



	DATE	30 th of January 2018
	TIME	10:30 – 16:00
	PLACE	AN.RO. S.A. premises, Komotini, Greece
<p><i>"INTERREG V-A COOPERATION PROGRAMME: GREECE – BULGARIA 2014-2020"</i></p>		
<p>Minutes</p> <p>"THE HEALTHY MUNICIPALITY " Project</p> <p>1st Kick-off Meeting</p>		
<p>Project: "Policies for Enhancing Access to Health Services in Deprived Areas"</p> <p>"THE HEALTHY MUNICIPALITY "</p> <p>The Programme is co-funded by the European Union (ERDF) and National Funds of Greece and Bulgaria</p>		
<p>AGENDA</p> <p><i>1st Session – Welcome Speeches</i></p> <p>10:30 Registration</p> <p>11:00 – 12:30 Round Table Meeting</p> <ul style="list-style-type: none"> ➤ 11:00 – 11:45 Presentations by each partner of the organisation (max. 5 minutes per partner) <p><i>2nd session – Introduction of the project</i></p> <ul style="list-style-type: none"> ➤ 11:45 – 12:00 Review of the project and aims of the implementation process, <i>presentation by Mr. Kefalidis, Project Manager and General Manager of AN.RO. S.A. – Lead Partner</i> ➤ 12:00 – 12:30 Project and Financial Management, Dissemination Framework, <i>presentation by Dr. Spyros Arseniou, Senior Expert – Region East Macedonia and Thrace</i> <p>12:30 – 13:00 Coffee Break</p>		



3rd Session – Project Activities

13:00-14:00 Meeting for project partners in project implementation and financial issues

Cooperation Framework - Timetable, Presentation by the Agency for Transnational Development and Training - TRANSCOOP

- 13:00-13:30 Presentation of the Standard Contractual procedures - Grant Agreement - Partnership Agreements- *Mrs Tatiana Vasileiou, Administrative Management - TRANSCOOP*
- 13:30-14:00 Presentation of the 1st semester Timetable and discussion on deliverables and tasks undertaken by each partner - *Mr. Sakis Karamoschos, Director - TRANSCOOP*

14:00 Lunch on site

- 14:30 Open Discussion - Debate

16:00 End of Meeting

PARTICIPANTS:

ANRO - Regional Development Agency of Rodopi SA (LP - P1)

- Efsthios Kefalidis
- Afentoulidou Kyriaki

Aristotle University of Thessaloniki - Special Account for Research Funds - Department of Economics (P2)

- Stella Kostopoulou
- Sevi Malisiova

Municipality of Arriana (P3)

- Nikolitsa Gartsoni
- Eleni Fotiadou

Municipality of Iasmos (P4)

- Christina Bouka

Agency for Transnational Training and Development (P5)

- Sakis Karamoschos
- Tatiana Vasiliou

Regional Health Inspectorate (PP6)

- Teodora Pehlivanova
- Teodora Hristozava

**Association of Rhodope Municipalities (PP7)**

- Zlatka Nikolova
- Sofka Asenova

Municipality of Krumovgrad (PP8)

- Ivaylo Mitkov
- Leyla Karaibryam
- Assen Hadzhiev

Municipality of Momchilgrad (PP9)

- Sevdalin Ognyanov
- Ayshe Zeni
- Nebahat Yusein

Joint Secretariat, INTERREG V-A Greece-Bulgaria 2014-2020 Cooperation Programme

- Jenya Dinkova
- Kyriaki Antoniadou

Region of East Macedonia and Thrace

- Spyridon Arseniou

DISCUSSION**KICK OFF MEETING AGENDA**

The Lead partner -ANRO S.A. and the project manager Mr. Kefalidis welcomes the partnership and followingly each partner make a small presentation regarding the activities of each organization and also the role of each project member.

Mr Kefalidis, project manager of "The Healthy Municipality" project, began with an overall introduction of the project and its strategy. This first presentation included a general review of the objectives and deliverables, the origin of the project, the expected outputs and the overall action plan of the project.

The team of LP and Mr Arseniou presented the Categories of project changes and the Project and Financial Management, Dissemination Framework. Mr Karamoschos, Director of the "Agency for Transnational Training and Development" -"TRANSCOOP S.A.", presented the timeschedule of all actions and deliverables of the project. Then, Mrs Vasiliou, Administrative Management from TRANSCOOP S.A., explained the Standard Contractual procedures, the Grant Agreement and the rules of the Partnership Agreement.

The presentations started from the technical parts of all WPs and with timetable for all



deliverables.

Mr Kefalidis , began with an overall introduction of the project and its strategy. The Cross-Border (CB) area includes some of the most deprived and isolated communities of both countries. Current provisioning of health services in the CB areas primarily focuses on coping with emergency cases and not on their prevention. This means low level of health services & degradation of the quality of life of the local population, high costs of health services both for the local population and for the provisioning of health services at the service providers.

The overall objective of the "HEALTHY MUNICIPALITY" project is the designing and introducing of prevention policies at Municipality level to the remote CB areas. **The project pursues on:**

- investigating morbidity causes,
- development of population morbidity maps and formulation of policies for its reduction,
- on investigating the access to and the degree of needs' coverage of health services in partner areas,
- on locating vulnerable groups and taking measures for enhancing their prevention support (diagnostic exams, standard protocols for treatment of incidents),
- on developing tools (patient cards, digital alert system, additional equipment for health centers, networking local health structures),
- on designing local health policy plans,
- on organizing communication actions for applying common plan,
- on applying pilot applications (diagnostic and clinical exams for vulnerable groups, health prevention sessions) to support prevention policy.

The project's objective contributes:

to the program priority specific objective 8 «To improve access to primary and emergency health care (at isolated and deprived communities) in the cross border area"

- by the implementing of prevention actions addressing the local population,
- the introduction of prevention policies and capacity building at Municipality level in the remote areas (developing tools-pilot applications to support their prevention policy),
- by setting up a CB lab on Municipal health prevention.

GENERALLY, the project objectives have to be reached in a CROSS-BORDER approach,

1. because of the common geographical and socioeconomic characteristics of the CB remote areas,

2. because of the lack of health coverage to these areas,

3. the difficult access of local people to medical help, which means that the early diagnosis of the diseases is highly low and the prevention, is missing.

Overall Objective: *promote primary care services and actions of CB added value by designing and introducing prevention policies at Municipality level in the CB remote areas such as digital data base with patient cards, digital alert system, digital Municipal health platform, digital networking local health structures, all designed under a common methodology.*

Outputs:

- 2 desk analysis on population socioeconomic characteristics and operating health



infrastructure for the 4 areas,

- 4 on the field researches on the access to and the degree of needs' coverage of health services in partners' areas,
- 4 researches and activities with medical exams for selected sample in 4 areas on identifying local morbidity,
- 1 synthesis report for the CB area,
- the designing of 1 common digital map on morbidity and health infrastructure, will contribute to the CB area's "stocktaking".
- the setting up examination protocols in partner areas upon most frequent diseases,
- digital data base in 4 areas with patient cards and digital alert system,
- digital municipal health platform in 4 areas,
- the supply of additional equipment for health centers,
- the networking local health structures by 4 seminars and by digital networking

Mr Kefalidis explained that 5 last outputs will form the "tools" of the project.

Extra outputs:

- The designing of 4 local health policy plans, the setting up common CB prevention plan for pilot testing,
- the designing of 6 communication actions for applying common plan in project areas,
- the pilot application in 4 areas with health prevention sessions and medical exams,

He explained that 3 extra outputs will contribute to the designing of the local health prevention policy.

Last but not least, he explained that the last outputs will contribute to the mainstreaming of the project results.

- 1 evaluation of the results of the pilot application,
- 1 synthesis report on problems and good practices of the pilot application in the CB area,
- the adapting of the 4 local health policy plans to the results of the pilot application,
- the setting up of a CB lab on prevention and primary health policies,

The project is framed by project management structures and activities on project publicity:

- 1 Website of the project,
- 4.000 flyers,
- 4.000 Brochures
- 2.000 USB sticks of the Project,
- 5 Local Conferences,
- Opening and Closing Conference of the Project.

It is estimated that 4 health care institutions will be equipped, 4 ICT system will be developed, 60.000 persons to be covered by improved health services.

He presented an analysis of the results as follow:

- 1000 persons per area (4 areas) will participate to researches related to access and degree of needs' coverage of health services,
- 500 persons per each area will participate to researches and diagnostic exams on



identifying local morbidity.

- a digital map on morbidity,
- 500 patient cards per area,
- digital data base, alert system, health platform

will have as a result, the efficient management of the health problems, the possibility of developing health prevention policy in the area.

And extra results:

- the networking of local health structures (hospitals, doctors, etc)
- the designing of local health prevention policy plans introduces the subject of health prevention at the Municipalities' level
- the pilot testing including clinical examinations on 6-7 diseases (resulting from the morbidity surveys) to 600 persons per area (to be identified by specific criteria based on the results of the morbidity surveys), based on the relevant protocols (designed in another project activity) will contribute to the access of vulnerable groups to the health services.
- the sessions for counseling on healthy living etc (4 different sessions in each area) foreseen

will lead to the awareness of a significant part of the population at health prevention.

Mr Kefalidis told that all the **"tools"** produced by the project will increase the capacity of the Municipalities to organize an effective primary health-care system in their areas and the setting up of a **CB lab** on prevention and primary health prevention policies means the adopting and continuing of the project results.

WPS FOR THE PROJECT

Mr Karamoschos presents all WPs, timetable and activities. **(At the end of the project minutes attached all the tables with the schedule of activities).**

The project is divided in 6 coherent and logically structured work packages (WP).

WP1 "Management & Coordination", refers to the financial, technical & operational management, as well as reporting to JS, quality monitoring, evaluation and capitalisation of project results. All beneficiaries will participate in WP1. Management structures are foreseen for all partners who also participate to 6 meetings, an internet portal for effective internal management will be prepared by LP, as well as an ongoing external evaluation (by PB5) for the effective project implementation.

WP2 "Communication & Dissemination", includes the Information & Publicity activities. Communication Activities are foreseen in WP2 under the responsibility of PB7. Communication policy and project website will be prepared by PB1, PB5 & PB7 prepare the publicity material, 1 flyer and 1 brochure each, PB6 organizes the Kick off conference and PB2 organizes closing conference. PB1, PB3, PB4, PB8, PB9 Local information seminars in partner areas.

WP3 "Stocktaking" - Identifying socioeconomic characteristics of the population, morbidity,



coverage of the area on health services. **PB5 is responsible.**

- PB2 and PB6 will conduct desk analysis on population socioeconomic characteristics and operating health infra structure for each area (4 areas in total), under common specifications prepared by PB5.
- PB5 & PB6 will carry out researches on perceived morbidity, on the access to and the degree of needs' coverage of health services in partner areas (in 4 areas) addressed to 1000 persons in each area, under a common methodology, for the sample and for the research, prepared by PB2.
- PB3 and PB4 will conduct medical and diagnostic exams to 500 persons for identifying diagnosed morbidity under common methodology, for the sample and for the research, prepared by PB3.
- Synthesis Reports for each partner area and for the entire cross border area will be prepared by PB2, PB5, PB6.
- The designing digital maps on morbidity and health infra structure will be conducted by PB1 in collaboration with PB7 (for the data needed).

WP4 "Developing Tools - Early Warning System" - for the effective management of health information and the effective response of health services. **PB8 is responsible.**

- PB2 in collaboration with PB6 Setting up examination protocols in partner areas upon most frequent diseases,
- PB2, PB3, PB4, PB6, PB8, PB9 are contributing to the creation of a digital data base in each area with patient cards and digital alert system,
- PB1 & PB6 prepare Digital municipal health platform in each area,
- PB3, PB4, PB8, PB9 proceed to the supply of additional equipment for health centers,
- PB3, PB4, PB8, PB9 organize 1 seminar each for the networking of the local health structures and prepare digital networking.

WP5 "Designing Local Prevention Policy and Pilot Testing". **PB6 is responsible.**

- PB2, PB5, PB7 are designing local health policy plans under common methodology elaborated by PB2,
- PB1, PB5, PB6 contribute to setting up common cross border prevention plan for pilot testing,
- PB1, PB3, PB4, PB7, PB8, PB9 organize communication actions (1 per partner) for applying common plan in project areas (with reference to local specificities) targeting local population, health personnel, medical staff,
- PB1, PB3, PB4, PB8, PB9 implement pilot applications (clinical exams of 600 persons in each of the areas of PB3, PB4, PB8, PB9 and 4 sessions for preventive health issues, like counseling on healthy living: e.g. nutrition, diets, exercise etc., establishing public sport facilities - initiatives, offering light sport programs to the population, organizing programs for the local population coupling light exercise with other activities e.g. sightseeing, environmental awareness etc in each of the areas of PB1, PB3, PB4, PB8, PB9).



WP6 "Evaluation and Mainstreaming" - the evaluating of the results and the mainstreaming of the project. **PB2 is responsible.**

- PB2&PB7 contribute to Evaluating the results of pilot application at local level,
- PB1, PB2, PB7 prepare a synthesis report on problems and good practices of pilot application in the entire cross border area,
- PB3, PB4, PB5, PB7,PB8, PB9 are proceeding to the adapting of local plans to the results of the pilot applications (action plan, expenditure analysis, sources of financing, time table),
- all PBs prepare the setting up cross border lab on prevention and primary health policies.

- WP2 Information & Publicity

Mr Arseniou presented the timetable and the activities of WP2, which generally contains planned and targeted actions for the Information & Publicity of the outputs of the project. He informed all the partners that the terms and rules of the "INFORMATION & PUBLICITY" are provided and defined in the "PROJECT PARTNERS GUIDEBOOK" of the programme ETCP Greece - Bulgaria 2014-2020.

The basic structure of the Project's Communication Plan comprises: the message that the project wants to communicate, the audience to which the project is addressed, the communication activities of the plan (with detailed description of each activity such as objectives and content of the activity to be taken in respect of each target group), the timetable of the activities, the basic obligation of the project partners which reflects the general approach of the EC to communicating the information, the monitoring and evaluation of the communication plan (with output and result indicators) aiming at securing the effective application of the communication action. Concerning the information and publicity measures to be carried out, WP2 is dedicated to the information - public awareness of the project. Thus, objective of Work Package 2 is to install an effective and continuous communication that informs the public of the importance, impact and advantages of the project. The publicity measures include: 1 communication policy, Logo, Website of the project, 4000 flyers, 4000 Brochures and 2000USB sticks of the Project, 5 Local Conferences, Opening and Closing Conference of the Project. In addition, since scope of the Communication Strategy is the dissemination of project objectives and results, in order to encouraging the involvement of local stakeholders and wider public and improving project's effectiveness, 6 communication activities are also foreseen in WP 5 "Designing Local Prevention Policy and Pilot Testing"-activity 5.3, in 6 project areas (komotini, Arriana, Iasmos, Smolyan, Krumovgrad, Momchilgrad), for applying common health policy plan (with reference to local specificities) targeting local population, health personnel, medical staff etc. 12 press releases, 300 posters, 4 tv spots, 12 site publications, 4800 flyers will be produced. Also, in activity 5.4 "Pilot application in each area" more than 4 sessions on health prevention attitudes e.g. on healthy



living nutrition - diets -exercise or programs for the local population coupling light exercise with other activities etc. will be organized in the 4 project remote areas (Arriana, Iasmos, Krumovgrad, Momchilgrad), the areas with the most difficulties of access to the health system where significant part of the population doesn't treat adequately, the early diagnosis of the diseases is highly low and the prevention is almost missing. As to the initial steps of the timetable, the project Logo and the Website will be prepared during the first 2 months of the project implementation. Over the next two months, the Information material, and the Opening Conference will take place. The anticipated project results are going to be promoted at the level of the whole Programme area, at national and regional level by the project website, the information material, the conferences, the publicity material. The project's Communication activities shall comply with the Regulation (EC) 1303/2013.

-WP1 Management & Coordination

Mr Arseniou introduced the **administrative and financial Issues**, related to the WP1, presenting the following aspects (as in the ppt presentation):

- **Project changes and related procedures**, explaining what the PPs have to do in case of partnership change, project content change, budget reallocation between PPs, Budget reallocation WP or Budget Lines, Project duration prolongation, administrative changes.
- **Reporting System** with related requirements and deadlines follows:

Reporting Periods	Deadlines for the submission of progress reports
January - June	20 th of July of the respective year
July - December	20 th of January of the following year
Final Report	2 months after the issuance of all the certificates of all the project beneficiaries

- **Financial management of the project - Financial management procedures** explaining in the details the *reporting eligible expenditures* and the *financial management procedures* respect to the JTS.

Validation of project expenditure will enclose all output of the verification process performed by the controllers at national level for each ERDF PP.

Only validated expenditure can be reported by the PP to the LP!

Only validated expenditure can be reported by the LP to the JTS!

Eligible Categories of Expenditure of the Programme:

Staff Costs = *Costs of Personnel executing tasks corresponding to the specific activities and deliverables of the project proposal.*



- ❖ Personnel costs for project management and/or tasks for project activities with **regular working**.

Obligatory: clear assignment (working contract/job description) providing information on the main tasks within the project + timesheet.

- ❖ Calculation of staff costs: according to national guidance
- ❖ Benefits, rewards over the monthly salaries are not eligible.

Overtime, extra salary included in the regular contract: to be checked with national controller!

Office and Administrative expenditure (Overheads)

Eligible cost: Operating and administrative expenses of the beneficiary organisation that support delivery of the project activities (Reg. 481/2014, article 4).

Reimbursement options: 1. **Real Cost:** invoices and proof of payment required

2. **Flat rate:** a) **Up to 15%** of eligible direct staff costs - no calculation method required from the programme, applicable at the beneficiary level, and beneficiaries do not need to provide any supporting documents.

Staff costs calculated at a flat rate can still form the basis for calculation of indirect costs at a flat rate of (up to) 15% of staff costs.

b) Up to 25% of eligible direct costs- established based on fair, equitable and verifiable calculation method.

Travel and Accommodation: This budget category includes all the expenses of the project's beneficiary for the travel and accommodation costs of the **personnel** involved in the project with the condition that they are directly related to the activities of the project. Travel and Accommodation costs involve:

Costs related to the organisation (or participation) of meetings, seminars, conferences etc.;

Costs, related to the research of a specific field or other similar activities, are eligible under this category and they must be distinctly mentioned in the activities of the project proposal.

Travel and Accommodation outside of the programme area is considered eligible only if it is foreseen in the project proposal and approved;

The trips should be adequately justified and should be according to the National and European Proceedings (per diem)

External Expertise & Services

Costs paid on the basis of contracts and against invoices to external service providers, who are sub-contracted to carry out certain tasks of the project.

This category includes activities such as studies, researches, preparation costs, expert's costs with project contracts, promotion and advertising, creation of websites, etc.

Mrs Vasiliou, added that the Lead Beneficiary of the project, is responsible for the



submission to the Joint Secretariat (JS) of the progress Reports on project implementation activities, according to the timetable referred to in the approved Application Form and the Project Implementation Manual as in force the certificates of verified expenditures can be sent to the JS at random intervals as soon as they are issued, electronically and in hardcopy containing all the necessary Annexes (i.e. certificate, the check list, the Table of Expenditure and the designation letter), which must be signed by the allocated controller/s of the respective country. Still, these must be always attached to the Progress Reports in which they will be reported. The certificates of verified expenditures can be included in Reimbursement claims to the Commission at any time interval.

Mr Arseniou explained the Project Modifications. He said that during the lifetime of our project internal or external causes may bring minor or major changes.

Nevertheless, in order to secure success during the implementation phase, we need to follow a structured form with a precise time table and well defined actions and results.

The Application Form describes our project in detail providing specific information such as timetables, financial information, budget forecasts etc. The Application Form together with the Subsidy Contract and Partnership Agreement provide the basis for project implementation.

Therefore, Lead Partners and Project Partners have a maximum degree of freedom to develop the projects but are expected and obliged to follow the basic agreement of the Subsidy Contract. Changes occurring during the lifetime of a project in general should not affect this basis. Nonetheless, there may be cases for an inevitable exception. The main object of this chapter is to describe the different categories of related project changes.

It is important to note that approval of project changes should not be considered an automatic procedure.

There are three levels of the project changes, considering the effect on the project structure

and the body that will provide at each time the decision. These three levels are the following:

- a) **Project Modifications with notification of the JTS**
- b) **Modifications approved by the Managing Authority**
- c) **Modifications approved by the Monitoring Committee**

It must be noted that the discounts of the contracts are not subject to modifications and any respective savings shall be returned to the Programme. Only in exceptional cases these discounts can be reused and/or re-allocated in the project through a modification approved by the Monitoring Committee.

I. Modifications by the Beneficiaries with notification of the JS/MA

- Administrative Information in the AF such as: changes of contact details, addresses and other data of minor significance or Modification of bank accounts
- Adjustment of the Specification/justification of budget cost that does not affect the scope of the project or any information in the AF



- Adjustment of starting and ending dates of work packages without affecting the overall end date of the project
- Adjustment between the respective budget categories and/or work packages for amounts up to 10% of the total budget of the project, only in cases where there is no change of the scope of the project

II. Modifications approved by the Managing Authority

- Reallocation between the respective budget categories and/or among work packages for amounts up to 20% of the total budget
- Extension of the date set for closing project implementation activities, if not affecting the achievement of the target set by the n+3 rule
- Reallocation of resources between beneficiaries from the same Member State, at the same ERDF rate of contribution, which may result in a change equal to or less than 10% of the project budget

III. Modifications approved by the Monitoring Committee

- Reallocation between the respective budget categories or between actions for amounts greater than 20% of the total budget of the project
- Reallocation of resources between beneficiaries from the same Member State which may result in a change greater than 10% of the project budget
- Changes to the nature of the project and in particular to the objectives and the expected results
- Modification to the composition of the partnership
- Modifications decided by the Monitoring Committee on the basis of sound financial management
- Reallocation of resources between beneficiaries from different Member States
- Addition of new activities leading to the increase of the project budget

Mr Arseniou presented the way for payments for Greek and Bulgarian beneficiaries.

Payments /cash flows - ERDF roadmap

- The Certifying Authority receives ERDF contribution payments from the EC (post Verification of the Expenditure)
- The Certifying Authority transfers the EU's contribution to an interest-free bank account indicated by the LB in the AF
[Payments from the Certifying Authority to the Lead Beneficiary will be made in Euro (€)]
- The LB shall further transfer the respective EU's contribution to the PBs within one month of its receipt. The amounts will be paid according to the flow of funds from the European Commission To provide a sound financial management, all PB must have a dedicated interest-free bank account for the purpose of their project implementation

National Contribution

- **For Greek Beneficiaries the national contribution (15%) will be granted through the Public Investments Programme**
- **The national contribution of Bulgaria (15%) to the Bulgarian beneficiaries is**



ensured by the Ministry of Regional Development and Public Works.

Mrs Vasiliou told that the LB will set up a central management structure (CMS) for the overall co-ordination of the Project. The CMS consists of the project coordinator, the financial and the administrative staff. The PBs set up similar local management structures (LMS) for co-ordinating local activities and co-operating with the CMS. According to the nature of the PBs and the content of the WP, PBs are planned to undertake thematic co-ordination of each WP. Specific responsibilities will be assigned for the effective project implementation. The project is monitored at a transnational level by the Steering Committee (SC). The SC meets 6 times (2 in the beginning for the proper start up of the project and 4 later) and deals with the progress of works and emerging difficulties. Communication within the partnership is continuous through emails, skype etc. For facilitating this communication, the LB undertakes to create a portal, where all information and material will be loaded. The LB, is responsible for the submission to the Joint Secretariat (JS) of the progress Reports. Prior to filling in a progress Report, the Lead Beneficiary will collect documents concerning the expenditures made by all project beneficiaries and all the certificates issued during the reporting period. The LB is responsible for the checking of Partners' progress reports. The Lead Beneficiary will submit a progress Report to the JS every six months. The Final Report of the project will be submitted to the JS/MA at a certain time after the contractual end of the project and given that all verifications have been completed. For the proper performance of the project, apart from the PB' evaluation committees, LB will also create one for the final evaluation of the project activities and deliverables. A risk matrix to identify, prioritize, and manage key risks on the project will be prepared for the Project Risk and Quality Management, to eliminate or minimize risks' impact on the project's objectives and success. Finally, she asked the representatives of the project partners to prepare an official letter to LP and **assign one regular and one deputy representative each** in Steering Committee of the project.

Mrs Vasiliou added that the Procurement Plan (Start - Up Plan) - (STPP) is a plan indicating the actions each PB shall implement during the 1st six months of the Project implementation. Although dates are not obligatory, it's recommended for all PBs to stick on the Plan. According to the provisions on concluding public procurements, the implementation of a project with contract splitting and the award of partial contracts in order to avoid conducting a unique tendering procedure of the total budget, is not legal. Thus, each PB shall launch a unique tender regarding actions with similar content (consulting, digital tools etc).

DECISIONS

LB's responsibilities

- ✓ Responsible for the overall coordination, management and implementation of the project vis-à-vis the MA
- ✓ Shall receive and transfer ERDF contribution for the project beneficiaries who are not located in Greece (PBs located in Greece will receive ERDF contribution from the



Greek Public Investment Account Programme)

- ✓ Shall address requests for project modifications and in general shall be the contact point representing the partnership for any communication with the Joint Secretariat JS/MA or any other of the Programme Structures
- ✓ Shall ensure the timetable and the proper implementation of the project activities

PBs' responsibilities

- ✓ Are the bodies responsible for carrying out specific activities indicated in the AF
- ✓ Also for Providing all information and data to the Lead Beneficiary required for the proper coordination and monitoring of the project implementation and Notify the LB of any factors that may adversely affect the implementation
- ✓ Submitting expenditure for verification to the designated Controllers (Verified expenditure must be submitted to the Lead Beneficiary as soon as the certificate is received, in order to assist the reporting and reimbursement procedures)
- ✓ Notifying the LB of any factors that may adversely affect implementation of the project in accordance with the work plan

Overall responsibilities

- ✓ Official Language of the Project as applies to the Programme is EN
- ✓ All the communication is **OBLIGATORY** to be done in EN between:
 - the PBs and the LB
 - the LB and the JS/MA or third party
- ✓ The submitting of any kind of prototype documentation should be signed and stamped by the beneficiary. The stamp must include the project acronym, the Programme and in those cases that is necessary, the percentage of the eligible amount
- ✓ Any kind of request (clarifications, modification requests, etc) from a PB to MA/JS must be done through the LB. Direct communication is **NOT** acceptable.

The Project Steering Committee (PSC):

- ✓ is the supreme decision-making body
- ✓ is responsible for all decision making during the project
- ✓ deals with the monitoring of the progress of works and with emerging difficulties
- ✓ is chaired by the LB. PBs should assign one regular and one deputy representative each, with sole voting right
- ✓ meets 6 times at the transnational meetings
- ✓ Minutes of the PSC should be taken

Two Subcommittees should be established to supporting the work of the PSC:

- ✓ on the quality and acceptance of the project deliverables
- ✓ on the adequacy of the contracting procedures

The PBs should:

- ✓ Set up the Project Team



- **Project Manager**
- **Financial Staff**
- **Administrative staff**

- ✓ Recruit the Staff required
- ✓ Prepare the specifications for the tenders to be launched
- ✓ Launch tenders in accordance with the Start - up Time Plan and Procurement Plan (STPP)

Help sources for reporting

- ❖ **Programme Manual "ETCP Greece - Bulgaria"**
- ❖ **Partnership Agreement, Subsidy Contract**
- ❖ **Each country's Internal rules on the eligibility of expenditures**

http://www.greece-bulgaria.eu/com/17_Documents-for-project-implementation

ATTACHMENTS

- Agenda and invitation
- List of participants
- Photos
- Time schedule



Photos:







WP 1: Management & Coordination

No.	ACTIVITY	CONTENT	PBs INVOLVED	TIMETABLE		COMMENTS	DELIVERABLES
				From	To		
1	Del 1.1	Preparation Activities	LB, PB2, PB5, PB7, PB8, PB9		21/4/2016	Only PBs that stated expenditures	
2	Del 1.2	Management structures at each partner	All PBs	1/11/2017	31/10/2019		1 CMS 8 LMS
3	Del 1.3	Internet portal for project management	LB, PB6	1/3/2018	10/2019	Development and Maintenance	1 Digital Management Portal LB Develops PB6 contributes (BG Part)
4	Del 1.4	6 transnational meetings	Hosting a meeting LB, PB3, PB4, PB6, PB8, PB9	<ul style="list-style-type: none"> ➤ LB ➤ PB6 ➤ PB8 ➤ PB3 ➤ PB9 ➤ PB4 	11/2017 01/2018 07/2018 12/2017 04/2019 08/2019	All PBs participate	
5	Del 1.5	External evaluation	LB, PB2, PB3, PB4, PB8	02/2018	10/2019	Budget for auditors & progress evaluation	Greek PBs pay for audits, PB8 arranges Project Evaluation, other PBs provide data and info



WP 2: INFORMATION AND PUBLICITY

No.	ACTIVITY	CONTENT	PBs INVOLVED	TIMETABLE		COMMENTS	DELIVERABLES
				From	To		
1	Del 2.1	Communication policy	LB	11/2018	02/2018		1 Document
2	Del 2.2	Project web site	LB, PB5	03/2018	10/2019	LB develops, PB 5 contributes to designing and maintenance	1 Web portal
3	Del 2.3	Publicity material	PB5, PB7	01/2015	10/2019		2X1000 flyers 2X1000 brochures 2X500 USB sticks
4	Del 2.4	Kick off and closing conferences	PB6, PB2	➤ PB6 ➤ PB2	01/2018 09/2019	All PBs join	
5	Del 2.5	Local information seminars in partner areas	LB, PB3, PB4, PB8, PB9	➤ LB ➤ PB8 ➤ PB3 ➤ PB9 ➤ PB4	02/2018 07/2018 12/2018 04/2019 08/2019		5 seminars



WP 3: STOCKTAKING

No.	ACTIVITY	CONTENT	PBs INVOLVED	TIMETABLE		COMMENTS	DELIVERABLES
				From	To		
1	Del 3.1	Population socioeconomic characteristics and operating health infra structure (desk analyses)	PB2, PB5, PB6	03/2018	06/2018	PB5 prepares specs PB 2 and PB 6 carry out studies	4 Studies (1/area)
2	Del 3.2	Research: Access to and degree of needs' coverage of health services in partners' areas	PB2, PB5, PB6	01/2018	07/2018	PB2 prepares specs PB5 and PB6 carry out researches	4 researches (4X1000 interviews)
3	Del 3.3	Sampling on identifying local morbidity in project areas	PB2, PB3, PB4, PB8, PB9	03/2018	09/2018	PB 2 sets up exams' protocols PB3, PB4, PB8, PB9 Organize medical exams	4X500 people examined
4	Del 3.4	Synthesis Reports for each partner area and for the entire cross border area	PB2, PB5, PB6	08/2018	10/2018	PB 2 prepares specs and conducts the overall synthesis PB 5 and PB6 conduct the reports for the areas	4 local reports and 1 synthesis
5	Del 3.5	Designing digital maps on morbidity and health infra structure	LB, PB7	06/2018	11/2018	LB and PB7 design maps for the entire project area	1 digital map infra structure on morbidity



WP 4: DEVELOPING TOOLS – EARLY WARNING SYSTEM

No.	ACTIVITY	CONTENT	PBs INVOLVED	TIMETABLE		COMMENTS	DELIVERABLES
				From	To		
1	Del 4.1	Setting up examination protocols in partner areas upon most frequent diseases	PB2, PB6	11/2018	01/2019	PB2 and PB6 set up examination protocols in partner areas upon frequent diseases,	Examination Protocols
2	Del 4.2	Digital data base in each area with patient cards and digital alert system	PB2, PB3, PB4, PB6, PB8, PB9	06/2018	12/2018	PB2 and PB6 design data bases and patient cards PB3, PB4, PB8, PB9 fill them in	4 Data Bases 4X500 Patient Cards
3	Del 4.3	Digital municipal health platform in each area	LB, PB3, PB4, PB6, PB8, PB9	06/2018	12/2018	PB1 & PB6 prepare Digital municipal health platform in each area	4 digital platforms
4	Del 4.4	Supply of additional equipment for health centers	PB3, PB4, PB8, PB9	04/2018	08/2018	Supply of Equipment	4 equipped centers
5	Del 4.5	Networking local health structures	PB3, PB4, PB8, PB9	06/2018	12/2018	Networking seminars	4 seminars



WP 5: DESIGNING LOCAL PREVENTION POLICY AND PILOT TESTING

No.	ACTIVITY	CONTENT	PBs INVOLVED	TIMETABLE		COMMENTS	DELIVERABLES
				From	To		
1	Del 5.1	Designing local health policy plans	PB2, PB5, PB7,	10/2018	12/2018	PB2 prepares methodology PB5, PB7 design policy plans	1 methodology 4 policy plans
2	Del 5.2	Setting up common cross border prevention plan for pilot testing	LB, PB5, PB6	11/2018	01/2019	PB1, PB5, PB6 set up common prevention plan for pilot testing	1 common plan
3	Del 5.3	Designing and applying communication actions for applying common plan in project areas	LB, PB3, PB4, PB7, PB8, PB9	02/2019	07/2019	Local communication activities	
4	Del 5.4	Pilot application in each area	LB, PB3, PB4, PB8, PB9	02/2019	07/2019	PB1, PB3, PB4, PB8, PB9 implement pilot applications	



WP 6: EVALUATION AND MAINSTREAMING

No.	ACTIVITY	CONTENT	PBs INVOLVED	TIMETABLE		COMMENTS	DELIVERABLES
				From	To		
1	Del 6.1	Evaluating results of pilot application at local level	PB2, PB7,	06/2019	08/2019	PB2&PB7 evaluate results of pilot application	
2	Del 6.2	Synthesis report and results on application of pilot application in entire cross border area (problems and good practices)	LB, PB2, PB7,	08/2019	09/2019	PB1, PB2, PB7 prepare synthesis report on problems and good practices of pilot application	1 report with 4 subsections
3	Del 6.3	Adapting local plans to results of pilot application	PB3, PB4, PB5, PB6, PB7, PB8, PB9	08/2019	10/2019	PB3, PB4, PB5, PB7, PB8, PB9 review local plans	4 reviewed local policy plans
4	Del 6.4	Setting up cross border lab on prevention and primary health policies	LB, PB2, PB3, PB4, PB5, PB6, PB8, PB9	07/2019	10/2019	Participating at CB lab sessions	