



Община  
Крумовград

## **‘The Healthy Municipality’ “Policies for Enhancing Access to Health Services in Deprived Areas”**

Interreg V-A Cooperation Programme ‘Greece-Bulgaria 2014-2020’

### **WP 1/Deliverable 1.8.5 External Evaluation Interim Project Evaluation Report**

**Reconstruction and Development Agency**

**RDU**

Contractor of the Municipality of Krumovgrad

**September2019**

**‘The Healthy Municipality’  
«Policies for Enhancing Access to Health  
Services in Deprived Areas»**



**Subsidy Contract № B2.9a.09  
Project MIS Code 5011021**

**Project Evaluation Document  
Interim Project Evaluation Report**

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**Creation Date:** [19/09/2019]  
**Last Updated:**  
**Version:** 1.0



## Reconstruction and Development Agency

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Община Крумовград  
Municipality of Krumovgrad

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## **1.0 Purpose of the Project Interim Evaluation Report- Applied Methodology**

### **1.1 Purpose**

The present project evaluation document (Interim/Mid-term Report) summarizes the results of the project evaluation procedure after the 3<sup>rd</sup> and 4<sup>th</sup> semester of its implementation. It compares the project's current status to the original commitments documented in the approved Project Proposal, as has been modified and approved by the JS/MA, pertaining to the period from 01/07/2018 to 30/06/2019. In simple words, the interim evaluation report assesses the intended outcomes, outputs and the success indicators at the project half-way.

The purpose of this Project Evaluation Report (PER) is to measure the success of the project management and the actual implementation (including the use and effectiveness of processes and tools used). In overview, the aim of this PER is to develop and maintain a system of internal/self-evaluation for the project partners (Project Beneficiaries/PBs) and, to that end, summarizes the 3<sup>rd</sup> and the 4<sup>th</sup> semesters/periods of the project, towards identifying findings which might lead to improvements and adjustments of the project implementation.

The evaluation of the Timeframe consistency and the Implementation Status in relation to that will provide a brief description of the project completion level and how it meshes with the project milestones. This is absolutely necessary towards letting the project's partnership know how the overall intervention is going.

Last but not least it will provide an accurate update on the implementation status of the project and potential deviations so far, as well as amendments and recommendations to be taken into consideration for the successful closure of the project.

## 1.2 Methodology

A single evaluation toolkit is used in order to collect the necessary data which will be used for the accurate evaluation of the project. This toolkit consists of three (3) distinct stages and is made of the following elements:

- A **Checklist** for the **start-point evaluation**, to be carried out in the **early-stage** of the project before substantive interventions take place
- A **Questionnaire** for the **mid-point (interim) evaluation**, to be carried out at a stage when the project can still be modified without changing/affecting its initial scope
- A **Questionnaire** for the **end-point evaluation**, to be carried out at the **final stage** of the project implementation, towards assessing the outputs and the future sustainability of the project just before the final progress report submission.

This evaluation toolkit is designed to help in assessing the performance of the project focused on potential deviations and delays and towards improving its quality and its sustainability.

The latter one will help the beneficiaries through PSC to determine whether to continue with the current direction, where to make adjustments if necessary, or even revise at some point the initial goals. The present document includes an analytical description of the progress, the evaluation thus far, and an overview of the financial situation. Any delays or deviations to the initial framework are included and explained, as well as any comparison between actual compared to expected results.

## 2.0 Review Process

The project review process was conducted by the '**Reconstruction and Development Union**' which was selected following the successful completion of the respective tendering procedure initiated by the **PB8**, the **Municipality of Krumovgrad(BG)** on 25/05/2018.

The approach chosen by the contractor combines the following:

**a. A desk survey** during which all relevant documentation was examined:

1. The Project Proposal initially submitted (22<sup>nd</sup> of April 2016)
2. The Decision of the Monitoring Committee of (21<sup>st</sup> of March 2017)
3. The Modified Project AF dated (01/11/2017) as revised AF
4. The Subsidy contract N<sup>o</sup> B2.9a.09 signed by the Head of the MA at 01/11/2017 and its Annexes
5. The Partnership agreement signed at 01/11/2017
6. The 1<sup>st</sup> progress report for the period 01/11/2017 to 31/12/2017
7. The 2<sup>nd</sup> progress report covering the period from 01/01/2018 to 30/06/2018
8. The 3<sup>rd</sup> progress report covering the period from 01/07/2018 to 31/12/2018
9. The 4<sup>th</sup> progress report covering the period from 01/01/2019 to 30/06/2019
10. The Start-Point Evaluation Report as delivered on 18/10/2018
11. The approval of the request for the prolongation of the project duration by the JS/MA for six (6) months (06/09/2019), till 30/04/2020

**b. The completed Questionnaires** by the involved PBs as follows:

- Regional Development Agency of Rodopi S.A. (LB)
- Aristotle University/Special Account for Research Funds/Department of Economics(PB2)
- Municipality of Arriana (PB3)
- Municipality of Iasmos (PB4)
- Agency for Transnational Training and Development (PB5)
- Regional Health Inspectorate of Haskovo District (PB6)
- Association of Rhodope Municipalities (PB7)
- Municipality of Krumovgrad (PB8)
- Municipality of Momchilgrad (PB9)

### 3.0 Project Purpose

The project with the acronym: **'The Healthy Municipality'** [MIS Code: 5011021] was submitted and approved in the framework of the Cooperation Programme "Greece-Bulgaria 2014-2020" under the Priority Axis 4: A Socially Inclusive Cross-Border Area. Its specific objective is: 8: To improve access to primary and emergency health care (at isolated and deprived communities) in the CB area while the Thematic Objective is 09: Promoting social inclusion, combating poverty and any discrimination and falls under 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.

The Project in fact pursues to investigate morbidity causes by developing population morbidity maps and formulating policies for its reduction. Also to investigate the access to and the degree of needs' coverage of health services in partner areas, to locate the vulnerable groups and to take measures for enhancing their prevention support (diagnostic exams, standard protocols for treatment of incidents), as well as to develop tools (patient cards, digital alert system, additional equipment for health centers, to network local health structures), towards designing local health policy plans. Within the approved actions is to organize communication actions for facilitating the application of a common plan in project areas and to carry out pilot applications (diagnostic and clinical exams for vulnerable groups, health prevention sessions) in order to support the overall prevention policy.

Nine (9) partners (Project Beneficiaries/PBs) representing local authorities, academic institutions, development agencies, health directorates and other organizations located on the two (2) sides of the cross-border area, collaborate together upon common methodologies and local application of them for the above mentioned purposes.

As far as the foreseen actions of the project are concerned, it should be outlined that the 'Healthy Municipality' Project investigates the effectiveness of the current Health Structures in the two countries over prevention policies, by conducting two (2) desk analyses on the population's socioeconomic characteristics and on the operating health infrastructure of the four (4) targeted areas (Municipalities of Krumovgrad, Momchilgrad, Arriana and Iasmos). It is also foreseen to implement four (4) on-the-field researches on



the access to and the degree of needs' coverage of health services in partners' areas, four (4) researches and activities including medical exams for selected sample in the same four (4) areas on identifying local morbidity, one (1) synthesis report for the Cross-Border (CB) area, one (1) common digital map on morbidity and health infrastructure, for the "stocktaking" of the project needed data.

It is also foreseen to set up examination protocols in partner areas upon most frequent diseases, to create digital data bases in four (4) areas with patient cards and digital alert system, a digital municipal health platform in the four (4) areas as well as to supply additional equipment to the health centers. The designing of the four (4) local health policy plans, the setting up of a common CB prevention plan for pilot testing, the designing of six (6) communication actions for applying a common plan in project areas, the pilot application in four (4) areas with health prevention sessions and medical exams, will contribute to designing a common CB health prevention policy. One (1) evaluation of the results of the pilot applications, one (1) synthesis report on problems and good practices of the pilot applications in the CB area, the adapting of the four (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, will contribute to the mainstreaming of the project results.

Last but not least, the project is framed by management structures and activities on project publicity (1 Website of the project, 4000 flyers, 4000 Brochures and 2000USB sticks on the Project, 5 Local Conferences, Opening and Closing Conference of the Project).

In total, it is estimated that four (4) health care institutions will be equipped, four (4) ICT systems will be developed, and around 60.000 persons will be covered by improved health services.

## 4.0 Assessment of Project Commitments

The Project AF and the Progress Reports documented project objectives, scope, deliverables, schedule and cost. This section assesses the project against the original [resp. revised] mandate as laid down in those documents.

### 4.1 Tenders for Staff Recruitment (Questions 1-2/10)

[Staff] is an important element for the project success, ensuring proper implementation of the project activities. According to the questionnaires' filtering, all PBs who had foreseen tender for recruiting personnel have concluded the procedures: LB, PB2, PB3 and PB5. PB4 has published tender for staff recruitment during the 1<sup>st</sup> Semester of 2019 but the procedure ended non-fruitful. On the other hand, PB6, PB7, PB8 and PB9 had direct assignment for staff in respect to the national legislation.

TENDERS FOR STAFF RECRUITMENT (QUESTIONS 1-2/10)		YES	NO	Remarks
1	Have you published any tender for staff recruitment?	5	4	For PB6, PB7, PB8, PB9 direct labour contracts
2	Is there any other tender for staff recruitment to be published in the next period?	1	8	For PB4: non-fruitful tender

As far as the pending staff-tenders is concerned, this is the one mentioned above by PB4 (Municipality of Iasmos), published on 23/01/2019 with deadline on 04/02/2019 for the activities: D1.4.4, D2.4.5, D3.4.3, D4.4.5, D5.4.3, D5.4.4, D6.4.3, D6.4.4.

For the beneficiaries which had successful completion of staff tenders:

- a) LB published the tender on 20/12/2018 with deadline on 18/01/2019 and the undertaken project activities were D5.1.4 and D6.1.4
- b) PB2 published the tender on 18/09/2018 with deadline on 04/10/2018 and the undertaken project activities were under the WP3, WP5 and WP6
- c) PB3 published the tender on 19/10/2018 with deadline on 05/11/2018 and the undertaken project activities were the following: D1.3.4, D2.3.5, D3.3.3, D4.3.2, D4.3.5, D5.3.3, D5.3.4, D6.3.3, D6.3.4
- d) PB5 published the tenders on 31/07/2018 and 01/10/2018 with deadline on 07/09/2018 and 23/10/2018 respectively and the undertaken project activities were for the 1<sup>st</sup> tender the Deliverables: 3.5.1, 3.5.2, 3.5.4, 5.5.1, 5.5.2, 6.5.3, 6.5.4 and for the 2<sup>nd</sup> one D3.5.2.

## 4.2 External Services Tenders (Question 3/10)

As it is well understood the [External Services] category is absolutely necessary for the proper implementation of activities with high-expertise and it is of great importance for the project implementation to have contracts soonest the possible, since in most of the cases, activities are interconnected and potential delays lead to overall deviation by the project time-framework.

QUESTIONS CONCERNING EXTERNAL SERVICES TENDERS		YES	NO	REMARKS
3	Have you published any procurement for external activities?	3	6	PB7 direct, PB9 direct, PB2 direct

Filtering the results of the Questionnaires for the specific point, it comes out that so far six (6) out of nine (9) beneficiaries have contracted under external services category. Amongst those six (6), three (3) have fulfilled the tender procedure (LB, PB6, PB8) and three (3) had direct assignment in accordance to the national legislation (PB2, PB7, PB9). For the beneficiaries which had successful completion of external services tenders:

- a) LB published the tender on 19/12/2018 with deadline on 18/01/2019
- b) PB6 published the tender on 15/08/2018 with deadline on 31/08/2018
- c) PB8 published the tenders on: 20/12/2017 with a deadline on 22/01/2018, 15/02/2018 with a deadline on 26/02/2018, on 17/05/2018 with a deadline on 28/05/2018, on 14/11/2018 with a deadline on 06/12/2018, on 29/05/2019 with a deadline on 19/06/2019 and on 09/08/2019 with a deadline on 02/09/2019

The rest three (3) have not yet published the respective tenders. This is: PB3, PB4 and PB5. As far as the PB3 and the PB4 is concerned this is mainly based on the fact that both of them constitute small remote Municipalities (Greek Local Authorities of A' Degree) with very limited capacities in preparing and publishing tenders and no experience related to health topics. This consequently led to a programmatic agreement between each of the two beneficiaries with the General Hospital of Komotini in order for them to receive the needed know-how and thus to prepare the respective tender calls.

On the other hand and with regard to PB5 (Transcoop), it should be noted that the content of the particular tender follows the progress of project works. Thus, it is expected

first to complete a certain number of deliverables and then to proceed to publishing the relevant promotion material.

### 4.3 Assessment over potential project deviations (Questions 4-5/10)

As described above, significant delays have been encountered in a number of activities and this was imprinted by the PBs while answering the specific question (q4). At the same time, the conviction that these delays can be definitely overcome is clearly reflected to the answers given to the fifth question (q5).

QUESTIONS CONCERNING POTENTIAL PROJECT DEVIATIONS		YES	NO	REMARKS
4	Do you think that there are delays in the project implementation?	9		
5	Do you think that any delays can be definitely overcome?	9		

The positive view of the partners is due to the fact that most of the beneficiaries have already completed the procurement procedures-which have been the main cause of the long delays in the project implementation-and they have not any pending tenders.

On the other hand, the beneficiaries which still have to deal with a tender procedure, are confident with regard to the timely completion of the project activities notably due to the recently approved timetable which provides sufficient time to apply in all necessary actions and not only to complete the tender procedure. In this respect, it is worth recalling that according to the initial timetable, the project started at 1/11/2017 and was expected to reach to an end at 31/10/2019 (duration 24 months). Due to the significant delays, the JS/MA approved the request for prolongation of the project duration by six (6) months. The project timetable set out after the approval of the extension request defines the project end date on 30/04/2020 (duration 30 months).

#### **4.4 Motivation (Question 8/10)**

Regarding the question whether the PBs have seen any motivation/interest of the local stakeholders of their area in the project, the analysis and comparison of the partners' answers led to the following conclusions:

It is of importance to notice that the resulting motivation is differentiated according to each partner's implementation status and is entirely dependent on the extent to which the results of the implemented activities are appropriately communicated and promoted.

This is the reason why the Bulgarian beneficiaries claim that the interest of the local stakeholders not only appeared but it was successively increased as well. And this is because of the following two facts: on the one part, they have already implemented essential activities, such as the supply of medical equipment and the delivery of the medical examinations, while on the other part, they have ensured that the project activities and objectives will be widely promoted through the implementation of the dissemination activities of the project.

On the other hand, the Greek beneficiaries, in general, argue that they have not noticed any noteworthy motivation by the local stakeholders so far, due to the fact that there have not been implemented any publicity activities yet, which might lead to the required dissemination of the project activities' results. It has to be noted that the fact that there is not any substantial project implementation with regard to the public lies on the significant delays occurred mainly as a result of the Greek Municipalities' low administrative capacity and the strict procurement procedures.

#### **4.5 Financial Object of the Project (Question 9/10)**

The last set of questions was related to the available resources of the project.

Being almost two years long after the official start of the project, the level of expenditures seem to be very low or even non-existing for some actors, medium to low for others and very high for a small number of beneficiaries.

It is more than obvious that a solid core, perhaps a majority of the beneficiaries show significant progress in money absorption in comparison to the initial stages of the project

and this trend is expected to develop even further as the time-framework will keep pushing the PBs to speed up their expenditures.

On the contrary, there are two (2) actors with zero expenditure at this moment. This brings serious concerns for the remaining period of the project in regard to the expenditure rate and also to vital parts of the project activities due to the interconnection of the deliverables.

	QUESTION CONCERNING THE FINANCIAL OBJECT OF THE PROJECT	PAID-OUT	VERIFIED	REMARKS
9	Amounts paid-out & Amounts verified (in €)			
LB	Regional Development Agency of Rodopi S.A.	34.896,19	0,00	-
PB2	Aristotle University of Thessaloniki	12.890,00	0,00	-
PB3	Municipality of Arriana	0,00	0,00	-
PB4	Municipality of Iasmos	0,00	0,00	-
PB5	Agency for Transnational Training and Development	38.599,87	0,00	-
PB6	Regional Health Inspectorate- Haskovo	15 404,43	12 290,58	-
PB7	Association of Rhodope Municipalities	13983,60	7072,54	-
PB8	Municipality of Krumovgrad	104 196.04	86 701.03	-
PB9	Municipality of Momchilgrad	147 179	36 909,86	-

## 5.0 General Conclusions

As the report refers to the 3<sup>rd</sup> and 4<sup>th</sup> implementation semester, and bearing in mind the delay for a number of activities, we could point out that the impact of the project's physical object to consider is placed to medium range. A number of elements do refer to deviations from the initial timeframe of the project proposal as explained above, especially by the PBs N<sup>o</sup>3 and N<sup>o</sup>4 which represent the Greek local authorities, and thus play a critical role for the target areas and consequently for the most important part of the activities (medical/laboratory examinations, raising awareness events, medical sessions, equipment purchase, etc.). At the same time, it is worth noted that the evaluation work so far has confirmed the wide diversity of expectations by different project beneficiaries and the different level of commitment to the project overall objectives.

The Partnership now seems to work better and at a faster pace despite the large number of partners. Part of this is achieved because of the involvement of staff with capacity and high expertise in the working groups of the beneficiaries as well as to the fact that actors with lower capacity after a certain implementation period became more familiar with the procedures and the programme requirements. The last meeting which was held in Arriana Municipality resolved a number of obstacles and pending matters, however, the significant time which has elapsed since then acts as a barrier to the preservation of the team spirit. Independent from the specific plan of the scheduled project meetings, additional technical meetings could be arranged towards boosting the progress of the project.

Despite the impressive expenditures of the Bulgarian Municipalities (PB8, PB9) the overall absorption rate is below the desirable. A positive point in this topic is undeniably the approval of the request for prolongation of the project duration which will extend the project lifecycle, thus extending the eligible period of expenditures for six (6) more months. The main problem remains the delay of specific actors to speed up their involvement in the project. And despite the fact that the majority of the actors have long ago concluded the external expertise tenders and the procurements for the equipment too, it is vital for the proper implementation of the project, the three (3) remaining beneficiaries to have contractors for the above mentioned categories soonest the possible, otherwise the project will have to tackle various challenges.

As a sum-up to the above mentioned, it appears that the project moves in two separate gears, the fastest group of bodies is comparatively well on track and the other one is facing the same problems which were encountered in the previous evaluation report with as light progress in comparison to that period of time. The project partnership is co-operating comparatively well, bearing in mind the number and the diversity of the actors involved, (there are however slight indicators about dissatisfaction). The key conclusion is the fact that the project passes through a critical moment which will be decisive for its success.



## 6.0 Outstanding Issues or Concerns (Including Question 6)

**The procurement procedures** were admittedly one of the most difficult aspects for the project implementation according to both Greek and Bulgarian Beneficiaries. Not only the **complex phases of the tenders** and the **strict requirements**, but the **bureaucracy** as well, hindered the timely implementation of the activities. Specifically, the fact that the Aristotle University of Thessaloniki follows a very strict internal monitoring administrative system required considerable time to deal with contracting procedures. Bureaucracy was also mainly responsible for the fact that the primary requirement of approval of the list of items regarding the procurement for the equipment of the Greek Municipalities (Arriana and Iasmos) by the "4<sup>th</sup> Administrative Health Region" has lasted for more than seven months.

In addition, as regards the tender procedure, two Bulgarian Beneficiaries and in particular PB6 and PB8 underlined the **lack of candidates**. That difficulty is of fundamental importance, as it caused significant delays to the project implementation.

Additionally, part of the partners pointed out the **lack of human resources for the Greek and Bulgarian Municipalities**. The fact that the Municipalities involved in the project (Arriana, Iasmos, Krumovgrad and Momchilgrad) are authorities with low administrative capacity has definitely a negative consequence for the smooth project implementation. The poor productivity and performance of the Municipalities comes from the unquestionable fact that the limited number of employees is not always in a position to meet the project goals, bearing in mind that they are already entrusted with many tasks in the municipality management.

In particular, this crucial administrative weakness affected negatively the maintenance of the initial project timetable, as it caused inability to announce at a given time framework the required tenders for services and equipment. Even more specifically, in the case of the Greek Municipalities (Arriana and Iasmos) this led to the only available solution, which was an agreement of collaboration between the Municipalities of Iasmos and Arriana on one side and the General Hospital of Komotini on the other side.

Furthermore, **keeping up with the Institutional Framework and the National Legislation for the co-financing projects** has been a point of considerable difficulty, especially for the Bulgarian Beneficiaries. Due to the fact that the reimbursement of the verified costs is directly connected to the First Level Control procedure, the Bulgarian

partners are facing significant delays in regard to the financial object of the project, as they have to deal with the slow cash flow procedure.

It is worth mentioning that a number of beneficiaries outlined the **difficulties in communication** amongst many beneficiaries with variety of backgrounds. The difficulty lies to the fact that the dissimilarity of the institutions' status follows that there will be definitely different administrative procedures, different degrees of implementation time such as dissimilar approaches to the way of operating in general.

Lastly, it is worth noted that a certain beneficiary did not mention any difficulties in the project implementation at all.

## 7.0 Project Successes (including findings of the Question 7)

As far as the question in regard to whether the beneficiaries can describe any kind of project success so far or not, the answers were linked to the specific success so far for each beneficiary.

For instance, certain beneficiaries underlined the implemented deliverables (under category External Services) while others referred to Deliverables closed (under Equipment category), both claiming for the importance of the specific activities, depending on the local needs. On the other hand, certain beneficiaries attempted to project the overall concept of the project and to estimate the impact of it on the local communities in relation to the quality of health services etc.

Particularly, the **Regional Development Agency of Rodopi S.A.** noted that the project success, as far as the LB is concerned, lies in the successful implementation of three deliverables and in particular the following: a. The internet portal for project management elaboration (D1.1.3). The internal portal, available at <https://healthymunicipality.com>, will largely contribute to the most efficient monitoring of the project's progress. b. The project's trilingual web site creation (D2.1.2). The web site is the main communication tool of the project. Information relative to the project, such as researches, results and deliverables, an event calendar and publicity material is available on the web site <https://healthymunicipality.com>. c. The trilingual data base and the digital maps on local morbidity and health (D3.1.5), which also operates on <https://healthymunicipality.com>. The digital data base and the maps make up an innovative planning infra structure on health and are more than important for the health services and the local stakeholders, since they constitute a tool for designing local health policies at local level.

Subsequently, as regards to **Aristotle University of Thessaloniki**, PB2 presents the conduction of the field studies as the institution's only success.

The **Municipality of Arriana** (PB3) considers the results of the work carried out by the Bulgarian Beneficiaries (PB8 and PB9) as the greatest success met so far. PB3 focused mainly on the equipment delivery by the above mentioned beneficiaries, the infrastructure works which have been implemented within the local medical centers of them, such as the methodology outputs of the activities to be carried out the remaining project time-framework.

In addition to that, it is worth noted that the other Greek Municipality (**Municipality of Iasmos**- PB4) gives credence to the work done so far by the Bulgarian Beneficiaries as well as Municipality of Arriana, considering that as the highest success achieved so far in the project implementation. Not to be neglected that the Greek Municipalities (PB3 and PB4) are at significantly different level of implementation in comparison to the Bulgarian ones (PB8 and PB9).

In contrast to the Beneficiaries mentioned above, the **Agency for Transnational Training and Development-TRANSCOOP** (PB5) presents not the deliverables implemented so far, but a comprehensive approach based on the fact that the project is innovative as it addresses a very significant and fundamental problem of the primary health service provision and examines it on the ground. In accordance with PB5, project results (methodology and prepared tools along with outcomes) can be easily adopted in the national health policy systems of the partner countries and this is the greatest success of the project so far.

On the other hand, **Regional Health Inspectorate** (PB6) focuses mainly on the project specifications, mentioning that it is of high importance that the partners' obligations are clearly assigned and gives credence on the successful communication between the Bulgarian beneficiaries.

Regarding the **Association of Rhodope Municipalities [ARM]** (PB7), it is of great importance to mention that the project success lies on the fact that a high level motivation has been noticed regarding the project implementation. At this point, it is worth stated that the Association of Rhodope Municipalities is a Nonprofit Organization (NPO) and the General Assembly of the institution is composed by mayors, chair persons and municipal councilors. In this context, the fact that the particular stakeholders recognized from the outset the value of the project outcomes and actively involved in the project implementation, has been the greatest success so far. Not to be neglected, that the active involvement of the General Assembly in the project implementation not only acts as a promotion tool of the project activities, but actually ensures and enhances the transparency of the procedures as well.

The **Municipality of Krumovgrad** (PB8) has implemented most of the undertaken activities and considers this fact as the greatest success of the project implementation so far.

Being on the same wavelength, the **Municipality of Momchilgrad** (PB9) presents the success of the activities carried out so far, such as the local information seminar, the IT hardware and software equipment, the equipment delivery and the information seminar for networking local health structures.

## **8.0 Other Findings**

During the evaluation process in September 2019, the external evaluator was - as exactly happened during the start-phase evaluation report - in contact with the responsible for the specific deliverable partner (PB8) as well as with the Lead Beneficiary (LB) of the project via email, telephone, and face-to-face meetings with project partners. The coordinator provided the evaluator with all the relevant information, documents, and data, in a timely manner and gave access to all parties involved in the project.

The overall working atmosphere between the specific activity coordinator (PB8) and the evaluator was open and professional, allowing different points of view to be properly addressed. In addition to this, there was a general agreement between partners in regard to how external evaluation should be placed in the developed project, which methods and instruments should be developed, adapted and implemented and how the received data and information should be evaluated to ensure a positive development of the project.

## 9.0 Recommendations (including findings in Questions 10/10)

As obvious from the preceding report and also reflected in the various semester progress reports, the “Healthy Municipality Project” is being challenged by a series of factors: unexpected events, administrative difficulties and stiffness, frailty of partners to tackle obstacles etc. However the project remains a very innovative intervention, of a wide and integrated range of actions covering the entire bow of policy making, from design up to tangible infrastructure and digital tools over pilot testing to synthesis of experiences and to definition of a common policy in the fragile sector of local health. In this context the project goes beyond the planned policies at national level, let alone the fact that it is implemented in some of the least developed EU areas, and its results could become a substantial input for national and regional policy makers in the health sector to upgrading their intervention.

With reference to the recorded deviations and as far as the structure of the project activities is concerned, one might say that the “Healthy Municipality” is set up of two different implementation phases. The first one containing theoretical work, executed by individual partners, either as desk analyses, researches etc. or development of tools, the second being devoted to field work, to be carried out by the municipalities, which in principle are the mostly challenged, either as lacking the necessary qualified personnel or missing the appropriate self-confidence and commitment to the project objectives.

However since the project has reached a significant level of maturity, as a number of results/ outputs have already been prepared by individual partners or are in good progress and thus the first phase of works gradually comes to an end, what is now considered necessary is to mobilize the municipalities (notably the ones on the Greek side) to start up with the implementation of their own major intervention (pilot phase) and support them throughout the particular phase.

To doing so a significant effort in empowerment work is considered necessary. This empowerment work could consist of:

- Communication work to the local stakeholders (mayors, municipal councillors, local influencers etc.): the project achievements so far should be explained and presented to the local actors as well as the remaining activities to carry out. Discussions between project representatives and the particular actors should take place, the planned local awareness seminar have to be held, where they haven't yet.

- Communication work to the local community has to be done. The planned awareness raising and information campaign has to be applied, so as to prepare the ground for the pilot phase. Publicity means have to be prepared on time, prior to the pilot implementation.
- Practical support to the municipalities has to be provided. Either to completing the administrative procedures or to carrying out their activities.
- The cohesion of the project team has to be strengthened. As partners were busy with the preparation of their deliverables the cohesion of the partnership decreased. More common coordination meetings should be inserted, partners should come again closer to the project objectives and goal.
- And last but not least, as the project enters its most difficult phase, an effective management is required, to properly adjusting communication interventions to content works, to coordinating the individual actions and to activating partners on the right time.