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ΥΠΑΙΘΡΟΥ ΘΕΣΣΑΛΟΝΙΚΗΣ 'ΝΕΦΕΛΗ'

Interreg
Greece-Bulgaria
EQUAL2HEALTH
European Regional Development Fund

EUROPEAN UNION

REDUCING ACCESS INEQUALITIES IN PRIMARY HEALTHCARE FOR SOCIALLY SIGNIFICANT DISEASES AT CB AREA'S DEPRIVED COMMUNITIES – equal2health

Deliverable 5.3.1: Impact Assessment of equal2health project

Contractor:

Agnes Douda, Engineer, MBA,

Regional Development & Management Consultant

The project is co-funded by the European Regional Development Fund and national funds of the countries participating in the Cooperation Programme INTERREG VA "Greece-Bulgaria 2014-2020"

Content

The Project is co –funded by the European Regional Development Fund (ERDF) and national funds of the countries participating in the Cooperation Programme INTERREG V-A «Greece-Bulgaria 2014-2020»

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Introduction

The present service – deliverable D5.3.1 is prepared in the framework of the project entitled **«Reducing access inequalities in primary healthcare for socially significant diseases at CB Area's deprived communities»** with an acronym **«Equal2Health»,** which was designed and implemented in the framework of the 2nd Call for Proposals of the Interreg V-A Cooperation Programme "Greece - Bulgaria 2014-2020" and specifically, within Priority Axis 4 "A Socially Inclusive Cross-Border Area" and in the Investment Priority 9a "Investing in health and social infrastructure which contribute to national, regional and local development, reducing inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services".

Deliverable D5.3.1 concerns the **"Interim evaluation report of short-term and medium-term results and effects of actions and policies on the selected medical issues and for the selected target population of the project".**

The purpose and the overall goal of the deliverable is the provision of services for the assessment of the short-term and medium-term results and effects of the actions and policies on the selected medical issues and for the selected target population of the project. The experience gained on the results and implications - mainly from the pilot applications - will be useful to planning future relevant interventions.

In the first part of the deliverable there is a short description of the identity of the project, defined through the analysis of the Interreg V-A Cooperation Programme "Greece - Bulgaria 2014-2020, the analysis of the approved proposal and the reconstruction of the logic of the intervention.

In the second part, there is detailed analysis of the qualitative characteristics in terms of efficiency and effectiveness of the project. In order to examine these parameters, there was conducted a research process through a questionnaire, addressed to all project partners, in order to have a detailed picture of the project as a whole from the experience and participation of each partner and on the other hand to ensure a detailed information on the needs, problems that arose and the modifications required.

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1. Project identity

1.1 Interreg V-A Cooperation Program "Greece - Bulgaria 2014 -2020

The Cooperation Programme "Greece-Bulgaria 2014-2020" was approved by the European Commission on 09/09/2015 by Decision C(2015)6283

The Greece-Bulgaria cross-border cooperation area for the programming period 2014-2020 is identical to the ETC programme of the 2007-2013 Programming period.

It extends to 40.202 km^2 and has a total population of 2.7 million inhabitants. It covers four territorial units at NUTS II level (Regions), and 11 territorial units at NUTS III level (Districts). The eligible area extends across the entire Greek-Bulgarian border and is neighbouring with Turkey (east) and Republic of North Macedonia (west), both countries aspiring to access to the EU. It is part of the most south-eastern non-insular

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area of EU, and it has the Mediterranean Sea on the south side. Finally, it sits at the crossroad of strategic gas and fossil fuel pipelines supplying the EU market and TEN transport axes.

The settlement structure of the area is characterized by the presence of 10 medium-large cities (>50.000 inhabitants) which accumulate 38,2% of total population, and 25 small cities (10.000-50.000 inhabitants).

The eligible area of the Program is the Region of Eastern Macedonia-Thrace (Regional Units of Evros, Kavala, Xanthi, Rodopi and Drama) and the Region of Central Macedonia (Peripheral Units of Thessaloniki and Serres) in Greece and the South Central Region (South Central Region) Blagoevgrad, Smolyan, Kardjali and Haskovo regions) in Bulgaria.

Vision of the Programme

"Transforming the cross-border area into a competitive, innovative, sustainable, climate-friendly, better interconnected area without social exclusion."

Objectives

The Program aims at:

- Further improve and strengthen cross-border cooperation.
- Development and promotion of the cultural and natural heritage of the cross-border area.
- Protection of the local population from the risk of natural disasters (eg fires, floods).
- Improve water resources management.
- Improving cross-border connectivity (eg reducing travel time, improving road safety).
- Expansion of social entrepreneurship in the cross-border area, which will have the effect of increasing employment in social enterprises and increasing the provision of social services to vulnerable communities.
- Enhancing tourist traffic in the border area.

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- Creating growth and new jobs, by stimulating business activity and improving the ability of small and medium-sized enterprises to expand their activities beyond local markets.

Labour Market, Poverty and Social Inclusion

While in 2007 unemployment rates for the CB districts were on the average near or below the national rates and below the EU27 average rate, unemployment started to rapidly increase – especially in Greece - soon after the wake of the economic crisis in 2008 reaching record high levels in 2013. The Bulgarian districts succeeded to keep unemployment rates near or lower than the EU27 average. Currently, the high disparities among the CB districts have not dissipated. The latest data exhibit the following high unemployment rates (2013): Xanthi 37,5%, Drama 36,8%, Thessaloniki 32,1%, Serres 22,9%, Kavala 22,8%, Evros 22%, Smolyan 20,3% and Rodopi 16,8%.

In addition, long term unemployment rates have increased sharply - especially for the Greek regions - after 2009, indicating a risk of large structural unemployment which in turn implies the existence of inefficient labour markets and a mismatch between labour market demand and the available skills and locations of the workers seeking employment. According to the ESPON DEMIFER project the CB area shows significantly higher values of long-term unemployed persons compared to the EU28.

Youth unemployment rates display similar trends and are attributed to the lackluster economic growth, the rigid labour market, and the mismatch between potential employee skills and employers' needs in Greece and Bulgaria.

In addition, the CB area exhibits considerably higher than EU28 percentages of population at risk of poverty or social exclusion (3-4 times higher). The main reason for the large divergence is the comparatively higher long term unemployment rates, and the higher share of people living in areas with low work intensity and low income levels.

With respect to the latter, the share of people living in areas with low work intensity has been rising since 2010 in Bulgarian and Greek territories alike.

The large number of people experiencing poverty and social exclusion in the CB area is also attributable to the presence of various vulnerable groups such as minorities, internal migrants, asylum seekers and foreign persons under subsidiary protection. The

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higher risk of poverty and social exclusion among these groups is primarily connected to long-term unemployment and economic inactivity.

The rising incidence of poverty has many social consequences, one of which is the deteriorating public health conditions. Even though the CB area enjoys the availability of basic health care resources (e.g. hospitals and doctors) at levels near, or even better in several cases, than the EU28 average, the average life expectancy is lower than EU28 levels and many epidemiological indicators record higher values. Overall, Greek districts have exhibited higher life expectancy than Bulgarian districts in the past, but since poverty forces more people to resort to hospital care (more than a 20% increase has been documented in Greece after 2010), it appears that Greek districts may be more at risk of deteriorating health care conditions in the near future, thereby lowering overall public health levels in the CB area.

1.2 EU Health Policies

EU countries hold the primary responsibility for organising and delivering health services and medical care. EU health policy therefore serves to complement national policies, and to ensure health protection in all EU policies.

Towards this end, the European Commission's Directorate for Health and Food Safety (DG SANTE) supports the efforts of EU countries to protect and improve the health of their citizens and to ensure the accessibility, effectiveness and resilience of their health systems. This is done through various means, including by:

- Proposing legislation
- Providing financial support
- Coordinating and facilitating the exchange of best practices between EU countries and health experts
- Health promotion activities

Therefore, the EU promotes investments on health considering it as a mean to achieve smart, sustainable and inclusive growth. This takes the form of:

- Promoting effective, accessible and resilient health systems
- Investing in health through disease prevention and health promotion

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- Fostering health coverage as a way of reducing inequalities and tackling social exclusion.

To support these investments, the EU provides several instruments for co-financing and in particular:

- The Health Programme that provides funding to projects on health promotion, health security and health information.
- The Horizon 2020 research programme that supports projects in areas such as biotechnology and medical technologies.
- EU cohesion policy that supports investments in health in EU countries and regions.
- The European Fund for Strategic Investments, supporting strategic needs.

In general the EU actions in the public health area are mainly linked to incentives and cooperation measures. The European Commission has an important supporting role to play, providing guidance and tools to promote cooperation and help national systems operate more effectively. Actions focus on the following challenges:

- Achieving greater cost-effectiveness.
- Competitiveness together with safety.
- Tackling emerging global threats such as antimicrobial resistance.
- Evidence-based policy making.
- Addressing the risk factors of non-communicable diseases.
- Promoting vaccination.

1.3 Strategic Plan 2016-2020 (DG Health & Food Safety)

DG SANTE is responsible for health and food safety, two sectors which have a direct and significant impact on the economy and daily individual lives. Our ultimate goal is to create and sustain a solid framework “based on scientific facts” and “a high level of protection”1 that supports growth, investment and competitiveness within these sectors and ensures their long term sustainability.

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The consequences of the economic crisis and the austerity measures dictate a different prioritisation of Commission's spending plans to that which has been set out at the beginning of the current financial framework. They require not only an adaptation of policy deliverables at DG level, but also mean that DGs are asked to deliver more and better with less financial and human resources. Such efficiency gains can be achieved, but not without identifying negative priorities. Similarly, as pressure on public spending in Member States continues to grow, their delivery on the common priorities becomes increasingly difficult.

This situation, coupled with the migration and refugee crisis, has brought to light warning signals of a diminishing sense of solidarity among Member States put into question the very essence of the European project. In such a context, the essential role of the Commission and every one of its DGs is to show very clearly that there is added value for the Member States and their citizens in joint EU action. In contribution to this, DG SANTE will focus its efforts on the range of issues outlined below, in order to successfully tackle the key challenges of better cost effectiveness and efficiency, of delivering both safety to citizens and competitiveness to the economy, and of tackling global threats, all of this based on sound evidence, and taking place in a sensitive environment with numerous sector interests.

The mission of DG Health and Food Safety (DG SANTE) is to:

- Improve and protect human health, and support the modernisation of Europe's health systems;
- Ensure that all food, feed and medicinal products marketed in the EU are safe and that EU standards are promoted globally;
- Protect animal health and welfare and plant health;
- Contribute to a well-functioning and fair internal market in food, feed, agricultural and medical products.

Europe's health and food sectors make an important contribution to the EU economy and have great potential for growth, investment and innovation despite being – by necessity – highly regulated. DG SANTE's overarching objective is to ensure the most appropriate framework exists to encourage citizens to actively engage in the internal market and growth and productivity to thrive.

DG SANTE's strategy for 2016-2020 is built around three priorities:

1. A new boost for jobs, growth and investment in the EU

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2. A deeper and fairer internal market with a strengthened industrial base

3. A balanced and progressive trade policy to harness globalization

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2. Equal2health project

The general objective of the **Equal2Health** project is to reduce health inequalities in the cross-border area and to contribute to diverting a significant volume of health care services from hospitals to primary care facilities and indirectly manage to provide better health coverage to remote and/or socially excluded communities by:

- protecting (medical exams) citizens (especially socially vulnerable groups) from socially sensitive diseases,
- promoting health prevention and "health literacy" on deprived communities for better understanding and benefiting from primary health care services, and
- fostering supportive environments for healthy lifestyles.

The cross-border area of the Program includes some of the most degraded and isolated communities (mountainous and rural) of both countries with high health inequalities in the CB area shaped by inequalities in the availability, access and quality of services, from the financial burden on the people of the region, even because of linguistic, cultural and racial barriers.

As mentioned above, the overall goal of the project is to reduce health inequalities in the region and for covering this basic goal the project focuses on the following categories of socially important diseases according to the World Health Organization (project-target diseases):

a) Major non-communicable diseases (Non - Communicable Diseases NCD) mainly cardiovascular diseases (including cholesterol), chronic respiratory diseases and diabetes, which affect - occur in 40% of the population,

b) Psychiatric (mental illnesses: Positive mental health is a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community. Unfortunately, statistics present that worldwide the mental disorders affect one in four people.

Both of the above categories of diseases are associated with deprivation, poverty, inequality and other social and economic health factors, according to the World Health Organization (WHO).

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Equal2Health project is focusing on offering solutions to the above problems with the establishment of the joint "Observatory Equal2Health for socially significant diseases" in the cross-border area population with specific interest on deprived (areas at-risk of poverty), isolated (mountainous, rural areas with limited access to primary health care units) and marginalized (e.g., ex-drug addicts, Roma, etc.) communities.

The services provided by the "Observatory" are the following:

- Medical exams (primary health services) on vulnerable populations for specific diseases (in the Observatory and on-the-spot in deprived/ isolated areas with a Mobile Unit).
- Awareness and Information campaigns on deprived communities for preventive medical examination of the socially significant diseases and "prevention through a healthy lifestyle".
- Establishment of an "Open Network" between various stakeholders such as Medical Staff, Local & Regional Authorities, Hospitals, and Primary Health Care Units, Regional & National Health Authorities, Civil Society, etc. for exchanging:
    - Know-how on the specific diseases (e.g., presentations-trainings from Psychiatric & Cardiology Partners): causes, treatments, prevention, etc.
    - Proposal-ideas between the stakeholders to reduce the barriers of equal access to the primary health care system for specific deprived and isolated communities

Main Objectives of the "equal2health" project

Barriers to accessing health care are often worse for disadvantaged groups / individuals in vulnerable situations, who are usually at a disadvantage in terms of diet, housing, living and working conditions, and higher levels of health-destructive behaviors.The impact of the current economic crisis on these factors threatens to increase health disparities between social groups and between regions.

The overall goal of the Project is to reduce health inequalities in the Program area and to contribute to the diversion of a significant volume of health care services from hospitals to primary care facilities and indirectly to better health coverage in remote and / or socially excluded communities through:

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- protection (medical examinations) of citizens (especially socially vulnerable groups) from socially sensitive diseases,
- promoting health prevention and "health education" in disadvantaged communities for better understanding and utilization of primary health care services,
- strengthening supportive environments for healthy living,
- innovate care systems - through policy recommendations and action plan,
- Development of skills of medical staff through research, training, transfer of know-how for the treatment of specific diseases, as well as with patients from various vulnerable groups (acceptable behavioral patterns related to their culture and customs).

Outputs of the project

The main delivered outputs of the "Equal2Health" project are:

- One (1) joint "Observatory Equal2Health for socially significant diseases" in the cross-border area population, located in the premises of Psychiatric Unit of Papanikolaou Hospital in Stavroupoli, Thessaloniki. The Observatory has been equipped with new equipment for the main socially significant diseases: cardiovascular, respiratory, diabetes, psychiatric and neurologic. Besides it is easily accessible and target socially vulnerable groups for medical exams and consultation. In Smolyan, in the premises of the Regional Health Insurance Fund has been also located one "antenna office" mainly for administrative actions (data, indicators, planning, etc.)
- Two (2) Mobile Units (1 in the Observatory in Greece, 1 in the Devin Hospital in Bulgaria) to provide medical exams and prevention awareness campaigns in the whole cross-border area.
- Two (2) Pilot Actions' implementation on deprived & isolated communities (1 in the Roma community of Diavata Thessaloniki, 1 in the mountainous/rural, remote area of Devin Municipality in West Rhodopi mountain). The Hospital of Devin has been also equipped with new relevant medical equipment, while these pilot actions provided valuable results on the health of the specific communities (exams, prevention) and conclusions and recommendations for action plans and policies.

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- Awareness campaign to the main target population and Medical Staff and Authorities.
- Policy recommendation on reducing health inequalities and dealing with the common and socially significant diseases.

Beneficiaries of the Equal2Health project

The consortium of the project consists by the above partners:

Lead Beneficiary: LB (P1) GENERAL HOSPITAL OF THESSALONIKI "G. PAPANIKOLAOU" - PHT ORGANIC UNIT PSYCHIATRIC HOSPITAL OF THESSALONIKI, Greece

Project Beneficiary 2 - (PB2) CARDIOLOGY SOCIETY OF NORTHERN GREECE, Greece

Project Beneficiary 3 - (PB3) Intermunicipal Agency of Western Countryside of Thessaloniki 'Nefeli', Greece

Project Beneficiary 4 - (PB4) Regional Health Insurance Fund of Blagoevgrad, Bulgaria

Project Beneficiary 5 - (PB5) Multispecialty Hospital for Active Treatment Devin JSC, Bulgaria

Project Beneficiary 6 - (PB6) Diagnostic and Consulting Center "Aleksandrovska" Ltd, Bulgaria

The project has been structured on 5 Work Packages (WP):

WP 1. Management and Coordination, including Activity and Financial Reporting and Meetings.

WP 2. Publicity and Dissemination.

WP 3. Establishment of an "Observatory of health inequalities for socially significant diseases" with its headquarters in Greece and its antenna offices in Bulgaria.

WP4. Pilot implementation on deprived & isolated communities.

WP5. Valorisation and Policy Recommendations.

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3. Assessment methodology

An impact evaluation provides information about the impacts produced by an intervention whether this intervention might be a small project, a large programme, a collection of activities, or a policy.

This definition implies that impact evaluation:

- Goes beyond describing or measuring impacts that have occurred to seeking to understand the role of the intervention in producing these (causal attribution);
- Can encompass a broad range of methods for causal attribution; and,
- Includes examining unintended impacts.

The first step in setting up the assessment is to define the purpose for the performance of the project and the purpose for the assessment. With this information, partners who participate in the project are equipped to give accurate and appropriate feedback about the development and the implementation of the project.

After determining these two purposes, PB3 in collaboration with the Contractor determine what is appropriate to assess. Planning and managing issues of the project that should be noticed taking into account what should be assess are:

- Describing what needs to be evaluated and developing the evaluation brief
- Identifying and mobilizing resources
- Deciding who will conduct the evaluation and engaging the evaluator(s)
- Deciding and managing the process for developing the evaluation methodology
- Managing development of the evaluation work plan
- Managing implementation of the work plan including development of reports
- Disseminating the report(s) and supporting use

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3.1 Basic directions

As already mentioned the deliverable is about the assessment of the short-term and medium-term results and impacts of the actions and policies on the selected medical issues, health policies and for the selected target population of the project.

The assessment of the expected impact should answer two distinct questions:

a) If the intervention had any effect and if so, how positive or negative it was. The question is: Does it work? Is there a causal link?

b) Why does the intervention produce intended (voluntary) and unintended (unintentional) results? The aim is to answer the question "why and how does it work"? (the specific intervention)

It is worth noting that both questions are not completely isolated from each other. The answer to every evaluative question of the type "Does it work"? must take the basics of a theory of change (how and why?) in order to determine which changes need to be considered and attributed to a cause.

Similarly, every evaluative question of the type "why does it work?" will assume (perhaps implicitly) an opposite situation (without this intervention).

Logic of the intervention

The evaluation of indicators and effects of the intervention (project) is directly related to the logic of intervention (intervention logic) which will be applied to determine the effects and how they are achieved based on the sequence of actions of the project.

By analyzing the logic of the intervention we define:

- where we are today - the problem being addressed
- what we aim to do in the future - the goal / s to improve the problem
- the "path" that we will follow, ie the inputs, the actions and the outputs to achieve the goal.

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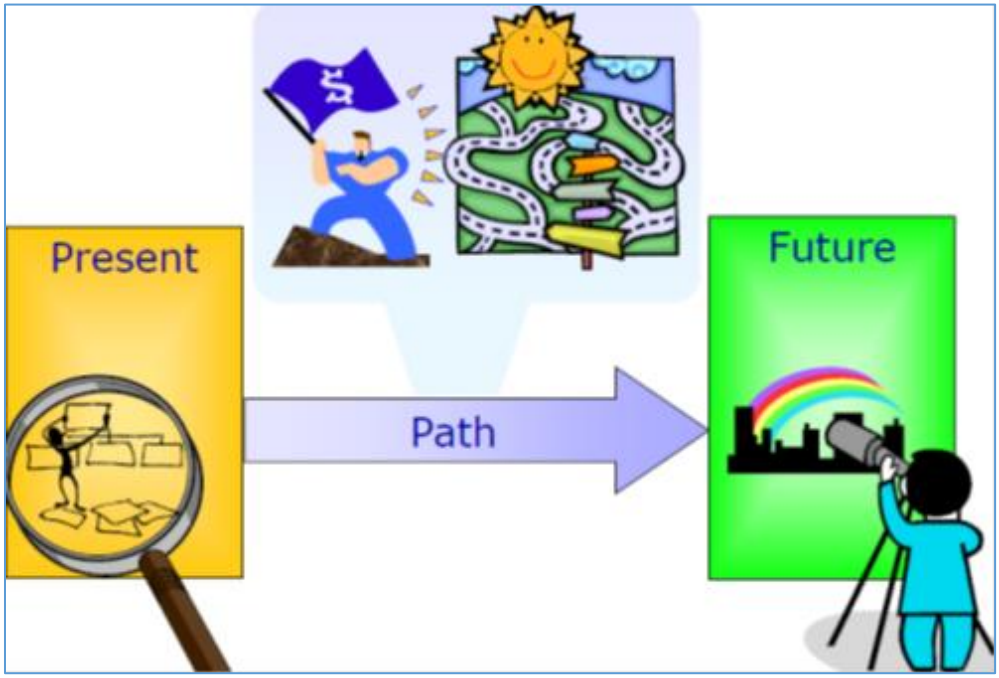
Figure Logic of the intervention "where are we, where are we going and how?"



The logic of the intervention will be drafted which includes the following sub-objects / stages:

A. General objectives of the project (Overall Objectives):

i) The importance of the "equal2health" project for society is examined, from the perspective of the final beneficiary target groups (vulnerable groups & health professionals).

ii) Defines the expected change regarding the main problem (health accessibility) faced by the project, the general and long-term goals (qualitative and quantitative), and the expected impact on society.

B. Expediency of the project (Project Purpose):

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i) Defining the central problem negotiated by the project, the feasibility, the medium-term and the specific objectives of the project.

ii) It is examined why the beneficiaries / target groups need the project; How will each group of beneficiaries use / utilize the outputs - the services and the techniques / methods produced?

C. Expected results:

i) What will be "produced and offered" by the project?

ii) The outputs produced and the corresponding indicators are defined: services and techniques / methods, networking, trained mediators, informed health professionals, etc. PER ACTION

iii) Outputs and results are defined: description and objective (qualitative / quantitative) after the intervention is completed.

The indicators reflect the results of the interventions according to the logic of the intervention and the specific objectives to which they contribute. The change in the indicators attributes the impact of the intervention.

Indicators can measure individuals / "participants", individuals "indirect beneficiaries", institutions / structures / systems / processes, etc. They can be indicators of immediate or long-term results. They can be quantitative and / or qualitative. Indicative:

- Quantitative indicators: Number of participants, frequency of use, percentages, etc.
- Quality indicators: change of attitude, change of behavior, change of perception, acquisition or improvement of skills, quality of life, level of understanding, level of improvement (Improvement).

D. Activities and Means or Inputs (activities, means, inputs)

i) What will the Partners do (actions)? What media, sources and inputs are needed?

ii) Outputs and results produced per action (and / or combination)

Intervention logic) Structure and stages

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The impact assessment theory

The theory of change - impact assessment is applied at the same time.

Its suitability is due to the fact that a large amount of information other than the quantified effect is useful for policy makers to decide which policy to implement and to be accountable to citizens. The questions "why a set of interventions produce effects", "how, for whom and under what conditions", "voluntary and involuntary", are relevant, important and equally difficult to answer, if not more, than the question " the difference;". This approach does not basically produce a quantified impact assessment, but it does produce a narrative.

The theory-based approach is providing a valuable and rare product, which is the understanding of "under what conditions do things work?". The main focus is not a contradiction ("how would things be without…?") But rather a theory of change ("how do things have to work in order to produce the desired change?").

Taking into account all the above parameters there was developed a questionnaire for Impact Assessment, with a set of various questions, divided in three different parts, taking into account planning and managing issues of the project.

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4. Questionnaire survey for impact assessment

The purpose of this on-line questionnaire survey is the evaluation of the project "equal2health", the European Program CP INTERREG V-A Greece-Bulgaria 2014-2020, in addition to collection of data, the detection of needs and views and the recommendations of the partners for the improvement of the project.

The Partners/Organization that cooperate in the project “equal2health” are six (6). However, five (5) of them completed the questionnaire, due to the fact that the Partner 2 “Cardiology Society of Northern Greece” did not take part in it. The participants are the following:

1) General Hospital of Thessaloniki “G. Papanikolaou” - Pht Organic Unit Psychiatric Hospital of Thessaloniki
2) Intermunicipal Agency of Western Countryside of Thessaloniki ‘Nefeli’
3) Regional Health Insurance Fund of Blagoevgrad
4) Multispecialty Hospital for Active Treatment Devin JSC
5) Diagnostic and Consulting Center “Aleksandrovska” Ltd

For better analysis of the answers and in order to be more comprehensible for the representatives of the organizations, the questionnaire is divided into three Sections:

- Section 1: Performance Assessment
- Section 2: Efficiency Assessment
- Section 3: Impact Assessement.

4.1 Performance assessment

The 1st Section of the questionnaire is about the “Performance Assessment” and consists of 3 types questions, which are analyzed below.

Question 1: Please indicate the percentage of your delivered vs expected contribution in WP deliverables until the end of the project:

Graphic 1

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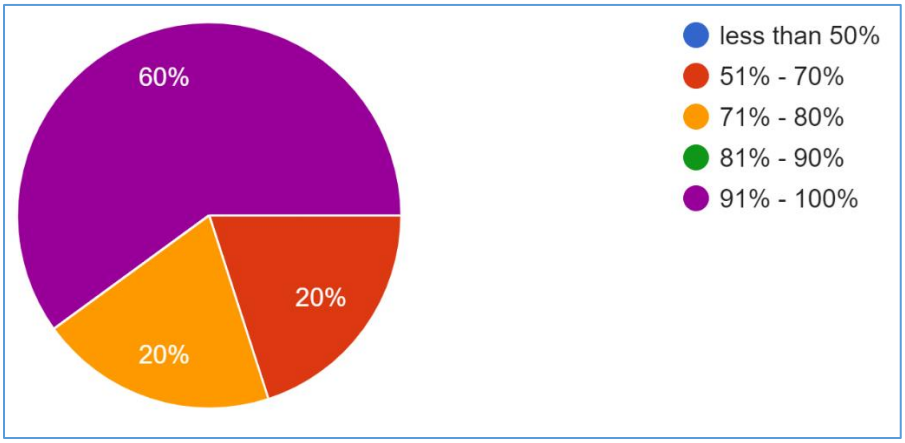

It is obvious from the pie chart above that more than half of the participants (60%) claim that they have contributed in the part of the WP deliverables they were in charge for, more than they have expected by 91% - 100%, which means that their performance to the project is higher than the anticipated. Next, the percentages 71%-80% and 51%-70% are selected by 20% each. The other choices are not selected.

Question 2: Please indicate which goals of the program have been achieved?

The next question deals with the goals that the partners succeeded. 40% of the participants managed to achieve the "Protection (of medical examinations) of citizens (especially of socially vulnerable groups) from socially sensitive diseases" and 40% "Development of skills of medical staff through research, training, transfer of know-how for the treatment of specific diseases, as well as with patients from various vulnerable groups (acceptable patterns of behavior related to their culture)". Lastly, 20% answered that the goal they achieved is the "Promoting health prevention and "health education" in disadvantaged communities for better understanding and utilization of primary health care services".

It should be mentioned here that no one from the partners believe that the project has achieved the "Implementing innovations in care systems - through policy recommendations and action plan" nor the "Strengthening supportive environments for healthy living".

Graphic 2

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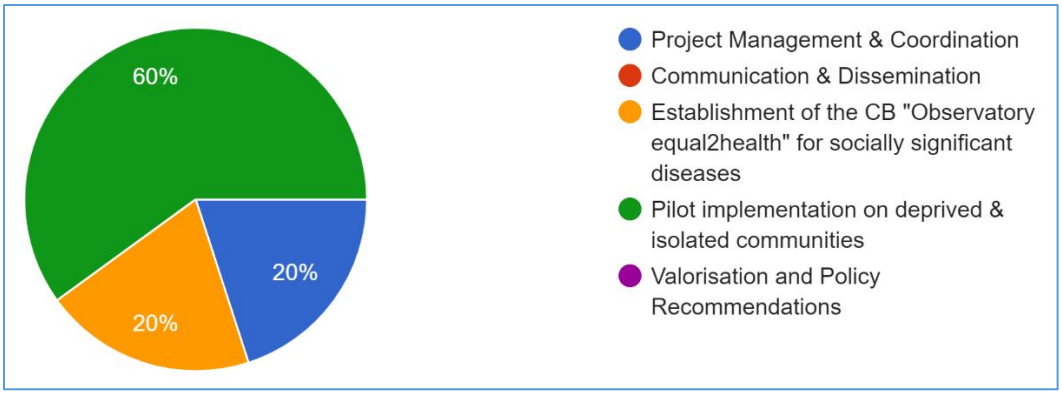
Question 3: What is your contribution to this?

The third question is focused on the contribution of each partner to the success of the achievements above. The majority of them explained that they contributed to the "Pilot implementation on deprived & isolated communities" and the rest (20% each) to the "Establishment of the CB "Observatory equal2health" for socially significant diseases" and the "Project Management & Coordination". None of the representatives selected the answers "Communication & Dissemination" nor "Valorization and Policy Recommendations".

Graphic 3



Afterwards, the Section 2 is about the Efficiency Assessment and it consists of 8 questions:

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4.2 Efficiency Assessment

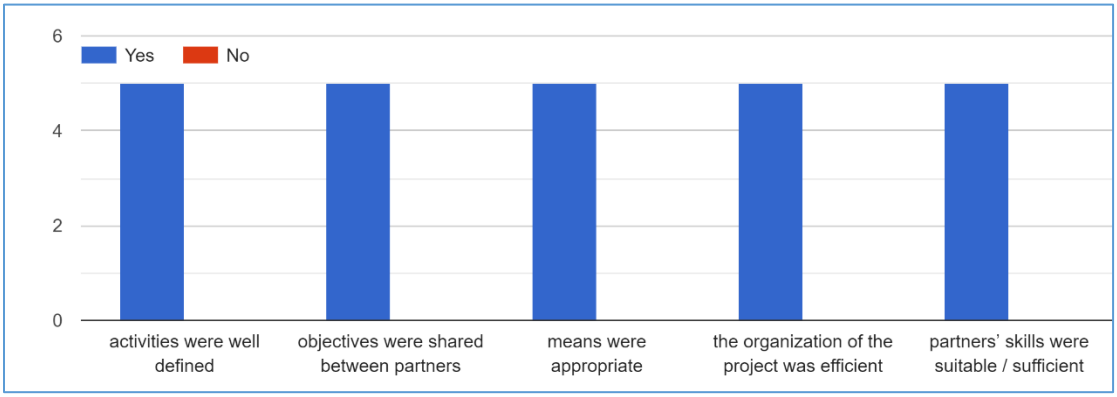
Question 4: Please indicate if you are satisfied with the planning of operations during the implementation of the project:

The first question of the Section 2 - Efficiency Assessment refers to whether the partners are satisfied with the planning of operations during the implementation of the project, in their opinion.

According to their answers, 100% of the participants affirm their fulfillment to all the statements that follow:

a. Activities were well defined
b. Objectives were shared between partners
c. Means were appropriate
d. The organization of the project was efficient
e. Partners' skills were suitable / sufficient

Graphic 4



Question 5: Did you participate at the progress meetings?

All of the participants confirm that they have taken part in all the progress meetings that took place in the context of the project.

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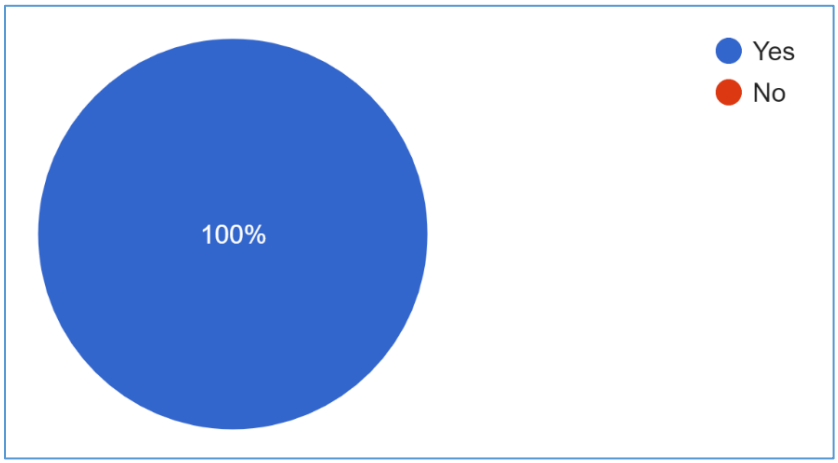
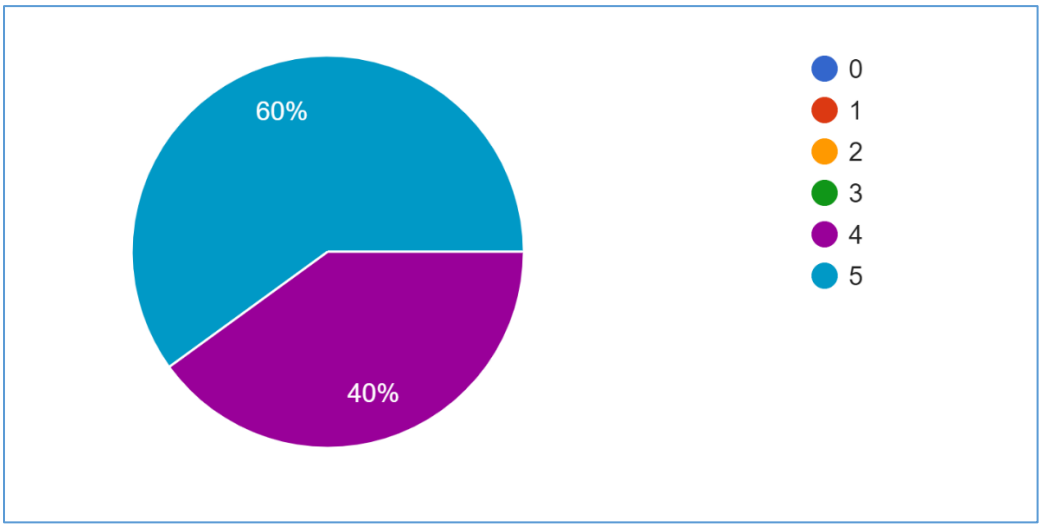
Graphic 5



Question 6: Did they operate auxiliary for the implementation of the deliverables? Please rate:

Furthermore, concerning the contribution that the progress meetings had for the implementation of the deliverables, the majority (60%) rated them as extremely useful (5/5) and the rest (40%) as moderately useful (4/5).

Graphic 6



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Question 7: Please indicate any difficulties in the achievement of your tasks during the implementation of the project.

This question is divided in four major categories:

(i) Administrative

Some of the difficulties encountered by the partners are related to the Red tape procedures, the not so fast pace that the FLC had in the beginning, the change of the partner one of the organizations had and the late entering in the project. Lastly, one of the organizations mentioned that they found it difficult to attract additional support for the municipality of Devin and there was a lack of administrative personnel to perform the tasks.

(ii) Economic

Only two of the partners faced some economic difficulties and more specifically, they explained that the problem was in "Taking loans in order to cover the implementation activities which will lead to additional expenditure for the beneficiary" and one of the participants clarified that the advance payment was very low, the need of additional loans with support from the Municipality was high and last but not least, the internal rules from the Bulgarian ministry made the things even harder.

(iii) Legal

The only legal difficulties that were encountered during the project are some issues the organization had to deal with relating to the private sector or some changes in the procurement laws that greatly affects the tender procedures and lead to FLC cuts.

(iv) Organisational

Concerning to the organizational problems, the partners seem to have faced multiple. Analytically, they explained that the COVID-19 pandemic had a great impact in the implementation of the project as well as the change of partners and the change of the administration. In addition, one of the representatives explained that it was difficult to find medical specialists willing to participate in the pilot actions in the remote mountainous regions and similarly, another partner shared that the lack of personnel to perform the tasks in both administrative and medical

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phase of the implementation was an important obstacle for the success of the project.

Question 8: Please provide a brief description of risks that you faced as real problems during the implementation of the project:

The next question focuses on the risks that each organization has faced as real problems during the implementation of the project. The answers given are diverse:

Firstly, one of the representatives explained that the unpredictable situation with the organization and the implementation of the events with the participation of the stakeholders in the healthcare sector were challenging situations for them. Secondly, the pandemic COVID-19 stood as an obstacle and to their efforts. Also, red tape issues stopped various of their plans and some procedures that should have been finished instantly took a lot of their time effort and courage. Next, the lack of medical staff (doctors and nurses) in order to plan and execute the activities was an important issue as well as the very low advance payment which leads to additional administrative procedure and expenses for the beneficiary. Similarly, another organization shared the financial problems they have faced, a situation than led them to take loans in order to find personnel to execute the activities of the project. Lastly, another participant claimed that in the beginning there were some difficulties of reaching the target group (Roma). The beneficiaries had a very limited knowledge about the primary health services and after some difficulties they had faced, they understood that the vulnerable groups need a special approach by well-trained and expert medical staff and psychologists.

Question 9: What kind of measures were taken to alleviate the difficulties encountered?

According to the measures the organization have taken in order to alleviate the difficulties encountered during the implementation of the project, firstly, one of the partners explained that they have made modifications for digital events and rotations of the medical specialists that will need to participate in the events. Secondly, they succeeded in creating interpersonal relationship and they also appealed to the experts. Furthermore, another solution to the problems that was given is the modifications that were made in order to attract medical specialists. In addition, loans were taken.

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Moreover, another organization shared that they have attracted the Municipality of Devin as support for financial operation and sought additional medical specialists for hospitals inside and outside of the region. In the end, one of the representatives claims that they have organized trainings, put in practice multiple ways of approaching the vulnerable group (Roma) until they have finally found the suitable ones.

Question 10: Did you feel comfortable with the project management tools?

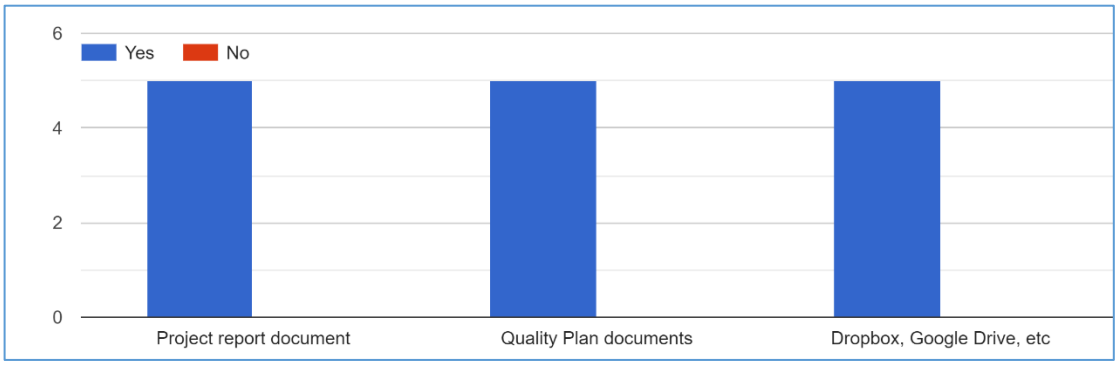
The next question had to do with the level of comfort the project management tools offered to them for the implementation of their deliverables. 100% of the answers seem to be positive, according to the chart below. Specifically, the management tools can be found below:

(i) Project report document

(ii) Quality Plan documents

(iii) Dropbox, Google Drive, Sharepoint.

Graphic 7



Question 11: What measures were proposed by the partnership to address any gaps in the implementation of planned activities during the implementation of the project?

As far as this question is concerned, the answers given were focused on the open communication and discussion of the problems that the PB's encounters as well as on the constructive debating between all the involved partners. Additionally, according to

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one representative, the implementation of the project was proved to be uneventful and only due to the impact that the pandemic COVID-19 had, some difficulties encountered.

4.3 Impact Assessment

The next and last Section of the questionnaire is the 3rd one, that has to do with the Impact Assessment of the project.

This Section consists or 9 (nine) questions:

Question 12: Please rate the achievement of the project's objectives:

First, the available answers are:

- Fully achieved,
- Partly achieved,
- Minor achieved,
- Not achieved.

As far as the following achievements are concerned, they will be analyzed below:

(i) "Reduce health inequalities and contribute to divert a significant volume of health care services from hospitals to primary care facilities": 80% claim that it is fully achieved while the rest 20% that is partly achieved.

(ii) "Provide better health coverage to remote and/or socially excluded communities": Similarly, 4/5 partners agree that it is fully achieved whereas the other 20% that it is partly achieved.

(iii) "Protecting citizens, especially social vulnerable groups, through exams from socially sensitive diseases": According to the answers given, 80% expressed that it is fully achieved while the rest 20% that it is partly achieved.

(iv) "Promoting health prevention and "health literacy" on deprived communities for better understanding and benefiting from primary health care services": Surprisingly, all of the participants (100%) responded that this goal was fully achieved.

(v) "Foster supportive environments for healthy lifestyles": Similarly, 100% of the participants agreed that it was fully achieved as well.

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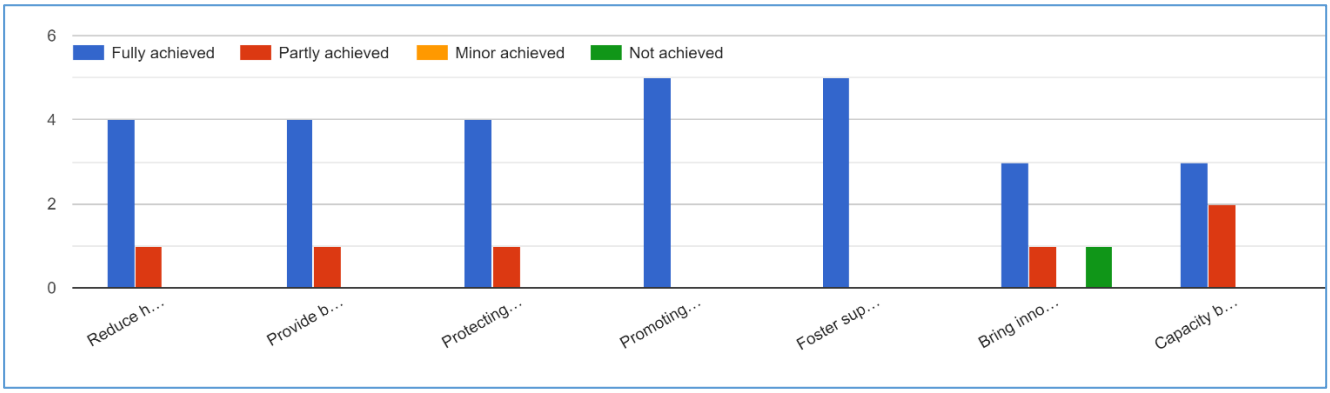
(vi) "Bring innovations to the care systems – through policy recommendations and actions plan": Concerning this statement, it is the first time the answer "Not achieved" is given, by 20% of the participants. As far as the rest are concerned, 60% chose the answer "Fully achieved" and 20% "Partly achieved".

(vii) "Capacity building of medical personnel through research, training, transferring know-how on dealing with specific diseases as well as with patients from various vulnerable groups": Last but not least, 60% of the partners clam that it is fully achieved while the other 40%, believe it is partly achieved.

Graphic 8



Question 13: Please give a short justification for your ratings.

Regarding the previous question, the participants from Bulgaria explained that firstly, the ratings they gave are based on the performance of the partners in Bulgaria. Additionally, due to the COVID-19 pandemic, the transfer of know-how and the sharing of experiences between the medical specialists in the cross-border region cannot be fully achieved. In contrast, the other partner from Bulgaria supported that all the actions covering the health status of the targeted population have been fully achieved. Furthermore, one of the representatives supported that the digitalization of the hospital was crucial for the equal access to health care services in the municipality, as well as the medical examination of the patients from the remote villages.

Concerning the partners from Greece, the representative claim that if it wasn't for COVID-19, they would have reached the most isolated communities in their rural area. Lastly, they contented that all implemented actions and activities were well-planned targeting to beneficiaries who face social exclusion and inequalities in health access.

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Question 14: Please rate the achievement level of the project's results:

The next question is referred to the level of achievement of the project's results according to their opinion. The available answers are four (4):

- High,
- Medium,
- Small,
- None.

(i) "Support access to good healthcare and information in areas where services are underdeveloped or in disadvantaged groups that have an accessibility deficit": 80% agree that the level of achievement is high while 20% believe it is medium.

(ii) "Implementation of pilot medical examinations, training and mobilization of main stakeholders, social and health agents and mediators, health services providers, decision-makers etc for identifying main causes of health inequalities and alleviating the health low level-indicators in disadvantaged communities": Similarly, 80% selected that the level of this achievement is high as well whereas only 20% claim it is Medium.

(iii) "Implementation of health promotion and early intervention programs for people from groups with increased vulnerability for mental disorders": Next, it is obvious from the chart below that a percentage of 40% believe that it is not achieved. On the contrary, 40% support that it has reached a high level of achievement while the rest 20% that it has a medium level of achievement.

(iv) "Improve patients' health literacy and empowerment, promote adherence to prevention, treatment and proper follow-up care through policy recommendations and actions plans": Furthermore, only 20% claim that it is not achieved while the rest answers are balanced. To be more specific, 40% state it has managed to reach a high level and the other 40%, a medium.

(v) "Capacity building of medical personnel through research, training, transferring know-how on dealing with specific diseases as well as with

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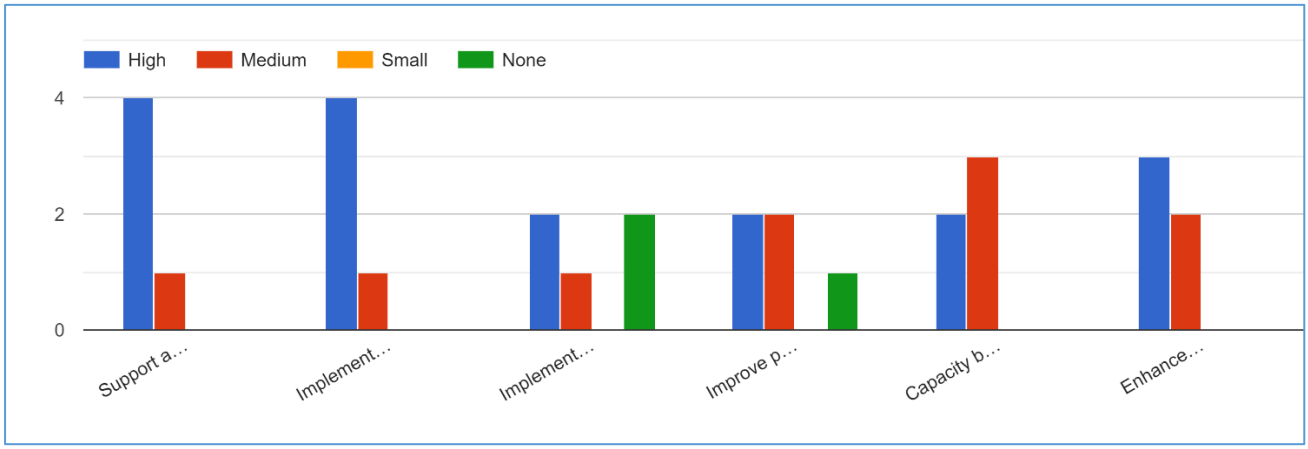
patients from various vulnerable groups": Furthermore, the majority (60%) think that the level of achievement is medium whereas 40% think that it is high.

(vi) "Enhancement of Pubic Authorities and other Stakeholders capacity on developing -and/or improving the existing- policies and actions plans in compliance with the EU relevant strategies/programs for "equality in health" and with the World Health Organization's Action Plans for the examined diseases": Last but not least, 60% of the partners agree on the high level of achievement and the rest (40%) have the opinion that it the level is medium.

Graphic 10



Question 15: Please give a short justification for your ratings.

Relating to the justifications that must be given for the ratings the participants gave in the previous questions, the answers are the following:

Firstly, the Bulgarian partners clarified that they are not focusing on mental diseases and that the policy recommendation and action plans will be the next step in the implementation of the project. Additionally, according to their opinion, covering

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(medical examinations) the population was the most crucial task in the project and has a large impact on the region healthcare sector.

As far as the partners from Greece are concerned, they explained that the reached isolated communities revealed a lot sensitive issue. Moreover, the overall project results greatly impact the access to the healthcare services and the population in long term, due to the modernization of the medical facility and additional medical examinations that were executed in the scope of the project. Last but not least, one of the participants think that the implemented actions and deliverables have a strong effect on the target group as well, there was an improvement in the accessibility in primary health services, and through the program, a healthy lifestyle was encouraged.

Question 16: Please identify the necessity of the produced tools of the project in long term for ensuring "access for all" to health care:

This question is proved to be a way to find the level of necessity of the produced tools of the project in long term for ensuring "access for all" to health care.

The available answers are four:

- Strong,
- Medium,
- Low and
- None.

The answers given can be found below:

(i) "Establishment of an Observatory of health inequalities for socially significant diseases": The majority of the answers seem to be "Strong" (80%) and just 20% selected "Medium".

(ii) "Mobile unit providing basic medical examinations and awareness campaigns on the prevention of target diseases": Surprisingly, 100% of the participants explained that there is a strong need for this produced tool.

The three following produced tools seem to have collected the same percentages of answers. To be more specific, in each of them 60% responded that there is a strong necessity while 40% decided that there is a medium one.

(iii) "Raising awareness campaign for preventive medical examination".

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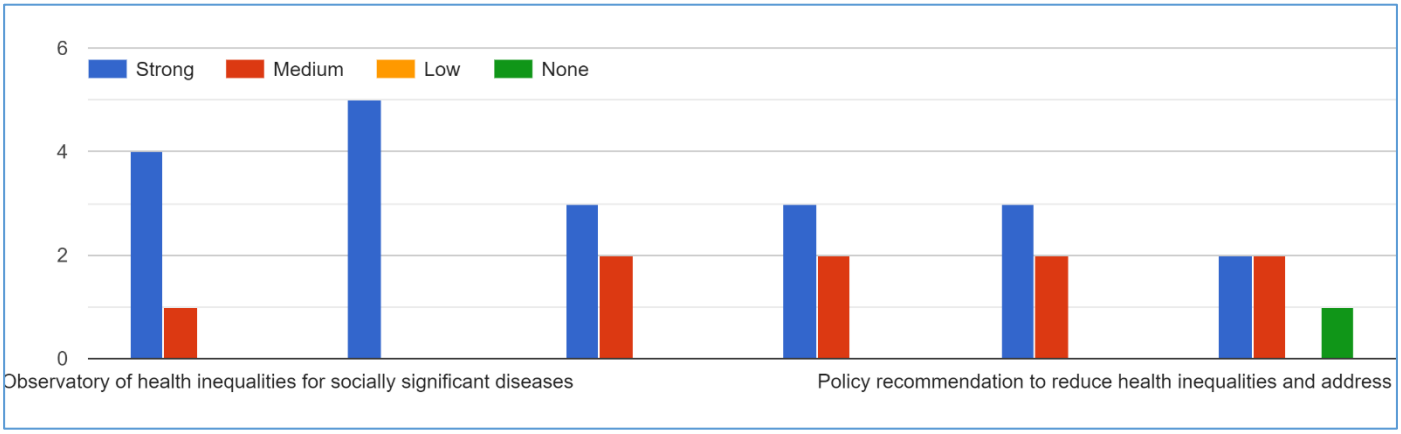
(iv) “Awareness campaigns of the main population and the Medical Staff and the Authorities on dealing with specific diseases as well as with patients from various vulnerable groups”.

(v) "Open network" between different stakeholders as: Medical Staff, Local & Regional Authorities, Hospitals and Primary Health Care Units, Regional & National Health”.

(vi) “Policy recommendation to reduce health inequalities and address common and socially important diseases”: Lastly, in this statement only 20% of the partners selected the answer “None” while the rest of the participants are equally balanced, 40% recommended that there is a strong will while 40% that there is a medium.

Graphic 11



Question 17: Do you know any problems they encountered during their implementation?

Concerning the problems that have encountered during the implementation of the project, each partner shared their own experiences. To begin with, according to one of

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them, each beneficiary in the project encounters different problems in the process of the implementation. In their case, the main problem was the COVID-19 pandemic regarding the organization of the events and their planning due to the engagement of all medical personal in effort to stop the pandemic. Another participant mentioned the lack of medical specialists too in the region and that this situation greatly reduced the access to healthcare. The distance between the villages and hospital was also a problem due to the fact that some areas are 50-60 km away from the nearest medical facility which means 40 - 60 minutes of travel. Furthermore, some even mentioned the limited financial and human resources.

Question 18: Please indicate the will of your organization about:

The last chart is focused on the determination the organization of the representative has about the following. The available answers are:

- Strong will,
- Medium will,
- Low will,
- None.

(i) "The support of an observatory of health inequalities for socially significant diseases": Firstly, the majority of the representatives claim that their will is strong whereas 20% express that their will is medium.

(ii) "The support for establishment of mobile unit providing basic medical examinations and awareness campaigns on the prevention of target diseases": Next, this statement has multiple different answers as 20% decided to choose that their organization do not have any will to achieve it, 20% have only medium and thankfully, 60% have a strong desire to succeed it.

(iii) "The support of an "Open network" between different stakeholders": In this statement, 20% claim that their will is medium while the rest participants, were divided equally, 40% admit that their will is low and 40% that it is high.

(iv) "The implementation of raising awareness campaigns for preventive medical examination": Last but not least, the answers were similar to the statement above because 40% selected "Strong", 40% "Low" and the other 20% "Medium"

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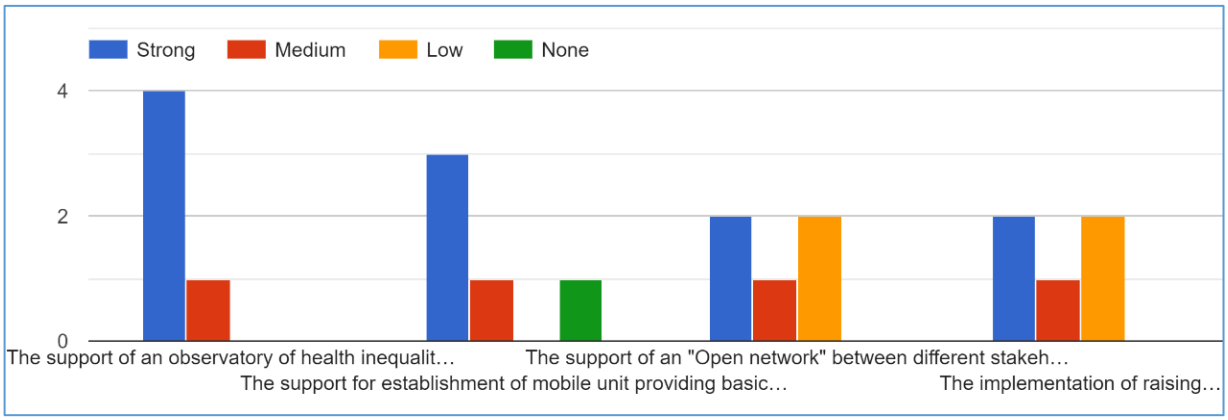
Graphic 12



Question 19: Please indicate:

f. Number of health care institutions reorganized, modernized or reequipped: Concerning this question, the number of health care institutions is 2 (two) and more analytically:

   i. Multispecialty Hospital for Active Treatment Devin JSC, as 3 partners gave this answer.

   ii. Thess Pilot Local Center for equal2health in SOcially Significant Diseases Control and Prevention – SOS DCP" in Diavata-Thessaloniki and two more that are not exactly specified.

g. Number of health ICT systems developed: According to the answers given, 20% responded that 2 (two) health ICT systems are developed while the rest believe that none were.

h. Number of people covered by improved health services: Lastly, the number of people covered is different for each organization. Analytically,

   i. The Bulgarian side support that 4.440 people covered by improved health services (The total number of the patient visits for the Bulgarian side), 3.000 patients at the Diagnostic and Consulting Center "Aleksandrovska" Ltd and 1.440 at the Multispecialty Hospital for Active Treatment Devin JSC.

According the partners from Greece,

   ii. 2.500 people are covered

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iii. During the implementation of D4.3.1, 537 people visited the center. The 497 visits were for the cardiologist, 17 for the psychiatrist and 23 for the neurologist.

Question 20: What is the most valuable experience/knowledge your organization gained from the implementation of the project?

Lastly, each organization and participant gained a lot from this cross-border cooperation and from the implementation of the program. Some of the comments they made for this question are the following: The cooperation within the cross-border project was constructive for all the parts. Also, they believe that providing additional support to the healthcare sector in the mountainous region is a huge step for the prosperity of the residents. Additionally, one of the most valuable lessons they have learned is that people want to talk and are willing to change if you approach them properly. Moreover, the cooperation with other structures, offering assistance to vulnerable groups and participation of the structure in a European program was a precious and useful experience. The organizations have acquired knowledge to deal with and offer effective assistance to Roma. In conclusion, they believe that from now on, there will be an improvement in their services to vulnerable groups and to other people.

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5. Conclusions

According to the answers that were given to the questionnaire for the evaluation of the project “equal2health”, the partners declare to be satisfied with the results. In the beginning, the project seemed to run smoothly and succeeded to benefit a large number of people in both countries. The partners from Bulgaria clarified that 4440 people have been offered help by the improved health services within the framework of the project. More analytically, 3000 patients at the Diagnostic and Consulting Center “Aleksandrovska” Ltd and 1440 at the Multispecialty Hospital for Active Treatment Devin JSC. Furthermore, in respect of the Greek side, the beneficiaries exceed the 3000 people. The Psychiatric Hospital of Thessaloniki asserts that they managed to provide help to 2.500 people in addition to the Intermunicipal Agency of Western Countryside of Thessaloniki ‘Nefeli", in which the representative explained that during the implementation of the project, 537 people visited the center and more specifically, 497 visits were for the cardiologist, 17 for the psychiatrist and 23 for the neurologist.

Moreover, the partners report that the organizations they represented have reached all goals of the project, such as the “Protection (of medical examinations) of citizens (especially of socially vulnerable groups) from socially sensitive diseases”, the “Development of skills of medical staff through research, training, transfer of know-how for the treatment of specific diseases, as well as with patients from various vulnerable groups (acceptable patterns of behavior related to their culture)” and last but not least, “Promoting health prevention and "health education" in disadvantaged communities for better understanding and utilization of primary health care services”.

Although the data above prove the success of the project, all representatives expressed their dissatisfaction because of the great impact that the global pandemic COVID-19 had on the implementation and completion of the program. In addition, they have faced some other difficulties too, such as economic, legal and administrative.

In addition, the project aims to provide access to primary and emergency health care in isolated and inaccessible areas, thus providing immediate assistance to people belonging to vulnerable groups. As it was analyzed above, it is obvious that the partners overall managed to succeed the intended results. According to their answers at the questionnaire about the implementation of the project, they declare to be satisfied with the planning of operations as the activities were well defined, the objectives were

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shared between partners, the means were appropriate, the organization of the project was efficient and last but not least, the partners' skills were suitable / sufficient.

In addition, however the difficulties encountered, they managed through the program to "Support access to good healthcare and information in areas where services are underdeveloped or in disadvantaged groups that have an accessibility deficit", to "Implement a pilot medical examinations, training and mobilization of main stakeholders, social and health agents and mediators, health services providers, decision-makers etc for identifying main causes of health inequalities and alleviating the health low level-indicators in disadvantaged communities". Also, they have succeeded to "Implement health promotion and early intervention programmes for people from groups with increased vulnerability for mental disorders". Furthermore, the partners declare that because of the project, the patients' health literacy and empowerment has been improved, they have "promoted adherence to prevention, treatment and proper follow-up care through policy recommendations and actions plans", the "Capacity building of medical personnel through research, training, transferring know-how on dealing with specific diseases as well as with patients from various vulnerable groups". Last but not least, the "Enhancement of Pubic Authorities and other Stakeholders capacity on developing -and/or improving the existing- policies and actions plans in compliance with the EU relevant strategies/programmes for "equality in health" and with the World Health Organization's Action Plans for the examined diseases". All the above achievements, were mostly accomplished in a high or medium level and that proves that the indented goals were reached indeed.

In conclusion, the overall result is very positive as a significant number of people benefited and all the goals of the project are achieved. The beneficiaries were informed about primary health care and some initial steps were taken to adopt this principle in order to have a greater interest in their health and its prevention.

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Annex: Questionnaire

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Partner Info:	
Partner:	
Name:	

SECTION 1: PERFORMANCE ASSESMENT

1. **Please indicate the percentage of your delivered vs expected contribution in WP deliverables until the end of the project :**

	less than 50%
	51% - 70%
	71% - 80%
	81% - 90%
	91% - 100%

2. **Please indicate which goals of the program have been achieved?**

	Protection (of medical examinations) of citizens (especially of socially vulnerable groups) from socially sensitive diseases,
	Promoting health prevention and "health education" in disadvantaged communities for better understanding and utilization of primary health care services,
	Strengthening supportive environments for healthy living,
	Implementing innovations in care systems - through policy recommendations and action plan,
	Development of skills of medical staff through research, training, transfer of know-how for the treatment of specific diseases, as well as with patients from various vulnerable groups (acceptable patterns of behavior related to their culture).

3. **What is your contribution to this?**

	Project Management & Coordination
	Communication & Dissemination
	Establishment of the CB "Observatory equal2health" for socially significant diseases
	Pilot implementation on deprived & isolated communities
	Valorisation and Policy Recommendations

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SECTION 2: EFFICIENCY ASSESMENT

4. Please rate the planning of operations during the implementation of the project:

	YES	NO
activities were well defined		
objectives were shared between partners		
means were appropriate		
the organization of the project was efficient		
partners' skills were suitable / sufficient		

5. Did you participate at the progress meetings?

	YES
	NO

6. Did they operate auxiliary for the implementation of the deliverables; Please rate:

	0
	1
	2
	3
	4
	5

7. Please indicate any difficulties in the achievement of your tasks during the implementation of the project:

Administrative …… ……
Economic …… ……
Legal

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…… ……
Organisational …… ……

8. **Please provide a brief description of risks that you faced as real problems during the implementation of the project:**

9. **What kind of measures were taken to alleviate the difficulties encountered?**

10. **Did you feel comfortable with the project management tools?**

	YES	**NO**
Project report document		
Quality Plan documents		
Dropbox, Google Drive, etc		

11. **What measures were proposed by the partnership to address any gaps in the implementation of planned activities during the implementation of the project?**

SECTION 3: IMPACT ASSESEMENT

12. **Please rate the achievement of the project's objectives:**

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	Fully achieved	Partly achieved	Minor achieved	Not achieved
Reduce health inequalities and contribute to divert a significant volume of health care services from hospitals to primary care facilities				
Provide better health coverage to remote and/or socially excluded communities				
Protecting citizens, especially social vulnerable groups, through medical exams from socially sensitive diseases,				
Promoting health prevention and "health literacy" on deprived communities for better understanding and benefiting from primary health care services				
Foster supportive environments for healthy lifestyles				
Bring innovations to the care systems – through policy recommendations and actions plan				
Capacity building of medical personnel through research, training, transferring know-how on dealing with specific diseases as well as with patients from various vulnerable groups				

13. Please give a short justification for your ratings.

……

……

……

……

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14. Please rate the achievement level of the project's results:

	High	Medium	Small	None
Support access to good healthcare and information in areas where services are underdeveloped or in disadvantaged groups that have an accessibility deficit				
Implementation of pilot medical examinations, training and mobilization of main stakeholders, social and health agents and mediators, health services providers, decision-makers etc for identifying main causes of health inequalities and alleviating the health low level-indicators in disadvantaged communities				
Implementation of health promotion and early intervention programmes for people from groups with increased vulnerability for mental disorders				
Improve patients' health literacy and empowerment, promote adherence to prevention, treatment and proper follow-up care through policy recommendations and actions plans				
Capacity building of medical personnel through research, training, transferring know-how on dealing with specific diseases as well as with patients from various vulnerable groups				
Enhancement of Pubic Authorities and other Stakeholders capacity on developing -and/or improving the existing- policies and actions plans in compliance with the EU relevant strategies/programmes for "equality in health" and with the World Health Organization's Action Plans for the examined diseases				

15. Please give a short justification for your ratings.

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16. Please identify the necessity of the produced tools of the project in long term for ensuring "access for all" to health care:

	Strong	Medium	Low	None
Establishment of an Observatory of health inequalities for socially significant diseases				
Mobile unit providing basic medical examinations and awareness campaigns on the prevention of target diseases				
Raising awareness campaign for preventive medical examination				
Awareness campaigns of the main population and the Medical Staff and the Authorities on dealing with specific diseases as well as with patients from various vulnerable groups				
"Open network" between different stakeholders as: Medical Staff, Local & Regional Authorities, Hospitals and Primary Health Care Units, Regional & National Health				
Policy recommendation to reduce health inequalities and address common and socially important diseases				

17. Do you know any problems they encountered during their implementation?

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18. Please indicate the will of your organization about:

	Strong	Medium	Low	None
The support of an observatory of health inequalities for socially significant diseases				
The support for establishment of mobile unit providing basic medical examinations and awareness campaigns on the prevention of target diseases				
The support of an "Open network" between different stakeholders				
The implementation of raising awareness campaigns for preventive medical examination				

19. Please indicate:

Number of health care institutions reorganized, modernized or reequipped	
Number of health ICT systems developed	
Number of people covered by improved health services	

20. What is the most valuable experience/knowledge your organization gained from the implementation of the project:

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THANK YOU FOR YOUR TIME AND COOPERATION

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