



Община
Крумовград

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

Interreg V-A Cooperation Programme ‘Greece-Bulgaria2014-2020’

WP 1/Deliverable 1.8.5 External Evaluation
Final Project Evaluation Report

Reconstruction and Development Agency

RDU

Contractor of the Municipality of Krumovgrad

July 2022

‘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**

Author: [IvankaDushkova] R.D.U.
Creation Date: [30/06/2022]
Last Updated:
Version: 1.0



Reconstruction and Development Agency

R D U



**Община Крумовград
Municipality of Krumovgrad**

Table of Contents

1.0 Purpose of the FER – Applied Methodology.....	5
<i>1.1 Purpose.....</i>	<i>5</i>
<i>1.2 Methodology.....</i>	<i>5</i>
2.0 Review Process.....	7
3.0 Project Purpose	9
4.0 Assessment of Project Commitments.....	11
<i>4.1 Staff recruitment.....</i>	<i>11</i>
<i>4.2 External Services Tenders.....</i>	<i>11</i>
<i>4.3 Equipment Tenders.....</i>	<i>11</i>
<i>4.4 Assessment over imprinted project delays.....</i>	<i>13</i>
<i>4.5 Added Value and Motivation.....</i>	<i>15</i>
<i>4.6 Financial Object of the Project</i>	<i>16</i>
<i>4.7 Capitalization, Sustainability and Synergies.....</i>	<i>17</i>
<i>4.8 Project Indicators' achievement.....</i>	<i>18</i>
5.0 General Conclusions.....	20

1.0 Purpose of the Final Evaluation Report- Applied Methodology

1.1 Purpose

The present project evaluation document (Final Report) summarizes the results of the project evaluation procedure starting from the Interim/Mid-term Report till the project official closure date.

It compares the project's status by the end of its lifetime to the original commitments documented in the approved Project Proposal, as has been modified and approved by the JS/MA, as well as to the project status as appeared within the previous two reports.

The purpose of this Project Evaluation Report (PER) is to measure the overall success of the project activities and the actual implementation (including the use and effectiveness of processes and tools used) as well as to measure its impact according to the foreseen indicators.

In addition, it seeks to assess the conditions for the sustainability of the project heritage as well as to examine potential capitalization of the project activities and/or synergies under the same or alternative ways of financing.

Last but not least it will imprint the implementation status of the project by the time of the official 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 (22nd of April 2016)
2. The Decision of the Monitoring Committee of (21st of March 2017)
3. The Modified Project AF dated (01/11/2017) as revised AF
4. The Subsidy contract N^oB2.9a.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 1st progress report for the period 01/11/2017 to 31/12/2017
7. The 2nd progress report covering the period from 01/01/2018 to 30/06/2018
8. The 3rd progress report covering the period from 01/07/2018 to 31/12/2018
9. The 4th progress report covering the period from 01/01/2019 to 30/06/2019
10. The 5th progress report covering the period from 01/07/2019 to 31/12/2019
11. The 6th progress report covering the period from 01/01/2020 to 30/06/2020
12. The 7th progress report covering the period from 01/07/2020 to 31/12/2020
13. The 8th progress report covering the period from 01/01/2021 to 30/06/2021
14. The 9th progress report covering the period from 01/07/2021 to 31/12/2021
15. The 10th progress report covering the period from 01/01/2022 to 30/06/2022
16. The Start-Point Evaluation Report as delivered on 18/10/2018
17. 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
18. The approval of the request for the prolongation of the project duration by the JS/MA for six (6) months (03/04/2020), till 31/10/2020
19. The approval of the request for the prolongation of the project duration by the JS/MA for six (6) months (06/10/2020), till 30/04/2021

20. The approval of the request for the prolongation of the project duration by the JS/MA for six (6) months (24/03/2021), till 31/10/2021
21. The approval of the request for the prolongation of the project duration by the JS/MA for five (5) months (08/10/2021), till 31/03/2022
22. The approval of the request for the prolongation of the project duration by the JS/MA for three (3) months (21/03/2022), till 30/06/2022

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 Staff recruitment (Question 1/10)

[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 1st 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. To this end, all tendering procedures for Staff recruitment – with the sole exception of PB4 – were absolutely fruitful and were on time completed.

4.2 External Services Tenders (Question 1/10)

As it is well understood the [External Expertise and 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. Filtering the results of the Questionnaires for the specific point, it comes out that by the project closure all project beneficiaries with the exception of PB3 had concluded their external expertise and services category tenders and successfully implemented the foreseen under their contracts activities. As far as the PB3 is concerned both attempts of procurement announcement were concluded unfruitful since no potential contractor participated.

4.3 Equipment Tenders (Question 1/10)

The medical equipment was indeed an essential part of the project since it was critical on one hand for the completion of certain activities (e.g. morbidity mapping), while on the other hand it was a sustainable footprint of the project beneficiaries to the primary health system of the cross-border area and the well-being of the inhabitants of the target area. All beneficiaries who were supposed to purchase equipment as part of their budget have

concluded the procurement procedures on time in accordance to the respective national legislation and have purchased the foreseen equipment.



Image 1,2: Equipment delivered in the Medical Center of the Municipality of Krumovgrad



Image3: Equipment delivered in the Medical Center of the Municipality of Krumovgrad

4.4 Assessment over imprinted project delays (Questions2-3-4/10)

As described above, significant delays had been encountered in a number of activities during the lifetime of the project and this was indeed imprinted by the PBs while answering the specific question (q2). At the same time, the response by the PBs that the aforementioned delays have been definitely overcome is clearly reflected to the answers given to the 3rd question (q3). The positive view of the partners is due to the fact that most of the beneficiaries after the mid-term period of the project had completed the procurement procedures which had been the main cause of the long delays in the project implementation (with the exception of PB3 for the activities related to External Expertise and Services).

Another major factor that played crucial role in the project delays was the pandemic crisis, started at the beginning of 2020, which except the changes over the way of communication amongst the beneficiaries and the event implementation, also led to a long period of uncertainty especially in regard to the activities which were directly linked to direct contact with the citizens/patients, the doctors, etc.

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 a number of requests for prolongation of the project duration by totally thirty two (32) months which defined the project end date on 30/06/2022 (total duration 56 months).

As far as the q4 is concerned, what stands out amongst the most difficult aspects of the project implementation is the:

- ✓ Pandemic and its implications over project implementation
- ✓ Long bureaucratic procedures over tender preparation and procurement opening
- ✓ Number of the project beneficiaries and the consequent coordination difficulties
- ✓ Not fruitful calls, tenders and procurements (Staff, External Expertise)
- ✓ Lack of human resources of the local authorities
- ✓ other (local administrative difficulties)

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. That difficulty is of fundamental importance, as it caused significant delays to the project implementation.

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. 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. 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.

4.5 Added Value and Motivation (Questions 5-6/10)

According to the EC, added value *"is best defined as the value resulting from an EU intervention which is additional to the value that would have been otherwise created by member states alone"*. Current provisioning of health services in the remote cross-border areas primarily focuses on coping with emergency cases and not on their prevention. Latter means low level of health services and degradation of the quality of life of the local population, high costs of health services both for the local people and for the providers of health services. Taking consideration of the aforementioned, the primary expected added value of the project" is to design and introduce a model of prevention policies at Municipal level in the remote cross-border areas. As such the project indeed applied extended medical exams and examinations in order to facilitate local citizens and also

provide them the security of primary care provision, very close to their home. This factor was imprinted by the beneficiaries in the respective question giving the impression of confidence about the added value

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 conclusions totally different than the ones appeared in the mid-term evaluation report. Regardless the fact that the resulting motivation is at some level differentiated according to each partner's view, it is of common sense that the implemented activities are appropriately communicated and promoted. In fact, both

Greek and 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.

4.6 Financial Object of the Project (Question 7/10)

Question N°7 was related to the financial object of the project and to its progress during the project closure. As it is stated in previous reports, the cash-flow procedure for the Greek beneficiaries is different than the one related to the beneficiaries coming from Bulgaria. Greek beneficiaries take advantage of constant cash-flow through the Programme of Public Investments (ΠΔΕ-Πρόγραμμα Δημοσίων Επενδύσεων), while on the other hand the Bulgarian beneficiaries except the advantage pre-financing, have to verify each amount in order to get it back and use it for the next project obligations.

Beneficiaries which have the possibility to use own sources or loan can achieve a faster pace in order to face the aforementioned obstacle. The financial status (paid-out expenditures and verified expenditures) of the project at the moment of its closure was the following:

	QUESTION CONCERNING THE FINANCIAL OBJECT OF THE PROJECT	PAID-OUT (€)	VERIFIED (€)	AF BUDGET (€)	% OF VERIFIED TO AF BUDGET
	Amounts paid-out & Amounts verified (in €)				
LB	Regional Development Agency of Rodopi S.A.	78.988,17	7.646,37	107.318,40	7,12%
PB2	Aristotle University of Thessaloniki	51.971,02	18.793,53	68.975,00	27,25%
PB3	Municipality of Arriana	72.709,06	68.341,19	168.759,00	40,50%
PB4	Municipality of Iasmos	52.872,40	0,00	162.453,00	0,00%
PB5	Agency for Transnational Training and Development	62.747,36	31.164,11	72.864,00	42,77%
PB6	Regional Health Inspectorate- Haskovo	46.757,27	45.667,85	53.378,00	85,56%
PB7	Association of Rhodope Municipalities	44.869,97	44.683,86	51.282,00	87,13%
PB8	Municipality of Krumovgrad	213.750,77	205.190,85	226.623,00	90,54%
PB9	Municipality of Momchilgrad	212.362,56	204.726,39	223.495,00	91,60%
	Paid-out: 73,74% to the AF Budget	837.028,58		1.135.147,40	Average: 52,49%

What is obvious in comparison to the previous PERs is the fact that the overall rate of the paid-out expenditures is in a much higher level and overall approaches 73,74% of the foreseen project budget according to the AF in force. It is accepted as normal percentage (slightly less than 75%) for a project under territorial cooperation and moreover a demanding project with nine (9) beneficiaries. The average percentage of the verified expenditures is 52,49% at the moment and is expected to reach the paid-out amount by the project administrative finalization in the MIS, prior to December 31st, 2022 (potential corrections may apply). Another interesting fact that comes from the data analysis of the answered questions is the better status of the Bulgarian beneficiaries in comparison to the Greek ones despite the slower cash-flow as explained before. Especially the two local authorities from Bulgaria (PB8, PB9) show impressive achievement in terms of financial progress by reaching both average more than 90% of verified amounts by the end of the project implementation.

4.7 Capitalization, Sustainability and Synergies (Question 8-9/10)

The process of **Capitalisation** of the project results and the overall contribution of the project in future capitalization by other project(s) and/or intervention(s) is being examined through the specific question (q8) of the FER Questionnaire.

The contribution of the beneficiaries and also of the local stakeholders to ensure the process of capitalisation of results and the lessons learned in local, national and transnational level are recognized in the given answers by the beneficiaries.

Beneficiaries had the chance to be familiar with the Cross-Border Lab (CB-lab) as part of the project activities, aim of which was to summarize the produced experience and knowledge during the lifetime of the project and to capitalize on it, thus valorizing its results and securing its sustainability. In particular, the Lab starting in the last period of the "Healthy Municipality", took over the achievements and experience gained in it and pursued to further work on them in order to providing "policy partners" with guidance and support in the implementation of their health policies. As such, the action of the specific Lab primarily addresses the "spatial partners", i.e. those partners, which, having a territorial dimension, designed and applied a local primary health policy in their areas in the context of the pilot phase and are expected to mainstream the project experience, namely the four (4) Municipalities. At a second level addressed are also those partners, which, while not directly involved in applying a health policy in the framework of the "Healthy Municipality" project, are however in the position to influence and contribute to local health policies. Those partners are the Regional Health Inspectorate of Haskovo (partner 6), the Association of Rhodope, Municipalities (partner 7) or even the Development Agency of Rhodope (the project Lead Partner). All those project partners are expected to raise issues and elaborate responses, with the contribution of the rest of the partnership, towards improving local primary health policies in their areas and to disseminate them as specific practical experience and good practice.

Sustainability is the ability of the involved institutions to continue their project mission far into the future since at a certain time all projects have to end eventually, but the needed element is to ensure that project impact should continue. Local Stakeholders by being part of the project have expressed their will to see how the project and its impact will outlive their direct involvement in the project. This was also imprinted in the answers given by the partners. Some beneficiaries have shared their views over the financial

sustainability, meaning how the financial support required for the project or the organization will continue after the end of the financial support by the programme. At organizational level, the beneficiaries reflected their experience in the foreseen activities (CB Lab, Fi Meeting, etc). In any case, all PBs made absolutely clear that the project impact should be sustained after the project is completed.

Synergies mean joint or coordinated efforts to achieve greater impact and efficiency, not only combining beneficiaries efforts, but forces of the local/national actors, even in some cases synergies amongst different projects. In general synergies in EU funded programmes and projects are more than welcome, especially as we are moving towards to the new programming period (2021-2027). This is something clearly imprinted in a number of strategic EU documents and is based on the idea of successive projects that build on each other and/or parallel projects that complement each other.



Image 4: Seeking synergies in the field of Health through EU funded projects - 27.06.2019

Especially in fields as for instance is the primary health, synergies are important in order projects to offer the citizens the outmost of the financed activities. On 27/06/2019 a special event took place in Komotini (GR), where various lead beneficiaries from a number of projects (best practices) were invited to present their vision and their progress. This interesting synergy initiative was hosted during the close conference of the project MEDICINET II, also financed under the Cooperation Programme Interreg V-A “Greece-Bulgaria 2014-2020”. The synergy and the exchange of good practices at the sector of hospital health between Greece and Bulgaria, have been the main topic, with the presence of important local and national stakeholders from both countries, also attended by numerous medical, nursing and paramedical personnel.

4.8 Project Indicators' achievement (Question 10/10)

The project indicators are measurement index of the results, which will be used as an index or evidences to evaluate if the project is moving in the right direction guided by the objectives, and if it yields expected results by the end of its lifetime. The indicators are consistent with the official programme as has been approved by the EC and provide evidences about whether a designed result occurred, while at the same time measures the changes in the activities of the project. The expressions of indicator can be quantity data (number, percentage, ratio), and quality data (fact, knowledge, etc.), and based on these the donors will judge the project's successes in reaching its objectives.

As far as the project: "The Healthy Municipality" is concerned the respective in the AF indicators are:

1. Indicator O0204

No of Health Care Institutions reorganized, modernized or reequipped

Indicator value: 1

The indicator regards the area of the four Municipalities, where the project was applied, namely Arriana, Iasmos, Krumovgrad and Momchilgrad and their health care system.

Healthy Municipality project provided the participating Local Authorities with a common new approach to perceiving local policies in the health sector upon the modern policy concepts of major relevant international organizations (UN, WHO etc.). Healthy Municipality project highlighted in this context the importance of prevention and a series of modern digital tools and methodologies was developed and provided to the involved actors along with the supply of medical equipment and interventions to improving the local infrastructure and the efficiency of the system.

The operation of the project network (partnership) in the project aftermath aims at establishing achievements and securing their sustainability.

2. Indicator CO36

Population covered by improved health services

Indicator value: 60.000

Interventions were applied in the 4 Municipalities participating in the project.

The local health systems modernized and equipped serve the following populations per Municipality:

- Health Center of Sapes, Municipality of Arriana: 16.577 inh.
- Health Center of Iasmos, Municipality of Iasmos: 13.810 inh.
- Health Center of Krumovgrad, Municipality of Krumovgrad: 17.823 inh.
- Health Center of Momchilgrad, Municipality of Momchilgrad: 16.263 inh.

Total population covered 64.473 inh. >60.000 inh.

Both project indicators have been achieved both in quality and quantity terms and according to the beneficiaries this had direct reflection to the situation of the primary sector in all four (4) targeted areas since they were connected with the upgrade of the health units (4) as well as the awareness of the local population.

5.0 General Conclusions

Despite the delay for a number of activities, we could point out that the impact of the project's physical object to consider at the end of its life cycle is placed to highest range, actually more than expected. The reason behind this is the absolute achievement of the project indicators on one hand while on the other hand the practical impact which the physical object had to the local actors and the local population too, through the extended medical exams, the tailor-made medical examinations and the focused sessions to the targeted groups.

What stand out is the overall support of the local authorities and the stakeholders of the targeted area. The project definitely left its footprint in the area and at the same time delivered a doubtless added value by linking the main actors of the primary health system in remote areas with the local population and private economy. Especially due to the fact that all four (4) targeted areas are semi-mountainous remote areas with population having a number of special characteristics, the impact of the project was wider than expected and this was imprinted except in the overall media coverage, in the personal communication by the Ministry of Health in Greece, during the last event of the project.

The Partnership after the mid-term evaluation of the project showed faster pace in the project implementation both in financial and physical terms and worked 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. In terms of financial expenditures the overall status is better than expected while in terms of physical object almost every activity – with certain exceptions – where completed.

As a sum-up to the above mentioned, it appears that the project despite facing various problems fulfilled its expectations. The project partnership co-operated comparatively well, bearing in mind the number and the diversity of the involved actors. The key conclusion is the fact that the project achieved the persuaded objectives by supporting at the end of the day appropriate prevention policies upon:

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

Not to be neglected that a series of activities contributed to mainstreaming the project results in the CB area. The project's activities contributed 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 implementing prevention actions addressing the local population, by 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 cross-border lab on Municipal health prevention. The project objectives have been reached in a cross-border approach, primarily because of the common geographic and socioeconomic characteristics of the remote cross-border areas, secondly, because of the lack of health coverage in those areas, the difficult access of the local people to medical help, meaning that the early diagnosis of the diseases is particularly low whereas prevention is missing.

The project, while designing and introducing prevention policies at Municipality level in the cross-border remote areas, focused on actions promoting primary care services and actions of cross-border added value such as a digital data base with patient cards in each area, a digital alert system, a digital Municipal health platform in each partner area, digital networking of local health structures, all designed under a common methodology. The Partners of the project, the population of the area, the public health sector, the local communities, as well as other local Municipalities, from the whole Interreg Greece - Bulgaria Program area benefited from the project implementation. The project area

contained four municipalities: Municipality of Arriana (Gr), Municipality of Iasmos (Gr), Municipality of Krumovgrad (Bg), Municipality of Momchilgrad (Bg) with a total population of 64.473 residents (Data from 2011 census).

It should be pointed out that the overall working collaboration 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. During the FER evaluation process in constant 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.

It is crystal clear that the "Healthy Municipality Project" has been challenged by a series of factors: unexpected events, administrative difficulties and stiffness, frailty of partners to tackle obstacles etc. However the project proved its direct linkage with a number of innovative interventions, 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 as 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" was 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 reached (at the middle of its life cycle) a significant level of maturity, it became obvious that the project constituted a cutting-edge project for the wider Cross-Border area by meeting and dealing long-termed issues related to the provision of the primary health services in remote mountainous and semi-mountainous area close to the borders.

A key-point remains the sustainability of the project outcomes and the motivation of the local/national stakeholders to take advantage of the project impact in the field of primary health services in the cross-border area. This is a huge challenge for beneficiaries which will have to seek synergies with relevant projects in order to further finance the interventions (e.g. follow-up proposal, modular project, etc) towards keeping the spirit of the project alive the years to come.