Interreg
Greece-Bulgaria
SMiLe
European Regional Development Fund

EUROPEAN UNION

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

D.6.3.2.

1st Evaluation and Impact Assessment Report

PROJECT PARTNER 3: MULTI-PROFILE HOSPITAL FOR ACTIVE TREATMENT OF ARDINO
14, Sofia str., Ardino

Telephone: 0898 654 161

Contract ID

Contract title	Project management and provision of scientific and technical expertise for the implementation of the activities of Multi-profile Hospital for Active Treatment of Ardino under project "Strengthening primary medical care in isolated and deprived cross-border area" - SMiLe, within the framework of the Interreg V-A "Greece-Bulgaria 2014-2020" Cooperation Programme
Contracting Authority:	Multi-profile Hospital for Active Treatment of Ardino
Contactor:	Euroconsultants Bulgaria SA AD
Corresponding Contract Deliverable	D.6.3.2. 1st Evaluation and Impact Assessment Report
Author(s):	IVANOV Eugeniy DRAGANOVA Rumyana STOICHKOVA Valeriya

Deliverable ID

Project Code:	5012828
Acronym:	SMiLe
Project Title:	Strengthening primary Medical care in IsoLated and deprived cross-border arEas

Deliverable:	1st Evaluation and Impact Assessment Report
Version:	V.1.0

Description:	The 1st Evaluation and Impact Assessment Report focuses in the efficiency and effectiveness of the implementation the implementation of SMiLe project in the Multi-profile Hospital for Active Treatment of Ardino. The reference period for the assessment is from the start of the project till 01/10/2018.
Keywords:	[SMiLe, Information, Publicity, Dissemination Plan, Visual Identity, Cross-border Health, Healthcare, Interreg V-A "Greece-Bulgaria 2014-2020" Cooperation Programme, cross-border cooperation, European Union, Ardino, Thessaloniki, Harmanli]

Target Audience

Partner	Description/Purpose	Audience
PB3	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

Project Partners

Role	Partner name	Country
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

CB: Cross Border (area)

JoB: justification of Budget

JS: Joins Secretariat

LB: Lead Beneficiary

MA: Managing Authority

PB: Partner beneficiary

STPP: Start-up Time Plan and Procurement Plan

WBS: Work breakdown structure

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1 Contents

1 Introduction

The following deliverable is the first of a series on the Evaluation and Impact Assessment of the implementation of SMiLe project in Ardino, Bulgaria by the Multi-profile Hospital for Active Treatment of Ardino. Overall, this series of deliverables is in coordination with the similar activity implemented by the LB - 4th Health District of Macedonia Thrace and follows the respective methodology *(according to 1st Evaluation and Impact Assessment Report under D.6.1.2.A 1st Evaluation and Impact Assessment Report, developed by expert team of planO2 Consulting Private Company).* Respectively, the current deliverable will be part of the Evaluation and Impact Assessment Plan of the project (to be developed by the Lead partner).

Thus, the developed methodology forms 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 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 methodology is 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 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 methodology is organized based on the Key Analytical Steps in Cross-Border Impact Assessment, as they are proposed in the "Impact Assessment Toolkit", consisting 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

1.1 Data sources

The current deliverable was based on a number of data sources for its completion. The sources included both qualitative and quantitative data from programme, project, and partner level. More in particular the following data sources have been taken into account:

- Programming Document "Interreg V-A Greece-Bulgaria 2014-2020"
- Project Approved Application Form
- Project Approved Justification of Budget
- Project Progress Reports (1&2)
- Project Management Plan
- Project Communication Plan
- 1st Evaluation and Impact Assessment Report
- Internal Project Survey
- Person to Person Communication

1.2 Reference Period

The current Evaluation and Impact Assessment Report has as a reference point the 01/10/2018 (i.e. reference period from the beginning of the project till 01/10/2018).

2 SMiLe Project Overview

The SMiLe (Strenghtening primary Medical care in IsoLated and deprived cross-border arEas) Project is planned to be primarily beneficial for the CB population located at remote and isolated areas without discriminations, while PHC Practitioners working in the territory will be also benefitted through their participation in targeted project activities. The main project aims at the (i) the upgrading of 6 PHC units and 3 small hospitals all located in remote and disadvantaged CB territories, (ii) the creation and operation of a modern Training Center for PHC Practitioners, (iii) a set of studies focusing on the improvement of the accessibility in selected Healthcare Units in the CB area, including the preparation of a toolbox for Equal Health Provision and (iv) the development and operation of an IT Platform for the evaluation of PHC Services.

The identity of the project is presented in the following table:

Table 1: Identity of the SMiLe Project

Acronym	SMiLe
Priority axis	Social inclusion
Investment priorities	9a
Call	2nd Call for proposals under priority axes 2 & 4
Lead Beneficiary	4th Health District of Macedonia-Thrace
Partners	Aristotle University of Thessaloniki, Department of Medicine Multi-profile Hospital for Active Treatment of Ardino Municipality of Harmanli National Emergency Aid Center
Budget	1.327.661,62 euro
Budget of PB3	327.157,34 euro

The Project is organized in 6 Work packages with distinctive budget across the five partners as follows. The project is organized in more detail on a partner and WP level is specific deliverables and actions/tasks within them, described in detail in the Project Management Plan.

Table 2: Working Packages of the SMiLe project

WP No	Work Package	Start date	End date	Budget	Budget of LB3
WP 1	Project Management & Coordination	12/10/2017	11/10/2019	86,896.62 €	12,557.74 €
WP 2	Communication & Dissemination	12/10/2017	11/10/2019	60,210.00 €	8,630.00 €
WP 3	Upgrading of isolated PHC and Hospital units	01/12/2017	01/04/2019	877,324.00 €	287,700.00 €
WP 4	Studies to improve PHC services in CB area	01/12/2017	01/09/2019	69,001.20 €	5,000.00 €
WP 5	PHC practitioners' capacity building	01/12/2017	01/09/2019	196,155.00 €	7,040.00 €
WP 6	Citizens' oriented PHC Governance Plan	01/05/2018	01/09/2019	38,074.80 €	6,229.60 €

3 Evaluation of Effectiveness

The current section includes the:

- Analysis of the implementation progress level achieved by PB3
- Evaluation of the implementation progress of the project activities of PB3 in terms of effectiveness per Internal Indicators (Output Indicators and Communication Indicators), Programme Indicators, and Financial indicators.

The reference point for the analysis is 12/10/2017-01/10/2018

The following analysis takes into account data from

- the Progress Reports of the Project

- the Internal survey of the project

3.1 Internal Indicators

The following section focuses on the internal output indicators of the project. These indicators were developed within the framework of the Project's Management Plan, and further detailed and operationalized in the 1st Evaluation and Impact Assessment Report of the Lead partner – the 4th Health District of Macedonia Thrace.

The scope of these indicators is to monitor and evaluate the implementation progress of the project, but also prepare the necessary background for the analysis of the project's impact that will take place in the later stages of the implementation.

3.1.1 Output indicators

The current section summarizes the performance of the Output indicators. As it is presented in Table 3 all of the internal output indicators are projected to achieve 100% completion level by the end of the project. While only a small part of the deliverables is currently implemented the qualitative data for the implementation suggest that overall the project beneficiary will achieve its goals.

Table 3: Internal Output Indicators Performance

Deliverable	Indicator	Target of PB3 (Completion of the Project)	Completion level, PB3, %	Projection, %	Comments
3.3.1.	New Medical Equipment	24	0	100	Procurement process initiated
3.3.2.	Technical-renovation works	1	100	-	Implemented
4.3.2.	PHC infrastructure accessibility assesment	1	20	100	In progress
4.3.1.	Constraints' analysis to access PHC	1	0	100	Contracted; Scheduled for a later period
5.3.2.	PHC practitioners' training activities	2	0	100	Contracted; Scheduled for a later period
5.3.3.	Toolbox for Equal Health Provision	1	0	100	Contracted; Scheduled for a later period
6.3.1.	Network of organizations involved in PHC	2	0	100	Contracted; Scheduled for a later period

3.1.2 Communication indicators

The current section summarizes the performance of the Communication Indicators.

Table 4: Communication Output Indicators Performance

Index	Target value	Achieveved Value	Completion level, PB3, %	Projection, %	Comments
Information Kit	150	150	100	-	Implemented
Project Banners	2	2	100	-	Implemented
Newspapers articles	4	0	-	100	Scheduled for a later period
Info Day	1	0	-	100	Scheduled for a later period
Project Trainings	2	0	-	100	Scheduled for a later period
Conferences	1	0	-	100	Scheduled for a later period
Press Conferences	1	1	100	-	Implemented
Open consultations	2	0	-	100	Scheduled for a later period
Participants in Events	370	50	13.5	100	In progress

As it is presented in Table 4 all of the internal communication indicators are projected to achieve 100% completion level by the end of the project.

3.2 Programme Indicators

The current section is focusing on the Programme Output indicators. This indicators take into account the overall the monitoring and performance scheme of the programme and to some extent they are incorporated in the internal monitoring and evaluation system of the project.

Table 5: Programme Output Indicators Performance

Indicator	Target (Completion of the Project) project/PB3	Completion level, %	Projection, %
Number of health care institutions reorganized, modernized or reequipped	9,00 / 1,00	0	100
Number of health ICT systems developed	1,00 /	0	100
Population covered by improved health services	237 487,00 / 13 326,00	0	100

Based on the analysis in section 3.1.1. the Programme output indicators are expected to be achieved in full by the completion of the project.

3.3 Financial Indicators

The following section focuses on the financial data of the project. The current analysis is based on the progress reports that the project submitted to the JS. Additional data to assess

the overall performance of the financial indicators has been taken into account from the survey of the partners, conducted by the LP.

Table 6 is summarizing the level of financial indicators progress. It should be noted that the analysis is taking into account the overall budget per partner and WP, and uses contracted budget as a data source for the estimation of the financial performance.

Moreover, the percentage of the amount contracted to the total budget is not a sufficient indicator for the financial performance. Firstly, the budget line includes expenses categories that cannot be contracted. Furthermore, even in the case that budget only includes contractible expenses categories due to the procurement and tendering processes, important discounts from the original budget can be offered. Thus a lower than 100% of the budget does not necessarily signify a slack implementation of the progress, but may very well be a prudent financial management.

Focusing on the financial data of the current project, we can highlight the following:

- So far only a small part of the budget has been contracted
- The main part of the budget under the "equipment" category is not yet contracted, as it is expected but it has to be noted that all relevant procedures are almost completed and the respective contracts are expected to be concluded very soon.
- The "infrastructure and works" category is contracted and partially completed.
- Most of the activities under WP4, WP5 and WP6 are already contracted and the respective implementation planned.

Taking into account the above and the partners survey the financial indicators of PB3 are lagging behind, but there is no alarming delay and only close monitoring of the procurement processes is proposed for the moment.

Table 6: Financial Indicators Performance

	Multi-profile Hospital for Active Treatment of Ardino		
	Budgeted	Contracted	Spent
WP1	12.557,74 €	9.823,86 €	3,587,99 €
WP2	8.630,00 €	8.230,00 €	1.730,00 €
WP3	287.700,00 €	40.047,93 €	17.895,49 €
WP4	5.000,00 €	0 €	0
WP5	7.040,00 €	5.000,00 €	0
WP6	6.229,60 €	4.000,00 €	0
Total	**327.157,34 €**	**67.101,79 €**	**23.213,48 €**

4 Management Structure Evaluation

4.1 Internal Communication and support

In order to assess possible issues concerning the communication and support of the partners, the survey of the LP included a number of questions. The questionnaire focuses on:

- Responsiveness (How fast the partner responded)
- Clarity of Communication (How clear was the response)
- Availability (How available was the partner to respond)

Additionally, the survey included a question concerning the cooperation and support between partners and in particular:

- Adequacy of Initial Information concerning the implementation of an action
- Support in queries and troubleshooting about the implementation
- Commenting and Editing of Deliverables

For all of the above, the peer assessment has been positive and no issues came about as important that concern PB3. Detailed graphs are presented in the annex.

4.2 Identified Risks

To assess and closely monitor risks concerning the implementation of the project, the partners' survey included a question about the identified risks. Based on the partners' answers the following risks have been identified

- Delays on payments, resulting in possible deviations compared to the initial planning

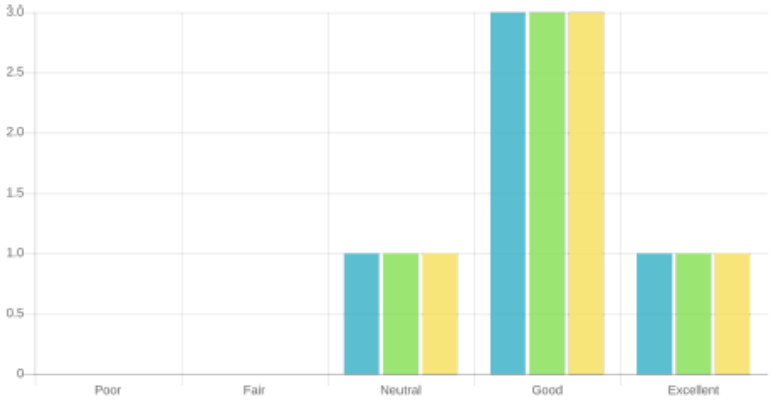
To address the above issue PB3 and the external project management and financial monitoring team have taken all the necessary measures and in particular:

- The management team is following closely the processes concerning the project prefinancing (PDE) to accelerate the process.
- PB3 works closely with the Municipality of Ardino and banking institutions in order to accelerate the processes that will lead to the procurement of the medical equipment supply as well as to provide the necessary funding for the relevant payments
- Therefore, delays are expected to be minimised.

5 ANNEX

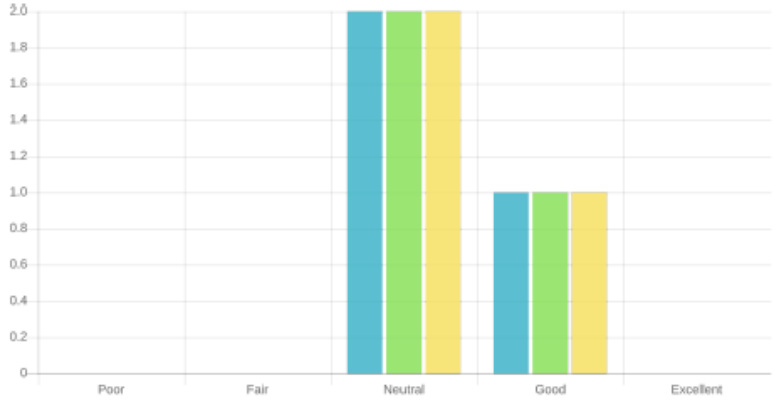
The following graphs are exact replications of the generated report of the partners' survey that concern PB3.

28 Please assess the Multi-profile Hospital for Active Treatment of Ardino (Beneficiary 3) concerning the following aspects of internal communication



	Poor	Fair	Neutral	Good	Excellent	Standard Deviation	Responses	Weighted Average
Responsiveness (How fast the partner responded to your query)	0 (0%)	0 (0%)	1 (20%)	3 (60%)	1 (20%)	1.1	5	4 / 5
Clarity of Communication (How clear was the response you received)	0 (0%)	0 (0%)	1 (20%)	3 (60%)	1 (20%)	1.1	5	4 / 5
Availability (How available was the partner to respond to your queries)	0 (0%)	0 (0%)	1 (20%)	3 (60%)	1 (20%)	1.1	5	4 / 5
								4 / 5

34 Please assess the Multi-profile Hospital for Active Treatment of Ardino (Beneficiary 3) concerning the following aspects of Cooperation & Support



	Poor	Fair	Neutral	Good	Excellent	Standard Deviation	Responses	Weighted Average
Adequacy of Initial Information concerning the implementation of an action	0 (0%)	0 (0%)	2 (67%)	1 (33%)	0 (0%)	0.8	3	3.33 / 5
Support in queries and troubleshooting about the implementation	0 (0%)	0 (0%)	2 (67%)	1 (33%)	0 (0%)	0.8	3	3.33 / 5
Commenting and Editing of Deliverables	0 (0%)	0 (0%)	2 (67%)	1 (33%)	0 (0%)	0.8	3	3.33 / 5
								3.33 / 5

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

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2nd Evaluation and Impact Assessment Report

PROJECT PARTNER 3: MULTI-PROFILE HOSPITAL FOR ACTIVE TREATMENT OF ARDINO
14, Sofia str., Ardino

Telephone: 0898 654 161

Contract ID

Contract title	Project management and provision of scientific and technical expertise for the implementation of the activities of Multi-profile Hospital for Active Treatment of Ardino under project "Strengthening primary medical care in isolated and deprived cross-border area" - SMiLe, within the framework of the Interreg V-A "Greece-Bulgaria 2014-2020" Cooperation Programme
Contracting Authority:	Multi-profile Hospital for Active Treatment of Ardino
Contactor:	Euroconsultants Bulgaria SA AD
Corresponding Contract Deliverable	D.6.3.2. 2nd Evaluation and Impact Assessment Report
Author(s):	IVANOV Eugeniy DRAGANOVA Rumyana STOICHKOVA Valeriya

Deliverable ID

Project Code:	5012828
Acronym:	SMiLe
Project Title:	Strengthening primary Medical care in IsoLated and deprived cross-border arEas

Deliverable:	2nd Evaluation and Impact Assessment Report
Version:	V.1.0

Description:	The 2nd Evaluation and Impact Assessment Report focuses in the efficiency and effectiveness of the implementation the implementation of SMiLe project in the Multi-profile Hospital for Active Treatment of Ardino. The reference period for the assessment is from 01/10/2018 till 31/03/2019.
Keywords:	[SMiLe, Information, Publicity, Dissemination Plan, Visual Identity, Cross-border Health, Healthcare, Interreg V-A "Greece-Bulgaria 2014-2020" Cooperation Programme, cross-border cooperation, European Union, Ardino, Thessaloniki, Harmanli]

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PB3	The 2nd 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

Project Partners

Role	Partner name	Country
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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

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Abbreviations

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JoB: justification of Budget

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LB: Lead Beneficiary

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STPP: Start-up Time Plan and Procurement Plan

WBS: Work breakdown structure

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1 Contents

1 Introduction

The scope of the current deliverable is to assess the extent to which the implementation of SMiLe project from the Multi-profile Hospital for Active Treatment of Ardino has been successful in terms of implementation progress and efficiency, identify possible issues concerning its implementation, assesses aspects of the management structure, such as the internal communication, and finally evaluate the external communication of the project. Respectively, the current deliverable will be part of the Evaluation and Impact Assessment Plan of the project (to be developed by the Lead partner – the 4th Health District of Macedonia Thrace)

The deliverable is organized in the following chapters.

The 2nd Chapter gives a brief overview of the SMiLe project, its scope, structure, and partners.

The 3rd Chapter focuses on the effectiveness of the implementation process. It takes into account the internal indicators (output and communication indicator), the programme level indicators, and lastly the financial indicators.

Chapter 4 focuses on the efficiency of the project juxtaposing the implementation progress indicators, with the financial indicators.

Chapter 5 briefly discusses internal management aspects, including identified risks concerning the implementation from the partners and communication issues.

1.1 Data sources

The current deliverable was based on a number of data sources for its completion. The sources included both qualitative and quantitative data from programme, project, and partner level. More in particular the following data sources have been taken into account:

- Programming Document "Interreg V-A Greece-Bulgaria 2014-2020"
- Project Approved Application Form
- Project Approved Justification of Budget
- Project Progress Report (3)
- Project Management Plan
- Project Communication Plan
- 1st Evaluation and Impact Assessment Report
- Internal Project Survey
- Person to Person Communication

1.2 Reference Period

The current Evaluation and Impact Assessment Report has as a reference point the 31/03/2019 (i.e. reference period 01/10/2018 -31/03/2019).

2 SMiLe Project Overview

The SMiLe (Strenghtening primary Medical care in IsoLated and deprived cross-border arEas) Project is planned to be primarily beneficial for the CB population located at remote and isolated areas without discriminations, while PHC Practitioners working in the territory will be also benefitted through their participation in targeted project activities. The main project aims at the (i) the upgrading of 6 PHC units and 3 small hospitals all located in remote and disadvantaged CB territories, (ii) the creation and operation of a modern Training Center for PHC Practitioners, (iii) a set of studies focusing on the improvement of the accessibility in selected Healthcare Units in the CB area, including the preparation of a toolbox for Equal Health Provision and (iv) the development and operation of an IT Platform for the evaluation of PHC Services.

The identity of the project is presented in the following table:

Table 1: Identity of the SMiLe Project

Acronym	SMiLe
Priority axis	Social inclusion
Investment priorities	9a
Call	2nd Call for proposals under priority axes 2 & 4
Lead Beneficiary	4th Health District of Macedonia-Thrace
Partners	Aristotle University of Thessaloniki, Department of Medicine Multi-profile Hospital for Active Treatment of Ardino Municipality of Harmanli National Emergency Aid Center
Budget	1.327.661,62 euro
Budget of PB3	327.157,34 euro

The Project is organized in 6 Work packages with distinctive budget across the five partners as follows. The project is organized in more detail on a partner and WP level is specific deliverables and actions/tasks within them, described in detail in the Project Management Plan.

Table 2: Working Packages of the SMiLe project

WP No	Work Package	Start date	End date	Budget	Budget of PB3
WP 1	Project Management & Coordination	12/10/2017	11/10/2019	86,896.62 €	12,557.74 €
WP 2	Communication & Dissemination	12/10/2017	11/10/2019	60,210.00 €	8,630.00 €
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WP 6	Citizens' oriented PHC Governance Plan	01/05/2018	01/09/2019	38,074.80 €	6,229.60 €

3 Evaluation of Effectiveness

The current section includes the:

- Analysis of the implementation progress level achieved by PB3
- Evaluation of the implementation progress of the project activities of PB3 in terms of effectiveness per Internal Indicators (Output Indicators and Communication Indicators), Programme Indicators, and Financial indicators.

The reference point for the analysis is 01/10/2018-31/03/2019

The following analysis takes into account data from

- the Progress Reports of the Project
- the Internal survey of the project

3.1 Internal Indicators

The following section focuses on the internal output indicators of the project. These indicators were developed within the framework of the Project's Management Plan, and further detailed and operationalized in the 1st Evaluation and Impact Assessment Report of the Lead partner – the 4th Health District of Macedonia Thrace.

The scope of these indicators is to monitor and evaluate the implementation progress of the project, but also prepare the necessary background for the analysis of the project's impact that will take place in the later stages of the implementation.

3.1.1 Output indicators

The current section summarizes the performance of the Output indicators. As it is presented in Table 3 all of the internal output indicators are projected to achieve 100% completion level by the end of the project..

Table 3: Internal Output Indicators Performance

Deliverable	Indicator	Target of PB3 (Completion of the Project)	Completion level, PB3, %	Projection, %	Comments
3.3.1.	New Medical Equipment	24	40	100	All budget contracted, part of the equipment is delivered
3.3.2.	Technical-renovation works	1	100	-	Implemented

4.3.2.	PHC infrastructure accessibility assesment	1	80	100	In progress
4.3.1.	Constraints' analysis to access PHC	1	20	100	In progress
5.3.2.	PHC practitioners' training activities	2	0	100	Contracted; Scheduled for a later period
5.3.3.	Toolbox for Equal Health Provision	1	0	100	Contracted; Scheduled for a later period
6.3.1.	Network of organizations involved in PHC	2	0	100	Contracted; Scheduled for a later period

3.1.2 Communication indicators

The current section summarizes the performance of the Communication Indicators.

Table 4: Communication Output Indicators Performance

Index	Target value	Achieveved Value	Completion level, PB3, %	Projection, %	Comments
Information Kit	150	150	100	-	Implemented
Project Banners	2	2	100	-	Implemented
Newspapers articles	4	0	-	100	Scheduled for a later period
Info Day	1	0	-	100	Scheduled for a later period
Project Trainings	2	0	-	100	Scheduled for a later period
Conferences	1	0	-	100	Scheduled for a later period
Press Conferences	1	1	100	-	Implemented
Open consultations	2	0	-	100	Scheduled for a later period
Participants in Events	370	50	13.5	100	In progress

As it is presented in Table 4 all of the internal communication indicators are projected to achieve 100% completion level by the end of the project.

3.2 Programme Indicators

The current section is focusing on the Programme Output indicators. This indicators take into account the overall the monitoring and performance scheme of the programme and to some extent they are incorporated in the internal monitoring and evaluation system of the project.

Table 5: Programme Output Indicators Performance

Indicator	Target (Completion of the Project) project/PB3	Completion level, %	Projection, %
Number of health care institutions reorganized, modernized or reequipped	9,00 / 1,00	50	100
Number of health ICT systems developed	1,00 /	0	100
Population covered by improved health services	237 487,00 / 13 326,00	0	100

Based on the analysis in section 3.1.1. the Programme output indicators are expected to be achieved in full by the completion of the project.

3.3 Financial Indicators

The following section focuses on the financial data of the project. The current analysis is based on the progress reports that the project submitted to the JS. Additional data to assess the overall performance of the financial indicators has been taken into account from the survey of the partners, conducted by the LP.

Table 6 is summarizing the level of financial indicators progress. It should be noted that the analysis is taking into account the overall budget per partner and WP, and uses contracted budget as a data source for the estimation of the financial performance.

Moreover, the percentage of the amount contracted to the total budget is not a sufficient indicator for the financial performance. Firstly, the budget line includes expenses categories that cannot be contracted. Furthermore, even in the case that budget only includes contractible expenses categories due to the procurement and tendering processes, important discounts from the original budget can be offered. Thus a lower than 100% of the budget does not necessarily signify a slack implementation of the progress, but may very well be a prudent financial management.

Focusing on the financial data of the current project, it is visible that there is significant progress in the financial indicators implementation by Multi-profile Hospital for Active Treatment of Ardino:

- Significant part of the budget has been contracted and half of it already paid
- The "infrastructure and works" category is contracted and partially paid.
- Significant amounts are requested for verification

Table 6: Financial Indicators Performance

	Multi-profile Hospital for Active Treatment of Ardino		
	Budgeted	Contracted	Spent
WP1	12.557,74 €	9.823,86 €	4,573,63 €
WP2	8.630,00 €	8.630,00 €	1.730,00 €
WP3	287.700,00 €	266.313,57 €	130.929,89 €
WP4	5.000,00 €	5.000,00 €	0
WP5	7.040,00 €	7.040,00 €	0
WP6	6.229,60 €	6.227,89 €	0
Total	**327.157,34 €**	**294.505,68 €**	**137.233,52 €**

4 Management Structure Evaluation

4.1 Internal Communication and support

In order to assess possible issues concerning the communication and support of the partners, the survey of the LP included a number of questions. The questionnaire focuses on:

- Responsiveness (How fast the partner responded)
- Clarity of Communication (How clear was the response)
- Availability (How available was the partner to respond)

Based on the previous survey and the log concerning the implementation issues of the project no particular grievances were identified.

4.2 Identified Risks

To assess and closely monitor risks concerning the implementation of the project, the partners' survey included a question about the identified risks. Based on the partners' answers the following risks have been identified.

- Delays on payments, resulting in possible deviations compared to the initial planning

To address the above issue PB3 and the external project management and financial monitoring team have taken all the necessary measures and in particular:

- PB3 works closely with the Municipality of Ardino and banking institutions in order to provide the necessary funding for the relevant payments

Therefore, delays are expected to be minimised.

Interreg
Greece-Bulgaria
SMiLe
European Regional Development Fund

EUROPEAN UNION

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

D.6.3.2.

3rd Evaluation and Impact Assessment Report

PROJECT PARTNER 3: MULTI-PROFILE HOSPITAL FOR ACTIVE TREATMENT OF ARDINO
14, Sofia str., Ardino

Telephone: 0898 654 161

Contract ID

Contract title	Project management and provision of scientific and technical expertise for the implementation of the activities of Multi-profile Hospital for Active Treatment of Ardino under project "Strengthening primary medical care in isolated and deprived cross-border area" - SMiLe, within the framework of the Interreg V-A "Greece-Bulgaria 2014-2020" Cooperation Programme
Contracting Authority:	Multi-profile Hospital for Active Treatment of Ardino
Contactor:	Euroconsultants Bulgaria SA AD
Corresponding Contract Deliverable	D.6.3.2. 3rd Evaluation and Impact Assessment Report and outlines for potential follow up of the project
Author(s):	IVANOV Eugeniy DRAGANOVA Rumyana STOICHKOVA Valeriya

Deliverable ID

Project Code:	5012828
Acronym:	SMiLe
Project Title:	Strengthening primary Medical care in IsoLated and deprived cross-border arEas

Deliverable:	3rd Evaluation and Impact Assessment Report
Version:	V.1.0

Description:	The 3rd Evaluation and Impact Assessment Report focuses in the efficiency and effectiveness of the implementation the implementation of SMiLe project in the Multi-profile Hospital for Active Treatment of Ardino. The reference period for the assessment is from 01/04/2019 till 31/12/2019.
Keywords:	[SMiLe, Information, Publicity, Dissemination Plan, Visual Identity, Cross-border Health, Healthcare, Interreg V-A "Greece-Bulgaria 2014-2020" Cooperation Programme, cross-border cooperation, European Union, Ardino, Thessaloniki, Harmanli]

Target Audience

Partner	Description/Purpose	Audience
PB3	The 3rd Evaluation and Impact Assessment Report describes the rationale and presents the system for monitoring, evaluation and assessment of the SMiLe project. It also sets outlines for potential follow up of the project.	Project stakeholders Including the project sponsor, senior leadership and the project team

Secretariat.

Project Partners

Role	Partner name	Country
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

CB: Cross Border (area)

JoB: justification of Budget

JS: Joins Secretariat

LB: Lead Beneficiary

MA: Managing Authority

PB: Partner beneficiary

STPP: Start-up Time Plan and Procurement Plan

Table of Contents

1 Contents

1 Introduction

The scope of the current deliverable is to assess the extent to which the implementation of SMiLe project from the Multi-profile Hospital for Active Treatment of Ardino has been successful in terms of implementation progress and efficiency, identify possible issues concerning its implementation, assesses aspects of the management structure, such as the internal communication, and finally evaluate the external communication of the project. Respectively, the current deliverable will be part of the Evaluation and Impact Assessment Plan of the project (to be developed by the Lead partner – the 4th Health District of Macedonia Thrace)

The deliverable is organized in the following chapters.

The 2nd Chapter gives a brief overview of the SMiLe project, its scope, structure, and partners.

The 3rd Chapter focuses on the effectiveness of the implementation process. It takes into account the internal indicators (output and communication indicator), the programme level indicators, and lastly the financial indicators.

Chapter 4 focuses on the efficiency of the project juxtaposing the implementation progress indicators, with the financial indicators.

Chapter 5 presents outlines for potential follow up of the project.

1.1 Data sources

The current deliverable was based on a number of data sources for its completion. The sources included both qualitative and quantitative data from programme, project, and partner level. More in particular the following data sources have been taken into account:

- Programming Document "Interreg V-A Greece-Bulgaria 2014-2020"
- Project Approved Application Form
- Project Approved Justification of Budget
- Project Progress Reports (4&5)
- Project Management Plan
- Project Communication Plan
- 1st and 2nd Evaluation and Impact Assessment Reports
- Person to Person Communication

1.2 Reference Period

The current Evaluation and Impact Assessment Report has as a reference point the 31/12/2019 (i.e. reference period 01/04/2019 -31/12/2019).

2 SMiLe Project Overview

The SMiLe (Strenghtening primary Medical care in IsoLated and deprived cross-border arEas) Project is planned to be primarily beneficial for the CB population located at remote and isolated areas without discriminations, while PHC Practitioners working in the territory will be also benefitted through their participation in targeted project activities. The main project aims at the (i) the upgrading of 6 PHC units and 3 small hospitals all located in remote and disadvantaged CB territories, (ii) the creation and operation of a modern Training Center for PHC Practitioners, (iii) a set of studies focusing on the improvement of the accessibility in selected Healthcare Units in the CB area, including the preparation of a toolbox for Equal Health Provision and (iv) the development and operation of an IT Platform for the evaluation of PHC Services. The identity of the project is presented in the following table:

Table 1: Identity of the SMiLe Project

Acronym	SMiLe
Priority axis	Social inclusion
Investment priorities	9a
Call	2nd Call for proposals under priority axes 2 & 4
Lead Beneficiary	4th Health District of Macedonia-Thrace
Partners	Aristotle University of Thessaloniki, Department of Medicine Multi-profile Hospital for Active Treatment of Ardino Municipality of Harmanli National Emergency Aid Center
Budget	1.327.661,62 euro
Budget of PB3	327.157,34 euro

The Project is organized in 6 Work packages with distinctive budget across the five partners as follows. The project is organized in more detail on a partner and WP level is specific deliverables and actions/tasks within them, described in detail in the Project Management Plan.

Table 2: Working Packages of the SMiLe project

WP No	Work Package	Start date	End date	Budget	Budget of PB3
WP 1	Project Management & Coordination	12/10/2017	30/04/2020	86,896.62 €	12,557.74 €
WP 2	Communication & Dissemination	12/10/2017	30/04/2020	60,210.00 €	8,630.00 €
WP 3	Upgrading of isolated PHC and Hospital units	01/12/2017	30/04/2020	877,324.00 €	287,700.00 €
WP 4	Studies to improve PHC services in CB area	01/12/2017	30/04/2020	69,001.20 €	5,000.00 €
WP 5	PHC practitioners' capacity building	01/12/2017	30/04/2020	196,155.00 €	7,040.00 €
WP 6	Citizens' oriented PHC Governance Plan	01/05/2018	30/04/2020	38,074.80 €	6,229.60 €

3 Evaluation of Effectiveness

The current section includes the:

- Analysis of the implementation progress level achieved by PB3
- Evaluation of the implementation progress of the project activities of PB3 in terms of effectiveness per Internal Indicators (Output Indicators and Communication Indicators), Programme Indicators, and Financial indicators.

The reference point for the analysis is 01/04/2019-31/12/2019

The following analysis takes into account data from

- the Progress Reports of the Project
- the Internal survey of the project

3.1 Internal Indicators

The following section focuses on the internal output indicators of the project. These indicators were developed within the framework of the Project's Management Plan, and further detailed and operationalized in the 1st Evaluation and Impact Assessment Report of the Lead partner – the 4th Health District of Macedonia Thrace.

The scope of these indicators is to monitor and evaluate the implementation progress of the project, but also prepare the necessary background for the analysis of the project's impact that will take place in the later stages of the implementation.

3.1.1 Output indicators

The current section summarizes the performance of the Output indicators. As it is presented in Table 3 all of the internal output indicators have achieved 100% completion level by the end of the monitored period.

Table 3: Internal Output Indicators Performance

Deliverable	Indicator	Target of PB3 (Completion of the Project)	Completion level, PB3, %	Projection, %	Comments
3.3.1.	New Medical Equipment	24	100	-	Implemented
3.3.2.	Technical-renovation works	1	100	-	Implemented
4.3.2.	PHC infrastructure accessibility assesment	1	100	-	Implemented
4.3.1.	Constraints' analysis to access PHC	1	100	-	Implemented
5.3.2.	PHC practitioners' training activities	2	100	-	Implemented
5.3.3.	Toolbox for Equal Health Provision	1	100	-	Implemented
6.3.1.	Network of organizations involved in PHC	2	100	-	Implemented

3.1.2 Communication indicators

The current section summarizes the performance of the Communication Indicators. As seen from the table below, all indicators have achieved 100% completion level.

Table 4: Communication Output Indicators Performance

Index	Target value	Achieveved Value	Completion level, PB3, %	Projection, %	Comments
Information Kit	150	150	100	-	Implemented
Project Banners	2	2	100	-	Implemented
Newspapers articles	4	4	100	-	Implemented
Info Day	1	1	100	-	Implemented
Project Trainings	2	2	100	-	Implemented
Conferences	1	1	100	-	Implemented
Press Conferences	1	1	100	-	Implemented
Open consultations	2	2	100	-	Implemented
Participants in Events	370	407	100	-	Implemented

3.2 Programme Indicators

The current section is focusing on the Programme Output indicators. This indicators take into account the overall the monitoring and performance scheme of the programme and to some extent they are incorporated in the internal monitoring and evaluation system of the project.

Table 5: Programme Output Indicators Performance

Indicator	Target (Completion of the Project) project/PB3	Completion level, %	Projection, %
Number of health care institutions reorganized, modernized or reequipped	9,00 / 1,00	100	-
Number of health ICT systems developed	1,00 /	100	-
Population covered by improved health services	237 487,00 / 13 326,00	100	-

Based on the analysis in section 3.1.1. the Programme output indicators have achieved 100% completion level by the end of the monitored period.

3.3 Financial Indicators

The following section focuses on the financial data of the project. The current analysis is based on the progress reports that the project submitted to the JS. Additional data to assess the overall performance of the financial indicators has been taken into account from the survey of the partners, conducted by the LP.

Table 6 is summarizing the level of financial indicators progress. Respectively, it shows the following:

- All of the budget of the partner has been contracted and more than 97% of it was paid
- Significant savings have been made (total amount of EUR 24 122.86)
- Great part of the paid expenses has been verified; only small amounts are subject to a next final FLC procedure.
- Most of verified amounts are still to be reimbursed by the programme

Table 6: Financial Indicators Performance

	Multi-profile Hospital for Active Treatment of Ardino		
	Budgeted	Contracted	Spent
WP1	12.557,74 €	9.823,86 €	9.823,86 €
WP2	8.630,00 €	8.630,00 €	7.730,00 €
WP3	287.700,00 €	266.313,57 €	266.260,88 €
WP4	5.000,00 €	5.000,00 €	2.000,00 €
WP5	7.040,00 €	7.040,00 €	5.539,16 €
WP6	6.229,60 €	6.227,89 €	4.181,96 €
Total	**327.157,34 €**	**303.034,48 €**	**296.081,79 €**

4 Current situation analysis in the health sector in the project intervention area

4.1 The health sector in the intervention area / presentation of health indicators

4.1.1 Demographic

According to the Eurostat population projection the overall CBA in both countries host a population of around 2.5 with the around 32% living in Bulgaria. While in the Bulgarian side there aren't any major cities, this is not the case from the Greek side that includes Thessaloniki, the 2nd largest city in Greece that amounts for 64% of the CBA population. The population in both countries, at a national and regional level is declining, a trend that is stronger in the Bulgarian side. The Bulgarian CBA shrank by 3.38% between 2015 and 2019, with Smolyan region declining by 7.5%.

Table 7: Population in the Programme Area

	2015	2016	2017	2018	2019	% Change 2015-2019
Bulgaria	**7,202,198**	**7,153,784**	**7,101,859**	**7,050,034**	**7,000,039**	**-2.81**
BG CBA	**819,278**	**812,134**	**803,998**	**797,553**	**791,558**	**-3.38**
Blagoevgrad	315,577	312,831	310,321	307,882	305,123	-3.31
Haskovo	237,664	236,383	233,415	231,276	228,141	-4.01
Smolyan	113,984	111,601	109,425	107,282	105,421	-7.51
Kardzhali	152,053	151,319	150,837	151,113	152,873	0.54
Greece	**10,858,018**	**10,783,748**	**10,768,193**	**10,741,165**	**10,724,599**	**-1.23**
GR CBA	**1,723,584**	**1,714,473**	**1,710,884**	**1,706,838**	**1,704,413**	**-1.11**
Evros	147,915	147,796	147,709	147,488	147,190	-0.49
Xanthi	112,532	112,275	112,112	111,885	111,631	-0.80
Rodopi	112,325	112,088	111,731	111,193	110,666	-1.48
Drama	97,466	97,041	96,836	96,760	96,845	-0.64
Kavala	136,252	135,304	134,411	133,849	133,391	-2.10
Thessaloniki	1,117,094	1,109,969	1,108,085	1,105,663	1,104,690	-1.11
CBA Area Total	**2,542,862**	**2,526,607**	**2,514,882**	**2,504,391**	**2,495,971**	**-1.84**

Source: Eurostat

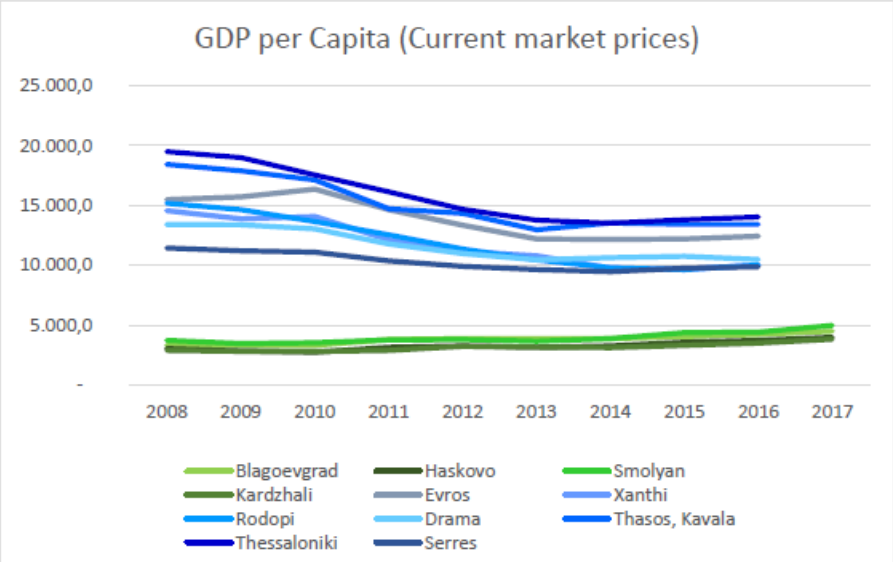
The situation is equally problematic in the macroeconomic indicators. The GDP per capita based on current market prices was as low as 10.7% of the EU – 28 average in Haskovo for 2010 and all of the Bulgarian regions fall short of even 17%. While the situation in Greece is better in all the prefectures, the economy is diverging from the EU average, while in the case of Bulgaria the economy is converging. The data represent the 2008 financial crisis in Greece which have led to an important contraction of the national GDP, which strongly affected the Greek CBA as well.

Table 8: GDP per capita based on current market prices

GEO/TIME	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
EU - 28	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Bulgaria	**18.7**	**20.0**	**19.9**	**21.5**	**21.5**	**21.5**	**21.4**	**21.7**	**23.1**	**24.3**
Blagoevgrad	12.7	13.5	13.0	14.5	14.5	14.5	14.0	13.9	14.5	15.0
Haskovo	11.6	11.6	10.7	12.0	12.2	11.7	11.9	12.3	12.7	13.3
Smolyan	14.3	14.1	13.9	14.4	14.3	13.6	14.0	15.0	15.1	16.6
Kardzhali	11.1	11.5	11.0	11.1	12.2	11.8	11.2	11.4	12.0	12.7
Greece	**83.6**	**87.2**	**79.7**	**71.2**	**65.0**	**61.4**	**59.2**	**56.3**	**56.0**	**55.8**
Evros	59.1	63.9	64.0	55.8	50.0	45.5	43.8	41.8	42.4	NA
Xanthi	55.6	56.5	55.1	46.2	41.9	40.2	35.2	33.2	34.2	NA
Rodopi	58.0	59.5	53.5	47.8	42.6	38.9	35.3	33.1	34.3	NA
Drama	51.2	54.5	51.1	44.9	41.2	38.9	38.3	36.9	35.8	NA
Kavala	70.4	72.7	67.1	56.2	53.7	48.3	48.9	46.1	45.8	NA
Thessaloniki	74.4	77.2	68.7	61.5	55.0	51.3	48.7	47.4	47.9	NA
Serres	43.7	45.6	43.5	39.5	37.1	35.9	34.1	33.5	33.7	NA

Source: Eurostat

Figure 1: GDP per capita (current market prices0 in the CBA



Source: Eurostat

Based on the NUTS 2 data on GDP per Capita expressed as PPS the different trends between the Greek and Bulgarian sides of the CBA area is more obvious. While the important increase in the Yugozapaden is due mainly to the effect of Sofia's contribution, there is an increase of 6% in Yuzhen Tsentralen, while in the Greek CBA there is a decrease of 20% and 23% in the same years.

Table 9: GDP per Capita PPS

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017
EU - 28	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Yugozapaden	73	76	76	76	74	76	77	79	80
Yuzhen tsentralen	30	31	32	33	32	32	34	34	35
Anatoliki Makedonia, Thraki	68	63	54	52	51	50	48	48	47
Kentriki Makedonia	75	66	60	56	56	55	54	54	54

Source: Eurostat

Looking at the unemployment it is clear that the financial crisis affected severely the Greek CBA area. Even though the unemployment rates were high even before the crisis reaching e.g. in Drama 22.3%, the crisis has led to unemployment rates up to 38%. The recent years there is an overall tendency of decreasing unemployment rates that remain lower in the Bulgarian side of the CBA area. Unemployment is still an important concern in the Smolyan region that despite the overall decreasing trend still remains over 10%. The following diagram present the evolution of the unemployment rates in the CBA area from 2001 to 2018.

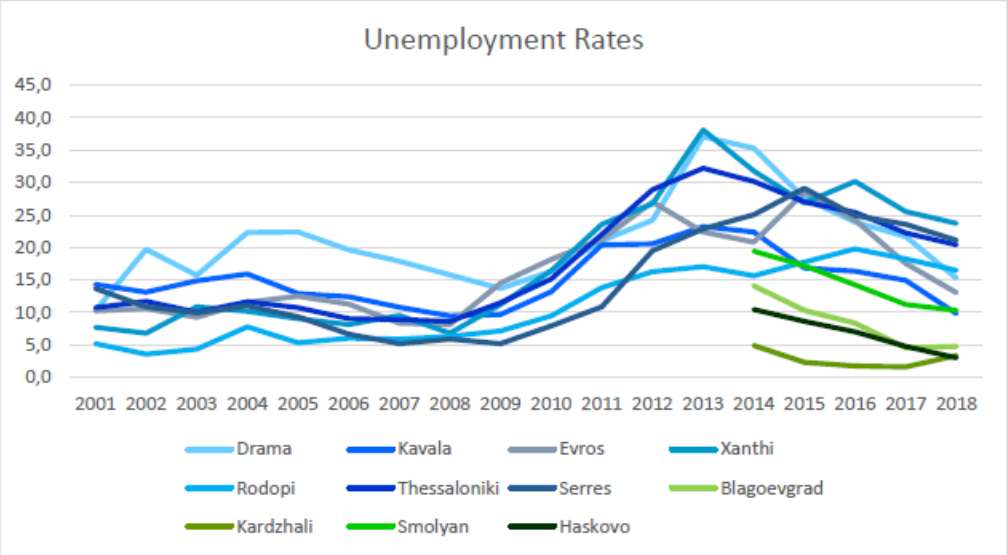
Table 10: Unemployment rates in the CBA

NUTS 3 Area	2014	2015	2016	2017	2018
GR CBA					
Drama	35.3	27.6	23.9	21.7	15.3
Kavala	22.4	16.8	16.3	14.9	9.8
Evros	20.8	28.5	24.2	17.5	13.0
Xanthi	31.8	26.9	30.2	25.5	23.7
Rodopi	15.6	17.7	19.8	18.2	16.5
Thessaloniki	30.2	27.0	25.4	22.2	20.4
Serres	25.0	29.1	24.9	23.6	21.1
BG CBA					
Blagoevgrad	14.1	10.3	8.3	4.5	4.7
Kardzhali	(4.9)	(2.3)	(1.7)	(1.6)	(3.3)
Smolyan	19.4	17.2	14.2	11.2	10.3
Haskovo	10.4	8.6	7.0	4.7	(3.0)

( ) - due to a small sample figures in brackets are not reliable

Source: Hellenic Statistical Authority, National Statistical Institute

Figure 2: Unemployment rates in the CBA area



All of the above are mirrored in the level of People at risk of poverty or social exclusion in the region which remains high. All NUTS 2 regions have high percentage of people at risk of poverty or social exclusion, with the highest in Yuzhen tsentralen region of Bulgaria that almost reaches 38%. Nevertheless, the percentages are decreasing in the case of Bulgaria, where there are available data on a regional base. After 2015 the percentages are decreasing on a national level in Greece as well, though not in the extent of Bulgaria.

Table 11: People at risk of poverty or social exclusion

GEO/TIME	2015	2016	2017	2018
Bulgaria	**41.3**	**40.4**	**38.9**	**32.8**
Yugozapaden	30.0	30.1	29.3	23.0
Yuzhen tsentralen	48.6	46.2	43.8	37.9
Greece	**35.7**	**35.6**	**34.8**	**31.8**
Anatoliki Makedonia, Thraki				33.8
Kentriki Makedonia				30.4

Source: Eurostat

4.1.2 Health Infrastructure and Personnel

Both the Greek and the Bulgarian health systems have been under important reforms in the recent years. In particular reforms in Bulgaria "focused on controlling spending and enhancing efficiency (EU Commission, 2019), while recent reforms in Greece focused on introducing and strengthening mechanisms to achieve better outcomes after a long period of structural reforms and cost reductions.

Table 12: Health Centres and beds in the Greece CBA

	Health Centres	Beds		
Year	**2018**	**2016**	**2017**	**2018**
Greece	204	928	903	901
E. Macedonia-Thrace	15	58	55	58
Central Macedonia	33	124	113	111

Table 13: Health professionals in health Centres in the Greek CBA

	Medical Doctors			Nurses			Other Personnel		
Year	**2016**	**2017**	**2018**	**2016**	**2017**	**2018**	**2016**	**2017**	**2018**
Greece	1674	1776	1797	3136	2215	2318	1657	1800	1967
E. Macedonia-Thrace	105	124	114	200	208	213	116	126	141
Central Macedonia	316	342	335	492	512	537	294	343	346

Source: Hellenic Statistical Authority

Table 14: health institutions and beds in the Greek CBA

	Public				Private		Total	
	Hospitals	**Beds**	**Health centres**	**Beds**	**Clinics**	**Beds**	**Hospital/ HC/Clinic**	**Beds**
Greece	**96**	**33630**	**204**	**901**	**168**	**16765**	**468**	**51296**
E. Macedonia-Thrace	6	2345	15	58	11	869	32	3272
Central Macedonia	11	4851	33	111	26	3270	70	8232

Source: Ministry of Health, Hellenic Statistical Authority

Table 15: Heath institutions and beds in the Bulgarian CBA

Districts	Establishments	Number	Beds
Blagoevgrad	Health establishments for hospital aid	11	1 650
	of which:		
	Multi profile hospitals	5	1 074
	Specialized hospitals	5	496
	Outpatient health establishments	75	39
	Diagnostic and consulting centres	-	-
	Medical centres	28	19
	Dental centres	-	-
	Medical-dental centres	5	20
	Medical-diagnostical and medical-technical laboratories	42	-
	Other health establishments	4	23
Kardzhali	Health establishments for hospital aid	6	826
	of which:		

Districts	Establishments	Number	Beds
	Multi profile hospitals	5	556
	Specialized hospitals	1	270
	Outpatient health establishments	20	12
	Diagnostic and consulting centres	1	2
	Medical centres	3	10
	Dental centres	-	-
	Medical-dental centres	-	-
	Medical-diagnostical and medical-technical laboratories	16	-
	Other health establishments	6	132
Smolyan	Health establishments for hospital aid	8	1 027
	of which:		
	Multi profile hospitals	4	555
	Specialized hospitals	3	432
	Outpatient health establishments	37	10
	Diagnostic and consulting centres	1	-
	Medical centres	9	10
	Dental centres	-	-
	Medical-dental centres	-	-
	Medical-diagnostical and medical-technical laboratories	27	-
Haskovo	Health establishments for hospital aid	11	1 120
	of which:		
	Multi profile hospitals	5	802
	Specialized hospitals	5	238
	Outpatient health establishments	62	41
	Diagnostic and consulting centres	2	10
	Medical centres	17	31
	Dental centres	-	-
	Medical-dental centres	-	-
	Medical-diagnostical and medical-technical laboratories	43	-

Source: National Statistical Institute

Based on the available data the number of beds per 1000 people is better in the Bulgarian CBA area. The highest number of beds per 1000 people is in Smolyan with 9.7, while the smallest is found in Central Macedonia with 4.3.

Table 16: Beds per 1000 people in the CBA

Region	Beds/1000 people
E. Macedonia-Thrace	5.5
Central Macedonia	4.4
Blagoevgrad	5.4
Kardzhali	5.4
Smolyan	9.7
Haskovo	4.9

Source: Ministry of Health, National Statistical Institute

4.1.3 Epidemiological Data

According to the statistics of the Greek Statistics Authority, births since 2008 (following the economic crisis) have been reduced, while at the same time, deaths increased. The result was that in 2011 births got less than deaths, as shown in Table 6, indicating a demographic challenge of aging populations.

Table 17: Natural Population movement 2008-2011

Year	2008	2009	2010	2011
Births	118.302	117.933	114.766	106.428
Deaths	107.979	108.916	109.084	111.099

Source: Hellenic Statistics Authority

During the same period mortality by age shows no serious fluctuations, while neither the main causes of death changed in hierarchy. The most significant category is still the one of heart diseases at a rate of 37.8%, followed by neoplasm diseases (32.7%), diseases of brain vessels (18%), respiratory diseases (8.1%) and accidents (3.3%).

Table 18: Most Significant Causes of Death (Greece)

Year	2008	2009	2010	2011
Heart Diseases	32.212	31.976	31.837	31.625
Neoplasms	21.386	27.345	27.177	27.357
Diseases of brain vessels	16.064	15.493	14.910	15.041
Respiratory diseases	6.794	7.095	7.053	6.815
Accidents	3.326	3.310	2.983	2.790

Source: Greek Statistics Authority, 2011

A significant diachronic fluctuation is observed only at the cause "Neoplasms", which presents a sharp increase from 2008 to 2009.

Figure 3: Percentage distribution of important categories of causes of death

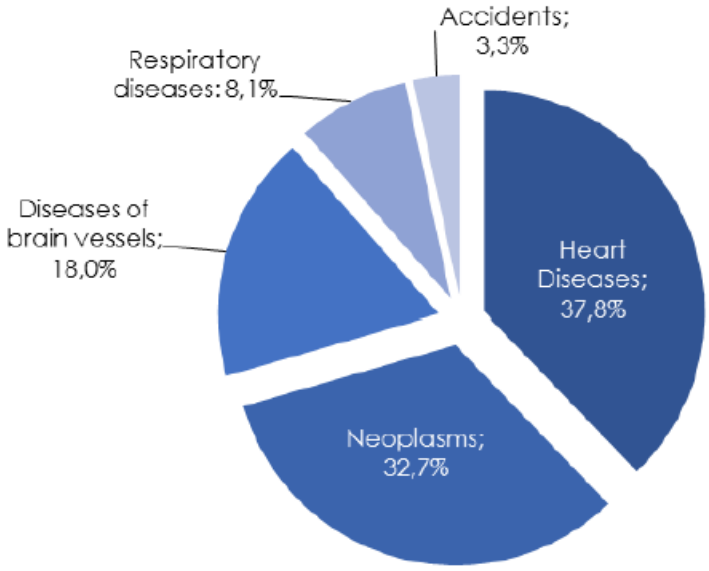


Table 19: Mortality by Age

Age of the diseased	2007	2008	2009	2010	2011	2012
0-14 years	599	432	585	630	565	469
15-34 years	2.050	1.857	1.986	1.739	1.553	1.469
35-49 years	3.944	3.731	3.755	3.589	3.617	3.558
50-64 years	11.152	11.327	11.308	11.450	11.514	11.702
65+ years	92.150	90.562	90.680	91.676	93.850	99.740
Total	109.895	107.909	108.314	109.084	111.099	116.938

Source: Greek Statistics Authority, 2011

At the same time and in the same period, an increase in life expectancy for both female and male population is observed. Since most of deaths in Greece are due to vascular diseases and cancers, the risk factors for these diseases are currently considered the most critical aspects of public health. In this context smoking, poor diet, obesity, environmental pollution and lack of exercise contribute to the incidence of a number of organic disorders such as hypertension and diabetes, which have a negative effect on the level of health and mortality of the Greek population.

Figure 4: Main Causes of Death

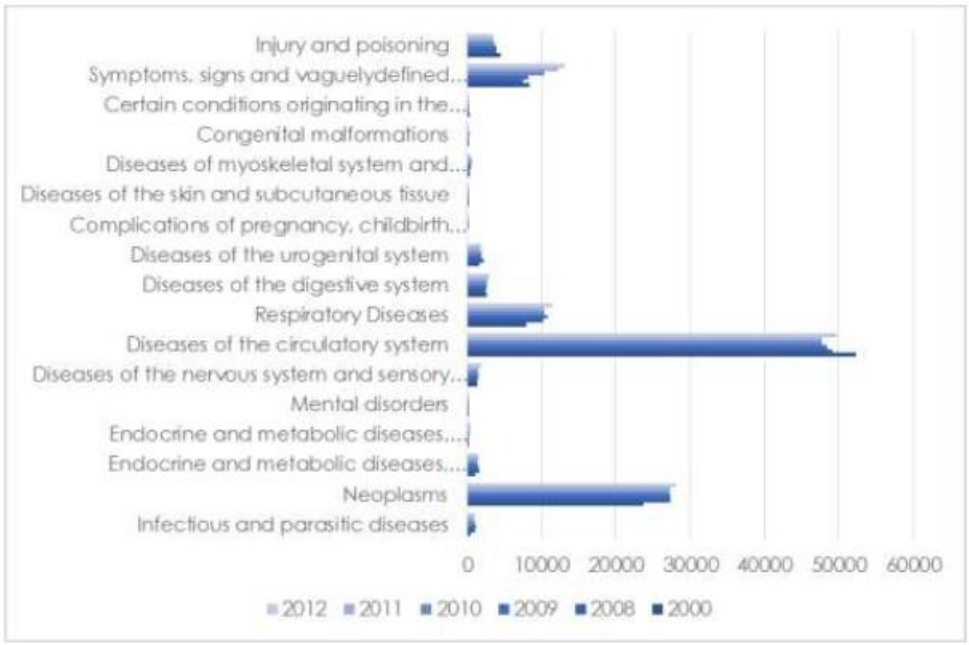
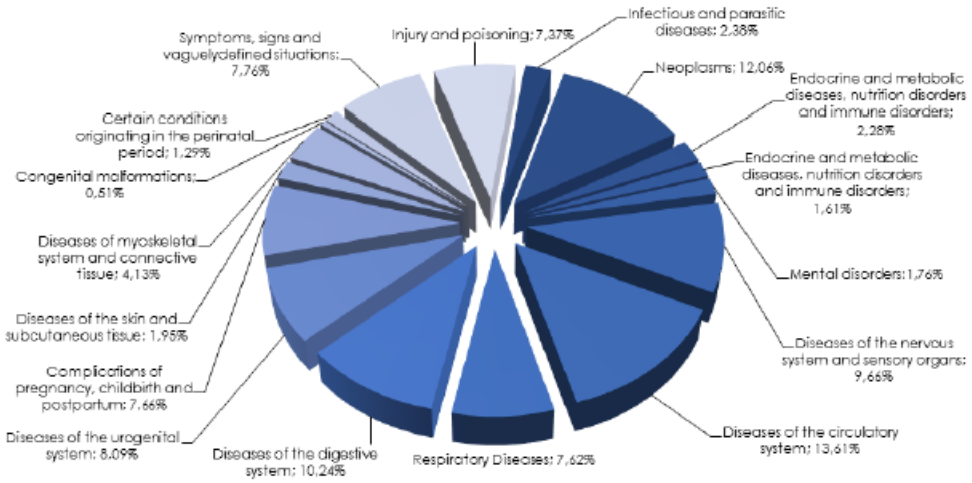


Figure 5: Participation rates of every disease in the diseases assemble of the 4th Health District



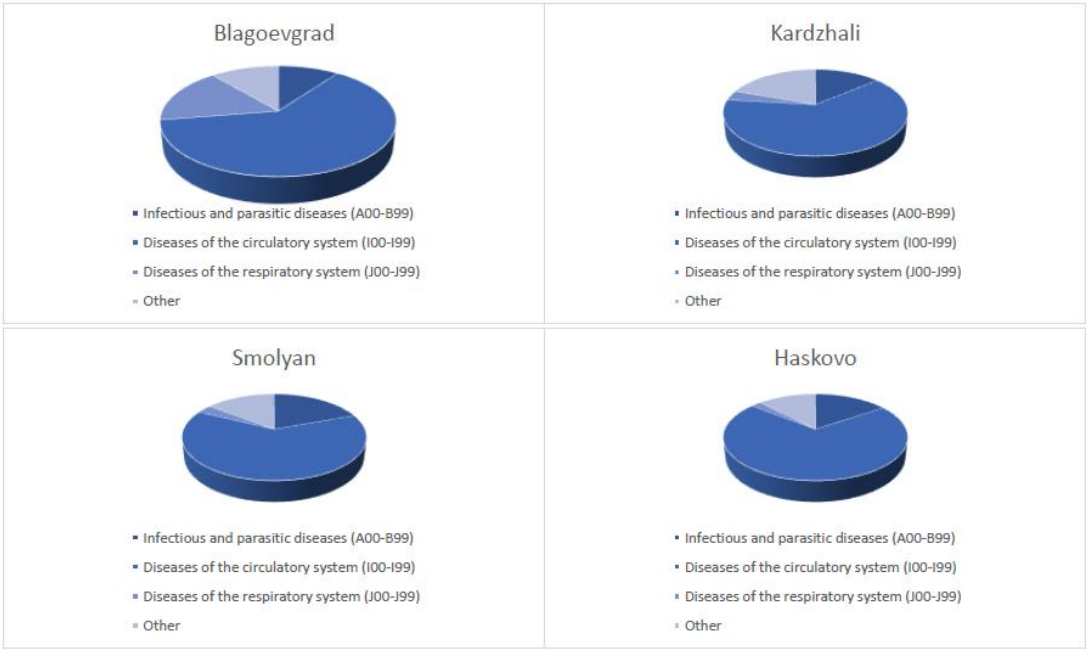
Observing the diagram, appears that the most significant differences between the area of responsibility of the 4th Health District and throughout the Greek territory are observed in injuries and poisonings, in circulatory diseases, diseases of the nervous system and sensory organs. Respectively, significantly lower than the average nationwide, appear respiratory and digestive system diseases and diseases of the skin and connective tissue.

For the Bulgarian Cross Border area the most significant causes of death for the years 2015-2018 include Neoplasms and Heart Disease., as it can be seen in the following table and diagrams.

Table 20: Main causes of death in the Bulgarian CBA

	2017					2018				
ICD, Xth Revision	BG	Blagoevgrad	Kardzhali	Smolyan	Haskovo	BG	Blagoevgrad	Kardzhali	Smolyan	Haskovo
Total	1551.6	2031.4	1765.8	1702.2	1652.3	1544.8	1323.3	1277.0	1569.3	1641.6
Infectious and parasitic diseases (A00-B99)	9.9	6.3	9.9	12.2	4.5	8.5	8.8	3.3	10.3	2.6
Neoplasms (C00-D48)	246.3	299.3	291.2	218.2	271.1	248.6	131.8	175.7	303.7	253.4
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	2.0	2.8	2.1	2.6	1.3	2.1	0.3	-	0.9	1.3
Endocrine, nutritional and metabolic diseases (E00-E89)	22.4	35.4	20.2	22.7	20.2	24.3	3.6	5.3	18.8	4.8
Mental and behavioural disorders (F01-F99)	1.1	1.3	3.1	11.3	1.8	1.3	1.6	3.3	1.9	0.4
Diseases of the nervous system and the sense organs (G00-H95)	12.5	16.3	13.7	26.2	12.1	13.4	25.1	5.3	15.0	34.8
Diseases of the circulatory system (I00-I99)	1017.5	1376.1	1149.7	1140.0	1047.2	1004.2	826.1	806.0	987.3	1153.6
Diseases of the respiratory system (J00-J99)	64.5	76.2	64.5	94.3	66.1	69.3	217.6	46.1	48.9	34.8
Diseases of the digestive system (K00-K92)	54.8	57.6	67.1	63.7	74.6	56.2	23.2	36.8	82.7	43.1
Diseases of the skin and subcutaneous tissue (L00-L99)	0.8	0.7	2.2	0.9	4.9	0.7	-	0.7	-	0.4
Diseases of the musculoskeletal system/connective tissue (M00-M99)	0.5	0.5	0.6	-	-	0.5	-	-	3.8	0.4
Diseases of the genitourinary system (N00-N99)	21.9	27.4	29.7	21.0	30.6	21.9	13.7	19.1	24.4	12.2
Complications of pregnancy, childbirth and puerperium (O00-O99)	0.1	0.1	-	-	-	0.1	-	0.7	-	-
Certain conditions originating in the perinatal period (P00-P96)	2.9	2.9	3.1	0.9	3.6	2.5	1.6	1.3	0.9	3.5
Congenital malformations and chromosomal abnormalities (Q00-Q99)	1.5	2.6	1.5	1.7	2.2	1.4	1.6	-	0.9	1.7
Symptoms, signs, ill-defined causes (R00-R99)	54.9	69.5	63.6	55.0	71.9	53.9	47.0	140.1	35.7	57.0
External causes of morbidity and mortality (V01-Y98)	38.1	56.5	43.4	31.4	40.0	36.2	21.2	33.6	33.9	37.4

Figure 6: Main causes of death per district in the Bulgarian CBA



At this point, it is worth mentioning the main factors responsible for the poor quality of life and who - according to the European Commission - lead in many cases to instances of the abovementioned categories:

Table 21: Factors responsible for the poor quality of life

Disease	Factors of influence
Accidents	Driving under the influence of alcohol, non-compliance with security measures, defective products, poor services, environmental Problems
Cancer	Smoking, alcohol consumption, nutrition, genetic / hereditary factors, exposure to radiation, carcinogens
Cardiovascular diseases	Smoking, alcohol consumption, nutrition, genetic / hereditary factors, Anxiety / Stress, lack of exercise
Communicable / Infectious diseases	Poor hygiene, polluted / unclean drinking water, non-compliance with measures of sexual behaviour, use of drugs and formulations, nutrition, transfusion of infected blood
Use of drugs and formulations	Socio-economic problems, Psychosomatic disorders, Anxiety / Stress
Musculoskeletal	Low quality of work environment, physical stress, nutrition, lack of exercise.
Respiratory	Environmental problems, Smoking, Genetic / hereditary factors
Mental/Psychological Illnesses and Suicide	Socio-economic problems, genetic factors, Anxiety / Stress

Source: European Commission

Regarding the above factors and according to the European Commission's data it should be noted that both Greece and Bulgaria are very high in the percentage of smokers with 27 and 28% respectively, which is much higher than the EU average. On the contrary both countries have lower than average percentages of binge drinking. Nevertheless, regarding alcohol consumption, Greece holds the third place in the EU with an average per capita consumption of 11.1 litres. (average of EU 9.4). Concerning obesity Bulgaria has less obesity that the EU average and Greece more. Factors mentioned above disclose a significant part of the acquired factors affecting the health of the citizens of a country and is therefore an important predictor tool of future morbidity. It has been clinically proven that "bad habits" such as smoking, alcohol consumption and obesity are major causes of cancer, cardiovascular diseases.

4.2 Overall assessment of the current situation on health sector of the intervention area - SWOT analysis

An integrated planning for health on a cross-border level requires basic strategy configuration steps, which should result from a set of goals that will determine, in the medium term, the successful implementation of the policy based on the priorities selected.

This process is methodologically supported by using the SWOT Analysis (Strengths - Weaknesses - Opportunities - Threats). SWOT analysis is a technique that lists and correlates Strengths with areas for improvement, at internal level, and Opportunities with Threats formed under the external activity environment.

Table 22: SWOT analysis

Strong Points	Improvement areas
▪ Coverage of a large number of patients and especially groups with high need for health services (ex. Aged population) ▪ Adequate area of service structures ▪ Incorporating modern technologies - availability of integrated data recording systems in most cases ▪ Monitoring systems in place ▪ Transnational agreements - cooperation. ▪ Stability Pact for South-eastern Europe - Transnational Cooperation Sector: Mental Health for South Eastern Europe. ▪ Health centre/hospital accessibility	▪ Improve overall productivity and efficiency of Health Units. ▪ Homogeneity and assurance of service quality. ▪ Implementation of the family physician model. ▪ Establishment of an integrated system of quality assurance and security of services. ▪ Enrichment of the specialized training programs of medical personnel. ▪ Enhancement of the participation of health professionals in training and education. ▪ Training in service quality issues and use of informatics and management systems ▪ Infrastructure improvement

Opportunities	Threats
▪ Existence of current European roads and opening new ones in the cross-border region. ▪ Available EU co financing ▪ Broadening possible cooperation with neighbouring countries in the Balkans. ▪ Financing Education Actions by Co financed Projects ▪ Utilization of highly qualified and experienced staff ▪ Increased requirements of the population for services and information ▪ Rapid development of technology, therapeutic techniques and equipment ▪ Developments of information technology systems ▪ New medicines and therapeutic techniques	▪ National policy of reducing healthcare and medical expenditure. ▪ Reduced capital investment in equipment and infrastructure. ▪ Reduced private expenditure on health care. ▪ Significant deficits in major National Insurance funds and hospitals ▪ Large immigration wave of qualified personnel due to the crisis. ▪ Lack of cooperation and coordination with relevant ministries. ▪ Continuous changes in the legislative framework. ▪ Lack of evaluation of policies, programs, institutions and individuals throughout the country's health system. ▪ Demographic rearrangements - aging population. ▪ Social transformations and emergence of new user groups. ▪ Displaying dangers with no borders (COVID-19, SARS, Bird Flu, and H1N1). ▪ Emerging infectious diseases worldwide. ▪ Degradation of the environment affecting the health of the population. ▪ Significant percentage of uninsured population in both countries. ▪ Delays in recruitment process and implementation of investment programs.
	▪ Operation of modern competitive private health units.

5 Outlines for potential follow up of the project

Based on the Evaluation and Impact Assessment Plan developed by the Lead partner of the project – the 4th Health District of Macedonia Thrace, the outlines consist of the following:

- Suggestions for utilization of the acquired know-how and experience from the partners
- Evaluation of interventions and actions proposals that can be implemented by both project partners in order to strengthen their position and optimize the services provided

5.1 Suggestions for utilization of the acquired know-how and experience from the partners

After the implementation of one successful project SMILE partners have acquired important experience in project management and the use of EU and national funding for improving their capacity to provide health services for the local population, in the cross-border area. Moreover, the proximity of the partnering hospitals and medical centres and their good road connectivity are factors that can enhance their cooperation in the future, in order to increase the sustainability of the project. Moreover, the common problems and the similarities both areas face (poverty, social exclusion, aged population etc) make the cooperation in the future necessary. Here are some examples of the future joint activities:

- Training of Nursing and Paramedic staff
- Disease surveillance (infectious disease and chronic disease) in the cross-border area.
- Planning and training for mass casualties' accidents response in the area of their responsibility
- Planning and training for serious health threats (pandemics, technological accidents and natural disasters)
- Hospital preparedness and share of medical intelligence and information
- Improvement of Primary Health services in order to limit recourse to specialized hospital services.
- Performance of Specialised Awareness Campaigns to the general public about major health hazards in cross-border region. Planning and Implementation measures against harmful habits (smoking, alcohol, etc.)
- Implementing targeted identification of hazards and promoting health protection policies in the fields of education, employment etc. as well as through the action coordination of the social policy institutions operating in these fields
- Development of screening programs for major diseases with high burden in the cross-border area like cardiovascular disease and malignant neoplasms.

5.2 Evaluation of interventions and actions proposals that can be implemented by both project partners in order to strengthen their position and optimize the services provided

A modern health system at both national, regional and local health administration, under the European objectives embodied in the National Strategic Plan for Health, should be governed by the following principles:

- Ensure the economic viability
- Be measurably efficient and effective by providing upgraded health services
- Use and promote using e-health services, utilising technology for better access to health services.
- Have a competent, experienced and well-trained staff at all levels and specialties
- Be extrovert and friendly to the environment
- Contribute to increasing the active population of the area of responsibility
- Enhance the protection of citizens against hazardous factors for public health
- Promote the mental health of the citizens of the liability region
- Conduct investigations of risk factors and treatment of diseases and benefit from the results
- Utilise social and health infrastructures to ease the inequalities among the population
- Prioritise the protection of health and not just the management of the disease
- Be effective and combine the quality of the provided services with the efficiency of the system.
- Be flexible with customisation and continuous upgrading without being hampered by cumbersome bureaucratic procedures.
- Be complete - including all levels - and utilise the entire health care staff to the benefit of citizens.
- Ensure workers in the healthcare sector, decent and safe working conditions and adequate remuneration.
- Act rationally, with responsible economic management and not overspending.

Pillar 1: Sustainability of the Health System in the region. The viability of the health system on a regional and local level involves improving the relation cost-outcome that characterises the current system. This can be achieved by the rearrangement of the health service model, both nationally and regionally/locally. Moreover, the completion of the quality of health services provided to citizens should be ensured by investing in the field of health in the form of co-financed projects, or other forms, which are characterized by innovation and smart specialization, simultaneously with the rational operation and management of the services. Administration and the continuous measurement of

effectiveness and efficiency (cost compared to the result). Regional and local inequalities should also be balanced, taking into account the special morphology of the area, the particular demographic characteristics of the population and socio-economic developments in the region as well as in the country.

- Strategic Objective 1.1: Ensuring financial sustainability of the health system
- Strategic Objective 1.2: Improving the effectiveness and efficiency of the health system and
- upgrading the quality of provided services
- Strategic Objective 1.3: Digital modernization of the Health System, Promotion of informatics
- and e-health services
- Strategic Objective 1.4: Upgrading human resources in the Health Sector
- Strategic Objective 1.5: Improving the environmental performance of the health sector
- Strategic Objective 1.6: Improving openness of the Health System

Pillar 2: Health as an investment in human capital. Investment in health is considered, even with narrow economic terms, as a productive expense that promotes economic growth, mainly through the positive effect on labour productivity, staff attraction in the region and life expectancy. The improvement in environment and work hygiene as well as the investment in prompt prevention assist people in keeping healthy for a longer period, limiting future treatment costs from diseases and contribute to reducing the cost of system maintenance and development. Metrics of the Organisation for Economic Cooperation and Development indicate that an additional year of life expectancy of the population can lead to increased Gross National Product by about 4%. ["Investing in Health"].

- Strategic Objective 2.1. Enhancing Employability and increasing the active population
- Strategic Objective 2.2: Improving the defence of citizens against hazardous factors for public health
- Strategic Objective 2.3: Promoting Mental Health
- Strategic Objective 2.4: Utilization of health system research products to address risk factors and diseases treatment

Pillar 3: Reduce inequalities in health. Nowadays, the population groups with lower income and education level, as well as many of those identified as "vulnerable groups" have lower life expectancy and health level, mainly due to the more difficult conditions of life and serious obstacles in accessing the health services. This phenomenon is more intense in the Bulgarian side of the border region where inequalities are more, and the health system is

not as modernised and broad as it should. Large disparities in health (apart from the obvious moral problem raised) constitute a huge reason for the decrease of Gross National Product.

- Strategic Objective 3.1: Investments in health facilities and other social infrastructure which contribute to reducing regional disparities in the health sector
- Strategic Objective 3.2: Utilization of innovative technologies to ensure access to health services
- Strategic Objective 3.3: Developing new ways of providing services (service delivery model)
- Strategic Objective 3.4: Addressing the impact of socio-economic crisis on the health of vulnerable social groups