



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



D.6.1.2.C

3<sup>rd</sup> Evaluation and Impact Assessment Report

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Contract ID

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# Deliverable ID

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Deliverable:	3 <sup>rd</sup> Evaluation and Impact Assessment Report				
Version:	V.1.0				
Description:	The 3 <sup>rd</sup> Evaluation and Impact Assessment Report focuses on the efficiency and effectiveness of the project implementation, as well as the management structure of the project. The reference period for the assessment is from 01/10/2018 till 31/03/2018.				
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# Target Audience

Leader	Description/Purpose	Audience
LB	The 3 <sup>rd</sup> 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

Harmanli]

#### DISCLAIMER

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# 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

#### SMiLe: "Strengthening primary Medical care in IsoLated and deprived cross-border arEas"

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 Introduction

The scope of the current deliverable is to assess the extent to which the SMiLe project 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.

The deliverable is organized in the following chapters.

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

The 3<sup>rd</sup> 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.

#### 11 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 the 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 (3)
- Project Management Plan
- Project Communication Plan
- 1<sup>st</sup> and 2<sup>nd</sup> 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 (Strengthening 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

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
WP 1	Project Management & Coordination	12/10/2017	11/10/2019	86,896.62 €
WP 2	Communication & Dissemination	12/10/2017	11/10/2019	60,210.00 €
WP 3	Upgrading of isolated PHC and Hospital units	01/12/2017	01/04/2019	877,324.00 €
WP 4	Studies to improve PHC services in the CB area	01/12/2017	01/09/2019	69,001.20 €
WP 5	PHC practitioners' capacity building	01/12/2017	01/09/2019	196,155.00 €
WP 6	Citizens' oriented PHC Governance Plan	01/05/2018	01/09/2019	38,074.80 €

#### 3 Evaluation of Effectiveness

The current section includes the:

Analysis of the implementation progress level



• Evaluation of the implementation progress of the project 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 1<sup>st</sup> Evaluation and Impact Assessment Report.

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. It should be noted that to assess the implementation of the project and in agreement with the monitoring system on a programme level, and in particular, with the performance framework rationale, when no data are available the implementation level is assessed based on other procedural indications. Therefore, the projections of achievement are assessed based on the level of completion of the procurement processes and/or based on the reported level of completion from the partners in the survey for each action of the deliverable.

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 will achieve its goals.

**Table 3: Internal Output Indicators Performance** 

Deliverable	Indicator	Target (Completion of the Project)	Completion level %	Projection	Comments
Deliverable 3.1.1					Budget Contracted
Deliverable 3.3.1	New Medical equipment in 9 PHC Unit	9	1	100	Budget Contracted and Partly Verified
Deliverable 3.4.1					Procurement process initiated
Deliverable 6.1.3	IT platform for PHC assessment by the citizens	1	1	100	Budget Contracted but not verified
Deliverable 6.1.1	Daily Stakeholders Engagement Events	2	2	100	Budget Contracted but not verified



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Deliverable 6.1.1	Developing and Operating Stakeholder Network for PHC	1	0	100	Contracted, Planned for the closing period of the project
Deliverable 4.2.1	Studies on PHC	1	55	100	In progress
Deliverable 5.2.2	Development of a training centre	1	19	100	Procurement process initiated
Deliverable 5.2.3	Training of PHC professionals	4	0	100	Budget Contracted, Training for Bulgaria Planned
Deliverable 2.2.3	Scientific Symposium	1	0	100	Scheduled later in the project
Deliverable 3.5.1	Procurement of ICT Equipment for Emergencies	1	0	100	Budget Contracted
Deliverable 6.5.1	Trainings for Emergency aid	6	6	100	Completed

In particular, the indicators' progress is analysed as follows:

- New Medical equipment in 9 PHC Units: The budget is contracted and part of the new medical equipment is procured but not yet installed in the PHC Units. The progress is expected to reach 100%.
- IT platform for PHC assessment by the citizens: The IT platform has been developed, though no expenses have been made or verified in the last official reporting period.
- Daily Stakeholders Engagement Events: The daily stakeholder events have been completed, though no expenses have been made or verified in the last official reporting period.
- Developing and Operating Stakeholder Network for PHC: The Stakeholder Network
  is in place, but the deliverable will be considered finalise in the closing period of the
  project.
- Studies on PHC: The current study is being conducted by the AUTh partner and is reported to have achieved a 55% level of completion.
- Development of a training centre: Part of the project has been contracted and the level of completion is estimated to 19%.
- Training of PHC professionals: The budget has been contracted. The training is planned for the Bulgarian case, while the training for the Greek case will take place later.
- Scientific Symposium: The symposium is scheduled to be implemented later in the projects. The experience of the AUTh is such events ensures that the target will be achieved.
- Procurement of ICT Equipment for Emergencies: The budget has been contracted, though no expenses have been made or verified in the last official reporting period.
- Training for Emergency aid: All six pieces of training have been implemented with approximately 160 members of the public being trained.

#### 3.1.2 Communication indicators

The current section summarizes the performance of the Communication Indicators. Similarly to the output indicators above, projections have been made based on the internal processes of the project, the partners'surveys, and the expert opinion of the project managers of each partner.



**Table 4: Communication Output Indicators Performance** 

Index	Target value	Achieveved Value	Completion level	Projection	Comments
Information Kit	600	600	100	100	
Project Posters	10	10	100	100	
Newspapers articles of which	14	0	-	100	Scheduled for a later period
in Greece	6	0	-	100	
in Bulgaria	8	0	-	100	
Press Releases	12	>12	100	100	
Project Events of which	5	0	-	100	Scheduled for a later period
in Greece	3	2	66	100	
in Bulgaria	2	0	-	100	Already Planned
Project Trainings	6	6	100	100	
Conferences of which	2	0	-	100	Scheduled for a later period
in Greece	1	0	-	100	
in Bulgaria	1	0	-	100	
Scientific Conference (In Greece)	1	0	-	100	Scheduled for a later period
Press Conferences (in Bulgaria)	2	1	50	100	
Participants in Events	400	323	80.75	100	
Website development	1	1	100	100	
Unique visitors in website	1000	693	69.3	100	Web analytics operational from 30/10/2018
Accounts in Social Media	3	1	33	100	
Followers in Facebook	100	0	-	100	Campaign Scheduled for a later date
Followers in Twitter	100	0	-	100	Scheduled for a later period
Views in YouTube	300	0	-	100	Scheduled for a later period

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. Since the communication indicators are based on actions that do not entail prolonged procurement and tendering procedures the completion level is higher than that of the output indicators.

In particular, the indicators' progress is analysed as follows:

- Information Kit: The project information kits have been developed and are being distributed by the project partners in the respective events
- Project Posters: The Project partners have been developed and produced and are utilized in communication actions of the project



- Press Releases: A number of press releases have been already issued by partners achieving more than 100% completion level of the target. The project press releases are expected to be higher than the target.
- Project Events: 2 project events took place in Greece in Nevrokopi and in Didymoteicho. Another project event will take place in lasmos,
- Project Training in Emergency Aid: The training planed within the framework of the project have been implemented in full and the current indicator has been achieved.
- Conferences: The current events are scheduled for a later period of the project. The experience of the partners in such events ensures that the target will be reached.
- Press Conferences: Already one press conference has taken place, i.e. 50% of the target is reached. The second press conference is scheduled for a later date in the project.
- Participants in Events: The pieces of training that were held within the framework of the programme already amounted to 80.75% completion level. Since the conferences and the scientific conferences that are expected to attract greater attendance are ye,t to be implemented, the target is expected to be achieved in full.
- Website development: The website has been developed and online.
- Unique visitors in website: The web analytics have been activated in 30/10/2018. Between 30/10/2018 and 31/03/2019 693 unique visitors have visited the website.
- Accounts in Social Media: One of the three Social Media accounts have been already developed, while the other two are expected to be developed and linked to the webpage in the next three months.
- Followers in Facebook: Currently there are no followers in the Facebook page of the Smile project, nevertheless a social media campaign is to be launched at a later date.
- Followers on Twitter: As the above
- Views on YouTube: As the above

### 3.2 Programme Indicators

The current section is focusing on the Programme Output indicators. These 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)	Completion level	Projection
Number of health care institutions reorganized, modernized or reequipped	9,00	0	100
Number of health ICT systems developed	1,00	100	100
Population covered by improved health services	237487,00	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. A more detailed analysis concerning the



indicator "Population covered by improved health services" is going to take place at a later stage in the project as part of the impact assessment 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, from the partners' survey, were utilized in order to assess the overall performance of the financial indicators.

Table 6 is summarizing the level of financial indicators progress. It should be noted that based on the procedure for payments the process for spending reporting is in most cases lagging behind the actual implementation of the process. Therefore, a low spending ratio is not per se an alarming finding. Towards, this end the current analysis is also taking into consideration the contracted budget as a measurement for the estimation of the financial performance.

Moreover, the percentage of the amount contracted to the total budget is not a sufficient indicator for 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 prudent financial management.

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

- So the LP, PB3 and PB6 have advanced significantly in budget contracted.
- The budget contracted includes in the above-mentioned cases medical equipment that needs a difficult procurement process.
- The Multi-profile Hospital for Active Treatment of Ardino and the National Emergency Aid Center have been more successful, with the 4<sup>th</sup> Health District of Macedonia Thrace and AUTh following.
- An issue might be that the Multi-profile Hospital for Active Treatment of Ardino has not yet been able to contract any budget for any of the WP.
- & Attention should be given for the procurement PB4.

Taking into account the above and the partners' survey the financial indicators 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** 

	4th Health District of Macedonia Thrace			Aristotle University of Thessaloniki			Multi-profile Hospital for Active Treatment of Ardino				Municipality of Harmanli				National Emergency Aid Center					
	Budgeted	Contracted	Spent	Verified of Contracted	Budgeted	Contracted	Spent	Verified of Contracted	Budgeted	Contracted	Spent	Verified of Contracted	Budgeted	Contracted	Spent	Verified of Contracted	Budgeted	Contracted	Spent	Verified of Contracted
WP1	28,789.40	61.83	5.84	-	21,194.80	49.7	22.8	43.3	12,557.74	63.71	31.81	_	19,502.28	74.86	-		4,852.40	30.91	_	-
WP2	37,800.00	76.98	21.96	-	7,650.00	6.5	-	-	8,630.00	100.00	20.05	-	5,830.00	-	-	-	300.00	-	-	-
WP3	312,630.00	76.60	6.04	_	0.00	NA	NA		287,700.00	92.67	45.51	-	242,100.00	-	-	-	34,894.00	85.96	-	-
WP4	0.00	NA	NA		59,501.20	87.6	49.7	51.1	5,000.00	100.00	-	-	4,500.00	-	-	-	0.00	NA	NA	NA
WP5	3,025.00	-	-	-	180,090.00	36.7	18.4	10.9	7,222.40	90.00	-	-	6,000.00	-	-	-	0.00	NA	NA	NA
WP6	14,000.00	57.86	_	-	5,000.00	48.0	45.7	29.5	6,229.60	88.29	-	-	4,729.60	-	-	-	8,115.60	84.90	_	-
Total	396,244.40	74.32	7.29	_	273,436.00	48.2	25.5	29.7	327,157.34	91.77	41.77	-	282,661.88	5.16	-	-	48,162.00	79.70	-	-



## 4 Evaluation of Efficiency

The assessment of the implementation progress of the project in terms of efficiency is based on juxtaposing the planned implementation with the actual implementation of the programme. In particular, the assessment takes into account the planned unit costs and the actual unit costs whereas this refers to the project, action, or indicator level.

Therefore, the efficiency analysis is meaningful for those WP for which there are available data in terms of implementation, such as payments and output and result indicator data.

Ideally, the efficiency analysis would take into account the level of output and result indicator achievement level in addition with the financial indicators data and benchmark this data with data of previous interventions of the same project or similar intervention of other projects. Nevertheless, taking into account the limited amount of available data about the implementation so far such an analysis will not be meaningful.

All the same, an estimation based on the available data and the projection concerning the Completion level of the indicators, suggests that the project is going to be efficient with the implementation ratio (implementation actual/implementation planned) being higher than the expenses ration (expenses actual/expenses planned).



## 5 Management Structure Evaluation

## 5.1 Internal Communication and support

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

- Responsiveness (How fast the partner responded to your query)
- Clarity of Communication (How clear was the response you received)
- Availability (How available was the partner to respond to your queries)

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

#### 5.2 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

- Difficulties related to the process of receiving the project pre-financing (PDE)
- Delays on payments, resulting in possible deviations compared to the initial planning
- Additional capacity is needed for some of the partners' departments to address the challenges of the project
- Possible delays in the completion of the creation of the training centre (PB2), that impacts directly the implementation of the training scheme

To address the above issues the LB and the partners 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.
- The LB is supporting to the extent possible partners that need support.
- PB2 works closely with the technical services of AUTh as well as the AUTh research committee in order to accelerate the processes that will lead to the procurement of the renovation of the old auditorium and the creation of the training centre.
   Therefore, delays are expected to be minimized.

