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IMPLEMENTATION COMPLETION AND RESULTS REPORT
ON A
SMALL GRANT
IN THE AMOUNT OF US\$1,409,682
TO THE
Bosnia and Herzegovina
FOR THE REDUCING HEALTH RISK FACTORS (P160512)

December 31, 2019

Health, Nutrition & Population Global Practice
Europe And Central Asia Region

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ABBREVIATIONS AND ACRONYMS

BETF	Bank-executed trust fund
BiH	Bosnia and Herzegovina
FBiH	Federation of Bosnia and Herzegovina
MoHSWRS	Ministry of Health and Social Welfare of the Republika Srpska
MoHFBiH	Ministry of Health of the Federation of Bosnia and Herzegovina
NCD	Non-communicable diseases
PDO	Project development objective
RETF	Recipient-executed trust fund
SCD	Systematic Country Diagnostics
SDC	Swiss Agency for Development and Cooperation
TF	Trust Fund

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DATA SHEET

BASIC INFORMATION

Product Information

Project ID	Project Name
P160512	Reducing Health Risk Factors
Country	Financing Instrument
Bosnia and Herzegovina	Investment Project Financing
Original EA Category	Revised EA Category
Not Required (C)	Not Required (C)

Organizations

Borrower	Implementing Agency
Bosnia & Herzegovina	RS PCU, FBiH PCU

Project Development Objective (PDO)

Original PDO

The Project Development Objective (PDO) of this Recipient Executed Trust Fund (RETF) is to assist the Republika Srpska and the Federation of Bosnia and Herzegovina in reducing selected non-communicable disease (NCD) risk factors by promoting tobacco and alcohol control, and diet and physical activity in selected beneficiaries (pre-school children, school children, teachers, health workers and local government employees) in four selected local communities (two in RS and two in FBiH)

FINANCING

	Original Amount (US\$)	Revised Amount (US\$)	Actual Disbursed (US\$)
Donor Financing			
TF-A4795	1,409,682	1,409,682	1,383,171
Total	1,409,682	1,409,682	1,383,171
Total Project Cost	1,409,682	1,409,682	1,383,171

KEY DATES

Approval	Effectiveness	Original Closing	Actual Closing
11-Apr-2017	20-Feb-2018	31-Dec-2018	30-Jun-2019

RESTRUCTURING AND/OR ADDITIONAL FINANCING

Date(s)	Amount Disbursed (US\$M)	Key Revisions
21-Nov-2018	0.78	Change in Loan Closing Date(s)

KEY RATINGS

Outcome	Bank Performance	M&E Quality
Moderately Unsatisfactory	Moderately Satisfactory	Modest

RATINGS OF PROJECT PERFORMANCE IN ISRs

No.	Date ISR Archived	DO Rating	IP Rating	Actual Disbursements (US\$M)
01	10-Jul-2017	Moderately Satisfactory	Moderately Satisfactory	0.00
02	18-Jul-2018	Moderately Unsatisfactory	Moderately Unsatisfactory	0.18
03	22-Jan-2019	Moderately Unsatisfactory	Moderately Satisfactory	0.85
04	30-Jun-2019	Moderately Unsatisfactory	Moderately Satisfactory	1.38



ADM STAFF

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I. PROJECT CONTEXT AND DEVELOPMENT OBJECTIVES

Context

1. **Bosnia and Herzegovina (BiH)** is an upper-middle income country, with a Gross Domestic Product per capita of US\$5,951, and a complex governance system with devolved responsibility for policy and reform activities. Approximately 60 percent of BiH's 3.51 million inhabitants live in rural areas, with the north and central areas being most densely populated. The 1995 Dayton Peace Accords afforded the country with a degree of stability but created a complex administrative system consisting of two entities (the Federation of Bosnia and Herzegovina [FBiH] and the Republika Srpska), and one autonomous district (Brcko District). All three have their own constitutions and governments and are politically, administratively, and fiscally autonomous. The FBiH is further divided into 10 cantons, each with own government, and 79 municipalities, while Republika Srpska has 7 regions and 63 municipalities.
2. Over the last two and a half decades, BiH has faced complex challenges on many fronts: recovery from the armed conflict, the dismantling of socialism, transition to capitalism and democracy, and consequent government building processes. In steering the post-war development process, the BiH authorities have been the leading agency, along with the international community, that provided massive assistance for the reconstruction and reforms. These processes were initiated in a number of segments of society since objectives such as peace, security, sustainable development, human rights and poverty alleviation are closely interlinked, and their attainment requires close collaboration and coordination between all sectors. The reform of the health systems in the Republika Srpska, FBiH and the Brcko District has been part of these continuous efforts; it illustrates the importance of the involvement of both the government and society at large in the development of the country in the twenty-first century.
3. **The Reducing Health Risk Factors Project** (the Project) was a small recipient-executed grant which was approved on April 11, 2017, implemented over a two-year period and closed on June 30, 2019. The Project was financed from the Trustee Trust Fund (TF) for Reducing Health Risk Factors in BiH received from the Swiss Agency for Development and Cooperation (SDC). The Trustee TF also financed the Bank-executed grant which focused on providing technical support in the area of tobacco control policy documents and legislation development. The Project only became effective on February 20, 2018, due to delayed approval by the client, so implementation activities commenced only in March 2018.
4. **At the time of the preparation of the Project**, 95% of total deaths in BiH were attributable to four major non-communicable diseases (NCD) groups: cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. These NCDs were also the leading cause of ill-health and disability in the country. BiH has had a high rate of smoking prevalence – according to WHO in 2012 the estimated prevalence rate was 31.2% among women and 49.0% among men, which is above the estimated global prevalence rate of 6.8% among women and 36.1% among men. According to the Global Youth Tobacco Survey of 2008, 16% of boys and 10% of girls, between the ages of 13 and 15 used tobacco products: 19% of boys and 12 % of girls in FBiH, and 11% of boys and 8% of girls in the Republika Srpska. Additionally, 77.3% of youth (79% in the FBiH and 75% in the Republika Srpska) live in homes where others smoke in their presence and 84.0% (85% in the FBiH and 82% in the Republika Srpska) were around others who smoke in places outside their home. Therefore, the incidence of second-hand smoke is high in BiH. On average, 87% of the young people who were interviewed think that smoking should be banned from public places.
5. In 2015 a baseline study on “Health risks factors for non-communicable disease: Implications for policy and practice” was conducted in Republika Srpska (Banja Luka, Doboje and Trebinje), FBiH (Sarajevo, Mostar and Tuzla) and Brčko District by the Public Health Institute of Republika Srpska and Institute for Public Health of the FBiH. Survey indicated that 26.9% of the population were smokers, with more for men (28.4%) than for women (25.4%). The largest



share of smokers belonged to the population group of 35-44-year-old men and 45-54-year-old women, and the lowest one to the age group of 15-18 (7.8%). The study showed that 40.8% of the population was exposed to second hand smoking at home, slightly more for women (41.6%) than men (40.1%). The group being most exposed to smoke were aged 25-34 (45.3%). Almost one-third of the respondents (30.9%) were exposed to second hand smoking at the workplace (indoors and outdoors), with an equal percentage of men and women, with respondents aged 45-54 (36%) being predominantly exposed to second hand smoking at work.

6. As for alcohol consumption, 1.9% of the population consume alcohol daily, with more for men than women (F 0.5%; M 3%) while 55% of the population did not consume alcohol in the year preceding the survey (F 65.6%; M 44.4%). Daily alcohol consumption was not present among younger categories of respondents aged 15-24, but it increased with age among men of age groups 45-54 at 8.2% and 55-65 at 8.4%. Daily alcohol consumption by women is the highest among the age group 55-65 at 1.9%. Almost one out of ten persons (8.3%) age 15-18 did not know that alcohol use could eventually become addictive (10.3% for males and 6.3% for females).

7. Eating habits of the population were characterized by low consumption of fruit and vegetables. Only 1.9% of the respondents were familiar with recommendations on fruit consumption. 10% of the population consumed fruits twice (or more) daily with vegetables being scored even lower on the scale at 6.7%. In addition, eating habits were also characterized by poor intakes of fish and cereals with 53.4% of the population not consuming fish on a weekly basis, and only 6% of the respondents were consuming cereals and whole grains once or more times a day. Of the population that put salt in their food before tasting it, 8.6%, men (9.0%) did so more often than women (8.2%).

8. Finally, only 25.9% of the population practiced physical activity for at least a half hour on a daily basis; women being less active (23.4%) compared to men (28.4%). The most active population group was aged 15-18 (30.3%).

9. The Project aimed to target the pre-school children, school children, teachers, health professionals and health sector officials. It was anticipated that implementation of the Project activities would result in a change of attitude and behavior and in increased knowledge among the Project target groups. At the same time the Project intended to strengthen capacities of key stakeholders, such as local government employees, in four selected communities, as well as the Ministry of Health and Social Welfare of the Republika Srpska (MoHSWRS) and the Ministry of Health of FBiH (MoHFBiH).

10. The Project was implemented by MoHSWRS and MoHFBiH, with supervision from the World Bank and support from the donor, SDC.

Project Development Objective (PDO)

11. The Project development objective (PDO) was to assist the Republika Srpska and Federation of Bosnia and Herzegovina in reducing selected non-communicable disease risk factors by promoting tobacco and alcohol control, and diet and physical activity in four selected local communities.

Key Expected Outcomes and Outcome Indicators

12. The main expected outcome of the Project was the changed attitudes and behavior concerning NCD risk factors (tobacco and alcohol consumption, poor diet and low physical activity) and their prevention among the citizens of BiH, with the main focus on youth.

13. The achievement of the overall PDO was to be measured through the following PDO level indicators:

- (a) Percentage increase in awareness among primary and secondary school students on tobacco and alcohol use and addiction;



- (b) Percentage of public educational (kindergartens, primary and secondary schools) and health care institutions, which have implemented smoke free policies in line with the Initiative for Tobacco Control; and
- (c) Percentage increase in awareness of linkage between habits and behaviors, and NCD risks among public educational (kindergartens, primary and secondary schools) and health care institutions employees.

Components

14. The Project included one component, which focused on *changing attitudes and behavior concerning NCD factors* among the citizens of the four selected communities (Zenica and Mostar in FBiH, Zvornik and Doboj in Republika Srpska). It involved increasing knowledge and changing practices that foster good health in public education and health care institutions. The component financed: (a) development of sets of toolkits for each risk factor for the promotion of tobacco-free public spaces and healthy lifestyles in public education and health care institutions; (b) training of trainers; and (c) design/revision and distribution of training materials among targeted groups. It also financed, inter alia, technical assistance for the development and implementation of advocacy campaigns and social mobilization, and surveys. Finally, the component financed small grants to communities, based on proposals in support of healthy lifestyles. Manuals for the operation of the Project and of the small grants were developed.
15. The following intermediate results indicators measured the implementation progress of the Project:
- (a) Number of toolkits for tobacco and alcohol control, and diet and physical activity developed according to target groups; and
 - (b) Number of attendees in training of trainers by entity.
16. Project implementation activities were consolidated into four pillars, as follows:
- **Pillar 1 - Advocacy:** Development and implementation of strategic, contextually appropriate advocacy plans, communications, initiatives and approaches to reduce the health risk factors in BiH;
 - **Pillar 2 - Community mobilization:** Development and implementation of a community mobilization program to strengthen the capacity of targeted local communities and all actors/stakeholders directly involved in the coordination, planning and implementation of proven preventive interventions and measures at the local level;
 - **Pillar 3 - Education:** Development and implementation of an education/intervention program to strengthen the capacity of stakeholders to implement modern methods of proven prevention and to improve the development of the necessary skills for healthy behavior in all target groups,
 - **Pillar 4 - Monitoring and evaluation:** Development and implementation of monitoring and evaluation programs for improving the knowledge and skills of key stakeholders in the areas of monitoring and evaluating the results and implementation process of modern preventive interventions.
17. A schematic representation of the Project's pillars is presented in Figure 1. PDO indicators 1 and 3 were supposed to reflect the results enabled by the education activities under Pillar 3, and PDO indicator 2 reflected the results enabled by the community mobilization activities under Pillar 2.

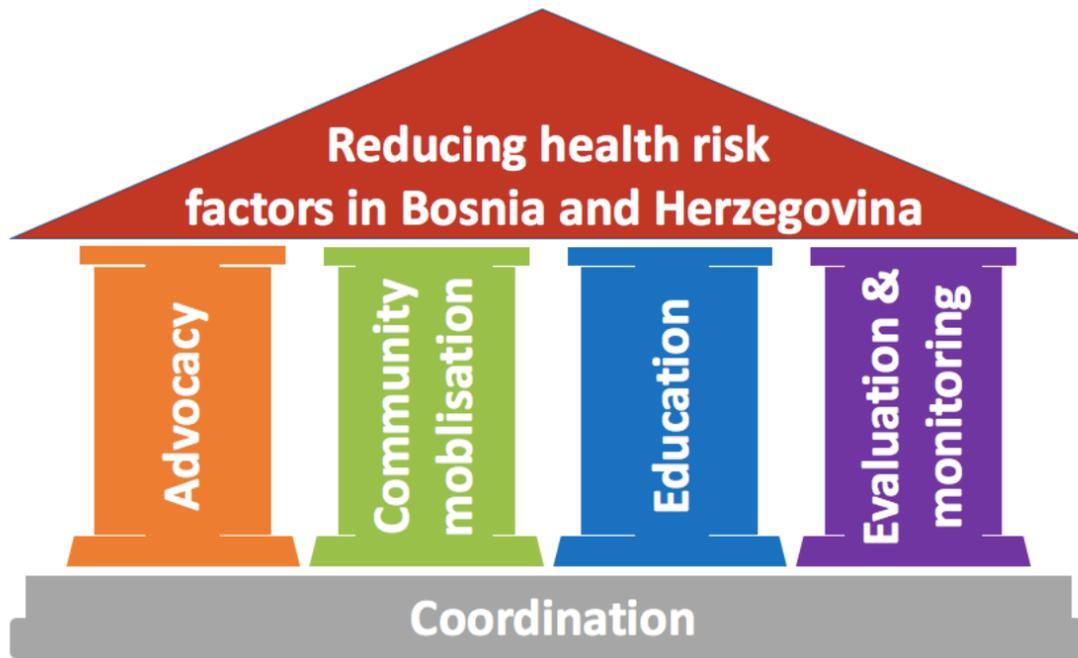
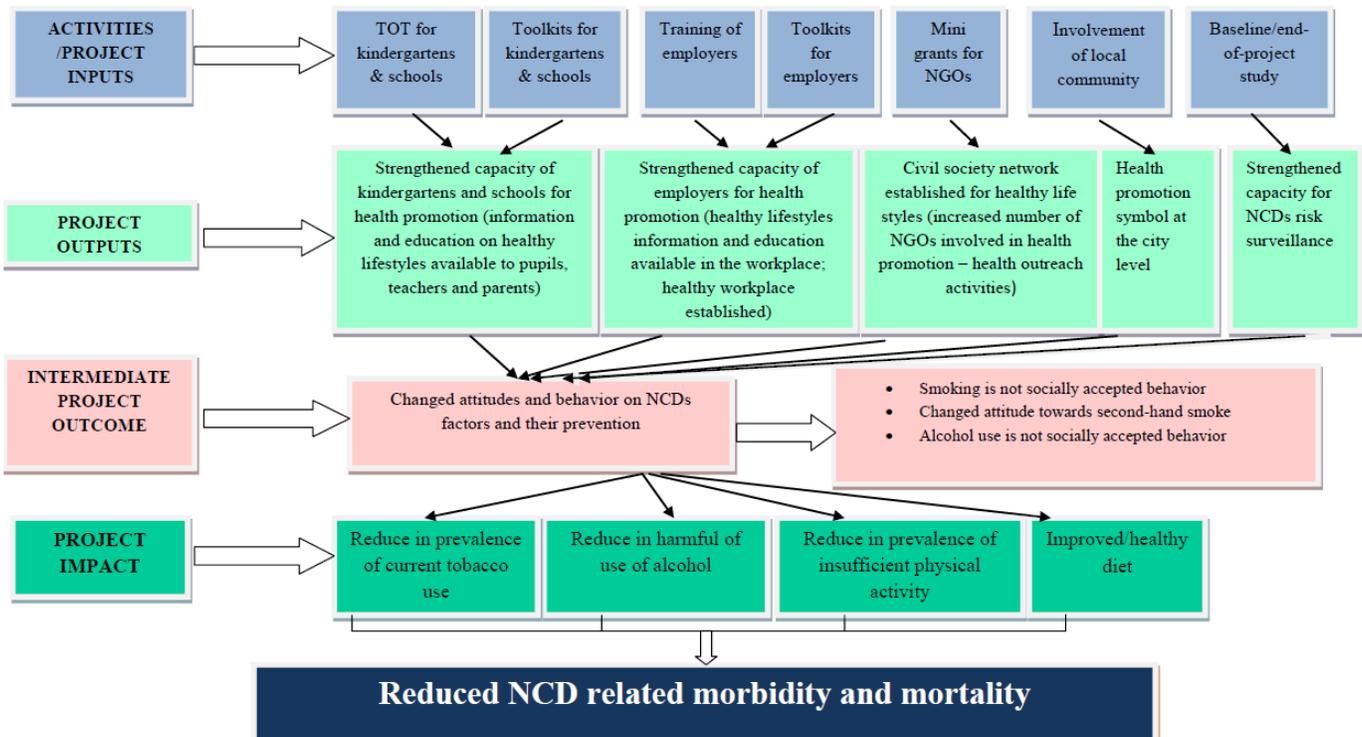


Figure 1. Four Project pillars

Theory of change





Changes during implementation

18. The original closing date of the Project was December 31, 2018, however due to delays with the effectiveness and the implementation start, the timeframe for preparation, distribution and implementation of 'small scale projects' was extremely short. The MoHSWRS and the MoHFBIH developed 'small scale projects' grants manuals that provided instructions, guidance and documentation for organizations participating in the process of publishing calls for proposals, selecting winning entities, and implementing grants in FBiH and Republika Srpska. This process involved a number of institutions engaged in contractual arrangements and required more time than was provided by the Project. In order to ensure the implementation of the 'small scale projects', the Government requested an extension of the Project closing date until June 30, 2019 to allow for the activities to be completed and the resources to be fully disbursed, as initially planned. The request was approved by the Donor (SDC), and the amendment to the Administration Agreement for the Trustee TF was countersigned on November 6, 2018, extending its end of disbursement date until December 31, 2019.

19. There were no other significant changes during the Project implementation, and therefore no implications for the original theory of change.

II. OUTCOME

Assessment of Achievement of Each Objective/Outcome

20. Relevance of the PDO is rated **high**. Project activities were aligned with key priorities identified in the Systematic Country Diagnostics (SCD) dated November 2015. The SCD identified the improvement of health services as one of the top ten priorities with particular emphasis on discouraging smoking to increase life expectancy, improving quality of life, and reducing health-related expenditures. Increasing tobacco taxes and better enforcement of anti-smoking regulations, which were attempted to be addressed under the World Bank-executed part of the SDC-funded grant, were also recognized by literature as ways to decrease smoking prevalence among the population. The Project was also aligned with the Country Partnership Framework for the period of fiscal years 2016-2020.

21. Efficacy is rated **modest**. The design of PDO indicators did not demonstrate the achievement of the expected outcome well. Indicators' formulation was broad and general and did not provide enough information on desired changes as a result of Project interventions. For the purposes of gathering data during baseline and endline surveys, PDO indicators were disaggregated in an attempt to provide information on each health risk factor (see Table 1). However, disaggregation was not reflected in the Project documents, or later under the restructuring, so reporting of the results was not straightforward.

22. Overly ambitious targets of PDO indicators was another challenge, making it impossible to achieve the expected outcome. Indicators for PDO 1 and PDO 3 intended to have a 50 and 30 % increase respectively in awareness of students and employees on alcohol and tobacco use and linkages between habits and NCD risks respectively. The indicator for PDO 2 was designed to have 50% increase in number of education and health care institutions implementing smoke free policies; it was disaggregated by number of education institutions and health institutions separately, and the summary is provided in the following table. According to the progress reports and results of the baseline and endline surveys, there was a significant increase in the number of educational institutions implementing smoke free policies, especially in Dobož and Zvornik in Republika Srpska, but not a great increase among health institutions. Only Zenica and Mostar in FBiH demonstrated some improvement.



	Total educational institutions	Total health institutions	Baseline education	Baseline health	Endline education	Endline health
Zenica	28	3	39%	0%	50%	33%
Mostar	28	4	25%	25%	57%	75%
Doboj	16	2	0%	0%	75%	0%
Zvornik	9	2	0%	0%	89%	0%

23. The limited Project implementation period (less than 12 months) did not allow for significant changes in the behavior of beneficiaries. The baseline survey was conducted in April-May and November 2018, and given the extended closing date of June 31, 2019, the actual implementation period was less than a year. And while all planned activities, specifically preparation and implementation of small grants in the communities, were successfully completed, it was impossible to demonstrate and record any behavioral changes among the beneficiaries.

24. Efficiency is rated **modest**. Neither the net present value nor economic rate of return were calculated at the Project preparation stage, so it was hard to determine which cost-benefit ratio would be applicable to the Project. As for the Project design, it can be considered moderately efficient as it included prevention-specific interventions as well as capacity building efforts in education and advocacy, such as trainings and toolkits, developed for each target group. The implementation progress was rated either moderately satisfactory or moderately unsatisfactory throughout the implementation period, mostly due to the delays in Project effectiveness and startup of activities. At the same time all project management requirements were fulfilled, and 99% of funds were disbursed by the closing date. No procurement or financial management issues, cost overruns or staff turnover were observed, which contributed to the efficiency of the Project.

25. **Results Framework.** As discussed earlier, the design of PDO indicators was too general, while established targets were too ambitious.

26. For the purposes of gathering data more precisely, the percentage increase in awareness among primary and secondary schools' students on tobacco and alcohol use and addiction (*PDO indicator 1*) was disaggregated by the harmful use of tobacco and alcohol, as well as awareness on tobacco addiction and consumption of alcohol in each participating community. Both in FBiH and Republika Srpska a decline in awareness or very little increase was demonstrated on all of the parameters as opposed to the expected 50 % increase.

27. *PDO indicator 2* on percentage of public educational (kindergartens, primary and secondary schools) and health care institutions which have implemented smoke free policies in line with the Initiative for Tobacco Control: While there seems to be a significant increase in number of educational institutions implementing smoke-free policies in both entities, no progress was made among health institutions in Republika Srpska, with limited progress in FBiH (increase from 0 to 1 in Zenica, and from 1 to 3 institutions in Mostar).

28. *PDO indicator 3* on percentage increase in awareness of linkage between habits and behaviors, and disease risks among public educational (kindergartens, primary and secondary schools) and health care institutions employees was disaggregated by kind of employees (health vs. educational) and by type of behavior (linkages between health and physical activity, health and tobacco use, health and alcohol consumption). While baseline data on awareness on linkages of physical activity and health among both educational and health workers was already quite high (84 to 95%) and would not allow for the anticipated 30% increase, a very small increase was observed in awareness of linkages between tobacco use and health (up to 8% increase from baseline), and up to 19 % increase in awareness on alcohol use with regards to health.



29. Both intermediate results indicators (*Number of toolkits for tobacco and alcohol control, and diet and physical activity developed according to target groups* and *Number of attendees in training of trainers by entity*) reached their targets, although the indicator on number of attendees in training of trainers did not have a set target. Rather a target was vaguely indicated as a total number of people recorded in the progress report. Overall 11 toolkits were developed for tobacco and alcohol control, and diet and physical activity in both entities, and 106 attendants in FBiH and 171 attendants in Republika Srpska participated in training of trainers.



Table 1: Baseline, target and endline results by disaggregated PDO-level indicators, in each of local communities

Outcome: changed attitudes and behavior on NCD risk factors and their prevention among the citizens of BIH with the main focus on youth (in four targeted local communities)													
		Baseline survey				Target				Endline survey			
		FBiH		Republika Srpska		FBiH		Republika Srpska		FBiH		Republika Srpska	
		Zenica	Mostar	Doboj	Zvornik	Zenica	Mostar	Doboj	Zvornik	Zenica	Mostar	Doboj	Zvornik
PDO Indicators													
<i>PDO1: Percentage increase in awareness among primary and secondary school students on tobacco and alcohol use and addiction (50% of the baseline)</i>	Harmful use of tobacco	55	47	53	51	82	70	80	76	50	53	55	56
	Tobacco addiction	34	36	33	28	52	53	42	49	32	41	30	29
	Harmful use of alcohol	67	53	50	60	100	80	74	89	60	68	62	55
	Consequences of alcohol consumption	82	84	82	80	100	100	100	100	81	81	82	82
<i>PDO2: Percentage of public education (kindergartens, primary and secondary schools) and health care institutions that</i>	Number of education institution (total in Zenica and Mostar: 28 and 28; in Doboj and Zvornik: 16 and 9)	11	7	0	0					14	16	12	8



Outcome: changed attitudes and behavior on NCD risk factors and their prevention among the citizens of BIH with the main focus on youth (in four targeted local communities)													
		Baseline survey				Target				Endline survey			
		FBiH		Republika Srpska		FBiH		Republika Srpska		FBiH		Republika Srpska	
		Zenica	Mostar	Doboj	Zvornik	Zenica	Mostar	Doboj	Zvornik	Zenica	Mostar	Doboj	Zvornik
<i>have implemented smoke free policies in line with the Initiative for Tobacco Control (50% of the baseline)</i>	Number of health institutions (total in Zenica and Mostar: 3 and 4; Doboj and Zvornik: 2 and 2)	0	1	0	0					1	3	0	0
<i>PDO3: Percentage increase in awareness of linkage between habits and behaviors, and NCD risks (such as cardiovascular disease, cancer, diabetes, stroke) among public education and health care employees (30%</i>	% of health workers aware of links between physical activity and health	86	83	91	95	100	100	100	100	88	77	95	89
	% of educational workers aware of link between physical activity and health	84	88	91	95	100	100	100	100	86	90	94	95
	% of health workers aware of link between tobacco use and health	57	49	57	55	74	64	72	74	57	53	59	53



Outcome: changed attitudes and behavior on NCD risk factors and their prevention among the citizens of BIH with the main focus on youth (in four targeted local communities)													
		Baseline survey				Target				Endline survey			
		FBiH		Republika Srpska		FBiH		Republika Srpska		FBiH		Republika Srpska	
		Zenica	Mostar	Doboj	Zvornik	Zenica	Mostar	Doboj	Zvornik	Zenica	Mostar	Doboj	Zvornik
<i>increase of the baseline)</i>	% of educational workers aware of link between tobacco use and health	65	69	68	64	84	89	88	83	66	68	70	72
	% of health workers aware of link between alcohol use and health	37	40	39	34	47	52	50	44	45	48	41	41
	% of educational workers aware of link between alcohol use and health	61	62	47	55	79	80	39	62	61	58	56	55



Overall Outcome Rating

30. The overall outcome rating is **moderately unsatisfactory** based on the high rating for relevance and modest ratings for both efficacy and efficiency.

Other Outcomes and Impacts

31. One of the positive outcomes in both entities was that key stakeholders were able to establish a robust platform for collaboration, including community mobilization led by local action groups and advocacy coalitions comprising of government and civil society organizations. Additionally, the Project had initiated multisectoral (governmental and non-governmental stakeholders) and multidisciplinary collaboration in the process of setting priorities regarding all four risk factors, although the main focus in target communities was mostly on physical activity and healthy eating, with fewer activities addressing tobacco and alcohol use.

32. Additionally, all education and training events substantially increased the knowledge and skills of local stakeholders about healthy behavior promotion and prevention of the four risk factors.

III. KEY FACTORS THAT AFFECTED IMPLEMENTATION AND OUTCOME

33. There was a number of factors that affected the implementation of the Project:

34. *Long preparation period, delay in effectiveness and short implementation period.* The Administration Agreement for the Trustee TF was signed between the Bank and SDC on July 17, 2014, and initial design of the Project entailed two sets of recipient-executed activities for the provision of (a) technical assistance to support the passing and implementation of tobacco control policies and regulations; and (b) technical assistance to reduce selected NCD risk factors and promoting behavioral changes, especially among youth. However, preparation of the Project was delayed due to the lack of the Government's commitment, political turnover, as well as frequent changes of task team leaders on the World Bank's side, with Project only being approved in April 2017. Then, due to the long ratification process on the Government's side, the effectiveness was delayed until February 2018, leaving only ten months for the implementation (as the original closing date was December 31, 2018).

35. *Given the aforementioned delays and changes in the Governments' priorities, the final design of the Project changed, and scope was reduced* to only include the technical assistance to reduce NCD risk factors. The geographical scope of the Project changed as well: while initially it was planned to be implemented country-wide, eventually interventions only rolled out in four selected communities (two in each entity).

36. *Ambitious design.* Despite the simplification of the initially planned activities, the design, specifically the results framework, was too ambitious. The targets of the indicators were set overly high, given the short implementation period. Since the interventions under the Project intended to induce the behavioral changes in beneficiaries, the short timeline did not allow for the changes to settle in and demonstrate the desirable transformation.

37. In addition, *the design of the Project* was prepared without strong enough participation of local counterparts, so when the actual implementation on the ground started in the communities, it took some time for local stakeholders to get a sense of the Project. At the same time, unclear distribution of roles and responsibilities among all involved parties, including the World Bank staff and consultants, Ministries of Health, and SDC, created misunderstandings and confusion, especially with regards to the ownership and governance of the Project.



IV. BANK PERFORMANCE, COMPLIANCE ISSUES, AND RISK TO DEVELOPMENT OUTCOME

38. **Bank performance** at both preparation and implementation stages is rated **moderately satisfactory**. The quality at entry was ensured by conducting all required internal peer-review meetings, including concept note review and decision meetings. The quality of World Bank supervision was reflected in effective and proactive implementation support, which compensated for the initial delays in commencing the implementation. However, four task team leaders, as well as three project coordinators, changed from initiation to completion of the Project, which contributed to overall drawbacks in the implementation of the Project. The Project coordinator, hired as a consultant under the BETF grant, also changed six months before the completion of the Project, during the implementation of the crucial activity on small scale grants.

39. **Compliance issues:** The Project was successfully completed, with 99 % funds disbursed. This Project was rated as a “category C” project in terms of environmental and social aspects; therefore, no safeguard policies were triggered at design stage and no environmental or social issues were encountered during implementation. Financial management performance was satisfactory throughout. Procurement was conducted according to the procurement plan, with procurement and contract administration processes as well as performance of procurement staff generally maintained at a satisfactory level.

40. **Risks to development outcome (sustainability):** Although the development objective was not achieved under the Project, there have been a number of positive developments and achievements as discussed earlier. However, the risk to the achieved development outcomes is considered **substantial to high**. A very strong commitment was noted in all four participating local communities with regards to continuation of the Project activities as part of their regular collaboration between institutions. In order to keep the momentum, city authorities in both Republika Srpska and FBiH would need to plan and develop a comprehensive coordination and communication strategies, however at the time of preparation of the completion report, it was not clear if any additional support will be provided to the local authorities. While the SDC expressed their willingness to continue the efforts in prevention of all four risks factors in the country, the future format of the technical assistance, as well as the World Bank’s role, if at all, is not defined yet. In addition, during the supervision visits to the communities, it was noted that there was a strong need to improve capacity of city authorities and local stakeholders in the field of monitoring and evaluation. Given that consultants working on this area with the authorities were hired temporarily, local institutions would need to take this responsibility upon themselves to assure the sustainability of the Project.

V. LESSONS LEARNED AND RECOMMENDATIONS

41. The lessons learned from the process of preparing and implementing the Project can be summarized as follows:

- (a) Country’s complex political system needs to be taken into account for any future engagements. Delays during preparation and effectiveness stages affected the implementation period of the Project and led to the extension of the closing date to allow for completion of the planned activities. Despite the extension of the closing date, the implementation period was considered too short and tight in order to achieve substantial behavioral changes among beneficiaries. In the event of Project continuation or future similar engagements, an optimal implementation of at least three years is recommended, with sufficient time allocated to stages of signing and effectiveness.



- (b) Multiple stakeholders referred to overly complex design of the interventions (activities divided into four pillars, ambitious targets, etc.), so it is suggested to plan for simpler Project interventions aligned with educational activities (e.g. school syllabi) in order to carry out a more comprehensive approach.
- (c) At the local level, continuous media presence and reporting on risk factors prevention activities was an important factor contributing to community mobilization and increase citizens' awareness on health promotion. It is important to plan for communication/social media/media strategy in any future/similar engagements, especially at the beginning of project implementation.
- (d) One of the reasons for the delay in the commencement of Project implementation was lack of common understanding of the Project objectives among the involved stakeholders. It is crucial to ensure early involvement of local communities in preparation and design of the activities, as well as clear distribution of roles among the donor, the World Bank and the Ministries of Health.
- (e) Mutual exchange of good practices and successes among local communities will contribute to increased efficiency, motivation and sustainability of efforts. Wide spread distribution of the results of the implementation is recommended to increase the probability of people changing their attitudes, habits and behaviors.



ANNEX 1. RESULTS FRAMEWORK AND KEY OUTPUTS

A. RESULTS INDICATORS

A.1 PDO Indicators

Objective/Outcome: Reducing selected non-communicable disease risk factors by promoting tobacco and alcohol control, and diet and physical activity in selected beneficiaries (pre-school children, school children, teache

Indicator Name	Unit of Measure	Baseline	Original Target	Formally Revised Target	Actual Achieved at Completion
Percentage increase in awareness among primary and secondary school students on tobacco and alcohol use and addiction	Text	a) RS: 0; b) FBiH: 0 01-May-2017	RS and FBiH: 50% 31-Dec-2018	RS and FBiH: 50% 28-Jun-2019	See comments 30-Jun-2019

Comments (achievements against targets):

Not achieved. Targets were disaggregated by tobacco and alcohol use. Both in FBiH and Republika Srpska a decline in awareness or very little increase was demonstrated on all of the parameters as opposed to the expected 50 % increase.

Indicator Name	Unit of Measure	Baseline	Original Target	Formally Revised Target	Actual Achieved at Completion
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<p>Percentage of public education (kindergartens, primary and secondary schools) and health care institutions that have implemented smoke free policies in line with the Initiative for Tobacco Control</p>	<p>Text</p>	<p>% of education institutions FBiH: Zenica 4%; Mostar 7% RS: Zvornik 0; Doboj 0</p> <p>% of health institutions FBiH: Zenica 0%; Mostar 25% RS: Zvornik 0%; Doboj 0%</p> <p>19-May-2017</p>	<p>RS and FBiH: 50%</p> <p>31-Dec-2018</p>	<p>RS and FBiH: 50%</p> <p>28-Jun-2019</p>	<p>See comments</p> <p>30-Jun-2019</p>
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Comments (achievements against targets):

Partially achieved. A significant increase in number of educational institutions implementing smoke-free policies was reported in both entities, but no progress was made among health institutions in Republika Srpska, with limited progress in FBiH.

Indicator Name	Unit of Measure	Baseline	Original Target	Formally Revised Target	Actual Achieved at Completion
<p>Percentage increase in awareness of linkage between habits and behaviors, and NCD</p>	<p>Text</p>	<p>a) RS: 0; b) FBiH: 0 02-Feb-2017</p>	<p>RS and FBiH: 30% 31-Dec-2018</p>	<p>RS and FBiH: 30% 31-Dec-2018</p>	<p>See comments 30-Jun-2019</p>



risks (such as cardiovascular disease, cancer, diabetes, stroke) among public education and health care employees

Comments (achievements against targets):

Not achieved. Baseline data on awareness on linkages of physical activity and health among both educational and health workers was already quite high (84 to 95%) and would not allow for the anticipated 30% increase. A very small increase was observed in awareness of linkages between tobacco use and health (up to 8% increase from baseline), and up to 19 % increase in awareness on alcohol use with regards to health.

A.2 Intermediate Results Indicators

Component: Change attitudes and behavior concerning NCD risk factors

Indicator Name	Unit of Measure	Baseline	Original Target	Formally Revised Target	Actual Achieved at Completion
(a) Number of toolkits for tobacco and alcohol control, and diet and physical activity developed according to target group	Text	RS and FBH: 0 02-Feb-2017	at least two toolkits in each entity per target group 31-Dec-2018	at least two toolkits in each entity per target group 31-Dec-2018	RS and FBH: 11 toolkits 30-Jun-2019

Comments (achievements against targets):

Target was achieved



Indicator Name	Unit of Measure	Baseline	Original Target	Formally Revised Target	Actual Achieved at Completion
Number of attendees in Training of Trainers by entity	Text	RS and FBiH: 0	according to progress report	according to progress report	106 in FBiH and 171 in RS
		02-Feb-2017	31-Dec-2018	31-Dec-2018	30-Jun-2019
Comments (achievements against targets): Target was achieved					



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Objective/Outcome 1: Changed attitudes and behavior concerning NCD risk factors (tobacco and alcohol consumption, poor diet and low physical activity) and their prevention among the citizens of Bosnia and Herzegovina	
Outcome Indicators	<ol style="list-style-type: none">1. Percentage increase in awareness and knowledge of linkage between habits and behaviors, and disease risks among public educational (kindergartens, primary and secondary schools) and health care institutions employees.2. Percentage of public education (kindergartens, primary and secondary schools) and health care institutions that have implemented smoke free policies in line with the Initiative for Tobacco Control3. Percentage increase in awareness of linkage between habits and behaviors, and NCD risks (such as cardiovascular disease, cancer, diabetes, stroke) among public education and health care employees
Intermediate Results Indicators	<ol style="list-style-type: none">1. Number of toolkits for tobacco and alcohol control, and diet and physical activity developed according to target group2. Number of attendees in Training of Trainers by entity
Key Outputs (linked to the achievement of the Objective/Outcome 1)	<ol style="list-style-type: none">1. Strengthened capacity of kindergartens and schools for health promotion (information and education on healthy lifestyles available to students, teachers and parents)2. Strengthened capacity of employers for health promotion (health lifestyle information and education available in the workplace; healthy workplace established)



ANNEX 2. PROJECT COST BY COMPONENT

Components	Amount at Approval (US\$M)	Actual at Project Closing (US\$M)	Percentage of Approval (%)
Change Attitudes & Behavior Concerning NCD Risk Factors	1.41	1.39	99
Total	1.41	1.39	99