

EX ANTE EVALUATION FOR THE HEALTH – INFO PROJECT

SPECIAL ACCOUNT FOR RESEARCH GRANTS OF ALEXANDER
TECHNOLOGICAL EDUCATIONAL INSTITUTE OF
THESSALONIKI

WP.I - D.I.I.4. Evaluation Report

Evaluation Report of the Project:
HEALTH INFO



MAY 2019

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1. Executive Summary

This report presents the EX ANTE evaluation of the project with the acronym HEALTH INFO on behalf of the **Alexander Technological Educational Institute of Thessaloniki**. The Health-Info project, financed under Priority Axis 1 – Specific Objective 1.2-Improvement of preventive health care and social services of children and elderly population, plans to enhance access to the health care and social services as well as improve the preventive health care system through an integrated set of activities.

Evaluation methodology:

This evaluation report uses both qualitative and quantitative methods. In qualitative methodology took place a content analysis of the documents. The quantitative methodology used a structured questionnaire which was based on the DAC 1 criteria of the OECD (OECD, 1991).

Synopsis of the Project:

The project HEALTH INFO is co-financed under the IPA Cross-Border Programme “Greece – the former Yugoslav Republic of Macedonia 2014-2020”. The project’s duration is between 18/7/2018 and 18/7/2020. The project’s budget was € 1.301.151,67

Objectives and Priorities:

Global objective: The Global Objective of the IPA Cross-Border Programme is to enhance convergence in the programme area by promoting sustainable local development.

Specific objective: The HEALTH INFO project particularly targets towards 1.2-Improvement of preventive health care and social services of children and elderly

¹ OECD, 1991,

population, plans to enhance access to the health care and social services as well as improve the preventive health care system through an integrated set of activities.

2. Project's General Scope

The Health-Info project, financed under Priority Axis 1 – Specific Objective 1.2- Improvement of preventive health care and social services of children and elderly population, plans to enhance access to the health care and social services as well as improve the preventive health care system through an intergraded set of activities.

Main focus is to reach the inaccessible regions of the area and address the needs of vulnerable groups, i.e. children, women, seniors. HEALTH-INFO will develop a unified informative system to support the strategical design of health care providers in both sides of the cross border area in order to benefit health providers, patients and especially the vulnerable groups.

Through an integrated set of educational preventive activities for general population (common medical emergencies) as well as for local healthcare professionals, the quality of life and health of children and elderly in the regions of implementation can be enhanced.

Finally, a Mobile medical unit will: Offer screening services (mammography, ultrasound examination and medical examination), educate women on the necessity of screening services and regular check –ups, and achieve early detection of female cancer and therefore early treatment and better prognosis. Under this perspective, of the project with acronym “Health-Info” and title “Unified information system for exchanging information between primary health units in the cross-border area for emergency”, with a budget of 1.301.151,67€ and co-funded by the Interreg - IPA CBC Programme “Greece - The former Yugoslav Republic of Macedonia 2014-2020”. The partnership is as follows:

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The National Organization for Health Care Services Provision – EOPYY- is the lead beneficiary of this project in cooperation with two Greek partners, the Alexander Technological Educational Institute of Thessaloniki and the Hospital of Pella and three partners from the former Yugoslav Republic of Macedonia, the Ministry of Health, the Public Health Institution General Hospital Gevgelja and the PHO Clinical Hospital Bitola.

3. Guidelines and Code of Ethics

In order to ensure that the project's principles and values about society, environment and coming generations will be preserved, the Project's consortium and their activities will be guided by a Code of ethics.

LB was responsible for the drafting of the deliverable named "Guidelines for the operation of the partnership – Code of Ethics", which was shared with the rest of the partnership to be followed and respected. The purpose of this Code is to ensure confidence in the project management procedure. The Code includes the Vision and Purpose of the partnership and the project, the Responsibility (ownership of decisions), the Respect to the partnership and to the environment, the Fairness (transparency, equal access to information, etc.), Honesty (Act in a truthful manner both in our communications and in our conduct), Medical Confidentiality and the Gender Equality and Human Rights.

Furthermore, instructions and annexes are included, which will guide the planning and development of a mechanism destined to monitor and evaluate the implementation of the project. This evaluation report will be using these annexes.

4 Evaluation

How to actually carry out an ex ante evaluation should be decided pragmatically, taking into account the real information needs of each situation. The time and effort put into an ex ante evaluation should be proportional to the scale of the intervention that it supports. Existing information and evidence from earlier evaluations, studies and other sources should be fed into the ex-ante process whenever possible. A report that compiles the results of different stages of the ex-ante evaluation process is useful for communicating the evaluation findings.

4.1. Quality Board

In the context of HEALTH-INFO, a Quality Board will be created, which will be using a concise assessment methodology, in order to perform a periodic (ex-ante, mid-term and ex-post evaluation) assessment of the project's outputs – products, according to the project's Code of Ethics. The QB will not meet physically, but will work mainly by means of communication media and it will be composed of 7 members (1 member for each Project Partner and the PM). Furthermore, this board will be monitoring the compliance to ethics and regulations, especially in relation to the horizontal principles of the Program.

4.2. Quality Assurance

Quality Assurance is defined by the procedures followed for partner communication, documentation, deliverable production, and software development. It will be achieved through the Evaluation procedure (D.1.4), which will be based on the project's Code of Ethics.

Both the management of the project and the quality of the action in whole, is supported by Quality Assurance. In order for the evaluation culture to be supported, the quality

framework intends to use an evidence-based practice approach as a basis for more efficient project development.

This framework comprises a quality assurance and improvement cycle (planning, implementation, evaluation and review) supported by common quality criteria defined by project partners. The definition of the monitoring process is crucial, in order to identify the strength of the processes and procedures and any areas open for improvement. Moreover, the use of measuring tools is included to this framework, so as to provide evidence of effectiveness.

The Quality Assurance allows for a qualitative and quantitative assessment of the results achieved. Also, the goals and means used to achieve these results and the evaluation methodology, will be both content-oriented and process-oriented.

The Quality Assurance is divided in two parts:

- 1) The quality plan of the project, which is presented in the project's Code of Ethics
- 2) The evaluation process used in assessing the quality of the products and services delivered by the project partners.

The main goal is the development of quality assurance mechanisms for the project management as a whole, by monitoring the progress of the project through interactions with the national project coordinators as well as, checking the delivery of deliverables. Using the collaborative mechanisms, the partners have agreed that this framework is essential for success and the evaluation procedures defining operational objectives are to be achieved by establishing measuring instruments.

The quality management has the following high-level list of project quality practices:

- Planning Quality
- Implementation Quality
- Evaluation and sustainability

Planning Quality: By Planning Quality is reflected a strategic vision shared by all partners. It also includes explicit goals, actions and indicators. Goals are described for the medium and long terms, and are linked to national and European goals. Specific indicators and success criteria establish and monitor the targets. All in all, planning helps to identify the set of reviews regarding the project and the metrics to used to measure project deliverables. This way the comparison of the performance, of every national partner, is facilitated in the work plan.

Implementation Quality: Implementation plans have been established in cooperation with partners at different levels. They consider the resources required, the user capacity and the tools needed for support purposes. A quality assurance framework has been devised and includes guidelines and quality standards, in order to promote continuous improvement and self-regulation.

Evaluation and sustainability: A methodology for evaluation has been devised. Additionally, the work plan describes clearly the partners' involvement in the monitoring and evaluation process that has been agreed on, in advance. Performance indicators and appropriate data collection methodologies have been devised, e.g. measuring the usage of publications, indicators/metrics. Both the measuring of success and the identification of areas for improvement considering the funds available, will help to ensure that HEALTH INFO will be a sustainable project.

Quality Assurance will be involving all partners and its focal point will be deliverables. Work package leaders and the partners responsible for specific deliverables will be accountable for the quality evaluation.

Objectives:

1. Define Quality standards.
2. Ensure all work package deliverables are of the highest quality possible
 - a. Preparation of Quality Assurance

- b. Submission of regular scheduled reports from all WP leaders using a template provided by the Project Coordinator.
 - c. Submission of Project Meetings contributions to be one month prior to Project Meetings
3. Evaluate progress at project meetings through peer review, with balanced, transparent co-operation, building on complimentary competencies.

To be more specific, the work structured during the project, will be exclusively guided by the project partners that will be also responsible of:

- Ensuring the timely execution of tasks included in each WP,
- Promoting interaction between WPs,
- Assuring that deliverables are implemented on due time,
- Guaranteeing that all deliverables amount for a certain quality.

4.3 Qualitative Evaluation Methodology

The purpose of the ex-ante evaluation report, which is the first external evaluation of HEALTH INFO, is to assess the project's implementation outcomes and results and more importantly, to evaluate the quality of the deliverables. The project evaluation takes into account the full project cycle, from design to completion of the activities' implementation.

Particularly, the ex-ante evaluation report takes into account the first ten (10) months of the project implementation, from 18-07-2018 (start of the project) until 30-04-2019. All deliverables completed during the project that are available for evaluation, are displayed below, in Table 1.

Table 1. The deliverables completed during the ex-ante evaluation period.

Work Package	Deliverable	Title of Deliverable	Activity	Date
WP.1	D.1.2	Task Force Meetings	Kick of Meeting	10-2018
WP.1	D.1.2	Task Force Meetings	2 nd Project Meeting	03-2019
WP.1	D.1.3	Project Management	1 st Progress Report	01-2019
WP.1	D.1.4	Evaluation	Code of Ethics	12-2018
WP.2	D.2.1	Conferences/ Info Days	Opening Conference	11-2018
WP.2	D.2.5	Project Communication Strategy & Plan	Project Communication Plan	01-2019

The evaluation methodology of the ex-ante report did not include field visits and is based on the following three processes:

- ❖ Study of relevant materials available; (e.g. activity reports)
- ❖ Collection and analysis of evidence; (e.g. brochures, invitations)
- ❖ Questionnaire measuring certain evaluation criteria displayed below in Table 2.

In order to conduct a thorough study and review of the deliverables implemented so far, the support from the project partners was crucial, because of the necessary documents that needed to be collected and the relevant information needed to be gathered, so as to conduct the content analysis. Further documents will be obtained through the project's website.

The main purpose of the Quantitative Evaluation Methodology is considered to be the quantification of data. This allows the generalization of the results from the sample to the entire population of interest and the measurement of the incidence of various views and opinions in the given sample. A structured evaluation questionnaire will be used to produce data. The evaluation criteria-measures are: M1. Relevance and Quality of Design, M2. Efficiency, M3. Effectiveness, M4. Impact and M5. Sustainability (see Table 2).

Table 2. The evaluation criteria measured for each deliverable.

	M1	RELEVANCE AND QUALITY OF DESIGN
EVALUATION CRITERIA	M2	Efficiency
	M3	Effectiveness
	M4	Impact
	M5	Sustainability

The questionnaire consists of 3 parts. The first part is *optional* and it contains questions regarding the respondent's profile. The second part contains 17 questions regarding the DAC criteria and the third one contains 3 questions regarding the objectives of the project. The answers will be given on a 5-point Likert scale.

The results of the quality evaluation will be presented based on the WPs and actions of the project. A content analysis of the documents, the timetable of implementation and the questionnaires' results will be used, in order to analyze the results.

5. Ex-ante Evaluation of Health-Info

5.1 Evaluation Purpose and Scope Evaluation

Table 3 displays the Objectives set per deliverable, as well as the final results produced during the first ten (10) months of the project implementation and more specifically: from 18/07/2018 (start of the project) until 30/04/2019.

Expected objectives

Deliverable D.1.2. KoM

- Draw milestones for the 1st year of implementation
- Update the project Timeline
- Define the communication strategy
- Define communication channels of the partnership
- Review procurement plans
- Review possible risks

Deliverable D.1.2. (2nd project Meeting)

- Progress in implemented actions, expenses and verification requests
- Review milestones for the 1st year of implementation
- Review of the Timeline
- Planning of the next activities / expenses
- Procurements are state of play
- JOB modification is discussion of possible changes

Deliverable D.1.3 1st Progress Report

- Submit the 1st Progress Report to the JS by the LB

Deliverable D.1.4 Code of Ethics

- Code of Ethics to be submitted by the LB

Deliverable D.2.1 Opening Conference

- Present objectives progress of implementation & future activities.
- Produce material (invitations, agenda, folders, banners, press releases etc.)
- Make the Project known (=gather 100 persons)
- Disseminate the goal of HEALTH-INFO and familiarize the target groups with the project's values

Deliverable D.2.5 Project Communication Plan

- Project Communication Plan to be submitted by the LB
- Project Communication Plan translated to be submitted by PB4

Deliverable Final Results

- Milestones Plan drafted
- Project Timeline updated
- Communication strategy defined and integrated in the PCP
- Channels were selected for internal communication

- Partners sent updated Procurement Plans
- No risks were identified
- Some deliverables were delayed – deadlines for delivery were extended
- E-mail Group Quality Board created
- Tenders have been delayed – new deadlines were set and updated Procurement plan
- PCP delivered
- JOB modifications defined and applied
- Project Timeline updated
- 1st Progress Report submitted to the JS
- Code of Ethics submitted by the LB
- Speakers' presentations displayed the objectives, progress of implementation & future activities.
- All material was produced
- More than 100 persons attended the Conference
- Dissemination to the target groups was achieved. Hospitals / social care services / Regional health administration/ health and social institutions / Academic institutions with medical and paramedical departments/ medical professionals attended the Conference

- Project Communication Plan submitted by the LB
- Project Communication Plan translation not submitted by PB4 (Delay of the Tender)

5.2 Evaluation according to Code of Ethic's Criteria

Table 4 displays the Criteria for the Evaluation of the Deliverables during the first ten (10) months of the project implementation (18/07/2018 – 30/04/2019). The Criteria, introduced in the Code of Ethics of the project are the following:

- Achievement of objective,
- Population benefited,
- Effects on employment,
- Effects on equality and non-discrimination,
- Accessibility,
- Effects on the environment,
- Cooperation of partners,
- Absorption of funding,
- Other effects

Table 4. Criteria for Evaluation of the Deliverables

Criteria	D.1.2. KoM	D.1.2. 2 nd PM	D.1.3 1 st Progress Report	D.1.4 Code of Ethics	D.2.1 Opening Confere nce	D.2.5 Project Communicatio n Plan
Achievement of objective	5	5	5	5	5	α) 5 β) 1
Population benefited	Not applicable	Not applicable	Not applicable	4	5	Not applicable
Effects on employment	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Effects on equality and	Not applicable	Not applicable	Not applicable	4	4	Not applicable

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non-discrimination						
Accessibility	5	5	Not applicable	Not applicable	5	Not applicable
Effects on the environment	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Cooperation of partners	5	5	5	5	5	3
Absorption of funding	5	5	5	5	5	5
Other effects						

Minimum 1 – Maximum 5

5.3. Evaluation according to “HEALTH-INFO Project Evaluation Questionnaire”

The six project deliverables -that were mentioned in Table 1- and were completed during the first (ex-ante) evaluation period of the project, were evaluated via the HEALTH-INFO Project Evaluation Questionnaire (see ANNEX). According to the project’s Code of Ethics, the “HEALTH INFO PROJECT Evaluation Questionnaire” was the suggested method of evaluation to be applied during the ex-ante, the mid-term and the ex-post evaluation phases. Below are the results from the ex-ante evaluation.

5.3.1 HEALTH-INFO Project Evaluation Questionnaire Results

HEALTH INFO PROJECT Evaluation Questionnaire

The source or data was a structured evaluation questionnaire. The evaluation criteria-measures are: M1. Relevance and Quality of Design, M2. Efficiency, M3. Effectiveness, M4. Impact and M5. Sustainability (see Table 2). All deliverables that are implemented during the ex-ante period are evaluated according to the categories of criteria in the questionnaire. The first part contains 17 questions regarding the DAC criteria and the third part contains 3 questions regarding the

objectives of the project. The answers were given on a 5-point Likert scale. Below, are presented the results of the evaluation based on the average values on each category of evaluation criteria-measures (M1-M5).

n= sample size, s= standard deviation

M1. Relevance and Quality of Design

The M1. Relevance and Quality of Design (n=3) averaged 4,33 (s=0,94).

M2. Efficiency

The M2. Efficiency (n=2) averaged 4,00 (s=1).

M3. Effectiveness

The M3. Effectiveness (n=2) averaged 3,50 (s=1,50).

M4. Impact

The M4. Impact (n=5) averaged 0 (s=0).

M5. Sustainability

The M5. Sustainability (n=2) averaged 5 (s=0).

The sustainability of HEALTH-INFO is based upon the fact that its activities will lead to specific outputs that are fully sustainable, transferable and durable. The sustainability of the project and its outputs has been explained in detail above (see questionnaire, question 16).

General questions concerning the objectives of the project

The general questions concerning the objectives of the project (n=2) averaged 4,5 (s=0,50).

The results from the evaluation criteria-measures M1. Relevance and Quality of Design, M2. Efficiency, M3. Effectiveness, M4. Impact and M5. Sustainability and General Questions concerning the objectives of the project are demonstrated in Table 5 below.

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Table 5. Mean values and Standard Deviation from the evaluation criteria-measures

Criterion	Data points (n)	Mean value	Standard Deviation
M1. Relevance and Quality of Design	3	4,33	0,94
M2. Efficiency	2	4	1
M3. Effectiveness	2	3,50	1,50
M4. Impact	5	0	0
M5. Sustainability	2	5	0
General Questions	2	4,5	0,50

Table 6. The overall mean value of of each criterion/measure of the HEALTH INFO PROJECT Evaluation Questionnaire

Criterion	Data points (n)	Sum of Mean values
All	16	54
		3,375

6. Conclusions

The general impression of **Alpha Plan Consultants** concerning the HEALTH INFO project is positive. According to the evaluation results, it has been a successful period and there is unique potential, to further pursue excellence in the healthcare, social and economic sector. The main challenge, looking forward will be dealing with all the issues, effectively, in the short, medium and long run, so as to truly achieve an integrated approach.

In this evaluation report the performance of the HEALTH INFO project is examined. In addition, the evaluation has been focused on improving the quality of life and health of vulnerable groups such as children and elder women, in the eligible Cross Border (CB) regions. The qualitative results show that the project's deliverables evaluated on the ex-ante report, were all delivered on time, except for the translation of the Project Communication Plan by PB4. Furthermore, the results of the implementation of these deliverables have met the objectives set a priori, as displayed in Table 3. The content and technical specifications of the deliverables were evaluated according to the expected outputs listed in the table. All Work Packages were implemented successfully in an efficient and effective way, providing all the necessary information to key informants.

Findings from the quantitative results of the Questionnaire criteria reveal that the criterion M1. Relevance and Quality of Design has scored the highest mean value (4.33). A fact that indicates that the design and the choice of the activities has properly reflected the needs of the beneficiaries, taking into account HEALTH INFO's mandates and has aligned with the objectives of the Program. General questions concerning the objectives of the project had the highest score (4.50). That indicates that the project has met the objective of including deliverables that lead sustainable economic development of the health sector and equal opportunities in the CB areas.

On the contrary, criterion M4. “Impact” received the lowest mean score (0). This was an anticipated result, as the project is on its ex-ante period and the deliverables that will allow the project to have impact are on the preparation phase. Due to that fact, the impact of the project is not yet visible in the health and social sector, because the project’s deliverables are in their early stages. The removal of the criterion M4, from the analysis, could be possible, however, its inclusion will assist in the comparative analysis of the three evaluation stages.

Overall, the project’s consortium has implemented all deliverables scheduled for the ex-ante phase and achieved the objectives and expected results set a priori.

Ex ante evaluation is a tool for improving the quality of new or renewed programmes and for providing information on the basis of which decision makers can judge the value of a proposal. Therefore it is important to start ex ante evaluation work early on in the process when options for programme formulation are still open.

In many cases ex ante evaluation can be carried out in parallel with or as a part of the programme design, feeding results into the preparation of the proposal. However, if new data needs to be collected an early start is important. Different amount of detail in the analysis is usually needed at different stages of the programme preparation. As some elements of the proposal may change in the course of its development, it is often necessary to revise some parts of the analysis accordingly. For example, it may be useful to leave the detailed specification of result indicators to a stage when the content of the programme has been fixed.

The form and method for conducting the necessary ex ante assessment needs to be decided case by case, taking into account the political context, time constraints and decision makers’ need for information. The scope of an ex ante assessment will depend, among other things, on the amount and quality of information available from earlier evaluations, studies or other sources, on the amount of expenditure and resources involved and on the type of the decision making process. Specific ex ante

evaluation studies or needs assessments may be needed where important information is missing, while in other cases synthesising existing information and/or workshops clarifying programme logic will be more useful.

ANNEX

HEALTH-INFO Project Evaluation Questionnaire

The HEALTH INFO PROJECT Evaluation Questionnaire

HEALTH INFO PROJECT Evaluation Questionnaire

On a scale of 1 to 5, with 1 being “strongly disagree” and 5 being “strongly agree”, answer the following questions:

M1. Relevance and Quality of Design

- 1)** Has the project design and choice of activities/deliverables properly reflected the needs of the beneficiaries, taking into account HEALTH-INFO’s mandates, and alignment with the objectives of the IPA Programme? Yes / No

If Yes, to what extent? 1 2 3 4 5

- 2)** Were HEALTH-INFO’s activities and outputs consistent with the intended outcomes and impact? Yes / No

If Yes, to what extent? 1 2 3 4 5

- 3)** What is HEALTH-INFO’s comparative advantage in this area of work?

- a) capital-asset flows in the cross-border area creating prospects for emerging industrial and service concentrations and clusters, accompanied by changes in labor and knowledge intensity of production, and possible branding of local skills and competencies in connection with the area’s unique characteristics (cultural heritage, ecotourism, other) that have cross-border synergies and global appeal

1 2 3 4 5

b) Other (specify):

1 2 3 4 5

M2. Efficiency

- 4)** Were the project schedules met or completed within reasonable time parameters? Yes / No

If Yes, to what extent? 1 2 3 4 5

- 5)** Have the activities used the most efficient means in delivering the activities, for example, through the use of local resources or of modern communication tools, when appropriate? Yes / No

If Yes, to what extent? 1 2 3 4 5

M3. Effectiveness

- 6)** Have the activities achieved planned objectives? Yes / No

If Yes, to what extent? 1 2 3 4 5

- 7)** Are there any outcomes (intended and/or unintended) in beneficiary countries evident following the intervention by HEALTINFO; Yes / No

If Yes, to what extent? 1 2 3 4 5

- 8)** What were the main factors influencing the outcomes of this project? (Name at most three).

1:

2:

3:

M4. Impact

9) Was Population covered by improved health services? Yes / No

If Yes, to what extent? 1 2 3 4 5

10) Was Population covered by improved social services? Yes / No

If Yes, to what extent? 1 2 3 4 5

11) Does population have access to health services? Yes / No

If Yes, to what extent? 1 2 3 4 5

12) Does population have access to social services? Yes / No

If Yes, to what extent? 1 2 3 4 5

13) Does the economic enhancement of the cross border areas and communities through the growth of the export market provide local residents with additional sources of income, diversifying the economy and lending prestige to local life? Yes / No

If Yes, to what extent? 1 2 3 4 5

M5. Sustainability

14) Have the activities been designed and implemented in such a way to ensure maximum sustainability of their impact, for instance, whether beneficiary countries were actively involved in the initiation, design and implementation of the project? Yes / No

If Yes, to what extent? 1 2 3 4 5

15) Is there any initial evidence that the benefits of the project will, or are likely to continue in the future; Yes / No

If Yes, to what extent? 1 2 3 4 5

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16) What are the specific factors that influence positively or negatively the sustainability of the results obtained by the project? (Name at most three).

1: *WP5 involves one of the most important outputs of the project, the development of the e-Platform along with the three fully interconnected subsystems. The sustainability of the platform is ensured, since LB in cooperation with PB4 will continue to operate the informative system under their auspices. Therefore, concrete measures have been taken (i.e. financial and administrative capacity) during and after the project implementation to ensure the durability of the platform.*

2: *The improved conditions in the field of health care and social services can be promoted as an asset for the CB area, which in combination with other activities will enhance the attractiveness of the area and hold the population. The operation of the informative system under the partners' auspices will continue to connect the CB area's health providers with the health professionals and the inhabitants. It will also offer opportunities for arranging a specialized doctor's visit and collecting epidemic data for the CB area, which long-term could lead to common solutions for shared problems. That is the added value of connecting the two cross border regions.*

3: *It is noteworthy that the Greek National Organization for the Provision of Health Services (LB) is strongly interested in the continuation of the activities after the end of the project, with the intention to provide improved health services to isolated areas all over the country and achieve an economy of scale by promoting financial and human resources in cases, where the social impact is more needed. Towards this goal, LB will support the use of the informative system as a pilot system for other isolated areas of the country as well. This will benefit local communities and authorities, since they gain an improved health care system along with an enhanced social policy. The Ministry of Health will also continue to operate the system in order to allow the pilot system to expand across the country, as it aspires to strengthen the cross-border health units in order to protect the population against health threats.*

4. *Furthermore, WP6 involves the purchase and on-the-spot, short-term visits of the mobile unit to several CB regions in order to offer pilot preventive medical screenings against breast cancer. The benefits achieved by this output ensure its sustainability since it:*

- will achieve early detection of female cancer and therefore early treatment and better prognosis and,*
- the most important benefit from the operation of the mobile unit will be the reduction in mortality and morbidity rates.*

More importantly, the project's Mobile Unit, will pass onto the property of PB3, the General Hospital of Pellas – Hospital Unit of Edessa, which ensures its sustainability and durability after the end of the project.

WP6 also involves the purchase of equipment for the Public Health Institution General Hospital-Gevgelja (PB5) and the Public Health Institution Clinical Hospital Bitola (PB6). More specifically, PB5 will purchase an ultrasound for breast echo diagnostics, which will remain in the property of the Hospital as well as the digital mammograph purchased by PB6 will remain in the property of PB6.

General questions concerning the objectives of the project

- 17)** Does the project pave the way for the sustainable economic development of the health sector? Yes / No

If Yes, to what extent? 1 2 3 4 5

- 18)** Does the project provide equal opportunities of the regions? Yes / No

If Yes, to what extent? 1 2 3 4 5