

FUNCTIONAL ANALYSIS

OF THE PATRONAGE ACTIVITY

IN THE CITY OF SKOPJE

- HEALTH CENTER SKOPJE



These activities are carried out within the Project “Improving the organizational structure of the patronage service” implemented by the Center for Change Management as part of the broader program entitled “Mitigating the impact of COVID-19 on the lives of children and families in the Western Balkans and Turkey” implemented with the European Union’s financial assistance and UNICEF support.

The views expressed in this document do not necessarily reflect the official position of the European Union and UNICEF.

CONTENTS

INTRODUCTION	3
1. FUNCTIONAL ANALYSIS GOALS AND SCOPE	3
2. FUNCTIONS AND COMPETENCES OF PUBLIC HEALTH INSTITUTION (PHI) HEALTH CENTER (HC) SKOPJE	5
2.1 Specifics in the polyvalent patronage service operation	5
3. ORGANIZATIONAL SETUP	10
3.1. PHI Health Center Skopje	10
3.2. Service for Primary, Preventive and Dental Health Care	11
4. STAFF STRUCTURE	12
5. DETAILED PRESENTATION OF FINDINGS ON PATRONAGE ACTIVITY	13
5.1. Analysis of key documents regarding the polyvalent patronage activity organizational setup.....	14
5.2. Analysis of findings from questionnaires and interviews conducted.....	15
7. RECOMMENDATIONS	37
7.1. Main recommendations in line with the functional analysis findings.....	37
7.1.1 Clear definition of the polyvalent patronage activity competences and scope of work	37
7.1.2 Intervention in existing legislation.....	38
7.1.3 Reorganization of the polyvalent patronage activity.....	40
7.1.4. Staffing the polyvalent patronage service with young staff	44
7.1.5. Introduction of a system for monitoring and evaluation of the quality of services provided through the polyvalent patronage activity	44
7.1.6. Process digitization	45
7.1.7. Cooperation with other institutions	46
7.1.8. Adopting standards, protocols and establishing a framework of general and professional competencies.....	46
7.2. Recommendations according to the three evaluation criteria.....	47

INTRODUCTION

This functional analysis (hereinafter referred to as FA) implemented in public sector institutions of the Republic of North Macedonia aims to provide a number of benefits for the institution where it was implemented. Some of the most significant benefits from the functional analysis process include: identification of institution's adequate organizational setup and job description (systematization) required for the realization of institution's competences and strategic priorities; improvement of institution's effectiveness; either reduction or expansion of institution's scope and size; assessment of spatial, financial and human resources required; elimination of non-essential functions; balance between institution's organizational setup and functions performed; and enabling process of organizational culture creation.

The legal framework regarding any functional analysis implementation is provided by Article 17 of the Law on Public Sector Employees and Article 23 of the Rulebook on the content and manner of preparation of acts on internal organization and systematization of jobs, as well as the content of any functional analysis of public sector institutions.

1

FUNCTIONAL ANALYSIS GOALS AND SCOPE

The purpose of the process of implementing a functional analysis of the polyvalent patronage activity, which is organized within the Health Center - Skopje (hereinafter referred to as polyvalent patronage) and is carried out by the Center for Change Management (CCM) is to:

- Identify any challenges of both organizational and functional nature, which complicate or hinder the realization of patronage service's current competences and tasks, as well as those foreseen by strategic documents, and
- Propose specific measures to improve the fulfillment of goals and objectives aimed at achieving the expected outputs.

The functional analysis carried out in terms of the polyvalent patronage service aims to provide a realistic and complete picture of its readiness to implement its priorities in the short and medium term and to make possible improvements in the performance of its main functions. Also, from an organizational viewpoint, this functional analysis is aimed at making an assessment of the necessary human resources required for the efficient performance of competences.

The Methodology for Implementation of Functional Analysis in Public Sector Institutions was used to conduct this functional analysis¹. To that end, the steps taken in the process of conducting a functional analysis in line with the Methodology mentioned include the following: definition of a time frame for functional analysis implementation; meetings and workshops held with polyvalent patronage employees; collection and analysis of relevant regulations and other documents defining the polyvalent patronage service operation and competences; collection and analysis of data regarding the scope and nature of work planned; analysis of such data according to the criteria and sub-criteria defined in the Methodology; and preparation of a report with findings and recommendations for improving the polyvalent patronage service efficiency and development.

This Functional Analysis was carried out in accordance with Article 17 paragraph 5 of the Law on Public Sector Employees (Official Gazette of the Republic of Macedonia Nos. 27/14, 199/14, 27/16, 35/18, 198/18 and Official Gazette of the Republic of North Macedonia Nos. 143/19 and 14/2020).

It is important to underline that this Functional Analysis was not carried out regarding an entire institution, but regarding an activity or service within an institution, in this case the polyvalent patronage service at the Health Center – Skopje. The results of the Functional Analysis carried out in the polyvalent patronage service at the Health Center – Skopje will be used solely for their needs and they will serve to harmonize their structure with the measures and activities envisaged for the realization of their strategic priorities, including adequate planning of their future resources for the purpose of efficient and effective operation and delivery of the results desired.

¹ Available at: https://www.mioa.gov.mk/sites/default/files/pbl_files/documents/metodologija_mk_za_web.pdf

2

FUNCTIONS AND COMPETENCES OF PUBLIC HEALTH INSTITUTION (PHI) HEALTH CENTER (HC) SKOPJE

The Public Health Institution Health Center Skopje is an institution that performs activities of public interest and its main activity is the provision of health services to patients. The status, activity and competences of the Health Center are established by the Law on Healthcare Protection. The Health Center Skopje performs its activity as a healthcare facility pursuant to the Law on Healthcare Protection. The Institution's Statute, which was adopted in 2016, regulates in more detail the legally established competences of this public health institution.

PHI HC Skopje was founded by the Government of the Republic of Macedonia and has the status of a legal entity registered with the Central Registry of the Republic of Macedonia.

Under the provisions of its Statute, PHI Health Center Skopje performs a wide range of responsibilities and provides health services of most diverse nature. Among other things, this institution provides: preventive health care for preschool and school children, emergency medical care, dental care for children up to 14 years of age, polyvalent patronage service, provision of medicines and auxiliary medical supplies. The Institution also provides specialist and consultative health care in a number of areas, including: internal medicine, orthopedics, otorhinolaryngology, neurology, etc.

2.1 Specifics in the polyvalent patronage service operation

Under the Healthcare Protection Law, polyvalent patronage service shall mean an activity performed within the framework of primary or preventive health care at the Health Center and it shall be performed by polyvalent home-visiting (patronage) nurses.

In addition to the Law on Healthcare Protection, the polyvalent patronage service operation is regulated by the Rulebook on the format and content of forms and the manner of filling in, keeping, processing and storing aggregate records intended for monitoring the operation of polyvalent patronage health care. This Rulebook determines the format and content of forms and the method of processing and storing any aggregated data intended for

monitoring the work of the polyvalent patronage service while visiting pregnant and postpartum women and infants.

The Rulebook stipulates that records shall be kept in electronic form in accordance with the Law on Health Records, through the National Electronic Health Record System. The filling in of data shall be performed by the patronage nurse herself, and it shall be done entirely during the visit to the patient's home. All these records shall serve the purpose of improving health services and having a complete insight into the health status of citizens recorded by their family doctors, i.e. the doctors citizens have selected to monitor their health status. The transitional and final provisions of this Rulebook provide that the application of Articles 4, 5 and 6 (regulating the filling in of data) shall start as from the day of acquiring technical conditions therefor, but no later than 1 January 2021, while until such date, the data shall be kept on paper or in other electronic databases.

The 2021 Program for Active Health Protection of Mothers and Children in the Republic of North Macedonia adopted for the purpose of prevention and reduction of morbidity and mortality of mothers and newborns through an integrated approach to the promotion of mothers and newborns' health, envisages measures for family planning, prenatal care and health care during childbirth and confinement, with particular attention to healthcare packages for socially vulnerable groups of citizens. The Program's objectives include as follows:

1. Continuous improvement of the system for monitoring the health status of mothers and children and the effectiveness of health care;
2. Raising awareness and education of the population about healthy lifestyles and proper health behavior in the preconception, antenatal, postnatal and infant period, with a focus on vulnerable groups of women (Roma women, women from rural areas);
3. Improving quality and equality in access to health services for mothers and children, with a special focus on vulnerable groups of women;
4. Timely detection of diseases in newborns, infants and small children;
5. Strengthening intersectoral cooperation and mobilizing community-based partnerships of all relevant partners in identifying and solving the health problems of mothers and children, especially in reducing barriers and increasing service availability to them;
6. Ensuring timely and early access of every pregnant woman to quality antenatal health care (while removing all types of geographical, financial and cultural barriers, especially among vulnerable groups);
7. Reducing the disparity in the health status of women and children.

Another document that also contains guidelines on the polyvalent patronage service work is the Guideline on the Manner of Performing Patronage Activity. This Guideline establishes that a polyvalent patronage nurse shall work in the field, and visit families and certain groups of users including: lying-in mothers, newborns, pregnant women, women in their reproductive period, infants, the elderly and the chronically ill. This Guideline explains in detail the manner of patronage nurse's work during a visit to a family. The Guideline also defines a procedure for identifying the need for cooperation and communication of the patronage nurse with other services, i.e. referral of a visited user to another service or professional in order to solve a health and social problem discovered for the first time, or a response to a request for an opinion after a patronage visit, or delivery of data requested by another service from the patronage service.

Although the previously mentioned documents regulate some areas of the polyvalent patronage work, the most significant document providing a complete and comprehensive insight into the polyvalent patronage service competences, goals and objectives is "Standards of functions and norms regarding the work of the polyvalent patronage nurse performing polyvalent patronage activity within health centers"². This document defines patronage activity most accurately, reading: "Polyvalent patronage activity shall mean an activity of *active health and social treatment of any individual or family and it shall have a preventive and curative nature*. It shall be carried out within the primary level health care network by Public Health Institutions – Health Centers, through polyvalent patronage nurses. Patronage activity shall be polyvalent, while providing services to the entire family through home visits within the local community.

The main goal of patronage health care shall be to provide care outside of health facilities (i.e. in homes, kindergartens, schools, workplaces and the wider community), while encouraging health preservation and promotion, disease prevention, and health maintenance.

Polyvalent patronage nurses shall have specific tasks in the health and obstetric care provided to the population and they shall perform their tasks as planned, wither on their own initiative or at the request of other organizational units of the Health Center or other local community-based health organizations."³

Subject to polyvalent patronage activity shall be any individual (family member) or their family and the community where the patronage nurse works, which implies coverage of the wider community. This means that the patronage nurse is not responsible for and limited only

² Although the document was prepared and is one of the most important documents governing the polyvalent patronage service competence and tasks, until the moment of drafting this FA, it had not been formally adopted by the Ministry of Health and was still in its proposal phase.

³ Standards of functions and norms regarding the work of the polyvalent patronage nurse performing polyvalent patronage activity within health centers, p. 2.

to the provision of preventive and health care and care for mothers and children, but rather, the patronage nurse works to meet the collective needs of the population by identifying problems and managing interactions within the community and between the community and wider society. The patronage nurse's activities within the local community are aimed at primary, secondary and tertiary level prevention, which implies the promotion and improvement of the health of any individual, family, community and society as a whole, including prevention of diseases and risk factors, life quality improvement and healthy living.

A patronage nurse also participates in the realization of the Ministry of Health's program activities.

In accordance with work norms, the defined activities and tasks performed by the home-visiting nurse shall include the following:

1. Systematic treatment of the family;
2. Visiting a pregnant woman;
3. Visiting a lying-in mother and her newborn;
4. Visiting a woman in a reproductive period and menopause;
5. Visiting an infant;
6. Visiting a small and preschool child;
7. Visiting a school child and adolescent;
8. Visiting a tuberculosis patient;
9. Visiting patients with malignant neoplasms;
10. Visiting people with diabetes;
11. Visiting other patients with severe chronic non-communicable diseases (cardiovascular patients, cerebrovascular patients and others);
12. Visiting elderly and feeble persons and people with disabilities.

In addition to the above, the home-visiting nurse shall also run a breastfeeding support group (BSG), on-call counseling at the facility, health lectures and small group work.

Regarding all work tasks, the minimum number of visits to be performed by a patronage nurse and the visit's minimum duration and objectives were determined, including the specific target group that is subject of the visit in terms of all the individual work tasks mentioned above.

Under the norms on the staffing required for efficient performance of polyvalent patronage activity (PPA), and in line with the needs for implementation of PPA standard functions, it shall be required to ensure the following:

1. In urban and suburban areas – one polyvalent patronage nurse per 1000-1500 families or 3000-5000 residents;

2. In rural areas – one polyvalent patronage nurse per 800-1300 families or 2000-4000 residents⁴.

According to the norms regulating the scope of services performed, the number of visits performed by a patronage nurse during one working day shall be 6 visits, while in rural areas, it shall be 4 visits. The total number of visits in the course of one month shall be 120.

Visits shall be distributed as follows:

- 50% of visits shall be made in the area of safe motherhood (with pregnant women, lying-in mothers, newborns, infants, children up to 5 years of age, women in their reproductive period);
- 40% of visits shall be made with other population groups (the chronically ill, elderly and feeble people).
- 10% of working hours shall be used for community work (lectures, workshops, group counseling, forums) in cooperation with the local community, citizens' associations, patients' associations, etc.

Visit distribution shall be adjusted to the local context and community profile; in micro-areas dominated by a young population and where the number of births is high, the share of visits in the area of safe motherhood shall be higher.

The patronage nurse (whether she works individually or in a team) shall cooperate with services in the health and other sectors, as well as other authorized professionals, services and citizens, with the aim to solve any problems. She shall cooperate on a number of levels, including:

1. Collaboration with teams at the primary health care level (selected GPs, selected gynecologists, pediatricians, selected dentists);
2. Cooperation with centers for social welfare (competent centers for social work, social workers, psychologists, special education teachers);
3. Cooperation with gerontological centers (competent gerontological centers at nursing homes and their employees, social workers, psychologists and others);
4. Cooperation with kindergartens and schools (satellite kindergartens and schools – health workers, educators; schools – teachers, professors, school medicine teams and others);
5. Cooperation with institutions providing health care in patients' homes (nurses providing health care in patients' homes, team leaders, physiotherapists);

⁴ Standards of functions and norms regarding the work of the polyvalent patronage nurse performing polyvalent patronage activity within health centers, p. 7.

6. Cooperation with humanitarian organizations (authorized humanitarian organizations and associations);
7. Cooperation with clinical and hospital health institutions (activities at the secondary health care level);
8. Cooperation with palliative care centers (palliative care centers, mobile palliative teams);
9. Cooperation with the media (newspapers, publications, social media, TV shows, radio etc.).

In addition to this, patronage nurses shall also provide telephone counseling, participate in the implementation of health preventive and promotional programs and actions, other local community-based programs and actions, etc.

3

ORGANIZATIONAL SETUP

3.1. PHI Health Center Skopje

In order to carry out its activity and its legally established competences, PHI HC Skopje is divided into two main segments in terms of its internal organizational setup, including:

- A medical segment, where its competences are implemented by service providers, i.e., medical staff; and
- An administrative segment, which includes the Health Center's employees with a status of administrative officers and those with a status of auxiliary technical persons.

The structure of the medical segment is determined according to the Regulation on the scope of work of internal organizational units and the minimum number of employees per internal organizational unit in health institutions, adopted by the Minister of Health.

Pursuant to the provisions of this Regulation, the work of Institution's medical segment is organized in services that are, in line with their competences, adequately distributed throughout the territory of the City of Skopje.

According to the provisions of its Statute, the work of PHI Health Center Skopje is based on the principles of availability, rationality, efficiency and continuity of health care. Under these principles, this Institution shall provide unity in preventive, primary, and specialist and consultative health care.

Based on this Statute, the Rules on Job Description (Systematization) and the Rules on Internal Organization of PHI HC Skopje were adopted.

The Rules on Internal Organization of PHI Health Center Skopje regulate the setup of its organizational units, as well as their competences.

3.2. Service for Primary, Preventive and Dental Health Care

According to the existing Rules on Internal Organization of the Institution, the Health Center shall carry out its activity through services. One of the services is the Service for Primary, Preventive and Dental Health Care, which operates in the territory of the City of Skopje, while being adequately divided by areas, covering: Gazi Baba, Karposh, Kisela Voda, Centar, Chair. Within this service, at each of the points, the following were established:

- Clinics for preschool and school children and polyvalent patronage service;
- Clinics for dental care of children up to 14 years of age;
- Primary health care clinics.

This Service is also responsible for performing polyvalent patronage visits to the population of all ages. According to the Law on Healthcare Protection, one of the areas covered by the activity of health centers is polyvalent patronage service, which is part of the health activity at the primary level. The polyvalent patronage activity is carried out by patronage nurses within the wards for preschool and school children and polyvalent patronage service.

The Rules on Job Description (Systematization) of PHI HC Skopje derive from the Rules on Internal Organization. These Rules contain the descriptions of each of the jobs adequately distributed within the already established organizational units.

4

STAFF STRUCTURE

The Rules on Job Description (Systematization) establish a position of Home-visiting (Patronage) Nurse and a total of 91 workers are systematized thereto, distributed respectively to the five areas in the territory of the City of Skopje, including: Gazi Baba, Karposh, Kisela Voda, Centar and Chair, within the framework of the Service for Primary, Preventive and Dental Health Care, namely the Ward for preschool and school children and polyvalent patronage service.

At the time of drafting this FA, there were 61 healthcare service providers employed in the polyvalent patronage section and they were deployed within the specified areas of the City of Skopje. In addition to regular employees, since the beginning of 2020, additional 40 people with secondary education have been hired at the PHI HC Skopje, to perform polyvalent patronage service-related activities based on a work contract renewed annually. Although these persons were hired through a call by the Ministry of Health solely for the needs of HC Skopje in the area of polyvalent patronage activity, due to the pandemic, these nurses were distributed among different organizational units within the Institution to meet the needs for immunization against Covid-19, Emergency Unit and the like.

Under the Rules on Job Description (Systematization), workers at the position of Patronage Nurse shall report on their work to the Head of the Primary, Preventive and Dental Health Care Service. This hierarchical setup results from the current possibilities in the Law on Healthcare Protection and its by-laws regulating this matter.

The Law on Healthcare Protection prescribes a categorization by level of health care service providers, that is, professionals performing health care activities. The position of Home-visiting (Patronage) Nurse with its code ZDR 0301G02001 is of G-category – health workers with secondary vocational education in the fields of medicine, dentistry or pharmacy, level G2. For this position, the aforementioned Law stipulates completed secondary vocational education in the fields of medicine, dentistry or pharmacy as a special requirement.

The organizational unit of PHI HC Skopje covering the performance of polyvalent patronage activity, employs persons with adequate medical education. In addition to patronage nurses with completed secondary medical education, part of this service also includes graduate nurses, i.e., nurses with completed higher education (180 ECTS credits) – College of Medicine or Medical Sciences and Health, but they cannot be hired to perform polyvalent patronage

activities since the existing regulations do not provide for a position of patronage nurse with higher education.

Currently, there is no difference in the work tasks performed by nurses with completed secondary education and graduate nurses, that is, both categories of employees perform the same work tasks and responsibilities.

The provisions of the Law on Healthcare Protection regulating the workplace categorization of healthcare service providers stipulate that only the positions of category A, level A1 shall include managerial workers of internal organizational units. This means that the work of patronage nurses cannot be organized and supervised by: the Head Nurse, a nurse responsible for patronage service operation or another responsible health worker that has the most direct insight into their work. On the other hand, the Law on Healthcare Protection and the Regulation on the scope of work of internal organizational units and the minimum number of employees per internal organizational unit in health institutions, in terms of health centers, prescribe only one type of organizational unit, which is a Service for provision of healthcare services and no other form of organizational unit within such Service is foreseen. Thus, the organization and management of patronage nurses' work is centralized, which significantly affects the efficiency of the process of polyvalent patronage activity implementation.

5

DETAILED PRESENTATION OF FINDINGS ON PATRONAGE ACTIVITY

A number of tools were used for the preparation of this FA, namely: collection and analysis of key documents (desk analysis), a questionnaire for employees performing tasks in the field of polyvalent patronage activity, findings and conclusions from a workshop conducted regarding the situation and needs of the patronage activity, an online survey of the polyvalent patronage service users in the City of Skopje and conversations, consultations and interviews with some of the employees at the polyvalent patronage service.

While conducting the Functional Analysis of the patronage activity at the PHI HC Skopje, the subject of consideration included: the Law on Healthcare Protection; the Statute of PHI HC Skopje; the Rules on Internal Organization; the Rules on Job Description (Systematization) of PHI HC Skopje; the Rulebook on the format and content of forms and the manner of filling in, keeping, processing and storing aggregate records intended for monitoring the operation of polyvalent patronage health care; the 2021 Program for Active Health Protection of Mothers

and Children in the Republic of North Macedonia; the Guideline on the Manner of Performing Patronage Activity; the Standards of functions and norms regarding the work of the polyvalent patronage nurse performing polyvalent patronage activity within health centers; and a number of relevant international studies and UNICEF documents that regulate the activity, i.e. prescribe the standards for action or present an overview of the situation and give recommendations for the advancement of this activity. Questionnaires were distributed to employees performing patronage activities, and they covered issues related to work organization, employee competences, as well as communication and coordination in the framework of polyvalent patronage service; workshops were organized with representatives from all 5 areas covered by the HC Skopje, including additional consultations and interviews with some of the staff working in the field of polyvalent patronage service.

5.1. Analysis of key documents regarding the polyvalent patronage activity organizational setup

Statute of PHI HC Skopje – The Statute of the Institution does not contain a detailed description of the competences of departments within the Institution and it makes a reference to the Rules on Internal Organization as an act that regulates the scope of work of its organizational units. The Statute only determines the territorial organization of each of Institution’s departments and the territorial organization of polyvalent patronage activity within each department.

Rules on Internal Organization – The Statute makes a reference to the Rules on Internal Organization as an act that shall elaborate in detail the scope of work of Institution’s organizational units. These Rules on Internal Organization of PHI HC Skopje establish the Institution’s organizational units, that is, its Departments (or Services), adequately organized throughout the City of Skopje. Clinics operate within each of these Services, with polyvalent patronage activity being part of the Clinics for preschool and school children, which also cover polyvalent patronage activity. However, this act does not define the scope of work and competences of polyvalent patronage activity as a whole and does not allow an insight into what the tasks of the patronage activity really are.

Rules on Job Description (Systematization) – The job description for the position of Home-visiting Nurse includes the following work tasks and responsibilities:

- Identifies the health and social needs of individuals, families or groups of citizens in one micro-region;

- Develops a daily, weekly and monthly work plan regarding patronage health care priorities;
- According to her prepared plan, she works in the homes of families, depending on the need for health care, including: women (pregnant women, new mothers, women in their reproductive period and menopause); children (newborns, infants, toddlers and preschoolers, school children and youth); adults (with massive, chronic degenerative changes, infectious diseases, especially TB); people with disabilities and elderly people, socially vulnerable people, etc.;
- Maintains legally prescribed records (a family patronage chart including all individual lists), a work log, a register by user category;
- Prepares a monthly report on the work performed;
- Monitors and evaluates the changes in the family resulting from the polyvalent patronage service work;
- Systematically and programmatically carries out health education and training with the aim to raise the health culture of an individual, family or group;
- Demonstrates and teaches the patient and family members how to provide and get care at home;
- Participates in the distribution of health-educational promotional material;
- Nurtures professional interpersonal relations with employees, while respecting the dignity, reputation and honor of other employees.

However, it can be noted that there is no hierarchy established within the polyvalent patronage activity that is fully integrated into the service.

Moreover, the existing systematized Home-visiting Nurse post foresees employment solely with secondary education, although universities in the country also provide undergraduate studies for nurses and specialist studies in polyvalent patronage activity or family and patronage care.

5.2. Analysis of findings from questionnaires and interviews conducted

This analysis is also based on the questionnaires answered by employees of the polyvalent patronage service at the Health Center – Skopje, as well as on the interviews conducted with some of the aforementioned employees.

The questionnaires were answered by the employees of the Service for Primary, Preventive and Dental Health Care in the Health Center – Skopje, who carry out polyvalent patronage activities, including Chair (a total of 10 questionnaires), Karposh (a total of 12 questionnaires), Kisela Voda (a total of 9 questionnaires), Gazi Baba (a total of 18 questionnaires) and Centar (a total of 10 questionnaires).

Of the total number of completed questionnaires, to the question if they perform only the work tasks/activities that are specified in their job description, 98.3% answered that they also performed other work tasks. They are most engaged at the vaccination points for the vaccine against the Covid-19 virus.

As to the question *Does the job description for your position contain any tasks that would be more suitable for another job, whether in the same or another organizational unit*, 97.6% of the respondents answered negatively.

Regarding the amount of work at their workplace, employees stated that during one working day, the average of visits made is about 6 or 7 visits as per the work plan, but they also indicated that the plan was outdated and that significant changes had occurred affecting their workload. Dissatisfaction with regard to the amount of work is noticed in the sense that, as a rule, one patronage nurse covers 4000 to 5000 citizens; however, due to reduced staff (retirement, leaving the workplace), they have to cover a number larger than that.

According to the questionnaires, answers are different in each organizational unit. Some units indicate that there are daily, weekly and monthly work schedules in place, some point out that their patronage nurses usually make mutual arrangements on a daily basis, and some say that the patronage nurse assesses the situation herself and acts accordingly.

When asked *Who is in charge of organizing the work and delegating work tasks on a daily basis*, answers include that it is the patronage nurse herself who is responsible either autonomously or according to a set plan, the Head Nurse or the Service for Mothers and Children. However, the most common answer is that patronage nurses organize their work on their own.

When asked about the schedule of field visits to be performed by the same patronage nurse, 98% answered that they have a fixed schedule, and only 2% do regular rotations. In the answers to the following question related to explaining further their schedule, patronage nurses indicated that they work within one local community and therefore, they deem that they have a fixed schedule. They rotate whenever a home-visiting nurse is absent due to vacation or illness.

To carry out their visits, patronage nurses use public transport or walk. They do not have official vehicles available. In fact, they lack the required equipment in general, since they do not

have any computer at their disposal or they have one or two desk computers which, in their answers, are specified as being old models. It is also indicated that they do not even have official mobile phones. They list these items as the equipment they need.

As to the question of whether there is an overlap of competences and tasks with other employees of HCS, 96% answered that there is no overlap, while 5.3% answered that there is an overlap. The overlap refers to the home visits paid to elderly and sick people, but it is emphasized that the visits performed by patronage nurses are curative activities or have a counseling purpose.

When asked who the immediate superior of patronage nurses is, 85% answered that it is the Head Nurse, 8.3% that it is the Head of Service, 3.3% that it is the Head of the Regional Unit, 5% that it is the Director. In the explanation to this question, a large number of answers underscore that in the past, there was a responsible patronage nurse and thus, they were much better organized and more satisfied.

A high 93% stated that they are familiar with the standard procedures of patronage activity performance. Also, a high percentage say that as patronage nurses they perform all their functions in line with the norms of polyvalent patronage activity operation (first visits to families, pregnant women, lying-in mothers and newborns, infants, toddlers and pre-school children, school children and adolescents, women in their reproductive period, elderly people, TB patients, patients with malignant diseases, diabetics, chronically ill, debilitated, menopausal women).

Regarding the competencies and skills they possess, 50% stated that they have sufficiently developed competencies for satisfactory performance of their work tasks, 38.3% said that they have an excellent performance, and 11.7% that they need additional competencies for the job. A large number answered that they had attended enough training to perform their work tasks efficiently and effectively (85%), and a smaller number (15%) that they had not attended enough training. Most of the reasons for this include: not enough training (75%) or no supply of adequate training (16.7%). However, a large number of them think that there is a need for training and they want to have it, because it is positive for them to acquire new knowledge. They cite training on breastfeeding, growth and development of babies and children, treatment of prematurely born children, i.e., pediatric knowledge, as particularly useful. Training in other areas of competence of the polyvalent patronage service is provided on a significantly smaller scale.

Responses to the questionnaires indicate that the polyvalent patronage service lacks an employee appraisal system, and there is no merit system established to reward employees. Overtime work is paid as per hours calculated.

When asked to evaluate their communication and coordination within the organizational unit, 58% answered that it was average, 10% that it was weak, and 31.7% that it was very good.

According to answers, it is noted that there is no procedure for reporting to superiors or in another way, if certain negative phenomena are observed during a visit to a family (for example, domestic violence, unhealthy relations in the family, etc.). Although the polyvalent patronage activity is part of the primary level health care network of Public Health Institutions – Health Centers, still, according to these statements, the communication between patronage nurses and family doctors, as well as dentists, is lacking.

Regarding the question of whether they receive information on the activities and work performed by their other polyvalent patronage service colleagues, 35% answered that they receive limited information, 22.8% that they do not receive information, 17.5% that they currently receive information that is shared through various channels or mechanisms, 15.8% that they receive information regularly and 8.8% that they have a shared folder or space for information-sharing.

According to the responses, reports are drawn up regarding the daily visits performed, which are then aggregated in monthly reports. These reports are entered on a computer; however, there are not enough computers available. 72.5% answered that they have an electronic visit-recording system, while 27.5% answered that they do not have such system. If there are no computers, and the records are made in an electronic system, it remains unclear how this obligation is completed.

The last question of the questionnaire, which referred to aspects that respondents think would improve the efficiency and effectiveness of their organizational unit, was mainly answered as follows:

- Adequate distribution of work
- Creation of better work procedures and actions
- Improved internal coordination
- Clear prioritization
- Greater consultation with employees prior to making any decisions about their work
- More opportunities for advancement
- More feedback from superiors about one's individual performance.

Also, a smaller number of respondents state that it is important to have:

- Quicker decision-making
- Greater responsibility for poor performance

- The Institution's management communicating better the strategic goals, expected outcomes and activities
 - Decision-making delegation and responsibility for results delivered.

Also, in the process of preparing the Functional Analysis, interviews were conducted with employees working in the area of polyvalent patronage service at the PHI Health Center Skopje, i.e., in its regional units as per the Institution's work organization. From the interviews conducted with these employees, it can be concluded that the majority of nurses and midwives assigned to polyvalent patronage activity have completed secondary education and have many years of service and experience in the polyvalent activity. In the course of their work, patronage nurses/midwives have undergone numerous and varied trainings and professional development in their area of work, and they possess both domestic and international certificates thereof, so they apply the overall knowledge acquired during their career in their daily work with patients. However, the certificates regarding the expertise and trainings attended by patronage nurses are not formally valued and do not constitute a basis for any reward or career advancement of these employees. One of the main issues faced by the polyvalent patronage service is the lack of staff, and the number of newborn children is large, that is, this number does not correspond to the current polyvalent patronage service capacities, so therefore, patients' needs cannot be met. On the other hand, an additional factor that negatively affects the realization of patronage activity is the COVID-19 pandemic. Since the beginning of the pandemic, polyvalent patronage nurses have been fully mobilized in order to implement the vaccination, which is why the patronage activity does not function or it functions at a very low capacity. Any lack of staff in any segment of the work of Health Center Skopje is covered by hiring staff from among patronage nurses.

The current average age of patronage nurses is between 50 and 60 and this represents a huge problem since this work takes place in the field, so provided the age of patronage nurses, performance of their work tasks under the current circumstances (without adequate equipment and logistics) is a serious challenge. If this trend continues and the working conditions (lack of equipment, low income) in the patronage service do not improve, young staff will not have any motivation to be part of this service, thus putting into question its efficiency and sustainability. The general impression is that the patronage service comes last in terms of priority and there is no interest among authorities to improve its conditions and organization.

From an organizational viewpoint, during the interviews, it was unanimously emphasized that the previous way of organization had been more efficient, when the patronage activity was set up as a separate organizational unit having a Head of the Patronage Service, as currently, they lack a direct superior in terms of their organization of work,

submission of reports etc. A work schedule is drawn up by each nurse herself on the basis of data received on newborn children from maternity wards in the country. Work is carried out according to a Plan that is more than 10 years old, while a new Work Plan has not been adopted, nor is it adopted on an annual basis.

Another issue faced by polyvalent patronage employees at the Health Center Skopje is the issue of communication and data exchange with the other health care system links. Namely, although the patronage activity includes visits to pregnant women, pre-school and school children, elderly people, still, currently, it is concentrated only on visits to mothers with newborns, and very few other aspects of the patronage activity are covered. In the interviews, it was indicated that the main reason is the lack of communication, cooperation and exchange of information between the patronage service and selected GPs, selected gynecologists and selected pediatricians.

On the other hand, it was identified that cooperation with local government units is at the lowest level or it does not exist at all. Local government units do not map the population living in their areas, and there is lack of data on the population number and structure that can be used to make policies to improve the situation at the local level. Certainly, such data can be of invaluable importance for the polyvalent patronage work, not only for the purpose of preparing and planning the visits, but also for qualitatively organizing and providing the preventive care and even curative care required for the population. Although both local government and the City of Skopje have some competences related to the area of health care (as defined in Article 22, paragraph 1, point 9 of the Law on Local Self-Government⁵) including: "... health education; health promotion; preventive activities; ... assistance to patients with special needs (for example, mental health, child abuse, etc.) and other areas that shall be determined by law..."

Namely, if this cooperation existed, patronage nurses would have information on the needs of patients of all ages and thus, by coordinating all stakeholders in the system, it would be possible to monitor the health status of the population of all ages. The only data is obtained from the Institute of Mother and Child Health regarding newborn children, thus enabling to plan the visits to newborns. If a newborn is visited, simultaneous attention is also paid to the other family members and their health status is checked (second child, elderly people). In terms of communication with other services, such as the competent social services or the Ministry of Interior, in case of detecting any deviant occurrences in the family, competent authorities are contacted and such occurrences are reported by phone, while a special procedure regarding this issue has not been established, i.e., it is not available to the general public or patronage

⁵ Law on Local Self-Government (Official Gazette of the Republic of Macedonia No. 1/2002, <http://www.slvesnik.com.mk/Issues/365B8AC822EBB445825B68E555A9C523.pdf>)

nurses are not familiar with it. However, it was stated in the interviews that patronage nurses do not feel safe to report such occurrences, given that in practice, there are negative experiences when reporting these situations (threats to nurses' safety, being summoned to testify in court proceedings, etc.).

As one way to improve the status of nurses working in the polyvalent patronage service, a unanimous position was expressed that the possibility of establishing the right to beneficial seniority for these employees should be considered. This proposal is supported by several arguments, including: the work of patronage nurses takes place in the field, and not in the office or in the doctor's office, their work involves daily exposure to various health and safety risks. In this way, their work will be valued and their work motivation will be enhanced. Patronage nurses receive some field allowance, however, its amount and the bus ticket are not proportionate to the difficulty and specifics of the work they perform. When it comes to allowances, the involvement of patronage nurses in the process of vaccination against COVID-19 was not valued and they did not receive any reward or allowance, even though it was the patronage nurses who bore the main burden of vaccination. Given that the basic salary provided for a home-visiting nurse is really low (it is slightly above the minimum wage at the national level), it is necessary to consider a possibility of increasing patronage nurses' revenues and allowances on various grounds (field work, on-call work, deployment at other services). Thus, their work and their efforts for all the past decades will be properly valued, while motivating young staff to become part of the polyvalent patronage service.

The current situation in the patronage activity is certainly a reflection of the situation in education. Namely, the availability of staff and their qualifications directly depend on what profiles secondary schools and universities in the country generate based on their curricula.

To be more particular, several secondary schools across the country train nurses within their four-year education. In recent years, the nurses with completed secondary education employed by the PHI HC Skopje and assigned to the polyvalent patronage service include nurses who, during their education, have not encountered patronage activity at all, either theoretically or practically, because the secondary education nursing curriculum does not cover patronage activity as an educational subject. This means that newly employed patronage nurses with completed secondary education, without a single day of practice in the patronage service or any training attended in this area, start working in the field and visiting patients. This has been detected as an issue in practice and in the daily operation of the patronage service.

Furthermore, the Healthcare Protection Law does not foresee any kind of traineeship through which full integration and inclusion of the newly recruited staff would be enabled in the operation. However, the Law on Healthcare Protection adopted recently envisages probationary work for a graduate nurse, but no regulations have been adopted to regulate

more closely the manner, criteria and content of such probationary work, thus retaining the provisions of the old regulations (Official Gazette of the Republic of Macedonia No. 80/2007) which provide for a traineeship of 10 months, of which the tenure in patronage activity is 30 days, that had to be repealed, but are still in force, although they completely contradict the provisions of the Law. Also, the existing legislation does not contain a possibility of mentoring work, which further complicates the situation. On the one hand, newly hired nurses do not receive pre-service training and mentoring for the quality performance of their work tasks, and on the other hand, there is no systematic integrated system for stimulating and motivating older and more experienced patronage nurses to transfer their knowledge and guide newly hired nurses in the performance of their work tasks.

It is important to note that the situation is further complicated as a result of the work and curricula of adult education centers (Workers' Universities, VET Centers) that train nurses through a 6-month program, upon completion of which, candidates obtain a secondary nursing education diploma. This 6-month education cannot be compared to the four-year secondary education in terms of the quality of knowledge acquired, and even more importantly, in terms of practice.

In addition to the situation with health personnel with secondary education, universities in the country have had curricula for quite some time and generated graduate nurses specializing in family and patronage care. This situation is in contradiction to the situation in health institutions, especially in terms of the patronage activity or the legislation governing the organization and systematization of health centers. Namely, the existing legislation or the catalog of jobs in the health sector do not describe a patronage nurse with a higher education nor a patronage nurse who has a certain type of coordinating and managerial role and is responsible for organization and reporting on the achievement of priorities and goals set in the activity.

Regarding the situation with highly educated staff in the patronage activity, it is important to note that at the Bitola University "St. Kliment of Ohrid" there is a Medical School that offers specialization in General Nursing – Specialization in Family and Patronage Care, as one-year (2 semesters) specialist studies.⁶ A requirement for enrolling in this specialist program is the completion of three-year (180 ECTS credits) studies in General Nursing. After completing the specialist studies, candidates acquire additional 60 ECTS credits.

At the Faculty of Medical Sciences, at Goce Delchev University in Shtip, there are also one-year (2 semesters) – Specialist studies for a graduate professional nurse/technician,

⁶ <https://vmsb.uklo.edu.mk/wp-content/uploads/sites/6/2021/11/%D0%B0%D0%BA%D1%80%D0%B5%D0%B4.%D0%BF%D0%B0%D1%82%D1%80%D0%BE%D0%BD.%D0%B3%D1%80%D0%B8%D0%B6%D0%B0.pdf>

specializing in family and patronage care, upon completion of which students acquire 60 ECTS credits.⁷

At the Faculty of Medicine of the Skopje Ss. Cyril and Methodius University, 3-year specialist studies in family medicine (6 semesters) are accredited, but they do not contain elements from the area of patronage activity.⁸

Education of nurses and midwives is not fully in line with EU Directives (Directive (2005/36/EC) on recognition of professional qualifications⁹ and Directive 2013/55/EU for amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation')¹⁰) related to educational qualifications in terms of years required to be spent in both formal and informal education, the development of professional competencies, as well as the number of hours spent in practical work, which is a criterion for mutual recognition of educational qualifications.

Unlike nurses with secondary education, graduate nurses also study the subject of polyvalent patronage care during their studies and acquire basic theoretical knowledge in this area, while as already mentioned, there is also a specialization in family and patronage care. However, the graduate nurses employed in the Health Center or those with completed specialization in the area, are not assigned to positions in the polyvalent patronage service, because currently, the existing regulations do not envisage a position for a patronage nurse with higher education. Currently, there are about ten employed graduate nurses who do patronage service on a daily basis, but their duties of this type are described neither in the job systematization nor in their employment contracts. They are employed in this service, but they hold positions that include other duties.

According to the information from both the questionnaires and interviews, nurses in the polyvalent patronage service prepare daily reports on their work, then, the data from such daily reports are aggregated on a monthly level; however, within this Service, these reports are not subject to inspection or analysis, and are sent to the Center for Public Health – Skopje and then to the Institute of Public Health of the Republic of North Macedonia for statistical processing of the data entered.

In addition, a field survey was conducted by the M-Prospect Research Center on users' satisfaction with the services of the patronage service. In continuation, the data from this survey are listed and used.

⁷<https://fmn.ugd.edu.mk/documents/resenia-za-akreditacija-fmn-2.pdf>

⁸ http://medf.ukim.edu.mk/wp-content/uploads/2018/07/1109_680200146.pdf

⁹ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32005L0036>

¹⁰ <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A32013L0055>

From the results obtained through all data collection and analysis tools, it can be concluded that the polyvalent patronage service actually operates as a bivalent patronage service (mainly focused on mothers and children), while polyvalent elements are incorporated into the process of performing bivalent patronage care with the said two categories of users. There is no systematic approach to the organization and implementation of polyvalent patronage care in accordance with the competences defined in the legislation, nor in accordance with international standards and trends in this area.

6

FINDINGS

STRATEGIC COMPLIANCE

	Criterion	Traffic-light	Main notes
S1	Adopted strategic document (departmental strategy, strategic plan, work program for at least the medium term), according to which the institution is organized and its activities and employees' tasks are defined	Yellow	Patronage activity takes place in accordance with an annual Program for Active Healthcare of Mothers and Children in the Republic of North Macedonia, a document adopted by another institution. At the HC-Skopje level, there is no strategic document defining the priorities and goals for the patronage activity development.
S2	Legal framework (including laws and internal rules and procedures) aligned with the strategic document	Yellow	There is a Rulebook on conducting the activity, but no internal procedures harmonized with the development documents are defined and adopted.
S3	The Institution's main functions and internal organization aligned with the strategic document and legal competences	Red	There is no Health Center-level development document in the Institution. The annual <i>Program for Active Healthcare of Mothers and Children</i> can be considered as a development document, but it refers only to part of the competences prescribed by "Standards of functions and norms regarding the work of the polyvalent patronage nurse...", which means that there is no conformity between relevant regulations.
S4	Top management clearly communicates reform plans, strategic goals and improvement measures to employees	Red	There is no clear line of information communication from management to employees.

S1, S3 – If the polyvalent patronage service competences are broader than those included in the Program for Active Healthcare of Mothers and Children, then it is necessary to regularly adopt a strategic document according to which measures and activities will be

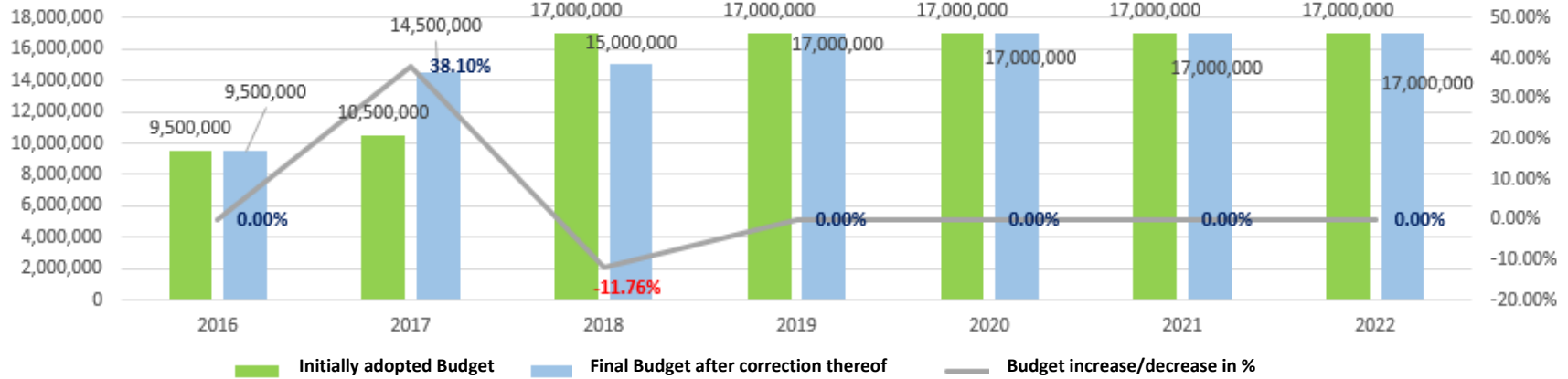
prioritized for other competences as well (elderly, sick, family relations ...). On the other hand, citizens who use these services do not understand exactly what the responsibilities of the polyvalent patronage service are (noted in the indicative survey), which indicates that a strategic or development document is required, which shall also be communicated to the general public.

S4 – Not only is the communication with the management unsatisfactory, but employees do not even see the need for more communication with the formal management, that is, the head of the service and the director of the HC Skopje. These managers are not up to date with the activities of the polyvalent patronage service; hence, they cannot contribute much to the organization and quality of work thereof. On the other hand, all employees feel the need to establish management positions that are part of the polyvalent patronage activity.

S1 – In the strategic planning of the work of any institution, the key is to plan financial resources that are made available for the realization of the work planned. In the case of polyvalent patronage activity, data is available on the budget allocated to the Program for Active Healthcare of Mothers and Children, where an upward trend is observed until 2018, and from then until now, an equal amount of funds has been allocated annually. These funds are planned for activities (more or less of the same type in the last four years) from the said program, but do not include the salaries of polyvalent patronage employees.

Chart 1

Chart 1. Amendments to the Budget for the Ministry of Health’s Program for Active Healthcare of Mothers and Children within the 2016-2022 period



ORGANIZATIONAL CAPACITIES

	Criterion	Traffic-light	Main notes
K1	There is a clear distinction, that is, there is no overlap in the scope of work tasks between different organizational units in the Institution		There is no overlap with the competences of other organizational units within the Health Center.
K2	Employees understand the main functions and organizational setup of the Institution		Employees who perform patronage activities understand their function, the functions of the Institution and the organizational setup. On the other hand, employees state that they also perform administrative activities related to the process of immunization, as well as that they play a key role in the process of immunization against COVID, that is, they are engaged at the vaccination points.
K3	The key posts (those through which the main goal/competence of the Institution is realized) are filled with adequate persons		Although there is relatively solid staffing in terms of the number of systematized positions (90 systematized positions, of which 64 are filled), a lack of employees that can meet the population needs and a lack of internal hierarchy is observed.
K4	All activities/tasks planned in the Institution are implemented		Some of the responsibilities specified in the “Standards of functions and norms regarding the work of the polyvalent patronage nurse” are not performed (adolescents, malignant patients, etc.) according to users’ statements (indicative survey). Due to the COVID-19 pandemic, the number of field visits has decreased.
K5	Each employee performs tasks arising from his/her job description		Patronage nurses with higher education are assigned to posts within the Private Healthcare Service “Health Worker” and formally, they do not have tasks that are in any way related to polyvalent patronage activity, although they perform patronage activities on a daily basis. In dealing with the pandemic caused by COVID-19, patronage nurses have also been intensively engaged at the vaccination points.

	Criterion	Traffic-light	Main notes
K6	There are no systematized jobs that are unnecessary		All systematized jobs are currently needed. It is also necessary to extend the systematization with new jobs.
K7	Employees generally possess competencies to fulfill the activities and achieve the strategic goals		Employees possess solidly developed general work competencies for the performance of their work and work tasks. On the other hand, from employees' answers, it was observed that most of the trainings attended were dedicated only to care of mothers and children, and very little to other competences. Continuous acquisition and/or improvement of special work competencies is always required.
K8	Employees have training and professional development opportunities		Although there is no Plan/Program for the professional development of employees, they receive the training required for quality performance of their work.
K9	Employees have promotion and career advancement opportunities		There is no system in place, or position with a higher education in the Catalog, which would be the basis for promotion.
K10	The appraisal system has impact on the improvement of one's work in the Institution		The Institution does not have a system for measuring and evaluating the work of its employees. Evaluation of the work of the polyvalent patronage service and its employees can be made only based on their reports, but such reports do not contain any quality evaluation by service users.

K3 – An additional issue in this regard is the lack of staff, given that the analysis showed that the number of employed patronage nurses is two thirds of the number that is actually required to cover the entire territory of the City of Skopje. In addition to the lack of staff in the polyvalent patronage activity, patronage nurses are additionally engaged in other activities within the Institution, such as vaccination against COVID-19, participation in vaccination of school-aged children, participation in blood pressure measurement activities, blood glucose testing and other projects where the end users are either children or the elderly population.

A large part of patronage nurses are between the ages of 55 and 60, that is, they are coming to the end of their years of service. This is actually one of the main issues, due to which

this activity must be urgently reorganized. With the retirement of these persons, at a crucial moment, the provision of patronage services for the city with an ever-increasing population will be visibly reduced. Patronage nurses who will continue to provide the services are not satisfied with their working conditions, above all, they are not happy with their salary, which they say is far from satisfactory for the field work they perform. This may lead to an additional outflow of staff, knowing how in demand this profession is worldwide. There are no prospects for new employments because the 40 persons hired on individual contracts were supposed to work on patronage activities, but were reassigned to other positions. If they find their current job easier or if its is performed in an office, they will probably not want to go back. New employments are not expected since 40 people were engaged precisely in the patronage service. New hires are unlikely to be of adequate quality because these jobs are not attractive (low salary, field work) and because secondary nursing education does not produce practically trained patronage staff.

K4 – Some of the activities envisaged under the standards and norms for conducting the patronage activity are not carried out. The work is mainly focused on the care of mothers and newborns, while other categories of citizens receive the required care incidentally and unsystematically. Namely, when visiting a woman who has given birth or a newborn, the patronage nurse scans the situation in the family, and then reacts accordingly and provides care and health advice to other family members as well. This practice does not usually result from a systematic scanning and profiling of the local community and a previously identified condition, but is done ad hoc depending on the observed difficulties identified during the visit. This negative practice also arises from the weak or non-existent regular communication between the rest of the health specialist staff (gynecologists, family doctors, pediatricians, gerontologists, pulmonologists, oncologists, social workers, etc.). Also, due to the COVID-19 pandemic, patronage nurses do not carry out field visits of the same scale as before; however, according to their statements, they regularly communicate by phone with the users, providing them the necessary support. According to the field survey conducted with patronage service users by M-prospect research company, findings indicate that respondents from the 18-29 age group, as well as those over 65, did not use the services of the patronage service (65% – from 18 to 29 years of age, and 65.7% aged 65+). In the context of this finding, it is worth mentioning that visiting elderly and feeble people and people with disabilities is the most desired future service among respondents over 40 years old.

K5 – 20% of patronage nurses have completed higher education, and some of them have specialization in family and patronage care. Due to the existence of a single code in the Catalog for a patronage nurse at G level, i.e., with secondary education, nurses with higher education are assigned to jobs with higher education within the Private Health Care Service. Those nurses neither have a job title in the patronage activity, nor do their work tasks and job

descriptions correspond to the patronage activity. Thus, monitoring of their work is challenging, and there is an actual impossibility to formally appraise them for the work they perform.

K7 – As for the competencies of employees in the polyvalent patronage service at PHI HC Skopje, a general conclusion can be drawn that this institution avails of professional and trained staff and its patronage nurses have attended many trainings covering different aspects of their work (psycho-physical development in babies, motility in newborns, breastfeeding techniques, glycemia measurement, protection against domestic violence, training on children with developmental disabilities, reproductive health protection, etc.). In spite of the trainings mentioned, findings from the questionnaire imply that these professionals have the desire and will for continuous professional development and they highlight the need to attend continuous training events, thus being prepared for modern trends and processes in the various spheres of polyvalent patronage activity.

PERFORMING WORK TASKS TO ACHIEVE RESULTS

	Criterion	Traffic-light	Main notes
R1	The Institution has adequate organization, prioritization and distribution of work		The organization of the Service for Preventive and Dental Health Care merges several activities, which need individual development strategies, priorities and distribution of work.
R2	Decision-making is delegated from a higher to a lower management position		There is only one position for a home-visiting nurse. The actual organization of the polyvalent patronage service does not allow for the distribution of tasks according to employees' competencies, nor according to hierarchy. There is no managerial position envisaged to be responsible for the organization of activities only in the polyvalent patronage service.

	Criterion	Traffic-light	Main notes
R3	Clear written procedures on work processes are established	Yellow	There are procedures for the patronage activity performance (SOPs) that relate mostly to the part covering the care and nursing of mothers and children, while there are no procedures established for the other work tasks. The lines of responsibility in the polyvalent patronage system are not clearly defined either.
R4	Good and regular communication between Institution's organizational units is in place	Yellow	Employees state that they are satisfied with the communication existing between organizational units and that they receive the necessary information; however, this is not the case with the other elements in the health system.
R5	The quality of Institution's work is evaluated and improved	Red	There is no monitoring and evaluation of quality at the Institution's level.
R6	Adequate IT technology, software and other work tools are used in the Institution	Red	There are no basic conditions for work, employees do not have their own computers, nor appropriate equipment to perform their work. There is no communication established with the users via electronic media.

R1, R2 – According to the Law on Healthcare Protection and its by-laws governing this area, the supervisor of patronage nurses shall be the Head of the Service. However, practice shows that this organizational setup is ineffective, since the Head of the Service is not fully and in detail familiarized with the work of patronage nurses and the challenges they face during their work. The planning of daily and ongoing work tasks is not coordinated by superiors, but patronage nurses do it on their own. In reality there is a certain informal organization made by a nurse, but this is not systematized or stipulated anywhere.

Regarding the workload, it can be concluded that patronage nurses have a large workload which results in a reduced possibility of realizing and fulfilling the purpose of the visits they make. Namely, according to the draft Standards of functions and norms regarding the work of the polyvalent patronage nurse performing polyvalent patronage activity within health centers, in order to realize the standard functions of the polyvalent patronage activity, it is required to ensure the following:

1. In urban and suburban areas – one polyvalent patronage nurse per 1000-1500 families or 3000-5000 residents;
2. In rural areas – one polyvalent patronage nurse per 800-1300 families or 2000-4000 residents.¹¹

According to these Standards, we assume that one patronage nurse should be responsible for visiting 4000 residents (on average).

Below is the table specifying the data from the State Statistical Office on the number of citizens in the City of Skopje, by its municipalities. Corresponding to the data on citizens, the data on the number of patronage nurses by municipality is listed in the last column.

Municipality	Total resident population (2021)	Number of patronage nurses (2021)	Number of residents for whom one nurse is responsible (2021)	No. of nurses required (on average 4000 residents per nurse)
Skopje	526,502	64	8,226	132 ¹²
Kisela Voda	61,965	14	13,926 ¹³	49
Aerodrom	77,735	Covered by Kisela Voda		
Ilinden	17,435	Covered by Gazi Baba		
Petrovec	9,150	Covered by Gazi Baba		
Sopishte	6,713	Covered by Kisela Voda		
Studenichani	21,970	Covered by Kisela Voda	4,759 ¹⁴	22
Gazi Baba	69,626	18		

¹¹ Standards of functions and norms regarding the work of the polyvalent patronage nurse performing polyvalent patronage activity within health centers

¹² The number is not equal to the sum of the nurses required in municipalities due to the large divisor (4000 residents) and the rounded results.

¹³ A total of 194,968 residents (Municipalities of Kisela Voda, Aerodrom, Ilinden, Petrovec, Sopishte, Studenichani) covered by 14 patronage sisters.

¹⁴ A total of 85,663 residents (Municipalities of Gazi Baba, Arachinovo, Zelenikovo) covered by 18 patronage nurses.

Arachinovo	12,676	Covered by Gazi Baba		
Zelenikovo	3,361	Covered by Kisela Voda		
Karposh	63,760	14		
Gjorche Petrov	44,844	Covered by Karposh	10,500 ¹⁵	37
Saraj	38,399	Covered by Karposh		
Chair	62,586	9		
Butel	37,968	Covered by Chair	14,031 ¹⁶	32
Shuto Orizari	25,726	Covered by Chair		
Centar	43,893	9	4,877	11

According to the data given, it can be noted that the number of patronage nurses is not at all adequate to the number of citizens and indicates a large workload that cannot be completed.¹⁷ The data obtained from patronage service users also match accordingly, where it is noted that not all of them receive services from the patronage service.

R3 – The need for improved organization of the work process is supported by the fact that a large number of employees are of the opinion that for the most successful functioning of this segment of PHI Health Center Skopje, it is required to stipulate and adopt adequate work procedures and actions. In view of the fact that in their answers to the questionnaire, home-visiting nurses indicate that they are burdened with work tasks not included in the description of their workplace, a large part of them indicate as a significant factor that would contribute to a much more efficient and high-quality realization of their polyvalent patronage responsibilities, the adequate and balanced distribution of work tasks among employees.

R4 – A large number of employees believe that within their service, employees are not consulted before any decision-making, and it is necessary to improve internal communication. In the opinion of the majority of polyvalent patronage employees, the communication within the organizational units (Service) is average to satisfactory. However, communication and cooperation with other segments in the system (family physicians, gynecologists, special education teachers, social workers, local government, etc.) is of invaluable importance for the

¹⁵A total of 147,003 residents (Municipalities of Karposh, Gjorche Petrov, Saraj) covered by 14 patronage nurses.

¹⁶A total of 126,280 residents (Municipalities of Chair, Butel, Shuto Orizari) covered by 9 patronage nurses.

¹⁷Information obtained from the employees of the Health Center – Skopje

polyvalent patronage activity, and this cooperation is at the lowest level, even though the point of their organization into the PHC Service is precisely that. The lack of a system for sharing information and feedback significantly complicates the quality and timely performance of polyvalent patronage responsibilities.

R5 – There is currently no system in place for monitoring and evaluation of employees' work in the Institution, nor is there a system for rewarding the employees. There is neither a clearly established framework of professional competencies that employees should possess and based on which their progress will be monitored. Employees possessing the competencies required for quality work performance who have, over the years, upgraded such competencies through additional education, acquiring additional professional qualifications and skills via various forms of learning, do not have the opportunity to be recognized in the system, nor rewarded in any way, either formally with career progression or practically with other adequate forms of tangible or intangible rewards and benefits for their work achievements. In this situation, it is difficult, even impossible, to monitor and measure the quality of delivered services in the absence of minimum standards. All this affects the overall image of the patronage activity and the achievement of its main goals.

Records are kept of the visits made and patronage nurses prepare daily, monthly, quarterly and annual reports on their work. These reports contain information on the visits realized and they are subject to statistical processing by the Institute for Public Health of the Republic of North Macedonia. However, it can be concluded that such records are kept of some, but not all work tasks and duties of patronage nurses, determined in the Rules on Job Description (Systematization).

R6 – Taking into account the fact that the most essential part of patronage nurses' work takes place in the field, namely in the entire territory of the City of Skopje, a key factor for efficient work and provision of quality and timely health services to patients is good equipment and logistical support. However, in this regard, the analysis showed significant inconsistencies in the polyvalent patronage service functioning. Primarily, employees lack official vehicles, which would significantly facilitate their daily work that includes visits to patients in their homes, and would probably also increase the number of visits. Based on the findings obtained from the conducted field survey and analyzing the results at the level of municipality of residence, it can be noted that unlike all municipalities where the majority of respondents did not need additional visits, in the Municipality of Chair, almost half of the respondents (45.3%) needed more newborn visits. In the Municipality of Shuto Orizari, the percentage of respondents saying they did not need more visits (56.3%) and those who needed more visits for a newborn (43.8%) is similar.

The availability of patronage nurses to patients, communication with patients and adequate field coverage are key to realizing the polyvalent patronage service function. Currently, it is implemented with enormous difficulties, given the fact that employees lack official phones and other IT equipment required to record their visits and findings in an electronic system. Not being equipped with basic means of movement and communication with patients causes major problems in the organization of the work and functioning of the polyvalent patronage activity within the PHI HC Skopje. Employees unanimously share the opinion that it is necessary to provide the basic equipment for patronage work (vehicles, mobile phones, laptops, etc.). It is also important to note that the development of a module/app for the work and recording the results of the polyvalent patronage activity (with UNICEF support) is in its advanced stage. This app will greatly facilitate and systematize the work according to established standards and protocols; however, currently, the biggest challenge is the provision of electronic equipment/devices and access to using this tool by the patronage nurses (smartphones, tablets, uninterrupted internet connection etc.).

Polyvalent patronage service does not have its own website or a separate section within the website of HC Skopje, where it could post important information and educational materials from the area of its operation. This situation makes it impossible to efficiently share information with end users, provide education on preventive health care, guidelines and advice in the area of polyvalent patronage activity, etc. Based on the data obtained from the field survey conducted, it is noted that almost half of the respondents (43.7%) do not know where to turn if they need any service from the patronage service. Of all the respondents, 31.7% know where to turn and have requested such service, while almost a quarter of the respondents (24.7%) know where, but have not requested such service. The distribution of responses among ethnic Macedonians shows that the majority do not know where to turn (43.7%). The percentage of those not knowing where to turn among other ethnic communities is high (58.8%).

The current situation contradicts the provisions of the Rulebook on the format and content of forms and the manner of filling in, keeping, processing and storing aggregate records intended for monitoring the operation of polyvalent patronage health care. The Rulebook is detailed and envisages data entry. According to the provisions of this Rulebook, records shall be kept in electronic form and made on the spot, during the visit; however, according to the findings from the forms filled out by patronage nurses, it is evident that they are facing a serious lack of ICT equipment and knowledge of how to use it. Currently, even basic conditions are not provided for patronage nurses to consistently apply the said Rulebook, and on the other hand, cooperation with family doctors as an important link in the process of providing health services and health care is also disabled.

7

RECOMMENDATIONS

One of the key reasons for which the reorganization of the patronage activity structure is necessary is the age (55 to 60) of a high number of patronage nurses. The provision of patronage services will decrease, but the need for them is constantly growing. On the other hand, all global trends are in the direction of strengthening the preventive healthcare activity in order to reduce the curative activity. For these reasons, a series of measures are proposed to:

- Reorganize the Service with the aim at improved communication and management
- Introduce new positions with adequate competencies that will contribute to improving the quality of services
- Develop modalities for acquiring the competencies required
- Establish a model of appraisal in line with the quality of work and competencies acquired, as a basis for promotion, reward and provision of higher salaries
- Improve working conditions in order to retain qualified staff and attract new quality staff
- Establish systematic communication, coordination and cooperation with other health institutions, as well as institutions of local government, social protection, education, etc.

7.1. Main recommendations in line with the functional analysis findings

7.1.1 Clear definition of the polyvalent patronage activity competences and scope of work

The broadest and most comprehensive description of the work and goals of the polyvalent patronage activity is given in the document “Standards of functions and norms

regarding the work of the polyvalent patronage nurse performing polyvalent patronage activity within health centers” which, unfortunately, has not been officially adopted yet. As to the other acts such as the Law on Healthcare Protection, the Statute of PHI HC Skopje, and the Rules on Internal Organization of PHI HC Skopje, it is not possible to gain an insight into the polyvalent patronage activity competences from their content.

For this reason, amendments and additions to the Rules on Internal Organization of PHI HC Skopje are required, i.e., concretization and precise determination of the scope of work of the polyvalent patronage service. Competences would be established on the basis of the documents regulating the coverage of patronage activity (the Guideline on the Manner of Performing Patronage Activity and SOPs of the manner of work of patronage nurses in the polyvalent patronage activity as an integral part of this Guideline, as well as the Standards of functions and norms regarding the work of the polyvalent patronage nurse performing polyvalent patronage activity within health centers), but primarily based on the activities actually performed by these employees.

7.1.2 Intervention in existing legislation

Given that the current possibilities in the Law and its by-laws, do not produce the desired results in practice, i.e., they make it difficult to deliver services efficiently and hinder efficient coordination and communication within the patronage service scope of work, some of the existing legal framework needs to be modified towards ensuring the polyvalent patronage service full functionality.

Namely, from the Functional Analysis conducted and the data obtained through the various research tools, it can be concluded that a certain number of patronage nurses have completed higher education or acquired 180 ECTS credits. With these qualifications, within the existing Catalog of Public Sector Jobs, they are listed under the title Other graduate health professional with higher (university) education, under the code ZDR0301B03007, or Graduate nurse at department level ZDR0301B03001, or some of the other codes relating to health professionals with acquired 180 ECTS credits, while a separate position for a patronage nurse with completed university education is not foreseen. Practice shows that patronage nurses realize a wider range of competencies compared to nurses from other activities, while going in parallel through a process of continuous professional development and training required to successfully respond to the challenges brought by the polyvalent patronage activity as a whole.

For this reason, it is necessary to provide a separate position in the Job Catalog – Graduate nurse in polyvalent patronage service/patronage nurse with higher (university) education, within category B, level B3, after which this position shall also be established in the

Rules on Job Description (Systematization). In this way, by adequate additions to the Catalog of Jobs and changes to the Rules on Systematization of the PHI HC Skopje, a distinction would be made between the jobs of patronage nurses of category G who have secondary education, those of category V, who are with college education, and patronage nurses with higher (university) education, who currently, under the Rules, all perform identical work tasks and duties. This would enable a hierarchical distinction of positions in the polyvalent patronage service and thus the possibility of advancement, which is currently not possible.

Nurses graduating from secondary medical school and being employed with PHI HC Skopje lack practical knowledge about the patronage activity, because during their education, they do not study about patronage services and do not attend practical training at the polyvalent patronage service. For these reasons, **mentoring should be considered as a possibility** to introduce newly employed nurses to their work and train them to perform their tasks, which as a final result would mean ensuring more efficient and better quality health services and greater patient trust in polyvalent patronage activity. Furthermore, the Law on Public Sector Employees also establishes the right of employees to professional development and mentoring, and it is one of the ways to exercise this right. The conditions under which this mentoring would take place (method, plan for the mentoring, duration, fees, final exam, etc.) can be determined by a special act (Program, Rulebook, Guideline) that would be adopted by the Minister of Health. When determining the method and conditions of mentoring, experiences from other departments (state administration, education, etc.) can be used in relation to the manner in which this issue is regulated. Otherwise, as things are currently set up, the question arises about the purposefulness of employing nurses with secondary education in the polyvalent patronage service, considering the fact that they are unprepared to join the work process, which significantly affects the quality of health services and end user satisfaction.

Patronage nurses hired on the basis of a completed secondary education, have many years of experience in the patronage activity, constantly attend trainings for their work and continuously improve professionally in all aspects of their work, on which they possess relevant certificates that mean a lot in their area of work. Therefore, as a way of valuing their knowledge and motivation, **the possibility of recognizing and valuing such certificates** and confirmations of completed training, knowledge improvement and upgrade should be considered, while making them the basis for reward and promotion within the service, under certain conditions established by law. Also, in order to attract and retain staff, possibilities of scholarships for nurses to obtain higher education and specialize in polyvalent patronage care should be considered.

An issue that should be resolved, with the support of competent institutions, is the status of the persons engaged in the patronage service based on a service contract. A way should be identified for them to be adequately deployed, since these are persons who are

already familiar with the work process and specifics of the patronage activity itself, and their permanent engagement would be of great importance for the performance of the patronage activity.

Also, currently, under the provisions of the Law on Healthcare Protection, only health workers of Category A, level A1, are defined as managing health workers. However, the actual situation in the health sector and the nature of the work point to the fact that health facilities operate based on the so-called “double hierarchy”. It actually means that, in simplest terms, doctors are in charge of one aspect of health care, such as the diagnosis and treatment of patients, while in parallel, nurses are in charge of administering the proscribed therapy, providing care and nursing to patients. By introducing a position with a management function or a position intended for a nurse of category A into the Healthcare Protection Law, a basis would be provided for a different organization and staffing of nursing positions, as well as the establishment of adequate lines of responsibility within the individual competences and tasks of the entire healthcare staff in healthcare facilities, including the HC Skopje. The Head Nurse would organize and control the work of all home-visiting nurses in the service.

7.1.3 Reorganization of the polyvalent patronage activity

Pursuant to the Regulation on the scope of work of internal organizational units and the minimum number of employees per internal organizational unit in health institutions, a *Health Center Service* is envisaged as an organizational form in health centers. Currently, the polyvalent patronage activity does not exist as an independent health activity, but only within some of the Services organized in health institutions, in this case the PHI HC Skopje.

In particular, according to the current organizational setup of the Service for Primary, Preventive and Dental Healthcare, within which the polyvalent patronage service operates, the direct superior to patronage nurses is the Head of the Service, and a role in the organization of patronage nurses’ work is also played by the PHI Head Nurse. However, this way of organization is too centralized, and the patronage activity itself is really complex, including a wide scope and territory of action, which imposes the need for a different organizational and hierarchical setup. Moreover, the assumed communication and coordination between the polyvalent patronage service and the other elements in the PHI network does not work in practice. On the one hand, PHI HC Skopje is an institution whose activity is very broad and complex, with a large number of employees, and polyvalent patronage activity is only one segment of that system. On the other hand, the activity covered by the polyvalent patronage service is not at all negligible, on the contrary, it has a wide scope and is of crucial importance for the end users of health services, considering that it means direct contact with patients in their homes. The Functional Analysis

showed that changes are required in the existing organizational and hierarchical setup of the Service.

To overcome the challenging aspects of the polyvalent patronage activity organizational setup and improve the coordination of patronage nurses' work, **we recommend the following options:**

Option 1: *Set up a separate organizational unit – Polyvalent Patronage Service*, which would include health professionals currently performing polyvalent patronage work and tasks, as well as the Service for Health Care of Mothers and Children.

Within the PHI HC Skopje, the Service for Health Care of Mothers and Children operates as a separate organizational unit. The daily operation of this Service is closely related to the operation of the polyvalent patronage activity. Their interconnection results from the competences these two activities have in relation to mothers and newborns. Namely, the polyvalent patronage service makes a schedule of visits to patients/users, where the visits of mothers and newborns are planned based on the data on the number of newborn children supplied to them on a weekly basis by the Service for Mothers and Children. The polyvalent patronage service provides data on the visits made to mothers and newborns to the Service for Mothers and Children. The Service performs analysis and statistical processing of this data, which further forms the basis for planning future activities, on both monthly and annual levels. However, from the interviews conducted, it was determined that an Annual Plan for Polyvalent Patronage Visits has not been adopted for quite some time, from which a conclusion can be drawn that the Service for Mothers and Children is not operating at the highest level. Without delving into the reasons for this situation, and taking into account the linkage between these two activities as part of PHI HC Skopje, the functional analysis showed that by combining the Service for Mothers and Children and the polyvalent patronage activity, the functioning of these two aspects of the public health institution will be optimized. Given that their functions are complementary, i.e., complement each other, their merge will result in a service that would be staffed with adequate highly educated and highly professional medical staff from the area of patronage activity, general medicine, social medicine and pediatrics, which, in addition to provision of preventive health care, would cooperate with all relevant institutions in the process of health protection of mothers and children. In this way, coordination during patronage activity implementation would be improved, including the exchange of information as one of the most important factors in the implementation of the patronage activity preventive role, while allowing a relevant analytical and integrated approach to improving the health of mothers and newborns.

By the establishment of the new organizational unit, which will be managed by the Head of the Service for Health Care of Mothers and Children, the organization of patronage nurses'

activities would be carried out by someone who is directly involved in the performance of duties and specifics of the activity.

Within the existing legal framework regulating the polyvalent patronage service operation, there is a legal basis to form an organizational unit that would include those employees who perform patronage activities. *The Law on Healthcare Protection, more specifically Article 91 of this Law and thus, the Regulation on the scope of work of internal organizational units and the minimum number of employees per internal organizational unit in health institutions, stipulate that Services shall be internal organizational units at Health Centers. Hence, bearing in mind the polyvalent patronage activity current position within the organizational structure of PHI HC Skopje on the one hand, and the organization, scope of work and competences performed by the patronage service on the other hand, a logical solution would be to separate the patronage activity as a separate organizational form – Polyvalent Patronage Service, which would include the Service for Health Care of Mothers and Children and the sections related to the polyvalent patronage activity at the current Primary, Preventive and Dental Health Care Service in all 5 regions defined under the Internal Organization Rules and Job Description (Systematization) Rules at PHI HC Skopje. This means to establish a new Polyvalent Patronage Service which shall include all employees who are currently engaged in the polyvalent patronage activity.*

The amount of work of PHI Health Center Skopje is really large, provided the number of patients using its services, as well as the territory where the Institution's responsibilities are performed. Patronage activity would be more efficiently organized as a separate organizational unit.

In this organizational unit, in addition to the Managerial health professional (Category A) and other employees of the Service for Health Care of Mothers and Children, 3 more positions would be foreseen, including: Regional Coordinator of Polyvalent Patronage Activity (Category B), Graduated Patronage Nurse (Category B) and Patronage Nurse with secondary education (Category G). This type of organization will have a great impact on patronage nurses' work, the coordination of their actions will be improved and thus, the quality of health care and the quality of services to patients as end users.

Option 2: *Creation of new jobs in the existing structure* in order to improve the organization of work and coordination of patronage nurses' activities. By this option, polyvalent patronage activity would remain organized in the same way as before, within the Service for Primary, Preventive and Dental Health Care, but its daily work at the points in the City of Skopje would be modified such that at each individual point, activities would be coordinated by one nurse from among the nurses with higher education, assigned to the polyvalent patronage activity. In this way, the coordination of patronage nurses' work would be carried out by

someone who has direct insight and is directly acquainted with all patronage activity aspects, including the: workload, daily work challenges, logistics and all that is required to achieve the greatest possible operation effectiveness and efficiency and meet users' needs.

To implement this solution, it will be required to provide an adequate code and position of *Patronage Nurse – Coordinator of Polyvalent Patronage Activity* in the existing Catalog of Jobs in Public Sector Institutions. Within the existing legal framework and pursuant to the provisions of the Law on Healthcare Protection, this position would be integrated within Category B – Health workers with higher (university) education in the area of medicine and dentistry, level B2, since the current legal possibilities do not provide for this position to be of the category of managerial officers. Thus, the planning of patronage nurses' activities would be carried out by the Patronage Nurse – Coordinator of Polyvalent Patronage Activity. Upon the introduction of such position, relevant changes and additions to the Rules on Job Description (Systematization) should be made.

Based on the Functional Analysis performed, it follows that a different organizational and hierarchical setup of the patronage activity is required to overcome the observed significant inconsistencies and the lack of coordination in the polyvalent patronage activity operation. Furthermore, the changes proposed shall be further supported by setting out adequate procedures for decision-making processes, establishing clear lines of responsibility, regular consultation with employees to improve such processes, and measures to improve internal coordination and communication.

Option 3 – Organization based on public-private partnership (concession). The current average age structure of polyvalent patronage employees is 50-60 years old, which means that in the next 5-7 years, a large part of the staff will meet the old-age retirement requirements and the number of patronage nurses will significantly drop down. In the meantime, if efforts are not made to staff the polyvalent patronage service, its sustainability will be brought in question and its existence as part of PHI HC Skopje will be threatened. It is necessary to find a way to motivate young, highly educated personnel to join the polyvalent patronage service. To that end, perhaps a possibility of public-private partnership (concession) should be considered as a concept for the patronage activity organization. The existing legislation in this area does not provide for this type of organization; however, if it turns out that it would be a good solution that would ensure the continuous patronage activity operation, this option could be one of the most effective in raising the level of population coverage and the quality of services offered by the polyvalent patronage service.

7.1.4. Staffing the polyvalent patronage service with young staff

Considering the patronage activity situation, particularly in terms of the lack of human resources and current occupancy of 65-70% of the number of work positions envisaged, there is no doubt that capacity has to be strengthened. The number of jobs foreseen in the existing Rules on Job Description (Systematization) does not even remotely meet the standards set in the relevant international and national documents in relation to the number of population per patronage nurse and the norm regarding the number of families that patronage nurses shall visit. This fact, coupled with the fact that some of the existing employees are three to five years away from retirement, will soon lead to an enormous shortage of personnel. For this reason, a quick reaction is recommended in terms of staffing the polyvalent patronage service with new staff, while particularly taking into account the fact that any field work requires a certain period of mentoring and guidance by more experienced employees.

Based on the field survey conducted, data indicates that almost half of the respondents (48%) assess the visit by the patronage service as useful, one third (33.7%) as very useful, while 16% of the respondents consider it insignificantly useful. Respondents between the ages of 40 and 49 report the greatest benefit from the services of the patronage service (very useful – 45.6%).

7.1.5. Introduction of a system for monitoring and evaluation of the quality of services provided through the polyvalent patronage activity

The Multi-Country Evaluation of the Universal Progressive Home Visiting for Young Children Well-being and Development in the Europe and Central Asia Region (ECAR) in the period of 2014-2018, Country Case Study – North Macedonia, conducted by Curatio International Foundation, and commissioned by UNICEF, states that the quality bottleneck is due to the interplay of several factors, including: lack of regulations, guidelines and tools to standardize the patronage nurse practice across the country. There is some inertia in home visits that focus little on development and good parenting. This is also specified in the findings regarding the benefits of patronage nurses' services, that patronage nurses need guidance in the area of early child development.

Poor coordination of polyvalent patronage activity with other services within and beyond the health sector is also detected.¹⁸

The Evaluation points out that polyvalent patronage activity should also be a means of collecting data on those who are invisible to the system, but can be identified through universal home visits. A snapshot of the population's health status is also obtained in this way and it serves the purpose of preventing diseases and more serious conditions, while also trying to prevent deviant social phenomena (domestic violence, lack of care and neglect) and improve the population's mental health.

With the current polyvalent patronage service setup and the situation with the currently existing defined jobs, there is no possibility of introducing a fully functional monitoring and evaluation system. This especially applies to health professionals performing patronage activities, who have higher (university) education and are assigned to other positions, due to which they cannot even be formally appraised.

In this regard, it is required, as soon as possible, to introduce a comprehensive system for monitoring, evaluating and assessing the quality of the polyvalent patronage service operation, which shall, in the future, be continuously upgraded to meet the needs of the population and have a positive community health promotion impact.

7.1.6. Process digitization

The existing “Moj termin (My term)” system shall also be used by the patronage service. Through it, it is possible to:

- Collect automatic data regarding any needs for patronage services by pregnant women, newborn children, etc.
- Access a patient's file before a visit and/or access the most general data on the social status of the family (regarding the latter aspect, connection with other institutions' systems is required)
- Enter a visit report including all the details on the service user and the family
- Enter patronage activity statistics for the purpose of generating reports and cross-referencing with other institutions' data

¹⁸ Multi-Country Evaluation of the Universal Progressive Home Visiting for Young Children Well-being and Development in the Europe and Central Asia Region (ECAR) in the period of 2014-2018 RFPS-ECARO-2018-181225 North Macedonia Country Case Study Preliminary Report

- Link with other institutions' systems for the purpose of collecting data and also providing relevant data (e.g. if there is a need to report adverse family and social situations, violence)
- Create a polyvalent patronage activity website where information shall be shared on the polyvalent patronage service competences, services provided to the population, informative and promotional educational materials, information about trends and news in the patronage activity, answers to the most frequently asked questions by users, contact information of the patronage service and direct contact with the patronage nurse in that specific area of operation, as well as information on any organized group counseling etc.

7.1.7. Cooperation with other institutions

- Establish systemic cooperation with other institutions. It is especially important to establish cooperation with family doctors, gynecologists, pediatricians, psychologists, speech therapists, special education teachers, gerontologists, internists, social workers, etc. It is also important to establish cooperation with local government units that can provide information on the population structure in certain municipality, as well as for the purpose of harmonization and a coordinated approach to the users of services in the area of competence of both the local government and the polyvalent patronage service. Cooperation with social work centers is also important for a coordinated approach and action under some specific circumstances, and for important feedback communication regarding the action taken, that is, the elimination of certain difficulties or issues detected in families. Systematic communication and cooperation with institutions for preschool care and institutions for primary and secondary education, is also crucial for continuous monitoring of the situation, trends and issues with this group of users and adapting the content of services to the population needs.

7.1.8. Adopting standards, protocols and establishing a framework of general and professional competencies

- It is required to adopt the Standards and norms for conducting the polyvalent patronage activity, which together with the already existing Standard Operational Procedures and future upgrades thereof, would represent the basis for the framework of operation and provision of quality services to users. Also, of particular importance is

to continuously, at least once a year, harmonize these standards with evidence-based medicine and global trends of progress in the area.

- It is required to develop a framework for general and professional work competencies for patronage nurses at several levels (basic, intermediate and advanced). In this way, the required knowledge, skills and abilities that the nurses working in the polyvalent patronage service shall have will be clearly determined. It will be possible to make a gradation of the levels within the activity, provide conditions for the recognition of professional qualifications acquired, build a system of professional development, upgrade and career advancement according to a merit system, and also build a sustainable system to ensure long-term monitoring, evaluation and improvement of the quality of services and operation of the polyvalent patronage service.

- It is required to draft universal work protocols regarding different situations, where the polyvalent patronage activity services will be clearly and precisely defined, that is, the preventive and curative roles of the activity will be separated and specified in detail, and also, the services received by each group of users will be clearly defined (when, how often, what type of service, etc.). These protocols will also define and establish the path and responsibilities in the chain of reporting and cooperation with other institutions for the purpose of ensuring complete and ongoing treatment and meeting the needs of the population in the area.

7.2. Recommendations according to the three evaluation criteria

STRATEGIC COMPLIANCE

Recommendations	
S1	It is required to create a strategic development document at the institution level that will define the further polyvalent patronage activity development and identify the goals and priorities in the medium and long term
S2	It is recommended to adopt internal operating procedures aligned with the development documents that will be monitored and evaluated continuously
S3	It is recommended to consider a new approach to the organization of polyvalent patronage activity
S4	It is recommended to improve the communication from the management to the employees, as well as convey clearly the information, priorities and goals and plans

for the activity development

ORGANIZATIONAL CAPACITY

Main notes	
K3	It is required to equip the polyvalent patronage service with adequate staffing and resources in accordance with population needs
K4	It is recommended to gradually introduce the services that are currently not performed, especially those related to the care of school children, adolescents, women in menopause, chronically ill, malignantly ill, etc. in accordance with the capacities of the polyvalent patronage service. It is required to raise awareness of the fact that patronage activity is not a service only intended for mothers and newborns, but also covers the needs of the entire family
K6	It is necessary to extend the systematization with new jobs, including several levels in line with the polyvalent patronage activity situation
K9	It is recommended to create a system for advancement in the patronage activity. It is required to differentiate positions with secondary, college and university education, and also build a gradation system according to years of service, professional qualifications and managerial roles
K10	It is recommended to introduce a system for employees' work quality evaluation in the polyvalent patronage service. In order to assess employees based on objective criteria, Work Standards should be adopted, including competencies for each position, according to the new hierarchical setup proposed in this document.

PERFORMING WORK TASKS TO ACHIEVE RESULTS

Main notes	
R1	It is recommended to reorganize the polyvalent patronage activity, i.e. the Service for Preventive and Dental Health Care, and develop the activity as per the two options specified above – the patronage activity to remain part of the Service for Primary, Preventive and Dental Health Care or the preferred solution of organizing the polyvalent patronage activity as a separate service (with a manager and service providers at different levels)
R2	It is recommended to create an internal hierarchy, i.e., different jobs at different levels within the polyvalent patronage activity in line with patronage nurses' education, competencies acquired and tasks to be assigned to these nurses

	(managerial, professional, auxiliary)
R5	It is recommended to create a system for monitoring and evaluating the quality of patronage services by collecting data on the satisfaction, opinions and needs of users. It is recommended to regularly conduct surveys among users or evaluate the services while they are being used
R6	It is necessary to urgently provide adequate equipment for patronage nurses' work, including: <ul style="list-style-type: none">- Vehicles for a more efficient home-visiting of a larger number of users- Medical equipment/clothing and supplies to be able to provide the required assistance and care on site- IT equipment (computers, laptops, tablets or smart phones) for keeping electronic records of the work, and also for obtaining information from <i>Moj termin (My term)</i> and connecting with other databases and institutions.