

COMMUNITY INTEGRATING HEALTH AND SOCIAL SERVICES A SUSTAINABILITY ANALYSIS APPROACH OF A HEALTHCARE PROJECT IN ROMANIA, FUNDED BY THE SWISS-ROMANIAN COOPERATION PROGRAM

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Abstract. *This article displays a sustainability analysis conducted in 2023. It exemplifies how this type of analysis can be performed at the project level, reproducing the procedure on as many projects as predetermined and drawing conclusions about the entire program. The need to evaluate government-funded interventions and implemented social programs has become more urgent. Stakeholders must have assurance that the projects they funded are performing as intended. To help ensure the proper functioning and overview of a project, more evaluations must be conducted. Due to the nature of the program phase, a full-scale evaluation was not possible; however, it was more than suitable to conduct the sustainability analysis. The program ended in 2019, and the analysis was conducted in 2023. To assess the program, several methods were applied. The program documents underwent a content analysis before the sustainability analysis. Sustainability was observed with the help of survey questionnaires, document review, telephone conversations, and on-site object observations. The results of the overall analysis, conducted in 2023, were not as expected, nor were those of the analyzed project presented in this article. The content analysis showed positive results, and the sustainability analysis revealed the overall project's success. Nevertheless, we have recommendations based on the project analysis. Those will be discussed in the article's summary.*

Keywords: *Switzerland, Romania, cooperation, cohesion contribution, health issues, sustainability analysis, content analysis.*

The following article presents an excerpt of the sustainability analysis of the Swiss-Romanian Cooperation Program (SRCP) conducted in 2023 and 2024. The focus was on a specific project within the program. Therefore, it presents the overall content analysis performed on the project environment and the sustainability analysis of that specific project. The sustainability analysis was a PhD work and lasted between 2020 and 2024. The goal was to conduct a sustainability analysis of the Swiss-Romanian Cooperation Program 2009-2019. To set up a goal, we asked some research guiding questions, always keeping the sustainability aspect focused. We discarded several questions during our feasibility tests. Time and financial restrictions did not allow for choosing freely from the preconceived questions. We were left with four to conduct the

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analysis. *Did the intervention work?* This question regarded the whole program, based on the analysis of its single elements. We wanted to find out a very basic feature, the functioning of the SRCP. The question relied on the aggregation of all project analysis results. *Did the implemented measures achieve the intended goals?* In this case, the analysis went below the level of our first question. This time, we went for each subcategory within the program.

Some subcategories could be analyzed entirely, while others relied on a sample. With this question, we had the greatest issues. It was impossible to provide evidence, with statistical relevance, on how the SRCP influenced any issues it set out to combat. If we took the Romanian socio-economic markers and compared the growth with the program implementation, we could notice improvement. But while the SRCP ran, other external funding schemes were active as well. It was not possible to measure only the SRCP's contribution to the overall improvement in Romania.

What type of implemented projects are still operational? Our guiding question for the sustainability analysis. For this question, we had to look at each project separately. This meant a sustainability analysis on each project. It was the main task of the PhD project. The last question: *Did the SRCP improve the bilateral relations between Switzerland and Romania?* was trying to find evidence for any improvement between Switzerland and Romania on the institutional level.

Sustainability analysis is part of a larger evaluation scheme. It is the part that is applied once the program has ended. In this case, the program ended almost four years ago. Enough time to check for sustainability. Among the concept sustainability, we went out to check for more during the project. Merit, worth, effectiveness, and efficiency were the others. Each concept required a different set of data, while merit, worth, effectiveness, and efficiency relied on document analysis and survey questionnaires, sustainability also needed on-site visits for observations.

The content analysis was desk work that compared the documents issued by stakeholders and official parties. This measure was taken to check for basic comprehension, which meant verifying whether the information provided was clear about the issues, intentions, and solutions to implement. Consistency was verified by checking for identical descriptions and information on the issued documents. Adequacy, although the last part will be judged from a basic, non-professional point of view. As we will see, the program consists of specific fields, such as healthcare, with identified needs. To check for adequacy means that we expect projects to address health issues and the particular needs of the given situation, rather than being primarily focused on supporting research for alternatives to nuclear energy. An additional effect was to present raw data in a more structured manner. This provided a clear display of the nominal data *project title* and its *field of operation*, which consisted of three subcategories. And the numeric data *project costs* and *duration*.

The sustainability analysis involved fieldwork, including observation, surveys, and documentation of the project's current situation in the field in 2023. This was done by visiting seven objects in Romania. On-site questionnaire surveys and photographs helped gather data and provide a more authentic view of the object, even though it was only temporary. The program was closed in 2019, which means the seven project sites had four years to stand on their own, without Swiss funding. From a sustainability analysis perspective, this was a very insightful timeframe. While the content analysis yielded more interpretive results, the sustainability analysis was factual, grounded in observable realities. The analysis checked for merit, worth, efficiency, effectiveness, and

sustainability. It is worth noting that the efficiency aspect in this analysis has an interpretive component. It is not based on observations over the project's lifespan. The particular analysis presented was one small part that helped to answer the research guiding questions initially posed. The formulated hypotheses used are mentioned in the summary and conclusion of this article, exemplifying a sustainability analysis variant of the SRCP's specific project.

1. The Swiss-Romanian Cooperation Program

The need to evaluate government-sponsored economic interventions and recently implemented social programs has become significantly stronger. Switzerland is no exception to that rule; its obligation to evaluate government-funded programs is codified in several sources. One is Article 170 of the 1999 Federal Constitution.¹ Another source is the Federal Act on the Federal Assembly (Parliament Act, Parla) of December 2002 (issued in January 2024). Switzerland ran a contribution program in Romania between 2009 and 2019. It was the SRCP.

It all started on February 27, 2006, when the Swiss Federal Council and the Council of the European Union (EU) signed the Memorandum of Understanding (MOU)² regarding the Swiss financial support for the ten member states that acceded to the EU on May 1, 2004.

This MOU was approved by the Swiss population in a popular vote on November 26, 2006.³ Switzerland contributed 1.302 billion Swiss Francs (Sfr.) to support projects in the new EU-10 member states.⁴ The Romanian Government approved the framework agreement with Decision No. 1065/2010.⁵ Romania received 180 million Sfr. The main Leitmotif of the Swiss-Romanian Cooperation Program was:

*To reduce the economic and social disparities within the enlarged European Union and between different regions of development of the beneficiary country of Romania. And to contribute within Romania to the reduction of economic and social disparities between the dynamic urban centers and the structurally weak peripheral regions.*⁶

¹ *Bundesverfassung der Schweizerischen Eidgenossenschaft*, 1999, (issued January 2008), Artikel 170 Überprüfung der Wirksamkeit, p. 50. Available in English: www.fedlex.admin.ch. Accessed August 2025.

² Official website of the Swiss Federal Department of Economic Affairs, Education and Research. *Swiss contribution to the enlarged EU: Signing of a memorandum of understanding*. www.admin.ch/gov/en/start/documentation/media-releases.html Accessed August 2025.

³ Official website of the Swiss Federal Chancery (Bundeskanzlei). *Volksabstimmung vom 26. November 2006*. Site is not available in English www.bk.admin.ch/bk/de/home/dokumentation/volksabstimmungen/volksabstimmung.html Accessed August 2025.

⁴ Swiss Contribution to selected EU member states. The document is available for download as follows: *Der Schweizer Erweiterungsbeitrag. Bilanz zum Abschluss der Länderprogramme in den EU-12 Staaten* (published May, 2020), p. 4. www.eda.admin.ch/schweizerbeitrag.html In this document, Romania has not finished the necessary time frame of 10 years, which means there is only an incomplete display of results. Accessed August 2025.

⁵ Portal Legislativ. *HOTĂRÂRE nr. 1.065 din 20 octombrie 2010*. www.legislatie.just.ro/Public/DetaliiDocumentAfis/123330. Accessed August 2025.

⁶ *Annex 1: Conceptual Framework of the Swiss-Romanian Cooperation Programme*, Document available on the website of the Swiss Federal Department of Foreign Affairs. p. 1-2

The SRCP was terminated on December 7, 2019. The 10-year time frame was divided into two phases: one commitment phase from 2009 to 2014 and one implementation phase from 2014 to 2019. Project selection occurred within the first five years, and all projects were required to be completed by the end of the implementation period.⁷ The SRCP was divided into eight thematic funds⁸:

- Health Issues.
- The Sustainable Energy Action Fund (SEAF)
- Inclusion of Roma and Other Vulnerable Groups
- Security
- Research Fund and Project in Education
- Scholarship (SCIEX)
- Partnership and Expert Fund
- Civil Society Participation Fund

Six Thematic Funds were managed by a Swiss Intermediate Body (SIB) in Switzerland, which provided expertise and assistance, as well as a partner organization in Romania. Two were directly managed in Romania. With a few exceptions, an Executing Agency (EA) in Romania implemented each activity.⁹ Each of the eight SIBs was supervised by three institutions: the Ministry of Finance in Romania, serving as the National Coordination Unit (NCU); the Swiss Agency for Development and Cooperation (SDC) in Bern; and the Swiss Contribution Office (SCO) at the Swiss Embassy in Bucharest. The SRCP came into existence due to the EU's demand for Switzerland to pay its fair share for the benefit of access to the open market. Switzerland is not an EU member state, but thanks to its bilateral relations framework, it benefits from the common EU market, without restrictions. This is where the SRCP was created. The idea behind this program is for Switzerland to pay an entry fee to the marketplace. Switzerland accepted the deal, since the EU is its largest and most important trading partner. The program was not only a mere transfer of funds to Romania, but also funding and assisting projects in Romania. Of the 180 million Sfr. roughly 10% remained in Switzerland and went to non-governmental actors. The rest was spent in Romania on almost 300 projects distributed among the eight thematic funds. The benefit of this method was knowledge transfer. The transfer was only possible if the experts from Switzerland worked in Romania with the beneficiaries and target groups. That was fulfilled with intensive cooperation between the actors, which otherwise would not have occurred on such a large scale. This method not only ensured an efficient allocation of funding in Romania but also less fund loss through corruption and bad management. By strengthening local actors and service providers, the SRCP also aimed at creating a sustainable environment for

https://www.eda.admin.ch/schweizerbeitrag/Annex1-Rumaenien_en.pdf Accessed August 2025

⁷ Under the section *Documents*, title: *Der Schweizer Erweiterungsbeitrag. Bilanz zum Abschluss der Länderprogramme in den EU-12 Staaten*, p. 5. www.eda.admin.ch/schweizerbeitrag/rumaenien.html Accessed August 2025.

⁸ *Ibidem*, p. 8-25.

⁹ *Annex 4: Rules and Procedures for Thematic Funds*, p. 1. Document available on the website of the Swiss Federal Department of Foreign Affairs. Accessed August 2025. www.eda.admin.ch/schweizerbeitrag/Annex4-Rumaenien_en.pdf

future projects, without foreign help. The program acted as a force multiplier by investing at the right spots, money and expertise, but without the bulk of an EU program. From those initiatives, more must arise by Romania's own initiative.

The PhD. project assessed all eight thematic funds. Each one had a content analysis, as presented here, and a sustainability analysis, described on the following pages. The specific project presented in this article was chosen from the Health Issues Fund. The content analysis examined the entire fund, encompassing both the fund and project-related data issued by the involved parties. While the sustainability analysis is of only one project out of the fund, *Community Integrating Health and Social Services*.

2. Content Analysis Health Issues Fund

Before presenting the results, we would like to explain why this method was chosen to analyze the thematic fund. The content analysis was selected to help illustrate the relationship between the funds' intent and the projects' content. Drisko et al. referred to this as a frequency count because it does not require us to make extensive interpretive judgments in coding and data analysis (Drisko, 2016:24).

The task of our content analysis was to compare the goals with the implemented projects and assess whether the projects were suitable or adequate in a nominal sense to achieve those stated goals. Weber mentions some issues with content analysis, namely the reduction of data, whereby entire text paragraphs are classified into much fewer content categories. However, in our case, we do not have to worry about this issue. We are not aggregating large text segments into categories represented by keywords; this is not a typical analysis of media content or political speech. Our procedure will be inductively driven, which means we will let the categories emerge from the data (Schreier, 2012:25); in other words, we decided on our key codes and concepts after reviewing the project's descriptions. The analysis determined whether the projects aligned with the fund's objectives. We did not develop preliminary codes, a guiding question, or a hypothesis that needed to be tested. The task was purely explorative and descriptive, keeping with Drisko et al.'s statement about fundamental content analysis (Drisko, 2016:26). Our analysis was a plausibility estimation. We sought to determine whether the given means were adequate to obtain the desired results. We did not face abstract notions, constructed to make them measurable. Schreier explains it very accurately; she talks about manifest and latent content (Schreier, 2012:177).

We considered this to be important for our analysis; the source for our content analysis was Annex 4: Rules and Procedures for Thematic Funds, as well as the official project's website, which is hosted by the Swiss Federal Department of Foreign Affairs. Annex 4 contains the thematic fund's goals, and the website includes the projects that have been implemented. The content of these sources is manifest, not latent, which means it is standardized and does not require interpretation by the coder. We analyzed the data and developed a minimalist categorization. A category, for example, is the type of investment, with the question: *What was the money spent on?* Was it a material investment, such as renovating a building? Or an intangible investment, such as training or research?

We used three questions to form our *dimensions of analysis*:

- What was the budget spent on?
- Who or what was the target or target group?
- Where were the projects implemented?

The first question gave us an idea about the nature of the project in general; we wanted to see if the project focused on teaching, construction, job training, or academic research, rather than health issues. The second question told us something about the target group, specifically the target, which means who or what the project was aimed at. Was it aimed at a specific group of people, what kind of people, and how many? Or was it aimed at a particular improvement, like reducing a specific issue inside a community? The third question shows us the project's geographic location. Not all of Romania is equally advantaged; some regions are poorer than others.

This is an essential factor, as several of the thematic funds of the SRCP aim to improve specific disadvantaged regions, particularly rural areas, compared to urban settlements.

Once we have illustrated the content of each thematic fund using the dimensions of analysis, we were able to compare it with the objective of each thematic fund. We start by displaying the basic fund information. The thematic fund health was divided into three subcategories:¹⁰

- Widening access to health and social services
- Improving the quality of health services
- Emergency medical services and air rescue

Each project had a public call for proposals for the technical installation on the official Romanian public tender offer website “licitatie-publica.ro”.¹¹ All seven projects are listed on this website, including their value, location, requirements, and the expiration date of the proposals. The source for the data was official, publicly accessible documents issued by the involved parties. The Swiss Intermediate Body (SIB) for the Health Issues fund was the Swiss Tropical and Public Health Institute. The primary project partner on the Romanian side was the CRED, a Romanian foundation working in public health. With help from the Center for Health Policies and Services in Bucharest and the Romanian Ministry of Health.

The parties planning the thematic fund, Health Issues, provided the public with an explicit definition of the fund and its purpose, as posted in Annex 4: Rules and Procedures for Thematic Funds.¹² Annexes 1 to 5 are part of the Bilateral Framework Agreement between Switzerland and Romania, which organizes the SRCP. There is also a definition on the Swiss Federal Department of Foreign Affairs website. We will put the two next to each other and see how they compare. The meaning and purpose of this fund are:

*The fund shall pursue the objectives of widening the access to health and social services as well as to improving the quality of health services. Priority shall be given to activities in primary health care, in emergency medicine, and in perinatology*¹³ (a

¹⁰ Annex 4: Rules and Procedures for Thematic Funds, *op. cit.*, p. 13-14.

¹¹ Official website for public tender offers. Each project name can be introduced in the search field and the site will provide all the necessary information about the tender for the project. www.licitatie-publica.ro Accessed October 2024.

¹² Annex 4: Rules and Procedures for Thematic Funds, Document available on the Swiss Federal Department of Foreign Affairs. Accessed August 2025. www.eda.admin.ch/schweizerbeitrag/Annex4-Rumaenien_en.pdf

¹³ *Ibidem*, p. 13.

subspeciality of obstetrics concerned with the care of the fetus and complicated, high-risk pregnancies¹⁴).

In addition to the information in Annex 4, we compared it to the information provided on the project website. The page mentions:

*Thematic Fund Health Reforms in Romania has the purpose to deepen and widen previous support by Switzerland to reforms in the area of medical emergency and pediatry and will in addition to that support the development of community-integrated health and social services in rural areas.*¹⁵

The wording differs only between the two definitions. Annex 4 mentions perinatology, but the website refers to it as pediatry.

Other than that, there was no meaningful difference, which gave us a good understanding of the goals. The Romanian Ministry of Health's homepage also has a dedicated website. It does not provide a specific fund definition but only a list of projects. The contents are identical, translated from the English version of the Swiss website.¹⁶

Another difference between the sources is the fund's title and the allocated budget; the document lists 8.5 million SFr. as the project budget and 1.5 million as fund management expenses, while the website lists only the 8.5 million project budget without mentioning the fund management expenses.

The title shows only a different arrangement of the words; the meaning remains the same. Although both sources provide a precise definition, they employ different wording. These are essential aspects of content analysis: consistency and comprehension. Since we have only two sources for thematic fund definitions, both should be identical.

The next step was to dismantle each of the five projects and distribute their variables according to the dimensions created after viewing the projects. The result was a 5X5 table comprising all the variables and their observable characteristics. We will display the content analysis results for the entire fund in Table 1 below. The first column represents the project titles within the sampling unit, and the first row represents our three sampling dimensions. The last two metrical values are not considered in the content analysis. Our dimensions are: What was the budget spent on? We checked the project descriptions for specific funding on tangible or non-tangible goods.

An example is medical equipment in hospitals or training courses for personnel, such as nurses or caregivers. The next dimension was: Who was the target group?

This helped to highlight the individuals directly benefiting from the intervention. The third dimension was: Where were the projects implemented? This mapped out the distribution of the projects in Romania.

Since this analysis was part of a larger study, the three dimensions of analysis were standardized across all eight thematic funds. It will be evident that, in the example of the healthcare fund, the geographical distribution is not very local, but rather regional. Other thematic funds have projects with more specific locations where they operate. However, the healthcare fund has one project that targets seven communities in rural

¹⁴ A website about perinatology, dictionary. www.perinatology.com/dictionary/Perinatologydef.htm Accessed October 2024.

¹⁵ Swiss Federal Department of Foreign Affairs, Swiss Contribution to selected EU member states, this is the project webpage, *Thematic Fund Health Romania*. www.eda.admin.ch/schweizerbeitrag/Health. Accessed August 2025.

¹⁶ Romanian Ministry of Health, Swiss-Romanian Cooperation Program, www.oldsite.ms.ro/programa-programul-de-cooperare-elvetiano-roman/. Accessed August 2025.

Romania: Community Integrating Health and Social Services. This project was especially suitable for on-site observation visits.

Table 1. Health Issues Fund content analysis results¹⁷

	What was the budget spent on?	Who was the target group?	Where were the projects implemented?	Budget in SFr.	Duration in Months
<i>Improving Quality of Prehospital and Hospital Emergency Services</i>	Training, training equipment, clinical guidelines developed and updated, training curricula developed, trainer and trainee kit developed, translation of foreign manuals.	Emergency teams and managers and professionals from associations. A total of 437 people participated.	117 unspecified locations in Romania.	1.197.748	20
<i>Quality Improvement for Pediatric Intensive Care</i>	Training, equipping regional training centers, and guidelines were updated.	Romanian pediatric and intensive care health professionals, 76 in total.	7 nominated training centers in undisclosed locations.	488.651	24
<i>A national Training System for Simulation in Anesthesia & Intensive Care and Other Specialties</i>	Medical training activities, medical training equipment, technical manuals, training site rehabilitation, program assessments.	40 intensive care specialists, anesthesia specialists, physicians and nurses were trained	Five simulation centers were opened in unspecified locations	2.769.258	40
<i>Community Integrating Health and Social Services</i>	Restoring buildings, medical equipment, and training for nurses and social workers.	More than 700 people from different vulnerable groups: children, elderly, pregnant minors, people with social assistance, chronically ill, families with special needs.	Seven communities, two in Sălaj County, two in Botoșani County, and three in Tulcea County.	1.500.250	45
<i>REGA Trains Pilots in the Romanian Air Rescue Service</i>	Helicopter pilots training in Switzerland	Helicopter pilots of the SMURD and their crew	Training happened in Switzerland; the crews are deployed in different regions in Romania afterwards.	1.500.800	52

Source: Own display with data from the Swiss SDC website

Table 1 shows us the results of the content analysis.

The Health Issues Fund had five projects. Our first dimension of analysis is the question: *What was the budget spent on?* The main activity was training, the second was developing manuals and guidelines, the third was renovating and restoring buildings for the new socio-medical centers in seven communities, and the last was acquiring medical equipment. A mix of tangible and non-tangible objects.

The second dimension of analysis is the question: *Who was the target group?* This means, who was the project aiming to help? The main target, with more than 700

¹⁷ Information about each project can be found on the website of the Swiss Federal Council, section Federal Department of Foreign Affairs, title Swiss contribution to select EU member states. Projects website www.eda.admin.ch/content/schweizerbeitrag Accessed August 2025.

people, was the group of vulnerable people; this included children whose parents are abroad for work, the elderly without any family, young mothers from disadvantaged ethnicities, poor people living on social assistance, the chronically ill, and families with special needs. The second target, with more than 400 people, comprised emergency team members, special managers of emergency facilities, and professionals from health associations. The third target was made up of 76 Romanian pediatrics and intensive care specialists, the fourth target was made up of 40 intensive care and anesthesia specialists, and the last target was made up of helicopter pilots from the SMURD. We believe this to be a well-thought-out group of people, respecting the needs for the specific projects.

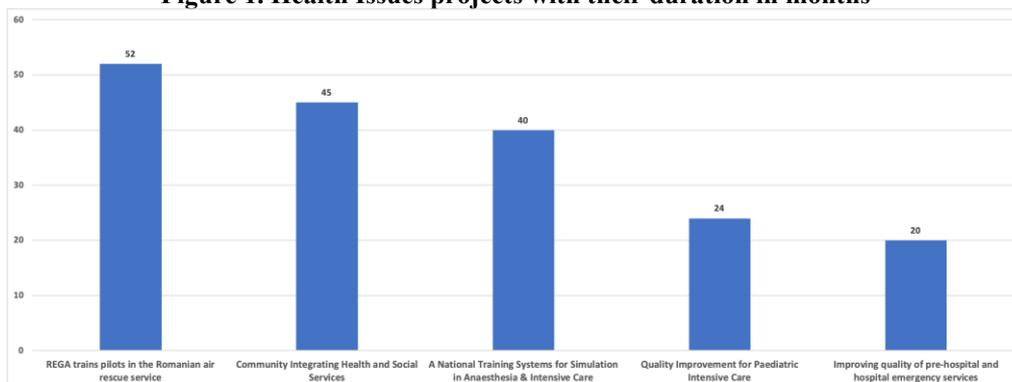
The last dimension of analysis is the question: *Where were the projects implemented?* One project, the helicopter pilots' training, had a national character; this is obvious because good pilots are needed everywhere, not just in economically disadvantaged regions of Romania. The project Community Health and Social Services was distributed among less prosperous counties in Romania, namely Sălaj, Botoșani, and Tulcea. However, the other projects have no specifications for locations. It is unclear where the training centers are located or where the newly trained professionals are being deployed after training; we do not have any town name, county name, or even a broader region. Geographical distribution is very broad in this fund, except for one project, with pinpoint implementation.

We compared the projects' activities with the stated goals of the thematic fund for health issues and discussed the connection. The first goal was to widen access to social and health services. The Community Integrating Health and Social Services project helps fulfill this goal. This project took place in seven communities in rural regions in disadvantaged counties. We believe the idea to be very adequate; our only concern was the low intensity. Only seven communities profited from the project. It is stated that the project is a pilot, yet we would have expected significantly more of this activity.

The second and third goals are improving the quality of health services, emergency medical services, and air rescue. The emphasis lies on primary health care, emergency services, and perinatology. Four projects were implemented to achieve those goals. The activities include professional training and modernization of manuals, training equipment, and new training centers. We believed this to be adequate to obtain the desired results. Our only concern was the missing designation of the various locations of the new training centers. Are they all located in big cities with high attractions that lead to the rural depopulation of professionals? Or are some new training centers also located in smaller towns to improve the disadvantaged situation of those regions? This issue should be taken into consideration and adequately addressed.

The content analysis did not concern the project duration or its budget. The duration follows the requirements of medical professionals in the specific fields, and the program organizers specify the budget according to the requirements.

The implementation duration means the time it took to train the pilots, install the medical equipment inside the simulation center, or renovate the designated building for the socio-medical centers in the chosen communities. For us, the time factor did not determine the quality of a project. The budget is another variable we neglected in this analysis. We believe the invested budget was reasonable for each project. However, to have a better efficiency analysis of the funds, we would need the expertise of medical professionals from each specific field. The two variables are displayed in Figures 1 and 2.

Figure 1. Health Issues projects with their duration in months

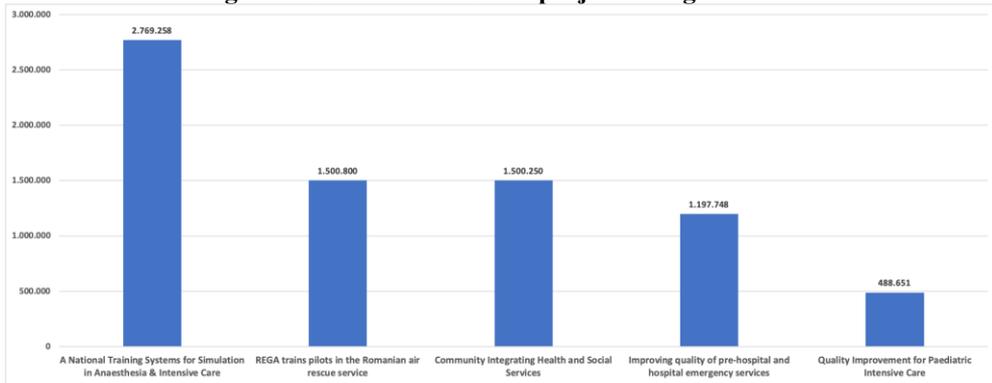
Source: own calculations with data from the Swiss State Department

Figure 1 shows the projects within the Health Issues Fund, ordered by duration in months. The longest duration was when REGA (Swiss Search and Rescue) trained pilots of the Romanian air rescue service¹⁸; it took 52 months. This activity aimed to assist in setting up a reliable, safe, and professional air rescue service system for the Romanian people and visiting tourists. SMURD flight instructors had been trained by simulator training and training on the job in Romania, as well as organizational competence, medical competence, maintenance competence, and development for a mission partners training program for SMURD. We can see why this took 52 months; the activity is very intensive and requires thorough instructions and training. There is nothing one can accomplish in a year or two, so it took more than five years of work. The project with the shortest duration was Improving the quality of pre-hospital and hospital emergency services,¹⁹ which took only 20 months.

The project was about education in emergency care at all levels, with the help of training equipment like mannequins, printing of training materials, and making it available to the relevant personnel (nurses and physicians of medical education). The project included a vital communication component for the participants and the development of a national campaign to increase people's awareness about using emergency services. This is not a training-intensive project that would require years of training and instructions; compared to training an air rescue pilot, it took less than two years.

¹⁸ Swiss contribution to selected EU member states, Projects in Romania: *REGA trains pilots in the Romanian air rescue service* www.eda.admin.ch Accessed August 2025.

¹⁹ Swiss contribution to selected EU member states, Projects in Romania, *Improving the quality of pre-hospital and hospital emergency services* www.eda.admin.ch Accessed August 2025.

Figure 2. Health Issues Fund projects budget in SFr.

Source: own calculations with data from the Swiss State Department

In **Figure 2**, we can see the budget for each project in the Health Issues Fund. If we compare it to **Figure 1**, we see that the project with the most extended duration is not the most expensive one. A National Training System for Simulation in Anesthesia & Intensive Care²⁰ is the costliest project; this project is the most expensive one because the project responsible had to procure equipment worth 1.8 million SFr. to set up a training facility in the specific field. The lowest budget was for the Quality Improvement for Pediatric Intensive Care project. This project was about training pediatrics according to Romanian regulations and implementing Clinical Practice Guidelines corresponding to international standards. No expensive medical equipment was acquired for this project, so the budget was kept low. And since the medics already had basic training, the intensity of the additional training was lower.

Duration in months and budget are the only two metric variables in this content analysis; therefore, it was suitable to present them properly in Figures 1-2. Within those ranges, we took out the two ends of the scales and presented the projects. There is not much room for conclusions when examining those variables. If a project took longer than the other, it is a mere observation, not a judgment.

3. Sustainability Analysis Community Integrating Health and Social Services²¹

The reason we did a sustainability analysis was very straightforward; nothing else was possible, four years after the program's termination. Before we present the results of this analysis, we have to explain the concept of sustainability. According to Dale, "*The maintenance or augmentation of positive achievements induced by the evaluated programme or project after the scheme has been terminated.*" (Dale, 2004:80-81) Sustainability may be assessed during the program implementation or at its completion. (Dale, 2004:81) We used sustainability as the key criterion for judging the project. (Stufflebeam, 2014:40) We take a look at some examples to better understand what sustainability means in this context: (Dale, 2004:81)

²⁰ Swiss contribution to selected EU member states, Projects in Romania, *A National Training System for Simulation in Anaesthesia & Intensive Care and other Specialities*. www.eda.admin.ch Accessed August 2025.

²¹ Homepage of the Swiss Federal Council, Swiss contribution to select EU member states, projects in Romania. www.eda.admin.ch. Accessed August 2025.

- *Maintenance* of material constructions, such as roads, buildings, electric power installations, water purification installations, waste recycling centers, etc.
- *Continued use* of the mentioned constructions after the intervention has terminated, not only material constructions but also intangible qualities such as knowledge.
- *Continued production* of the same outputs, for example, teachers from a teacher training college.
- *Multiplication* of effects and impact of the same or related kinds through inducements from facilities or qualities created by the program or project.

How do we observe sustainability? Methods may include mail or telephone surveys, site visits, case studies, and archival data reviews. Notably, most sustainability analyses are undertaken about two years after the funding stops. (Mertens, 2019:274)

This sustainability analysis was conducted almost four years after funding had stopped. Mertens et al. consider sustainability to be of significant importance when discussing outcomes. If a program is funded during a specific period, the beneficiary is expected to continue the program after funding has stopped. Projects need to be able to find continuous alternative long-term financing. (Mertens, 2019:273) To what extent was the project institutionalized after the donor's funding was finished?

These questions can be answered only years after the project ends. Sustainability can and should be encouraged; Jennie Flemming and Thilo Beck wrote in an article (Flemming *et. al.*, 2005:234) about community health work and how this can be done:

- Offer training to local people, community members, and workers about the subject (whether it's education, security, health care, or environmental service);
- Employ local people or community members as workers;
- Adopt a flexible and responsive management style;
- Provide long-term funding for community initiatives (whether it's in the field of education, security, health care, or environmental services);
- Work with funders to help them see the relevance of qualitative information and analysis of processes and quantitative data.

When discussing sustainability, we often refer to performance; inevitably, we must also discuss goals, objectives, standards, and targets. In this case, the official 2010 Framework Agreement document sets the targets. That document will also display the objectives and goals set for the thematic fund. However, we need a quantitative definition of the parties' agreed-upon goals and targets. All we have is the intention to implement and successfully finalize the program and each thematic fund with its projects. The thematic funds define the overall target, and each project contributes in its own way. Since we do not have specific coordinates given by the program description, we will focus on observable results achieved by the implemented projects and judge the projects by those goals.

Community Integrating Health and Social Services aimed at developing a functional model of integrated and locally managed health and social services in rural communities with low development indicators. Particular attention was paid to ensuring equitable access for the community and the cost-effectiveness of service provision.²² To this end, the project intended to establish medico-social community centers in the selected communities. The project partners were the Swiss Tropical and Public Health

²² *Annex 4: Rules and Procedures for Thematic Funds, op. cit.*, p. 14.

Institute, the Romanian NGO Fundatia CRED, and the town halls of each community. By combining the knowledge and experience of the institution, we assumed that the merit of this project was high. Worth and need were also methodologically determined by the same institution and, additionally, by the Romanian Ministry of Health.

However, the Swiss side had no say in the method or in choosing the locations for implementation. Before the implementation of the project, the target population did not have access to such comprehensive local assistance. This made the need particularly relevant to this project. The target group had to endure hard times in terms of medical care and assistance. According to the authorities, more than 20.000 people in the seven selected communities benefited from the new services thanks to the project.²³

We visited each of the seven project sites: in Sălaj County, it was the Plopiș community and the Meseșenii de Jos community; in Botoșani County, it was the Sulina community and the Dângenii community; and in Tulcea County, it was the Beștepe community, the Maliuc community, and the Luncavița community. The projects received media coverage from local news outlets. The effectiveness of the project was very high! Before the project implementation, people had problems with health care, and needed help; after project implementation, people in each community benefited massively. The old and chronically ill people, pregnant youth from the Roma community, people without health insurance, children whose parents work abroad and are unable to look after their families, people on social assistance, and families with special needs.

They all benefited from the newly provided services in the seven communities. And the centers were successful and needed, as the numbers in Table 2 show:

Table 2. Community Center output in relation to the target population

Community center in	Patients per month	Target population
Beștepe	528	undisclosed
Luncavița	300	>1000
Maliuc	280	undisclosed
Sulița	92	>600
Plopiș	40	>300
Meseșenii de Jos	30	undisclosed
Dângenii	20	>600

Source: Own survey with data from each community

When talking about efficiency, we can approximate the degree by comparing the resources used for the project with the outcomes obtained, which are the patients per month mentioned in Table 2. What we did not know was the mortality rate of the target population. This would have shown us a graphical evolution of the number of direct beneficiaries. Over the years, this should decrease and change the requirements of each community center. So far, the numbers presented were those up to August 2023. Nobody had specific data about how many patients they had each month since the program's conclusion in 2019. What we can say, judging by the numbers, is that the centers were effective in their designated tasks. Almost all communities knew about their target population numbers and about those treated each month.

²³ Website of Medichub, an online platform for medics, students, and pharmacists with news, information, and sources for documentation, publication, and networking for professionals in the field of medicine. www.medichub.ro/stiri/sapte-centre-comunitare-pilot-infiintate-prin-programul-de-cooperare-elvetiano-roman Accessed August 2025.

The output of this project was the rehabilitation of a building in each of the seven mentioned communities and its transformation into a socio-medical center. Additionally, each medical center received medical equipment for primary health care and several vehicles. The vehicles were necessary for home-care services, which were also set up by the project. Home care was required because many elderly people could not come to the medical center without a vehicle or somebody to drive them there. For that reason, the project included vehicles: cars, minivans, ATVs, bicycles, and, in two cases, Maliuc and Beștepe in Tulcea County, motor boats. These expenditures are mentioned in Table 3:

Table 3. Community Center Budget and Implementation Duration

Community center in	Budget in CHF	Project duration in months
Meseșenii de Jos	399.452,00	21 months
Maliuc	389.511,45	33 months
Dângeni	384.083,30	37 months
Luncavița	356.292,26	33 months
Sulița	354.685,19	33 months
Plopiș	271.801,03	33 months
Beștepe	217.273,44	33 months

Source: Own survey with data from each community

As we can see in Table 3, Community Center Budget and Implementation Duration, the highest budget was in Meseșenii de Jos, but also the shortest project duration.

Nobody among the responsible could explain to us why this was the case. Another curiosity is that the building in Beștepe did not require any rehabilitation; they only had to move the medical equipment and start the work. This brings us to the conclusion that Beștepe had the highest efficiency among the seven centers.

If we compare the data, they had the lowest budget of all seven communities, the longest project duration compared to the others, and the highest output of patients per month, 528. Meseșenii de Jos had almost twice the budget, one year less in project duration, and a meager number of monthly patients. This leads us to believe that its efficiency could be higher compared to Beștepe. The other communities, Plopiș and Dângeni also have a low efficiency, if we compare the data. Maliuc, Luncavița, and Sulița are ranked somewhere in the middle, which is not very good but not bad either.

Unfortunately, nobody could provide pictures of the buildings before rehabilitation to give us an idea of how they looked before the intervention. But every one of the buildings, except the one in Dângeni, looks very good, is in perfect shape, and is fully functional.

The building in Dângeni is different from the other six buildings we visited. It is not clear why the project-executing agency and the local authorities chose that building for the medical center. No one could give us more detailed information because no one was around when the projects were implemented. Everyone we talked to had recently been hired and had no detailed knowledge of the project. However, for the duration of the project, the medical centers in each community were able to provide the services described to the target population. This meant that each center had doctors, social workers, and medical assistants. We talked to every community mayor and some social assistants, and even though not all were around during the project phase, they praised the project entirely.

They saw how well the target group received the medical center and could not imagine what it would be like without it. That means it is a massive benefit for the community, which every efficiency analysis must consider. Sometimes, the human aspect of a project is also essential and cannot be measured in numbers but in happy and appreciative community members. This is precisely what the project achieved in every community. Looking at the data, we conclude that the overall project was efficient, especially considering the nontangible outcomes.

Among all the appraisals for the project, there was also a downside. It came as the problem of sustainability. After funding through the program stopped, four of the seven communities experienced problems with continuous financing. Only three could finance the required activity out of the local budget; the other four communities had to scale down the services, which was a drawback for the community. We talked to the Ministry of Labor, which would have been responsible for the wages of the hired assistants and doctors in each community center. Unsurprisingly, no continuity plan or strategy was developed after Swiss funding stopped.

This was also confirmed by the Swiss Intermediate Body manager, who told us that nobody was seriously contemplating a follow-up plan for sustainability. There were two reasons for this: the upcoming second Swiss-Romanian Cooperation Program and the hope for further financing through Switzerland. The other was the interest of the EU Commission in community care.

However, as we can see, neither has contributed to the funding of the projects so far. At the moment of analysis, nothing had been decided, and nobody knew how to proceed with the medical centers in the four communities.

We concluded the thematic fund Health Issues with an assessment of the transfer of expertise at the fund level. Four out of five projects directly benefited from Swiss expertise in the field. One project that did not involve Swiss expertise was Community Integrating Health Services. The next step was to find out how the Swiss Intermediate Bodies operated. Therefore, we surveyed the SIB in Switzerland, the Swiss Tropical and Public Health Institution in Basel. We learned that it was not an objective to transfer any know-how or expertise on the fund level.

The SIB was an advisor to the host institution, not a teacher or a trainer. Capacity building was not an objective. However, the SIB is still in contact with Romania, and it is monitoring other projects. The SIB representative told us that cooperation between Swiss and Romanian institutions was not an objective of the thematic fund and that they were not aware of any further cooperation between them.

Overall, the SIB representative is satisfied with the performance of the fund and the project results. However, some projects revealed systemic deficiencies that could not be remedied. Nevertheless, the SIB would like to continue project implementation in Romania within the framework of a second Swiss contribution.

4. Summary and Conclusion

Relying on the two presented analyses, our summary was positive for this thematic fund. and the single project. Judging by the content analysis, the fund tackled its identified problems with solutions tailored to the specific needs. The needs assessment was methodically conducted, and the current situation was evaluated before the right project was chosen to temper the hot spots within the Romanian health system. We had nothing to add to the project's choice.

The Community Integrating Health and Social Services was an overall successful project, judging by the sustainability analysis. We could visit the socio-medical centers, take pictures, talk with the local administration, and see for ourselves how well the seven centers were received by the pilot communities. Nevertheless, not all communities could sustain the center fully functional equally with their own funding. A lack of catch-up financing for the time after the conclusion of the SRCP was visible in a few communities. This was the project's biggest issue: a solid finance plan for the time after the SRCP.

This type of analysis was conducted on all eight thematic funds within the SRCP during its sustainability assessment. Each fund had a content analysis followed by a sustainability analysis. In two cases, the sustainability was analyzed by a project sample; it would not have been feasible otherwise. The described analysis helped answer some wider questions before exploring the Swiss-Romanian Cooperation Program (2009-2019). The research guiding questions, as mentioned in the introduction, evolved around the idea of finding out what was left of the 180 million Swiss Francs that Switzerland contributed to Romania. By doing so, it was possible to check how many projects are still operational and to what degree, after the program's conclusion.

Out of the research guiding questions, we formulated four hypotheses:

H₁. *The Swiss-Romanian Cooperation Program did work at an operational level.*

H₂. *The set goals of the Swiss-Romanian-Cooperation Program were achieved at a high degree (>66% success rate).*

H₃. *The majority of the implemented projects lacked sustainability. Less than 50% are still operational, and only the ones managed by government institutions are still active.*

H₄ *The SRCP contributed to improving the bilateral relations between Switzerland and Romania.*

We tested all four hypotheses and found results contrary to our initial beliefs about the program. Our first hypothesis refers to the fundamental functioning of the SRCP. We chose this hypothesis following one of the great evaluators of the 20th century, Peter H. Rossi, and his remark about a program: "*The most policy-relevant question about a program is: Does it work?*" (Rossi, et. al., 2019:291) It also touches loosely on the evaluation concept of merit.

Given that it is essential and reasonably easy to answer, we used this as a starting point. The only information we got is whether the whole program worked.

The second hypothesis is already more detailed and on a macro level. It concerns the eight thematic funds and another evaluation concept: effectiveness. We checked each thematic fund with a content analysis and measured the sustainability of most projects directly. This aggregated data, but with individual information from the surveyed projects, helped to measure the overall effectiveness of the program.

The third hypothesis investigates the concept of sustainability of the implemented projects. It is based on the SRCP's micro-level, the projects within each thematic fund. This was measured by individual project surveys around the country. The method of choice was either observation on-site or standardized survey interviews and data analysis.

The last hypothesis treats the SRCP's influence on the involved Romanian institutions, namely the ministries and subordinate institutions, on a local or regional level. We believed the SRCP improved relations between the Swiss and Romanian Ministries. This was verified by adding specific questions to each survey questionnaire sent out. A convenient side effect of this hypothesis was that it disclosed the knowledge

and expertise transfer. If cooperation took place, the respondent went on to explain to what degree and for what purpose. The questionnaire and the interviews revealed a substantial knowledge and expertise transfer between the involved parties. Although not to the extent we expected. Nevertheless, the goal of cooperation was achieved, and from this point of view, the program was very effective in doing so.

Testing the hypotheses was only one part of the results; since we observed the object over a period of four years, we gained a lot of insight and knowledge. Combined with the recommendations obtained through the countless interviews and survey questionnaires, we decided to come up with recommendations for improvement. The recommendations were aimed at the program as a whole, but also at the eight thematic funds. Each fund received recommendations, but for this article, we present only the ones formulated for the Community Integrated Health and Social Services project, based on observations conducted during the site visits.

This project should be repeated in the next Swiss Contribution Program. However, there is room for improvement:

Volume. The project consisted of seven implementations in three different counties. However, having seven implementations in seven different counties would have been better. The number of community centers can be more than just seven. There could be as many as 14 or even 21 in various counties. The need is undoubtedly there; the people need these centers, especially in rural, isolated communities with many vulnerable people. After talking to the people responsible at the centers and town halls, we are convinced that these projects will have a massively positive impact on the target population. **Inclusion.** The project was implemented based on a call for proposals from the local authorities. There is a problem here: some communities have competent personnel in the town hall, while others still need to do so. There is a positive causality between the qualifications of the staff of an administration and its financial success. The problem is that if the implementation is based on a competition for project proposals among the communities, but some employees do not have the qualifications to set up a project of this magnitude, they will not submit project proposals, although they would need such implementations. Project commissioning should be centralized and based on needs identified in a special assessment. For example, the central organization, in this case, the Ministry of Health, determines Romania's 10 or 15 most disadvantaged counties based on economic performance. It uses that as a starting point. From there, the financially most precarious community is selected based on statistical data, on-site visits, and observations. Once the 10 or 15 most vulnerable communities are defined, the projects will be tailored to their needs and demands. This will circumvent the issue of low-qualified community administration employees who need to learn how to draft a project and request funding. This brings us to the following recommendation.

Specialization. Community administrations need a specialized unit qualified to set up project proposals. The unit should consist of 1-2 employees qualified in community project management. The town mayor must do something other than this type of work, and also not their underqualified secretary. This could lead to objections because many communities are too small and need to be wealthier to support such a unit. As our observations have shown, this is indeed the case; community administration must be perceived as a complex task, and like with other occupations, it needs qualified personnel. Therefore, a better community financial plan must be elaborated; small and impoverished communities need better support from the national budget.

Territorial Integration. There is a town hall and a mayor for every community. Several communities within a short distance of each other should merge their administration into one unit, leaving the small communities with just a simple administration for the daily needs of the inhabitants. This means that there should be a territorial reform plan for the future of Romania. It would lower the spending and increase the efficiency. Some of the communities we visited had neighboring hamlets and smaller villages. Unfortunately, the inhabitants of these settlements could not benefit from the community services implemented in their vicinity. This is unfair to those people; instead of building several socio-medical community centers servicing each community within a short periphery, having one more extensive center would be more efficient, providing a more comprehensive range of services and accepting inhabitants of neighboring settlements within a certain radius.

Concluding the article, we want to take a look back and discuss how the Health Issues Fund and the specific project presented in this article actually performed. but also, the overall evaluation analysis of the Swiss-Romanian Cooperation Program (2009-2019). The fund fulfilled its intended purpose; on paper, it did what it was designated to do, and we were not able to find any evidence to doubt that. The project can be regarded as overall sustainable. Of the seven visited and observed objects, some did not perform convincingly. The lack of funding was evident. But the majority of the projects went well, leading us to a positive assessment. This fund contributed to the overall assessment of the SRCP sustainability analysis 2023-2024. We could answer all our research guiding questions and test the hypotheses. However, certain projects deserved a more in-depth analysis to have a more precise picture. On the scale of the SRCP, the volume was not favorable. Certain funds were judged with the help of aggregated data. Nevertheless, the SRCP got a second round, which started in 2024.²⁴ More projects, more funding, and hopefully more lessons learned from the first round.

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