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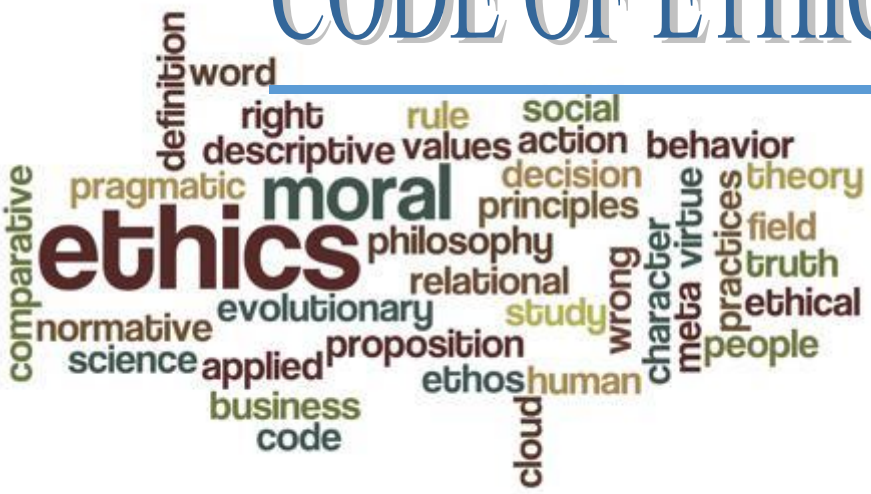
Health Info

GUIDELINES FOR THE OPERATION OF THE CONSORTIUM

CODE OF ETHICS



HEALTH INFO

DECEMBER 2018

THE PROJECT IS CO-FUNDED BY THE EUROPEAN UNION AND NATIONAL FUNDS OF THE PARTICIPATING COUNTRIES.

Περιεχόμενα

HEALTH INFO

«GUIDELINES FOR THE OPERATION OF THE CONSORTIUM - CODE OF ETHICS»

GENERAL PRINCIPLES

ARTICLE 1

Scope

This code applies to all HEALTH INFO activities carried out under the responsibility of its consortium.

ARTICLE 2

Responsibility of the Consortium of HEALTH INFO

The consortium of HEALTH INFO has the obligation to protect the independence of the partners and the consortium and to ensure compliance with ethically good practice in accordance to current law, international rules resulting from international agreements or decisions of international organizations, which our country is party of, the documents and guides of implementation of the Managing Authority, as well as the specifications mentioned in this document. The consortium, also, has the obligation to provide assistance and tools for the continuing support of its partners and their executives / partners, including their training on the rules for implementing of co-funded projects, as well as their information on the resulting changes.

ARTICLE 3

Quality Board

In the context of HEALTH-INFO, a Quality Board will be created in order to perform a periodic (ex-ante on 3rd month, mid-term 12th month and ex-post evaluation 24th month) internal assessment of the project's outputs – products, according to the project's Code of Ethics, using a concise assessment methodology. The QB will not meet physically, but will work mainly by means of communication media. The QB will be composed of 7 members (1 member for each Project Partner and the PM of the Lead Beneficiary). Every partner will outsource this service to external contractors and inform the LB with a written notice with the contact details of the external expert once decided. This board will also monitor the compliance to ethics and regulations as appropriate, especially in relation to the horizontal principles of the Programme.

In particular, the Board's responsibilities are summarized as follows:

- Advocates on ethical issues arising from the HEALTH INFO project.
- Advocates on the proposals regarding the implementation of the deliverables submitted by the project partners, taking into account the purpose and methodology of the project.
- Approves the purpose and methodology (protocol, process of execution and collection of data) of the documents submited for publication.
- Undertakes the elaboration and revision of the Code of Ethics and Ethics of HEALTH INFO, if necessary.

ARTICLE 4

Responsibilities of the partners and the Scientific Personnel

The activity must be carried out with absolute respect for the value of man and the environment. Researchers and scientific staff have the primary responsibility for protecting the participants in the studies as well as protecting the environment. Researchers and scientific staff must act in accordance with current law, international rules resulting from international agreements or decisions of international organizations, which our country is party of, as well as the specifics mentioned in this Code. For all partners and scientific staff of HEALTH INFO who are planning or conducting studies, apply the following:

1. They have personal responsibility for their actions in accordance with applicable law, international declarations on ethics and human rights and the principles of HEALTH INFO and are responsible for informing Quality Board of HEALTH INFO.

2. They are regularly trained and updated on the current legislation and the guidelines for the implementation of the HEALTH INFO project.

3. They must be aware of and publicize the sources of funding. When concluding an agreement for the implementation of the project activities, they are not allowed to accept conditions that compromise their freedom in designing, conducting or publishing or are contrary to the statutory roles and the overall purpose of the project.

4. They receive informed consent from all participants in the studies, conferences etc.

5. Ensure the protection of personal data of the participants in the project.

6. Ensure the equal selection of participants in the project.

7. Ensure environmental protection.

8. They participate and cooperate in each quality control and quality assurance process by the partners of HEALTH INFO or the Managing Authority.

ARTICLE 5

Internal organization of the partnership

Role of the Lead Partner and Project Partners

The project management of the HEALTH INFO is based on the "Lead Partner Principle". This principle implies that full administrative and financial responsibility for the management of the project remains with the Lead Partner (including the drafting of the progress and final reports). Meanwhile, the partner organizations will be responsible for preparing all the necessary data related to the project whenever needed as well as their project reports. Considering that the coordination concerns the implementation of various components of the project, including administrative and financial management, the Lead Partner will appoint a project coordinator responsible for its overall organization and will also be in charge to handle the thematic co-ordination of the project activities and components ensuring a day-to-day supervision through the continuous communication with partners mostly via internet (e-mails, creation of a web group etc.).

Moreover, the Lead Partner will appoint a financial manager for the accounts, financial reporting and internal handling of ERDF funds and national co-financing. All the decision-making and coordination procedures between the partners will be supported by a Quality Board composed by representatives of all partners. During its first meeting, the Quality Board apart from the quality control will approve its rules of procedure, validating by the whole partnership. The tasks of the Steering Committee will include monitoring and guiding the implementation process, as well as reviewing and approving work plans and reports, if

needed. The members of the Steering Committee will be in a continuous communication coordinated by the Project Manager. Working groups, task forces and advisory groups will be established to coordinate the day-to-day running of activities, to fulfil specific tasks etc., if needed.

Furthermore, the Lead Partner has full financial and administrative responsibility for ERDF and IPA contribution for the entire duration of the project. The Lead Partner is also responsible for the proper reporting of progress during the project implementation. Therefore, the Lead Partner has both functional and financial responsibilities. As better described in the Partnership Agreement, the LP:

- Is responsible for the overall coordination, management and implementation of the project vis-à-vis the Managing Authority.
- Ensures that the expenditure presented by the partners participating in the project has been incurred for the purpose of implementing the project and corresponds to the activities agreed between those partners as specified in the approved Application Form.
- Verifies that the expenditure presented by the partners participating in the project has been validated by the controllers.
- Shall receive ERDF contribution for the entire project and transfer it to the other partners participating in the project within one month of its receipt.
- Shall appoint a Project Manager who has operational responsibility for the implementation of the overall project and a Finance Manager.
- Will ensure timely commencement of the project and implementation of the entire project within the time schedule in compliance with all obligations to the Managing Authority. The Lead Partner shall notify the JTS of any factors that may adversely affect implementation of the project activities and/or financial plan.

- Shall prepare a work plan setting out tasks to be undertaken as part of the project, the role of the project partners in their implementation, and a project budget.
- Shall prepare and submit progress reports including supporting documents, according to the Project Implementation Manual (Reporting guidelines), as in force.
- Shall address requests for project modifications, according to the Project Manual (Implementation Manual), as in force.
- Shall be, in general, the contact point representing the partnership for any communication with the JTS/MA or any other of the Programme Structures.
- Retains at all times, for control purposes, all files, documents and data relevant to the project on customary data storage media in a safe and orderly manner for at least three years after the closure of the Operational Programme. Other possibly longer statutory retention periods, as might be stated by national law, remain unaffected.
- Any other tasks agreed with the project partners.

Project Partners are actors, which commit themselves to implement a project part according to the Application Form. They support the LP to fulfil its tasks according to the Partnership Agreement. In particular:

- Project Partners are the bodies responsible for carrying out specific project activities in the manner and scope indicated in the approved Application form.
- More specifically, the Project Partners will be responsible for:

a) Carrying out the specific activities set out in the Application form;

b) Providing all information and data to the Lead Partner that is required by the latter to coordinate and monitor the implementation of the project and to perform its reporting duties toward the Managing Authority;

c) Submitting expenditure for verification every month, by the end of the following month, to the designated Controllers. Verified expenditure must be submitted to the Lead Partner every month in order to assist the reporting and reimbursement procedures.

d) Notifying the Lead Partner of any factors that may adversely affect implementation of the project in accordance with the work plan.

e) Project partners are responsible to return to the Lead Partner any amounts of ERDF contribution unduly paid concerning their participation in the project, within a month by the receipt of the written request of the Lead Partner, which must be accompanied by the relevant decision of the Joint Monitoring Committee of the Programme.

- Project Partners agree to take all necessary steps enabling the Lead Partner to comply with its responsibilities as set out in the Subsidy Contract.

The partnership of the project is the following:

LP	National Organization for Health Care Services Provision
PP2	Alexander Technological Educational Institute of Thessaloniki (ATEITH)- Department Midwifery
PP3	General Hospital Of Pellas - Hospital Unit Of Edessa
PP4	Ministry of Health (the Former Yugoslav Republic of Macedonia)
PP5	Public Health Institution General Hospital-Gevgelija
PP6	Public Health Institution Clinical Hospital Bitola

For the successful management of the partnership and completion of the Programme, a Management Team will be set up. The Management Team will be responsible for monitoring

the implementation of the project. The Management Team will be chaired by the Lead Partner and report to the JTS/Managing Authority. Its members shall include the Lead Partner and project partners. The Management Team shall meet on semi-annual basis. The JTS/MA can also be invited to attend the meetings.

The Management Team will have the authority to delegate specific tasks or responsibilities to such sub-committees or working groups as it shall deem appropriate to establish.

After signing the contract with JTS each pattern is obliged to indicate a person and a substitute to the Management Committee. All decisions and responsibilities are assigned to the Management Team. Due to the number of participants, decisions shall be taken by the majority, by the Management Team. In this way, the cooperation among partners is intensified and the smooth operation of the activities is asserted. The Lead Partner has the overall responsibility for the internal communication of the project. The LP is obliged to disseminate and inform all partners on all respective issues.

ARTICLE 6

The Communication flow between partners

The main target of communication between the Lead Partner and the Project Partners is to achieve jointly project results and outputs within the defined project deadlines. Most of the communications occur by e-mails and the Lead Partner and Project Partners will use all available communication tools (e-mails, telephone calls and conference calls) to communicate with each other. All partners shall use the central email address of the Lead Partner when sending email in order to provide seamless communication.

The project partners will implement the communication and publicity measures in accordance with the project application and Commission Regulations on information and

publicity measures to be carried out by the Member States concerning co-financing from the Structural Funds. They will play an active role in any actions organised to disseminate the results of the project. The Lead Partner will coordinate the public relations for the project. Each project partner will point out in the framework of any public relations measures that the project has implemented through financial co-financing from OP funds. ARTICLE 7

In order to enhance internal project communication procedures, an online website will be established, where project documents and meeting dates (in calendar) can be accessed easily for all partners. At the end of each project meetings, the partner responsible for the organization of the meeting will provide a minute report of the meeting to keep track of the progress of the Project. Furthermore, all templates and meeting documents will be available online. It will be maintained by the partner responsible for the content support.

ARTICLE 7

Quality Assurance

Quality Assurance defines the general approach to quality assurance and the procedures to be followed for partner communication, documentation, deliverable production, and software development. Quality Assurance will be achieved through the Evaluation procedure (D.1.4), which will be based in the present Code of Ethics.

The Quality Assurance supports the management of the project and ensures a constant level of quality of the whole action. In order to support an evaluation culture, the quality framework is intended to use an evidence-based practice approach as a basis for more efficient project development.

This framework comprises a quality assurance and improvement cycle (planning, implementation, evaluation and review) supported by common quality criteria defined by

project partners. The monitoring process has been defined in order to identify the strength of processes and procedures and areas for improvement. The framework also includes the use of measuring tools to provide evidence of effectiveness.

The quality assurance allows for a qualitative and quantitative assessment of the results achieved against the aims and the means used to achieve these results and the evaluation methodology will be both content-oriented and process-oriented.

The quality assurance is divided in two parts:

1) The quality plan of the project as a whole system presented in the present Code of Ethics
2) The evaluation process in order to assess the quality of the products and services delivered by the project partners.

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

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

- Planning Quality
- Implementation Quality
- Evaluation and sustainability

Planning Quality: It reflects a strategic vision shared by all partners and includes explicit goals, actions and indicators. Goals are described for the medium and long terms, and linked to national and European goals. Targets are established and monitored through specific indicators and success criteria.

The overall planning helps to identify the set of reviews for the project and the metrics to be used to measure project deliverables. In this way it facilitates the comparison of the performance of every national partner with the work plan.

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

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

ARTICLE 8

Planning & monitoring: Quality Assurance

Partners in this project have been mainly selected due to their previous work on successful EU projects, and their record in producing work of the highest quality, on time and within budget. All partners will be involved in quality assurance. The focal point of Quality Assurance and control will be deliverables. Work package leaders will be responsible for the evaluation of the quality of the deliverable. Regular scheduled reports will be submitted to the coordinator prior to the partner meetings in order to identify the status of activities and

problems encountered in the completion of work. They will use a standard template (provided by coordinator) that provides specification of achievements related to the project's objectives reached in the current WP, planned activities for next WP and resource usage status.

Objectives;

1. Define Quality standards.

2. Ensure all work package deliverables meet highest quality standards

a. Preparation of Quality Assurance

b. Submission of regular scheduled reports from all WP leaders using a template provided by the Project Coordinator.

c. Submission of Project Meetings contributions to be one month prior to Project Meetings

3. Evaluate progress at project meetings through peer review, with balanced, transparent co-operation, building on complimentary competencies.

Project partners are responsible for the development of each deliverable or activity so that all deliverables are developed and submitted on time and within the basic quality criteria. However, each project partner has the right to comment and provide proposals in order to enhance the quality of the deliverable.

More specific, project partners will be the reference to structure the work along the whole duration of the project, being responsible of:

- Ensure timely execution of tasks included in each WP
- Promote interaction between WP
- Assure that deliverables are made on due time and to
- Guarantee that all deliverables amount for a certain quality

All the partners will contribute in the making of deliverables and reports.

To facilitate a solid and coherent flow of work, deliverables must be finished in due time.

ARTICLE 9

Internal communication

As it has been noted in the application form, each partner will be responsible for the organisation of events (conferences, seminars etc.) as well as the dissemination of the informative material (press releases, newsletters etc.) in its area. All partners will ensure for its wide dissemination through their networks and taking into account the individual partner communication plan.

The lead partner will be responsible for the dissemination and communication activities, leading the Public Relations (PR) of the project. Within its scope the LP is charged with the promotion of the project idea through the Web Site and the social media via the management of the project portal and will also be responsible for tools and services in WP5 for the implementation of a single Health Insurance File Data Sheet.

The role of the other project partners, as it was mentioned above, will be to contribute to the implementation of all relative medical-related actions of WP3, WP4 and WP6, to provide the LP with all necessary info for the update of the portal and for the promotion of the project, and of course they will undertake to promote the project to their area and with any means available.

The Lead Partner also undertakes to send a copy of any publicity and information material produced to the JTS, upon request in order to use this material in order to demonstrate the Programme results.

ARTICLE 10

Compliance with Security Rules

Researchers and scientific staff of HEALTH INFO must apply all safety rules recognized in the relevant scientific field, as well as those established by the Quality Board (rules for the protection of people and nature, etc.).

Researchers and scientific staff of HEALTH INFO responsible for the project's activities must take all the necessary and enforced scientific measures to protect the health and safety of the participants.

ARTICLE 11

Respect for Third Party Rights

Researchers and scientific staff of HEALTH INFO during the implementation of the project must show due respect for the dignity and personal rights of third parties involved in every activity. In particular, they have to respect their privacy and family life, and absolute respect for confidentiality. They must avoid any discrimination of citizens that may be due to ethnic origin, language, sex, religion, private life, physical fitness or socio-economic status.

ARTICLE 12

Respect of Intellectual Property

Researchers and scientific staff in the conduct of any research activity must take account of and in no way offend the intellectual property rights of third parties. Through its legal services, HEALTH INFO is required to ensure, beyond the protection of its own intellectual property rights, the related rights of partners and scientific staff regarding the results of work carried out in the course of its activities.

ARTICLE 13

Written Declaration

Researchers and scientific staff when submitting proposals or applications or research contracts shall declare in writing to the Quality Board that they have become aware of this Code, and undertake to comply with and comply with the terms and conditions laid down therein.

ARTICLE 14

Research on the subject of man in biological and social sciences: General Rule

Human and health research must be conducted with absolute respect for human value. Researchers and scientific staff are bound by generally recognized principles of protection of human rights, equality, protection of public health, protection of children and vulnerable groups.

(Note: These principles are described in various international conventions and declarations as well as national legislative texts, including the Constitution of Greece, the European Convention on Human Rights, the UN Convention on the Rights of the Child, the UN Convention on the Rights of the Child, Biodiversity (Rio de Janeiro Convention), the Biosafety Protocol (Cartagena Protocol), the Council of Europe Convention on Biomedicine (Oviedo Convention), its Protocols on Biomedical Research and Cloning in Man, or Council of Europe Convention and EU GDPR 2016/679 (GDPR) Privacy Policy, UNESCO's Bioethics Statements, CIOMS Biomedical Ethics Principles for Biomedical Research, as well

as any declaration and official text dealing with ethical issues of research.)

ARTICLE 15

Hazards and Benefits

Partners and scientific staff follow the planning of the project so that the risks to the people involved are minimal. Appropriate research planning is followed, i.e. the study procedures do not unduly expose participants to the risk and, whenever possible, these procedures are already part of the diagnosis or treatment of the participants.

If risks are involved for the individuals involved, they are offset by the potential benefits for the participants and the importance of the knowledge that is expected to be acquired, in accordance with the principle of proportionality.

ARTICLE 16

Participant Selection Process

The partners and the scientific staff ensure that all participants are protected against undesirable risks, that their decision to participate in the study is taken with free will and after full information and, whenever possible, the participants or society as a whole will benefit from the knowhow gained from the activities. When selecting the participants in the activities, no coercive methods are followed, no promises are made and the personal data of the participants are respected. The documentation papers for the studies do not include any of the following:

1. They do not imply that there is a definite positive result by participating in the activities.

2. They do not advertise the intervention or the product being studied as safe, effective or better than any existing products or interventions.

ARTICLE 17

Participants Information & Consent

For the implementation of the activities, written consent is required from every participant in the activity before its start. Receiving consent is a process and not just a form, and special attention is needed on all the information given to the prospective participants. Candidates should have plenty of time to consider about whether they want to take part in the activity, so they do not feel compelled to participate. The content of the written consent must:

1. be presented in a way that is understandable to the prospective participants

2. be given in the mother tongue of the candidate participants

3. define any medical or other scientific terminology used

The basic elements that the consent form must include are the following:

1. Statement that this is an investigation
2. Purpose of the study
3. Expected duration of the individual's participation in the study
4. Description of the procedure to be followed
5. Defining the processes under study and at experimental stage
6. Description of possible hazards, if any
7. Description of the expected benefit to the individual or others
8. A reference to the protection of the individuals' personal data or their possible disclosure

9. If the risk is more than minimal, an explanation of the unwanted effects or potential harm, and indicating the likelihood of compensation and treatment in the event of such failure
10. Details of partners whom the individual can contact if they want information regarding the study
11. Acknowledgement that the participation is voluntary, that the refusal to participate does not have any consequences for the individual and that the individual can leave the activity whenever he or she wishes, without any consequences.
12. Information on the proper use and provision of all required personal protective means to be used during the study.

ARTICLE 18

Secure Data Recording

The researcher or scientist must keep a complete record of the progress and results of a program in order to allow for control, while at the same time safeguarding intellectual property rights.

ARTICLE 19

Personal Data Privacy Policy

Partners and scientific staff are required to ensure full protection of the participants' personal data in the procedures for selecting participants, obtaining informed consent, collecting and analyzing data. Partners and scientific staff are required to assess when designing the research protocol the extent to which disclosure of personal data may harm the participants.

In any case, the collection of personal data is governed by the relevant legislation. Partners are required to follow a design that confidentially maintains the data of participants (e.g. encoding, secure data storage, control of persons having access to data, data removal can be used to identify participants during the analysis or publication of the results of the study).

Privacy Policy

The consortium of HEALTH INFO project is committed to protecting the Personal Data disclosed, from any source derived (e.g. mail, fax, corporate cards, forms, project site, medical history from the mobile unit, databases, etc.], in accordance with European Regulation 679/2016 on the protection of personal data.

The responsible for processing, will collect and store the following personal data, which will be processed solely for the specific purposes of the implementation of the project, if and when necessary:

DATA	AIM
Identity-communication data, such as: **the name, telephone, postal address, mail, tax office address, VAT number, company tax code, program codes, personal data and the names of the executives who are employed by the individual; or single-member company.** **Additionally, the company receives a patient medical history from the mobile unit.**	• Implementation of HEALTH INFO and achievement of its objectives

NOTIFICATION TO THIRD PARTIES

As part of HEALTH-INFO's duties and in order to fulfill its obligations, the project may need to disclose some of the individuals' data to external partners or other persons according to requirements/suggestions. The project also has a legal obligation to disclose documents containing personal data to the Managing Authority, intermediate control bodies (subsidized programs). In such cases, the project assures that there is constant vigilance and all the necessary security measures are taken, in order for the individuals' personal data transfers are made in the safest possible way.

TIME LIMIT FOR MAINTAINING AND USING PERSONAL DATA

HEALTH INFO is required to maintain the individuals' personal data for the whole duration of cooperation and for the minimum period required by applicable law (at least 10 years) in order to fulfill its obligations to third parties (including tax authorities). Unless the above limitations exist, HEALTH-INFO will permanently delete personal data, after the according information and consent of the individual.

RIGHTS REGARDING PERSONAL DATA

The individuals can at any time -if they wish- request information about their personal data. Specifically, they can access their file, ask for the correction of any data they deem inaccurate, limit the processing, and delete them. Finally, they have the right to ask us to transfer their data to another Responsible or Processor. For all of their above mentioned rights, they can file a request to _____, who is responsible for the Personal Data Protection of the HEALTH INFO Consortium, at _____. In this case, their personal appearance will be asked, or a legal representative, to make sure we do not share their personal data with anyone else.

In the event that they exercise one of the above rights, we will take all reasonable steps to satisfy their claim within one month of receipt, informing them in writing of the satisfaction of their request or of the reasons for the satisfaction of one or and more, as well as the reasons for any delay beyond that one-month period. We will also inform them of their further rights in case of inappropriate response. This information is in principle provided free of charge by us.

The individuals always have the right to withdraw their consent by informing us either by letter to the address (_____) or by e-mail (at the address: _____), always indicating their full details and their reason for contacting us. And in this case we will ask for their personal appearance, or a legal representative, to protect their interests. In this case, please note that such a revocation may automatically mean discontinuing our cooperation with the individual, given the need to process their data for the performance of our contractual obligations. The lawfulness of processing their data, based on their consent prior to revocation, is not affected.

If the individuals feel that their rights to their personal data are being compromised, they always have the right to submit a complaint / complaint to the relevant Data Protection Supervisor: http://www.dpa.gr, Kifissias 1-3, T.K. 115 23, Athens, tel. +30 210 6475600, email: contact@dpa.gr. In that case, we would appreciate your prior communication with the individual, either by letter to the company's registered office (_____) or by e-mail (at: _____), always giving their full details and their reason for contact.

CONSENT FORM

I have been notified for the receipt and use of my personal data and I consent to their processing as outlined above.

I wish to receive the above updates through the following indicative methods and technologies:

E-mail: yes ☐ no ☐ **Newsletter :** yes ☐ no ☐ **Viber:** yes ☐ no ☐

Postal mail: yes ☐ no ☐

City ……/……/ 2019

Full Name ……

Signature ……

Email …… **Tel** ……

Address ……

Notifications:

1. Please return the signed document in the following mail: _____.
2. For exercising your rights please request to receive the according Request Form.

ARTICLE 20

Research on human health

Research in this field is bound by the principles of consensus following information to the subject and the protection of sensitive personal data collected and processed. The participant must also be informed for the policy of acquiring property rights in the material in question and be consulted specifically in this regard.

ARTICLE 21

Research on Vulnerable Groups

In the studies involving individuals from sensitive groups (e.g. children, people with disabilities), all necessary measures are taken to ensure the rights of these individuals and under no circumstances are they forced to participate in the study.

ARTICLE 22

External Evaluation

The purpose of this report is the external evaluation of the HEALTH INFO project implementation, outcomes and results.

The project overall objective is to develop new approaches on innovating policies by exchanging good practices in order to improve the extroversion and the current position of Greece – the Former Yugoslav Republic of Macedonia entrepreneurs in the trans-national market.

The evaluation takes into account the full project cycle, from design to completion of the activities' implementation.

Methodology of deliverables' evaluation

This evaluation report uses both qualitative and quantitative methods as described in the next section. Evaluation methodology did not include field visits, but is based on the following three steps: (i) Study of relevant materials available; (ii) Collection and analysis of evidence; (iii) Telephone interviews and questionnaires with direct beneficiaries and other relevant stakeholders in the field.

1. Qualitative Evaluation Methodology

The first step in this evaluation report is to use qualitative methodology as it is considered to be particularly suitable for gaining an in-depth understanding of underlying reasons and motivations and provides insights into the setting of a problem. Data will be drawn from multiple sources i.e.:

- Thorough study and review of the available documents and deliverables. Support from the project partners will be crucial in order to collect the necessary documents and gather the relevant information to conduct the content analysis. Further documents will be obtained through the project's website.

- Semi structured telephone interviews and interviews with 10 key stakeholders (direct staff, participants and relevant stakeholders of the HEALTH INFO project) in the beneficiary countries. Telephone interviews will be kindly supported by the project's partners, who provide the necessary documents (e.g. Seminar Attendance Sheets), in order to cover a broad range of stakeholders and capture transversal aspects and in particular to assess potential future impact and level of sustainability of the project. Telephone interviews will attempt to cover comprehensively all dimensions of the projects and include participants to both in Greece and in the Former Yugoslav Republic of Macedonia. The emphasis of the interviews will be on the deliverables of the project and the perceptions of participants concerning its implementation and effectiveness.

2. Quantitative Evaluation Methodology

The second step will be to use quantitative methodology as it is considered to have as its main purpose the quantification of data. This allows generalizations of results from a sample to an entire population of interest and the measurement of the incidence of various views and opinions in a given sample. Data will be drawn from:

- A structured evaluation questionnaire. The evaluation criteria-measures are: M1. Relevance and Quality of Design, M2. Efficiency, M3. Effectiveness, M4. Impact and M5. Sustainability (see Appendix). The questionnaire consists of 3 parts. The first part which is

optional, contains questions regarding the companies' and respondent's profiles. The second part contains 17 questions regarding the DAC criteria and the third part contains 3 questions regarding the objectives of the project. In total, 100 questionnaires will be sent, 40 by mail and 60 disseminated during meetings, to direct beneficiaries in the field. The answers will be given on a 5-point Likert scale.

The results of the quality evaluation will be presented based on the WPs and actions of the project. Results will be pursued through documents and deliverables, telephone interviews and interviews with direct beneficiaries in the field. The analysis of the results will be conducted using content analysis of the documents, the timetable of implementation and quotes from interviews. To protect confidentiality, the names of the interviewees will not be disclosed.

	Expected results	Final Results
1		
2		
3		
4		
5		
6		
7		
8		

CRITERIA FOR EVALUATION OF THE DELIVERABLES

Deliverable	D…..	D……	D…….	D…….

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

Minimum 1 – Maximum 5

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EVALUATION QUESTIONNAIRE[1,2]

HEALTH INFO PROJECT
Evaluation Questionnaire

Company and Contact details (Optional)

Company details (Name, Sector, Number of employees etc.):	
Name:	
Surname:	
Job title:	
Telephone number:	
Email address:	

	LOCATION1	LOCATION2	LOCATION3
Gender			
Male			
Female			
Age			
18-30			
30-60			
60+			
Education			

[1] L. Low, 2013

[2] Fowler F. J., 1993

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	LOCATION1	LOCATION2	LOCATION3
College			
Uptograde 12			
Other			

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

M1. Relevance and Quality of Design

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

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

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

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

3) What is HEALT-INFO's comparative advantage in this area of work?

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

1 2 3 4 5

b) Other (specify):

1 2 3 4 5

M2. Efficiency

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

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

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

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

M3. Effectiveness

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

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

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

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

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

1:

2:

3:

M4. Impact

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

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

THE PROJECT IS CO-FUNDED BY THE EUROPEAN UNION AND NATIONAL FUNDS OF THE PARTICIPATING COUNTRIES.

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

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

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

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

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

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

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

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

M5. Sustainability

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

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

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

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

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

1:

2:

3:

General questions concerning the objectives of the project

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

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

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

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