

Strengthening primary Medical care in IsoLated and deprived  
cross-border arEas



D.6.1.2.A

1<sup>st</sup> Evaluation and Impact Assessment Report

## Contract ID

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Description:	The 1 <sup>st</sup> Evaluation and Impact Assessment Report describes the rationale and presents the system for monitoring, evaluation and assessment of the SMiLe project.
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## Target Audience

Leader	Description/Purpose	Audience
LB	The 1st Evaluation and Impact Assessment Report describes the rationale and presents the system for monitoring, evaluation and assessment of the SMiLe project	Project stakeholders  Including the project sponsor, senior leadership and the project team

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## Project Partners

Role	Partner name	Country
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Lead Beneficiary	4th Health District of Macedonia Thrace	Greece
Partner Beneficiary 2	Aristotle University of Thessaloniki - Special Account for Research Fund (Department of Medicine)	Greece
Partner Beneficiary 3	Multi-profile Hospital for Active Treatment of Ardino	Bulgaria
Partner Beneficiary 4	Municipality of Harmanli	Bulgaria
Partner Beneficiary 5	National Emergency Aid Center	Greece

#### Short presentation of the programme

The Cooperation Programme "Greece-Bulgaria 2014-2020" was approved by the European Commission on 09/09/2015 by Decision C(2015) 6283. The total budget (ERDF and national contribution) for the European Territorial Programme "Greece-Bulgaria 2007-2013" is €129,695,572.00. The total financing consists of €110.241.234,00 (85%) ERDF funding and €19.434.338,00 (15%) national contribution. The eligible area of the Programme consists of the Region of Eastern Macedonia-Thrace (Regional Units of Evros, Kavala, Xanthi, Rodopi and Drama) and the Region of Central Macedonia (Regional Units of Thessaloniki and Serres) in Greece and the South-Central Planning Region and South-West Planning Region (Districts of Blagoevgrad, Smolyan, Kardjali and Haskovo) in Bulgaria. The Priority Axes are PA 1: A competitive and Innovative Cross-Border area, PA 2: A Sustainable and climate adaptable Cross-Border area PA, 3: A better interconnected Cross-Border area, PA 4: A socially inclusive Cross-Border area.

## Abbreviations

AF: Application Form

CBA: Cross Border Area

HC: Health Care

HS: Health Services

LB: Lead Beneficiary

PHC: Primary Health Care

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## 1 Introduction

The following deliverable is the first of a series on the Evaluation and Impact Assessment of the SMiLe project. Overall, this series of deliverables aims in developing a coherent framework for the monitoring, evaluation and impact assessment of the project, as well as practically evaluate the implementation of the project and assess the impact of the project.

The following deliverable is focusing on the development of a monitoring, evaluation and assessment framework that will be applied in the following reports. Therefore, it sets the background for the overall evaluation and impact assessment and not the process per se.

The proposed framework incorporates the guidelines of the INTERACT programme, which is a basic tool for the support of all Interreg programmes. Particularly, for the development of the framework for the cross-border SMiLe project, the particularities of cross-border project and issues have been taken into account, including but not limited, to the dual jurisdictional scope, the multiple stakeholders from both sides of the borders and the respective cultural contexts, along with the possible inconsistencies in available data and monitoring schemes.

Towards these ends, the deliverable was based on the previous experience of cross-border programmes and projects evaluation and assessment schemes, as it is condensed in a number of toolkits and handbooks developed by the INTERACT programme. In particular, the current deliverable is based on the:

- The Centre for Cross Border Studies (2015) Toolkit for Evaluation of Cross Border Projects. Centre for Cross Border Studies.
- Taillon, R., Beck, J. and Rihm, S. (2011) *Impact Assessment Toolkit*. Centre for Cross Border Studies and the Euro Institut.
- INTERACT (2009) Practical Handbook for Ongoing Evaluation of Territorial Cooperation Programmes.

The deliverable is organized based on the Key Analytical Steps in Cross-Border Impact Assessment, as they are proposed in the "Impact Assessment Toolkit". The Analytical framework is presented in Figure 1 and is consisted of the following steps:

STEP 1. Identifying the Problems of the Cross-Border Territory

STEP 2. Defining General and Specific Objectives

STEP 3. Identifying and Choosing Cross-Border Policy Approaches and Instruments/Actions

STEP 4. Identifying Expected Impacts

STEP 5. Developing Appropriate Indicators

STEP 6. Designing an Appropriate Monitoring and Evaluation Framework

## The Key Analytical Steps in Cross-Border Impact Assessment

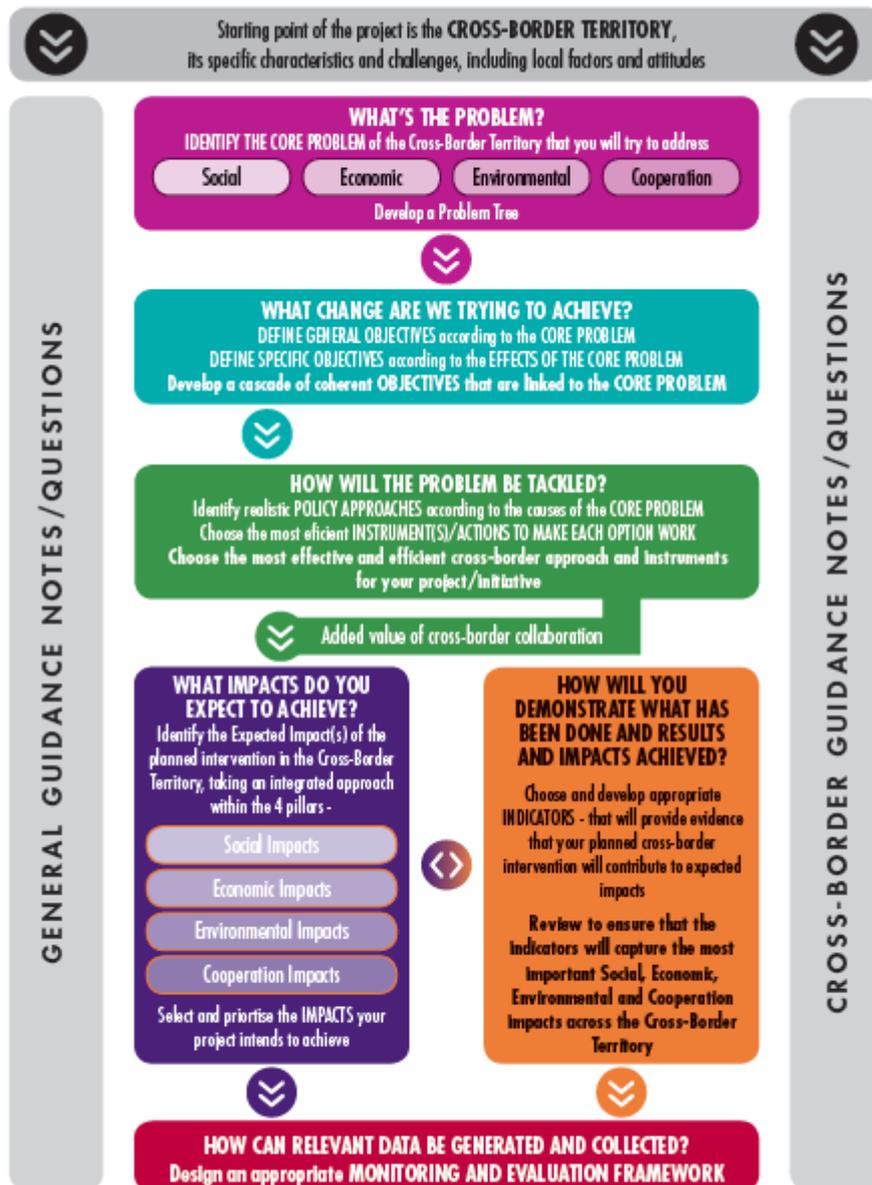


Figure 1: Key Analytical Steps in Cross – Border Impact Assessment

As the evaluation should be at the heart of any cross-border intervention, the proposed toolkits and frameworks are developed in order to be utilised during the planning, implementation and finalization of the project. The ex-ante application (i.e. during the initiation of the project planning and design) can assist in planning projects that are internally coherent and effective in addressing the core problems of the CBAs. The interim evaluation focuses on the effectiveness and efficiency of the implemented actions and has a formative focus, in order to take the necessary steps to increase the impact of the project. Finally, the ex-post evaluation centres on the full impacts of the report that are usually seen after the termination of the project. Hence, for some of the steps presented below, inescapably there

will be a reference to the AF form of the SMiLe project, which summarizes the intervention rationale. The current deliverable operationalizes and decomposes the intervention logic into a specific monitoring, evaluation and impact assessment framework.

Moreover, it should be noted that the Key Analytical Steps are based on the integrated approach of the four pillars (three pillars of Sustainable Development + Cooperation), thus integrating one of the three horizontal principles of the Cooperation Programme "Greece-Bulgaria 2014-2020". For that reason, the current deliverable expands and adapts the toolkit, to include the two other horizontal principles as they are expressed in the official documents of the programme i.e. Equal Opportunities and Non-discrimination, Equality between men and women.

To conclude, the final part of the report focuses on the internal monitoring, evaluation, and assessment and expands on the respective sections of the Integrated Project Plan, in order to incorporate the particularities of the Cooperation Programme "Greece-Bulgaria 2014-2020". The section lays the guidelines for the internal monitoring and evaluation of two critical aspects of the programme i.e. internal cooperation and Communication and Dissemination Activities.

The current deliverable was developed in close cooperation with PB2 Aristotle University of Thessaloniki – Special Account for Research Fund – Department of Medicine, an especially Adj. Prof. Smyrnakis, which provided insights and guidance in the overall literature review.

## 2 STEP 1: Identifying the Problems of the Cross-Border Territory

The Current Step entails Defining the Problem and Developing a Problem Tree in order to identify the core issue, its causes and its effects. The scope of the process is to tackle the causes of the project and not the symptoms. In particular, the Problem tree allows for an integrated intervention approach so that the project is likely to have the intended impacts and tackle the negative effects of the problem.

Based on the AF and the preparatory documents of the SMiLe Project the above can be summarized as follows:

**Problem**  
Poverty, geographical and social exclusion are some of the most serious challenges for the health system across the Greek-Bulgarian CB area, as well as all across the EU. People living in poverty or being at risk of geographical and social exclusion are more likely to face health problems and there is evidence that they frequently do not receive the adequate care either in terms of quality (lack of/ limited medical staff and equipment) or time correspondence (applying especially in emergencies cases).

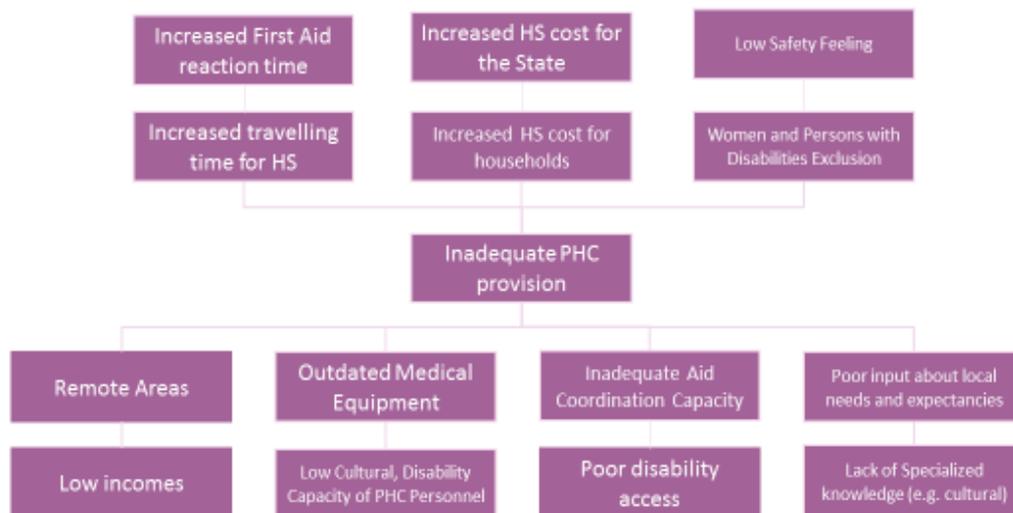


Figure 2: The SMiLe project Problem Tree

## 3 STEP 2: Defining General and Specific Objectives

The Second Step refers to defining the General Objective and decompose it into Specific Objectives. The General Objective is important since it defines the policy approach and the actions/instruments that follow. Moreover, the general Objective should answer to the social, economic, environmental or other change to be achieved.

In relation to the Problem Tree presented above, the General Objective addresses the Core problem, while the specific objectives tackle the effects of the core problem. Both the general and the Specific Objectives should be directly related and proportionate to the problem and its causes.

Based on the AF of the SMiLe project the General and Specific Objectives are the following.

#### GENERAL OBJECTIVE

Lift barriers to PHC in remote and disadvantaged areas

#### Specific Objectives

Reduce reaction times of the First Aid Systems  
Reduce the burden to Secondary HC providers  
Lift disability and cultural barriers to PHC services  
Reduce cost of HS provision to households and the State  
Increase capacity of PHC personnel  
Increase cooperation between PHC providers  
Increase information about the PHC needs and expectations

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## 4 STEP 3. Identifying and Choosing Cross-Border Policy Approaches and Instruments/Actions

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The 3rd step of the Impact Assessment Framework is to identify the Policy Approaches and the Instruments/Actions of the project. Since changes can rarely be attributed to a specific project, it is very important to link policy approaches, instruments and actions closely with the causes of the problem. Additionally, all of the above should be related to the objectives, in addition to being proportionate in order to be effective and efficient. Lastly, they should take into account the available resources, capacity, etc. of the partners involved.

Three criteria that are extremely important with regard to the Policy Approaches/Actions are:

- Effectiveness: The extent to which options achieve the objectives of the proposal;
- Efficiency: The extent to which objectives can be achieved for a given level of resources/cost (cost-effectiveness); and
- Coherence: The extent to which options are coherent with the overarching objectives and the extent to which they are likely to limit trade-offs across the economic, social, and environmental domains.

The above criteria are particularly relevant in connection with the implementation phase of the project, during which formative actions may be taken, in order to satisfy them.

Finally, Policy Approaches and Actions should be proportional to the problem that is tackled, concerning its magnitude and the resources needed to be addressed. A critical aspect of

proportionality is whether the issue does include a cross-border approach and if this is the appropriate level of intervention. Other aspects include the competencies and resources of the partners and the quality of cooperation in terms of delivery of intervention and impacts. In the case of the SMiLe project, the Policy Approach and actions are summarized in the following table.

Problem	Policy approach	Actions	Proportionality
Low PHC Access	Reduce reaction times of the First Aid Systems	Upgrade Ambulance Fleet Management and Communication System Trainings	Level of intervention Regional Unit Partners involved NEAC
	Reduce the burden to Secondary HC providers	Upgrade Medical Equipment in PHC units	Level of intervention Regional/CBA level Partners involved 4 <sup>th</sup> HDMC MPHAT Ardino Municipality of Harmanli
	Lift disability and cultural barriers to PHC services	Training of PHC personnel Studies about Disability Accessibility	Level of intervention Local PHC Unit Partners involved AUTH 4 <sup>th</sup> HDMC MPHAT Ardino Municipality of Harmanli
	Reduce cost of HS provision to households and the State	Improve PHC provision by state actors Medical Equipment	Level of intervention CBA Level Partners involved 4 HDMC MPHAT Ardino Municipality of Harmanli
	Increase capacity of PHC personnel	Trainings	Level of intervention Regional/CBA Partners involved 4 HDMC MPHAT Ardino Municipality of Harmanli AUTH
	Increase information about the PHC needs and expectations		Level of intervention Regional/CBA Partners involved 4 HDMC AUTH MPHAT Ardino Municipality of Harmanli

	Increase cooperation between PHC providers	Trainings	Level of intervention Regional/CBA Partners involved All partners
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## 5 STEP 4. Identifying Expected Impacts

Expected impacts refer to the likely consequences of implementing the policy approach and actions of the project. As a step it is crucial since part of the expected consequences will be the intended objectives of the project, but there will also be indirect effects in the relevant fields. The scope of this step is to identify who will be affected by the implementation of actions and whether these impacts will be positive or negative.

The Impact Assessment Toolkit defines the following categories concerning impacts:

1. The three pillars of Sustainable Development:
  - 1.1. Social
  - 1.2. Economic
  - 1.3. Environmental
2. Cooperation impacts

What Impacts do you expect to achieve?

Identify the expected impact(s) of the planned intervention on the Cross-Border Territory, taking an integrated approach across the four pillars.

<b>Social Impacts</b>	<b>Economic Impacts</b>	<b>Environmental Impacts</b>	<b>Cooperation Impacts</b>
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In order to take into account the horizontal principles of the Interreg V-A "Greece-Bulgaria 2014-2020" Cooperation Programme, Social Impacts are further decomposed in the following categories:

- Equal Opportunities and Non-discrimination
- Equality between men and women

Therefore the overall categories are structured as follows:

1. Sustainable Development:
  - 1.1. Social
    - 1.1.1. Equal Opportunities and Non-discrimination
    - 1.1.2. Equality between men and women
  - 1.2. Economic
  - 1.3. Environmental
2. Cooperation impacts

In the case of the SMiLe project, the expected impacts are summarized in the following table.

Sustainable Development					Cooperation
Social			Economic	Environmental	
General	Equal Opportunities	Gender Equality			
Lower morbidity rates through better PHC	Better access for persons with disability	Increase women participation in Decision-making bodies	Lower Cost of HS in Households	Lower need for transportation of patients	Joint decision-making by participating partners
Better treatment of chronic diseases	Better HC provision for people with disabilities	Increase professional etc. capacity of women	Lower Cost of HS for the State		Exchanges of knowledge between PHC systems
Faster reaction time in emergencies	Greater equality of minority groups		Lower need for private GPs		Single Platform and PHC assessment tool
Lower the burden in secondary HC providers					Development of stakeholder networks

## 6 STEP 5. Developing Appropriate Indicators

Developing indicators refers to devising measurable, tangible signs that something has been done or achieved by the project. Indicators can be either qualitative or quantitative, with the latter being more suitable in order to assess the efficiency and effectiveness of the intervention, both within the project itself and between projects in the similar Thematic Objective.

Indicators should clearly define both the unit and the value in order to ensure that if collected by several people, there are not going to be inconsistencies due to subjective opinions.

Indicators can refer to Outputs (products of activities funded by the project), Results (immediate advantages from carrying out the activities), and Impacts (long-term benefits of an activity).

For the SMiLe project, proposed indicators are presented in the following tables.

Output	Result Indicators
<ul style="list-style-type: none"> <li>New Medical equipment in 9 PHC Units</li> </ul>	<ul style="list-style-type: none"> <li>Procurement Radiology Equipment</li> <li>Procurement of Cardiology Equipment</li> <li>Procurement &amp; Installation of Emergency Department – Surgeries department door</li> <li>Procurement of IT Equipment for PHC centres</li> </ul>
<ul style="list-style-type: none"> <li>1 IC platform for PHC assessment by the citizens</li> <li>Daily Stakeholders Engagement Events (2)</li> <li>Developing and Operating Stakeholder Network for PHC</li> </ul>	<ul style="list-style-type: none"> <li>Input about PHC quality from 120 PHC users</li> <li>10 Stakeholders engaged in the process</li> <li>Stakeholder Network for PHC</li> </ul>

<ul style="list-style-type: none"> <li>• Studies on PHC</li> <li>• Development of a training centre (1)</li> <li>• Trainings of PHC professionals (4)</li> <li>• Scientific Symposium (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Study on the Constraints' to access PHC (1)</li> <li>• Pilot accessibility improvement study (1)</li> <li>• Educational Material for Training scheme (1)</li> <li>• 40 PHC professional trained</li> </ul>
<ul style="list-style-type: none"> <li>• Procurement of ICT Equipment for Emergencies (1)</li> <li>• Trainings for Emergency aid (6)</li> </ul>	<ul style="list-style-type: none"> <li>• 1 fleet of ambulances upgraded</li> <li>• 60 interested parties trained</li> </ul>

	Impact	Impact Indicators
Social	<ul style="list-style-type: none"> <li>• Lower morbidity rates through better PHC</li> <li>• Better treatment of chronic diseases</li> <li>• Faster reaction time in emergencies</li> <li>• Lower burden in secondary HC providers</li> </ul>	<ul style="list-style-type: none"> <li>• No Visits of chronic patients in PHC</li> <li>• Reaction time in Emergencies</li> <li>• No of transfers to secondary HS units</li> <li>• Results from Assessment platform</li> </ul>
Equal Opportunities	<ul style="list-style-type: none"> <li>• Better access for persons with disability</li> <li>• Better HC provision for people with disabilities</li> <li>• Greater equality of minority groups</li> </ul>	<ul style="list-style-type: none"> <li>• No of PHC units with accessibility studies</li> <li>• No of PHC professionals following the training</li> </ul>
Gender Equality	<ul style="list-style-type: none"> <li>• Increase women participation in Decision making bodies</li> <li>• Increase professional etc. capacity of women</li> </ul>	<ul style="list-style-type: none"> <li>• % of women in project bodies</li> <li>• % of women working in the project</li> <li>• % of women in trainings</li> </ul>
Economic	<ul style="list-style-type: none"> <li>• Lower Cost of HS in Households</li> <li>• Lower Cost of HS for the State</li> <li>• Lower need for private GPs</li> </ul>	<ul style="list-style-type: none"> <li>• Cost averted based on Travel Cost Method</li> </ul>
Environmental	<ul style="list-style-type: none"> <li>• Lower need for transportation of patients</li> </ul>	<ul style="list-style-type: none"> <li>• Emissions averted based on Travel Cost Method</li> </ul>
Cooperation	<ul style="list-style-type: none"> <li>• Joint decision-making by participating partners</li> <li>• Exchanges of knowledge between PHC systems</li> <li>• Single Platform and PHC assessment tool</li> <li>• Development of stakeholder networks</li> </ul>	<ul style="list-style-type: none"> <li>• No of participating local organizations</li> <li>• Number of joint decisions relevant to decisions made separately</li> <li>• Research findings disseminated</li> </ul>

## 7 STEP 6. Designing an Appropriate Monitoring and Evaluation Framework

The final step of the Approach is to establish an Appropriate Monitor and Evaluation framework in order to assess the quality of the actions and the impact of the project work. The framework should ensure that appropriate data related to the indicators are collected and reported upon. The data should build in providing the necessary evidence that will demonstrate the effectiveness, efficiency and impacts of the project.

**Efficiency:** Are the results and impacts appropriate in relation to the inputs of the project (staff time, equipment, financial and other resources)? Are the inputs proportionate?

**Effectiveness:** to what extent has the project or project achieved its objectives?

**Impact:** Has the project made a difference to the problem?

A crucial point concerning the evidence is to be credible, reliable and objective. That said, collected data should not necessarily focus only on hard quantitative statistics, but could also

include qualitative feedbacks and in particular insights of partners and stakeholders in the field.

Monitoring and Evaluation aim in providing the data to answer to which extent the intervention is achieving its objectives and why or why not this has been the case, and allow project sponsors to assess if the implementation is on track.

Monitoring is an internal function that involves the systematic collection, reporting and analysis of information gathered over the course of the programme or project.

Evaluation is the process through which the intervention objectives can be compared to the actual project results and impacts.

The following table summarizes a Monitoring and Evaluation Framework. Nonetheless, it should be noted that the framework will be assessed and adapted accordingly based on the implementation experience and the availability of data in both countries of the cross board area.

Output	Result	Evidence	Data Collection & Analysis
<ul style="list-style-type: none"> <li>New Medical equipment in 9 PHC Units</li> </ul>	<ul style="list-style-type: none"> <li>Procurement Radiology Equipment</li> <li>Procurement of Cardiology Equipment</li> <li>Procurement &amp; Installation of Emergency Department – Surgeries department door</li> <li>Procurement of IT Equipment for PHC centres</li> </ul>	<ul style="list-style-type: none"> <li>Project Monitoring</li> <li>Participants lists</li> <li>Platform survey</li> <li>Platform Comments</li> <li>Stakeholder meeting</li> </ul>	<ul style="list-style-type: none"> <li>Project Staff</li> <li>Platform</li> </ul>
<ul style="list-style-type: none"> <li>1 IC platform for PHC assessment by the citizens</li> <li>Daily Stakeholders Engagement Events (2)</li> <li>Developing and Operating Stakeholder Network for PHC</li> </ul>	<ul style="list-style-type: none"> <li>Input about PHC quality from 120 PHC users</li> <li>10 Stakeholders engaged in the process</li> <li>Stakeholder Network for PHC</li> </ul>		
<ul style="list-style-type: none"> <li>Studies on PHC</li> <li>Development of a training centre (1)</li> <li>Trainings of PHC professionals (4)</li> <li>Scientific Symposium (1)</li> </ul>	<ul style="list-style-type: none"> <li>Study on the Constraints' to access PHC (1)</li> <li>Pilot accessibility improvement study (1)</li> <li>Educational Material for Training scheme (1)</li> <li>40 PHC professional trained</li> </ul>		
<ul style="list-style-type: none"> <li>Procurement of ICT Equipment for Emergencies (1)</li> <li>Trainings for Emergency aid (6)</li> </ul>	<ul style="list-style-type: none"> <li>1 fleet of ambulances upgraded</li> <li>120 interested parties trained</li> </ul>		

	Impact	Indicator	Evidence	Data Collection & Analysis
Social	<ul style="list-style-type: none"> <li>Lower morbidity rates through better PHC</li> <li>Better treatment of chronic diseases</li> <li>Faster reaction time in emergencies</li> <li>Lower burden in secondary HC providers</li> </ul>	<ul style="list-style-type: none"> <li>No Visits of chronic patients in PHC</li> <li>Reaction time in Emergencies</li> <li>No of transfers to secondary HS units</li> <li>Results from Assessment platform</li> </ul>	<ul style="list-style-type: none"> <li>Project Monitoring</li> <li>Platform survey</li> <li>Platform comments</li> <li>Stakeholder meeting</li> <li>BI system</li> </ul>	<ul style="list-style-type: none"> <li>Project Staff</li> <li>Platform</li> </ul>
Equal Opportunities	<ul style="list-style-type: none"> <li>Better access for persons with disability</li> <li>Better HC provision for people with disabilities</li> <li>Greater equality of minority groups</li> </ul>	<ul style="list-style-type: none"> <li>No of PHC units with accessibility studies</li> <li>No of PHC professionals following the training</li> </ul>		
Gender Equality	<ul style="list-style-type: none"> <li>Increase women participation in Decision making bodies</li> <li>Increase professional etc. capacity of women</li> </ul>	<ul style="list-style-type: none"> <li>% of women in project bodies</li> <li>% of women working in the project</li> <li>% of women in trainings</li> </ul>		
Economic	<ul style="list-style-type: none"> <li>Lower Cost of HS in Households</li> <li>Lower Cost of HS for the State</li> </ul>	<ul style="list-style-type: none"> <li>Cost averted based on Travel Cost Method</li> </ul>		

	Impact	Indicator	Evidence	Data Collection & Analysis
	<ul style="list-style-type: none"> <li>Lower need for private GPs</li> </ul>			
Environmental	<ul style="list-style-type: none"> <li>Lower need for transportation of patients</li> </ul>	<ul style="list-style-type: none"> <li>Emissions avoided based on Travel Cost Method</li> </ul>		
Cooperation	<ul style="list-style-type: none"> <li>Joint decision-making by participating partners</li> <li>Exchanges of knowledge between PHC systems</li> <li>Single Platform and PHC assessment tool</li> <li>Development of stakeholder networks</li> </ul>	<ul style="list-style-type: none"> <li>No of participating local organizations</li> <li>Number of joint decisions relevant to decisions made separately</li> <li>Research findings disseminated</li> </ul>		

## 8 Internal Monitoring and Evaluation

Internal monitoring and evaluation is an important part of the implementation process and the ex-post evaluation of the cooperation level. Project monitoring and evaluation refer to the process of devising the necessary metrics that will allow the evaluation of several factors, including the team performance, task duration problems, etc. Aspects of the internal monitoring and evaluation include:

- Are tasks being carried out as planned?
- Are there any unforeseen consequences that arise as a result of these tasks?
- How is your team performing at a given period of time?
- What are the elements of the project that needs changing?
- What is the impact of these changes?
- Will these actions lead you to your expected results?

Additionally to the above, Interreg Programmes have the particularities since they are dependent on the internal cooperation of partners and focus heavily on the Communication and Dissemination of the project actions.

The evaluation reports of the SMiLe Project will take all of the above aspects into consideration. The technical part of monitoring and evaluation including the issues of completion rates, budgeting and cost, and risks is addressed in the Integrated Project Management Plan of the SMiLe project. Nevertheless, the current section of the deliverable expands on the current framework to incorporate internal cooperation and Communication and Dissemination.

In particular, the following table summarizes the SMiLe project internal monitoring and evaluation scheme.

Aspect	Indicator	Evidence
Implementation	Activities completed Activities in progress (% of completion) Expected completion date Status of activity (qualitative assessment) Activities planned	Project Status Report/Questionnaire
Costs	Amount Budgeted per activity Amount Spent per Activity	
Issues	Description of issue Impact to project implementation Action taken	
Risk	Probability of Occurrence Impact summary Proposed response	
Internal Communication	Responsiveness Clarity of communication Availability	

Aspect	Indicator	Evidence
External Communication	Report on Communication Indicators (e.g. articles, press releases, followers etc.)	
Cooperation & Support	Adequacy of Initial Information Support in queries and troubleshooting Commenting and Editing of deliverables	