2024

Evaluation Report

Ageing and Health Project

NOVEMBER 2024

AZRA IMAMOVIC

Contents

Acronyms and Abbreviations

A&H	Ageing and Health project
AAN	Active Ageing Network
AHA	Active Healthy Ageing
BD	Brčko District
BIH	Bosnia and Herzegovina
FBiH	Federation of Bosnia and Herzegovina
HBC	Homebased care
RCS BiH	Red Cross Society of Bosnia and Herzegovina
RC RS	Red Cross of Republika Srpska
RC FBiH	Red Cross of Federation of Bosnia and Herzegovina
RS	Republika Srpska
SDC	Swiss Agency for Development and Cooperation
SRC	Swiss Red Cross
UNFPA	United Nations Population Fund
WG	Working Group

1.Executive summary

1.1 Overview

The evaluation report assesses the ongoing project "Ageing and Health in Bosnia and Herzegovina (BIH)", Phase I [1](hereinafter A&H), implemented by the Swiss Red Cross (SRC) and co-funded by the Government of Switzerland (Swiss Agency for Development and Cooperation- SDC).

The A&H project aims to improve health and wellbeing of the older population, through a) integrated homebased care (HBC) service provision; b) active participation of older people in creating age-friendly environments and lobbying for their needs; and c) strengthening service providers in ageing and health to cater for the needs of vulnerable older women and men in Bosnia and Herzegovina. The project intervenes in ten municipalities/cities in Bosnia and Herzegovina.

The SRC commissioned the external evaluation to assess the overall relevance, quality of implementation, performance, management, and achievements of the project. In particular, the evaluation assesses the potential for further scaling up of the project and sustainability of project activities in the long-term. Additionally, the evaluation analyses how to promote a stronger ownership by the institutions and horizontal and vertical scaling up of the model country wide.

The evaluation took place from July until August 2024. The field visit took place in Sarajevo, Doboj, Prnjavor, Banja Luka, Brčko, Tuzla and Žepče from 19 to 26 July 2024. The evaluator visited around 60 project partners, officials and stakeholders during that time. The data and information collected through the interviews and focus groups was supplemented with the review and analysis of relevant documents provided by the SRC and obtained through the research.

The report initially presents the summary findings and recommendations in Section 1. The subsequent sections 2 and 3 provide the background information on the evaluation process and the methodology. The main findings in relation to OECD[2] criteria (relevance, coherence, effectiveness, impact and sustainability) are presented in the Section 4 along with the conclusions. The report is concluded with recommendations.

1.2 Summary findings

The A&H project has an important role in promoting HBC services and the ongoing reform process of social services in the country (e.g. the Strategy for Improving the Position of Elderly Individuals in Republika Srpska[3] and the FBiH Development Strategy)[4]. HBC services, despite their recognition in

[1] The project has been implemented since 2013, however, for Swiss Agency for Development and Cooperation, the project presents the first phase. Hence the recommendations and the report refer to the second phase of the Ageing and Health programme.

[2] Organization for Economic Co-operation and Development

[3] Vlada Republike Srpske, Ministarstvo zdravlja i socijalne politike (2019), "Strategija za unapređenja položaja starijih lica u Republici Srpskoj za period od 2019. do 2028.godine", Banja Luka.

[4] Vlada Federacije Bosne i Hercegovine, Strategija razvoja Federacije Bosne i Hercegovine 2021 – 2027 (2020)., Sarajevo, 2020,

strategic documents remain underdeveloped throughout the country, while needs for HBC services are increasing due to the ageing population. Overall, the A&H project met its objectives in a timely, effective and efficient way, and has had a significant impact on its target population: the elderly individuals and the nursing workforce, including also auxiliary nurses. Participants in the Active Healthy Ageing (AHA) groups overwhelmingly report satisfaction with their participation. However, there is no systematic approach to expand AHA groups throughout the country even though the set-up and functioning of the AHA groups require modest funding.

The project is coherent and aligned with similar initiatives implemented by authorities and other organisations. For example, this includes project such as HBC services and training of auxiliary nurses implemented by Hilfswerk or Centres for Healthy Ageing in Sarajevo. The project is also following new initiatives such as the Gerontodomacice[5] programme launched by the Federation of Bosnia and Herzegovina (FBiH) Ministry of Labour and Social Affairs and UN Women.[6]

In relation to education of nurses and auxiliary nurses, the training programme organised by the RC of Tuzla Canton and developed in collaboration with the SRC since 2013 is widely recognized and the RC became the service provider for the FBIH Ministry of Labor and Social Affairs. The training programme, approved by the Tuzla Canton Ministry of Education, consists of 500 hours of training, which includes 130 hours of theoretical classes, 110 hours of exercises/practice work and 260 hours of practical training.[7] Some training classes have been offered online since the outbreak of the Covid-19 pandemic while attendees have the option of completing practical work in their area of residence.[8]

At the individual level, the project had immeasurable impact improving the wellbeing of individuals through HBC services and organisation of AHA groups. At the same time, the project foresaw that the Steering Committee would engage stronger in lobbying and advocacy events for promotion and integration of the HBC services into the system. This goal has not been fully achieved although there have been some limited advocacy activities at the municipal/city and cantonal level. The Red Cross Society of Bosnia and Herzegovina (RCS BiH), the Red Cross of Republika Srpska (RC RS) and Red Cross of Federation

https://parlamentfbih.gov.ba/v2/userfiles/file/Materijali%20u%20proceduri_2021/Strategija%20razvoja%20FBiH%202021-2027_bos.pdf.

[5] The term gerontodomacica can be translated as the elderly home care giver or elderly care assistant.

[6] Currently, FBIH Ministry is developing a programme in collaboration with the UN Women to develop the online training curriculum for middle-aged women with no qualifications and is planning to allocate funding for their employment in the area of HBC services.

[7] . The Red Cross of Bosnia and Herzegovina, the main office of the Red Cross in the Federation of Bosnia and Herzegovina (2023), Ten years of the ”Ageing and Health“ Project: Nearly 400.000 Home Visits for More Than 2.800 Beneficiaries. https://ckfbih.ba/deset-godina-projekta-starenje-i-zdravlje-skoro-400-000-kucnih-posjeta-za-vise-od-2-800-korisnika/

[8] The training modules include the following: 1. Professional role of caretaker; 2. Fundamentals of health and illness; 3. Fundamentals of anatomy and physiology of organs; 4. Signs of ageing (physiological and pathophysiological changes) and most often chronical diseases in old age; 5. Psychological aspects / living conditions of the target group in the programme of home care and home assistance; 6. Communication; 7. Care for elderly persons, persons with disabilities and chronically ill individuals in everyday activities; 8. Nutrition and liquid intake; 9. Secretions; 10. Complications with long-term bedridden patients; 11. Changing clothes and dressing up the patient; 12. Mobility; 13. Bed and bedlinen; 14. Maintenance of secure environment (including household cleaning); 15. First aid assistance; 16. Sleeping and resting; 17. Grieving and dying.Doc. Dr.sc. E. Ramić et. al. “Priručnik za njegovatelje/ice“, Crveni križ Tuzlanskog kantona, Tuzla, februar 2015.

of Bosnia and Herzegovina (RC FBIH), as well as the Brčko District (BD), cantonal and municipal city/branches lack capacity-building (such as the lack of human resources and often the lack of knowledge and skills), to be able to advocate for changes. Additionally, the fragmented nature of the RC at the local level creates competition among local branches and weakens its impact.

Currently, the programme is implemented in ten out of 145 municipalities and the existing modalities of support are lengthy and expensive if the programme is to be implemented in the accelerated manner. Some mayors have already expressed interest in implementing the SRC model and this should be capitalized on. Finally, the programme is in the process of developing the pilot Resource Centre to be able to run the programme once the project is completed. Further support from the SRC to ensure the sustainability of the programme is needed to the RCS BiH in the development of the phasing out plan.

1.3 Summary recommendations

The following is just a selected summary of recommendations which are of strategic importance for the new phase. The complete set of recommendations is in the Section 5 of the report.

Horizontal scaling up:

The project should continue horizontal expansion of the programme throughout the country. The SRC should, in collaboration with the RC organisations, continue to periodically review the criteria and requirements (e.g. regarding the existing needs, interest to implement, financial capacities, etc.). that the RC organizations and municipalities need to fulfil to implement the model[9]. The project should continue supporting municipalities requesting the support while also supporting initiatives from new units of local government to implement the SRC model in their communities. The Association of Cities/Municipalities is seen as one of the key partners for promotion of the project activities. The project should continue with the online delivery of the training and shorten the duration of the training while retaining the quality to achieve greater effectiveness and increase the outreach. The project should further strengthen the collaboration and support networking at municipal, cantonal, entity and state level with authorities, including BD. The project should support the RCS BIH, RC RS and RC FBIH and local branches to engage in advocacy, including BD. These efforts should, among others, aim to get support from authorities to institutionalize the A&H programme or additional financial support to the RC in the implementation of the programme.

Vertical scaling up and Sustainability:

The project should continue strengthening capacities of the local RC branches and RC RS and RC FBiH, including BD. A feasibility study should be conducted to assess the capacities of the RC as the organisation

[9] The implemented HBC model consists of a) RC service delivery of auxiliary nursing staff and volunteers coordinated by head nurses; b) cost-sharing between municipalities/cities, other local sources including cantonal funding and the external donor – with a gradual increase in local funding up to 80% of service costs. Those clients who can afford to pay for services contribute with minimum amount of 20-25%; c) a combination of medical and non-medical services with a focus on individual care, help at home, social services and medical services. Source: Project Document: Ageing and Health, Phase III.

to take over the project until the end of the next phase so that the project is transferred from the SRC to RCS of BiH. The roles and responsibilities of the pilot Resource Centre, communication channels, and processes for effective exchange of information should be clearly defined. In regard to AHA groups, the RCS BiH, entity and other RC organisations should include statutory changes to develop criteria/guidance how to expand the programme; to promote the AHA groups and engagement of volunteers. AHA groups should continue with peer mentoring and their regular exchanges, including exchanges on inter-entity level.

Ownership:

The role of the Steering Committee composed by RC representatives should be further strengthened so that it can coordinate the implementation of the project, propose new standards and policy proposals in the area of HBC, advocate for their adoption and create a mechanism for fundraising. The Steering Committee should, in addition to the representatives of the RC organisations, also include experts and relevant ministry representatives to ensure greater impact, improved advocacy and sustainability.

Gender and Social Inclusion:

The project should continue with the efforts to promote gender equality and social inclusion (GESI). The project should consider conducting the analysis with the small sample about the different needs of women and men from urban and rural areas in HBC services and in AHA groups. The aim of the analysis should determine how to continue promote and strengthen involvement of women and men in AHA groups and to ensure a more gender-sensitive approach during the delivery of HBC services.

2. Introduction to the external evaluation

2.1 Background of the evaluation and contextual factors

A&H project was funded and supported by SDčC and is implemented by the SRC. The project is built upon two other projects implemented with the Canton Tuzla RC, the Tuzla City RC, (2013-2020), Lukavac RC, Živinice RC, Šamac RC and Doboj RC (2017-2020). These are Ageing and Health Project (July 2017 - December 2020) and Home-Based Care and Active Ageing Project (January 2013 - June 2017).

Mid-term project review conducted in May 2023 identified that the project needed to scale up services further. The review highlighted the need for the project to hand over steering and roles, such as quality management and organisation of trainings for nursing staff, to the national level of the RCS BiH.

The mid-term review showed that an intermediary level is needed to provide such services in an agile, coordinated and aligned manner. The RCS BiH and the SRC jointly suggested to pilot entity-level resource centre, which should be the RC Education Centre already operating in Tuzla. It also suggested the Resource Centre for Ageing and Health within the RC of Tuzla Canton would focus on training delivery and quality assurance. The centre should continue to deliver trainings of nursing staff and family members and ensure provision of additional services that were identified as gaps in current project implementation (e.g. counselling services and psychological support for nursing staff, clients, and informal caregivers).Additionally, the mid-term project review emphasised that the existing educational programmes delivered by the RC of Tuzla Canton could be additionally delivered to social workers and nurses as part of their professional development. The mid-term review further concluded that the educational content needs to be digitalized.

The mid-term project review also noted that the cooperation mechanism between the Active Ageing Network (AAN)[10] and the RC of Tuzla Canton should be developed. It pointed out that the project needs to expand intersectoral cooperation such as Centres for Social Welfare to promote age-friendly policies, promote healthy lifestyles and raise awareness for non-communicable diseases. In both, HBC and AHA, the review concluded that peer mentorship is an important modality to support assurance of quality service provision and scaling up of services.

Since the mid-term review, the project created the vision for the RC and started the discussion on the establishment of the pilot Resource Centre and handing over of the project. The RC of Tuzla Canton organised additional training activities on kinesthetics for nurses and organised online training delivery. Finally, in terms of further expansion of the project activities, the call for the new partners has been developed.

Other contextual factors identified during the evaluation process include the following:

Ageing population - According to United Nations Population Fund (UNFPA), BiH faced the decline in the total population size of Bosnia and Herzegovina from 2013 – 2020, which has caused the change in the

[10] The AAN is a registered body on the level of Tuzla Canton. The AAN in cooperation with RC partners jointly promotes the role of AHA community groups in policy dialogue. The Network organises coordination and exchange meetings for AHA community groups and supports networking. Source: Project Document: Ageing and Health, Phase III.

population age structure where the proportion of older persons increased from 14.0% to 17.2%. During this relatively short period, the population size of the country officially decreased by about 64,000 inhabitants (almost two per cent). However, it is estimated that the country lost additional 200,000 inhabitants through emigration in this period (or more than 7% of the total population).[11]

Disperse and underdeveloped services -The report by the International Labor Organization states that social care services are an underdeveloped and underfunded branch of the social protection system in BiH. Limited financial and institutional capacities of local governments, and a large disparity between urban and rural areas, remain and result in inadequate provision of these services.[12] Similarly, the UN Women[13] study on care economy noted shortcomings in relation to elderly care. According to the study published in 2023, elderly care services are underdeveloped and neglected, and the private home care system is expensive. For individuals who do not have family members or the financial means to take care of themselves there are public homes, but existing social norms prevent many from using institutions.

Strategic documents and legislation – Republika Srpska has the **Strategy for Improving the Position of Elderly Individuals in Republika Srpska** from 2019 until 2024. The Law on Social Protection of Republika Srpska[14] defines assistance and care in the home,[15] which includes doing household chores, maintaining personal hygiene, acquiring food and organizing nutrition and meeting other daily needs. Assistance and care in the home can be provided by a social protection institution, an association of citizens, a religious community and other legal entity that meets the requirements of the Rulebook.[16]

Additionally**, FBiH Development Strategy[17]** deals with the issue of elderly care. Currently, FBiH Ministry of Labor and Social affairs is preparing the draft law on social services which is currently available for

[11] https://ba.unfpa.org/sites/default/files/pub-pdf/effects_of_population_changes_eng_final.pdf and https://ba.unfpa.org/en/publications/effects-population-changes-provision-public-services-bosnia-and-herzegovina

[12] International Labor Organization (2022), Issues in Social Protection in Bosnia and Herzegovina: coverage, adequacy, expenditure and financing, p.7, 20; https://www.ilo.org/wcmsp5/groups/public/---Europe/---ro-geneva/---sro-budapest/documents/publication/wcms_842891.pdf,

[13] Arslanagić-Kalajdžić, M., Halilbašić, M., Husić-Mehmedović, M., Kadić-Maglajlić, S., Kapo, A., Turulja, L. (2023), Baseline Study on Care Economy in Bosnia and Herzegovina, Overview of the Key Denominators, Policy and Programming Options, UN Women; https://bosniaherzegovina.un.org/sites/default/files/2023-05/20230523_Care%20Economy_Study_ENG_0.pdf https://bosniaherzegovina.un.org/en/232819-baseline-study-care-economy-bosnia-and-herzegovina

[14] Constitutional Court of Republika Srpska, Law on Social Protection, Official Gazette no. 37/2012, 90/2016, 94/2019, 42/2020 and 36/2022, Article 116; https://www.paragraf.ba/propisi/republika-srpska/zakon-o-socijalnoj-zastiti.html

[15] Paragraph 2 of the Article 47 states that assistance and care in the home to persons referred to in paragraph 1 of this Article shall be provided from budget funds if: a) the person is not able to provide assistance and care in the home with his own funds and the means of a relative who has an obligation to support in accordance with the law; b) the person has not concluded a lifetime support contract ; (c) the person has not stolen the property by the donation contract; and g) the total revenues of the beneficiary on all grounds do not exceed the amount of 50% of the base referred to in Article 23 of this Law.

[16] Constitutional Court of Republika Srpska, Law on Social Protection, Official Gazette no. 37/2012, 90/2016, 94/2019, 42/2020 and 36/2022; Articles 48 and 49;https://www.paragraf.ba/propisi/republika-srpska/zakon-o-socijalnoj-zastiti.html

[17] Vlada Federacije Bosne i Hercegovine, Strategija razvoja Federacije Bosne i Hercegovine 2021 – 2027 (2020)., Sarajevo, 2020,

public consultations online[18]. The draft law foresees the establishment of elderly home care prescribing that associations, religious communities, economic enterprises and other legal entities may provide social services independently or in partnership with social welfare institutions.[19] The draft law defines home care assistance as professional and other support to persons who, […], due to old age, disability or chronic illness cannot take care of themselves, nor can family members provide them with the necessary support, with the aim of meeting basic living needs and improving the quality of life of users.[20]

The Strategy of the RCS BiH entails engaging older people to empower their volunteer pool to engage in meaningful community work, develop experience, knowledge and skills towards building age-friendly communities and quality service provision designed by themselves. Today, the RC organisations need to compete with other organisations that seem to be more appealing to the general public (e.g. Pomozi.ba, Dobro.ba, etc.) despite the fact that the Laws on the RC embeds[21] the organisation into the existing legal structures and secures the certain among of funding for operational costs, which differs from one level to another.

Limited opportunities for caregivers[22] - Training programs for caregivers (nursing staff and gerontodomacica) in BiH encompass both formal education (high-school and university diploma) and non-formal occupational training (such as different training courses approved by the relevant Ministry of Education).[23] They can be offered by public or private institutions as well as by civil society organizations. Those offered by the public and private educational institutions focus on nursing, but there are a few educational programmes focused on HBC services for elderly.

Although employment opportunities for caregivers exist, their salaries tend to be low, and regulatory restrictions on part-time employment and self-employment pose additional challenges. Organisations engaging caregivers highlight departure of caregivers due to higher salaries abroad and the risk of

https://parlamentfbih.gov.ba/v2/userfiles/file/Materijali%20u%20proceduri_2021/Strategija%20razvoja%20FBiH%202021-2027_bos.pdf.

[18] Nacrt zakona o socijalnim uslugama u Federaciji Bosne i Hercegovine, broj: 02-02-1123/24 od 17.5.2024. godine, https://parlamentfbih.gov.ba/v2/bs/propis.php?id=1200.

[19] The draft law also defines that minimum requirements for work and provision of social services related to the location, premises, equipment, organization, number and professional qualifications of engaged professional staff shall be prescribed by the Minister after previously obtaining the opinions of the competent cantonal ministries. The law also defines that the minimum conditions for health care provided by social service providers in the area of its territorial competence shall be prescribed by the Cantonal Minister of Health, unless otherwise stipulated by a special regulation.
Federation of Bosnia and Herzegovina, F BiH Ministry of Labour and Social Policy;
https://fmrsp.gov.ba/download/prednacrt-zakona-o-socijalnim-uslugama-u-federaciji-bosne-i-hercegovine/#

[20] Ibid., Article 22.

[21] Zakon o društvu Crvenog krsta/križa Bosne i Hercegovine, https://rcsbh.org/pdf/zakon_DCKBIH.pdf; Zakon o Crvenom krstu/Crvenom križu Federacije BiH,
https://www.fbihvlada.gov.ba/bosanski/zakoni/2006/zakoni/23bos.htm; Nacrt Zakona o položaju i ovlašćenjima Crvenog Krsta Republike Srpske, https://www.narodnaskupstinars.net/?q=la/akti/zakoni-u-proceduri/nacrt-zakona-o-polo%C5%BEaju-i-ovla%C5%A1%C4%87enjima-crvenog-krsta-republike-srpske

[22] Caregiver represents a person providing care of elderly individuals through provision of services such as: grocery shopping, paying bills, home chores, etc. Caregivers offer psychosocial and home support. They do not offer medical assistance. They may or may not have a nursing degree.

[23] In FBIH, these are cantonal Ministries of Education, while in the RS it is the Ministry of Education and Culture of RS.

exploitation and abuse. Currently, FBIH Ministry is developing a programme in collaboration with the UN Women to develop online training curriculum for middle-aged women with no qualifications and is planning to allocate funding for their employment in the area of HBC services. This is referred to as the Gerontodomacica programme.

2.2 Project description

Prior to Phase 1, the SRC has supported the RCS BiH for more than eight years to improve the highly vulnerable population's living conditions in five municipalities. In project phase 1, home-based care services and active healthy ageing initiatives were scaled up to additional five new municipalities or cities Brčko District (BD) BiH, Foča and Prnjavor in Republika Srpska (RS) and Žepče and Kalesija in the FBiH, while services in Tuzla, Lukavac, Živinice (FBiH), Šamac and Doboj (RS) have been further strengthened.

The project has the following **impact:** The health and wellbeing of older people in BiH is increased. There are three project outcomes, which are further divided into outputs. These are:

Outcome 1: Elderly and chronically ill women and men have access to home-based care in at least 10 municipalities.

- Output 1.1. HBC services are strengthened in five existing localities and established in five new localities.
- Output 1.2. Quality standards of services are developed.
- Output 1.3. Health personnel, volunteers and family members are capacitated to provide HBC.

Outcome 2: Elderly people actively engage and contribute to creating age-friendly local communities.

- Output 2.1 AHA community groups are strengthened in 35 local communities and established in 30 new localities.
- Output 2.2 AAN supports age-friendly policy dialogues in local communities and on higher levels.
- Output 2.3 AHA community groups and the RC branches jointly engage in local communities.

Outcome 3: The Red Cross Society of BiH has developed capacities needed for becoming the leading service provider in ageing and health in BiH

- Output 3.1. The RCS BiH Steering Committee develops ageing and health policies and strategies throughout the RC structure.
- Output 3.2. The RCS BiH resource centre for Ageing and Health is established and links with the RC operational partners as well as other actors in elderly care.
- Output 3.3. Funding and resource management is enhanced and diversified.

2.3 Evaluation scope and objectives

The SRC commissioned the evaluation stating that “evaluation is to assess the overall relevance, quality of implementation, performance, management and achievements (major outcomes) of the project. Based on the overall findings related to the project implementation and considering the wider country context, the review should provide recommendations for the strategic orientation of the project phase 2. Such

recommendations should in particular inform about a long-term vision for home-based care and its accessibility in BiH (based on the SRC model) and in this context on the possibility and design of a second and the last phase of the project.

Furthermore, insights from the implementation of phase 1 show that phase 2 will have to promote a stronger ownership by the institutions and horizontal and vertical scaling up of the model country wide."

3. Methodology

The present evaluation is based on OECD/DAC evaluation criteria and SDC evaluation standards. The evaluation was conducted by Azra Imamović, Ph.D., researcher and evaluator with experience in development sector including ageing and health. The evaluator conducted a desk review of data and reports provided by the SRC. Additionally, the evaluator identified relevant reports and background materials through research and information obtained through the interviews. The list of literature used is available in Annex 6.1.

The field mission included visits to Sarajevo, Doboj, Prnjavor, Banja Luka, Brčko, Tuzla and Žepče from 19 – 26 July. Interviews with almost 60 stakeholders and partners (the RC secretaries, ministries, public institutions, elderly care institutions) were held as well as a number of interviews with nurses, beneficiaries, Active Ageing Network and AHA group coordinators and focus group with the members of the AHA groups. The list of interviewees is presented in Annex 6.2 along with the guidance questions for the interview which are presented in Annex 6.3.

The evaluation started with the preparatory briefing with the SRC and SDC for the evaluator. Throughout the evaluation, the evaluator was in touch with the SRC staff. In the end, the workshop with the SRC staff, SDC and key stakeholders took place in early September to discuss the draft conclusions and recommendations.

4. Findings and Conclusions

This section presents, first, a general assessment of the A&H project by analysing it according to relevance, coherence, effectiveness, efficiency, impact and sustainability. It then provides main conclusions.

4.1. General Assessment

4.1.1 Relevance ("Is the intervention doing the right things?")

Key Finding 1: There are increasing needs and demands for HBC services due to ageing population. In areas where the project is implemented, there are waiting lists for new clients. There is also interest of some mayors to implement the programme independently.

Recommendation 1: The project should continue the horizontal expansion of the A&H programme throughout the country to increase the outreach and access to HBC services throughout the country. The

SRC should, in collaboration with the RC organisations, continue to periodically review the criteria regarding internal and external procedures (e.g. regarding the existing needs, interest to implement, financial capacities, etc.) that the RC organizations and municipalities need to fulfil to implement the model.[24] The project should continue supporting municipalities/cities which express interest to implement to SRC model of HBC services in their communities on their own. The project should also continue to assist municipalities/cities that require support to increase access to HBC services to the socially excluded communities.

The A&H project is seen as relevant by all stakeholders. The project is consistent with its overall goal and the attainment of its objectives in HBC has reached the intended impact and effects in this project phase. The project is relevant since it is responding to the current needs on the ground due to the ageing population and the lack of support mechanisms to support elderly. The A&H project is filling the gap that authorities at various levels have just started to address. There are a few cases, in which the mayors requested support to implement the model of the HBC services.

In most visited sites, there are waiting lists and demands for services are increasing. During the evaluation, participants agreed that the project is relevant as it covers both rural and urban areas, although their perceptions differed on whether the project needs to target more rural or urban areas. All interviewed beneficiaries receiving HBC services indicated that their well-being has improved further demonstrating the relevance of the project activities.

During the field research, it was evident that elderly people actively engage in the AHA groups and contribute to their local communities. Individuals participating in the AHA groups emphasised that the activities were relevant for the target group, particularly during the Covid-19 pandemics when the movement of elderly individuals was severely restricted, and many individuals needed support which was offered by the AHA groups.

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

Key Finding 2: The project is aligned with other similar initiatives and there is no overlap with projects implemented by other organisations. The project is also participating in the FBiH Working Group (WG) for the gerontodomacice programme launched by the FBiH Ministry of Labour and Social Affairs and UN Women, which also includes the development of the training curriculum for auxiliary nurses. At the local level, there is an example of overlapping initiatives implemented by the Centre for Social Welfare.

Recommendation 2.1: Further align existing educational programmes with new initiatives such as the gerontodomacice. Revise the training programme to achieve greater effectiveness and increase the outreach while retaining its quality. The project should continue with the online delivery of the training programme for auxiliary nurses and assess whether to shorten the duration of the training in order to

[24] The implemented HBC model consists of a) RC service delivery of auxiliary nursing staff and volunteers coordinated by head nurses; b) cost-sharing between municipalities/cities, other local sources including cantonal funding and the external donor – with a gradual increase in local funding up to 80% of service costs. Those clients who can afford to pay for services contribute with minimum amount of 20-25%; c) a combination of medical and non-medical services with a focus on individual care, help at home, social services and medical services. Source: Project Document: Ageing and Health, Phase III.

achieve even greater effectiveness and increase the number of auxiliary nurses who complete the training programme.

Recommendation 2.2.: When expanding the A&H programme, the project should inquire whether there are similar initiatives in the area of HBC at the local level in order to align with them. In places where similar activities are ongoing, potential for further synergies with local actors should be explored.

Recommendation 2.3.: Strategically approach the issue of projects financed by the SDC in health to achieve further complementarity and alignment.

Coherence refers to complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.

The A&H project is coherent with strategies developed at the entity level. In the RS, it contributes to the implementation of the Strategy for Improving the Position of Elderly Individuals in Republika Srpska from 2019 until 2024, which states that, at the local level, there are almost no organized developed home care services at the local level.[25] In the FBiH, project activities are aligned with the Development Strategy,[26] which highlights the need to promote healthy ageing and the need to engage more women in elderly care.

Additionally, the project is complementing efforts of other organisations and institutions such as the initiatives of UN Women, the project of HBC implemented by Hilfswerk. Representatives of partner organisations and local institutions such as Centres for Healthy Ageing dealing with elderly persons all stated that the project complements their own efforts and that they regularly exchange information to avoid duplication. This was emphasised by the representatives of UNFPA, UN Women and Hilfswerk. They also noted that there were no duplications as organisations cover different geographical areas. UN Women commended involvement of the RC in the development of the new curriculum/training programme for gerontodomacica that is currently developed through the WG convened by the FBiH Ministry for Social Affairs and Labour as part of the UN Women initiative on care economy.[27]

In relation to the Strengthening Nursing in BiH and Healthy Communities projects, the A&H project should collaborate strategically to achieve additional coherence as some project activities seem to target the same municipalities/cities.

At the local level, RC organisations should continue to align activities with Centres for Social Welfare and Health Clinics to ensure better complementarity. This could avoid potential overlaps such as the case in

[25] Strategija za unapređenja položaja starijih lica u Republici Srpskoj za period od 2019. do 2028.godine, p. 31. Based on the conversation there are no specific budget lines allocated for the implementation of the strategy in RS, although there are public calls for support financed by the Lottery.

[26] Strategija razvoja Federacije Bosne i Hercegovine 2021 - 2027., p. 36, 40 and 41 available at: https://parlamentfbih.gov.ba/v2/userfiles/file/Materijali%20u%20proceduri_2021/Strategija%20razvoja%20FBiH%202021-2027_bos.pdf,

[27] UN Women, "Overview of the Key Denominators, Policy and Programming Options of the 'Baseline Study on the Care Economy in Bosnia and Herzegovina – Policy Brief', 2023, https://eca.unwomen.org/sites/default/files/2023-05/20230515_Care%20Economy_Policy%20Brief_ENG.pdf; UN Women, "Baseline Study on Care Economy in Bosnia and Herzegovina - Overview of the Key Denominators, Policy and Programming Options", p. 66, 2023, https://bosniaherzegovina.un.org/sites/default/files/2023-05/20230523_Care%20Economy_Study_ENG_0.pdf

Žepče where Centre for Social Welfare is implementing a similar project of HBC services financed by the municipality and the FBIH Institute for Employment.[28]

Activities of AHA groups are not duplicating with other similar activities on the ground.

The A&H project is also coherent with 2021-2024 Swiss Cooperation Programme for BiH which states that the *programme is supporting the improvement of the health system's cost-effectiveness by bringing healthcare closer to the communities, ensuring affordability, access and continuity of care for patients of all ages. Given the ageing population, affordable services and support for the elderly are specifically targeted.*[29]

[28] Zepce.ba portal, "Nastavljen projekt pružanja skrbi i njege starijim osobama "Pomoć u kući", 23. 01.2024, https://zepce.ba/nastavljen-projekt-pruzanja-skrbi-i-njege-starijim-osobama-pomoc-u-kuci/
[29] Swiss Cooperation Programme in Bosnia and Herzegovina, https://swissinbih.ba/en/scp, p. 24.

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

Key Finding 3.1: The project's outcome to ensure that elderly and chronically ill women and men have access to home-based care in at least 10 municipalities has been met. However, the existing modalities of support take a long time and prevent the programme of HBC services to expand faster.

Key Finding 3.2: Some local RC branches lack understanding of minimum standards they need to satisfy to implement the programme. This can be seen from the applications submitted by the RC branch offices to take part in the implementation of the project.

Key Finding 3.3: The programme actively engaged elderly and helped create age-friendly local communities. Participants in AHA groups overwhelmingly report satisfaction with their participation. However, the structured approach for the expansion of AHA groups throughout the country can be further developed even though the set-up and functioning of the AHA groups require modest funding.

Recommendation 3.1: The project should revise the existing model of financial support to municipalities/cities and RC branches. Attention should be paid to retain the quality and efficiency of project activities. (see also Recommendation 4)

Recommendation 3.2: Encourage RCS BiH and entity RC organisations to develop criteria/guidance how to expand the AHA component of programme and promote engagement of volunteers. The project should work with the Association of Cities/Municipalities to promote and expand the AHA component (see also Recommendation 5.2.)

Recommendation 3.3: The project should consider conducting the GESI analysis about the different needs of women and men from urban and rural areas in HBC services and in AHA groups to address their specific needs and to promote and strengthen their involvement in AHA groups. The analysis can be conducted with the limited scope, i.e. small sample.

The effectiveness criterion analyses how well the intervention achieves its objectives. The RCS BiH, RS and FBIH RCs and local branches, including BD, are all well aware of their tasks and objectives. HBC services and AHA groups indeed enable increased access to care of elderly individuals in targeted locations.

The SRC model of HBC services is perceived as effective as it is comprehensive – combines education for nurses with delivery of HBC services. There are clear standards and operating procedures. Some RC branches at the local level are very effective in reaching out and implementing the programme. At the same time, it was reported that some RC branches are not familiar with the requirements and conditions to launch the HBC services in their communities. Thus, at the local level, there is also a need to have a better understanding of minimum standards they need to satisfy to implement the programme as can be seen from the applications submitted to take part in the implementation of the project.

The project was implemented effectively in all ten municipalities. However, today, due to the existence of good practices, the project could also be more effective. It takes several years for local municipalities/cities to take over the project and there are limited financial means for further expansion. As the project needs to expand further horizontally, there is a strong need to revise the existing model of support to local authorities, to shorten the time of support and decrease the funding available for co-financing. The project still needs to cater to the needs of vulnerable communities, while support should

be also provided to those that wish to implement the project independently of the AHA project. During the evaluation, the interest of some mayors to implement the project was mentioned.

There is a different level of activism among AHA groups given that some have been active for almost a decade while others are just starting. The AHA groups organised renovation of their meeting spaces, social and sports activities as well as the lectures. Some have been involved in health promotional programs on non-communicable and chronic diseases and a more structured approach can be further discussed in the new project phase for the AHA groups to be more effective. Members of the AHA groups mentioned peer exchanges and visits as very useful for information exchange and introduction to new people. These often include inter-entity collaboration among the AHA groups and the project should continue fostering inter-entity cooperation.

AHA groups are in different levels of operations/functioning. A potential challenge for their sustainability and operations in the future are twofold: since they are not formal groups, they need to rely on funding from the SRC and the RC branches for their operations or on their ability to fundraise privately. To bridge this gap, the programme should more clearly define how the AHA groups can be more closely linked to the structure of the Red Cross.

Many participants/coordinators of AHA groups noted that, sometimes, it is very difficult and challenging to mobilize the new members and that, often, those that needed support the most, who are lonely and isolated often do not come. While this was clearly going beyond the scope of the evaluation review, the project may need to consider how to reach out to the most vulnerable individuals and design targeted measures for their inclusion. It seems that in urban areas, women are more likely to be involved in the AHA groups, while in one place it was noted that women were more reluctant to get involved in activities in rural areas. In some groups, there were couples involved and a few groups had more men. The project should consider the impact of stigma and social norms between women and men on the provision of HBC services (e.g. sometimes women were ashamed to ask for help with cleaning and to show their body parts when they needed changing or showering). This can be done by conducting the analysis about the different needs of women and men from urban and rural areas in HBC services to create a more sensitive approach and in AHA groups to promote and strengthen their involvement in AHA groups.

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

Key Finding 4: Resources have been used adequately to start the models in implementing areas and scale up the implementation. In the long run, there is a need to expand the programme further (Key Finding 1) and faster while fewer resources may be at the disposal to the project.

Recommendation 4: The programme should revise the existing modalities of financial support by increasing the proportion of financial support provided by municipalities and decreasing the duration of the project support in a single municipality. The programme should also develop a new, changed model on how to support the introduction of the programme to municipalities/cities that are willing to finance it. This includes planning additional human resources for peer and mentoring support in the delivery of HBC services or in the organisation of the AHA groups. (see also Recommendation 3.1.)

Overall, project activities appear to have been carried out efficiently, the resources used appropriately, and no inefficiencies have been reported. During the evaluation, some participants indicated that the project introduced the model gradually and commended such approach.

Since the project envisions the long-term sustainability and financing of HBC services by the local administration, the results of the programme are visible in the cities/municipalities that already took over financing (Tuzla, Živinice, etc.). In some cases, the municipal/city authorities already budgeted funds for the continuation of the programme and provision of new vehicles (Prnjavor and Brčko), while administration in Doboj and Žepče were facing challenges with further planning. The city of Doboj cited challenging situation with funding and the need for additional donor funds, while the Žepče RC the similar project by the Centre for Social Welfare may impede the implementation of the project as the municipality may not be willing to continue financing two projects that overlap.

Requests for reallocations and budget changes are handled proactively and responded promptly. It was noted that coordinators at the entity RCs review reports from local branches to ensure that the reports meet the quality standards. The project team efficiently handled the challenges of the Covid-19 pandemic ensuring that the delays of the lockdown and impact on the targeted population did not cause significant delays in the delivery of project activities.

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

Key finding 5.1: At the individual level, the project had immeasurable impact improving the wellbeing of individuals through HBC services and organisation of AHA groups.

Key Finding 5.2. The project foresaw that the Steering Committee composed of the RC members would engage stronger in lobbying and advocacy events for promotion and integration of the HBC services into the system (Output 3.1). This goal has not been fully achieved although there have been some limited advocacy activities. Collaboration between RC branches is fragmented.

Recommendation 5.1: The project should support the Steering Committee, composed of the RC members, to engage in advocacy (such as proposals to introduce new legislation, policies, procedures or measures for sustainable financing in the area of HBC services, training of auxiliary nurses or functioning of the AHA groups); development of plans to monitor implementation and assess successfulness of advocacy efforts**.** Prior to that a feasibility study should be developed to assess the capacity of the RC as the organisation to engage in this field.

Recommendation 5.2: Further strengthen collaboration at municipal/city, cantonal, entity and state level, including BD with authorities, encourage networking and joint initiatives. The project should work with the Association of Cities/Municipalities to promote and expand the project.

The project brought real changes to beneficiaries. All beneficiaries repeatedly stated the central position of the RC staff visits for their lives. They provide the sense of belonging and the feeling of acceptance. This further creates the sense of trust and provides the opportunity to socialise, confine and share their daily experiences. Below are the statements of two beneficiaries to support the statements above:

- "*I cry when I hear their voice. I would not be able to live without them,* while another one stated that,

- *"The RC helped me recover and recuperate. I was immobile for a month and now they help me with chores at home. They are like a family to me."*

In the AHA groups, the impact of the project and change among the individuals was visible as well. They also spoke about the support network the AHA groups offered. For example, in one of the groups, members recently noticed depression symptoms among one of the members and they managed to introduce psychosocial support to this individual and expand this support to others. Participants of the focus group particularly emphasised the importance of the project during the Covid-19 pandemic when, due to the introduction of emergency, elderly individuals were not allowed to leave their homes.

The project also foresaw that the Steering Committee composed of the RC members would engage stronger in lobbying and advocacy events for promotion and integration of the HBC services into the system (Output 3.1). However, based on the discussions during evaluation, this goal has not been fully achieved although there have been some limited advocacy activities by the RC branches related to the introduction of new legislation, policies, procedures or measures for sustainable financing in the area of HBC services, training of auxiliary nurses or functioning of the AHA groups at the local level. The RC branches at the local and entity level are considered as the leaders in the area of HBC and education of nurses. For HBC, FBIH Ministry of Labour and Social Affairs clearly considers the RC FBiH as the leader and would like to see them even more involved in the implementation of the forthcoming project on education of hard-to-employ women and their potential stronger engagement through the local RC branches. Additionally, with the introduction of the new FBIH Law on Social Services,[30] the RC FBiH should consider how to be more effective in utilizing its position and extending its impact of its work through joint initiatives with cantonal or municipal branches (e.g. applying jointly for projects, advocating for changes or potentially being the quality controllers for other institutions/organisations, training providers).

In Republika Srpska, the RC RS already operates in the local communities with the support of municipal/city authorities based on the public authority vested in the institution through the law on Red Cross. The new draft law on Red Cross stipulates that HBC services will be a part of its mandate through the *lex specialis*[31]*.* At the same time, the RC RS had limited collaboration with authorities and RC RS should be encouraged to improve the collaboration *in case there are* delays in the adoption of the new legislation. Additionally, the RC RS does not receive funding for the operational costs for its staff, which can be reflected in the execution of the project and lessen the overall impact of the project. This should be taken into account in the planning of the next phase.

The local RC branches have been successful in obtaining funding for the continuation of the project due to their advocacy activities and strengthened collaboration with authorities. However, in terms of access to funds, the existence of the local RC branches, which are registered as independent legal entities at the

[30] Nacrt zakona o socijalnim uslugama u Federaciji Bosne i Hercegovine, broj: 02-02-1123/24 od 17.5.2024. godine, https://parlamentfbih.gov.ba/v2/bs/propis.php?id=1200. For more information see Section 1.

[31] Lex specialis refers to the special legislation that can be adopted to regulate a specific issue/matter even though the issue may be regulated through a piece of legislation. For example, the law of social services is a general law proscribing which institutions and how can provide homebased services. On the other hand, the Article 6 of new draft of the Law on RC RS defines that the RC participates in the provision of homebased services for the elderly. Adoption of this law would mean that the RC RS would not need to obtain the permission/see authorization from the RS Ministry of Health and Social Affairs. The Law on the Position and the Authority of the Red Cross of Republika Srpska, draft submitted by the Ministry of Health and Social Affairs, April 2024.

local level increases the competition for government funds at the entity level among sister organisations/local branches of the Red Cross. Some government representatives suggested that the local RC branches could strengthen their position if they jointly apply for funding. The role of the cantonal RCs such as the one in Tuzla was also crucial in the implementation of the project and the phase 2 should consider how to involve the cantonal levels in the project implementation more strategically, particularly in the advocacy efforts to propose the introduction of new legislation, policies, procedures or measures for sustainable financing in the area of HBC services, training of auxiliary nurses or functioning of the AHA groups.

Given that the next phase is the final phase of the project with the SDC funding, the project should support the Steering Committee composed of RC members and other project partners to develop their capacities to advocate and to engage in advocacy. The project should support the Steering Committee to develop a plan for branches at municipal/city/cantonal and national and entity level, including BD to monitor implementation and assess successfulness of advocacy efforts. At the same time, the project should identify how to strengthen the collaboration and networking among different branches of the RC to increase the impact of the project as joint collaboration and networking may result in, for example, joint fundraising initiatives. It was suggested that the project organises the presentation of series of events to promote the project and involvement of local authorities. Association of Cities/Municipalities is seen as a key partner for promotion of project activities.

4.1.6 Sustainability ("Will the benefits last?")

Key Finding 6: The project foresaw that by 2024, that the RCS BiH has clear structures, role distributions, guiding policies and standard operating procedures in health and care in order for the services to be fully scaled out to the RCS BiH branch level. This has not been fully implemented. The launch of the pilot Resource/Operational centre, which was mentioned in the mid-term project review has commenced but the role and responsibilities of the Centre have to be further defined.

Recommendation 6.1: The role of the RCS BiH and the Steering Committee composed of the representatives of the RC organisations should be further strengthened so that it can coordinate the implementation of both HBC and AHA project components, propose new standards and policy proposals in the area of A&H, advocate for their adoption and create a mechanism for fundraising. The feasibility study should be conducted and serve as a basis to develop measures on how to strengthen the capacity the RCS BiH and the Steering Committee composed of the representatives of the RC organisations.

Recommendation 6.2: Continue with the development of the pilot Resource Centre. The project should further define its role, mandate and the relationship to the Steering Committee composed of RC members as well as standard operating procedures for its work.

Through the implementation of the project, the RC as organisation became recognised for the delivery of HBC services thus reshaping their role from the mere deliverer of humanitarian aid. A joint approach by local branches and entity organisations may help/increase the effectiveness of the programme overall and its sustainability.

It was not possible to fully assess the capacities of RCS BiH, RC RS and RC FBIH in terms of organising, coordinating and scaling up of HBC services for elderly. There is awareness of the need to take over project activities, but institutional capacities (structures, know how, procedures and standards) seem to be still relying on the SRC. It is also evident that there is a gap between the capacities of the local RC branches and those at the entity and the national level. It would be beneficial to conduct a feasibility study to further identify these and recommend measures that would build the capacity of the RC organisations and ensure the sustainability. The Steering Committee should, in addition to the representatives of the RC, also include experts and relevant ministry representatives to ensure sustainability.

To ensure sustainability, further strategic support to the RC organisations at the entity and national level is required given the complexity of the BiH system, the lengthy reform processes which are often impeded by political turmoil. However, this support has to be targeted and specific taking into account the needs of beneficiaries and capacities of the RC at different levels (municipal, cantonal, entity and national, including BD). The experience of the RC branches from the ground can give an important contribution towards creating a sustainable system as well. In the next project phase, the project should prepare a comprehensive plan on how the project can be phased out.

Although there are ongoing discussions about the Resource Centre, its role still needs to be clarified. Some perceived it as operational, some as referral and some as resource centre. All stakeholders agreed that the pilot Centre should be a support centre in charge of education/training activities, data collection and quality control. The pilot Centre should also supervise activities of volunteers from the AHA groups involved in HBCs. The Centre should create proposals for new standards and policies to the Steering Committee composed of RC members and could also identify funding opportunities, which would then be taken over for consideration and approval of the Steering Committee composed of RC members. The Resource Centre could as well be engaged in advocacy activities at the expert level through, for example, the development new proposals and participation in various expert bodies.

Additionally, some interviewed stakeholders indicated some individuals, who were in better financial conditions were willing to even pay more for HBC services. One municipal/city representative suggested that different price ranges could be introduced for different groups/depending on the income of beneficiaries. This is a challenging issue to address: most representatives of the RC believed the project should be fully funded by authorities. This is an area to further discuss with the advocacy and the phasing out plan.

4.2 Conclusions

Overall, the A&H project met its objectives for elderly and chronically ill women and men have access to home-based care in at least 10 municipalities. It enabled elderly people to actively engage and contribute to their communities through the AHA groups. The Red Cross Society of BiH is seen as the leading service provider in ageing and health. However, it still has to develop capacities to take over the project.

Overall, the A&H project was implemented in BiH in a timely, effective and efficient way, and has had a significant impact on its target population: the elderly individuals and the nursing workforce. The project contributed to the increased visibility of the RC at all levels and helped citizens to regain trust in the organisation and service providers in general. In relation to education of nurses and auxiliary nurses, the RC was recognized by the FBIH Ministry of Labour and Social Affairs as it is contracted by the Ministry to training the staff from other public institutions (e.g. Institute for Care of Youth and Adults with Mental

Disabilities) due to their longstanding experience in project delivery since 2013. The project is collaborating with other institutions and organisations. It should consider revision of the existing education models and align it further with current requirements for nurses/auxiliary nurses in the labour market so that the theoretical training is shorter while retaining the quality of the education.

The RCS BiH, RCs of FBIH and RS are aware that the RC organisations need to take over project implementation, but institutional capacities (structures, know how, procedures and standards) seem to be still relying on the SRC. It is also evident that there is a gap between the capacities of the local RC branches and those at the entity and the national level. The SRC needs to offer further support at the strategic level given the complexity of the BiH system, the lengthy reform processes which are often impeded by political turmoil. However, this support should be targeted and aim to strengthen the capacities of RC branches at all levels so that they can advocate better, build internal collaboration mechanisms, apply jointly for funds, and in the end, successfully take over the project.

According to the words from one municipal/city representative, the most significant change of the project is the fact that elderly individuals have the opportunity to socialize, i.e. they are not isolated; the possibility for them to stay at home in the setting that is familiar and safe for them; and, economic savings for the community which does not have to invest in the establishment of centres for elderly care.

5. Recommendations

The programme is recognised as successful in the area of HBC services and healthy ageing at national and local level by international organisations such as UNFPA, UN Women; partner organisations such as Hilfswerk and Centres for Healthy Ageing and authorities. As the programme plans further expansion in new geographical areas and further strengthening of the capacities of the RC, it should focus on building up on examples of good practices for scaling up, align its efforts with reform activities of the governments and support the RCS of BiH to further strengthen its capacities so that it can successfully take over the role of the A&H programme implementer. The evaluator proposes the following recommendations:

- **Recommendation 1:** The project should continue the horizontal expansion of the A&H programme throughout the country to increase the outreach and access to HBC services throughout the country. The SRC should, in collaboration with the RC organisations, continue to periodically review the criteria regarding internal and external procedures (e.g. regarding the existing needs, interest to implement, financial capacities, etc.) that the RC organizations and municipalities need to fulfil to implement the model.[32] The project should continue supporting municipalities/cities which express interest to implement to SRC model of HBC services in their communities on their own. The project should also continue to assist municipalities/cities that require support to increase access to HBC services to the socially excluded communities.
- **Recommendation 2.1**: Further align existing educational programmes with new initiatives such as the gerontodomacice. Revise the training programme to achieve greater effectiveness and

[32] The implemented HBC model consists of a) RC service delivery of auxiliary nursing staff and volunteers coordinated by head nurses; b) cost-sharing between municipalities/cities, other local sources including cantonal funding and the external donor – with a gradual increase in local funding up to 80% of service costs. Those clients who can afford to pay for services contribute with minimum amount of 20-25%; c) a combination of medical and non-medical services with a focus on individual care, help at home, social services and medical services. Source: Project Document: Ageing and Health, Phase III.

increase the outreach while retaining its quality. The project should continue with the online delivery of the training programme for auxiliary nurses and assess whether to shorten the duration of the training in order to achieve even greater effectiveness and increase the number of auxiliary nurses who complete the training programme.

- **Recommendation 2.2.:** When expanding the A&H programme, the project should inquire whether there are similar initiatives in the area of HBC at the local level in order to align with them. In places where similar activities are ongoing, potential for further synergies with local actors should be explored.
- **Recommendation 2.3.:** Strategically approach the issue of projects financed by the SDC in health to achieve further complementarity and alignment.
- **Recommendation 3.1:** The project should revise the existing model of financial support to municipalities/cities and RC branches. Attention should be paid to retain the quality and efficiency of project activities. (see also Recommendation 4)
- **Recommendation 3.2:** Encourage RCS BiH and entity RC organisations to develop criteria/guidance how to expand the AHA component of programme and promote engagement of volunteers. The project should work with the Association of Cities/Municipalities to promote and expand the AHA component (see also Recommendation 5.2.)
- **Recommendation 3.3:** The project should consider conducting the GESI analysis about the different needs of women and men from urban and rural areas in HBC services and in AHA groups to address their specific needs and to promote and strengthen their involvement in AHA groups. The analysis can be conducted with the limited scope, i.e. small sample.
- **Recommendation 4**: The programme should revise the existing modalities of financial support by increasing the proportion of financial support provided by municipalities and decreasing the duration of the project support in a single municipality. The programme should also develop a new, changed model on how to support the introduction of the programme to municipalities/cities that are willing to finance it. This includes planning additional human resources for peer and mentoring support in the delivery of HBC services or in the organisation of the AHA groups. (see also Recommendation 3.1.)
- **Recommendation 5.1:** The project should support the Steering Committee composed of the RC members to engage in advocacy (such as proposals to introduce new legislation, policies, procedures or measures for sustainable financing in the area of HBC services, training of auxiliary nurses or functioning of the AHA groups); development of plans to monitor implementation and assess successfulness of advocacy efforts**.** Prior to that a feasibility study should be developed to assess the capacity of the RC as the organisation to engage in this field.
- **Recommendation 5.2**: Further strengthen collaboration at municipal/city, cantonal, entity and state level, including BD with authorities, encourage networking and joint initiatives. The project should work with the Association of Cities/Municipalities to promote and expand the project.
- **Recommendation 6.1:** The role of the RCS BiH and the Steering Committee composed of the representatives of the RC organisations should be further strengthened so that it can coordinate the implementation of both HBC and AHA project components, propose new standards and policy proposals in the area of A&H, advocate for their adoption and create a mechanism for fundraising. The feasibility study should be conducted and serve as a basis to develop measures on how to strengthen the capacity the RCS BiH and the Steering Committee composed of the representatives of the RC organisations.

- **Recommendation 6.2:** Continue with the development of the pilot Resource Centre. The project should further define its role, mandate and the relationship to the Steering Committee composed of RC members as well as standard operating procedures for its work.

Annexes

6.1. Sources

- Arslanagić-Kalajdžić, M. et. al. (2023), Baseline Study on Care Economy in Bosnia and Herzegovina, Overview of the Key Denominators, Policy and Programming Options, UN Women; https://bosniaherzegovina.un.org/sites/default/files/2023-05/20230523_Care%20Economy_Study_ENG_0.pdf and https://bosniaherzegovina.un.org/en/232819-baseline-study-care-economy-bosnia-and-herzegovina
- Constitutional Court of Republika Srpska, Law on Social Protection, Official Gazette no. 37/2012, 90/2016, 94/2019, 42/2020 and 36/2022, Article 116; https://www.paragraf.ba/propisi/republika-srpska/zakon-o-socijalnoj-zastiti.html
- Gradska uprava Tuzla, "Strategija za osobe treće životne dobi grada Tuzle 2020.-2026. S Akcionim planom za period 2020. – 2023. godine", septembar 2020. https://grad.tuzla.ba/wp-content/uploads/2016/11/Strategija-za-osobe-trece-zivotne-dobi-Tuzla-2020-20262.pdf
- Hadzic F. et. al. (2022) "The Effects of Population Changes on the Provision of Public Services in Bosnia and Herzegovina", Czech Development Cooperation and UNFPA https://ba.unfpa.org/sites/default/files/pub-pdf/effects_of_population_changes_eng_final.pdf
- International Labor Organization (2022), Issues in Social Protection in Bosnia and Herzegovina: coverage, adequacy, expenditure and financing, https://www.ilo.org/wcmsp5/groups/public/---Europe/---ro-geneva/---sro-budapest/documents/publication/wcms_842891.pdf.
- Nacrt Zakona o položaju i ovlašćenjima Crvenog Krsta Republike Srpske https://www.narodnaskupstinars.net/?q=la/akti/zakoni-u-proceduri/nacrt-zakona-o-polo%C5%BEaju-i-ovla%C5%A1%C4%87enjima-crvenog-krsta-republike-srpske
- Nacrt Zakona o socijalnim uslugama u Federaciji Bosne i Hercegovine, broj: 02-02-1123/24 od 17.5.2024.godine, https://parlamentfbih.gov.ba/v2/bs/propis.php?id=1200
- Pravilnik o uslovima za osnivanje ustanova socijalne zaštite i obavljanje djelatnosti socijalne zaštite, https://vladars.rs/sr-SP-Cyrl/Vlada/Ministarstva/MZSZ/dokumenti/Documents/PRAVILNIK%20O%20USLOVIMA%20ZA%20OSNIVANJE%20USTANOVA%20SOCIJALNE%20ZA%c5%a0TITE%20I%20OBAVLJANJE%20DJELATNOSTI%20SOCIJALNE%20ZA%c5%a0TITE.pdf.
- Project Document: Ageing and Health, Phase III.
- Swiss Cooperation Programme in Bosnia and Herzegovina, https://swissinbih.ba/en/scp.
- The Law on the Position and the Authority of the Red Cross of Republika Srpska, draft submitted by the Ministry of Health and Social Affairs, April 2024.
- UN Women, "Baseline Study on Care Economy in Bosnia and Herzegovina - Overview of the Key Denominators, Policy and Programming Options", p. 66, 2023, https://bosniaherzegovina.un.org/sites/default/files/2023-05/20230523_Care%20Economy_Study_ENG_0.pdf.
- UN Women, "Overview of the Key Denominators, Policy and Programming Options of the 'Baseline Study on the Care Economy in Bosnia and Herzegovina – Policy Brief', 2023,

https://eca.unwomen.org/sites/default/files/2023-05/20230515_Care%20Economy_Policy%20Brief_ENG.pdf.
- Vlada Federacije Bosne i Hercegovine, Strategija razvoja Federacije Bosne i Hercegovine 2021 – 2027 (2020), https://parlamentfbih.gov.ba/v2/userfiles/file/Materijali%20u%20proceduri_2021/Strategija%20razvoja%20FBiH%202021-2027_bos.pdf.
- Vlada Republike Srpske, Ministarstvo zdravlja i socijalne politike (2019), "Strategija za unapređenja položaja starijih lica u Republici Srpskoj za period od 2019. do 2028.godine", Banja Luka.
- Zakon o Crvenom krstu/Crvenom križu Federacije BiH, https://www.fbihvlada.gov.ba/bosanski/zakoni/2006/zakoni/23bos.htm
- Zakon o društvu Crvenog krsta/križa Bosne i Hercegovine, https://rcsbh.org/pdf/zakon_DCKBIH.pdf
- Zepce.ba portal, "Nastavljen projekt pružanja skrbi i njege starijim osobama "Pomoć u kući", 23. 01.2024, https://zepce.ba/nastavljen-projekt-pruzanja-skrbi-i-njege-starijim-osobama-pomoc-u-kuci/

6.2 List of Interviews held with partners, stakeholders and project beneficiaries

Who?	Where?	When?
Katharina Nydegger, Head of Portfolio Health and Regional Advisor on Social Inclusion	Sarajevo	18 July 2024
Alma Zukorlic, Senior Program Officer Health	Sarajevo	18 July 2024
Mihela Hinic, Country Representative in BiH and Coordinator for Migrations on Balkan, Swiss Red Cross	Sarajevo	18 July 2024
Sarafina Vilušić, Ageing and Health Project Coordinator	Sarajevo	18 July 2024
Amela Fočić, Active Healthy Ageing Coordinator	Sarajevo	18 July 2024
	Sarajevo	19 July 2024
Namik Hodžić, Secretary General, Society of Red Cross BiH	Sarajevo	19 July 2024
Rajko Lazić, Secretary, Red Cross Rpublika Srpska	Sarajevo	19 July 2024
Daniel Tučić, Secretary, Red Cross FBiH	Sarajevo	19 July 2024
Jasmin Nikšić, Health Coordinator, Society of Red Cross BiH	Sarajevo	19 July 2024
Žaklina Ninković, Coordinator for International Cooperation	Sarajevo	19 July 2024
Edina Bašić, Project Coordinator, Centre for Healthy Ageing	Sarajevo	19 July 2024
Azema Avdušinović, Project Manager – Mobile Care, Hilfswerk	Sarajevo	19 July 2024
Lejla Brulić,Directress, Social Protection Institution, HIlfswerk House of Support	Sarajevo	19 July 2024
Zeljko Blagojevic, Programme Specialist Population and Development Strategies, Monitoring and Evaluation	Sarajevo	19 July 2024
Slavko Kovačević, Deputy Mayor	Doboj	22 July 2024
Miloš Ivić, beneficiary of home care services	Doboj	22 July 2024
Živko, beneficiary of home care services	Doboj	22 July 2024
Stana, beneficiary of home care services	Doboj	22 July 2024
Radojka, beneficiary of home care services	Doboj	22 July 2024
Nikolina Mišić, nurse	Doboj	22 July 2024
Nataša Pančić-Vukajlović, nurse and head of mobile team	Doboj	22 July 2024
Milka Kojić, member of healthy ageing group	Doboj	22 July 2024
Nevenka Šijaković, member of healthy ageing group	Doboj	22 July 2024
Jovanka Sajić, member of healthy ageing group	Doboj	22 July 2024
Slavica Radovanović, member of healthy ageing group	Doboj	22 July 2024
Cvetin Gordanić, member of healthy ageing group	Doboj	22 July 2024
Spomenka Tošić, member of healthy ageing group	Doboj	22 July 2024
Dragica Gostinović, member of healthy ageing group	Doboj	22 July 2024
Uglješa Stevanović, member of healthy ageing group	Doboj	22 July 2024
Petar Ilić, member of healthy ageing group	Doboj	22 July 2024
Petar Lazić, coordinator healthy ageing group	Doboj	22 July 2024
Bojan Šipragić, Secretary, Red Cross	Prnjavor	23 July 2024
Tanja Savić, Main Nurse	Prnjavor	23 July 2024
Nada Blagojević, Finance Manager	Prnjavor	23 July 2024

Darko Tomaš, Mayor	Prnjavor	23 July 2024
Vladimir Makanić, Assistant to the Minister of Social Welfare	Banja Luka	23 July 2024
Denis Šehanović, Secretary	Brčko	24 July 2024
Asmir Mujanović, Head of Health Department	Brčko	24 July 2024
Dunja Bijeloš, Nurse	Brčko	24 July 2024
Amer Hasanović, Social worker and contact person for the project		
Savo Biskupović, nurse	Brčko	24 July 2024
Selva Ćumurović, beneficiary	Brčko	24 July 2024
Bajro Mujćinović, beneficiary	Brčko	24 July 2024
Sead Hasić, Secretary, Red Cross	Tuzla	25 July 2024
Mirzeta Dizdarević, Nurse	Tuzla	25 July 2024
Samija Hidanović, Nurse	Tuzla	25 July 2024
Asja Redžić, Deputy Mayor	Tuzla	25 July 2024
Sandra Osmanbegović, Specialist for Social Medicine, Institute for Public Health	Tuzla	25 July 2024
Majda Sarihodžić, Directress, Institute for Public Health	Tuzla	25 July 2024
Ramiza Muftić, president of Active Ageing Network (AAN) Assembly	Tuzla	25 July 2024
Fuad Okanović, member of AAN Assembly	Tuzla	25 July 2024
Husein Odobašić, Coordinator of Active Healthy Ageing Group		
Ramo Smajić, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Ibrahim Šljivić, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Zahida Morić, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Ivica Marković, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Zekija Imamović, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Dragica Simić, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Azijada Mujagić, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Hasija Jahić, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Senada Mujanović, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Safija Kalajlić, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Mara Ostojić, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Jusuf Misić, Coordinator of Active Healthy Ageing Group	Tuzla	25 July 2024
Emel Mujić, Nurse	Žepče	26 July 2024
Sara Kuko, Nurse	Žepče	26 July 2024
Barbara Batarillo, Red Cross	Žepče	26 July 2024
Subhija Malićbegović, beneficiary of home care services	Žepče	26 July 2024
Josip Marković, beneficiary of home care services	Žepče	26 July 2024

6.3 Questionnaires

Questions for the Red Cross (Cantonal/Municipality/Brcko District), Entity, and Society of Red Cross of BiH), including the Training Coordinator

Interview Question	**Notes from interviews**
1. How were you involved in the project activities? Which aspect of the project are you familiar the most?	
2. Looking back to 2020, which aspect of the project is the most relevant for the existing needs? Have needs changed since the beginning of the project? How?	
3. To what extent did the project succeed in positioning RC as a leader in provision of home care services at the local (municipal/cantonal), entity and national level?	
4. Who did you collaborate with at the institutional level? Who was the Red Cross's primary partner in implementing the project?	
5. On a scale one to ten (one being the lowest and ten being the highest score), how successful was the project in implementing its goals to provide quality homecare services, to educate nurses, to engage elderly people in the community and to position RC as the leader in the provision of elderly care services? 4.a. Please elaborate your score?	
6. What do institutions need to do to achieve a score of 10 in the outcome? *Possible responses could include:* *a. New strategies and policies* *b. Legislative changes*	

c. *Financial support* d. *Support in identifying nursing staff* e. *Support in identifying beneficiaries* f. *Support in garnering political support to implement the project* *6.a. What does your organization need to do?*	
7. How did you identify beneficiaries? What was challenging in the process? How did you address specific needs of women? Of men? Of individuals from rural population?	
8. How did you identify caregivers? Any good practices to share? Any challenges? How did you attract men to join the cadre?	
9. What activities were organized in the clubs for healthy ageing? How did you support them? How often do they meet? Have you done anything specific to attract men or women? What challenges did you encounter?	
10. What challenges did you encounter during implementation? (if necessary – some challenges can be mentioned or the question can be rephrased to include the impact of Covid-18, emigration of young people, political crisis, etc.)	
11. In your view, what is the most significant change that the project has achieved? Please elaborate.	
12. What would help make the project even more successful in the long term? What legislative and policy documents would you need for further institutionalization of the project?	
13. What further assistance do you require from municipal authorities? From cantonal	

authorities? From entity-level authorities? What additional support is necessary for the successful implementation of this project?	
14. Anything else you would like to add?	

Questions for Entity Ministries, the Office of the Prime Minister, municipal representatives, Centres for Social Welfare

Interview Question	**Notes from interviews**
1. What is your position? To what extent are you aware of the Ageing and Health project? What do you know? or Which aspect of the project are you familiar the most?	
2. What strategies, policies, and laws do you have in place to support the provision of home care services and the inclusion of elderly people in the community? Are there any new strategies, policies, or laws that you are currently developing?	
3. How have you supported the work of Red Cross to implement the project? How do you assess the support of your institution to the Ageing and Health project on a scale from one to ten (one being the lowest and 10 being the highest)? Anything else that is planned to support the project?	
4. In your view, what are the most pressing needs in your community to ensure high quality and affordable homecare to elderly? What are the different needs in terms of mental health protection, those that are terminally ill and those with physical disabilities? What are the needs and how different are they when referring to elderly in rural and urban places? Men and women?	

5. Do you have any programmes to support/ increase the employment and training opportunities for nurses engaged in homecare? What? If not, why not? Have you ever considered it?	
6. How do you include healthy elderly individuals in your community? What type of support is available to them? What kind of activities?	
7. To what extent do you cooperate with other institutions to provide homecare services to elderly? Who do you cooperate with?	
8. What should RC do to improve the project implementation – to provide better home care services, include more nurses/caregivers and involve more volunteers? How should they do it? Who should they collaborate with?	
9. What would you need from Red Cross to better support them?	
10. In your view, what is the most significant change that the project has achieved? Please elaborate.	
11. What could help the project be more successful in the long run? Please elaborate.	
12. Anything else you would like to add?	

Questions for International and Local Organizations: UNFPA, Hilfswerk, Institute for Public Health Tuzla, Active Ageing Network (Tuzla) Association for Healthy Ageing (Sarajevo)

Interview Question	**Notes from interviews**

1. What is your position? To what extent are you aware of the Ageing and Health project? What do you know about the project?	
2. What projects and/or activities did your organization/institution carry out in connection with social protection of elderly, e.g. home care services, education of nurses and the involvement of elderly people in the community? Are there any new projects or activities that you are planning?	
3. To what extent have you collaborated with the Red Cross in the implementation of the project? In which aspects? Do you collaborate with the Red Cross on other issues?	
4. In your view, what are the most pressing needs to provide high quality, affordable homecare to elderly? In your opinion, what are the different needs of elderly people in terms of mental health protection, those with terminal illnesses, and those with physical disabilities? What are the needs and how do they differ when referring to elderly people in rural and urban areas? How do the needs of men and women differ?	
5. Do you have programs to support/increase employment opportunities and training for caregivers/medical technicians involved in home care? What programs do you have? If not, why not? Have you ever considered introducing similar programs	
6. To what extent did you include/promote involvement of healthy elderly individuals in community activities? Please elaborate.	
7. How do you engage older people in the social life of the community and care for peers? Please tell me more.	

8. What should be done do to provide better home care services, include more nurses/caregivers and involve more individuals and communities in active healthy ageing programmes)? How should it be done?	
9. For that to be done, what would the role of your organisation to be in the next four years? What would be the role of Red Cross?	
10. In your view, what is the most significant change that the project has achieved? Please elaborate.	
11. Anything else you would like to add?	

Questions for Nurses, Auxiliary Nurses and Caregivers - Home Visits

Interview Question	**Notes from interviews**
1. What is your role in the project? How long have you been involved?	
2. What kind of training did you undergo before providing care services? When? How useful was the training? What was the most useful aspect? Anything that you would change in the training content? In the training delivery?	
3. Did you receive any subsequent training? How do you assess additional training? What worked? Anything that you would do differently?	
4. In your view, what are the most pressing needs in your community to provide quality and affordable homecare to elderly? What are the different needs in terms of mental health protection, those that are terminally ill and those with physical disabilities? What are	

the needs of elderly in rural and urban places? Men? Women?	
5. How do you communicate with families of persons that you offer care to? What is their view on services?	
6. What challenges do you face during home visits? Please elaborate.	
7. Retrospectively, if you would go back to the training, what would you like to get more from the training programme? What message would you give to new caregivers? (*Note: the question is only addressed to those who completed the RC training programme)*	
8. What should be done do to provide better home care services, include more nurses/caregivers and involve more members of active healthy ageing groups? How should it be done?	
9. In your view, what is the most significant change that the project achieved? Please elaborate.	
10. Anything else you would like to add?	

Questions for Active Health Ageing Coordinators and Focal Points

Interview Question	**Notes from interviews**
1. How long have you been serving as the coordinator/Focal point? What do your duties entail?	
2. How did you get the information about active health ageing groups?	

3. What type of activities are mostly organized/What type of activities did you coordinate?	
4. Based on your experience, what are the most pressing needs of individuals that benefit and receive visits of members of active healthy ageing groups? What is their view on activities? What is the view of men? Women?	
5. Based on your experience, how effective are the activities? What would help you further improve your activities?	
6. What are the most prevalent needs of members of active healthy ageing groups? Are there any specific needs of women or men that are different?	
7. What challenges (if any) did you face in the organization of your activities within the community or with members of active healthy ageing groups? Do you still face them?	
8. How coherent are the activities that you coordinate? Anything that is needed to make the organization of activities better/more coherent?	
9. In your view, what is the most significant change that the project has achieved? Please elaborate.	
10. Anything else you would like to add?	

Questions for Participants and Family Members – Home Visits

Interview Question	**Notes from interviews**
1. How long do you receive home visits? Tell me more how they look like.	
2. How did you get the information about them?	
3. What type of services are most useful to you? Anything else that you would need now to make visits even better (for example: more frequent visits, different type of services, additional time to be spent)?	
4. *Optional (in case there are family members)* What is the support of your family? What is their view on services? (e.g. ok, too expensive, just what we need)	
5. What challenges did you face before the visits? Do you still face them?	
6. Did you recommend home visit services to anyone? To whom?	
7. What should be done do to provide better home care services? How should it be done?	
8. In your view, what is the most significant change that the project/visits achieved for you? Please elaborate.	
9. Anything else you would like to add?	