CREDI
Centar za razvojne evaluacije i društvena istraživanja

DRC DANISH REFUGEE COUNCIL

EXTERNAL EVALUATION OF THE "SUPPORT TO HEALTH TRANSITION" PROJECT

Evaluation Report

October 2024

Content

List of acronyms:

AKAZ - Agency for Quality and Accreditation in Health

BiH - Bosnia and Herzegovina

CREDI - Centre for Development Evaluation and Social Science Research

CSP - Community Support Project

DRC - Danish Refugee Council

EPRP - Emergency Preparedness and Response Plan

FBiH - Federation of Bosnia and Herzegovina

GBV - Gender-Based Violence

IOM - International Organization for Migration

IPA - Instrument for Pre-accession Assistance

MoCA - Ministry of Civil Affairs

MoS - Ministry of Security of BiH

MoS/SFA - Service for Foreigners' Affairs of the Ministry of Security of BiH

PHC - Primary Health Care

SC - Sarajevo Canton

SDC - Swiss Agency for Development and Cooperation

TRC - Temporary Reception Centre

UASC - Unaccompanied and Separated Children

UNHCR - United Nations High Commissioner for Refugees

UNICEF - United Nations International Children's Emergency Fund

USC - Una-Sana Canton

VF-UNSA - Veterinary Faculty of the University of Sarajevo

WHO - World Health Organization

1 Executive summary

This report presents the findings of the external evaluation of the project implemented by the Danish Refugee Council (DRC), which aimed at improving healthcare access and integration of migrant health services into the national system in Bosnia and Herzegovina. This external evaluation was conducted by the Centre for Development Evaluation and Social Science Research (CREDI) and took place in period September-October 2024.

The external evaluation of the Project followed a robust methodological approach rooted in the OECD DAC criteria, ensuring a comprehensive assessment of the project's relevance, effectiveness, efficiency, and timeliness. A participatory approach was central to the evaluation, engaging a wide range of stakeholders, including health workers, governmental representatives, migrants, and key donors. The evaluation emphasized the project's alignment with its objectives and Theory of Change, the effectiveness of its strategies, and the use of available resources. Several methods were applied, combining a thorough desk review with interviews, allowing for a balanced analysis of outputs, outcomes, and the challenges encountered during implementation. By integrating diverse perspectives and ensuring stakeholder engagement, the evaluation was able to provide a well-rounded view of the project's achievements and areas for improvement. This approach helped gather valuable lessons and recommendations for future health and migration-related initiatives in Bosnia and Herzegovina.

The evaluation was guided by the OECD DAC criteria and focused on the relevance, effectiveness, efficiency and timeliness of the project, with only limited attention paid to long-term impact and sustainability due to the specific nature of the intervention. Qualitative data were collected from key stakeholders involved in the project, including project beneficiaries, health workers, and relevant institutions. The evaluation took place in two key geographical areas, SC and USC, where migrants are hosted in temporary reception centres (TRCs).

The evaluation results suggest that the "Support to Health Transition" project in Bosnia and Herzegovina (BiH) successfully enhanced healthcare services for migrants, directly improving access to essential care and strengthening local health institutions' capacity. The project addressed significant gaps by providing healthcare to over 44,000 migrants, exceeding initial targets by 6%, and ensuring gender-sensitive care and support for unaccompanied children. Its primary achievements include operating medical infirmaries in camps, reducing pressure on local healthcare facilities, and introducing translators and cultural mediators to facilitate effective communication and trust-building with migrant communities. However, when it comes to outcome two, challenges were encountered in IOM-led transitioning healthcare responsibilities to local institutions. The planned transition was not completed as assessed by DRC progress reports. Changes in government post-2022 elections caused delays, preventing full integration of healthcare facilities into the national system and leaving facilities uncertified. Despite it initially being envisaged, DRC was not consulted in the design of transition process since November 2022. The project's successes, particularly in filling the gaps created by restrictive healthcare laws for migrants, risks being undermined without continued vision for support from other international organisations and government institutions. This raises concerns about sustainability of services and possible risks for worsening health conditions among migrants in TRCs.

As the evidence presented in the report suggest, the external evaluation confirmed the project's relevance and effectiveness. Migrants in camps reported high level of satisfaction

with the healthcare services that were provided by the project and were previously not available. These services included quality emergency care, chronic disease management, and psychological support services. Key informants confirmed the project's efficient use of resources, good organisation of medical facilities, and the professionalism of DRC staff. However, challenges such as healthcare staff shortages in public health care centres and delayed transitions underline a need for more effective planning and coordination, as well as consistent local government involvement to maintain service levels after DRC's departure, as already advocated by DRC.

Key Conclusions:

- **Improved migrant healthcare access and quality**: The project succeeded in establishing accessible and effective healthcare services tailored to migrant needs, filling critical gaps in BiH's healthcare framework and exceeding service targets.
- **Challenges in transition and sustainability**: Political changes delayed the complete transfer of responsibilities to local institutions as envisaged by the "Migration Population Health Care Services Transition Plan" developed by IOM, with uncertified facilities and unclear future funding posing risks to long-term service continuity.
- **Positive feedback on service delivery and coordination**: Migrants and local stakeholders valued the quality of care, access to specialized services, and support from translators and cultural mediators, emphasizing the DRC's well-organized, responsive approach.
- **Risks to long-term outcomes**: After the end of the project, local healthcare institutions face challenges sustaining service levels due to limited financial resources, legal constraints, and shortages of trained medical staff and translators.

Key recommendations:

As already advocated by DRC, for improving healthcare delivery for migrants in Bosnia and Herzegovina it is essential to prioritize early engagement with local healthcare providers and formalize transition plans supported by government commitments. Key strategies include strengthening coordination among NGOs to optimize resource use, investing in local healthcare infrastructure and staffing, and integrating temporary migrant healthcare services into the national system. Regular training for healthcare staff, along with the inclusion of translators and cultural mediators as permanent team members, will ensure the continuity and quality of care. Additionally, donors should focus on funding projects that emphasize capacity building, sustainability, and collaboration between organizations, as well as provide dedicated resources for translators and cultural mediators to create a resilient, inclusive healthcare system for migrants.

2 About the project being evaluated

The “Support to Health Transition” Project was an initiative funded by the Swiss Agency for Development and Cooperation (SDC) and implemented by the Danish Refugee Council (DRC). The project began in August 2022 and was scheduled to conclude in March 2024, with a total duration of 20 months. The project’s budget included BAM 3,407,566 allocated for direct project costs and BAM 115,156 for overhead expenses. The project aimed to ensure that migrants in Bosnia and Herzegovina (BiH) received quality medical care through the national health care system, contributing to improved migration management by BiH authorities.

The intervention was structured around two key objectives:

> **Specific Objective 1:** Migrants in BiH were intended to have continued access to quality basic health care services.
>
> **Specific Objective 2:** The project aimed to support health authorities in BiH to integrate migrant health care into the national health care system, aligning with international and EU standards.

The project was implemented in regions with the highest concentration of mixed migrant populations. The main activities were implemented in the Una-Sana and Sarajevo Cantons. Interventions of limited scale were also implemented in Tuzla Canton and Republika Srpska.

The key stakeholders and beneficiaries targeted by the project included:

- Health institutions at cantonal and local levels,
- Public Health Institutes at both federal and cantonal levels,
- Cantonal Ministries of Health,
- Red Cross branches in areas with high densities of Persons of Concern (PoCs),
- Local communities experiencing significant migrant inflows,
- Civil society organizations and community groups,
- Extremely vulnerable individuals (EVIs), including migrants, asylum seekers, refugees, and vulnerable segments of the local population.

The project was implemented in close coordination with several governmental and health institutions. Key partners included the Ministry of Health of the Federation of Bosnia and Herzegovina (FBiH), the Ministry of Health, Labour and Social Policy of Una-Sana Canton, and the Ministries of Health of Tuzla and Sarajevo Cantons. The project also included collaboration with the Public Health Institute of FBiH, cantonal Public Health Institutes, and local Primary Health Centres.

The project was developed to provide support at field level to the ongoing “Migration Population Health Care Services Transition Plan” developed by the International Organization for Migration (IOM) in collaboration with the Ministry of Security of BiH (MoS). Through this cooperation, the project aimed to ensure a smooth transition of health care services for migrants while strengthening the capacities of national and local health care institutions to manage future migrant health care needs effectively.

The project played a critical role in supporting the transition of migrant health care services to BiH authorities. This process involved systematic engagement with local authorities, the Service for Foreigners' Affairs of the Ministry of Security of Bosnia and Herzegovina (MoS/SFA),

the Border Police, local law enforcement agencies, and health care actors. The project aimed to strengthen the institutional and organizational capacities of local health institutions in BiH to support the transition, ensuring a smooth handover of responsibilities.

As one of the leading organisations active in the field of mixed migration response in BiH, DRC provided technical and operational capacity building to relevant institutions. This included training on health-seeking behaviour of PoCs, protection mainstreaming in health care, cultural mediation and sensitization, and screening and referral processes for the most vulnerable PoCs. The project's goal was to ensure the continuity of quality health care access throughout the transition process.

The project's theory of change was based on the following hypothesis:

> **If** the capacities of cantonal and municipal institutions to provide quality medical services to the mixed migration population were strengthened, and if access to basic health care services both in TRCs and Primary Health Care Centres (PHCs) was improved,
>
> **Then** the health conditions of migrants and public health, in general, would improve,
>
> **Because** the state-level authorities and competent health care institutions would fully take over the health care response as part of migration management.

This approach aimed to create sustainable health care systems that could effectively serve both the migrant population and the local communities during and beyond the transition period.

2.1 Key project activities

The project implemented a series of activities to achieve its two specific objectives, focusing on filling the gaps in the health care system and supporting the IOM-led transition process of healthcare for migrants to authorities. The activities are described in this section as they were envisaged in the project documents, whereas the assessment of their implementation is provided in the fourth chapter of this report.

Activities under Specific Objective 1 (SO1)

A 1.1: *Appointment and training of cultural mediators for the provision of culturally sensitive medical assistance and medical escorting of vulnerable PoCs*

As a response to the diversity of nationalities among migrants in BiH, the project recognized the need for cultural mediation in health care provision for PoCs. The project envisaged recruitment, training and appointment of professional cultural mediators who will assist in delivering medical services with cultural sensitivity. Their duties included not only translation but also assisting in gathering anamnestic data, which helped medical staff provide more informed and effective care. The mediators aimed to foster trust between PoCs and medical professionals, thereby improving health outcomes. In parallel with appointing and training cultural mediators, DRC worked towards establishing a formal roster of mediators. This roster was not limited to medical escorts but also aimed to support other agencies, ensuring the sustainability and rational use of limited human resources. The initiative encouraged collaboration among local and international actors to pool resources effectively.

A 1.2: *Provision of basic and emergency medical care for PoCs in 4 TRCs in USC and SC*

The project envisaged that DRC, in collaboration with state health institutions, plays a pivotal role in providing medical care for PoCs residing in the TRCs. The provision of health care services within the TRCs was to be established through a joint effort, where DRC medical teams were supposed to work alongside local health institutions to ensure that primary health care was continuously available to the vulnerable PoCs. Medical teams were to be engaged through local health providers to offer direct access to primary health care services, covering all four TRCs in Una-Sana Canton (USC) and Sarajevo Canton (SC).

The implementation of this activity was assuming a coordinated approach between DRC medical teams and local health institutions to ensure comprehensive health coverage within all four TRCs. DRC planned to provide medical personnel and supplies, focusing on the provision of primary and emergency care services for vulnerable groups, including women, children, and those with specific health needs.

A 1.3: *Procurement and provision of medical supplies for TRCs and informal settlements*

The provision of medical supplies and consumables for PHC patients residing in TRCs in the USC and SC was decided to be funded through the Instrument for Pre-accession Assistance (IPA) by the end of 2022. DRC estimated the needs for medical supplies based on the quantities demanded during the previous period of assistance provided to PoCs, as well as the actual number of PoCs who had reported or been identified with health concerns.

These medical supplies were intended for treatments administered to PoCs by the PHC Medical Teams operating within the medical units located in the TRCs. DRC intended to procure and distribute additional quantities of medical supplies specifically for the treatment of the mixed migrant population residing in the TRCs and in informal settlements as per need.

A 1.4: *Provision of basic health care assistance through mobile teams of medical professionals across informal settlements*

This activity envisaged enhanced access to health services for PoCs residing in informal settlements by deploying mobile teams of medical professionals. Despite existing mechanisms to ensure health service access, a continuous and systemic approach was deemed necessary to provide support outside TRCs. As part of the activity, DRC planned deployment of two additional mobile teams from the Red Cross of the Federation of Bosnia and Herzegovina (RC FBiH) to work alongside existing DRC mobile teams. The mobile teams were expected to be composed of first aid responders, interpreters, and cultural mediators, who will provide information, interpretation, first aid services and referrals to relevant health actors. Through these efforts, DRC sought to improve the overall health outcomes for PoCs stranded in informal settlements, responding effectively to the deteriorating protection environment.

Activities under Specific Objective 2 (SO2)

A 2.1: *Capacity building of health professionals in health care management for migrants at municipal and cantonal level*

One of the planned activities was to optimize the health system and enhance the capacity of healthcare professionals during the transition of health care services. DRC intended to facilitate the integration of TRC medical infirmaries into the FBiH public health system by engaging the Agency for Quality and Accreditation in Health (AKAZ) for certification. The organization sought to collaborate with healthcare institutions to revise and streamline existing health-related Standard Operating Procedures (SOPs). DRC intended to build the capacity of approximately 30 healthcare professionals in USC and SC on the World Health Organisation's (WHO) Minimal Health Care Standards, grant management and reporting. In addition, DRC intended to train around 50 local stakeholders (including the ones from PHC and municipal authorities) on medical referrals, cultural mediation, and protection mainstreaming.

A 2.2: *Procurement of specialized medical equipment for primary and secondary health care in USC and SC*

To facilitate an effective transition process of healthcare services for PoCs, DRC planned to ensure the timely provision of specialized medical equipment to relevant PHC facilities, Public Health Institutions (PHI), and Emergency Medical Departments (EMD). This initiative aimed to enhance healthcare delivery through direct support to local services, enabling prompt diagnosis and treatment for PoCs in USC and SC.

Based on previous field assessments, DRC prioritized the procurement of essential devices, including Automatic/Manual External Defibrillators, mobile Electrocardiography devices, and Multiparameter monitors, to meet the healthcare needs of PoCs. The procurement list would be updated during the project's inception phase, ensuring that the most in-demand equipment was acquired.

Furthermore, DRC planned to provide relevant IT equipment, such as laptops and biometric data collection devices, to local authorities and health actors. This support would improve the monitoring, reporting, and administrative follow-up of medical cases, particularly for vulnerable populations, including survivors of gender-based violence (GBV).

To ensure the project's success, DRC intended to conduct a comprehensive assessment of existing technical capacities and further needs with relevant ministries and healthcare facilities. Following the assessment, DRC would prepare tender documentation and initiate procurement procedures. Overall, the project sought to equip a total of 19 healthcare and local service providers, ultimately benefiting approximately 10,000 PoCs and residents by improving access to quality healthcare services.

A 2.3: *Infrastructural upgrades/maintenance (incl. furnishing) of essential local service providers in USC and SC*

DRC planned to strengthen local health institutions in BiH to better meet the health needs of PoCs and local communities. This initiative aimed to build the capacity of health professionals to ensure quality service delivery.

Leveraging successful collaboration with the Veterinary Faculty of the University of Sarajevo (VF-UNSA), DRC sought to enhance microbiological analyses and testing capabilities. This support was designed to improve early detection of viral and infectious diseases, thereby

strengthening the recognition system for potential outbreaks. In addition, DRC intended to prepare brief Factsheets for each proposed intervention, outlining their relevance, cost estimates, and commitments from local partners. To maximize impact, DRC aimed to advocate for co-funding options with local and cantonal authorities, thereby reinforcing the capacity of local health institutions to respond to the growing mental health needs in the community.

A 2.4: *Community support project (CSPs) to promote social cohesion in a municipality with a high density of PoCs*

In response to the complexities of mixed migration, DRC planned a gradual shift towards a process-oriented engagement in Bosnia and Herzegovina (BiH). This initiative aimed to transition from relief assistance to direct service delivery while promoting community demand for transparent social services and improved governance. DRC sought to define key services and public spaces impacted by the presence of PoCs through consultations with local authorities.

A 2.5: *Local and cantonal emergency preparedness and response plans were developed to address unexpected influxes of mixed migrants and potential disease outbreaks.*

DRC planned to develop and implement strategic preparedness, readiness, and response (EPRP) plans in collaboration with local authorities and relevant humanitarian organizations to ensure adequate responses to public health emergencies and potential increases in the number of PoCs. DRC also planned to advocate for the integration of specific EPRPs into cantonal contingency plans.

3 Evaluation purpose and methodology

3.1 Evaluation purpose and objectives

Following the OECD DAC criteria, the project evaluation conducted and presented in this report assessed the project's relevance, effectiveness, efficiency, timeliness, and overall achievements. Due to the specific nature of the project, less emphasis was placed on cost-efficiency, long-term impact, and sustainability. The evaluation focused on the following key areas:

- Assessment of the project's alignment with its overall goal, objectives, intermediate results, targets, and Theory of Change.
- Evaluation of the project design in terms of its relevance to the national development context, its alignment with national strategies, and its relevance to the beneficiaries.
- Examination of the effectiveness and relevance of the project's strategy and approaches in achieving its objectives.
- Analysis of performance of the project, particularly regarding the effectiveness, efficiency, and timeliness of delivering expected outputs.
- Assessment of how efficiently the project integrated available resources with local capacities to achieve the desired results.
- Evaluation of the quality and timeliness of inputs, as well as the effectiveness of the reporting and monitoring system.
- Identification of external factors beyond DRC's control that impacted the achievement of project results.
- Identification of best practices, lessons learned, strengths, and challenges in the project design and implementation, including the Theory of Change.
- Provision of recommendations to key stakeholders for potential follow-up activities.

The evaluation also took into consideration the following DRC operational principles:

1. **Protection:** The project's activities enhanced, rather than undermined, the protection of people.
2. **Capacity Development:** The project strengthened local institutional and individual capacity to carry out DRC's mission or aspects of it.
3. **Participation:** A participatory approach, engaging beneficiaries as competent actors with insights into their own situations, was critical for empowerment and achieving better results.

The list of evaluation topics and questions were developed and communicated to the Client. However, a certain degree of flexibility was applied throughout the evaluation process. The intention was to allow for including into assessment the additional topics and questions that arose during the process and were relevant to the overall evaluation purpose.

The evaluation covered SC and USC. Target groups included relevant stakeholders such as relevant ministries, healthcare actors including PHC of SC and PHC Bihac, DRC staff, migrants and refugees accommodated in TRCs such as Blazuj, Usivak, Lipa, and Borici and other relevant

stakeholders. Stakeholder engagement was integrated throughout the evaluation process to ensure a comprehensive understanding of the project's impact.

3.2 Evaluation questions

The evaluation matrix outlines the approach for collecting data to address each evaluation sub-question. This matrix is attached to this report. To ensure reliable and valid information, data was collected from project documents through a desk review, while most research questions were incorporated into interview questionnaires.

The list of key areas and specific evaluation questions within these areas covered by the evaluation are presented below.

- **Project outcomes and objective achievement**
  - To what extent has each of the expected project outcomes and the overall objective been achieved? How do these contribute to positive changes?
  - How effective have the selected project strategies and approaches been in progressing towards achieving project results?
  - What challenges have you faced in delivering healthcare services to migrants?
  - How effective have the project's training programs been in improving your ability to provide care to migrants?
  - Have you experienced any barriers in accessing healthcare services provided by the project?

- **Relevance and alignment with national plans**
  - How well has the project's design and activities aligned with the needs of the target beneficiaries (migrants and local populations) and national health strategies?
  - How well was the project aligned with international standards for migrant healthcare?
  - To what extent was the project focused on the intended target group?
  - What were the specific criteria for the selection of project participants?
  - To what extent did project participants meet the selection criteria?
  - To what extent did the project respond to the needs of the community?
  - To what extent did the project interventions respond to the needs and priorities of the project participants?
  - To what extent have the project adjustments made so far been relevant?
  - How well was the internal logic designed? Have the planned outputs and intermediate results been designed to lead to the achievement of the objective?
  - How has the project contributed to social cohesion and support for migrants in your community?
  - What role did your organization play in the implementation of the project, and how effective was it?

- **Effectiveness and key achievements**
  - To what extent have the project objectives been achieved?

- To what extent have the project strategies, methodologies, tools, and processes contributed to the achievement of the planned results?
- To what extent were the project objectives and activities in compliance with the target group's needs?
- To what extent were the project participants aware of the project and the activities it provided?
- To what extent were project participants satisfied with the project interventions?
- Does the support system built in the target communities effectively respond to the situation of the target group?
- To what extent were the local authorities involved and provided support to the project?
- What was the impact of the project activities on improving healthcare access and the integration of migrant healthcare into the national system?
- Have the capacities of the implementation partner been developed? If so, in what areas and how?

- **Efficiency and timeliness**

  - Has there been effective leadership and management of the project, including the structuring of management and administration roles to maximize results?
  - How efficient was the project management approach and the coordination structure of the project regarding their contribution to national plans and targets/goals?
  - How efficiently have project resources (human resources, time, expertise, funds, etc.) been allocated and used to provide the necessary support and to achieve the broader project objectives?
  - To what extent has the project built on existing local capacities? Has the project advanced those capacities?
  - Were objectives achieved on time?

- **Positive change and influence**

  - Have any positive changes occurred due to the project's contribution? What are examples of positive changes that have happened for: a) migrants, b) health service providers, c) other stakeholders, d) the local community?
  - What - if any - types of innovative good practices have been introduced in the project?
  - What improvements have you observed in the integration of migrant healthcare into the national system?

- **Internal and external factors**

  - What are the major factors, internal or external, that influenced the project development (enabling factors and obstacles)?
  - Have any unexpected positive or negative results in the project work occurred due to their influence?

- Have any factors – internal to the project and contextual/outside of project control – impacted the achievement or failure to achieve the project activities, outcomes, and development so far? And how?

- **Project management and coordination**

  - How effective were the work processes? How efficient was the project management approach and the coordination structure of the project?
  - To what extent did the project have appropriate management and coordination structures and organization of the process? Were these structures aimed at the quality of the project implementation?
  - Which other local implementing partners were involved in the process of management and coordination, and how did this affect the quality of implementation?
  - How well was the internal monitoring and evaluation designed and implemented? Were there adequate monitoring tools and mechanisms in place?

- **Lessons learnt and recommendations for future work**

  - What good practices can be learned from the project that can be applied in future work on similar activities?
  - What should be different, changed, modified, or avoided in the implementation of the remaining activities under this project?

The evidence presented in the next chapter is discussed per each of the above evaluation areas.

3.3 Methodology

The methodology of the evaluation focused on objectively observing, describing, and explaining the changes that occurred in beneficiaries' lives due to their participation in the project. The evaluation approach was results-oriented, providing evidence of both quantitative and qualitative achievements, as well as the outputs and outcomes that were (or were not) achieved by the project. Both primary and secondary data were utilized, collected from a range of sources to ensure comprehensive evaluation results.

The evaluation was based on a participatory approach, engaging a wide and diverse range of stakeholders. This approach was essential for ensuring accountability, promoting ownership and sustainability, and facilitating buy-in and further use of the evaluation's recommendations. The participatory approach proved valuable for gathering stakeholders' insights and experiences with the project and understanding the benefits they gained as a result. The evaluation included various 'rights holders,' who benefited from the project, as well as 'duty bearers,' those responsible and accountable for providing services. This was necessary to assess whether the benefits and contributions of the interventions were fairly distributed among the groups involved.

The evaluation methodology encompassed the following two methods:

- A desk review of key project documents,
- Interviews (semi-structured; in-person and/or online) with key informants.

These methods complemented each other to meet the evaluation objectives and answer the evaluation questions. In summary, the following techniques were applied:

1. The desk review involved an examination of the project proposal, progress and results reports, audit reports, training curricula, evaluation sheets, and capacity-building event reports. Any other available reports or repositories that contained information about the achieved outcomes or project performance were also reviewed. The list of documents reviewed is provided in the Annexes.
2. The evaluation team conducted interviews with the project coordination team and relevant representatives to gain a deeper understanding of the project's context, theory of change, challenges in implementation, and the mitigation strategies used. Key informant interviews were conducted with donors and key stakeholders who played significant roles in the project's implementation. Three protocols for the interviews (per type of informant: stakeholders, health workers, migrants) were developed. Interview protocols were developed during the inception phase and were based on information collected through the desk review. Interviews were organized face-to-face whenever possible, but also conducted online depending on informants' availability during the evaluators' field visits. The informed consent forms were used, and signatures were collected from key informants before each interview. Three protocols for the interviews (per type of informant: stakeholders, health workers, migrants) and a consent form are provided in the Annexes.

The **sampling** of key informants was based on a review of project documents and the understanding that the evaluation needed to encompass donors, partners, and beneficiaries from various project activities. This approach ensured a diverse range of perspectives and sufficient coverage across stakeholder groups. Based on the proposed evaluation questions, the sampling strategy for interviews included:

- *Stakeholders*: SDC, IOM, WHO, MoS/SFA, Ministry of Civil Affairs of Bosnia and Herzegovina (MoCA), Cantonal health ministries in SC and USC, Red Cross, and Public Health Centres in SC and USC – total of 10.
- *Health workers and mediators*: Four health workers and mediators in SC and four in USC (in each, two health team leaders and one mediator from DRC staff, one health worker from PHCs working in TRCs) – total of 8.
- *Migrants*: Migrants from four TRCs: six in SC (TRC Blazuj and TRC Usivak) and four in USC (TRC Lipa and TRC Borici) – total of 10. Migrants were selected by health workers or mediators from the camps, with an effort to ensure a mix of men and women, those with different health conditions, and from various source countries.

Interviews were recorded whenever consent for audio recording was obtained, whereas detailed notes were taken in situations where such a consent was not obtained. Data collected during the interviews were transcribed and then reduced into summaries which contain key information relevant for the evaluation. In the next step, the summaries were coded and

categorised by the evaluation topics and questions, using a deductive coding approach. Such codes where finally analysed by identifying common themes and calculating dominant responses. Results of the analysis were then combined with the evidence from the desk review for the purpose of triangulation of findings and answering the evaluation questions.

3.4 Limitations

Different factors may influence the applicability of the methodological design, its implementation and final outcomes of a study. To offer readers of the report a clear understanding of the findings presented, it is important to provide information about the limitations of the study. The key limitations and their influence on the findings are as follows:

- *Limited timeframe for data collection:* The evaluation was constrained by a limited timeframe, which affected the depth and scope of data collection. While key stakeholders and beneficiaries were interviewed, the time available may not have allowed for a more thorough exploration of certain issues or the collection of additional qualitative data that could have further enriched the evaluation findings.
- *Challenges in reaching migrant populations*: Accessing migrants in the TRCs presented logistical challenges and challenges in identifying well-informed migrants, particularly due to their transitory nature and varied availability. This limited the number of migrants who could be interviewed, and while efforts were made to ensure diversity among respondents (in terms of gender, health conditions, and country of origin), the sample may not fully reflect the broader migrant population's experience. However, it should be noted that the aim of the study was not to have a representative sample of migrants.
- *Reliance on qualitative data only:* The evaluation primarily relied on qualitative data collected through interviews and document reviews. This limited the ability to perform quantitative analysis or cross-validate findings with hard data (e.g. statistical trends). The absence of quantitative data restricts the capacity to fully assess the extent of the project's achievements or challenges in a measurable way.
- *Possible bias by key informants*: Since key informant interviews were conducted with project stakeholders, including those directly involved in project implementation, there is a possibility of bias in the responses. Stakeholders may have been inclined to highlight positive outcomes over challenges, which may have influenced the overall assessment of the project's effectiveness and efficiency. Moreover, most of the data collected during the evaluation, particularly from health workers, mediators, and migrants, was self-reported. This introduces the risk of response bias, where individuals may underreport challenges or overstate achievements due to personal or professional motivations. However, the variety of evidence and recommendations for improvement collected suggest that such a bias may not have been substantial to completely distort the picture that the collected evidence suggests.

4 Findings

This chapter presents results of a detailed analysis of the data collected through both desk review and interviews, offering insight into key aspects of the evaluation. The chapter starts with a section presenting the assessment of the project implementation based on the desk review, which was completed first and informed subsequent work on qualitative data collection and analysis. The remainder of the chapter then presents the analysis per the key topic covered in this evaluation, including analysis of the project relevance, effectiveness in achieving intended outcomes, efficiency and timeliness of activities, the influence exerted on beneficiaries and stakeholders, as well as the challenges and barriers faced during the implementation. Finally, the chapter explores the wider benefits beyond the project's intended outputs. Wherever relevant, the findings from the analysis of data collected through interviews were triangulated with the data collected through desk review.

When analysing responses received during the interviews, the general findings were presented first, followed by findings from specific groups of informants. Three groups of informants were included. The first is a group of medical staff in camps (8 persons in total), composed both from the DRC staff and medical staff from public health institutions who worked in camps. The second is the group of stakeholders (11 in total), both government institutions, non-government organizations and donors. Finally, the third are migrants using medical assistance, who were interviewed in camps (10 in total).

4.1 Project implementation assessment

This part of analysis relies only on the review of documents, while the subsequent sections are elaborating relevance, effectiveness, and efficiency in more detail. During this phase, existing project documents and repositories were reviewed, including reports, media stories, databases, and attendance registers.

The desk review indicates a significant achievement in providing continuous access to quality basic health care services for the migrant population in Bosnia and Herzegovina. Table 1 present the outcome indicators for the period 2022-2024, while detailed analysis of activity indicators can be found in Annex 6.6. When it comes to the first outcome of the activity, the project successfully enabled sustained access to quality healthcare for migrants, evidenced by a 104% achievement rate in delivering services that were safe, accessible, accountable, and participatory. By exceeding its target of 42,000 migrants gaining access to local health services by 6%, the project reached 44,386 individuals, demonstrating an impressive scale of outreach. When it comes to referrals to public health facilities, the project was below its target by 2%, with 6,357 referrals conducted by RC mobile teams, close to the anticipated number of 6,640. The project met 130% of its target by providing gender-sensitive healthcare to 1,696 women and girls, demonstrating a strong capacity to address specific health needs within the migrant population. Support provided to unaccompanied and separated children (UASC) exceeded the project’s target by 12%, reaching 1,344 cases.

The project’s significant success in surpassing planned targets, as per project progress reports, is largely attributable to the fluctuating and, occasionally, high demand for medical support due to varying numbers of migrants in camps. These fluctuations required an adaptable approach to healthcare delivery, which the project successfully implemented, ensuring continuous access to quality services despite the changing migrant population. In terms of

sustained access to quality healthcare, the project's ability to provide healthcare to 44,368 migrants, exceeding the original target by 6%, illustrates its responsive scaling efforts, likely necessitated by increases in camp's population, where seasonal or political factors might have driven spikes in migrant arrivals. In addressing specific needs, the project's gender-sensitive healthcare was close to its target, reflecting an adaptive response to gender-specific demands that varied with camp demographics. Additionally, the project's commitment to unaccompanied and separated children (UASC) led to surpassing its target by 12%. This success in addressing UASC's needs demonstrates an agile response to the ongoing demand for child-specific healthcare, which can vary considerably based on age distributions in the migrant population.

When it comes to outcome two, the success was limited. First, the certification of medical infirmaries inside TRCs was not implemented, while there success in transition of healthcare services to local health institutions during the project implementation was also below expectations. According to the project progress reports, despite initial coordination efforts being made, various factors such as political changes following the 2022 elections delayed government actions, which hindered further progress in transitioning healthcare responsibilities to local authorities. Hence, no formal timeframe or transition plan has been established during the project implementation, resulting in funding gaps that compromised the long-term sustainability of healthcare for migrants. DRC was not involved in the design of transition process led by IOM but was involved in consultations with stakeholders and advocacy activities. More details about the factors that influence the transition of health care services for migrants to public health institutions will be elaborated in the following sections. When it comes to the DRC involvement in the transition process, it should be mentioned that it organized two workshops in September 2024 that focused on the transition of healthcare services for migrant populations. The first workshop took place in Sarajevo on September 17, and the second was held in Bihać on September 19. The workshops aimed to facilitate the handover of healthcare services from DRC to local public health institutions in SC and USC, and were attended by key stakeholders, including healthcare professionals and representatives from international organizations like IOM and UNFPA.

In Sarajevo, the transition process faced several challenges. Although representatives from PHC Sarajevo were invited, the participation of representatives from PHC management was not secured and only head nurses from PHC Hadžići and Ilidža attended. This absence limited the ability to make concrete decisions. Moreover, IOM confirmed they would no longer provide healthcare services directly and will instead play a coordinating role, leaving the responsibility of service provision to local institutions. Concerns were also raised about the gaps in communication within PHC and uncertainty about how the burden of services would be distributed. Additionally, the lack of a clear model for managing medical records and digitizing the healthcare system for tracking migrant populations was a significant issue, with uncertainty over how these processes would be managed during the transition.

In Bihać, the transition appeared more structured but still faced significant hurdles. PHC Bihać confirmed it would take over healthcare services, although the contract was still being finalized. Key challenges included the discontinuation of 24/7 healthcare coverage in TRC Lipa and the limited presence of healthcare teams, which would only provide services three times a week for four hours a day. Difficulties were also experienced in the handover of mental health services, particularly with regards to managing ongoing psychiatric cases and transferring medical records. Although the medical equipment and medication stocks were

ready for transfer, uncertainties remained about the continuity of care, especially for vulnerable groups. Despite these challenges, there was a general agreement for the need to pursue the transition process further, although concerns about capacity and coordination remain.

Table 1: Outcome indicators, 2022-2024

Level of result	Indicators	Achieved			Cumulative progress	Project target	Accomplishment rate
		2022	2023	2024			
Outcome 1: The migrant population has continuous access to quality basic health care services	% of migrants who received health services reporting that healthcare is delivered in a safe, accessible, accountable and participatory manner	91%	88%	92%	87%	84%	104%
	No of referrals by RC mobile teams to further treatment in public health facilities conducted to migrants	539	671	0	6357	6460	98%
	No of migrants who gained access to local health services	17263	14230	4893	44386	42000	106
	Gender-sensitive medical treatment, consultancy and referral to relevant health care or protection services provided to women and girls.	303	393	637	1696	1300	130%
	UASC supported through direct medical treatment, advice and referrals to relevant health care or protection services	208	262	74	1344	1200	112%
Outcome 2: The health authorities in BiH integrate health care of migrants into the country's health care system, in line with international and EU standards	No of medical infirmaries inside TRCs certificated by AKAZ	Narrative			DELETED	4.0	
	Migration healthcare services provided directly by local health institutions as result of the transition	Narrative				75%	0%

Source: Indicator and performance tracker (DRC internal documents)

4.2 Relevance

The situation with the provision of health services to migrants before the project implementation

Before the arrival of the DRC, healthcare services for migrants were extremely limited. Majority of informants from each group highlighted that local healthcare institutions were overwhelmed and lacked adequate capacity to meet migrants' needs. The shortage of medical personnel and basic medical equipment further complicated the continuous provision of healthcare, resulting in a situation that many migrants had to wait for specialist examinations or to travel to distant cities. The assistance provided by the DRC significantly improved the accessibility and quality of services, enabling the establishment of infirmaries within camps and facilitating the organization of medical check-ups. Medical staff especially emphasized the complexity of the situation before the DRC's arrival, noting that resources were scarce and that healthcare workers overburdened by the high number of migrants. Five out of eight informants in this group noted that healthcare services were mainly of an emergency nature, and long-term healthcare was almost unavailable. The arrival of the DRC relieved the pressure on medical staff in the camps, enabling a more regular service provision system. Most stakeholders (7 out of 11 informants) described the period before the DRC project implementation as challenging, with poor coordination between healthcare facilities and migrant camps. The legislative framework did not clearly define responsibilities toward migrants, which caused legal obstacles in providing healthcare. According to the informants, the DRC played a crucial role in establishing a system that enables regular healthcare for migrants, including specialist examinations and culturally tailored services. All interviewed migrants (ten informants) described their experience of poor access to adequate medical assistance in other countries before arrival to Bosnia and Herzegovina, including Bulgaria, Serbia, and Turkey. Upon arriving in Bosnia and Herzegovina, migrants received the necessary medical support within the camps that significantly improved their quality of life, which they attributed to the work of the DRC. Many migrants emphasized the free treatment and basic examinations received in the camps, which they could not afford before DRC's involvement.

The rights of migrants within the current legislation in BiH, without the presence of projects like those implemented by the DRC

The analysis of the interviews shows that the legal framework in Bosnia and Herzegovina is highly restrictive for migrants regarding access to healthcare. Out of a total of 26 informants, as many as 24 indicated that migrants are entitled only to emergency medical assistance, while other forms of healthcare, such as specialist examinations or chronic illness treatment, are generally inaccessible without additional support. This is further supported by the evidence from the desk review, which suggests that the legal system in BiH does not recognise irregular migrants and their rights to healthcare services. Most informants emphasize that language and cultural barriers are the main factors hindering efficient access to healthcare services. This suggests that DRC's provision of translators and cultural mediators has been an appropriate measure that helped migrants access services that would otherwise be out of their reach.

Furthermore, 23 informants highlight that the migrants had free access to medical care within the camps, including specialist examinations and chronic illness treatments, which was also attributed to the involvement of DRC. Without the presence of the DRC, migrants would be forced to pay for additional services or rely solely on emergency assistance, which would

significantly endanger their health and overall safety. Among stakeholders, nine out of 11 informants report that the current legal framework recognizes migrants only as recipients of emergency medical care. These informants emphasize that without projects like the DRC, migrants would have limited or almost no access to comprehensive healthcare services. They believe that the DRC has played a crucial role in providing the necessary infrastructure and resources, enabling specialist examinations, chronic illness treatment, and psychological support for migrants, which would otherwise be unavailable within standard healthcare institutions. Among migrants, all 10 informants describe how, thanks to the DRC, they had free access to healthcare within the camps, including treatments for serious injuries, chronic illnesses, and specialist examinations. Many emphasized that without the DRC, they would not be able to afford treatment or would have to forego necessary care. Additionally, migrants highlighted the importance of translators who enabled them to better understand their rights and receive appropriate care, significantly improving their access to healthcare services.

Readiness of health system institutions to take on the role of DRC and the current situation after the DRC has left the camps

The interview analysis reveals concerns regarding the readiness of local healthcare institutions to take over the role of the DRC in providing healthcare services to migrants. Out of a total of 27 informants, 23 expressed doubts about the capacity of local institutions, highlighting their lack of physical and human resources, specialized support and flexibility in work arrangements. They stressed that all of these were available while the DRC operated within the camps and can be more effectively provided by non-governmental actors. Most informants emphasized that the DRC's departure could significantly reduce both the accessibility and quality of healthcare services for migrants. Out of seven informants from the medical staff group, six of them expressed concerns that local healthcare institutions lack sufficient capacity and staff to fully assume the DRC's role. Medical staff pointed out the absence of translators and cultural mediators, who were crucial for working with migrants. Informants also noted that without additional resources and support, the quality of services would be severely impacted, and migrants would face difficulties in accessing even basic medical services.

Among the stakeholders, nine informants expressed doubts about the readiness of health centres and other local institutions to fully take over the responsibility for providing healthcare to migrants. They emphasized that current capacities are insufficient for efficient service delivery, and that many migrants will face longer waiting times and reduced service quality after DRC's withdrawal. They also highlighted that a lack of financial resources and adequate legal frameworks further complicates the transition process following the end of project. The similar view was shared by migrants, as seven informants expressed concerns about a potential decline in service quality after the DRC ends its project and leaves camps. Migrants are particularly concerned about access to specialist examinations and the continuous support they had through the DRC's work. Several migrants reported lack of any information about the future provision of healthcare services and expressed concerns about uncertainty in availability of healthcare services in the camps in the period after the end of the projet (30 September 2024).

The relevance of the design of providing health services in camps in cooperation with public health centres

The interview analysis shows that migrants and other informants are generally satisfied with the design of healthcare services provided by the DRC and local health centres in the camps. Out of 26 informants, 23 expressed satisfactions with the service design, highlighting key elements such as the presence of medical staff, availability of translators, and regular access to specialist care. However, a few informants noted challenges related to the lack of continuous availability of doctors, particularly at night and on weekends. Among the six informants from the medical staff group, five believe that the service design in the camps was well-adapted to migrants' needs, but they mentioned that the presence of doctors was limited, creating pressure on the DRC team. Medical staff emphasized that migrants received better treatment in the camps than in local facilities, thanks to the DRC's organization and the availability of basic medical resources in the camp.

Informants also highlighted the importance of translation support, which facilitated better communication with migrants. Nine informants from the stakeholder group believe that the service design implemented by the DRC was very effective and suited to the migrant population. They especially appreciated the collaborative model with local health centres, which allowed migrants to receive specialist consultations and support within the camps. Stakeholders stressed that translation and cultural support were essential for ensuring effective healthcare and preventing additional complications, as they facilitated communication between medical staff and migrants. They believe that without this model, it would have been challenging to provide adequate care to migrants in the camps. Among the migrants, eight informants expressed high satisfaction with the healthcare provided, noting that the services were very useful and tailored to their needs. Informants particularly appreciated the presence of doctors and medical staff, who regularly visited their rooms, provided medication, and conducted basic check-ups without requiring them to leave the camp. Migrants also highlighted the importance of cultural mediators, who supported their communication with medical staff and helped improving service quality. Several informants suggested additional measures for hygiene and disease prevention, such as regular disinfections of facilities.

4.3 Effectiveness

Assessment of the quality of services provided in the camps, infirmaries in the camps and DRC staff

The interview analysis indicates that the quality of healthcare services provided in the camps is highly rated by informants, with particular emphasis on the dedication, expertise, and professionalism of the DRC's medical staff. Out of a total of 25 informants, 23 expressed very high satisfaction with the quality of services, praising the organization, accessibility, and support that included cultural mediators and translators. Informants believe that this level of quality was crucial for improving the health and safety of migrants in the camps.

Among the eight informants from the medical staff group, all expressed very high satisfaction with the quality of services provided by the DRC in the camps. They emphasized that migrants had better access to healthcare within the camps than in local healthcare facilities, thanks to the availability of skilled personnel and continuous care. Medical staff highlighted the

dedication of the DRC team, who worked under challenging conditions but managed to maintain a high standard of care. Translation support was rated as essential for effective service delivery. Among stakeholders, ten informants rated the quality of provided services as very high. They believe that the DRC set a high standard for healthcare in the camps, especially through the organization of regular check-ups and emergency interventions. Stakeholders also emphasized the importance of cultural mediators, who facilitated communication and enabled quality care tailored to the specific needs of migrants. In their opinion, the quality of DRC services exceeded expectations and was often better than the local healthcare system's standards.

Among migrants, eight informants expressed very high level of satisfaction with the quality of services, particularly emphasising kindness, professionalism, and approachability of DRC staff. Migrants also mentioned the role of translators as very important, because they facilitated better understanding and smoother communication with medical personnel. Most migrants rated the services as "perfect" or "extremely helpful," noting that they had access to all necessary treatments without long waiting times. Some informants suggested additional improvements in space hygiene and the availability of specialist services, such as dental check-ups.

Assessment of developed standard operating procedures and protocols

Data collected through interviews show a high rating of the Standard Operating Procedures (SOPs) developed by the DRC, which were essential for ensuring consistency, safety, and efficiency in providing healthcare services to migrants in camps. Out of 18 informants who commented on the SOPs, 15 expressed positive views, highlighting the usefulness of these procedures for coordination, rapid response in emergencies, and establishing standards of care. A few informants expressed concerns about the sustainability of these procedures without additional training and resources following the end of project.

Among the medical staff informants, six rated the SOPs as very useful. The SOPs provided clear guidelines for working in camps, facilitating emergency response and enabling a consistent approach to healthcare. Informants emphasized that the SOPs were crucial for organizing work, and their consistent implementation contributed to high standards of care in the camps. However, some expressed concerns that without additional resources and training, new teams might struggle to maintain the existing quality of services. Only one person mentioned that, although he rated them as high quality, SOPs were not necessary since the procedures for working with patients are the same regardless of their origin.

Nine informants from the stakeholder group rated the SOPs as helpful and effective for standardizing work in the camps. They believe the SOPs enabled uniformity in service delivery, which improved collaboration between the DRC and local healthcare institutions. Stakeholders emphasized the importance of formalizing these procedures in domestic legislation to ensure the sustainability of standardized services for migrants. Additionally, some stakeholders see the SOPs as a model for future crises and as a foundation for creating legal frameworks.

Assessment of infrastructural improvements and support to public health centres

The interview analysis indicates that infrastructural improvements and donations provided by the DRC to health centres have had a significant positive impact on the capacity of healthcare institutions to serve both migrants and the local population. Out of 16 informants who commented on these improvements, 14 expressed positive opinions, emphasizing the importance of donated equipment and facility upgrades in enhancing service quality and improving work organization efficiency. A few informants expressed concerns about the sustainability of these improvements after the end of project, as local institutions often lack the resources for long-term equipment maintenance.

Six informants from the medical staff group highlighted the importance of DRC's donations, which included specialized medical equipment such as defibrillators and X-ray machines. This equipment enabled more efficient operations, reduced the need to transport patients to distant medical facilities, and improved service accessibility for both migrants and the local community. Medical staff emphasised the high quality and usefulness of these improvements but voiced concerns that, without additional support, the effectiveness of these enhancements might be compromised.

Among stakeholders, eight informants rated the donations and infrastructural improvements as highly beneficial for work with the migrant population. They noted that the renovated facilities and additional equipment have significantly enhanced the capacity of health centres in the Una-Sana Canton and Sarajevo Canton. What they particularly emphasized was the fact that the DRC, in cooperation with the management of local institutions, determined priority needs, independently conducted tender procedures and implemented procurement and infrastructure improvements. They consider this method more appropriate compared to the practice of donating funds to institutions, after which the institutions conduct public tenders and acquire the necessary resources. These informants mentioned that the long-term sustainability of the equipment will depend on the engagement of local institutions and additional financial support. Additionally, some stakeholders believe that better formalizing these improvements within the national healthcare system is necessary to ensure a lasting impact on healthcare services. Only one stakeholder stated that the overall improvement of infrastructure was incomplete. However, this was not a result of incomplete implementation of the services agreed to be provided by DRC, but rather a gap between the DRC plans and stakeholder's expectations.

Assessment of raising awareness and involvement of stakeholders in the transition process

DRC's efforts in raising awareness and involving relevant stakeholders in the transition process are seen as beneficial, though informants expressed the need for better coordination and continuous communication. Out of 17 informants who commented on this aspect, 13 highlighted the positive elements of these efforts, while others pointed out challenges and obstacles in the transition process. The need for additional support for local healthcare institutions and the inclusion of a broader range of institutions was especially emphasized.

Among the medical staff informants, five rated DRC's awareness-raising efforts as helpful but voiced concerns that, without further training and the involvement of other NGOs (such as the Red Cross) as partners, the transition may face difficulties. Medical staff recommended that camp clinics be placed under the responsibility of local health centres, which would

enable continuity of services tailored to migrants' specific needs. Medical workers also emphasized that it would be more useful if they were consulted more often in the transition process, given that they are directly involved in the provision of medical services, and they believe that representatives of institutions are not aware of the magnitude of the problem, due to a lack of contact with the situation on the ground.

Of the 11 informants from the stakeholder group, nine noted the positive impact of DRC's efforts in awareness-raising and stakeholder engagement. Informants emphasized the importance of workshops and meetings organized by the DRC, as well as the challenges local institutions, particularly at the cantonal level, face in assuming responsibility for migrant healthcare services. Additionally, some informants felt the transition process could have been better coordinated with stronger support at the national level. A small number of informants criticized DRC's approach to collaboration with institutions, which they felt relied too heavily on individual contacts rather than an institutionalized form of communication that they believe would be more effective.

Assessment of capacity building activities (workshops and trainings)

Generally, DRC's capacity-building activities through workshops and training sessions were assessed as beneficial and making a significant contribution to both medical staff and stakeholders, especially in their work with migrant populations. A total of 17 informants commented on these activities, with the majority rating the trainings and workshops as highly useful, highlighting skills such as emergency care, cultural sensitivity, and managing the specific needs of migrants.

Six informants from the medical staff group assessed the training sessions organized by the DRC as extremely relevant and well effectively delivered, particularly the Immediate Life Support (ILS) trainings for emergency medical care. They noted that these trainings enabled medical personnel to respond effectively in emergencies and properly use medical equipment. One informant reported mixed experiences with the trainings, mentioning that the first session was too basic, but the subsequent specialized training was among the best he had attended. Additionally, some informants recommended regular training every six months to maintain staff efficiency.

Among the stakeholder group, eleven informants rated the trainings and workshops as useful and emphasized the importance of ongoing education. Informants highlighted that DRC's cultural sensitivity training significantly improved staff understanding of migrants' needs. The need for further investment to ensure the long-term effects of these trainings was also stressed. Informants recommended continuous staff education due to staff turnover and the specific challenges associated with working with migrant populations.

4.4 Efficiency and timeliness

Efficiency

Informants expressed high satisfaction with the efficient use of financial resources by the DRC in implementing the project. They commented on various aspects of fund allocation, focusing on efficiency, resource adequacy, project goals achieved, and challenges to sustainability after the end of project. Of the five healthcare workers who commented on financial aspects, all

rated the fund management as effective and appropriately directed toward achieving project goals. Medical staff noted that resources were carefully planned and used to ensure staffing, equipment, and supplies within the camps, enabling continuous and quality care for migrants. They particularly emphasized that all medical supplies were available without delay, ensuring timely medical assistance. Only one informant from a public health centre reported that his expectations for the financial compensation he received for additional work in the camps were much higher. He noted that, due to the high influx of migrants, he often worked overtime, especially during winter when the number of service users increased significantly but felt that his additional efforts were not "adequately" rewarded. Still, the remuneration was in line with the internal PHC's rules of remuneration, so this was rather an individual perception of internationally funded project, where they expect higher remuneration.

Among the stakeholders who commented on fund allocation, all rated the financial management as efficient and well-aligned with needs. This group noted that financial resources were directed toward essential items, including medical equipment, medical supplies, and translation support. They believe that this distribution of funds contributed to high-quality healthcare for migrants and ensured timely service in the camps. They highlighted that DRC had no payment delays, which facilitated continuous cooperation with health centres. Some stakeholders expressed concern about the project's future sustainability, noting that local institutions are not financially prepared to assume full funding for these services. For instance, one informant pointed out that the current level of service, as implemented by the DRC, relied heavily on significant donations from EU funds but is costly and lacks stable financing, which poses a serious challenge for local institutions. Additionally, there was criticism that the budget for a successful transition to the public health system was insufficient compared to the resources allocated for direct healthcare services in the camps.

Migrants in the camps did not directly comment on financial aspects but indirectly expressed satisfaction with the free and accessible healthcare support.

Timeliness

The analysis presented here focuses on the timeliness of access to healthcare from different informant perspectives, particularly addressing issues with the availability of emergency services, provision of continuous support, and organization of healthcare infrastructure.

Based on the collected data, it can be concluded that the overall situation regarding healthcare services for migrants before the arrival of the DRC was poorly organised and was manifested by serious delays and limited capacity to provide adequate care. Among medical staff, six informants expressed concerns about delays and inadequate resources before the DRC's implementation. Prior to the organization's involvement, healthcare services were highly limited, and migrant patients often faced long waiting periods for specialized procedures and emergency interventions. Medical staff noted that, without proper support, migrants frequently had to travel to distant cities like Sarajevo for treatment, which further increased the risk of complications and deterred them from seeking needed care. In such conditions, local healthcare facilities were overwhelmed and under-equipped, resulting in frequent delays in providing basic services and posing serious challenges for healthcare workers who operated in extremely difficult circumstances.

Within the stakeholder group, nine informants emphasized that resources were minimal before the DRC's arrival, especially given the sudden influx of migrants. Migrants primarily relied on emergency interventions and assistance from NGOs, but continuous support was lacking due to limited coordination and capacity. Stakeholders described the situation as chaotic, as local healthcare facilities neither had the capacity nor protocols suited to the specific needs of the migrant population, leading to significant delays and limited access to healthcare. Many highlighted that the DRC brought about a significant change by organizing healthcare teams within the camps and facilitating faster access to medical care, reducing delays and improving service access.

Out of ten migrant informants, majority reported having minimal or no access to healthcare services in other countries they transited through before arriving in Bosnia and Herzegovina. Many described poor conditions in camps in other countries, such as Serbia and Greece, where they faced long waits for medical care and severe delays in receiving assistance. Upon arrival in Bosnia and Herzegovina, migrants experienced positive changes in healthcare access within the camps, including free medical check-ups and treatments they had previously been unable to afford. Migrants' experiences suggest that the DRC's presence in the camps contributed to improved timeliness of healthcare, especially in emergency cases.

4.5 Influence on target beneficiaries and stakeholders

The DRC project had a significant positive impact on the quality of life for migrants in the camps, providing them with a stable and accessible healthcare system. Out of a total of 29 informants, 20 highlighted that the project enabled migrants to have regular access to emergency and basic medical care. This support led to less health complications among migrants, while information about their rights and available services directly contributed to their safety and quality of life. Additionally, 16 informants emphasized the essential role of translators and cultural mediators in the project. They facilitated more effective communication between migrants and medical staff, making it easier to diagnose and treat migrants with specific needs. These factors indicate that the DRC project not only improved healthcare within the camps but also reduced tensions and dissatisfaction among migrants, thereby stabilizing conditions in the camps.

Among specific groups of informants, the findings reveal varying priorities and perspectives. Among healthcare workers (a total of 8 informants), five noted that the project significantly improved the quality of healthcare in the camps, while four informants especially praised the presence of translators and cultural mediators as essential for successful engagement with the migrant population. However, two informants expressed concerns about the future sustainability of these services, pointing to potential challenges in maintaining the same quality of healthcare after the end of project. These findings highlight important aspects concerning the quality and sustainability of healthcare provision for migrants.

Among stakeholders, 11 emphasized the relief the project provided to local healthcare facilities. Nine informants stated that the project directly supported local facilities by reducing the strain on them, as migrants had access to basic care within the camps. Six informants also recognized the critical role of translators and cultural mediators in the project's successful implementation. A significant number of stakeholders, five out of 11 praised the donations and infrastructural support that the DRC provided to local facilities, improving their capacity to work with the migrant population. However, four informants expressed concern about the

sustainability of these achievements after the project's completion, emphasizing the insufficient readiness of local institutions to assume all responsibilities.

Among the migrants, a total of 10 expressed high satisfaction with the available healthcare services—nine informants rated these services as significantly enhancing their quality of life in the camps. Eight informants highlighted the importance of translators and cultural mediators, who facilitated easier communication with medical staff. Seven informants stated that emergency and basic care services were crucial for their health and safety, while four informants expressed concerns about potential difficulties in accessing these services without DRC support.

4.6 Challenges and barriers encountered during implementation

Challenges in the implementation of cooperation between DRC and health centres (in camps and outside camps)

Based on the collected data, it is evident that challenges in implementing cooperation between the DRC and health centres were significant, especially in the context of staff shortages, logistical issues, and language and cultural barriers. The analysis focuses on the primary challenges identified by informants, including resource limitations, coordination between different institutions, and the need for cultural mediators.

Medical staff stated several key challenges such as the shortage of medical personnel and translators, especially during night shifts. This lack of resources significantly affected the timely delivery of assistance to migrants, leading to delays in transportation and additional logistical difficulties. DRC medical workers often had to resolve coordination issues on their own, while the lack of empathetic approaches from some healthcare workers further complicated the provision of quality healthcare to migrants. Additionally, there were issues with transporting patients in emergency cases, as PHC ambulance car in Bihać was often occupied with other tasks, which further slowed down the process.

Stakeholders highlighted the complexity of collaboration between the DRC and local health centres, especially due to frequent staff changes and logistical challenges during the summer months when some staff members were on vacation. Financial constraints and legal frameworks often did not support continuous healthcare for migrants, creating additional organizational challenges. Informants pointed out issues with staff turnover and the shortage of translators in hospitals, which hindered communication between medical staff and migrants.

Migrants emphasized the crucial role of translators in the communication process with healthcare personnel, as language barriers were a significant challenge during medical consultations and treatments in hospitals. Informants noted that support in the camps was better due to the presence of cultural mediators, while local healthcare facilities often lacked translators, making communication and understanding medical information more difficult. This lack of support in hospitals increased the risk of misunderstandings and misdiagnoses, directly impacting the quality of healthcare received by migrants.

Factors affecting the success of project implementation

The analysis of factors influencing the successful implementation of the project reveals key challenges faced by DRC in project implementation. The focus is on issues such as the lack of political will, the ongoing emigration of healthcare personnel, and limited resources that significantly hinder project implementation.

Medical staff emphasize that the emigration of healthcare workers and lack of political will pose major challenges to the sustainability of healthcare services for migrants. In the Una-Sana Canton, the departure of qualified personnel from healthcare institutions further reduces their capacity to provide adequate support. Additionally, political support is often absent, and administrative barriers further complicate project implementation. Medical workers also highlight the need to understand the specific needs of migrants and provide training for working with this population in the future, which would greatly improve the quality of services.

Stakeholders noted that the emigration of healthcare personnel and lack of political will hinder the effective implementation of the project. Local healthcare capacities are constrained by the frequent departure of qualified workers, reducing the ability of local institutions to assume the role previously fulfilled by the DRC. Political support is often lacking, and without stable institutional backing, it is challenging to ensure the long-term sustainability of the project. Stakeholders believe that political will and financial support are essential for long-term implementation, while legal frameworks and bureaucratic obstacles further delay the necessary processes to ensure continuity of services for migrants.

Coordination of the project with other non-governmental (international) organizations in the camps and outside the camps

Based on the collected data, coordination between the DRC and other NGOs within and outside the camps was crucial for ensuring continuous and high-quality healthcare support for migrants. Out of a total of 29 informants, 15 shared their views on the level of cooperation between the DRC and other organizations. Among these informants, nine positively evaluated the collaboration, noting that shared resources, translation support, and joint workshops contributed to better support for migrants in the camps. These informants emphasized that international organizations played a significant role in overcoming cultural and language barriers and providing additional medical equipment, which enabled more efficient operations and quicker responses to migrants' needs.

On the other hand, six informants observed challenges in coordination between organizations, particularly due to occasional overlap in service provision. They mentioned that the lack of centralized coordination often complicated resource distribution, and occasionally led to overlapping in service provision between different organizations, which reduced the overall effectiveness of support for migrants. For example, informants noticed that migrants were not fully aware of the services they could receive from the Red Cross and those they could receive from the DRC. Informants referred to specific services such as translation services, provision of information to migrants about their rights, work with children and organization of transport of patients. However, lack of awareness among migrants is not suprrising given that vast majority of them stay in a camp for a few days. According to some stakeholders, the lack of coordination also fostered competition among organizations providing such services to migrants as they sought to justify their activities to donors, making it harder to work collaboratively and allocate resources efficiently. Local authorities in the Una-Sana Canton

organized meetings to improve cooperation between NGOs, while in Sarajevo Canton, such efforts were not made, which also affected effectiveness of service delivery.

Migrants, on the other hand, generally provided indirect comments about the coordination between organizations. Several migrants noted the presence of various organizations, such as DRC, UNHCR, IOM, and UNICEF in the camps and described the cooperation as well-organized. Due to the presence and mutual support of these organizations, migrants had access to all necessary services, including healthcare. Although they did not directly discuss the specifics of coordination, such comments suggest that migrants received comprehensive and consistent support, which may be attributed to effective collaboration among the organizations.

Project coordination with government institutions

Based on the collected data on the coordination between the DRC and government institutions, informants generally assessed this cooperation as beneficial yet challenging. Out of 29 informants, 14 shared views on coordination with government institutions. Among these 14, nine highlighted the positive aspects of cooperation, emphasizing that coordination with institutions such as the Service for Foreigner Affairs and the Ministry of Security of Bosnia and Herzegovina was essential for the efficient delivery of medical services to migrants. This cooperation facilitated quicker access to resources and flexibility in emergencies, particularly due to direct communication between the DRC team and specific officials. Informants noted that a system of trust and direct contacts was crucial for effective action in urgent cases.

On the other hand, five informants pointed out challenges in coordination with government institutions. They observed that cooperation was often hindered by a lack of support from higher levels of government and limited resources. Some informants highlighted the absence of a structured communication system for emergencies and issues with information flow between ministries and healthcare facilities, which frequently led to delays in service delivery. Informants also emphasized that collaboration with domestic institutions relied on personal contacts, making it difficult to institutionalize and formalize support, especially regarding the transition of services to the domestic healthcare system.

Among migrants, information on direct collaboration with government institutions was scarce. Some migrants reported indirect interactions with government representatives, such as assistance from police upon arrival at the camp but did not provide specific details about the cooperation between the DRC and government institutions. However, migrants noted that they received information about their rights and available healthcare services upon arrival, which implies a certain degree of organization and information-sharing between stakeholders within the camps.

4.7 Benefits beyond project implementation

Use of the infirmaries in the camps and the infrastructure improvements after the project

Out of a total of 29 informants, 18 expressed concerns about the long-term maintenance and functionality of infirmaries and equipment without direct support from the DRC. They believe that while the equipment and facilities will remain useful, maintaining service quality will be

challenging due to resource and staff shortages in local healthcare institutions. Nine informants specifically emphasized the need for additional support from local institutions to ensure continuity in improvements, while seven noted that it would be difficult to maintain the current quality level without further assistance from international organizations.

Medical workers (a total of eight informants) were particularly concerned about the sustainability of infrastructural improvements in the camps. Five informants highlighted that the infirmaries were designed as temporary solutions and that, for long-term sustainability, they should be overseen by local health centres as satellite infirmaries. Three medical workers stressed the importance of ongoing maintenance of specific medical equipment, suggesting that, without additional donations, certain supplies might become inaccessible to migrants.

Among the 11 stakeholders, seven emphasized the need for additional institutional support to ensure the continuity of these improvements. Four informants expressed concerns that local healthcare institutions are not fully prepared to take on the responsibility without extra financial and logistical support. Additionally, three informants indicated that the infirmaries and equipment are likely to be transferred to the ownership of local health centres but voiced doubts about the ability to maintain service quality.

Among migrants, six out of ten informants expressed concern about the future of healthcare services after the project's conclusion, particularly due to a potential decline in service quality without the DRC's presence. Four informants expressed hope that the infirmaries would continue operating, as the services they receive are crucial for their health and safety. Migrants also recommended retaining the current medical staff, who have ensured consistent healthcare provision.

Use of standard operating procedures in the future

Out of a total of 29 informants, 13 commented and expressed the view that the SOPs would be useful and remain in use as guidelines for working with migrants in healthcare institutions but emphasized the need for additional training and continuous support to ensure consistent application. Of these, six informants believe that the SOPs will integrate best if domestic institutions incorporate them into their legal frameworks and operational plans, which would standardize the approach in crisis situations and regular work with migrants.

Among eight medical workers, five stated that the SOPs provide a clear framework for work and are already integrated into the healthcare system but expressed concern that without the DRC as an overseeing body, there may be inconsistencies in SOP application quality. Three medical workers emphasized the need for ongoing training and SOP review to maintain the standards achieved during the project.

Among 11 stakeholders, seven highlighted the importance of the SOPs as a foundation for future work with the migrant population but expressed concerns about sustainability without legal integration and institutional support. Four stakeholders noted that the SOPs serve as valuable guidelines that cantonal ministries can use to formalize migrant healthcare through bylaws, ensuring long-term SOP implementation in domestic institutions.

Continuation of the provision of health care for migrants and transition to public health care institutions

Based on the collected data, there is widespread concern among informants regarding the sustainability of healthcare for migrants following the end of project. This concern encompasses key aspects of service provision, including the availability of translators, cultural mediators, and the resource capacity of local healthcare institutions to take on the responsibilities previously supported by the DRC. Below is a detailed analysis by informant group, highlighting specific challenges for maintaining the quality of healthcare for migrants.

Out of 29 informants, a large number expressed doubts about the ability of local healthcare institutions to maintain the same standards of healthcare after the DRC's departure. The predominant concern among informants relates to the lack of key personnel, such as translators and cultural mediators, whose role was to bridge the gap between migrants and healthcare workers, easing language and cultural understanding. Informants stressed that without this support, communication barriers are likely to arise, potentially impacting diagnostic accuracy, treatment quality, and overall migrant satisfaction with healthcare services. Additionally, the capacity of domestic healthcare institutions to finance these services is a significant challenge, prompting some informants to suggest that NGOs could be engaged as a transitional solution until a sustainable long-term model is found.

In the medical staff group, out of eight informants, six raised concerns about the sustainability of service quality due to the potential absence of translators and cultural mediators. Medical staff highlighted the importance of overcoming language and cultural barriers, especially in emergency cases, where speed and accuracy in diagnosis are crucial for successful outcomes. They indicated that the current plan, which envisions local health centres assuming responsibility for migrants, will not suffice unless additional funding is provided for training and hiring staff specialized in working with migrant populations. Medical staff also noted that without the DRC's presence, local institutions lack sufficient resources to ensure uninterrupted operation and high service standards, which could compromise migrants' health security. Also, there is a fear that due to the reduced number of staff in the infirmaries in the camps and the presence of field coordinators, there is a security risk for the medical workers who will come to the camps to examine the migrants, which was not the case with the model implemented through this project.

Out of 11 stakeholders, nine expressed concerns about integrating translators and cultural mediators into the local healthcare system. Stakeholders underscored the importance of these roles for effective communication between migrants and healthcare staff. Without their support, they warned, serious diagnostic and treatment errors could occur, increasing health risks within migrant communities. Stakeholders also stressed the need for legal regulation and the signing of memoranda of cooperation among relevant ministries to formalize the role of local institutions in providing services to migrants. Some suggested that NGOs could serve as temporary service providers until local institutions are fully prepared to assume responsibility.

Among the ten migrant informants, seven expressed serious concerns about their future access to healthcare services after the end of project. Migrants highlighted the importance of a constant medical team presence in the camps and the availability of specialized services which are essential for maintaining their health. They noted that, without ongoing support from medical personnel, they would be forced to cover healthcare costs themselves, which many cannot afford. Migrants also expressed hope that new staff would uphold the high care

standards set by the DRC, with some suggesting that experienced DRC team members remain involved after the end of project to assist with the transition and uphold service quality.

5 Conclusions and recommendations

Based on the evidence provided in the previous chapter, it can be concluded that the "Support to Health Transition" Project has in general achieved it stated objectives. In particular, the project produced significant contribution to improved provision of health care services for migrants in BiH. Through its focus on enhancing access to basic health services and strengthening the capacities of local health institutions, the project also contributed to the integration of migrant health care into the national system. The collaboration with key government bodies, health institutions, and other NGOs ensured that the project's objectives were aligned with international standards and BiH's ongoing migration management efforts. By addressing both immediate health care needs and long-term institutional capacity, the project laid a foundation for a sustainable health care transition that benefits both migrants and local populations.

The assessment of the Project's implementation, based on the desk review of project documents and tracing tables, suggest a mixed but predominantly positive performance. The project demonstrated considerable success in achieving its first key outcome - ensuring sustained access to quality healthcare for migrants in Bosnia and Herzegovina. By exceeding most of its targets, the project showcased a highly adaptable and responsive approach to fluctuating migrant needs. These achievements highlight the project's capacity to scale up services and address specific health requirements amid changing circumstances. However, for the second outcome related to the transition of healthcare responsibilities to local institutions, the project was not as successful as for the first one. While most of the planned transfer of healthcare services to local institutions was achieved, the certification of medical infirmaries in TRCs was not completed. The transition of healthcare services was delayed, primarily due to political changes following the 2022 elections, which disrupted governmental coordination and postponed critical actions. The transition process was led by IOM and supported by DRC, but external factors such as political will and the complex mandates within the country's healthcare sector hindered the progress towards full transition. Consequently, no formal transition plan was established by the end of the project, leading to funding uncertainties and raising concerns about the long-term sustainability of migrant healthcare services. As the report suggests, the incomplete achievement of the second key outcome was largely due to responsibilities being shared with IOM, as well as due to external factors beyond the project's control. It is likely that potential risks from such influences may not have been fully anticipated at the project design stage, which limited the development and timely implementation of appropriate mitigation measures.

When it comes to the relevance, the DRC's intervention in providing healthcare services to migrants in Bosnia and Herzegovina was assessed as critical in addressing significant gaps in access and quality of care. Prior to the DRC's involvement, local healthcare systems were overwhelmed and ill-equipped to handle the influx of migrants, leading to limited services and a focus on emergency care. The DRC significantly improved healthcare accessibility and coordination, particularly by establishing infirmaries within camps and facilitating medical check-ups. The project was essential in filling the gaps left by the restrictive legal framework, which only allows migrants emergency care, and in ensuring the provision of necessary services such as specialist care, chronic illness management, and psychological support. Despite these achievements, concerns remain regarding the readiness of local healthcare institutions to take over the DRC's role, which could jeopardize the sustainability of healthcare services for migrants in the long term. The healthcare service model provided by the DRC, in

cooperation with local health centres, was well-suited to the needs of migrants. Key strengths included the availability of medical staff, translators, and specialist care. However, limited availability of doctors during night and weekend shifts was noted as a challenge. Both stakeholders and migrants appreciated the service design for its adaptability and effectiveness in addressing migrants' health needs.

The DRC's healthcare interventions for migrants in Bosnia and Herzegovina were highly effective in terms of service quality, standard operating procedures, infrastructure improvements, and capacity building. Informants overwhelmingly provided a very positive view of the professionalism, organization, and accessibility of healthcare services in camps, noting significant improvements in comparison to the local healthcare system. The DRC's efforts to build sustainable healthcare systems through SOPs, infrastructural donations, and capacity-building activities were well-received, though concerns remain about the long-term sustainability of these improvements after the end of project. Stakeholder engagement and awareness-raising efforts were beneficial, but better coordination and broader institutional support are necessary to ensure a smooth transition.

The quality of healthcare services in camps, particularly the dedication and expertise of the DRC's medical staff, was highly rated by informants. The use of cultural mediators and translators facilitated effective care, with many stakeholders and migrants describing the services as superior to local healthcare standards. Migrants reported high satisfaction with access to necessary treatments and specialist care. The SOPs developed by the DRC were assessed as very good in their clarity and consistency, contributing to efficient and standardized care. Informants appreciated the role of these procedures in managing emergencies and organizing work in camps. However, concerns were raised about the sustainability of SOPs without additional training and resources, especially after the end of project.

The DRC's infrastructural donations, including medical equipment and facility upgrades, significantly enhanced the capacity of local health centres. These improvements helped reduce the need to transport patients to distant facilities. However, informants expressed concerns about the long-term maintenance of donated equipment, calling for more formal integration into the national healthcare system to ensure sustainability.

The DRC's efforts to engage stakeholders and raise awareness during the transition process were seen as positive, though some informants highlighted the need for better coordination, continuous communication, and broader institutional involvement. Medical staff emphasized the importance of local health centres taking responsibility for migrant healthcare services to ensure service continuity. The workshops and training sessions organized by the DRC were highly valued, particularly in emergency care and cultural sensitivity. Informants emphasized the importance of ongoing training due to staff turnover and the unique challenges of working with migrants.

The DRC demonstrated efficiency and timeliness in providing healthcare services to migrants, with well-managed financial resources and a swift organization of healthcare infrastructure. Informants consistently highlighted the very effective allocation of funds and the timely delivery of medical services, particularly compared to the disorganized and delayed healthcare system that existed prior to the DRC's involvement. However, concerns were raised regarding the financial sustainability of these services after the end of project, as local institutions may not be able to fully fund them. The informants also stated that it was necessary to allocate

more financial resources for the planning of the transition process in order to improve the results for this outcome.

The DRC project had a substantial positive influence on migrants and local stakeholders by significantly improving healthcare access and quality in the camps. The project not only provided essential medical care but also reduced strain on local healthcare facilities and fostered better communication between migrants and healthcare providers through translators and cultural mediators. However, concerns were raised about the sustainability of these improvements after the end of project, as local institutions may not be fully prepared to maintain the same level of service.

The implementation of cooperation between the DRC and health centres faced significant challenges, including staff shortages, logistical issues, and language barriers. Medical personnel noted a lack of medical staff and translators, especially during night shifts, which hindered timely assistance for migrants and caused delays in patient transport. Coordination issues often fell on DRC medical workers, and some healthcare staff outside the camps lacked the necessary empathy to provide quality care. Stakeholders pointed to frequent staff changes and logistical difficulties as barriers to effective collaboration, particularly during the summer when some staff members were on vacation. Additionally, financial and legal constraints limited ongoing healthcare for migrants. Migrants highlighted the importance of translators in overcoming language barriers, noting that while support in camps was generally better due to cultural mediators, local healthcare facilities often lacked translators, leading to misunderstandings and poor healthcare quality.

Key factors hindering the DRC project's success included a lack of political will, ongoing emigration of healthcare personnel, and limited resources. The departure of qualified workers in the Una-Sana Canton reduced local healthcare capacity, while insufficient political support complicated project implementation. Stakeholders reiterated several times that political backing and financial support were vital for sustainability. Legal frameworks and bureaucratic obstacles further delayed necessary processes for ensuring continuity of services for migrants.

Coordination with other NGOs was essential for maintaining high-quality healthcare for migrants. Informants noted positive collaborations that enhanced resource sharing and support. However, challenges arose from overlapping services such are translation services, patient transport organisation or work with children. Informants also noted competition among organizations, which complicated resource distribution and reduced overall effectiveness. Local authorities attempted to improve NGO cooperation in some areas but lacked similar initiatives in others, negatively impacting service delivery. Coordination between the DRC and government institutions was generally viewed as beneficial but challenging. Positive aspects included cooperation with the MoS/SFA, which facilitated efficient service delivery to migrants. However, informants highlighted a lack of support from higher government levels, criticizing the individual approach of DRC to the involved stakeholders in relation to the institutionalization of communication.

As can be seen from the above, the main concerns were about the sustainability of migrant healthcare following the end of project. The main concern was about the lack of translators and cultural mediators, essential for effective communication between migrants and healthcare providers. Local healthcare institutions may not have the capacity to finance these services, prompting suggestions for NGOs to step in temporarily. Without adequate support, diagnostic and treatment errors could increase, posing significant health risks.

Based on the above conclusions, several recommendations stand out especially for the DRC for the implementation of similar projects in other countries with a similar context, for donors of similar projects and public institutions that continue the transition process of medical services for migrants. Some recommendations came also from informants, and they were also included.

Recommendations for organizations (such as DRC) implementing similar projects in the future

When conducting similar health transition projects in other regions, the implementing organizations should focus on several key areas to maximize impact and sustainability:

1. **Early integration of local institutions:** One of the challenges faced in Bosnia and Herzegovina was the delayed transition of healthcare responsibilities to local institutions. Future projects should prioritize earlier and more comprehensive engagement with local healthcare providers, ensuring that roles and responsibilities are clearly defined and formalized from the outset. Establishing transition plans early, with milestones and government buy-in, will help prevent political changes or other disruptions from delaying handovers.This was also emphasized through advocacy activities that the DRC carried out and communicated during the handover process.
2. **Sustainability planning:** To ensure the long-term success of healthcare interventions, implementing organizations should focus more on sustainability from the project's inception. This includes not only capacity building for local healthcare workers but also ensuring that infrastructure (such as medical equipment) and SOPs are embedded within the local health system. Additionally, supporting local institutions in securing sustainable funding sources for healthcare services—either through government budgets or other donors—will reduce dependency on external actors.
3. **Improved coordination with other NGOs:** As seen in BiH, important challenges were caused by overlapping services and competition among NGOs. Implementing organizations should enhance collaboration by establishing formal agreements with other NGOs and local authorities to avoid duplication of services, streamline resource allocation, and promote complementary roles in service provision.
4. **Addressing logistical challenges:** Staff shortages, particularly in remote areas or during night and weekend shifts, should be addressed through contingency planning and by advocating for increased recruitment and training of healthcare staff. Providing consistent training, particularly in emergency care and cultural sensitivity, will help mitigate the effects of staff turnover. By introducing additional staff, including permanent translators, the quality of services could significantly improve, facilitating communication with migrants who do not speak the local languages. Ongoing training for medical staff regarding the cultural specifics of migrants is essential for providing quality and sensitive support. Moreover, additional specialized services should be provided, such as more frequent visits from a dentist. To achieve this, it is necessary to plan additional financial resources as well as methods for controlling implementing partners (such as PHCs) in contract implementation, ensuring continuity in the provision of medical care even during periods of workforce shortages. Furthermore, it is necessary to emphasize to the organizations responsible for hygiene measures

within the camps (e.g., IOM in BiH) the need for regular disinfection and maintenance of shared spaces like toilets and bathrooms.

Recommendations for government institutions continuing migrant healthcare services

For government institutions in BiH and other regions tasked with continuing healthcare services for migrants, as already emphasized in DRC's advocacy activities, several actions are essential:

1. **Strengthening local healthcare capacity:** Governments should invest in local health centres to ensure they are equipped to provide high-quality healthcare services for migrants. This includes not only medical infrastructure and supplies but also sufficient staffing levels to meet the demand. Special attention should be given to providing healthcare during nights and weekends, where gaps have been identified. Four informants proposed that public institutions commit to regular funding for healthcare services in the camps, as well as support for hiring additional medical staff. This support would ensure the long-term sustainability of the services currently provided to migrants. Hiring additional medical technicians and staff with specialized skills for working with migrants would reduce the burden on existing personnel and enable better quality care.
2. **Formalizing migrant healthcare services:** The project demonstrated that health services for migrants can be effective when integrated into existing healthcare systems. Governments should formalize these services, possibly by establishing satellite health centres in migrant reception areas or transitioning temporary infirmaries into permanent facilities under local management. Also, there is a need for changes in existing legal frameworks and more strategic approach to the health care services transition. Two informants suggested that steps should be made towards formalizing health services through the certification of infirmaries in the camps. Certification would enable better integration of these clinics into the public health system, allowing migrants to have better and more stable access to services. Additionally, establishing clear standards for their operation would increase the level of accountability and ensure the long-term sustainability of these services. Moreover, there is a need for changes to the legal framework to enable broader access to healthcare services for migrants. Current laws do not provide sufficient support for migrants to realize their right to healthcare, making them dependent on donations and international projects. By amending the laws, migrants would have more stable access to services within the domestic healthcare system, thereby reducing their reliance on projects like this one.
3. **Training and support for healthcare providers:** Continued professional development for medical staff, especially in cultural sensitivity and working with diverse populations, is crucial. Governments should institutionalize training programs to ensure that healthcare workers are prepared to provide quality care to migrants even after the exit of NGOs like the DRC.
4. **Sustaining translators and cultural mediators:** Given the importance of overcoming language barriers, governments should consider making translators and cultural

mediators a permanent part of their healthcare teams. Where funding is a concern, partnerships with international donors or NGOs may be necessary to cover the costs of these services. There is a need for integration of interpreters and cultural mediators into the public health system. A regular presence of cultural mediators is not only important for communication but also for building trust between migrants and healthcare workers. The work of cultural mediators should be institutionalized, ensuring that migrants have guaranteed support in their communication with healthcare professionals.

Recommendations for donors considering funding of similar projects

For donors interested in funding healthcare services for migrants in BiH and other regions, the following considerations will enhance the effectiveness and sustainability of their contributions:

1. **Support for early transition planning:** Donors should prioritize projects that include a clear and well-documented transition plan for transferring healthcare responsibilities to local institutions. This plan should be integrated into the project design, with specific timelines and government commitments to ensure sustainability. Additionally, it is necessary to plan sufficient financial resources to ensure a successful transition. The role of international organizations should be clearly emphasized and defined, with deadlines by which the public system should cease relying on the support of international organizations in providing medical services to migrants.
2. **Focus on capacity building and sustainability:** Beyond the immediate provision of healthcare services, donors should ensure that funding also supports long-term capacity building, both in terms of infrastructure and human resources. Projects that include the training of healthcare providers, the establishment of SOPs, and the donation of medical equipment should also have provisions for long-term maintenance and staff support.
3. **Funding for translators and cultural mediators:** Donors should recognize the critical role that translators and cultural mediators play in providing healthcare to migrants. Providing dedicated funding for these services will help local institutions maintain communication and care standards, especially in regions where language barriers are significant. The significance of the continuous presence of interpreters and cultural mediators, who play a key role in communication between migrants and medical staff, needs to be recognised. Their work significantly contributes to their sense of security and trust in the healthcare system among migrants.
4. **Incentivizing coordination among stakeholders:** Donors can also play a role in encouraging better coordination between NGOs (both local and international organisations), governments, and local healthcare institutions. Funding mechanisms that reward collaboration and the sharing of resources will help prevent service delivery overlapping and enhance the overall impact of healthcare interventions for migrants. A coordination between non-governmental and governmental institutions, particularly in the process of transitioning healthcare services from a project to domestic institutions, can be improved by establishing clear lines of responsibility. This can be done through memoranda of understanding and agreements that would clearly

define the roles of each institution in providing healthcare to migrants. It is also necessary to clearly define reporting methods that explicitly show the activities supported through the implementation of the project being funded, which are not co-financed or funded by other organizations/institutions. This formalization of cooperation would be a useful step toward long-term planning and sustainability of healthcare services for migrants.

By implementing these recommendations and enhancing planning for targets, implementing organisations, government institutions, and donors can contribute to a more sustainable and integrated healthcare system for migrants, ultimately improving health outcomes and fostering better relationships between migrants and host communities.

6 Annexes

6.1 Evaluation Matrix

EVALUATION PUSPOSES	EVALUATION QUESTION	SOURCE	METHOD
Assess and describe the level of progress in achieving its planned outcomes and overall objective of the project	▪ To what extent has each of the expected project outcomes and the overall objective been achieved? How do these contribute to positive changes? ▪ How effective have the selected project strategies and approaches been in progressing towards achieving project results? ▪ What challenges have you faced in delivering health care services to migrants? ▪ How effective have the project's training programs been in improving your ability to provide care to migrants? ▪ Have you experienced any barriers in accessing health care services provided by the project?	Project documents, Stakeholders, health workers	Desk research; Interviews
Assess relevance, and project's alignment with and potential contribution to national plans and targets/goals	▪ How well the project's design and activities align with the needs of the target beneficiaries (migrants and local populations) and national health strategies? ▪ How well the project was aligned with international standards for migrant health care? ▪ To what extent was the project focused on the intended target group? ▪ What were the specific criteria for the selection of project participants? ▪ To what extent did project participants meet the selection criteria? ▪ To what extent did the project respond to the needs of the community? ▪ To what extent did the project interventions respond to the needs and priorities of the project participants? ▪ To what extent have the project adjustments made so far been relevant? ▪ How well was the internal logic designed? Have the planned outputs and intermediate results designed to lead to achievement of the objective?	Project documents, Stakeholders	Desk research; Interviews

	▪ How has the project contributed to social cohesion and support for migrants in your community? ▪ What role did your organization play in the implementation of the project, and how effective was it?"		
Effectiveness. Assess and describe key milestones and achievements of the project	▪ To what extent have the project objectives been achieved? ▪ To what extent have the project strategies, methodologies, tools and processes contributed to the achievement of the planned results? ▪ To what extent were the project objectives and activities in compliance with the target group's needs? ▪ To what extent were the project participants aware of the project and the activities it provided? ▪ To what extent were project participants satisfied with the project interventions? ▪ Does the support system built in the target communities effectively respond to the situation of the target group? ▪ To what extent were the local authorities involved and provided support to the project? ▪ What was the impact of the project activities on improving health care access and integration of migrant health care into the national system? ▪ Have the capacities of the implementation partner been developed? If so, in what areas and how?	Project documents, Stakeholders, health workers, migrants	Desk research; Interviews
Give examples of positive change that project has contributed to, for a) migrants, b) health service providers, c) other stakeholders, d) local community	▪ Have any positive changes occurred due to the project's contribution to, and what are the examples of positive changes that happened to a) migrants, b) health service providers, c) other stakeholders, d) local community, as a result of project contribution?	Project documents, Stakeholders, health workers, migrants	Desk research; Interviews

	▪ What -if any- types of innovative good practices have been introduced in the project? ▪ What improvements have you observed in the integration of migrant health care into the national system?		
Efficiency and timeliness. Assess how the project has been managed, the efficiency and effectiveness of work processes. Internal and external factors affecting this shall be described and explained.	▪ Has there been effective leadership and management of the project including the structuring of management and administration roles to maximize results? ▪ How efficient was the project management approach and the coordination structure of the project with regards to their contribution to national plans and targets/goals? ▪ How efficiently have project resources (human resources, time, expertise, funds, etc.) been allocated and used to provide the necessary support and to achieve the broader project objectives? ▪ To what extent has the project built on exiting local capacities? Has the project advanced those capacities? ▪ Were objectives achieved on time?	Project documents, Stakeholders, health workers, migrants	Desk research; Interviews
Assess and describe internal and external factors that have had an impact on project development, activities, outcomes, ability to achieve results.	▪ What are the major factors, internal or external, which influenced the project development (enabling factors and obstacles)? ▪ Have any unexpected positive or negative results in the project work occurred due to their influence? ▪ Have any factors – internal to the project and contextual/outside of project control - impacted the achievement or failure to achieve the project activities, outcomes, and the project development so far? And how?	Project documents, Stakeholders	Desk research; Interviews
Project management and coordination, MEAL	▪ How effective were the work processes? How efficient was the project management approach and the coordination structure of the project?	Project documents, Project team, Stakeholders	Desk research; Interviews

	▪ To what extent did the project have appropriate management and coordination structures and organisation of the process? Were these structures aimed at the quality of the project implementation? ▪ Which other local implementing partners were involved in the process of management and coordination and how did this affect the quality of implementation? ▪ How well was the internal monitoring and evaluation designed and implemented? Were there adequate monitoring tools and mechanisms in place?		
Identify prioritized areas and recommendations for the future work	▪ What good practices can be learned from the project that can be applied in the future work of similar activities as this project? ▪ What should be different, changed, modified, and should be avoided in the implementation of the remaining activities under this project?	Project documents, Stakeholders, health workers, migrants	Desk research; Interviews

6.2 Informed Consent Form

Hello!

Thank you for taking the time for this interview. My name is (researcher's name), and I am a member of the Center for Development Evaluation and Social Science Research (CREDI) research team conducting the evaluation of the project "Support to Health Transition," implemented by the Danish Refugee Council (DRC).

You have been selected to participate in the evaluation as you have been identified as a significant stakeholder in this project. The goal of this research is to gather information about your experiences and opinions regarding the services and activities provided through this project. Your responses will help us better understand the project's influence on beneficiaries and all involved parties, and to create recommendations for future support in providing healthcare services for refugees, asylum seekers, and migrants in BiH. Your opinions and experiences are very important to us, and we kindly ask you to be honest and open when answering the questions. There are no right or wrong answers.

This interview should take about one hour. The interview is anonymous, and your responses will not be linked to you personally in any way. All answers will be confidential, and your data will not be shared with third parties, except in the form of anonymous results that will not reveal your identity. Your participation is completely voluntary, you may stop answering at any time, and you do not have to respond to any questions you do not wish to answer.

For the purposes of analysis, we propose to record an audio recording of this interview. The recordings will be used solely for data analysis and will not be made publicly available. Only CREDI researchers and DRC staff will have access to the recordings. If you do not agree to the recording, we can conduct the interview without it.

Do you have any questions about the research? If you have any questions or concerns regarding the research, or any complaints about the conduct of the researchers, you can contact our research team.

INFORMED CONSENT

Consent to participate in the interview	**YES**	**NO**
Consent to audio recording	**YES**	**NO**

By signing this informed consent form, you agree to voluntarily participate in this interview and give your consent for the use of the data (as indicated in the table above).

Date of the interview: _____

Type of the interview: a) in person b) on-line

Signature of the respondent: _____ *(In the case of an online interview, only the researcher will sign the form.)*

Signature of the researcher: _____

6.3 Semi-structured Interview Questionnaire for Interviews with Stakeholders

- Please describe your role in the project, where you consulted or directly involved in the project implementation?
- What was the situation with the provision of services to migrants before the DRC project took place? What were the main obstacles? In case there were services, who was providing them and what was the quality?
- How do you assess current provision of health services to migrants? What are the main issues and key obstacles for improved (capacities for) provision of services?

1. Project Design and Implementation:

- How well did the project's design align with the identified needs of migrants and the national health strategies?
- Were the project's activities implemented as planned? If not, what deviations occurred?
- How the situation would be different if the project (services provided by DRC) was not implemented?
- How much did the equipment and infrastructural upgrades provided really serve the needs of PHCs?
- How the legal framework affects the access to health services by migrants, and provision of services to them?
- How the handover of TRCs from IOM to SFA changes the scope and quality of medical services provided to migrants?
- Can you reflect on the fact that public health contingency plans were not developed in BiH at the time this project was initiated (2022)? Any changes happened in the meantime that you are aware of them? What factors contribute to this situation (political, administrative mandates, division of competences between institutions?) In case there is a plan adopted, what is it timeframe and how it is resolving the issue of continued medical care for migrants?
- What factors contribute to the overall efficiency of the project? For example: How the emigration of health professionals influences the provision of services to migrants given the specificities of their needs and cultural sensitivity? How does this high turnover of medical staff influence the quality of service provided and transfer of know how to staff continuing providing the service in the field? Did the project help you resolve these issues?

- Did the 18 protocols and 36 SPOs developed by DRC to enhance the cooperation between relevant institutions useful? Would these be used after the project ends and did institutions target and involved in these protocols aware of their role and tasks? Did DRC provide workshops and training to explain the content of protocols and SPOs? How do you assess these events, how many of them were organized and where they are sufficient to you to understand your role and tasks? Are these protocols and SPOs mandatory for your institution or is still needed to sign a contract with the institution taking over the activities that DRC initiated?

2. Monitoring and Evaluation:

- How effective was the monitoring and evaluation system in tracking project progress and outcomes?
- Were the project's indicators and benchmarks appropriate for measuring success?

3. Resource Management:

- How would you assess the efficiency of resource allocation and utilization in the project?
- Were there any significant issues with the procurement or distribution of medical supplies and equipment?

4. Coordination and Partnerships:

- How do you assess the coordination of the project with other relevant stakeholders and their role in the transition process? In your opinion, what is the position of DRC among other stakeholders when it comes to transition of health care services to public institutions?
- What role did partnerships with other organizations play in the project's success?

5. Recommendations and Lessons Learned:

- What key lessons have you learned from this project that could be applied to future initiatives?
- What recommendations would you offer for improving similar projects in the future?

For Cantonal Ministries of Health (in addition to general questions that stakeholders will be asked):

- Are there any policy changes in the preparatory phase that would enable transition of services for migrants to public health care institutions? If not, why not? If yes, please describe the changes and how the project helped you to make these changes.
- Please describe the transition process, how do you assess it? In the transition process, how did DRC's project help you the most? As there was no transition according to our knowledge: Please describe the factors that contributed to the current situation that there is no transition? Is there any plan for transition and who will be the actors supporting you in such transition?
- Were you involved in capacity building activities provided by DRC? How many of your staff? On which topics? How do you assess these sessions, before, during and after they have been completed? Were you involved in Protection Training for early identification and fast-tracking data management for PoCs in emergency and outreach settings?

For PHC management only (in addition to general questions that stakeholders will be asked):

- Can you describe the quality service provided by DRCs medical staff who is engaged directly in TRCs?
- Were some of your staff engaged in the provision of services in TRCs and were they paid by DRC? If yes, please describe the cooperation. If not, please describe the general cooperation with TRCs and their medical staff, were there any issues in the referral system, mistakes in forwarding patients?
- Were there any problems with financing secondary and tertiary care services (those that you are providing, and DRC is paying for?
- Has any migrant been returned to the camp without being served because of communication or financial problems, or any other problem?
- How does the emigration of health professionals influence the provision of services to migrants given the specificities of their needs and cultural sensitivity? How does this high turnover of medical staff influence the quality of service provided and transfer of know how to staff continuing providing the service in the field? Did the project help you resolve these issues?
- As there were no policy changes and in fact the transition of medical health care services into public health care institutions, how the services will be continued in future? Who will be the actors providing services in the field and what do you expect after the finalization of DRC's project?
- Did you get any equipment from DRC? How did you decide on the equipment to be purchased? What was it and how it is used (for general population and migrants)? Is

the equipment followed by workshops on the use (if needed), maintenance costs and guarantees? What was the procurement process, were you consulted in the process, and do you think that the appropriate equipment and supplier were chosen? In addition to equipment, where there are any infrastructure upgrades? For infrastructure upgrades, the same questions should be asked around the way they were chosen, what was the procurement process, and how these upgrades helped in serving migrants' needs?

- Were you involved in capacity building activities provided by DRC? How many of your staff? On which topics? How do you assess these sessions, before, during and after they have been completed?

6.4 Semi-structured Interview Questionnaire with Health Professionals and Mediators funded by DRC

1. Service Delivery:

- Please describe the situation on medical care at the TRC in the period you joined it as part of DRC staff? Please compare it with the situation now.
- How would you rate the adequacy of medical supplies and equipment provided by the project?
- How well did the project's mobile teams integrate with existing health care services?
- The team is composed of one medical doctor and one medical technician/nurse per team, do you think it is enough, can you cover all needs that the number of migrants residing in TRC could have? Were there periods when you were not able to provide the requested service due to a lack of staff? What is your average daily number of services provided?
- You have additional staff from PHC who are contracted on the hourly basis. On average, how many hours daily this staff is present in the TRCs? How many migrants were there being examined during that period and what were the main problems? In comparison with their regular working day in PHC, was this workload too low, the same or too much for them?
- Is this approach fine with you, do you see this help valuable, what was the cooperation between DRC staff and staff from PHC for the primary care services inside TRCs? What was the cooperation with local PHCs providing secondary care services or with institutions providing tertiary care services? Any positive examples of such cooperation, any obstacles in the cooperation during the previous two years?
- Were there any problems with financing secondary and tertiary care services (those occurring outside TRCs) or procurement of medical supplies for migrants?
- Has any migrant been returned to the camp without being served because of communication or financial problems, or any other problem?

2. Training and Capacity Building:

- How effective was the training provided by the project in enhancing your skills to manage migrant health care?
- Were the training materials and resources sufficient and relevant to your needs?
- Do you use SOP? How do you assess them? How are accepted procedures (SOPs) put into practice?

3. Challenges and Barriers:

- What are the biggest obstacles you face in providing health services to migrants?
- How do you rate cooperation with local health authorities?
- Do you have enough resources and support to fulfill your tasks?
- How do you evaluate the success of your interventions in health care for migrants?
- Have you noticed changes in the needs of migrants over time?
- How did you ensure that migrants are informed about their rights and available services?
- What challenges have you faced in delivering health care services to migrants?
- How have these challenges affected your ability to provide care?
- How much did the equipment and infrastructural upgrades provided really serve the needs of PHCs?
- How the legal framework affects the access to health services by migrants, and provision of services to them?
- Were there certain factors that influenced the implementation of the project? (e.g. fluctuation in the number of doctors and migrants, the number of migrants who need services, etc.)?
- How does the emigration of health professionals influence the provision of services to migrants given the specificities of their needs and cultural sensitivity? How does this high turnover of medical staff influence the quality of service provided and transfer of know how to staff continuing providing the service in the field? Did the project help you resolve these issues?

4. Coordination and Communication:

- How effective was the coordination between the project and your health facility?
- Were communication channels with the project implementers clear and efficient?

5. Outcomes and Suggestions:

- What improvements have you observed in migrant health care since the project's implementation?
- What recommendations do you have for enhancing the project's effectiveness?

Only for cultural mediators regarding Activity 1: Appointment and training of cultural mediators for the provision of culturally sensitive medical assistance and medical escorting of vulnerable PoCs:

- How do you assess the importance of cultural mediators in the provision of health services to migrants?
- What are the biggest challenges you face in your work?
- Do you have enough training and resources to be effective in your job?
- How do migrants react to your help and support?
- How could the process of communication between migrants and health workers be improved?
- Were you involved in training organized by DRC on culturally sensitive medical assistance and medical escorting of vulnerable PoCs? How many times and what is your opinion on the content and relevance of these trainings to the actual needs in camps?
- For those in TRC Lipa: The 24/7 medical service in TRC Lipa provided by DRC – after the closure of the project, who will be providing such services?
- Were there certain factors that influenced the implementation of the project? (e.g. fluctuation in the number of doctors and migrants, the number of migrants who need services, etc.)

6.5 Semi-structured Interview Questionnaire for Interviews with Migrants

- Where are you from? For how long were you staying in BiH?

1. Access to Health Care Services:

- What type of services did you receive? How frequently?
- Have you experienced any difficulties in accessing health care services?
- How would you rate your overall access to health care services provided by the project?
- How timely was the medical assistance you received through the project?

2. Quality of Care:

- How satisfied are you with the quality of medical care you received?
- Were the medical staff respectful and culturally sensitive during your interactions?

3. Information and Support:

- Did you receive adequate information about the health care services available to you?
- Were you provided with support or assistance in understanding how to navigate the healthcare system?

4. Outcomes and Impact:

- How has the health care you received impacted your overall well-being?
- Have you noticed any improvements in your health since accessing these services?

5. Suggestions for Improvement:

- What changes would you suggest improving the health care services provided to migrants?

6.6 Activity indicators

Level of result	Indicators	Achieved			Cumulative progress	Project target	Accomplishment rate
		2022	2023	2024			
Output 1.1 Direct Health care assistance provided for at least 80 persons per month, moving along the migrant route by the First Aid Outreach Mobile Teams, including triage and referrals for specialised care	# of medical assistances/consultations provided in out-of-site locations (DRC & Red Cross mobile teams)	15525	10877	539	26951	640	4211%
	# Of RC outreach mobile teams providing health care assistance	10	18	0	8	8	100%
Output 1.2 A pool of six cultural mediators and translators established, culturally sensitive medical assistance and medical escorting to migrants provided complementing to the inter-agency resource pool	# of trainings on culturally sensitive assistance provided	0	1	1	2	2	100%
	# of participants who attended trainings on culturally sensitive assistance	0	6	4	10	20	50%
	# of culturally sensitive medical assistances and medical escorts of vulnerable migrants	526	19167	8486	28179	13105	215%
Output 1.3 24/7 medical care is provided in the temporary reception Lipa accommodating up to 1,500 migrants; medical supplies provided for 4 TRCs in BiH.	# of medical assistances provided in TRC Lipa	24831	14556	3249	61584	66700	92%
	# of medical supplies and consumables and related assets procured to equip 4 TRCs	20	12	0	4	4	100%
Output 2.1 Cantonal and local health facilities and professionals have protocols and contingency plans in place and can manage and provide health care to migrants and respond to an unexpected influx of migrants and outbreaks of endemic diseases.	# of health institution/ professionals trained on WHO Minimal Healthcare standards, Grants Management, Reporting, and Information Management.	0	11	37	41	40	103%
	# of woman trained on WHO Minimal Healthcare standards, Grants Management, Reporting, and Information Management.	0	0	20	20	10	200%
	# of medical infirmaries inside TRCs certificated by AKAZ				DELETED	4	

	# of SOPs, Checklists and Protocols produced and/or updated	0	1	5	24	22	109%
	# of EPRP designed and updated				DELETED	2	
	# of cantonal authorities involved in the development of contingency plans				DELETED	2	
Output 2.2 Health care institutions and service providers in two cantons are equipped with specialized medical equipment and essential medical supplies to respond to an increased caseload of patients	# of primary and secondary healthcare institutions (PHCs, EMDs, PHI, Secondary Health Centres, University Clinics and Laboratories) equipped	0	9	3	22	15	147%
Output 2.3 Mental health departments upgraded to optimize delivery of health and social services	# of facilities upgraded with essential infrastructure	0	3	0	10	10	100%
Output 2.4 Community support projects in high-migration communities reduce exclusion and promote social coexistence between native and migrant communities	# of grants awarded to implement community supporting projects				DELETED	5	

6.7 List of conducted key informant interviews

No	Stakeholder name	Date
1.	Health team leader – DRC staff	25.09.2024.
2.	Health team leader – DRC staff	25.09.2024.
3.	Health team leader – DRC staff	25.09.2024.
4.	Health team leader – DRC staff	25.09.2024.
5.	Cultural mediator - DRC staff	25.09.2024.
6.	Cultural mediator - DRC staff	25.09.2024.
7.	PHC Velika Kladuša	26.09.2024.
8.	WHO	27.09.2024.
9.	Migrant 1 – TRC Blažuj	27.09.2024.
10.	Migrant 2 - TRC Blažuj	27.09.2024.
11.	Migrant 3 - TRC Blažuj	27.09.2024.
12.	Migrant 1 - TRC Ušivak	27.09.2024.
13.	Migrant 2 - TRC Ušivak	27.09.2024.
14.	Migrant 3 - TRC Ušivak	27.09.2024.
15.	PHC Una-Sana Canton	30.09.2024.
16.	Cantonal Ministry of Health of USC	30.09.2024.
17.	Migrant 1 - TRC Borići	30.09.2024.
18.	Migrant 2 - TRC Borići	30.09.2024.
19.	Migrant 1 - TRC Lipa	30.09.2024.
20.	Migrant 2 - TRC Lipa	30.09.2024.
21.	PHC Sarajevo Canton	02.10.2024.
22.	SDC	02.10.2024.
23.	Cantonal Ministry of Health SC	03.10.2024.
24.	Red Cross FBiH	03.10.2024.
25.	IOM	03.10.2024.
26.	PHC Medical staff Bihać	04.10.2024.
27.	Ministry of Civil Affairs of BiH	04.10.2024.
28.	Service for Foreign Affairs	07.10.2024.
29.	PHC Medical staff Sarajevo	09.10.2024.