.

Finally, time is needed to get familiarized with the new cooperation modalities between ministries and SDC, as sketched out in part I of the evaluation earlier this year². Only then the sense of ownership by government will be achieved, and only then the work of nurses will be sustainable.

1.4 Specific Recommendations on component levels

Component 1 – “High-quality of nursing services and career advancement of nurses”

The main expected outcome of component 1 is: “Health institutions provide a professional environment that allows nurses to deliver safe and high-quality services and offers career advancement opportunities to nurses”.

The main challenges of this component include the creation of nursing association that did not become operational, despite huge efforts; the potentials however are the various Standard Operating Procedures (SOP) conceived, written, and edited in phase 2 ProSes.

Recommendations regarding component 1

¹ “Taking vulnerability into consideration: in search of new PHC outreach activities – analysis, synthesis and recommendations”

² “Results and recommendations of the evaluation of the Nursing Project (Part 1)”, by Tanja Tankosic Girt & Anne-Claude Cavin, 2022

- Develop and expand the edition of nursing related textbooks: pursue the creation and dissemination of reference material. Specifically, the project should facilitate (i) the production and dissemination of complementary SOPs, (ii) the translation and dissemination of relevant manuals, and (iii) the publication of scientific literature pertaining to the practice of nursing in Bosnia and Herzegovina (or the Balkan region).
- Intensify the efforts to make the nursing chambers operational (since the creation of nursing associations wasn't successful so far). A better and systematic management of nursing registry might prove a strategy on how to improve working conditions, that could even stop the erosion of the nursing workforce due to emigration.
- During the Covid pandemic, ProSes introduced workshops for nurses that were at risk of burnout. This additional activity was highly successful and appreciated by nurses, as well as by MoH officials. It is a topic that should be rolled out systematically in ProSes phase 3, in component 1 for example, since it is about improving the conditions in which nurses are working.
- Because doctor-nurses collaboration has been a delicate issue right from the start of introduction the Primary Health Care reform ³, we propose modules on interprofessional collaboration. The university of Geneva, Faculty of Medicine and the Heds-GE (School of Nursing) developed modules that focus not only on interprofessional collaboration but also on interprofessional education.
- In phase 3 this component (as the others too) should work less in executive (operational mode) and far more in facilitation role: This implies helping and supporting the project partners to deliver the changes desired for the improvement of the health system. The role of the project is not to formulate solutions but to provide the necessary supporting information, knowledge and experience to help the partners to make appropriate decisions and develop sound solutions. This will require technical expertise, interpersonal skills and relevant experience in assisting groups to formulate their own solutions.

Component 2 – “Community nursing and outreach to citizens with focus on vulnerable groups”

The expected outcome from component 2 is: “Citizens, especially vulnerable and socially excluded groups, benefit from gender-sensitive community nursing services in 22 municipalities in BiH”.

The main challenges of this component is in our view the success of the introduction of CN services, and therefore the need to introduce it in the many areas without CN services (although the project achieved the planned number of new CN services; that showed the realism of the elaborated targets); the potentials are the high patient satisfaction, high patient involvement and the almost doubled access of people to CN services (from 537'000 in 2017 to 935'119).

Recommendations regarding component 2

- Although the creation of CN services in 22 (out of 145) municipalities is a remarkable achievement, this figure means that 123 municipalities have not yet benefited from CN services. Rolling out CN in as many municipalities as possible is likely to be the major challenge in phase III. It is recommended that in the third and last phase of ProSes, at the very least a coverage of 40% be reached, meaning that 36 more municipalities should be included, so as to cover 58 municipalities till the end of ProSes. This seems to be a realistic target, given the considerable resources (financial, human, material, time) required in training and introducing CN in a given setting. The increased coverage of CN will make it easier for health authorities to expand CN services further after the end of the project.
- In the past there has been a project on palliative / end-of-life care. This project, initially independent from ProSes, has been integrated gradually into component 2 and has been very successful. Related to palliative care is the topic of informal caregivers. As has become clear in a Focus Group involving CN beneficiaries in Tuzla, CN has nearly always to do with informal caregivers. They are beneficiaries of CN services, but the other way round is also true: CN services are beneficiaries from the heroic but hidden work of informal

³ “Perceptions, attitudes, and expectation of baccalaureate nurses toward position of nursing in Bosnia and Herzegovina”, by Maja Racic, Jelena Pavlovic, Natalija Hadzivukovic, Nedeljka Ivkovic in: Int J Health Plann Mgmt. 2019;1–13. DOI: 10.1002/hpm.2767

caregivers. So far, the project has supported the creation of ‘networks’ focused on the needs of patients with chronic and/or terminal illness. These networks consist of formal and informal caregivers, and the community nurses in the project’s three pilot municipalities were trained to involve informal caregivers in the delivery of community nursing services. For the third phase these networks should be created in all remaining municipalities that have established CN.

Component 3 – “Formal public nursing education”.

The expected outcome of component 3: “Students at public educational institutions gain competencies needed to provide high-quality nursing care”.

The main challenge of component 3 includes the risk of getting bogged down in the overall nurse education reform that will last “at least ten years”, according to interviewees and the transition plans (for nurses with secondary education towards tertiary education. The main potential is the increasingly strong collaboration between ministries of both entities; this is a major achievement (although it did not appear in the objectives!).

Recommendations regarding component 3

- The different types of nursing-related books, published by FAMI in close collaboration with MoH and MoE of both entities, should be introduced at all levels in nursing education. The textbooks should be the same in both health facilities and training institutions. If coordination is achieved, this would be strong signal that the nursing workforce is not fragmented but united. In that regard, the collaboration between entities is remarkable. This can be further strengthened by additional publications on the different nursing topics. These textbooks are a strong predictor of sustainability of the Strengthening Nursing Project. In phase 3, the preparation of nursing-related literature should be pursued and even up-scaled. This, however, does not mean “flooding” the market, but the different textbooks should be carefully introduced and its use monitored, so that these materials can benefit both daily clinical practice and training.
- We do not think that funding scholarships should be pursued in phase 3. There is currently not sufficient guarantee that the nurses who benefited from a scholarship do help strengthening nursing.

1.5 Recommendations on the general set-up of the project

Thanks to part I of the ProSes evaluation a new project set-up was put into place. After two months with the new configuration, it looks like this: De facto, component 1 manager is the new project manager ad interim, while continuing to be in charge of component 1. This happened after the project manager hired for phase 2 had resigned. Fami/HUG are now in a facilitation mode, and partners (MoH of both entities) with clear responsibilities. The shift towards a facilitation role by PROSES is a precondition for achieving consolidation and scaling up interventions by national actors. This is a topic to be analyzed carefully in the preparation of phase 3.

On a general note, in our view it is remarkable how the ProSes project team is able to navigate and manage in the highly complex health system of BiH, with its two entities – RS, FBiH – and with ten cantons in FBiH, and is supporting the collaboration between the two respective MoH and MoE. One of the results of the evaluation part I (the “mediation”) was the proposed reconfiguration of the ProSes steering committee. Now, after two months with the prospective new mode (lower number of SC members, with shorter decision lines and being more operational), partners express their satisfaction and relief. The new mode is to be validated and implemented in a next phase.

On the whole, all interview partners were relieved and highly satisfied with the collaboration around ProSes at the end of phase 2.

Recommendations in view of the future phase 3 of ProSes, across components

- There should be a clearer distinction between the leadership of ProSes (the position of project manager) and the leadership of FAMI (director of FAMI). Currently the director is also management advisor (and paid by SDC 0.3 FTE for this role). It remains to be seen whether a management advisor is needed and whether this task should be assigned to a director who, according to FAMI statutes should be rotating, something that to our knowledge never happened.
- The SC should distinguish between operational and steering / decision making levels; as well as differentiate between roles and responsibilities of partners/ main stakeholders on the level of activities and sub-activities (output levels).
- SDC should engage more proactively in policy dialogue with national actors. A proactive policy dialogue might enable conducive framework conditions for the sustainability and scaling up and give more leverage to SDC in SC meetings and steering of the project.

With these recommendations implemented, we expect “ProSes III” to both consolidate and upscale the scope of its activities on strengthening nursing in BiH.

2 Introduction to the external project review

2.1 Background of the review

ProSes, "Strengthening Nursing" in BiH, was funded and supported by the Swiss Government. The mandate for the implementation of the project has been awarded to the Consortium of Fami Foundation (Fondacija fam) and the University Hospitals Geneva (HUG) - Division of Tropical and Humanitarian Medicine (HUG) upon winning an international tender. Phase 1 started in 2012 and was completed at the end of 2017. Phase 2 started in 2018 and will be completed at the end of 2022.

Bosnia and Herzegovina (BiH) is like other transition countries in Eastern Europe engaged in health reform initiatives aimed at introducing primary health care centred on family medicine. Nurses and particularly community nurses have a pivotal role in this process.

Bosnia faces challenges common to many countries: populations are aging and increasingly patients are living for decades with one or more chronic conditions. Unhealthy lifestyles, health risks such as tobacco and urbanization are other factors contributing to an alarming increase of chronic conditions. The rise in non-communicable conditions and mental disorders is most concerning and overwhelming in both high and low-income countries. This undeniable shift in health problems, away from infectious conditions to chronic health problems, has far-reaching implications and poses predictable and significant threats to all countries.

The rise of chronic conditions places long-term demands on health care systems: (a) chronic conditions (which include acute episodes in a chronic trajectory) seriously challenge the efficiency and effectiveness of current health systems and test our abilities to organise systems to meet the imminent demands; (b) chronic conditions engender increasingly serious economic and social consequences in all regions and threaten health care resources in every country; and (c) chronic conditions can be curtailed, but only when leaders in government and health care embrace change and innovation. If not successfully managed, they will become the most expensive problems faced by our health systems. In this respect, they pose a threat to all countries from a health and economic standpoint.

The long-term demands on health care systems can be addressed only by an adequate health workforce. The health workforce is adequate when there is a skill-mix of different health professionals. This implies a stronger involvement of the largest part of the workforce, i.e. nurses. This is compounded by the fact that the nursing profession is suited best to be in long-term care. If the nursing workforce can expand their role, including patient care planning, coordination with social and long-term care services, management of care, and introduce integrated care models and person-centred care, they can contribute significantly to improving quality of care and health outcomes of the populations.

The health authorities of BiH have recognised that nurses are instrumental in promoting healthy behaviors, preventing diseases, providing curative services and long-term care for those in need. It is their commitment to strengthen nursing in order to improve the effectiveness and efficiency of the BiH health care system and ultimately the health outcomes of its population.

The National Health Workforce Accounts Data Portal (NHWADP by WHO) indicates that in BiH nurses are the by far the largest group of health professionals: 19'057 out of 28'827 health professionals. Therefore, nurses account for 67.3% of the health workforce. Nurses' age distribution in BiH is older than the one of doctors. The sex distribution shows that 77.5% of the nurses are female, vs. 22.5% of male nurses. Interestingly the proportion of female doctors in BiH is even 87.8%. Therefore doctor-nurse relationships are not just a gender-problem (information provided by WHO's "National Health Workforce Accounts Data Portal" in the annex).

Nurses could be a key factor in ensuring success of the health reform in BiH and access to care for all, in reducing costs and improving performance of BiH health systems and could

bring health care closer to the communities and improve health outcomes and the overall cost-effectiveness of the services (see ToR in the annex). However, nurses' potentials are still underutilized, they mainly work as administrative assistants and they are underrepresented in decision making.

2.2 Project Description

ProSes - phase 1

Phase 1 had identified the following main challenges:

- *nursing organization and regulation*: (i) lack of well-developed and strong nursing associations, (ii) non-existence of a country-wide comprehensive system for regulation and licensing, (iii) non-existence of a comprehensive system of CPD and opportunities for nurse specialization;
- *nursing services*: disappearance of the former concept of patronage nursing, which affects the accessibility of nursing services for vulnerable and socially excluded groups;
- *nursing education*: (i) the standard of "nurses teaching nurse" not implemented, (ii) lack of systematic structured practical education, (iii) nurse competencies not specified, regulated and/or standardized, (iv) lack of nurse workforce planning.⁴

Accordingly, the project was organized around three components (or pillars):

- **Component 1 – Nursing regulation and recognition**: (i) improvement of nursing profession legal framework, (ii) development and implementation of standards of practice, (iii) strengthening of nurse associations, (iv) facilitation of the establishment of entity-level nurse chambers, (v) access to international networks and nurse knowledge bases
- **Component 2 – Community-nursing expansion and outreach to vulnerable groups**: (i) design of CN services congruent with international standards and tailored to specific needs of vulnerable groups, (ii) adaptation of CN roles, training and curricula, (iii) implementation and monitoring of CN services
- **Component 3 – Formal university-level nurse education**: (i) establishment of consensus on nurse competencies and agreement on curricula reforms, (ii) developing strategies to build local nurse faculty teaching expertise.

ProSes - phase 2

Proses phase 2 supports processes of increasing the quality of nursing service and enabling better access to these services. In order to improve the position of nurses in the health system the project works on developing standards of nursing practice and the regulation for continuous education of nurses and their licensing. In terms of geographical coverage, the project intervenes on a nation-wide basis, simultaneously in both entities of Bosnia and Herzegovina.

Significant progress has been made in: (i) regulating the nursing profession; (ii) increasing the availability, accessibility, and quality of health services at the primary health care level; and (iii) improving formal education for nurses. However, the nursing profession needs to be further strengthened to meet all the above-mentioned challenges.

In the view of achieving the overall purpose of high-quality services to all, including vulnerable and socially excluded population groups, the project phase II combines interventions in three areas:

Outcome 1: Health institutions provide a professional environment that allows nurses to deliver safe and high-quality services and offers career advancements to nurses

⁴ Quoted from: Strengthening Nursing in BiH Project (ProSes) - Project document for Phase 2, Main results and lessons learnt from Phase 1 (FAMI/HUG, November 2017)

Outcome 2: *Citizens, especially vulnerable and socially excluded groups, benefit from gender-sensitive community nursing services in 22 municipalities in BiH.*

Outcome 3: *Students at public nursing educational institutions gain competencies needed to provide high-quality nursing care. (The paragraphs in italics are quotes from the ToR; see full ToR in the annex).*

It is at the end of phase 2 that this external review takes place. Special emphasis will be put on the question whether ProSes should be continued in third phase by upscaling and consolidating the project. The review scope and its objectives are described in the next section.

2.3 Review scope and objectives

SDC commissioned this review stating that: *“The purpose of the External Review is to assess the overall relevance, quality of implementation, performance, management, and achievements (major outcomes) of the project. Furthermore, based on the overall findings related to the project implementation and considering the wider country context relevant to the health reform, the review should provide recommendations for the strategic orientation of the project”* (see full ToR in the annex).

This review assesses the ongoing project on strengthening nursing by detailing achievements, constraints, performance, results, impact, relevance, and sustainability. It does so by collecting partners' and stakeholders' perceptions, aspirations, feedbacks and by the analysis of ProSes documents.

After an overview with general findings, the report is structured around the three project components:

Component 1 – “High-quality of nursing services and career advancement of nurses”,
Component 2 – “Community nursing and outreach to citizens with focus on vulnerable groups”,
Component 3 – “Formal public nursing education”.

An additional section provides an assessment of the project as a whole and institutional set-up. It provides a follow-up of the decisions made in the part I of the evaluation. It also deals with the respective roles of (a) partners' and stakeholders', and (b) the implementing agency consisting of the consortium FAMI and HUG.

These sections are presented in the chapter “Findings and Conclusions”. The chapter on “Recommendations” proposes advice for a third and final phase of ProSes.

3 Methodology

The present external review is based on SDC evaluation standards.

The evaluation team consisted of three consultants:

- Alexander Bischoff, PhD, MPH, RN, public health specialist, epidemiologist and nurse researcher, PhD, adjunct professor at Geneva University, Faculty of Medicine.
- Zhenihen Zanaj, program officer for Health in the embassy of Switzerland in Albania with 18 years of experience in development cooperation with USAID (United States Agency for International Development), GIZ (Gesellschaft für internationale Zusammenarbeit) and SDC.
- Adela Berisa – Fazlagić, graduated EU project manager and PCM trainer with 24 years of writing and working on different projects.

Consultants carried out a desk review of data and reports provided by SDC, FAMI and HUG.

The field mission included travel to sites including Sarajevo, Banja Luka, Tuzla and Zenica.

Interviews with key stakeholders and partners (ministries and other political and health institutions) were held, as well as a number of senior nurses, including community (or patronage) nurses, and a focus group of key beneficiaries. See list of interviews in the annex.

A 2-day workshop with FAMI staff was held at the beginning of the field visit to BiH. Discussions with HUG staff were held before, during and after the field trip.

The evaluation team met with SDC (Swiss Embassy) staff three times, at the beginning, at mid-term and for the debriefing on the last day.

4 Findings and Conclusions

This section presents, first, a general assessment of ProSes, by analyzing the project according to relevance, coherence, effectiveness, efficiency, impact, and sustainability⁵; then it assesses the three components and the project set-up; and finally summarizes a number of conclusions.

4.1 General assessment

4.1.1 Relevance (“Is the intervention doing the right things?”)

ProSes is seen as relevant by all stakeholders. It is seen as part of implementing both the Primary Health Care reform and the Nursing education reform.

Strengthening nursing in a highly complex and fragmented context like the one of BiH is a daunting task. ProSes uses a three-pronged approach and focuses on crucial aspects of nursing, namely nurses' working conditions and environment, community nursing and nursing education. This project rationale is holds, is still valid and has never been questioned by stakeholders.

ProSes has been found to be a relevant contribution to the BiH health systems (FBiH, RS) that struggle with several reforms, including: the health system reform in BiH with its focus on primary health care, the introduction of Community Nursing services, and the nursing workforce development.

ProSes is relevant because currently:

- nurses, accounting for the largest proportion of health professionals in BiH, could represent the strongest leverage for change in the health system, but are not in position to do this; *“the health care system of BiH does not favor professional autonomy for nurses. Physician's influence on the domains of nursing practice was found to be very strong. Nurses also acknowledged that lack of autonomy and how it disabled them to exercise knowledge and skills learned through their baccalaureate education. The system does not allow me to use the skills I learned during my undergraduate studies”*. This statement is from a nurse interviewed in a study on the position of nursing in BiH (Racic, p 8)⁶
- nurses are not yet recognized as equal partners in the provision of health care; says a nurse in a study on perceptions of nurses in BiH: *“Nurses are very often stereotyped as physician assistants or angels, with philanthropic virtues, but not by as professional clinicians proficient in their clinical knowledge and skills. Low prestige of the profession is*

⁵ Cf. DAC (Development Assistance Committee) Criteria by OECD:

<https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

⁶ “Perceptions, attitudes, and expectation of baccalaureate nurses toward position of nursing in Bosnia and Herzegovina”, by Maja Racic, Jelena Pavlovic, Natalija Hadzivukovic, Nedeljka Ivkovic in: Int J Health Plann Mgmt. 2019;1–13. DOI: 10.1002/hpm.2767

*very unattractive for young people, so, the number of students who enter nursing school drops down every year.” (Racic, p 6)*⁷

- nurses lack professional cohesion; another nurse states in the same study bei Racic et al (p9): *that the Chamber of Nurses and professional associations should take the leading roles in recognition of the baccalaureate nurses by the health care system, society and even the media. If established, Chamber of Nurses is expected to conduct the advocacy for regulation of nursing profession, standardization of care, fair compensation per level of education, and autonomy of baccalaureate nurses. The lack of advocacy from the Chamber of Nurses is a long-standing problem and I think that now is the right moment to correct it.”*
- expanded nursing roles could contribute moving away from three “centrism”: health systems are doctor-centered, specialist-centered, and hospital-centered⁸. If health systems can be de-centered and shifted towards interprofessional care, generalist care providers and towards the community, then such a health system is likely to lead to improved patient outcomes, overall quality of care and patient satisfaction (patient satisfaction in the community has improved thanks to the introduction of community nursing services, according to CN beneficiaries interviewed during the present review.

Two topics make the project even more relevant than in the beginning of ProSes, when these issues were not yet identified as important factors in influencing the development of the nursing workforce: Emigration and the Covid pandemic.

*“Emigration is most prevalent among the young, working-age population. BiH’s emigration is the highest in the region. Of those who left BiH in 2018, 30 percent were aged 18 to 35. The two ends of the educational spectrum—low and high—migrate in the largest numbers. … Many more-educated people leave straight after university, but experienced professionals—especially medical professionals—also migrate. Most emigrants leave for Europe. In 2016 alone, 80,000 BiH citizens obtained permits to work in EU countries. Germany and Austria together host over 436,000 BiH citizens. BiH’s neighbors—Croatia, Serbia, and Slovenia—also host large expatriate populations.”*⁹ The health sector is among the most affected by emigration of highly skilled individuals. (IOM 2021¹⁰). Consequently, *“nurses with many years of experience are leaving, which is difficult to make up for and while it is possible to make up for the numbers, it is impossible to make up for the knowledge and experience that they gained for years. We have staff, but it is young staff. It cannot replace the knowledge that is acquired over the years. I am afraid that is not good”* (quote from government representative employee, cf. 2021 IOM report). Still worse and of relevance in terms of community nursing and vulnerable groups, in certain peripheral and less developed municipalities there are no doctors and nurses left: *“As it is pointed out by few health workers and most of the patients, very soon some communities are likely to completely run out of health professionals. The invisibility of health-care workers’ emigration is partially influenced by the decline in the total population, resulting in the decrease of the demand for a certain number of health-care workers, especially at a primary health-care protection level”* (IOM 2021, p 69).

On the Covid Pandemic: *“The healthcare system also faces significant pressures from the ongoing COVID-19 pandemic. Substantial resources are needed to address the unfolding pandemic, including strengthening systems for real-time disease surveillance (which may necessitate additional laboratory infrastructure, equipment, reagents, and other goods); ensuring adequate response capacity through trained, well-equipped frontline healthcare workers; extending quarantine and clinical care facilities (which may necessitate refurbishment*

⁷ “Perceptions, attitudes, and expectation of baccalaureate nurses toward position of nursing in Bosnia and Herzegovina”, by Maja Racic, Jelena Pavlovic, Natalija Hadzivukovic, Nedeljka Ivkovic in: Int J Health Plann Mgmt. 2019;1–13. DOI: 10.1002/hpm.2767

⁸ «Grundversorgung in der Gemeinde: Wo stehen die Hausärzte? Und wo die Pflegenden?» Praxis 2017; 106 (9): 447–448, <https://doi.org/10.1024/1661-8157/a002663>

⁹ “Systematic Country Diagnostic Update in Bosnia-and-Herzegovina” World Bank 2020, p 19, see: <https://openknowledge.worldbank.org/handle/10986/33870>

¹⁰ “Emigration of Health and Information and Communication Technology Professionals from Bosnia and Herzegovina: Challenges and Opportunities”. International Organization for Migration (IOM), 2022. IOM, Sarajevo.

of intensive care units and inpatient facilities in hospitals); and providing vaccines and therapeutics when they become available. At the same time, essential community services need to be maintained while minimizing risks to patients and healthcare personnel. Additional resources may need to be targeted at BiH's migrant, displaced, and other vulnerable populations. Cash assistance to affected households and businesses is also likely to be necessary, as well as proactive, evidence-based community engagement to allay unnecessary concerns and support business continuity. (p 56) Here also, the situation is worse in the communities than in hospitals: "The COVID-19 pandemic is placing an already fragile healthcare sector under considerable additional strain, particularly in maintaining essential community services while responding to the surge of coronavirus-related cases and minimizing risks for patients and healthcare personnel". (WB 2020, p 12) this means that the Covid impact especially heavy in the field of community nursing and vulnerable and hard-to-reach communities. It should be added that ProSes introduced, in very agile way, a support programme for nurses at risk of burnout, due to the burden of the epidemic.

In short, both the increasing emigration of health personnel and the (consequences of the) Covid pandemic, do make ProSes even more relevant.

4.1.2 Coherence ("How well does the intervention fit?")

Thanks to a comprehensive approach addressing three main issues including (1) the nursing working conditions, (2) community nursing and (3) nursing education, ProSes is in line with the key messages of the recent State of the World's nursing report ¹¹ (published in 2020, in the middle of the Covid pandemic, and well after the ProSes project document). Here is an excerpt of that report which is the first ever global overview of nursing (p 20). The report is likely to be a useful checklist against which current and future ProSes relevance can be assessed ¹².

The key messages are

1. *Countries affected by shortages will need to increase funding to educate and employ at least 5.9 million additional nurses.*
2. *Countries should strengthen capacity for health workforce data collection, analysis and use.*
3. *Nurse mobility and migration must be effectively monitored and responsibly and ethically managed.*
4. *Nurse education and training programmes must graduate nurses who drive progress in primary health care and universal health coverage.*
5. *Nursing leadership and governance is critical to nursing workforce strengthening.*
6. *Planners and regulators should optimize the contributions of nursing practice.*
7. *Policy-makers, employers and regulators should coordinate actions in support of decent work.*
8. *Countries should deliberately plan for gender-sensitive nursing workforce policies.*
9. *Professional nursing regulation must be modernized.*
10. *Collaboration is key.* (Comment quoted in full, because of particular relevance for ProSes): *Actions include intersectoral dialogue led by ministries of health and government chief nurses, and engaging other relevant ministries (such as education, immigration, finance, labour) and stakeholders from the public and private sectors. A key element is to strengthen capacity for effective public policy stewardship so that private sector investments, educational capacity and nurses' roles in health service provision can be optimized and aligned to public policy goals. Professional nursing associations, education institutions and educators, nursing regulatory bodies and unions, nursing student and youth groups, grass-roots groups, and global campaigns ... are valuable contributors to strengthening the role of nursing in care teams working to achieve population health priorities.*

¹¹ WHO: State of the world's nursing 2020: investing in education, jobs and leadership. Geneva 2020. See: <https://www.who.int/publications/i/item/9789240003279>

¹² See also WHO fact sheet on nursing in BiH in the annex.

External coherence of ProSes is, however, more difficult to achieve in the difficult in the political field in BiH. While similar in their health policies, these are nearly but not exactly the same in the two entities, FBiH (with its 10 cantons and their non-identical health policies) and RS, and the Brčko districts. It is therefore complicate to navigate coherence between different partners and push the nursing agenda forward in a coherent way.

Two more difficulties to coherence: One is the involvement of GiZ (Deutsche Gesellschaft für internationale Zusammenarbeit) in education. The complementarity to ProSes is not ensured, when it comes to nursing education. This should be carefully analysed in the future (with the prospect of a phase III).

The other difficulty: the main driver in reforming nursing education is the BiH's wish to join the EU (European Union), to make BiH "EU-compatible" so to speak, and therefore the obligation to introduce the Bologna-Reform¹³ (requiring bachelor, master and doctorate level). Since this is a long-haul endeavour and depends on countless factors, institutions and partners, MoH officials admit that this process will take still at least another ten years. (Therefore, this aim is out of scope for ProSes even in a third phase).

The Internal coherence of ProSes, on the other side, is perfectly in line with SDC policy. The Swiss Cooperation Programme Bosnia and Herzegovina 2021–24 states:

Outcome statement 1: The primary healthcare (PHC) system sustainably provides access to gender sensitive services of improved quality, focusing on the prevention of non-communicable diseases (NCDs) and leaving no one behind. Switzerland supports the standardisation of PHC services, particularly those provided by mental health professionals and nurses. It is ensured that services are affordable, effective, gender-sensitive and focused on the prevention of non-communicable diseases. Healthcare is brought closer to the communities, ensuring affordability and equitable access to care, particularly for socially-excluded persons (the elderly, persons with mental disorders, persons without health insurance), including migrants stranded in BiH. Experiences from the COVID-19 pandemic are used to push for the required reforms, including digitalisation for easier access to services. Through its support, Switzerland contributes to the country's objectives of enhancing health promotion and reducing the burden of non-communicable diseases as the leading cause of ill-health and a poorer quality of life among BiH's population.

4.1.3 Effectiveness ("Is the intervention achieving its objectives?")

ProSes has significantly influenced the nurses' roles in a complex socio-political, structural and organisational context, thanks to involving a significant number of stakeholders at the institutional and individual level. This has been made possible by the financial, coordination and planning support provided by the SDC and the FAMI/HUG consortium.

Building CN services from scratch has been highly effective and, in our view, even outstanding. Interestingly, a project outside helped build the case for and "boost" CN: End-of-Life/palliative care¹⁴.

Less effective was component 1 in achieving the creation of nurses' association, as well as the long-term goal of creating CPD (centres of professional development). As hinted at in the previous section, and with regard to component 3, systematic tertiary education for nurses proves far from achieved.

¹³ "The Bologna system refers to the system established in accordance with Bologna Process, an intergovernmental higher education reform process that includes 49 European countries and a number of European organizations, including European University Association, with the main purpose of enhancing the quality and recognition of European higher education systems and improving the conditions for exchange and collaboration within Europe, as well as internationally." (IOM report, p 30)

¹⁴ "Initiative to improve care and support for terminally ill patients in Bosnia and Herzegovina (BiH)". The project started in Doboj and was replicated in Orase, and was then integrated into Community Care. See article: Lessons learned from two pilot municipalities in Bosnia-Herzegovina: Mobilizing resources to improve end of life care at home, by Sigiriya Aebsicher Perone, Emira Dropic, Dejan Sredic, Thomas Vogel, Bruno Lab, Caroline Matis, David Beran, Sophie Pautex and François Chappuis. MMS Bulletin # 154 (<https://www.medicusmundi.ch/fr/plaidoyer/publications/mms-bulletin/les-soins-palliatifs/>)

This possible ineffectiveness is balanced, however, to the extraordinary work of elaborating, compiling, and publishing the so-called SOP (Standard Operating Procedures), nursing-related textbooks that pushed the project's effectiveness in all three components, all the more that, synergies between entities were used and collaboration strengthened (transversal activities).

Due to the complexity of reform process of the nursing profession, change has been slow, especially in the area of doctor-nursing relationships. Doctors' attitudes towards nurses are still quite paternalistic, as well as opportunistic (whereby they see the nurse as the ideal aide for any activity). Also opportunistically, doctors are unlikely to give up their activities as teachers in nursing schools, thereby hindering the nurses' self-reliance. At the same time, nurses are still often unable to assume their roles and fend for themselves. A main reason for this is likely to be nurses' lack of organization (no nursing association, chambers, registries, CPD...).

Finally, one impediment to increased effectiveness should be mentioned: the fact that PROSES was essentially in a leading and mainly operational position in its interventions, prevented additional effectiveness by which the national actors could take a more proactive role. This change from an operational role towards a facilitation role occurred only very recently (see part I of this evaluation¹⁵).

4.1.4 Efficiency ("How well are resources being used?")

Project activities appear to have been carried out efficiently, the resources used appropriately, and inefficiencies were not reported.

A possible threat to efficiency is the fact that ProSes is coping with the double stress of running two projects at the same time (FBiH, RS). This is using up a lot of resources.

Possible inefficiency may be due to FAMI management, because (a) FAMI's director suffered from ill health, and also because (b) concern was voiced by partners/stakeholders. The latter made the first part of this evaluation necessary¹⁶. The topics that emerged included: "clarification of roles and responsibilities, process of planning, decision making and reporting, financial management" (these are the first three topics among a total of six). On "Management of Finances" the report stated the following: *"The MsoH recognized the need for greater flexibility in relocating shared funding to meet identified and current needs in the field of cooperation. The proposed model will enable quick recognition and response due to more operational planning and monitoring of the current situation. Also, due to a more up-to-date and transparent sharing of information through the proposed model, all partners will have a clearer idea of the available resources and the ways of their allocation and relocation."*

Finally, the reviewer team was impressed how efficiently ProSes team handled the challenges of the Covid pandemic, both the delays due to the lockdown, and, what is more, the resources mobilized and the ability to organise courses on burnout for nurses.

4.1.5 Impact ("What difference does the intervention make?")

The impact of ProSes has been wide reaching, and has contributed to increasing competence, training and implementing of CN, increasing the quality of the services being delivered, outreach to vulnerable, socially excluded groups and to hard-to-reach communities in rural areas, to rolling out PHC services and strengthening the roles of nurses by offering nursing text books (produced by a wide range of experts in nursing and other health professions and in both entities) and by training nurse teachers.

ProSes is not only making a difference in nursing, but also in strengthening the role of women, since most nurses are women. With the improvement of care for vulnerable groups, ProSes is making another difference in cross-cutting themes. This is remarkable because the impact

¹⁵ "Results and recommendations of the evaluation of the Nursing Project (Part 1)", by Tanja Tankosic Girt & Anne-Claude Cavin, 2022

¹⁶ "Results and recommendations of the evaluation of the Nursing Project (Part 1)", by Tanja Tankosic Girt & Anne-Claude Cavin, 2022

remains strong despite the covid-pandemic. A reason for the positive impact is the interventions targeted to relieving the situation of nurses during the pandemic (see the burnout-prevention courses).

While impact has shown limited effects in the nurse education reform, this has been compensated by the development of nursing textbooks.

In the future, impact is likely to increase and long-lasting, if ProSes interventions are scaled up under the lead of national actors.

4.1.6 Sustainability (“Will the benefits last?”)

The reviewer team found that there is strong commitment to ProSes and its focus on three ongoing reforms including PHC, nursing workforce, nursing education, and its other focus on vulnerable groups. This commitment could be found in all stakeholders, ranging from the higher political authorities to the providers delivering services. In particular, the commitment drive and dedication of nurses within CN but also in general has been crucial for the successful delivery of the ProSes and will be instrumental for the future sustainability of the results achieved by ProSes.

Benefits in the future are likely to last:

- if outreach to vulnerable groups by CN can reach “critical mass”;
- if the partners of the two entities continue to collaborate, particularly in the field of nurse education literature (SOP);
- if the complex context in FBIH with its many layers of decision making especially can be dealt with adequately. The legal and political influences between the federation administration and the cantonal ones may prove to be difficult in ensuring the continuation of activities;
- if measures for nurses (burnout courses) introduced during the covid pandemic can be sustained and integrated in the mainstream policies on behalf of the nursing workforce;
- if cohesion among nurses can be strengthened and platforms of exchange for nurses can be created (nursing associations);
- if the three-pronged approach, addressing (1) working conditions of nurses, (2) community nursing and (3) nursing education can be maintained.

4.2 Assessment of project components and project set-up

This section assesses how ProSes performed in each of its components, namely nursing environment, community nursing and nurse education. Finally, the project set-up is assessed.

4.2.1 Assessment of component 1 – Nursing environment

The main expected outcome of component 1 is: “Health institutions provide a professional environment that allows nurses to deliver safe and high-quality services and offers career advancement opportunities to nurses”.

Component 1 has four expected outputs: 1.1 Regulatory mechanisms are in place and ensure safe and quality nursing services; 1.2 Standard operating procedures (SOPs) and obligatory nursing documentation are developed at all healthcare levels; 1.3 Nomenclature of nursing services reflects the actual contribution of nurses; 1.4 Nurses associations (NAs) have developed the capacity to respond to the needs of their constituencies.

The following tables detail the achieved results of component 1 (excerpt from FAMI sheet OMS: ProSes Phase 2, 7F-08142.02 and slightly adapted).

| Indicators | Baseline 2017 | Cumulative results | Target 2022 | Key successes and constraints | Steering measures to improve effectiveness |
|---|--|---|--|--|---|
| % of complications of particular conditions covered with SOPs (decubitus, diabetes foot problems): (a) % of bed-ridden patients registered in FM teams with out-of-hospital acquired decubitus in the past 12 months; (b) % of educated DM patients with diabetes foot problems in the past 12 months | (a) average 8.6% (5 RS PHCC, 2017) FBiH:28,57%(2018) (b) average 1.0 % (6 RS PHCC, 2017) FBiH: 0,00% (2018) | The follow-up results in sites: RS: 14,63% (2019) FBiH: 0,00% (2019) RS: 1,27% (2019) FBiH: 0,00% (2019) | a) < 8.6% b) < 1% | There are certain indications that the CN training and SOP use have led to better health outcomes. However, the small sample size and observed incomplete record keeping by the FM teams make these results inconclusive. AKAZ recommends sensitisation and training of health workers on proper record keeping. | RS MoH to expedite process of adoption/revision/implementation of SOPs and ensure the project-supported registry and IHIS include nurse performance indicators Entity MoHs to influence relevant institutions to ensure rigorous data collection. |
| % DM, i.e. HTA patients with regulated values of blood glucose and pressure in CN sites: (a) with last measured value in the past 12 months of A1c ≤ or glycaemia ≤ 7mmol (b) with last measured value in the past 12 months of blood pressure ≤ 140/90 | a) RS:12,8% (2014) FBiH:41,11% (2018) b) RS: 36,7% (2014) FBiH:42,50%(2018) | The follow-up results in sites: a) RS: 29,88% (2019) FBiH: 44,17% (2019) b) RS: 45,99% (2019) FBiH: 22,78% (2019) | Follow-up sites: a) 35% b) 43% New sites: a) 28,9% b) 40,7% | Additional comparison between the pilot FM teams and control FM teams (outside project intervention) shows better results for both indicators in the pilot teams. FM teams using SOPs also show better result for both indicators than those not using SOPs. However, the small sample size and observed incomplete record keeping by the FM teams make these results inconclusive. AKAZ recommends sensitisation and training of health workers on proper record keeping. | RS MoH to expedite process of adoption/revision/implementation of SOPs and ensure the project-supported registry and IHIS include nurse performance indicators Entity MoHs to influence relevant institutions to ensure rigorous data collection. |
| % health facilities that implement nursing SOPs (gender-sensitive and sex-specific where applicable) | FBiH PHCCs – 31% RS PHCCs – 20% BD PHCC – 0% | First follow-up results in RS sites expected upon adoption of quality standards; FBiH PHCC – 28,2% | FBiH – 50% RS – 40% BD – 100% | Remaining SOP manuals for the primary and secondary HC levels (RS & FBiH) developed and will be distributed in May. AKAZ conducted a survey on a small sample size proving that 78% of PHCCs use SOPs. All SOP manuals developed by the project were made available to BD. | RS MoH and AKAZ to ensure integration and adoption of SOPs in certification/accreditation standards. |
| % health facilities that use obligatory nurse documentation | PHC FBiH,RS,BD-0% Hospitals: FBiH-15%, RS - 40%, BD – 0% | Results expected in Project Year PY4 | PHC - 20% Hospitals: FBiH-30%, RS-60%, BD -100% | Rulebooks and obligatory nurse documentation for all health care levels developed in both entities. In FBiH, nurse documentation became obligatory in Feb 22. | MoHs and health institutions' management required to ensure nurse documentation is made obligatory and used. |

The main challenges of this component include the creation of nursing association that did not become operational, despite huge efforts; the potentials however are the Standard Operating Procedures conceived, written, and edited in phase 2 of ProSes.

4.2.2 Assessment of component 2 – Community Nursing

The expected outcome from component 2 is: "Citizens, especially vulnerable and socially excluded groups, benefit from gender-sensitive community nursing services in 22 municipalities in BiH".

The expected outputs include the following: 2.1 Municipalities that had introduced community nursing models in Phase 1 have been supported in ensuring the sustainability of the introduced services; 2.2 Adapted and tailored CN models are introduced in 12 additional municipalities in BiH (6 FBiH and 6 RS); 2.3 The *nomenclature* for CN services is revised, extended and adopted by the health insurance funds; 2.4 Capacities for the provision of palliative care as part of community nursing are enhanced.

| Indicators | Baseline 2017 | Cumulative results | Target 2022 | Key successes and constraints | Steering measures to improve effectiveness |
|---|--|---|---------------------------------------|--|---|
| Pillar 2: Citizens, especially vulnerable and socially excluded groups, benefit from gender-sensitive community nursing services in 22 municipalities in BiH. | | | | | |
| # persons that have access to CN services in 22 selected geographic areas | 537 000 (population of 10 Phase 1 CN sites) | 935 119 | 1 099 295 | CN package (theoretical and practical training + equipment) completed in 8 sites; practical part and equipment procurement under way for the current three. The expected coverage will reach 1 099 295 for all 22 CN sites (10 Phase 1 + 12 Phase 2). Thanks to accelerated implementation dynamics and re-distribution of tasks within the team, previous delays caused by Covid-19 will be overcome. | No additional measures envisaged |
| # of persons encompassed by health education on NCD prevention in 22 target sites in Phase 2 | 11,000 | 28,667 (FBIH, RS) | 116,000 | CN package (theoretical and practical training + equipment) completed in 8 sites; practical part and equipment procurement under way for the 3 sites. Fewer home visits and NCD prevention group activities, hence fewer beneficiaries than targeted (shortage of CN nurses, prevailing curative services, inefficient monitoring system, fewer CNs than envisaged and existing CNs re-allocated due the pandemic). The indicator value unchanged as PHIs did not submit updated data. Also collected data reliability questionable. | Entity MoHs to influence PHCCs to ensure health promotion services are provided by CNs. PHCCs management to ensure environment for continuous and standardised provision of health promotion services. MoHs to devise nurse retention strategies. Entity MoHs to influence relevant institutions to ensure rigorous data collection. |
| # of particularly vulnerable and socially excluded persons benefitting from CN services, as per ProSes' definitions, in 22 target sites in Phase 2 | 46,900 | 140,717 (FBIH,RS) | 154,000 | CN package (theoretical and practical training + equipment) completed in 8 sites; practical part and equipment procurement under way for 3 sites. Data from the field indicate that nurses are particularly focused on some of the vulnerable groups, such as the elderly, disabled, persons living in remote areas etc. No change in the reached values due to no further data availability for 2021 by PHIs. The need is emphasized for strengthening monitoring capacities of the health system. | MoHs are visiting with the project to CN sites to make CN implementation arrangements. PHCCs' management, municipal councils and community to implement CN nursing and establish strong community networks for joint intervention. |
| Patient satisfaction with the provided CN services in 2 selected Phase 2 municipalities (1 FBIH and 1 RS) | FBIH - Zenica: 59,9% with high level of satisfaction RS – Trebinje | FBIH: Follow-up - Zenica: 76,2% RS: Follow-up in PY5 | High level of satisfaction (min.80%) | Though the targets have not been entirely reached, achieved values are significantly increased compared to the baseline values, as well as to the control site PHCC (65,2%). It should also be noted that the percentage of patients satisfied with CN services (extremely satisfied + satisfied) is even higher (95,2%). | Accreditation agencies/MoHs to integrate nursing aspects into existing patient satisfaction tools. |
| Level of patients involvement in nursing care | FBIH – Zenica: 50,3% highly satisfied with participation RS –Trebinje | FBIH: Follow-up - Zenica: 72,7% RS: Follow-up in PY5 | High level of participation (min.80%) | Institutionalized CN documentation now envisages patient's involvement in nursing care plans (FBIH). Phase 1 CN documentation is partially integrated in new documentation (with nursing care plan) and will be used upon the pertinent law ¹⁷ adoption (RS). Though the targets have not been entirely reached, achieved values are significantly better compared to the baseline values (50,3%), as well as to the control site PHCC (65%). It should also be noted that the percentage of patients satisfied with CN services | Same as above (as patients involvement Qs included in above questionnaire). |

| Indicators | Baseline 2017 | Cumulative results | Target 2022 | Key successes and constraints | Steering measures to improve effectiveness |
|------------|---------------|--------------------|-------------|---|--|
| | | | | (extremely satisfied + satisfied) is even higher (93.7%). | |

The main challenges of this component is in our view the success of the introduction of CN services, and therefore the need to introduce it in the many areas without CN services (although the project achieved the planned number of new CN services; that showed the realism of the elaborated targets); the potentials are they high patient satisfaction, high patient involvement and the almost doubled access of people to CN services (from 537'000 in 2017 to 935'119).

4.2.3 Assessment of component 3 – Nursing Education

The expected outcome from Pillar 3 is: Students at public educational institutions gain competencies needed to provide high-quality nursing care.

The expected outputs are the following: 3.1 Reform of secondary nurse education in public educational institutions has been initiated; 3.2 Nursing study programmes in higher public educational institutions are aligned with EU standards; 3.3 Access to higher education (Master and PhD levels) in nursing for BiH students is supported; 3.4 Strategies to address the needs for specialized nurses are developed.

| Indicators | Baseline 2017 | Cumulative results | Target 2022 | Key successes and constraints | Steering measures to improve effectiveness |
|--|-----------------------|-------------------------------|---|---|--|
| Component 3: Students at public educational institutions gain competencies needed to provide high-quality nursing care | | | | | |
| % first year students of secondary nurse schools (SNS) that started their training per new curriculum | 0 | No results yet | 100% RS, BD and 2 FBiH cantons (the approach adapted) | Actions plans in place, but (longer) time proved as needed for development and implementation of transition plan(s) will leave no time for SNS curricula to be developed in the current phase (so should be moved to Phase 3). | MoHs and MoEs to engage in advocacy and policy dialogue with respective authorities to expedite reform. |
| % first year students that started training per revised curriculum at 5 public faculties supported by ProSes | 15.4% (NF Banja Luka) | 51,1% (academic year 2021/22) | 100% | While three NFs (Banja Luka, Prijedor, Sarajevo) applied revised curricula, ProSes is continuously lobbying for NF Dzemal Bijedic in Mostar to do so. NF Tuzla has adopted the revised curriculum, but not yet implemented it. They may do so in the academic year 2022/23. | Further intervention required from FBiH MoE to expedite the process at Mostar NF. |
| % of nurse teachers at 9 public nurse faculties | 2.2% | 5,1% (academic year 2021/22) | 5% | Grants awarded and pool of potential nurse teachers expanded. Number of nurse teachers is slowly, but continuously, rising and there is only 1 (Banja Luka) out of 9 NFs with no nurses engaged as teachers in academic year 2021/22. | MoEs to work with NFs on sustaining scholarship schemes (esp. for underprivileged students) and to advocate hiring more nurse teachers. Project engaged in advocacy. |

The main challenge of component 3 include the risk of getting bogged down in the overall nurse education reform that will last “at least ten years”, according to interviewees and the transition plans (for nurses with secondary education towards tertiary education. The main potential is the increasingly strong collaboration between ministries of both entities; this is a major achievement (although it did not appear in the objectives!).

4.2.4 Assessment of the project set-up

Thanks to part I of the ProSes evaluation a new project set-up was put into place¹⁸ (see report. After two months with the new configuration, it looks like this: De facto, component 1 manager is the new project manager, while continuing to be in charge of component 1. This happened because the project manager hired for phase 2 had resigned. FAMI/HUG are moving toward a facilitation mode, and partners (MoH of both entities) with clear responsibility in implementation of activities. It remains to be seen how this shift towards a facilitation role by PROSES will be consolidated. This is a topic to be analysed carefully in the preparation of phase 3.

One requirement expressed by the evaluators of ProSes in 2015¹⁹, that is: having an international nurse of board of the consortium did not materialize. However, in our view, there is currently sufficient nursing expertise both in BiH in general and in FAMI in particular. In ProSes, the component 2 managers are both nurses, component 3 manager is a nurse too, only in component 1 there is no nurse in the driver seat. This latter fact is okay, because the main tasks have less to do with nursing profile and more with health policy.

The composition of the consortium has never been questioned. The presence of the HUG partner lends credibility and stability to FAMI. For the FAMI team the participation of HUG is “absolutely needed”, also and particularly in the upcoming phase 3.

On a general note, in our view it is remarkable how ProSes can navigate in the highly complex health system of BiH, with its two entities – RS, FBiH – and with ten cantons in FBiH, and is supporting the collaboration between the two respective MoH and MoE.

One of the results of the evaluation part I (the “mediation”) was the reconfiguration of all modalities of collaboration between project staff and MoHs. Its recommendations have been applied for all levels except the Steering Committee. The composition of the Steering Committee is an issue to be addressed in the next phase. For more details see report of part I. Now, after two months in this new mode, partners are expressing their satisfaction and relief.

All interview partners were now relieved and highly satisfied with the collaboration around ProSes at the end of phase 2.

4.3 Conclusion

The Project has had an important role in facilitating the different ongoing reform processes, namely the primary care reform, with an increased role of the nursing workforce, the introduction, training and deploying community nurses, with a view of supporting vulnerable citizens, and the ongoing nurse education reform in Bosnia and Herzegovina.

It has influenced the country’s endeavor to strengthen nurses, by far the largest proportion of health workers in the Bosnian health system.

Overall, the Project has met its objectives in a timely, effective and efficient way, and has had a significant impact on its target population.

¹⁸ See “Results and recommendations of the evaluation of the Nursing Project (Part 1)”, by Tanja Tankosic Girt & Anne-Claude Cavin, 2022. This first part of evaluation was necessary, because several issues had emerged that had to be dealt with before considering the continuation of Proses (including a third phase). The significant topics, which required (immediate) solutions, included:

- Clarification of roles and responsibilities
- Process of planning, decision making and reporting
- Management of finances
- Functioning of Steering Committee
- Flow of information between partners
- Composition and organisation of the Project Teams within the organisations/institutions” (p1)

¹⁹ See: “Strengthening Nursing in Bosnia and Herzegovina: Review of the project performance and progress”, by Judith Oulton and Peter Campell, 2015.

The Project has helped increase the skills and capacities of community nurses to provide appropriate interventions to beneficiaries most of whom being vulnerable and hard-to-reach.

ProSes has therefore contributed to strengthening nurses in the fragile context of BiH over the last ten years and will be able to consolidate this long-term endeavor if it has a chance to continue to work over a third and last project phase; a recommendation that the reviewer team strongly underlines.

The quality of the ProSes team can be best epitomized by their organization of the Brčko event which reunited partners from FBiH, RS and Brčko district, FAMI and SDC. On May 12 this year, the International Nurses Day, the Handbooks with Standard Operating Procedures (SOP) for nursing were presented in Brčko, in the House of Culture. The event was organized with the support of the Ministry of Health and Social Welfare of Republika Srpska, Federal Ministry of Health, Department of Health and other services of the Brčko District Government and SDC). This event is an important result of the mediation/evaluation part I. The event was referred to by all partners as a positive example of collaboration between all the different parties and of building trust.

5 Recommendations

The External Review Team proposes the following recommendations on (1) a strategic and general level, then (2) on the three components and (3) on the transversal integration of the project components.

5.1 Strategic and general recommendations

Looking at the achievements of ProSes phase 1 and phase 2 and its respective potentials and considering the “unfinished business” we strongly recommend the continuation of ProSes by pursuing a third and final phase of three years

The proverb written on one of the bridges in Sarajevo reads “*Festina lente*” (in Latin) and “*Pozuri Polako*” (in Bosnian). It means “Hurry slowly” and provides a metaphor for the two main points of a future “ProSes III”: Scale up and consolidate.

Specifically, with the four years’ duration of a potential third phase should be able to:

- Increase efficiency and sustainability. By consolidating and upscaling the three components of the project (nursing working environment, nurse education and community nursing), streamlining its activities, accordingly and adapted to the different contextual factors, will be possible.
- Achieve institutionalization. The risk of not achieving institutionalization is greatest in the component of community nursing (CN), therefore its further development and roll-out should be especially targeted. A useful resource for tailor-made adaptation of CN is the report on vulnerability, produced by the FAMI/HUG consortium and SDC in 2013²⁰. It has the huge advantage that these data were collected and analyzed by local partners in both entities involving many institutions in many areas (PHI, research institutions). Furthermore, a third phase is essential to anchorage CN in the health system, and to institutionalize CN quantitatively in as many geographical areas as possible. This implies two things: The first is the need for the entities' respective Ministries of Health to include community nursing



²⁰ “Taking vulnerability into consideration: in search of new PHC outreach activities – analysis, synthesis and recommendations”

development in their respective strategies (which is beyond the scope of the project but should be part of the policy dialogue led by SDC), and the second is the expansion to additional municipalities.

- Nursing will be strengthened if the different efforts are integrated and converge to the improvement of the BiH health system(s): the last phase should allow for coordination and facilitation in order to bring together the strands of PHC reform, the nursing reform, the education reform, and the health insurance schemes (that deal with the pricing of nursing services). Since all the “threads” can improve quality of care, collaboration with AKAZ and ASKVA should be expanded. All these reforms take a lot of time. It is unlikely that these reforms can be completed in the period of the next four years (presumed duration of ProSes III), but the contribution of ProSes III will be valuable and needed for facilitating and assisting these processes.
- A duration of 12 to 14 years for the whole ProSes (from phase 1 to phase 3) is not exaggerated, considering the complexity of the BiH system. It would be a pity the stop this slow but crucial process. It would mean a stop of that process of fitting the threefold process in the two BiH health systems.

Finally, time is needed to move on with the (new) cooperation modalities between ministries and SDC, as sketched out in part I of the evaluation earlier this year²¹. Only then the sense of ownership by government will be achieved, and only then the work of nurses will be sustained.

5.2 Recommendations regarding component 1

Recommendations regarding component 1

- Develop and expand the edition of nursing related textbooks: pursue the creation and dissemination of reference material. Specifically, the project should facilitate (i) the production and dissemination of complementary SOPs, (ii) the translation and dissemination of relevant manuals, and (iii) the publication of scientific literature pertaining to the practice of nursing in Bosnia and Herzegovina (or the Balkan region).
- Intensify the efforts to make the nursing chambers operational (since the creation of nursing associations wasn't successful so far). A better and systematic management of nursing registry might prove a strategy on how to improve working conditions, that could even stop the erosion of the nursing workforce due to emigration.
- During the Covid pandemic, ProSes introduced workshops for nurses that were at risk of burnout. This additional activity was highly successful and appreciated by nurses, as well as by MoH officials. It is a topic that should be rolled out systematically in ProSes phase 3, in component 1 for example, since it is about improving the conditions in which nurses are working.
- Because doctor-nurses collaboration has been a delicate issue right from the start of introduction the Primary Health Care reform²², we propose modules on interprofessional collaboration. The university of Geneva, Faculty of Medicine and the Heds-GE (School of Nursing) developed modules that focus not only on interprofessional collaboration but also on interprofessional education.
- In phase 3 this component (as the others too) should work less in executive (operational mode) and far more in facilitation role: This implies helping and supporting the project partners to deliver the changes desired for the improvement of the health system. The role of the project is not to formulate solutions but to provide the necessary supporting information, knowledge and experience to help the partners to make appropriate decisions and develop sound solutions. This will require technical expertise, interpersonal skills and relevant experience in assisting groups to formulate their own solutions.

²¹ “Results and recommendations of the evaluation of the Nursing Project (Part 1)”, by Tanja Tankosic Girt & Anne-Claude Cavin, 2022

²² “Perceptions, attitudes, and expectation of baccalaureate nurses toward position of nursing in Bosnia and Herzegovina”, by Maja Racic, Jelena Pavlovic, Natalija Hadzivukovic, Nedeljka Ivkovic in: Int J Health Plann Mgmt. 2019;1–13. DOI: 10.1002/hpm.2767

5.3 Recommendations regarding component 2

- In our view, the main challenge for phase 3 is to roll-out CN to a maximum of municipalities that did not benefit from CN services so far. In phase 1 and 2, 22 municipalities were covered (out of 145 municipalities). Although the creation of CN services in 22 municipalities is a remarkable achievement, this figure means that 123 municipalities have not yet benefited from CN services. Rolling out CN in as many municipalities as possible is likely to be the major challenge in phase III. It is recommended that in the third and last phase of ProSes, at the very least a coverage of 40% be reached, meaning that 36 more municipalities should be included, so as to cover 58 municipalities till the end of ProSes. This seems to be a realistic target, given the considerable resources (financial, human, material, time) required in training and introducing CN in a given setting. The increased coverage of CN will make it easier for health authorities to expand CN services further after the end of the project.
- An important pre-condition for successfully rolling out CN services is transportation. One CN beneficiary (and informal caregiver himself) expressed his concern and even bewilderment, that community nurses do not have the means to do their job in distant communities and lack of transportation. For phase III, an assessment should be undertaken to know which CN services need their own car in order to outreach to people in need of care in rural areas.
- In the past there has been a project on palliative/end-of-life care (EoL)²³. This project, initially independent from ProSes, has been integrated gradually into component 2 and has been very successful. In phase 3 it should be completely integrated and streamlined in CN workshops and trainings, whatever the context.
- Related to palliative care is the topic of informal caregivers²⁴. As has become clear in a Focus Group involving CN beneficiaries in Tuzla, CN has nearly always to do with informal caregivers. They are beneficiaries of CN services, but the other way round is also true: CN services are beneficiaries from the heroic but hidden work of informal caregivers. So far, the project has supported the creation of 'networks' focused on the needs of patients with chronic and/or terminal illness. These networks consist of formal and informal caregivers, and the community nurses in the project's three pilot municipalities were trained to involve informal caregivers in the delivery of community nursing services. For the third phase these networks should be created in all remaining municipalities that have established CN.

5.4 Recommendations regarding component 3

- The different types of nursing-related books ("rule books", SOPs and "nomenclature"), published by FAMI in close collaboration with MoH and MoE of both entities, should be introduced at all levels in nursing education. The textbooks should be the same in health facilities and in training institutions. If coordination is achieved, this would be a strong signal that the nursing workforce is not fragmented but united. In that regard, the collaboration

²³ "Initiative to improve care and support for terminally ill patients in Bosnia and Herzegovina (BiH)". The project started in Doboj, was replicated in Orase and then integrated into Community Care. Funded by HUG and implemented by FAMI, it started in 2016 and ended in 2020. See articles: Aebischer Perone, S., Nikolic, R., Lazic, R. *et al.* Addressing the needs of terminally-ill patients in Bosnia-Herzegovina: patients' perceptions and expectations. *BMC Palliat Care* **17**, 123 (2018). <https://doi.org/10.1186/s12904-018-0377-2>. Or: Lessons learned from two pilot municipalities in Bosnia-Herzegovina: Mobilizing resources to improve end of life care at home, by Sigiriya Aebischer Perone, Emira Dropic, Dejan Sredic, Thomas Vogel, Bruno Lab, Caroline Matis, David Beran, Sophie Pautex and François Chappuis. MMS Bulletin # 154 (2020) (<https://www.medicusmundi.ch/fr/plaidoyer/publications/mms-bulletin/les-soins-palliatifs/>)

²⁴ "Caregiving is an important public health issue that affects the quality of life for millions of individuals. Caregivers provide assistance with another person's social or health needs. Caregiving may include help with one or more activities important for daily living such as bathing and dressing, paying bills, shopping and providing transportation. It also may involve emotional support and help with managing a chronic disease or disability. Caregiving responsibilities can increase and change as the recipient's needs increase, which may result in additional strain on the caregiver. Caregivers can be unpaid family members or friends or paid caregivers. Informal or unpaid caregivers are the backbone of long-term care provided in people's homes". Quoted from the Brief by CDC Atlanta titled Caregiving for Family and Friends — A Public Health Issue (<https://www.cdc.gov/aging/caregiving/caregiver-brief.html>)

between entities is remarkable (and itself a major achievement of ProSes). This can be further strengthened by further publications on the different nursing topics. These textbooks are a strong predictor of sustainability of the Strengthening Nursing Project. In phase 3, the preparation of nursing-related literature should be pursued and even be up-scaled. This, however, does not mean “flooding” the market, but carefully introducing the written materials, so that it is used practically (and not put on the bookshelves for decoration...).

- Print SOP in larger numbers and make them available systematically in electronic format (PDF).
- SOP are recognized, by all interviewed stakeholder, as very valuable and unique materials which can be used in various ways. It would be important to use SOP's as mandatory textbooks in nursing schools. This requires official procedure of verification and adoption of those SOP's to be used as official textbooks at schools. This procedure goes through Cantonal ministries of education (supported by Ministry of health (all levels) not as obligatory procedure but as added value). To be able to show an example of good practice it would be recommendable to start with one Canton and pilot school and establish working group with cantonal representatives from the MoE and trained community nurses who can also give practical knowledge to the secondary school students.
- The evaluation team recommends not funding scholarships in phase 3. There is currently no sufficient guarantee that the nurses who benefited from a scholarship do help strengthening nursing.
- Reform of nursing schools is a long-term, complex, and comprehensive process which goes way beyond scope and timeframe of a third phase of the ProSes. On the other hand, other donors are likely to enter the area of vocational training (GiZ and the World Bank, for example). We recommend therefore that ProSes III step out from this matter and focus on consolidating achievements in the working environment as well as in scaling-up community nursing.

5.5 Recommendations concerning Phase 3 of ProSes, across components

- SDC should engage more proactively in policy dialogue with national actors. A proactive policy dialogue might enable conducive framework conditions for the sustainability and scaling up and give more leverage to SDC in SC meetings and steering of the project.
- There is a need to clarify the roles and responsibilities of FAMI director and project manager. Phase III should not finance the FAMI director anymore. According to FAMI statutes, there should be a 5 years' cycle and the FAMI director should change at least every 2 cycles. It is recommended to respect the internal rules from a governance perspective.
- While the new configuration of the ProSes steering committee seems to be working, there is a need to formalise the new composition of the steering committee. The steering committee should distinguish between operational and steering / decision making levels; as well as differentiate roles and responsibilities of partners/ main stakeholders on the level of activities and sub-activities (output levels).
- Finally, ProSes III should move away from executive activities towards a facilitation role. And SDC in turn should engage more proactively in policy dialogue with national actors. A proactive policy dialogue may enable conducive framework conditions for the sustainability and scaling up and give more leverage to SDC in SC meetings. It might also be important for the utilisation of the results of this evaluation of PROSES vis-à-vis the Ministries of Health.

With these recommendations implemented, we expect “ProSes III” to both consolidate and upscale the scope of its activities on strengthening nursing in BiH.

6 Annexes

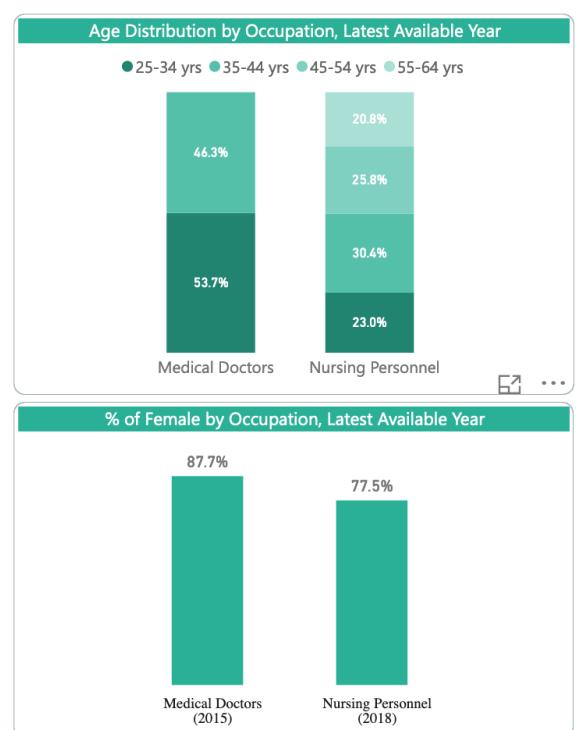
6.1 List of Interviews held with Partners, Stakeholders, and CN beneficiaries internal only

6.2 Information on nurses in BiH (National Health Workforce Accounts Data Portal)

<https://apps.who.int/nhwaportal/Home/Index>

< Back to report | STOCK BY OCCUPATION, LATEST AVAILABLE YEAR

| Occupation | Year | Number | Density (per 10,000 pop) |
|---------------------|------|---------------|--------------------------|
| Nursing Personnel | 2018 | 19,057 | 57.33 |
| Medical Doctors | 2015 | 7,413 | 21.62 |
| Midwifery Personnel | 2015 | 1,091 | 3.18 |
| Dentists | 2015 | 823 | 2.40 |
| Pharmacists | 2015 | 443 | 1.29 |
| Total | | 28,827 | 86.73 |



6.3 State of the world's nursing – Fact sheet on BiH (WHO 2020)

STATE OF THE WORLD'S NURSING 2020

World Health Organization

Bosnia and Herzegovina

Total population (UN population prospects, 2019)

UHC Service Coverage Index (0-100 points, 2017)

Life expectancy at birth (in years, 2016)

Probability of dying under five (per 1 000 live births, 2018)

Probability of dying between 5 and 90 years old (per 1 000 population, 2016)

Gross domestic product (GDP) (per capita US\$, 2017)

Current health expenditure as a percent of GDP (2017)

Current health expenditure per capita (US\$, 2017)

This map is an approximation of actual country borders.

Country capacity on:

✓ Yes

✗ No

▢ Partial

NR

No Response

EDUCATION REGULATION

Ministry list of accredited education institutions

Accreditation mechanisms for education institutions

Standards for duration and content of education

Standards for interpretation of education

Standards for faculty qualifications

PRACTICE REGULATION

Nursing council/authority for regulation of nursing

Fees for practice examination

Continuing professional development

Existence of advanced nursing roles

WORKING CONDITIONS

Regulation on working hours and conditions

Regulation on minimum wage

Regulation on social protection

GOVERNANCE AND LEADERSHIP

Measures to prevent attacks on HNs

Chair Nursing Officer position

Nursing leadership development program

National association for pre-licensure students'

| | COUNTRY | WHO REGION |
|--|---------|------------|
| Total population (UN population prospects, 2019) | 2309938 | 3101/0618 |
| UHC Service Coverage Index (0-100 points, 2017) | 61 | - |
| Life expectancy at birth (in years, 2016) | 74.87/8 | 74.21/0.8 |
| Probability of dying under five (per 1 000 live births, 2018) | 5.8 | 8.6 |
| Probability of dying between 5 and 90 years old (per 1 000 population, 2016) | 128/83 | 119/78 |
| Gross domestic product (GDP) (per capita US\$, 2017) | 5156 | 25734 |
| Current health expenditure as a percent of GDP (2017) | 8.9 | 7.3 |
| Current health expenditure per capita (US\$, 2017) | 461 | 2387 |

Nursing stock and density 2013-2018

| Year | Stock (Number of nurses) | Density (per 10 000 population) |
|------|--------------------------|---------------------------------|
| 2013 | ~16000 | ~67.3% |
| 2014 | ~17000 | ~67.3% |
| 2015 | ~18000 | ~67.3% |
| 2016 | ~19000 | ~67.3% |
| 2017 | ~20000 | ~67.3% |
| 2018 | ~21000 | ~67.3% |

Nursing personnel (latest year)

| Nursing professionals | Nursing associates | Nurses not further defined |
|-----------------------|--------------------|----------------------------|
| 9202 | 4223 | 5632 |

Share of professional nurses

48%

Density

57.3

per 10 000 population

Graduates per year

432

Minimum duration of training

NR

Share of nurses within the health workforce

| Category | Percentage |
|-------------|------------|
| Nurses | 67.3% |
| Doctors | 24.8% |
| Midwives | 3.7% |
| Dentists | 2.8% |
| Pharmacists | 1.5% |

Age distribution

<35 23%

35-54 55%

55+ 21%

Sex distribution

77% 22%

Issues for consideration

Density above threshold, no estimation for shortage.

*As compared to benchmark levels. Details in State of the world's health workforce 2020 and Global Strategy on Human Resources for Health: Workforce 2030

| Nurse mobility | NR |
|-----------------|----|
| Foreign trained | NR |
| Foreign born | NR |

Source: National Health Workforce Accounts (NHA), 2020 except 1. Least available data are displayed. Includes multiple data sources such as the OECD/Eurostat/WHO EURO Joint Data Collection, labour force survey, census data and estimates from WHO for shortages. Stock and density projection by 2030 based on a simple stock and flow model. See full report for further details.

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6.4 Terms of Reference (ToR)

TERMS OF REFERENCES (ToR): EXTERNAL REVIEW 2022

Strengthening Nursing in Bosnia and Herzegovina (BiH), Phase 2

Mandate duration: April 2022 – August 2022

1 Background

Challenges of the broader health system in BiH

Health outcomes in Bosnia and Herzegovina (BiH) are among the worst in the region and Europe. BiH is spending more than it can afford – almost 10% of GDP – on health, but the health system is not financially sustainable and at risk to collapse. Even though formally committed to reforms and EU accession, BiH lacks the financial and technical ability to undertake and implement demanding reform processes. According to the Global Competitiveness Index, BiH is among the top ten countries with the highest brain drain, with particularly medical professionals increasingly leaving the country. The population of Bosnia and Herzegovina (BiH) is rapidly ageing. Currently 18% of it is older than 65, while life expectancy is 77. It is estimated that in 2060 there will be more than 30% of persons older than 65 in BiH.

Reflecting BiH's complex constitution, health care insurance and services are highly fragmented. The health sector is expensive, inefficient, and suffering from poor service quality, limited skills and accountability. Insufficiently defined standards for medical treatment and profession lead to unnecessary duplication of services and cost increase. The patients' care and quality of services remain inadequate, especially for those suffering from complex or chronic health problems such as NCDs (non-communicable diseases). During the COVID-19 outbreak, increased pressure on the health care system revealed long-term inefficiency and outdated approaches to the organization of the service provision. This further contributed to citizens' perception of not having access to adequate health care.

In the Health sector (where SDC plan to spend about CHF 11 Mio over the period 21-24), Switzerland has supported health authorities by improving accessibility, quality and safety of primary healthcare. Special attention was given to strengthening health promotion and disease prevention as cost-effective investments in improving the health of the population.

Thanks to Swiss support, BiH citizens have now increased access to 29ft he29dized, gender-sensitive services for the prevention of cardiovascular diseases. Significant contributions have been made to improve the framework conditions for reducing health risk factors in the country, including tobacco control. Affordable and sustainable models of primary healthcare were developed in the areas of nursing, home based care for the elderly and mental health, and these have a strong potential to be scaled up. The relevance and effectiveness of these models were also proven during the COVID-19 pandemic, as they enabled continued service provision for the most vulnerable populations, despite the crisis-related restrictions.

Swiss support also contributed to improve the access to health for socially excluded persons who increasingly benefit for example from community nursing services and also home based care for elderly people. Young people were also reached through health education sessions aimed at promoting healthy lifestyles and fighting health-related gender stereotypes.

Background of the Project

Bosnia and Herzegovina is faced by manifold challenges some of them witnessed globally: aging population and a rise in non-communicable diseases, low quality of services especially for those suffering from complex or chronic health problems. There is evidence that in order to improve the quality and efficiency of health services, the skill-mix and qualifications of the health care workforce should improve. The potential contribution to delivering the complex, coordinated care as demanded by today's health care systems is limited by nurses' number and qualification. Nurses have the potential to expand their role in patient care planning, including coordination with social and long-term care services, and in managing teams to deliver more integrated and person-centered care. This system change is coherent with existing trends such as shifting care from hospitals towards communities and homes; greater emphasis on health promotion and disease prevention; and greater involvement of patients in the improvement of health outcomes, have led to a need for adequately skilled health workforce, notably nurses.

Well-educated and competent nurses can contribute significantly to achieving the high quality of life for individuals and communities. Their role is instrumental in promoting healthy behaviors, preventing diseases, providing curative services and long-term care for those in need. This was recognised by the health authorities in Bosnia and Herzegovina who have committed themselves to strengthening nursing to improve the effectiveness and efficiency of the BiH health care system and ultimately the health outcomes of its population.

Nurses form the largest group of health professionals in BiH. Nurses are seen as the key factor in ensuring success of the health reform in BiH and access to care for all, reducing costs and improving performance of BiH health systems. They are in a position to bring health care closer to the communities and improve health outcomes and the overall cost-effectiveness of the services. However, nurses' potentials are still underutilized, they mainly work as administrative assistants, and they are underrepresented in decision making.

The Strengthening Nursing Project (ProSes) in Bosnia and Herzegovina (BiH), Phase 2, financed by the Swiss Agency for Development and Cooperation (SDC), supports processes of increasing the quality of nursing service and enabling better access to these services. In order to improve the position of nurses in the health system the project works on developing standards of nursing practice and the regulation for continuous education of nurses and their licensing. In terms of geographical coverage, the project intervenes on a nation-wide basis, simultaneously in both entities of Bosnia and Herzegovina.

Significant progress has been made in: (i) regulating the nursing profession; (ii) increasing the availability, accessibility and quality of health services at the primary health care level; and (iii) improving formal education for nurses. However, the nursing profession needs to be further strengthened to meet all the above-mentioned challenges.

In the view of achieving the overall purpose of high-quality services to all, including vulnerable and socially excluded population groups, the project phase II combines interventions in three areas:

Outcome 1: Health institutions provide a professional environment that allows nurses to deliver safe and high-quality services and offers career advancements to nurses

Outcome 2: Citizens, especially vulnerable and socially excluded groups, benefit from gender-sensitive community nursing services in 22 municipalities in BiH.

Outcome 3: Students at public nursing educational institutions gain competencies needed to provide high-quality nursing care.

The project is being implemented by a consortium consisting of 2 institutions: the Fondacija Fami (FAMI) based in BiH and the Geneva University Hospital (HUG). Fondacija Fami is mainly responsible for the organizational aspects, the coordination of stakeholders, and the implementation/facilitation of all interventions within BiH, while HUG provides technical expertise as well as access to Swiss and international nursing knowledge.

This Terms of Reference (ToR) covers the second part (Part 2) of the external review of the project "Strengthening Nursing in Bosnia and Herzegovina", Phase 2. While the first part of the evaluation puts a special emphasis on the relationships and cooperation between the project main

stakeholders this second part will concentrate on results and integrate the findings of the part 1 into the recommendations in terms of project design for a possible next phase of the project. Phase 3 of the project is planned to be prepared as the final project phase.

These TORs are elaborated under the assumption that part 1 of the evaluation came to the conclusion that the precondition for a 3rd phase of the project are fulfilled. In case the preconditions have not been met, the present TORs would have to be adapted in the perspective of providing recommendations for a new project, instead of a 3rd and last phase of the current project.

Purpose and scope of the External Review

External Project Review Purpose

The purpose of the External Review is to assess the overall relevance, quality of implementation, performance, management and achievements (major outcomes) of the project. Furthermore, based on the overall findings related to the project implementation and considering the wider country context relevant to the health reform, the review should provide recommendations for the strategic orientation of the project. Such recommendations should in particular inform about a long term vision for nursing in BiH and in this context on the possibility and design of a 3rd and last phase of the project. Furthermore, insights from the implementation of phase II show that phase III will most likely have to promote a stronger ownership by the institutions and ensure the implementer take more clearly a facilitation role. Recommendations on a possible set-up are expected from the part I of the evaluation. The external review will be performed by an External Project Review team consisting of one international evaluation consultant (team leader), one national consultant and one peer reviewer from SDC.

Objectives and scope

The External Review will identify and assess a number of elements to determine the project's achievements and constraints, performance, results (major outcomes), impact (as far as clear tendencies can be observed), relevance and sustainability. It will take a broad overview of the project area by gathering perceptions, aspirations, feedbacks and data from relevant partners and stakeholders. The review should be structured and provide differentiated assessment of the overall performance and impact of the three project components: 1 – “High-quality of nursing services and career advancement of nurses”; 2 – “Community nursing and outreach to citizens with focus on vulnerable groups”, and, 3 – “Formal public nursing education”. Additionally, the External Review will also assess throughout all three components the importance and effectiveness of the support provided by the HUG.

Conclusions and recommendations will serve as relevant elements for decision making and setting up a third consolidation project phase. Thus, the External Review is also future oriented. The external review is expected to consider (but is not limited to)²⁵ the following areas:

A. Project relevance and approach

- Review of the degree to which the project's main concepts, objectives and outcomes/outputs are appropriate, relevant and strategic to the needs of the country.
- Review of the degree to which the project's implementation approach is aligned with its outcomes/outputs and enables impactful achievements.
- Assess the levels of the project's institutional anchoring, vertical integration and countrywide application. How far is the project design promoting the sustainability of its deliverables, how far are outcomes/outputs leading to benefits beyond the lifespan of the project?

B. Results achievements

²⁵ Wherever relevant, reviewers are invited to provide their views even if they go beyond the frame set in these TORs

Assess the relevance, effectiveness and efficiency of the project and evaluate the overall achievements (mainly outcomes oriented) of the project in relation to its objectives and the quality of its management.

Assess project performance looking at:

- the implementation progress and results achievement
- the effectiveness and efficiency, how are project resources used and country resources mobilized in realizing deliverables towards reaching achievement of the project objectives and outcomes
- the adequacy of its internal monitoring and evaluation scheme
- the quality of project's management, including the team organization and communication/interaction
- the results' significance from the perspective of the main beneficiaries, also identifying any unintended effects
- the level of project partners and beneficiaries' participation/ownership, as well as the quality of their involvement in project implementation

C. The project setup

- Complement the findings from part 1 in terms of
 - assessing the functionality and effectiveness of the project's institutional set up and implementing structure (with additional focus on the effectiveness of the support provided by HUG).
 - assessing the current project set-up from the viewpoint of how stakeholders' roles are linked with their respective resources (expertise, finance, time) and responsibilities.
 - assessing the role of the project implementing agency (FAMI/HUG) in this context, taking into account that it should be a facilitation role bringing about systemic change.
 - assess the adequacy of this setup in relation with the existing situation at institutional level and project's objective to promote sustainable changes, owned by country actors.
- Building on the findings of part I of the evaluation, develop concrete recommendations (possibly with options) for an improved and effective set-up for phase III

D. Lessons learnt: what worked, what didn't work?

Identify what was successful and, therefore, may be sustained in the upcoming phase; what didn't work at the level of main beneficiaries and processes, and therefore should be redesigned, complemented (with what) or dropped.

E. Recommendations for the 3rd phase

Based on the findings as well as the recommendations from part I of the evaluation, recommend adaptations of the project's design – in terms of strategic directions, approaches, project setup/ implementation structures – in order to improve project's performance, effectiveness, efficiency and sustainability/ ownership in the upcoming phase. The review should elaborate possible scenarios with core elements for the forward-looking Strategic Outline for the 3rd phase. These recommendations/ scenarios should

- respond to the needs and priorities of the broader health/nursing reform processes
- ensure the continuity of the progress in the current areas of intervention in order to sustain and expand project's results
- explore additional relevant scope of actions.

The role of FAMI and the MoHs in the development of the next phase will be agreed upon at the final workshop of the part 1.

Methodology of the Review

The external Review will be based on SDC evaluation standards and general evaluation principles. A fair knowledge and understanding of the projects context as well as of the area of health/nursing reform will be prerequisites to make a realistic appraisal of achievements and to elaborate future oriented recommendations. The external consultants are expected to develop the methodology for this review, which could include the following steps:

- Studies of relevant reference documentation in particular the report and recommendations from the evaluation part I (list to be proposed by SDC and the FAMI project team).
- Conduct field visits, structured interviews, consultations and discussions with main stakeholders and meeting partners/institutions such as: BiH Ministry of Civil Affairs, Federal Ministry of Health, RS Ministry of Health and Social Affairs, Federal Ministry of Education and science, RS Ministry of Education and Culture, RS Ministry for scientific development, university education and informatics, selected Cantonal Ministries of Health, selected Dom zdravlja (Health Centers), FBiH Accreditation Agency AKAZ, RS Accreditation Agency ASKVA, selected Faculties.
- Structured interviews with representatives of SDC (briefing), of the Project Implementation Unit/FAMI, with the Geneva University Hospital/HUG and members of the project's steering board.
- In addition, the Consultants may conduct focus group discussions with key beneficiaries (to be decided by the consultants in consultation with SDC and FAMI Project Team).
- Prepare for and share information during a de-briefing meeting with relevant ministries, FAMI and HUG, where recommendations for future-oriented strategic directions will be discussed and verified.
- Synthesize findings and recommendations and present them in a final debriefing at the Swiss Embassy

Deliverables of the Review

The evaluation team will deliver the following:

A draft external review report of maximum 20 pages, Arial 11 (plus annexes) on the findings and recommendations, featuring a specific chapter on scenarios for a consolidation project phase to be supported by SDC. An analysis of the reform related health context in which the project is working and its relevance in fulfilling a role in that context should be also included. The report shall be written in English and submitted to SDC in electronic form. The report will be structured and formatted in accordance to the document "SDC External Evaluations". The Embassy of Switzerland in BiH reserves the right to request changes in the structure of the deliverable or the inclusion of additional information.

- A final external review report (under the same conditions as for the draft report). The final report shall include, but will not be limited to:
 - Executive summary;
 - Introduction to the external project review;
 - Description of the intervention;
 - Review scope and objectives;
 - Evaluation of approach and methods;
 - Findings and conclusions (including on the project relevance and quality of project performance);
 - Recommendations/scenarios for the formulation of potential forward-looking interventions.

Review Team

The evaluation team will be composed by:

An international consultant, with profound and up dated skills on nursing and health ; with a strong analytical ability to conceptualize complex and multi-faceted aspects of an issue into a concise and clear-cut assessment conclusion; solid knowledge in the implementation and/or evaluation of health projects; as well as with good writing skills in English (to prepare a report in a easily understandable language).

A local consultant, with excellent knowledge of the general context of health in BiH, the knowledge of the health reform process and context in BiH; with strong analytical ability to produce strategic and practice oriented projections in the area of health; as well as with good writing skills in English.

Other review team members (peer reviewers from SDC) will include:

Program Officer - Health, Swiss Embassy in Albania

The team will be complemented by local assistants for logistics and translations.

Proposed Review Plan

The mandate will have to be carried out between May and August 2022 in accordance with the timetable below.

| Activity | Period / Deadline | Workdays | |
|--|---------------------|---------------------------|---------------------|
| | | International Team leader | National consultant |
| Preparation | | | |
| • Preparation for the review / consultations with SDC BiH / briefing with HUG / reading of reference documents • Organization and planning of the field visit (local consultant) | April / May | 3 | 5 |
| Field Mission in BiH | | | |
| • Travel to and from BiH • Briefing with Swiss Embassy • Interviews with key stakeholders • Systematization of findings / verification and discussion in a half-day workshop / writing of first elements of the draft report • Debriefing with Swiss Embassy, HUG and FAMI | May-June | 11 | 10 |
| Reporting | | | |
| • Report writing and submission to SDC • Systematization of feed-backs and writing of the final report | June July-August | 6 2 | 2 1 |
| TOTAL | | 22 | 18 |

Roles and Responsibilities

Evaluation Team:

- Preparation and realization of the review in accordance with the present ToR;
- Systematization of all information collected, and regular communication on intermediate results, findings and conclusions with the SDC BiH contact persons;
- Organization and moderation of the workshop at the end of the review mission;
- Elaboration, consultation and timely delivery of the draft and the final review report.

Evaluation Team Leader:

- Responsible for the coordination of the whole review program; for the coordination of the evaluation team;
- Responsible for the quality of the review (including the designing of the detailed review concept, the definition of relevant key questions as well as the delivery of well processed findings and recommendations);
- Responsible for a smooth and efficient communication with all parties involved or addressed in the course of the review;
- Responsible for a timely delivery of the review report.

SDC:

- Overall follow up of the review; regular communication with the team leader;
- Facilitation of reference documents and information related to SDC's strategic focus;
- Elaboration of a management response to the review report.

Results, conclusions and recommendations of the evaluation team may be accepted or not by SDC.

3.2 Documents to be consulted for the mission purposes include:

| Supporting Documents | |
|--|----------------------------|
| <ul style="list-style-type: none"> • CP of the "Strengthening Nursing in Bosnia and Herzegovina" project, Phase 2 • Nursing Project Documents, Phase 2 • Project evaluation report, Phase 1 and Management Response • Yearly and Half-Yearly Reports • External evaluation report, Phase 2 - Part 1 (Roles, Responsibilities and Relationships) | To be delivered in advance |

Contract and logistics

The international team leader and national consultant will sign a contract with the Swiss Embassy in BiH. Transportation in BiH for the contracted services and interpretation will be organized by the Embassy of Switzerland for the field mission in the country.

Place, Date:
Alexander Bischoff (international consultant)

Place, Date:
Laurent Ruedin
Embassy of Switzerland in Bosnia and Herzegovina

MISSION REPORT

Evaluation of the Nursing Project (Part 1 for SDC)

Part 1: Mandate and Process

Background

The Strengthening Nursing Project (ProSes) in Bosnia and Herzegovina (BiH), Phase 2, financed by the Swiss Agency for Development and Cooperation (SDC), supports processes of increasing the quality of nursing service and enabling better access to these services.

In order to achieve the overall purpose of improved quality and access, the project combines interventions in three areas: 1) High-quality of nursing services and career advancement of nurses; 2) Community nursing and outreach to citizens with focus on vulnerable groups, and, 3) Formal public nursing education.

The project is being implemented by a consortium consisting of 2 institutions: the Fondacija Fami (FAMI) based in BiH and the Geneva University Hospital (HUG). The Fondacija Fami is mainly responsible for the organizational aspects, the coordination of stakeholders, and the implementation/facilitation of all interventions within BiH, while HUG provides technical expertise as well as access to Swiss and international nursing knowledge.

Beside the project team FAMI-HUG, main stakeholder and beneficiary institutions of the overall project are: the Ministry of Health (MoH) of the Federation of BiH and of the Ministry of Health and Social Welfare of Republika Srpska.

The project has a conflict-prone work environment, with numerous stakeholders who sometimes have opposing interests. During Phase 1, a number of challenges were faced and overcome through intensive policy dialogue and negotiations by the Embassy. This was related to misunderstandings of the project's facilitation role. In phase 2 different issues were raised revealing difficulties in establishing a good collaboration between the project implementation team and the Ministries.

ProSes is currently in the final part of Phase 2, which, with the approval of the extension of implementation, should be completed in the next 6 months. The implementation of the Project is expected to continue through Phase 3. There is a need for structural, program, relational and organizational changes to be identified before the start of the next phase, which would primarily enable the improvement of cooperation and communication between stakeholders and implementers.

Introduction

The Swiss Agency for Development and Cooperation SDC (Mission in Sarajevo, BiH) has contracted two external consultants / facilitators (International team leader and National consultant) to facilitate an teambuilding/mediation process between project main stakeholders. Aim of the process was to establish a shared understanding of the vision and mission of the project among the main stakeholders of the project, as well as of the respective tasks, roles et responsibilites in and mechanisms of cooperation in project implementation.

The role of the consultants was:

- To decide, in agreement with the persons concerned, the most judicious approach to achieve the goal.
- To propose an appropriate process to achieve the objectives of improving cooperation.
- To facilitate the whole process, which included separate discussions with each of the parties, as well as joint meetings and one workshop.
- To document the solutions developed by the parties to optimize their cooperation.
- To guarantee a neutral, protected and confidential framework for the entire process: it undertakes to be absolutely neutral in terms of both content and people, including with regard to the SDC.
- To clarify with the direct parties of the process the communication policy towards the persons indirectly concerned and third parties.

Duration of the mandate is February 2022 – May 2022 with the possibility of extension until September 2022.

This report covers the activities carried out in the period February 2022 - March 2022 as well as the outcomes, results, main findings and recommendations arising from the evaluation process.

Approach and process of the Evaluation of the Nursing Project (Part 1)

Participants in the evaluation process were:

| Federal Ministry of Health | Ministry of Health and Social Welfare of Republika Srpska | Consortium members Foundation Fami and Geneva University Hospital (HUG) | Swiss Agency for Development and Cooperation (SDC) |
|---|--|---|---|
| Dragana Galic - Adviser and Project Focal Point Dr Goran Cerkez - Assistant Minister Vedran Marcinko – Minister Assitant for Legal Affairs and EU Integration and member of Project Steering Committee | Dr Milan Latinović , Assistant Minister of Health and Social Welfare of Republika Srpska / member of the project steering committee Mirjana Janković - senior expert for nursing and contact and focal person of the project Zdravko Grubac , expert associate in Ministry Slađana Vranješ - Assistant General Director for Health Care of the University Clinical Center of RS | Ines Katic Vrdoljak, Project Manager Dejan Sredic , Director of Fami Thomas Vogel , Advisor to the Project Manager and Representative of the Consortium Partner - Geneva University Hospital (HUG) Component managers: Ena Bućan , Ermina Kalabić , Eldin Fisekovic and Emira Dropić | Laurent Ruedin , Head of Portfolio Health Alma Zukorlic , Program Officer Health |

In order to achieve Objective of the mandate, the 2 external facilitators provided secure and confidential space and time during the mandate to:

- Discuss the needs, interests and concerns of each stakeholder in the project;
- Facilitate mutual understanding of each other's needs;

- Discuss the project aims (vision) and the different stakeholder's perception of each other's tasks, roles and responsibilities (TRR) in achieving the aims;
- Facilitate a shared understanding of project vision and each other's TRR;
- Support the parties in developing new modalities of cooperation (including communication) that meet all these needs and build on agreed TRR;
- Support the parties in the effective transformation of their way of cooperating (accompanying the implementation of the identified improvements).

During February 2022, the following activities were carried out :

- Desk review and preparation for the interviews and field work ;
- Preparation and harmonization of the agenda for evaluation consultations, interviews and workshops between the International Team Leader, the National Consultant and the SDC;
- Coordinating the preliminary agenda with all representatives of the stockholders through a face-to-face and online consultation and interview;

The purpose of this phase of evaluation was to get acquainted with the structure and stages of project implementation, roles, positions and responsibilities of all stakeholders and findings of the Evaluation projects after Phase 1.

The outcomes of the first activity are:

- understanding the complexity of the project structure through the current and previous Implementation Phase;
- understanding the components of the project and the interrelationships between the components;
- understanding the respective TRR of all stakeholders;
- identifying persons directly involved in the implementation of the project and preparing for preliminary interviews.

Preparation and harmonization of the agenda

The next sub-phase of the evaluation process was the design of a tailored-made preliminary agenda that served as the basis for an evaluation process that would provide an understanding of the different perspectives of all stakeholders, a clear methodology and approach and fulfilment of Objectives mandates. This sub-phase included intensive online coordination meetings and arrangements between the International Team Leader and the National Consultant with occasional consultations with representatives of the SDC program staff in charge of the Health sector.

The purpose of this phase of evaluation was to design a workable evaluation plan that is planned to go through a process of coordination with all key stakeholders.

The outcomes of the second activity are:

- Harmonized methodology of work and approach that implies the application of the Language of Spaces model. This model opens up space to discuss the causes of tensions in the Context of People and in the Context of Organization.

- Agreed preliminary agenda of the evaluation process in the field, which includes individual participants in each of the activities, time frame, places and times of the event, topics to be opened and possible outcomes of each of the segments.

- Identified individuals with whom, through the following activities, face-to-face and / or online consultations will be conducted.

Coordination of preliminary agenda included a series of face-to-face and online consultative meetings with representatives of the Federal MoH, the Consortium - Project Team, MoH RS and SDC. The consultations were preceded by the adjustment and translation of the preliminary agenda distributed by the National Consultant by e-mail before the individual consultations.

The outcomes of the third activity are:

- consultations were held with representatives of the Federal MoH; Goran Cerkez (21.02.2022) and Dragana Galic (23.02.2022) , MoH RS Mirjana Jankovic (17.02.2022), Project Team Ines Katic Vrdoljak (17.02.2022 and 3.03.2022); additional coordination with all participants in the evaluation process by mail and telephone

- achieved commitment by the participants to the evaluation process

- achieved understanding of methodology, goals and outcomes of interviews (individual and group) and workshops during field work

- established relationship of trust, neutrality and confidentiality between consultant and stakeholder representatives.

In the period 3. - 10.03.2022. and in accordance with the previously agreed agenda, a series of individual, group / team and workshop meetings with participants in the evaluation process were conducted.

The activities of this part of the evaluation were held in Sarajevo (March 3,4, 7 and March 11, 2022), Banja Luka (March 8 and 9, 2022) and Doboj (March 10, 2022).

The work plan and interview, as well as the workshop, were structured to follow the methodology and approach of the Language of Spaces. Causes and roots of tensions that threaten the continuation of cooperation and implementation of the ProSes project have been explored at the individual level, at the level of mutual relations between individual stakeholder representatives and at the level of relations between organizations / institutions and at the level of project management and decision making.

Purpose of these activities was to ensure future constructive cooperation between the project main stakeholders, and design a new model of joint cooperation, communication, monitoring, planning and implementation.

The outcomes of the core part of the evaluation are:

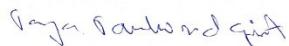
- Presented and identified needs, interests and concerns of all stakeholders both for the current position of the Project and for the continuation of implementation through Phase 3;

- Presented and identified dysfunctional patterns of project management, communication and shortcomings at the level of cooperation, relationships and mutual trust;

- Presented and recognized differences between stakeholders at the level of important beliefs, understanding of positions, roles and responsibilities;
- Approximate mutual positions between stakeholders and better insight into the different contexts to which they belong;
- Designed model of mutual cooperation of stakeholders aimed at improving mutual communication, planning, monitoring and implementation of ProSes.



Anne-Claude Cavin



Tanja Tankosić Girt

Results and recommendations of the evaluation of the Nursing Project (Part 1)

Facilitation and documentation of the process:

Tanja Tankosić Girt & Anne-Claude Cavin

The participants of the evaluation process:

Participants in the evaluation process were:

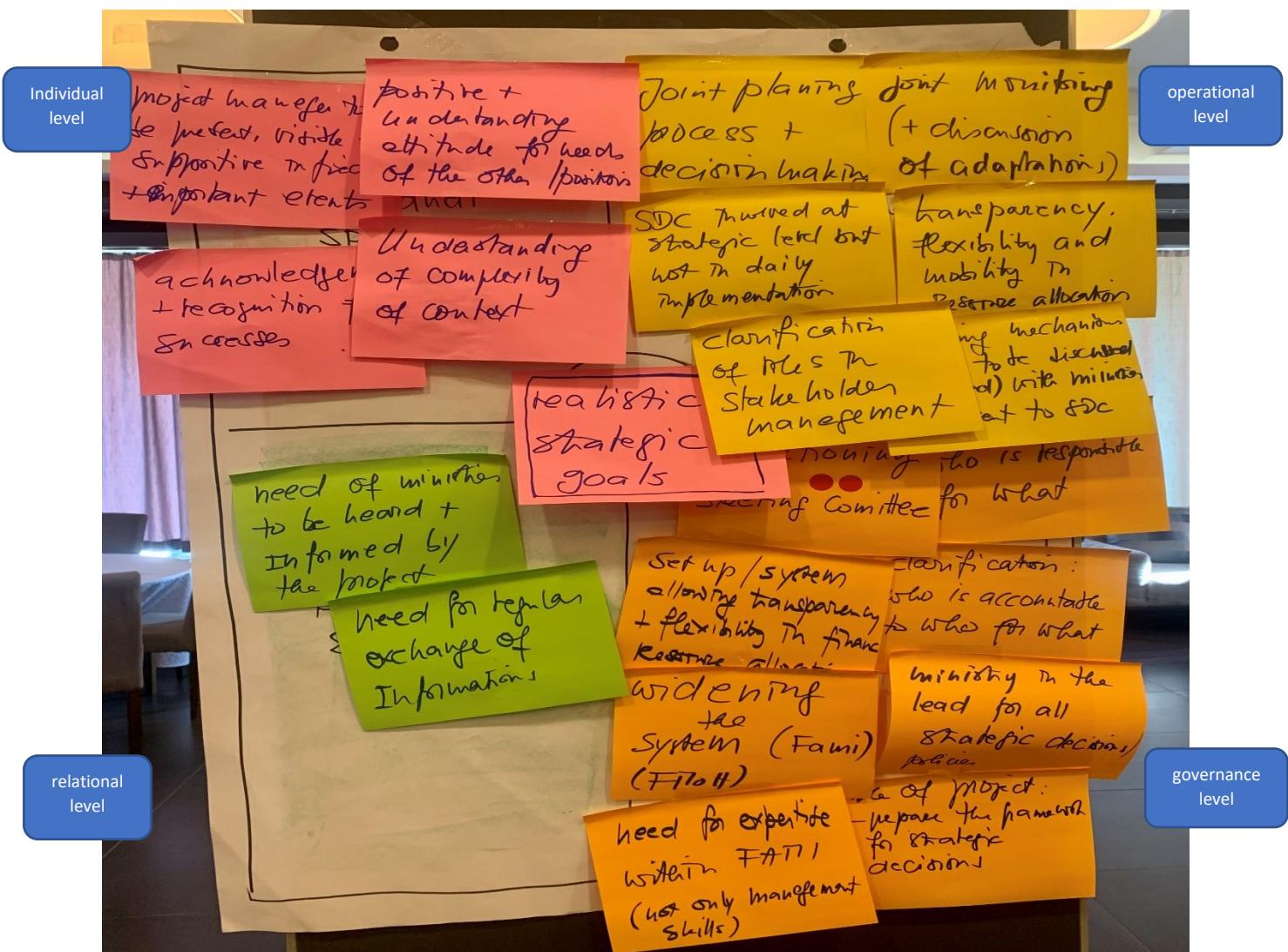
| Federal Ministry of Health | Ministry of Health and Social Welfare of Republika Srpska | Consortium members Foundation Fami and Geneva University Hospital (HUG) | Swiss Agency for Development and Cooperation (SDC) |
|---|--|--|---|
| Dragana Galic - Adviser and Project Focal Point Dr Goran Cerkez - Assistant Minister Vedran Marcinko – Minister Assitant for Legal Affairs and EU Integration and member of Project Steering Committee | Dr Milan Latinović , Assistant Minister of Health and Social Welfare of Republika Srpska / member of the project steering committee Mirjana Janković - senior expert for nursing and contact and focal person of the project Zdravko Grubac , expert associate in Ministry Slađana Vranješ - Assistant General Director for Health Care of the University Clinical Center of RS | Ines Katic Vrdoljak , Project Manager Dejan Sredic , Director of Fami Thomas Vogel , Advisor to the Project Manager and Representative of the Consortium Partner - Geneva University Hospital (HUG) Component managers: Ena Bućan, Ermina Kalabić, Eldin Fisekovic and Emira Dropić | Laurent Ruedin , Head of Portfolio Health Alma Zukorlic , Program Officer Health |

The main themes discussed during the process:

As a result of the process that preceded the final joint workshop on March 10 2022, significant topics emerged, on which it is necessary to find new solutions, among others:

- Clarification of roles and responsibilities
- Process of planning, decision making and reporting
- Management of finances
- Functioning of Steering Committee
- Flow of information between partners
- Composition and organisation of the Project Teams within the organisations/institutions

Following picture illustrate the topics as they were presented to and approved by all participants:



One important issue raised was the somewhat **over-ambitious setting of goals** to be met by the Project. Some of the components will not be able to be fulfilled and realized completely due to the lack of preconditions (legal solutions, involvement of other ministries and institutions, complexity of the Management Levels and structures in the Federation of BiH) within the wider Governmental system. Although it considered useful to set high goals and expectations to ensure the necessary aspiration, they are here also a source of frustration and tensions between the project partners.

The next key themes were a series of issues related to the **understanding of the respective tasks, roles and responsibilities (TRR) of both the ministries and the consortium**. The discussion showed a need to develop a better common understanding on that level in order to improve the quality of communication, interpersonal relationships, behaviour and overall setting in which the Project implements. Both MoH (Federal and RS) are of the opinion that according to their position and mandate they are the bearers of Nursing Reform. Strategic decision-making processes, policy-making and

creating, planning, reallocation of a certain amount of funds should thus been done jointly between the ministries and FAMI, with the involvement of other key player (SDC and other ministries) at the level of steering. Fami Management remains though in a position where they need to meet the requirements of donors on the one hand and the requirements of Ministries on the other. This double “system of interaction” puts them potentially under pressure.

Other important theme was related to **human ressources and skills**: the Federal MoH recognised the need to involve a larger number of persons within the Ministry to deal with the Project or some components of the Project, in order to be able to engage in an active and involved manner. On Fami's side, a need of an increase of professional competence in the field of nursing was discussed, as well as a need for more autonomy of the Component Managers in decision-making about operational matters. There was also a need to optimize the role FAMI's management as official representative of the project (when and how should the management interact with the ministries next to the component managers, when and how should they represent FAMI in official events of the nursing programme..etc).

The solutions:

The last day of the evaluation process involved all representatives / participants in front of four organizations / institutions; SDC, Fami, Federal MoH and MoH RS.

The workshop was dedicated to finding models of cooperation between partners. A joint model was proposed that is believed to improve project management in the future, ease pressure from the Project Team and bring a shared understanding to all partners' TRRs.

Future model of cooperation: The new model of cooperation to be tested implies three levels of cooperation, in different time periods, for joint planning, monitoring and decision-making.

The First Level involves shorter, informal, operational meetings at the level of some or all of the Component Managers with Focal Point persons in front of both Ministries. Meetings will be held in 15 to 30 days, depending on needs and more often. The aim of these meetings is to resolve operational and current issues, address challenges, difficulties and obstacles in daily work and short-term planning of specific activities planned in the implementation of ProSes. Meetings will be held independently of each other in both ministries. Component managers and Focal point persons in front of the Ministries would prepare the necessary notes / short operational forms of the report needed for the meeting.

| Participants | Dynamic of meetings | Purpose |
|---|---|--|
| Focal point in MoH Component manager/s | if necessary, once or twice a month, an online model is possible. | review of ongoing activities solving possible difficulties and challenges operational planning |

The second level is a semi-annual meeting between the Project & Management Team of the Consortium and the relevant representatives of both MoHs. As at the previous level, meetings are held separately with the Federal MoH and MoH RS. Meetings at this level have two main purposes: monitoring and reporting on the implementation of the previous period (6 months) and planning activities for the next six months. It will also include monitoring the progress and implementation of the project, identifying and addressing structural and operational challenges and obstacles, and making strategic decisions and

plans at the Entity level. Representatives of other institutions and organizations would be invited to these meetings if necessary (primarily other Ministries that participate in the implementation of certain components, but also other actors that are estimated to be able to contribute to planning and / or solving challenge)s. The Fami project team will ensure the logistical and administrative preparation of the meeting (invitations, agenda, preparation of materials, etc.). invitation will be sent on behalf of the ministries in order to ensure participation of the relevant stakeholder as well as support for the preparation of materials.

| Participants | Dynamic of meetings | Purpose |
|--|---|---|
| Focal point in MoHs and other representatives from the MoH from Ministry Management of Fami, Representative of HUG Component manager/s Any other relevant stakeholder | Approx. every 6 months, depending on the current dynamics in the implementation | Monitoring and reporting on previous 6 months Lessons learned and examples of good practice informing about the implementation of ProSes in the other Entity Making strategic decisions and plans for the next period at the level of the Entity |

The third level is the annual planning, which could take the form of a conference. Participants in the annual planning would be representatives of both MoHs, representatives of the Consortium (Fami and HUG), representatives of SDC as well as representatives of other relevant institutions / organizations that directly or indirectly participate in the implementation of ProSes (or can influence the success of Project activities). Annual planning would have the following purposes; Review, monitor and report from the previous project cycle (calendar or project year), harmonize common approaches at the level of both Entities, Policy making, make strategic decisions, plan implementation for the next project cycle and adapt plans according to current situation and needs, develop partnerships with other relevant organizations / institutions. The annual planning will also be a platform for solving and finding solutions to challenges and difficulties at the structural, strategic and overall level of ProSes management. FAMI will be responsibility for the administrative and logistical preparation of the annual planning, while the Consortium and both MsoH will take care jointly of the necessary reports, materials, documents.

| Participants | Dynamic of meetings | Purpose |
|--|--|--|
| Focal point in MsoH and other ProSes team members from the Ministry Management of Fami, Representative of HUG SDC Component manager/s Any other relevant stakeholder | At the end of the previous and before the beginning of the next project cycle (project year), approx. once a year. | Reporting and Monitoring of previous project cycle - year Annual planning Policy making Harmonization of implementation and strategies between the Entities Development of partnerships between project partners and other relevant stakeholders |

All participants in the workshop are convinced that the proposed model of planning and cooperation will enable more transparency, and increase the overall capacity to define solutions to important issues and challenges. This model should change the understanding of the partnership in the implementation of ProSes, and will enable a better (more equal) participation of stakeholders in planning and decision-making. This model allows different levels of decisions-making (depending on the importance of decisions) to be made in accordance with the mandate and TRRs of all stakeholders and to reflect the different positions of each of the partners.

The Director of Fami expressed some concerns about the implementation of the proposed model: it may create additional pressure on Fami, specifically on Component Managers, especially taking into account their additional obligations, tasks and responsibilities in the application of this model.

Clarification of roles: There is a common understanding of all participants that:

- Fami as a CSO should act as a facilitator, have the role of administrative, logistical, informational support in the implementation of the project and will, together with HUG, provides a key support /advice in terms of professional and technical assistance. Fami will also make an indispensable contribution to the process of planning activities with its experience in the Field.
- MsoH will be the bearers and have the responsibility for the reform within the health system and thus the nursing. Due to their position and position in the Governmental system, they have a mandate to propose and make strategic decisions. They also have a responsibility to advocate for reform and project implementation through the health system.

Management of Finances: the MsoH recognized the need for greater flexibility in relocating shared funding to meet identified and current needs in the field of cooperation. The proposed model will enable quick recognition and response due to more operational planning and monitoring of the current situation. Also, due to a more up-to-date and transparent sharing of information through the proposed model, all partners will have a clearer idea of the available resources and the ways of their allocation and relocation.

Planning process: According to the proposed model, the process of monitoring, planning and decision-making should be more effective, in accordance with the identified needs and in accordance with the strategic goals.

Functioning of Steering Committee : the current composition, with a large number of members and a lack of commitment of some of them, is an obstacle to making strategic decisions important for project implementation. The coming period could serve as a “pilot” to propose a different organization for the Steering Committee. The second issue at stake was the process of Reporting by Fami: The report is presently submitted for approval to the Steering Committee before being discussed with the MsoH (who then have the feeling that the Report does not reflect all aspects of the reporting period). It was agreed that the Report would go through a cycle of discussion and agreement between the partners before being submitted to the Steering Committee.

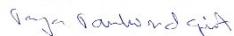
Flow of information between partners: Through the proposed model, transparency and a quick flow of information are better ensured as in the past: through the operational meetings on a “daily basis”. The semi-annual and annual meetings will serve as a platform for the exchange of information and ideas, the

harmonization of field practices and the exchange of information on important aspects of the implementation of the Project between the Entities.

Project teams within organizations / institutions; the need was recognized to extend some of the teams in order to implement the proposed model and also for the overall implementation of ProSes. Federal MoH will expand its team with professional and dedicated people who will monitor and actively support the implementation of the project through their expertise and skills. Fami will expand its human resources at the level of specific knowledge in the field of nursing and the functioning of the health sector. FAMI will also need to find a solution for the replacement of the Project Manager.



Anne-Claude Cavin



Tanja Tankosić Girt