Evaluation of the sector health and childcare under the EEA/Norway Grants

EEA/Norway Grants

Final Report

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Responsibility for the contents and presentation of findings and recommendations rest with the evaluation team. The views and opinions expressed in the report do not necessarily correspond with those of the EFTA Financial Mechanism Office.

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Abbreviations

ACIS:	Academic Contributor Information System
CFCU:	Central Finance and Contracts Unit
CP:	Collaborative Projects
CPMA:	Central Project Management Agency
DAC:	The OECD Development Assistance Committee
EFTA:	The European Free Trade Association
ERA:	European Research Area
ERDF:	European Regional Development Fund
ESF:	European Social Fund
FMO:	The Financial Mechanism Office
FP6:	The sixth Framework Programme
FP7:	The seventh Framework Programme
GDP:	Gross Domestic Product
HIAP:	Health In All Policies
HIV:	Human Immunodeficiency Virus
HP:	Health Programme
ICD:	International Classification of Diseases
ISCED:	The International Standard Classification of Education
LE:	Life Expectancy
Ltd:	A business structure used in Europe and Canada, in which shareholder responsibility for company debt is limited to the amount he/she has invested in the company.
MoC:	Monitoring Committee
MoM:	Minutes of Meeting
MoU:	Memorandum of Understanding
NFP:	National Focal Point
NoE:	Networks of Excellence
PCR:	Project Completion Report
PHP:	Public Health Programme

PPP:	Purchasing Power Parity
ToR:	Terms of Reference
WHO:	World Health Organisation

Executive Summary

The EEA/Norway Grants constitute the contribution of Iceland, Lichtenstein and Norway to reducing economic and social disparities in the European Economic Area (EEA).

The aim of this evaluation is to generate knowledge about projects funded by the EEA/Norway Grants in the financial period 2004-2009. Thus, it is not a summative evaluation which is mainly undertaken for the purpose of accountability (control). Instead, the evaluation is primarily a formative evaluation, focusing on identifying lessons learned in order to support donors, relevant stakeholders in the Beneficiary States and the the Financial Mechanism Office (FMO) in implementing the future programme approach.

According to the ToR, the evaluation should focus on the following five evaluation criteria: **Effectiveness, Relevance, Impact, Efficiency and Sustainability**, defined in accordance with the OECD and the EU evaluation guidelines. Moreover, the visibility of the project grants has also been evaluated.

The evaluation has applied a number of different evaluation methods in order to triangulate the different data sources and thereby increase the credibility of the conclusions. In this evaluation we have used **desk research, case studies, interviews and focus group interviews**.

The evaluation is partly based on assessments of the achievements of individual projects in five Beneficiary States that have received an important allocation to this sector: Poland, Hungary, Romania, Lithuania and the Czech Republic. In order to select the 16 individual projects used for case studies, we have applied the following selection criteria: **Coverage of countries, Size of project, Requirements of the Terms of Reference, Partnership projects and Project status.**

To facilitate the assessments and comparisons, the evaluator has developed a scoring system where each of the criteria for each of the case studies is scored on a scale from 1 to 4 - i.e. from low to high. The use of an even number of scores is adopted in order to assess whether or not the fulfillment is above or below average.

Impact /effectiveness

The evaluation detects that almost all evaluated projects have achieved the planned deliverables, some have even over-performed. Regarding **infrastructural projects** significant improvements of the conditions for children and vulnerable groups have occurred as e.g. accessibility to health care institutions, playgrounds or possibilities for physical activity. Projects focusing on the **development of health care technologies and preventive measures** demonstrate an increased number of educated staff, medical technology devices, screening capacity or health care deliveries which have contributed to a more effective use of (scarce) patient and clinician resources, and a higher quality in the monitoring, prevention, diagnosing and treatment of diseases. Concerning **informative and preventive projects** aiming at changing behaviour affecting life style, the effects has been difficult to document, although short term indicators have pointed to the fact that there is a link between project and behavioural changes.

The dissemination and visibility of the projects are very high in almost all projects, e.g. by reporting results in national and international journals and conferences, in local and national television. Furthermore, the logo is displayed on web pages, equipment and buildings.

The planned impacts on areas and target groups are generally reported to be positive, especially when looking at short-term impacts with clear indicators. Most long-term impacts are complex to measure and not assessable within the project period, but the project promoters report indications of achieving the objectives. In general, the unplanned impacts, such as an expanded target group or training of more specialists than planned, contribute in a positive way to the achievement of the planned impacts. Unplanned events such as flooding, changes in exchange rates and technical issues have occurred, but have not significantly affected the project impacts in a negative way.

Evaluating impact claims precisely defined performance indicators. This is a challenge in the EEA/Norway Grants since target groups and implemented activities are manifold and call for more than one set of indicators at project level. Simple indicators are suggested to evaluate the results of the EEA/Norway Grants across projects at program level covering the type of project, the type of target group, priority areas, activities and the dissemination of results.

Relevance

The overall objectives of the EEA/Norway Grants are to contribute to the reduction of economic and social disparities in the EEA and to strengthen bilateral relations between the donor and Beneficiary States.

The projects are overall assessed to have achieved the planned objectives concerning the reduction of economic and social disparities. All projects have delivered according to specifications, and moreover the projects have to a high degree improved the conditions for the planned target groups. Overall, the projects have aimed at three target groups: vulnerable groups, large patient groups and the general population. Projects which have targeted vulnerable groups, have addressed the most pronounced inequalities, the actual number of persons affected being limited. Projects targeting patient groups such as cancer or cardiovascular diseases have had a substantial impact, since the methods and technologies have reached and treated/diagnosed/monitored a large number of patients. Finally, projects targeting the general population mainly contribute to the prevention and health promotion, aiming at reducing future diseases and enhancing general health. In combination, the projects have an important impact on improving health and social conditions in the population.

To some extent, there has been an effort to fund projects reaching target groups in rural areas, being geographically far from specialized health care services or institutions. Disparities in health and in social conditions are highly connected to the access to health care services, therefore enhancing possibilities of access to health care and social services in remote areas have had an important role in reducing inequalities.

Conclusively, the health and the living conditions of the target groups have been improved due to the funding. Indirectly, economic disparities are reduced due to a better health status and enhanced social conditions in the Beneficiary States' population.

In regard to the relevance of bilateral relations, the findings and conclusions are not clear. This might partly be due to the fact that only relatively few projects had a donor country partner. In general, the

partners describe the partnerships as beneficial in terms of exchanging methods, experience and technical deliveries. Still, the relevance depends on the nature of the funded projects. Highly skilled donor expertise is mostly relevant for advanced projects concerning for instance clinical practices, research, complicated technologies or methods, and the bilateral benefits are higher in these projects. Still, mostly the Beneficiary States benefit from the partnerships.

Establishing partnerships is a challenge, since relevant donor country partners is limited in numbers and not always visible. Being a partner from a donor country is in several cases reported to be less beneficial. Several of the partnerships evaluated build on relations established before the EEA/Norway Grants funding. Furthermore, there is an indication of these 'old' partnerships being more sustainable compared to 'new' partnerships.

In the evaluation, there is an indication of some partnerships being established only on a formal basis, to some extent explained to be a consequence of the assessment system, giving extra points for having a partner. Though, on the basis of the findings - based on a rather small sample of partnership projects in the evaluation - it cannot be generally concluded that the phenomenon "paper partners" is generally happening.

About half of the evaluated projects funded by the EEA/Norway Grants are found to address the national health strategies. For projects not addressing the national health strategies, or addressing them only to a limited degree, there are several reasons for this. Several projects do not aim at national *health* strategies, but at other related strategies, for instance social and legal areas. Some national health strategies are much focused, reflecting that some health and childcare areas are not prioritized - even though it is a need, seen from an epidemiological view. Moreover, some projects concern health areas being prioritized in a national health strategy, but the approach to achieve the objectives are different.

These findings indicate that the projects represent valuable supplements to the existing health strategies, also confirmed by many stakeholders. Some project promoters even state that the projects supported by the EEA/Norway Grants have increased the strategic attention on subjects such as prevention (in Romania) and HIV/AIDS monitoring (in Hungary). Moreover, it underlines the need of further coordination between the national health authorities (and other relevant authorities) and the National Focal Point (NFP)/FMO.

Although many project promoters were unaware of EU health strategies, most projects are aligned with the general EU health priorities, and some with the specific target areas.

The EEA/Norway Grants are found to fill a gap between national and EU funding in the health and childcare sector. The EEA/Norway Grants fund smaller projects and projects with objectives only to a limited degree covered by the sixth Framework Programme (FP6)/the seventh Framework programme (FP7) or the Health Programme (HP)/Public Health Programme (PHP).

Regarding requirements for partnerships, the EEA/Norway Grants contribute to partners at local, regional and national levels, being a contrast to the EU funding mechanisms aiming to strengthen partnerships and collaboration only across countries.

Efficiency

Overall, the NFPs of the beneficiary countries report a satisfying cooperation with the FMO. Still, the Beneficiary States to various degrees agree that the administrative procedures of the FMO have been complex, time-consuming, and in some cases even unnecessary. This has to some extent contributed to delays in procedures, and in some cases also delays in the implementation of the project. Many project promoters express that they have had problems financing the project due to delays in disbursement.

Project promoters express satisfaction and respect in relation to the cooperation with the NFPs, whereas the cooperation between the NFP and the Ministry of Health for two Beneficiary States (Hungary and the Czech Republic) could have been better.

In general, the national set-ups for the selection of projects work well, according to the achievement of relevant projects. Still, elements of the national set-ups could be simplified or changed in order to reduce the workload of the NFP as well as the project promoters. To some extent, actions have been taken to address these issues.

Sustainability

A substantial part of the project deliverables consists of infrastructure development such as buildings, construction, renovation, purchase of equipment, etc. In accordance with the nature of these deliverables, they have a high degree of sustainability. Moreover, it seems like projects that are integrated in existing, service-providing set-ups have higher possibility of continued funding for maintenance, updates and staff than projects not embedded in such a set-up. Projects consisting mainly of soft deliverables such as e.g. educational material, set-up of technologies or projects concerning awareness raising, knowledge and behaviour of individuals or families need, to a wider extent, to apply for external funding in order to secure sustainability.

Due to the experiences in the evaluated partnership projects, it seems like no new relationships have emerged in relation to the EEA/Norway Grants; but most likely, acquaintances of old standing will sustain.

Recommendations

Based on this formative evaluation of the implementation of the EEA/Norway Grants for the sector health and childcare during the period 2004-2009, the following recommendations are proposed in order to improve the future implementation of the EEA/Norway Grants:

1. **Continuation based on relevance:** The EEA/Norway Grants funded projects address very relevant national and EU health challenges. Differences in health standards between Western Europe and the beneficiary countries are still pronounced giving a sound rationale for focusing on the sector health and childcare in the future. In achieving the objective of reducing social and economic disparities, different target groups should obtain continued support according to specific country needs. Moreover, it is recommended to include needs in rural/deprived areas to further comply with inequalities within the countries.

2. **Ensure/maintain a close cooperation and coordination between national health authorities and NFPs.** In order to increase the relevance and impact of the EEA/Norway Grants it is important to ensure/maintain close and formal cooperation between national health authorities and NFPs/FMO.

3. **Focus on partnerships in knowledge-intensive projects.** It is recommended to focus solely on establishing partnerships in projects with need of specific competences, such as clinical practices, research or implementation of high-tech solutions. The selection process should be adapted accordingly, ensuring that this kind of project is not prioritized on behalf of other types of projects.

4. **Increase focused support to EEA/Norway Grants' partners.** To increase the bilateral exchange of knowledge, practices, technologies in relevant partnerships, there is a need to implement further activities in the partnership selection process. The selection should ensure that partnerships result in added value to both the project and the EFTA partner. The evaluators suggest elaborating a list explaining the added value of bilateral cooperation to the donor country partners and to the beneficiaries, which should then be described more specifically in the application.

5. **Ensure bilateral knowledge exchange.** In order to exchange knowledge, ideas, evidence and establish informal, non-committal relations, the NFP/FMO is recommended to host seminars on subjects related to the EEA/Norway Grant Health and Childcare programme. Project promoters, scientific staff, medical companies, national knowledge centres, national authorities and possible donor country partners are examples of relevant participants in such seminars. Moreover, increasing the visibility of the benefits by being a partner in the EEA/Norway Grants in relevant settings in EFTA countries, like hospitals, research institutions and relevant medical companies is recommended. This could be (further) provided by donor country embassies.

6. **Define indicators to measure short- and long-term results and impacts at both programme and project levels.** At project level it is recommended to continue to assess short-term impact the way it exists today. Long-term impact should be assessed by involving relevant national health bodies ensuring this part of the evaluation, where relevant. At programme level, it is recommended to develop simple indicators which can demonstrate the overall impact of the EEA/Norway Grants.

7. **Simplify administrative procedures** in order to reduce project delay and financial risk for project promoters. Identified problems could be addressed by:
    a. Sharing the administrative best practices in national set-ups and procedures already implemented in Beneficiary States at workshops/seminars.
    b. Establish courses for project promoters in EEA/Norway Grants' organisational set-up and procedures immediately after contracting. This should for instance include reporting procedures, financing procedures and EEA/Norway Grants organization.
    c. Where this is not present, establish an independent helpdesk function for applicants in Beneficiary States.

Report structure

The report is introduced by an executive summary, summing up the main conclusions of the report and the overall recommendations.

Chapter 1 introduces the background of the evaluation, including the purpose and the Health and Childcare support under the EEA/Norway Grants. The methodology of the evaluation is described in Chapter 2, as well as the limitations of the methodology.

Chapters 3-6 present the findings regarding the four evaluation criteria: Impact/effectiveness, Relevance, Efficiency and Sustainability. Each chapter consists of a short summary, overall findings and a country- and project-specific assessment displaying the evaluator's assessment and strengths and weaknesses. Chapter 4 concerning impact/effectiveness also describes the dissemination and visibility of the EEA/Norway Grants. Chapter 8 presents cross-cutting issues of the evaluation and Chapter 9 describes detailed recommendations related to each evaluation criterion.

Annex 1 consists of the Terms of Reference, Annex 2 displays a list of institutions consulted, Annex 3 describes the selection of 16 projects for in-dept assessment, Annex 4 provides the interview guide used in the evaluation, Annex 5 provides an overview of the national set-ups, Annex 6 presents the evaluation results concerning the international collaboration, the strategic objectives and the thematic priorities. Annex 7 describes an overview of recommendations suggested by stakeholders. Finally, the references for the final report are listed in Annex 8.

1 Introduction

1.1 Background

Over the last 50 years, there have been impressive social economic and health improvements in Europe. Despite the fact that people from all classes and regions are healthier and living longer than ever before, health problems vary much within Europe according to developed and industrialized countries/districts, ethnic groups, cultural differences, educational backgrounds and other parameters. As a consequence, not everyone is able to share the benefits of these health improvements. It is essential that everyone is empowered and encouraged to do so. Most East European countries suffer from a lower health level in the population compared to Western European countries.

The main health problems vary, of course, in the different EEA/Norway Grants Beneficiary States as well as in the donor countries. The seven most common causes of death are described in Table 1-1 showing that the worst offenders are malignant neoplasms and diseases of the circulatory system in both beneficiary and donor countries. The table also demonstrates that mortality due to these two diseases is much higher in the beneficiary countries compared to the donor countries. This is also true for external causes which cover e. g. suicide and traffic accidents. Only minor differences exist with regard to HIV and diabetes mellitus between the beneficiary and the donor countries.

Table 1-1 Seven most common causes of death. Standardised death rate (per 100,000 inhabitants) 2009.

	Human immunodeficiency virus [HIV] disease	Malignant neoplasms	Diabetes mellitus	Mental and behavioural disorders	Diseases of the circulatory system	External causes of morbidity and mortality
EU 27*[1]	1.0	173.0	12.9	13.0	227.2	38.6
EU 15*[2]	1.1	165.7	12.6	14.4	181.9	32.7
Czech Republic	0.1	197.5	13.2	1.3	357.2	48.2
Lithuania	0.4	190.5	6.9	1.9	496.8	115.9
Hungary	0.1	243.2	17.9	16.8	421.2	58.9
Poland	0.2	201.6	13.7	4.5	355.4	57.3
Romania	0.6	181.4	8.2	2.6	548.4	52.6
Iceland	0.3	155.9	7.6	12.1	172.7	34.8
Lichtenstein[3]	-	-	-	-	-	-
Norway	0.4	156.4	8.9	20.3	157.6	41.6

* 2008.

Source: Eurostat 2011.

The prevalence of premature death and life expectancy are indicators of population health. Table 1-2 shows that the infant mortality rate and neonatal death are considerably higher in the Beneficiary States, except for the Czech Republic, compared to the donor countries, reflecting a need for health promotion in this area. Interestingly, the rate of newborn mortality in the Czech Republic is comparable to the levels in Norway and other highly developed countries. The reason is the long tradition of high-quality paediatric health care, especially prenatal and obstetrical care. Other factors are the high quality of medical education programmes in the country and very strict hygienic norms required for hospitals.

[1] Belgium, Greece, Luxembourg, Denmark, Spain, Netherlands, Germany, France, Portugal, Ireland, Italy, United Kingdom, Austria, Finland, Sweden, Poland, Czech Republic, Cyprus, Latvia, Lithuania, Slovenia, Estonia, Slovakia, Hungary, Malta, Bulgaria, Romania.
[2] Belgium, Greece, Luxembourg, Denmark, Spain, Netherlands, Germany, France, Portugal, Ireland, Italy, United Kingdom, Austria, Finland, Sweden.
[3] No Eurostat data available for Lichtenstein.

Table 1-2 Infant mortality rate and neonatal deaths (units of deaths per 1,000 individuals per year)

	Infant mortality rate (2010)	Neonatal deaths (2009)
EU*[4]	4.3	-
Czech Republic	2.7	1.6
Lithuania	4.3	2.9
Hungary	5.3	3.4
Poland	5.0	4.0
Romania	9.8	5.7
Iceland	2.2	1.0
Lichtenstein[5]	3.0	-
Norway	2.8	1.8

* 2009.

Source: Eurostat, 2011.

Furthermore, life expectancy is much higher in the donor countries and in the EU compared to the Beneficiary States (Table 1-3). In all countries, women live substantially longer than men, calling for special actions regarding men's health as well as health in general in the Beneficiary States.

[4] No Eurostat data available for EU neonatal deaths 2009.
[5] No Eurostat data available for Lichtenstein neonatal deaths 2009.

Table 1-3 Life expectancy in years, 2009

	Females	Males	Males and females
EU*	81.7	75.7	78.8
Czech Republic	79.7	73.5	76.6
Lithuania	78.0	66.9	72.5
Hungary	77.8	69.6	73.8
Poland	79.5	71.0	75.3
Romania	77.1	69.6	73.3
Iceland	83.0	78.9	80.9
Lichtenstein	83.1	78.5	80.9
Norway	82.5	78.0	80.3

*2008.

Source: Eurostat, 2011.

The gross domestic product (GDP) per capita is often considered an indicator of a country's standard of living. The GDP refers to the market value of all final goods and services produced within a country in a given period. From Table 1-4 it is obvious that the GDP per capita of the Beneficiary States is much lower than the GDP of the donor countries, indicating that the economic state subsidy to the health and childcare area is correspondingly low. Moreover, there is a tendency that a minor decrease in the GDP has occurred in all countries within the last couple of years.

Table 1-4 Nominal GDP per capita (EUR per inhabitant)

GEO/TIME	2008	2009	2010
EU 27	25,000	23,500	24,500
EU 15	29,100	27,400	28,400
Czech Republic	14,200	13,100	13,800
Lithuania	9,600	7,900	8,300
Hungary	10,600	9,300	9,800
Poland	9,500	8,100	9,300
Romania	6,500	5,500	5,700
Iceland[6]	32,299	27,100	-
Liechtenstein[7]	97,300	-	-
Norway	64,000	55,300	63,800

Source: Eurostat, 2011.

Table 1-5 shows the GDP Purchasing Power Standard/Parity (PPP) per inhabitant detecting that the EFTA countries' standard of living is much higher than that of the Beneficiary States. Assessing the

[6] No Eurostat data available for Iceland Nominal GDP per capita 2010
[7] No Eurostat data available for Liechtenstein Nominal GDP per capita 2009 and 2010

PPP (fixed prices) reflects that the differences between the EFTA and the Beneficiary States become smaller. This proves that a Norwegian krone makes the money last longer in the Beneficiary States compared to Norway.

Table 1-5 GDP Purchasing Power Standard/Parity (PPP) per inhabitant

GEO/TIME	2008	2009	2010
EU 27	25,000	23,500	24,500
EU 15	27,700	26,000	27,000
Czech Republic	20,200	19,300	19,500
Lithuania	15,300	12,900	14,200
Hungary	16,100	15,300	15,700
Poland	14,100	14,300	15,200
Romania	11,700	10,900	11,000
Iceland[8]	30,600	27,600	-
Liechtenstein[9]	-	-	-
Norway	47,200	41,100	43,700

Source: Eurostat, 2011.

There is evidence of a greater number of premature deaths and earlier onset of disease among persons with a low educational level. Interestingly, in the age group 25-34 years the percentage of persons with tertiary education in Lithuania and Poland is similar to that of Norway and Iceland, respectively, whereas the percentage in the Czech Republic, Hungary and Romania is considerably lower (Table 1-6). In general, the higher the percentage of persons with tertiary education is, the younger the groups are, except for the Czech Republic where a higher percentage is evident of persons aged 45-54 years compared to those aged 35-44 years. This reflects that in recent years a higher percentage of the population in all countries receives a tertiary education which in the long run may influence population health in a positive way.

[8] No Eurostat data available for Iceland GDP Purchasing Power Standard/Parity (PPP) per inhabitant 2010
[9] No Eurostat data available for Liechtenstein

Table 1-6 Persons with tertiary education - levels 5-6* (ISCED 1997) in 2009 (%)

GEO/TIME	25-34 years	35-44 years	45-54 years	55-64 years
European Union (27 countries)	32.3	26.8	22.1	18.7
European Union (15 countries)	33.5	28.8	23.8	20.2
Czech Republic	20.2	14.8	15.6	10.8
Lithuania	43.7	30.1	25.9	22.5
Hungary	25.1	19.0	18.3	16.3
Poland	35.5	20.9	13.1	12.6
Romania	19.5	12.4	10.7	8.6
Iceland	35.8	38.2	31.7	22.8
Liechtenstein[10]	-	-	-	-
Norway	b	39.1	32.5	27.0

* The International standard classification of education, abbreviated as ISCED, is an instrument for compiling internationally comparable education statistics. Level 5 includes tertiary programmes with academic orientation that are largely theoretical and tertiary programmes with an occupational orientation. The latter are typically shorter than the theoretical programmes and aimed at preparing students for the labour market. Level 6 includes tertiary studies that lead to an advanced research qualification (Ph.D. or doctorate). For more information about the ISCED classification, see Eurostat's homepage: http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Glossary:ISCED.

Overall, the health status in terms of the mortality and selected health indicators is relatively lower in the Beneficiary States compared to the EU and the donor countries. Moreover, the GDP per inhabitant and the purchasing power are lower. Regarding tertiary education, the percentage of the youngest population with a level 5-6 education indicates a high educational level for especially Lithuania and Poland.

In general, there are remarkable differences between the Beneficiary States as regards the selected indicators. For instance, on economic, educational and health measures, Romania finds itself at a very poor level, whereas the Czech Republic, especially on the health-related indicators, is close to EU standards.

1.2 Purpose of evaluation

The EEA/Norway Grants support to the sector health and childcare was, during the period 2004-2009, primarily implemented through the individual project approach (see below for further details). In contrast, the 2009-2014 support will be implemented through a programme approach. This implies that the purpose of this evaluation is not just to assess the achievements made by a number of individual health and childcare projects during 2004-2009; equally it is to learn from the projects in order to be able to develop better project selection criteria within a programme in the future.

This purpose of the evaluation has given rise to at least two challenges for the evaluation team. Firstly, the forward-looking feature of the evaluation requires that the evaluator speculates about how experiences from the projects can be used for recommendations within a programme approach. In other words, some of the evidence underlying the recommendations builds to a high degree on interpretations by the evaluator. Secondly, the programme approach can be argued to require more

[10] No Eurostat data available for Liechtenstein

precise specifications of objectives than the individual project approach, because objective achievements will be monitored at EEA/Norway Grants level, at programme level, as well as at sub-project level. Hence, there is an increased need for measurable indicators of achievements.

These challenges have - as described in more detail below - been dealt with in this evaluation by developing and implementing an evaluation methodology that conforms to the principles of a formative evaluation, and at the same time focuses on assessing and measuring outcomes and impacts. Furthermore, emphasis has been on analysing the achievements made within 16 individual projects that cover the prioritised interventions, diseases and target groups in the five Beneficiary States that have received most co-funding for health and childcare improvements, i.e. Poland, Lithuania, Romania, the Czech Republic and Hungary. Finally, the objectives and targeted outcomes and activities of the 2004-2009 support period is taken into account.

1.3 Health and childcare support under the EEA/Norway Grants

The EEA/Norway Grants are the contribution of Iceland, Liechtenstein and Norway to reducing economic and social disparities in the European Economic Area (EEA) and to the strengthening of bilateral relations within Central and Southern Europe. A wide range of public authorities and institutions, organisations and businesses across Central and Southern Europe can apply for EEA/Norway Grants to initiate projects to the public benefit. Organisations from Iceland, Liechtenstein and Norway can participate as project partners. The details of the EEA/Norway Grants are described at http://www.eeagrants.org.

Table 1-7 displays the distribution target groups awarded by EEA/Norway Grants within the priority sector health and childcare. Please note that one project can aim at several target groups. By far, most projects aim at children (114 projects), and many also aim at the general population and young people, being aligned with the focus areas concerning childcare, children's living conditions, preventive measures, etc. The elderly part of the population is only to a very limited degree represented as an independent target group in the projects, and only in the Czech Republic.

Table 1-7 Distribution of target groups in selected projects.

	Poland	Lithuania	Hungary	Romania	Czech Republic	Sum
Total number of projects 2004-09	73	42	14	17	33	179
Target group						
Children	46	33	4	9	22	114
Young people	1	22	3	5	6	37
Elderly	0	0	0	0	3	3
Other target group (e.g. mothers)	5	1	4	4	5	19
General population	21	6	5	3	2	37

Within this evaluation of the priority sector health and childcare, the focus is - as requested by the Terms of Reference (ToR) contained in Annex 1 - on support going to:

- Infrastructure development projects in the context of improved access to and quality of health service provision

- Lifestyle-related projects in the context of an ageing population
- Improved prevention and treatment: communicable diseases (HIV/AIDS in particular), mental health and cancer.

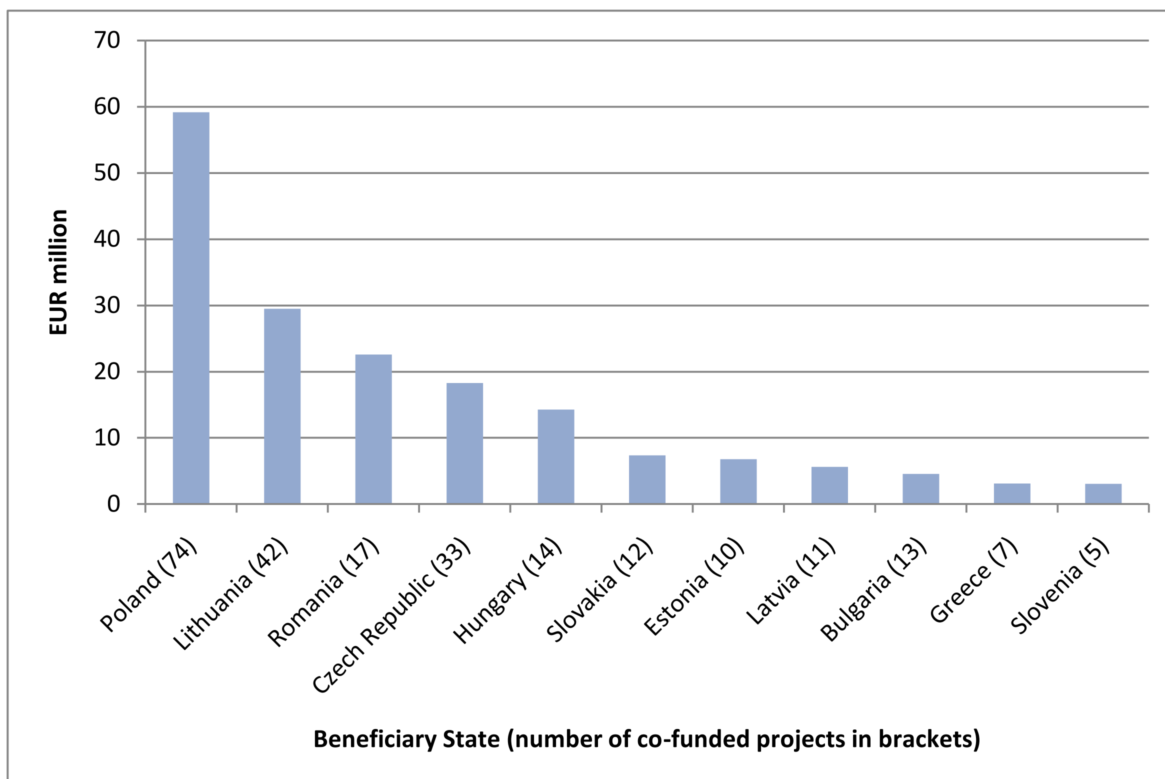
Below, the distribution of the types of projects (primary mapping, see details in annex 3) in the Beneficiary States selected for an in-depth analysis is listed (Table 1-8). Most of the projects concern prevention or treatment of diseases, hereafter development of infrastructure. Many projects cover several types, e.g. the primary objective of a project is to develop infrastructure, and the second objective is to affect lifestyle.

Table 1-8 Distribution of projects in Beneficiary States according to primary objectives. Per cent.

Type of project	Poland	Lithuania	Romania	Czech Republic	Hungary
Develop infrastructure	37%	48%	41%	24%	50%
Affect lifestyles	22%	24%	18%	30%	0%
Prevent or treat diseases	41%	29%	41%	45%	50%

This priority sector has been supported in eleven Beneficiary States. Children and youth are the focus of 1/3 of all supported health projects. More than EUR 174 million have been awarded to 238 projects (including individual projects, programmes and funds) in this area over the period 2004-2009. Figure 1-1 shows that Poland is the main recipient of funding (EUR 59.2 million), followed by Lithuania (EUR 29.5 million), Romania (EUR 22.6 million), the Czech Republic (EUR 18.3 million) and Hungary (EUR 14.3 million).

Figure 1-1 EEA/Norway Grants 2004-2009 to the priority sector health and childcare according to Beneficiary State



Source: http://www.eeagrants.org/id/13, November 2010.

Of the 238 projects supported in the priority sector health and childcare, 35 projects are based on partnerships between entities in the donor states and the Beneficiary States covering about 16 per cent of the grants awarded. These partnership projects include individual projects only.

There is a significant difference in the percentage of partnerships in the Beneficiary States, although some of the percentages are based on a small share of projects, see table 1-9. The differences give an indication of countries, where a special effort to promote partnerships could be useful.

Table 1-9 Number of partnership projects in the five selected countries

	Partnership projects	Percentage of projects
Poland	10	14%
Lithuania	3	7%
Romania	5	29%
Czech Republic	1	3%
Hungary	3	21%

2 Evaluation methodology

2.1 Evaluation focus and criteria

The primary aim of this evaluation is to generate learning about the implementation of the EEA/Norway Grants. Thus, it is not a summative evaluation which is mainly undertaken for the purpose of accountability (control). Instead, the evaluation is a formative evaluation that pays attention to the delivery and intervention system.

The evaluation has applied the following five evaluation criteria, which have been defined in accordance with the generally acknowledged OECD definition, which is also largely similar to the definition used in the EU evaluation guidelines (in line with the DAC Quality Standard for Development Evaluation (OECD 2010; EC 2004)): Relevance, Effectiveness, Impact, Efficiency and Sustainability. See the ToR, Annex 1 for more details on the evaluation criteria.

2.2 Evaluation methods

The evaluation has applied a number of different evaluation methods. Using different evaluation methods enables us to triangulate the different data sources and thereby increase the credibility of the conclusions. Triangulation means bringing together different types of data, or sometimes different ways of looking at data, to answer the research questions. In this evaluation we have used **desk research, case studies, interviews and focus group interviews**.

Desk research

Prior to the project visits in the countries the evaluation team assessed a certain amount of key project documentation as preparation and also as input to the interview guides. The desk study looked at available programme documents and the EEA/Norway Grant project database. Projects are included in the desk study and used as background material prior to the case studies.

Case studies

Case studies provide the opportunity for examining more thoroughly a specific theme, question or dilemma. Thereby, the case studies provide valuable insights and information that contribute substantially to the evaluation. However, at the same time we acknowledge that it is not straightforward to assess how a single case study fulfils the evaluation criteria. In particular, it is difficult to compare such fulfilment between case studies.

The evaluation of the sector health and childcare builds on in-depth assessments of 16 projects funded by the EEA/Norway Grants during the period 2004-2009 - in Poland (73 projects), Lithuania (42), Romania (17), the Czech Republic (33), and Hungary (14).

Hence, 16 projects were selected out of a total number of 179 supported projects that together were expected to provide sufficient information for being able to learn from the project approach of the future programme approach, chosen by the EEA/Norway Grants for the next round of support to the sector health and childcare. At the same time, it must be acknowledged that the 16 projects will only to a limited degree represent the achievements of all the supported projects. See selection criteria in Annex 3.

In order to facilitate the assessments and comparisons we developed a scoring system where each of the criteria for each of the case studies is scored on a scale from 1 to 4 - i.e. from low to high. The use of an even number of scores is adopted to force ourselves to assess whether or not the fulfilment is above or below average. See further details in Annex 4.

For each country a case study report has been prepared (Annexes 7-11) and validated by the national expert, the NFPs, intermediate bodies, the Norwegian embassies and the FMO. Table 2-1 summarizes which stakeholders have validated the case study reports. Only the intermediate bodies in Lithuania and the Ministry of Health in Hungary have not responded on the validation request.

Table 2-1 Stakeholders who have validated the case study reports

	Hungary	Poland	Lithuania	Romania	Czech Republic
Focal Point	X	X	X	X	X
National expert	X	X	X	X	X
Intermediate body		X		X	X
Norwegian embassy	X	X	X	X	X
FMO	X	X	X	X	X

Individual interviews

The individual interviews were conducted as structured interviews, with the aim to gain in-depth information on the evaluation questions. For this purpose, an interview guide was elaborated (see Annex 4). In all, 67 interviews were conducted (for further details, see Annex 2). All interviewees were informed that the conclusions from the interviews would be publicly accessible without referring to names but only to projects. Face-to-face interviews have been undertaken at different levels in the case countries:

- FPs in the five countries: Poland, Lithuania, Romania, the Czech Republic and Hungary
- Ministries of Health and/or other intermediate bodies
- Project promoters of the 16 projects (in the five countries)
- Programme holders (only Hungary) from the two 2004-2009 supported programmes
- Donor country partners (mainly from Norway) have been interviewed regarding achievements made in partnership projects
- Innovation Norway has been interviewed about the benefits of collaborations - in particular in the context of partnership projects.

Focus group interviews

One focus group discussion was organized in the case countries. In Poland it was not possible to conduct the focus group interview due to the fact that it was not possible to find a time when people could meet. For participants in the focus groups, see Annex 2.

2.3 Limitations of the methodology

The following methodological issues have influenced the evaluation process:

Positive bias: There is probably a positive bias in the data collected from the country-based stakeholders given their interests in continuing support from the EEA/Norway Grants.

Health is long-term: The very nature of health improvements implies that it takes time meaning that many of the results and impacts of the interventions will not have materialised at the time of the evaluation - but may do so in the medium to long term.

Causality: Changes in, for example, health policies and ultimately improvements of the health of groups of citizens are typically the result of complex interactions. Hence, it is difficult to establish a precise causal link between a project intervention and what the effect is on a given measured health outcome. In other words, the evaluation merely assesses whether or not the intervention has **contributed** to a change in the health outcome. This said, the evaluation methodology looks beyond the funding period, for example, by asking programme and project participants to speculate about potential future results and impacts.

Effects without the interventions (counterfactual): What would have happened to the relevant health output, result or impact indicators without the intervention is not possible to observe, and furthermore, it is in the context considered to be difficult to estimate. Hence, even with good measurements of outputs, results or impacts there are no clear-cut measurements of the effects of the intervention.

Representativeness of the selected projects: The selected projects are all together expected to represent the total amount of projects within the sector health and childcare. This has been done by selecting the projects in accordance with the distribution of objectives, diseases, target groups and partnerships within the total number of projects. Moreover, the selected projects are all finalised or in the final stage, and they have received funding above the average. This aims to ensure knowledge from projects with vast experiences and high complexity, challenging the funding mechanisms. At the same time it must be acknowledged that the 16 projects only to a certain degree represent the achievements of all the supported projects due to for example the national political context, the project set-up and other factors influencing the achievements of a project. These issues have been met by interviewing intermediate bodies, embassies, NFPs and the FMO in order to triangulate statements, and moreover, they have been met by performing desk research on projects not selected for in-depth analysis study.

Definition of project-specific objectives done by the project promoters could result in unambitious targets, and therefore a successful impact in the evaluation. It is not within the evaluation to assess the level for the objectives, but when challenged on this question, most project promoters state that they have been ambitious when defining the objectives. It is a fact that some objectives have been very ambitious, but then very complex and time-consuming to measure. This concerns long-term objectives such as enhancing eating habits for children.

3 Impact/effectiveness

This paragraph contains the three following topics.

- Project deliverables
- Dissemination/visibility
- Impacts.

3.1 Project deliverables

Overall, the projects selected for in-depth review have been assessed having a high score both regarding the results of project deliverables and the use of the project deliverables. This reflects that all projects obtained their planned results and the use of these except for Ro0063 which has not yet succeeded to get the planned website in the air and the buildings of LT0086 have not been inaugurated yet (for further details, see 3.4).

All projects have pre-defined a number of specific objectives (measurable indicators) related to project activities. Most projects have achieved their planned targets, and according to the overall assessment, this has improved the conditions and health of their target group.

Roughly the funded projects can be divided into three different types of projects:

- Infrastructural projects geographically covering a small area
- Projects focusing on development of health care technologies and preventive measures
- Informative and preventive projects aiming at changing behaviour.

The **infrastructural projects** appear to make a big difference for the user's living conditions though the target group (e.g. physically handicapped or mentally ill people) may cover a smaller proportion of the population. They aim at promoting health by increasing the accessibility to health, and thereby contribute to increased health and social status in the Beneficiary States. One example is the PL0057, giving children with chronic diseases or disability the possibility of obtaining education and rehabilitation locally, an opportunity which was not possible in the region. The children of the kindergarten in the Plzen municipal area (CZ0129) have obtained improved possibilities for physical activities, better toilet and washroom facilities. The standard of the facilities at the Juvenile Interrogation Centre (LT0052) was renovated; before this renovation it was subject to comments from the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. Finally, the open area recreation zone in Krasnystaw, Poland has not only created an impact on children using the facilities, but also, as an unplanned impact, on families spending their spare time in the open area recreation zone (PL0386).

Projects focusing on **development of health care technologies, access to health care and preventive measures (capacity building)** have in general reached a larger proportion of the population since the target group cover e.g. groups of cancer or cardiovascular patients and are thereby not geographically limited.

The objective of the PL0060 was to treat 17,000 people without hospitalization, the reported number is 18,032 reflecting overperformance and covering several indirect and direct impacts. Firstly, it gives the possibility of monitoring patients at home, reducing transportation and ensuring quick response to irregularities. Secondly, it has increased the number of cardiosurgean operations with 1/3 within 2010 with the same number of cardiosurgeons. This was possible due to cooperation with 60 institutions and medical practices.

Likewise, the PL 0380 has established a new lung cancer screening capacity consisting of 1,500 educated medical staff in order to screen eligible patients for lung cancer. In the project period, 6,836 people with high risk of lung cancer have been tested, resulting in identifying focal lesions in more than half of the cases. Studies point to the fact that the early detection of lung cancer - a major problem in Poland - increases the chances of curing lung cancer significantly.

The purpose of the HU0094 was monitoring of the HIV pandemic in Hungary and teaching clinicians how to screen for HIV. When starting, almost all patients were treated in the same hospital, where the symptoms were monitored. During the project, relevant clinicians (general practitioners, hospital staff) have been introduced to new methods, making it possible to screen regionally and analyse centrally. As a consequence, there has been political interest in adjusting the structure for HIV monitoring, by expanding the existing capacity.

As illustrated in the above examples, the funding of projects concerning capacity building has contributed to introducing new methods, purchasing expensive equipment and training staff in the use of the latter. For these projects the overall results have been more capacity, enabling treatment of large patient groups, more efficient use of resources and higher quality in treatment, monitoring or prevention. This also includes projects like the LT0042 (paediatric services) and the LT0058 (early diagnostics and prevention of cancer diseases). Due to the volume of the target group in these projects, they have a relatively high impact within the population's general health.

Informative and preventive projects aiming at changing behaviour have in general reached a large number within the target group - the healthy population or selected target groups within the general population. This concerns for instance the HU0065 (Nationwide Sex and Mental Hygiene Education Programme), the Ro0063 (Promotion of a Healthy Lifestyle) and the Ro0062 (HIV/AIDS prevention in Romania). The projects have all documented a high number of participants, hits at websites, educated teachers etc.

3.2 Dissemination/visibility

The project promoters have activities in order to disseminate the results and the funding of the projects, whereas the understanding and behavioural change among the target group have only been measured in projects where communication was part of the deliverables.

Overall, dissemination and information are key objectives of the projects, and most projects are assessed to have a high score in the evaluation (for further details, see 3.4). Dissemination depends

to a certain degree on the project nature; projects mainly regarding construction and rebuilding are closely linked to the community and are especially subject to local dissemination, typically consisting of articles in newspapers and coverage on local TV channels (e.g. CZ0154, CZ0129, PL0057). Projects concerning clinical issues, highly specialized activities or new methodologies are to a higher extent subject to national and international dissemination, e.g. national mass media (e.g. LT0042, CZ0141), national and international conferences (e.g. PL0060), scientific articles in peer-reviewed papers (e.g. CZ0141, PL0380). Project promoters from this kind of projects state that the dissemination to a high degree targets specialists, like GPs, physicians and the scientific world (e.g. HU0094, LT0058). Moreover, the projects are conscious of verbal dissemination when participating in meetings, workshops, lectures, educational programmes etc.

Generally, the visibility of the projects is high. The projects are very attentive to label equipment with stickers, to display information boards on buildings, to show logos on websites, educational material, reports etc. Some projects mention that they see it as a quality stamp to receive funding from the EEA/Norway Grant, because it is perceived to be difficult to obtain funding from this specific grant. The EEA/Norway Grant's logo is therefore a symbol of quality that the projects are content to expose.

3.3 Impacts

The identification of impacts has been assessed according to planned (on institutional capacity and the targeted areas/groups) and unplanned impacts.

The impacts on the institutional capacity in the selected projects cover for instance training of staff, establishment of (better) facilities, new ways of making surgical procedures, a higher quality and a higher number of performed diagnostic tests. The planned impact on the institutional capacity has to a large extent been achieved.

In general, the documentation of planned impacts on behavioural change and preventive measures is complex and therefore often weak, especially when looking at the long-term impacts. For several of the selected projects, the planned impacts lasted longer than the project period, which is the reason why several projects cannot yet evaluate the planned impacts. For instance, the overall planned impact of the LT0058 and PL0380 is reduced mortality rates for cancer patients, and the planned impact of the PL0057 is to increase the employment rate of mentally disabled persons. These impacts are long-term impacts, and moreover, it is difficult and costly to document a liaison to the project activities and exclude competing factors. The aim of the Ro0063 - to establish healthier eating habits of children - is an example of an impact being very hard to document.

In some cases, though, the project promoters have identified indicators pointing to the achievement of the long-term impacts. The impact of the Kaunas Juvenile Interrogation - Correction Facility (LT0052) project is a low rate of return to crime. The centre states that it seems to receive good feedback from people having contact with former inhabitants of the facility. In the context of the project Ro46, behavioural change of parents can be assessed during counselling sessions, but the time span of the project does not really allow for a relevant assessment. The project did measure parent satisfaction, which is an acceptable proxy indicator for behavioural change.

It is wished by some project promoters (see Annex 7) to consider giving projects with a long time horizon - for instance disease-preventive projects - access to longer funding periods or to allow the promoters to introduce a proposal for continuation of the projects without noticeable interruption of the activities within the projects.

Some projects have been able to document short-term impacts. For instance, the HU0065 mentions that the abortion rates have decreased, as well as the number of young people suffering from sexually transmitted diseases, and the LT0042 has documented a reduction of the short-term mortality of children shortly after operation.

The unplanned impacts, being for instance a bigger target group for a recreational space (PL0386), training specialists from other relevant institutions (CZ0141) or learning from working in an international set-up (LT0042), have to no significant degree affected the impacts in a negative way; on the contrary, most of the unplanned impacts have been positive.

Measurement of impact has primarily been conducted at **project level** in the period 2004-2009.These measurements concern mostly short-term impacts, because long-term impacts at project level are difficult to assess within the project period.Still, assessing the long-term impact of health is important. If long-term impact assesment is relevant and necessary, the evaluators recommend anchoring this part of the evaluation at national level, e.g. by involving National Public Health Institutions or other relevant bodies. When possible, short-term indicators should be used, and, furthermore, indicators pointing to a longer perspective. This could for instance be the assessment of behavioural changes in the target group or assessment of self-perceived health within the target group.

A convincing impact assessment depends to a high degree on precisely defined performance indicators (success criteria), based on focused and explicit objectives. A consequence of unclear results and impacts is that it is difficult to assess whether they have been achieved.

To be able to evaluate the results of the EEA/Norway Grants across projects at **programme level,** the evaluator suggests to develop a clear intervention logic of the programme and to use simple indicators in order to facilitate the follow-up and evaluation of achievements.

The FMO is already in a process where they have drafted a list of quantitative indicators for the programme outcomes and bilateral relations. Currently, this list includes several indicators per outcome. However, the aim is to reduce the number and to select a few, relevant and robust indicators per programme to facilitate monitoring, aggregation, comparison and reporting across programmes and countries[11].

3.4 Country and project-specific assessment

The paragraph contains a presentation of the evaluator's assessment of the deliverables, the dissemination and visibility and the impacts of the evaluated projects (see footnote for explanation of the scores). The findings and conclusions presented above are based on the results in this paragraph and the country reports.

[11] http://www.eeagrants.org/id/2465.0.

The impact/effectiveness of the projects

The projects have to a large extent succeeded in achieving the planned deliverables (pre-defined targets have been met), and most project deliverables have been used by the users, see Table 3-1. Except for two projects, all projects have scored top ratings in the evaluation.

The dissemination efforts were effective at least at either local or national level and the EEA/Norway Grants' support is visible for most projects. One project in Lithuania has achieved the score 2 because the dissemination of findings and its results are not very visible. Four projects have obtained the score 3 due to a very local dissemination of the project results, and the remaining 11 projects were assessed to achieve the score 4.

15 projects have achieved the planned impacts (scores 3 and 4), and among eight of them, unplanned impacts only enhance or have not changed the overall positive impacts of the project (score 4). The output from one Romanian project only led to some of the planned impacts and it therefore scores 2.

Table 3-1 Evaluator's assessment of the impact/effectiveness in each of the projects in the five case countries

	Czech Republic (3 projects)	Poland (4 projects)	Lithuania (4 projects)	Hungary (2 projects)	Romania (3 projects)
Have the project activities resulted in the planned project deliverables and have they been used?[12]	4/4/4	4/4/4/4	4/4/4/3	4/4	3/4/4
How effective were the dissemination efforts and has the EEA/Norway Grant's support become visible?[13]	3/4/3	4/3/4/4	4/2/4/4	4/4	3/4/4
What were the planned and unplanned impacts?[14]	3/4/3	4/4/4/4	4/3/3/3	4/4	2/3/3

[12] Explanation of the score: The score 4 is given if the project activities have resulted in the planned deliverables (pre-defined targets have been met) and all project deliverables have been used by the users. The score 3 is given if the project activities have resulted in the planned deliverables (pre-defined targets have been met) and most project deliverables have been used by the users. The score 2 is given if the project activities have resulted in the planned deliverables (pre-defined targets have been met), but project deliverables have only been used to a limited extent by the users. The score 1 is given if project activities did not result in the planned deliverables (pre-defined targets have not been met).

[13] Explanation of the score: The score 4 is given if the dissemination efforts were effective at both local and national level and the EEA/Norway Grant's support is visible. The score 3 is given if the dissemination efforts were effective at either local or national level and the EEA/Norway Grant's support is visible. The score 2 is given if the dissemination efforts were not effective or the EEA/Norway Grant's support is not visible. The score 1 is given if the dissemination efforts were not effective and the EEA/Norway Grant's support is not visible.

[14] Explanation of the score: The score 4 is given if the project has achieved the planned impacts, and unplanned impacts only enhance the overall positive impacts of the project. The score 3 is given if the project has achieved the planned impacts, and any unplanned impacts have not changed this view. The score 2 is given if the project has achieved the planned impacts, but unplanned impacts have reduced the overall positive impacts of the project. The score 1 is given if the project has not achieved the planned impacts.

Strengths and weaknesses

Below a short overview of the strengths and weaknesses regarding the impacts/effectiveness of the EEA/Norway Grants in the Czech Republic, Poland, Lithuania, Hungary and Romania is summarized.

In most countries, the projects have been successful in obtaining their objectives, including pre-defined targets and the use of project deliverables. Furthermore, the projects have a strong dissemination focus. The degree of dissemination depends on the nature of the projects where community-based projects were mainly communicated in local and sometimes national media, whereas the dissemination of clinical healthcare projects often took place in international papers and at international conferences. The EEA/Norway Grants' support is visible to people as the logo is on papers (national and international), educational material and construction works in many cities, shown in video spots on national television etc. The programme has contributed to increasing the institutional capacity when institutional capacity is interpreted as the capacity to treat patients, the number of trained health staff etc. In some countries it is expressed that the NFP is very active in spreading information about the programme; sometimes this is supported by the Norwegian embassy, which is regarded as a strength.

Weaknesses experienced regarding the impact/effectiveness are e.g. that achievements are difficult to measure at programme level as the projects had different indicators and/or the impact of prevention projects cannot be well assessed in the framework of these projects. Furthermore, in some countries the NFP and authorities do not have much attention on dissemination and visibility or on the implementation of the projects, once they have been approved.

4 Relevance

This paragraph contains the three following topics:

- The relevance of the objectives of the EEA/Norway Grants
- The relevance in a national context
- The relevance in an international context.

4.1 Relevance of EEA/Norway Grants

Objectives

The overall objectives of the EEA/Norway Grants are twofold, i.e. to contribute to the reduction of economic and social disparities in the European Economic Area and to strengthen bilateral relations between the donor and Beneficiary States.

The funded projects have succeeded in addressing a broad range of the five countries' challenges in the health and childcare area, enhancing the health and social conditions in the specific countries. Firstly, the projects have to a high degree delivered the planned deliveries; secondly, for most projects, there has been a documented impact on the target groups. Moreover, many of the projects would not have been funded, if not by the EEA/Norway Grants. Finally, an important aspect of the reduction of social and economic disparities is the contribution to the leveling of regional disparities within the Beneficiary States.

When assessing the reduction of disparities, the impacts on the target groups are relevant. In this assessment, the evaluator has defined three overall target groups: vulnerable groups, large patient groups and the general population.

In general, public funding and facilities for **vulnerable groups** targeted in the EEA/Norway Grants, such as mentally ill, children without parents, people living with HIV/AIDS, youth criminals, etc. are scarce in the Beneficiary States. Activities are to some extent depending on NGOs, charity or the church. For instance, mental health care for children in Lithuania is based on the hospitalization in large institutions. No community-based child mental health care has yet been developed and consequently, only a few services are provided at community level. Most preventive mental health programmes for the young population are implemented by NGOs, but there is no system for reimbursement hereof.

Moreover, these small and heterogeneous vulnerable groups often have only a minor voice in the debate, and are therefore not very visible in the public priority setting. Funding from the EEA/Norway Grants is therefore a needed contribution to the activities aiming to enhance the living conditions and quality of life in these groups.

Concerning **large patient groups** (e.g. cancer or cardiac patients) the impact of the funding reaches a relatively important part of the population. Both cancer and cardiology is a priority in the health strategies of the evaluated beneficiary countries. Still, the EEA/Norway Grants serve as a supplement to existing diagnostic, curative, rehabilitating and monitoring actions, providing higher quality and capacity in prevention and treatment. Although difficult to claim what would have happened without

the EEA/Norway Grants funding, it is likely that some of these patients would have been treated, but with a lower quality or with complications while waiting.

Finally, the **general population** is the target group for a number of behavioural change and information campaigns. While this group does not have an acute need for health care, preventive measures can be viewed as a cost-effective investment, aiming to avoid potential life-style diseases in the population.

Activities aimed at the three target groups aspire to reduce health inequalities in different ways: by supporting the groups with the most acute needs, by supporting the groups with the biggest volume and by supporting prevention of future needs. For the purpose of reducing disparities in health, a continued adjustment of the funded target groups according to the national strategies and needs is recommended.

As demonstrated in the Introduction the elderly are only to a very limited extent specifically targeted in the Child and Health Care programme. This group will increase enormously in the future creating a high number of vulnerable elderly people which may increase inequalities in health. An increased focus on this group might contribute to a reduction in health and social disparities.

Disparities in health and social conditions do not only appear among countries, but also within countries. Regarding the latter, a focus area in Poland has been rural areas, where the availability of medical services and information is limited. Also the national health strategy in Romania prioritizes rural areas. Since health and childcare facilities are often concentrated in urban areas, access is often difficult and remote when living in rural areas. An example of a project addressing this problem is the telemedical project (PL0060), providing the opportunity for patients to receive expert treatment locally. In order to reduce disparities within countries, an increased focus on supporting rural and/or deprived areas is recommended.

The objective of the EEA/Norway Grants is to reduce economic and social disparities. Even though the above-mentioned parameters do not have a direct economic impact, and thereby reduce the economic disparities, it is assumed that the increase in social and health conditions indirectly will contribute to reduce economic disparities in the Beneficiary States.

Furthermore, it is assessed that the projects co-funded by the EEA/Norway Grants contribute to a reduction of the economic and social disparities in Hungary, the Czech Republic, Poland, Romania and Lithuania compared to the western EU countries.

In this context it should be mentioned that the level of health of the population in general is lower in Hungary, the Czech Republic, Poland, Romania and Lithuania than in Western Europe. Infant mortality rates, mortality rates and suicide rates are all high in the five countries (except for infant mortality in the Czech Republic), and the life expectancy is low (for details, see the Introduction).

Bilateral relations

Although several activities have been established to enhance the number of partnerships such as a database and embassy activities (e.g. in Poland or Lithuania), the number of partnership projects is relatively low. There seems to be several reasons for this. One reason is that some of the projects have had difficulties finding the right bilateral partner due to, among other things, a limited number of experts in the donor countries. This is especially a problem in those cases where the project is in

need of a partner with very specific knowledge. An indication of the difficulties finding the right partner is that several of the existing partnerships have been established before they received funding from EEA/Norway Grants. Another reason is that it is not always relevant to establish a partnership. The evaluation indicates that bilateral partnerships seem to be more relevant in those cases where the projects concern clinical practices, research implementation of high-tech solutions etc., where the need of specific skills are higher than projects which primarily concern construction, renovation and rebuilding.

Although the partnership is relevant, it is often solely the project promoters who benefit from the partnership, since the Beneficiary States often lag behind in terms of know-how, new technology and resources. The donor country partners typically see their role as a contributor to increasing the knowledge and the quality of the projects in the donor countries. This includes participation in discussions of project design, delivery of technology, and exchange of experiences on e.g. child behavior.

Having a partner gives applicants more points in the application process. Therefore, it can be suspected that some partnerships have been established primarily in order to obtain the funding. Although there are indications of this in the case studies, the small sample of partnership projects does not give reason to conclude that this is a general phenomenon.

A Norwegian partner recommended to advertise for and to consider the benefits for both parties in order to attract more donor country partners. The evaluators suggest elaborating a list explaining the added value of bilateral cooperation to the Norwegians and to the beneficiaries, which should then be described more specifically in the application. Examples of added value for the donor country partners are: exchange of data, exchange of staff, analysis of data or specific issue samples, use of laboratory animals, courses/education of medical doctors etc. These benefits should be visible in relevant settings, such as research institutions, health care settings and private companies in the health care sector.

4.2 Relevance in a national context

Most of the projects are relevant in a national context seen in the light of the health challenges in the specific countries. However, the projects only to some extent address the existing national health strategies (see assessment in table 4-1).

This might be an expression of the fact that national strategies in the beneficiary country are often very focused, maybe due to limited financing compared to donor countries and EU 15. An example of this is HU0094 describing HIV as not being a focus area at national level. This is an indication of the EEA/Norway Grants funding being a much needed supplement to the existing health strategies and activities, also confirmed by many of the stakeholders, stating that the projects would never have been realised without the EEA/Norway Grant.

For some projects, the approach aims at other sectors than health. This is the case in Lithuania, where two projects have a social and legal approach (LT0052 and LT0086), and in Poland, where PL0057 addresses the National Family Policy. Moreover, the objectives of some projects are in line with national objectives, although the approach is different. For instance, one project aims at

reducing mortality, which is an overall target of the national health strategy, but the activities to reach the goal take a different approach than that of the overall strategy (LT0042).

One project addresses local needs (CZ0154), although these are not expressly reflected in the national strategy. Likewise, some projects are aligned with more specific health programmes, such as LT0058, addressing the National Cancer Programme in Lithuania.

For Hungary, the national strategy has been subject to changes and therefore is unclear to the project promoters. In Lithuania, the existing health strategy is supposed to be replaced by a new one in 2011, but the strategy is not public yet.

The findings above indicate that continuous coordination of health strategies between health and other relevant authorities is of high importance to ensure a high relevance, impact and implementation of the EEA/Norway Grants.

As an unexpected benefit, some of the stakeholders report that the EEA/Norway Grants have created more consciousness of specific health areas, and that these might be integrated in future national health strategies. This relates for instance to the two selected projects in Hungary, bringing more focus on monitoring, treatment and information about sexually transmitted diseases. In Romania, the EEA/Norway Grants projects have mainly addressed preventive measures, drawing more attention to prevention in general and not only curative and clinical care.

4.3 Relevance in an international context

The EU health strategies

It appears that some project promoters were only to a limited extent aware of existing EU health strategies. Still, most of the evaluated project objectives were within the overall HP 2008-2013 thematic priorities/objectives:

- To improve citizens' health security
- To promote health, including reducing health inequalities
- To generate and disseminate health information and knowledge[15].

Some projects, though, also aim at specific EU strategies, like the EU White Paper on Strategy for Europe on Nutrition (Ro0063) or the 2008 European Pact for Mental Health and Well-being (PL0057).

One project within the social sector, the LT0052, appears to take an approach to juvenile interrogation, being different from the Western European approach.

Several projects concern the purchase of equipment, rebuilding, renovation, construction, etc. Even though the projects do not directly relate to EU Health Strategy objectives, they include 'softer' elements such as training of staff and management (for instance LT0042, LT0086, PL0057, PL0386). In combination, these capacity building projects are assessed to improve the health status of a given target group and therefore, to a great extent, to be aligned with EU Health Strategies. Moreover, for

[15] The wording of the objectives have slightly changed compared to the PHP 2003-2008 objectives, being relevant for some projects in the application period of the EEA/Norway Grants: (a) to improve information and knowledge of the development of public health; (b) to enhance the capability of responding rapidly and in a coordinated fashion to threats to health; (c) to promote health and prevent disease through addressing health determinants across all policies and activities.

most Beneficiary States, there is still room for improvement of capacity building such as updating of buildings, equipment and the educational level of staff.

Related funding mechanisms

Within the EU, there are different related funding mechanisms in the health area: the FP6/FP7, the HP and the PHP (for further details, see Annex 6). The following paragraph provides a short introduction to the funding mechanisms in FP6/FP7, HP and PHP.

In contrast to the EU funds, the EEA/Norway Grants are not only covering projects with a high budget and cross-country partnerships, but also national projects with smaller budgets.

Regarding collaboration the EEA/Norway Grants aim to strengthen bilateral relations and while doing this to enhance research-based and human capital-based knowledge development. According to requirements for partnerships the EEA/Norway Grants contribute to partners at local, regional and national levels. This is to a high degree complementary to the present strategy of DG SANCO which is presented in the Health Programme 2008-2013 (HP). The overall aim of this programme is to add value to Member States' action by fostering cooperation with stakeholders at Community level. The Commission aims to develop partnerships to promote the goals of the Health In All Policies (HIAP) Strategy. The FP6 and FP7 have more specific aims of partnerships as they are seen as instruments for creating a critical mass of expertise at European level within selected research topics and thus for contributing to the European Research Area (ERA). In other words, the aim is to establish research structures that can deal with major, transnational challenges. This is also the aim of the EEA/Norway Grants especially within research where expected outcomes include increased research cooperation and increased student and staff mobility between the EEA EFTA and Beneficiary States and like in the earlier programme within agreed priority sectors as e.g. the Health and Childcare (in the present programme under Human and Social Development). For the Beneficiary States it is of special importance to cooperate also locally and nationally to offset inequalities in health and spread new knowledge within the country as well as to establish new ways of organising e.g. an educative health prevention programme. It seems like the probability to obtain funding for local and national partnership projects are higher within the EEA/Norway Grants compared to DG SANCO which aims at cooperating at community level but between countries.

The objectives and thematic priorities of the EEA/Norway Grants complement to a certain degree the objective 1 in the HP strategy (Fostering good health in an ageing Europe) aiming at tackling key issues such as poor nutrition, physical activity, alcohol, drugs and tobacco consumption, environmental risks, traffic accidents, and accidents in the home by improving the health of children, adults of working age and older people. The overall objective of the EEA/Norway Grants is to 'Improve public health and reduce health inequalities' by supporting public health initiatives and thereby improving the health status in a population by focusing on access to health care and on the underlying determinants of health. Regarding health inequalities this is also a thematic priority in the HP (Promote health including the reduction of health inequalities). The actions which will be taken by the DG SANCO are:

- Measures to promote the health of older people and the workforce and actions on children's and young people's health
- Development and delivery of actions on tobacco, nutrition, alcohol, mental health and other broader environmental and socioeconomic factors affecting health
- New Guidelines on Cancer screening and a Communication on European Action in the Field of Rare Diseases .

These actions all create synergies to the health activities described in the two priority areas of the 2009-2014 programme of the EEA/Norway Grants:

- Children and Youth at Risk
- Public Health Initiatives.

The FP6/FP7 objectives are different from the PHP and the HP as well as the EEA/Norway Grants although the health area is covered in the FPs (Life sciences, genomics and biotechnology for health in FP6 and Health in FP7). The aim of the FP6/7 is to a very high degree to be competitive in research areas by gathering researchers and technologies to increase European knowledge especially regarding basic research.

When comparing the strategic and thematic objectives the EEA/Norway Grants fill gaps by focusing on access to health - activities that are only covered to a limited degree by the FP6/FP7 and the HP/PHP. Furthermore, the EEA/Norway Grants have strong focus on the area 'Capacity-building and institutional cooperation with Norwegian public institutions, local and regional authorities', of which the PHP and the HP only to a minor degree focus on capacity building. The need for focusing on this is of high importance in the beneficiary countries where capacity building in the health sector is essential for developing health and for preventing brain drain in these countries.

The future priorities of the EEA/Norway Grants' programming period related to the health and childcare area are as described in the Public Health Initiatives and Children and Youth at Risk. The selection of priority areas in the Beneficiary States has not yet been completed. At the moment (July 2011) a Memorandum of Understanding has been agreed with Bulgaria, the Czech Republic, Estonia, Latvia, Lithuania, Poland, Slovakia and Slovenia. The overlap and gaps compared to the HP and FP7 seem to be similar for the next period of the EEA/Norway Grants.

4.4 Country- and project-specific assessment

This paragraph contains a presentation of the evaluator’s assessment of the relevance at country and project levels (see footnote for explanation of the scores). The findings and conclusions presented above are based on the results in this paragraph. For more detailed information about each country, see Country reports.

The relevance of the projects

Table 4-1 below shows that 5 of the 16 assessed projects contribute to achieving both of the overall objectives of the EEA/Norway Grants (social cohesion and strengthened bilateral relations) and the focus areas in the sector health and childcare. At the same time, 10 out of the 16 projects contribute to achieving two of the objectives (either social cohesion, strengthened bilateral relations or specific focus areas in the sector of health and childcare). One project contributes only to achieving one of the objectives.

In conclusion, most of the assessed projects have been very successful in addressing the objectives of the EEA/Norway Grants.

Moreover, the table below illustrates that 10 out of 16 projects are successful in addressing the objectives of the national or the EU health strategies. 3 of the 16 projects contribute indirectly to achieving the objectives of national or EU health strategies. Finally, 3 of the 16 projects contribute to achieving objectives of other national or EU strategies.

All in all the projects have also been very successful in addressing the objectives of national or EU health strategies. As mentioned in the paragraphs above, the projects have in general been more successful in addressing the objectives of the EU health strategies than addressing the objectives of the national health strategies, due to among other things unclear or very focused national health strategies.

Table 4-1 Evaluator's assessment of the relevance of the projects

	Czech Republic (3 projects)	Poland (4 projects)	Lithuania (4 projects)	Hungary (2 projects)	Romania (3 projects)
How successful was the project in addressing the objectives of the EEA/Norway Grants?[16]	2/3/3	3/4/4/3	4/3/4/3	3/4	3/3/3
How successful was the project in addressing the objectives of national and EU health strategies?[17]	2/4/3	3/4/4/4	4/2/4/3	2/4	4/4/4

Strengths and weaknesses

Below a short overview of the strengths and weaknesses regarding the relevance of the EEA/Norway Grants in the Czech Republic, Poland, Lithuania, Hungary and Romania is summarized.

Regarding strengths all evaluated projects have contributed to social cohesion. At the same time, most projects have addressed the EU health strategy, and finally most of the projects have addressed relevant national health challenges. One country mentions that the bilateral relations seem to have had a positive impact on the projects in terms of knowledge and experience exchanges; another country states that thanks to the EEA grants more attention has been paid to the preventive aspects of diseases instead of solely treatment aspects.

Regarding weaknesses the evaluation indicates that there is not always a strong connection between the aims of the projects and the national health strategies. Other weaknesses are the relatively few partnerships and the limited co-operation within existing partnerships.

16 The score 4 is given if the project contributes to achieving both of the overall objectives of the EEA/Norway Grants (social cohesion and strengthened bilateral relations) and the focus areas in the sector of health and childcare. The score 3 is given if the project contributes to achieving two of the objectives (either social cohesion, strengthened bilateral relations or specific focus areas in the sector of health and childcare). The score 2 is given if the project contributes to achieving one of the objectives (either social cohesion, strengthened bilateral relations or specific focus areas in the sector of health and childcare). The score 1 is given if the project does not contribute to any of these objectives.

17 The score 4 is given if the project contributes directly to achieving the objectives of national or EU health strategies. The score 3 is given if the project contributes indirectly to achieving the objectives of national or EU health strategies. The score 2 is given if the project contributes to achieving the objectives of other national or EU strategies. The score 1 is given if the project does not contribute to any of these objectives.

5 Efficiency

This paragraph contains the two following topics:

- Donor efficiency
- Beneficiary efficiency and national set-up.

5.1 Donor efficiency

Most of the Beneficiary States report that they are satisfied cooperating with the FMO and find the collaboration valuable. However, the five countries all stress that the administrative procedures of the FMO have been very complex and time-consuming and the response time of the FMO to almost all questions was relatively long, which in some cases prolonged the different procedures. Several project promoters expressed the need for an external project manager. In all the in-depth analyses the countries', project promoters had experienced delays compared to the original plan, due to practical problems and administrative difficulties with the financial reporting, the reallocation of resources and the application reports. The project period for four projects out of the 16 have been extended by 6-12 months, one project has been extended more than 12 months. Especially the quarterly reporting was mentioned as an obstacle. In connection to this issue, it has been suggested by project promoters and NFPs to report only discrepancies from the original plan after the initial reporting has been completed.

Another common statement was that the time between receiving the grant agreement, signing the contract and receiving the first advance invariably is long. One project mentions eight months - postponing the initial financing, the start-up and the implementation of the project. In some cases this may have resulted in shorter project periods, since project promoters are hesitating to start the project without having signed a formal contract.

Some of these problems have already been addressed. For instance, the procedures for modifying projects have been changed, giving more influence to the NFP, and the FMO has provided additional guidance on the Project Completion Reports. These enhancements will probably contribute to a reduction of the workload of the FMO and a shortening of the assessment period.

5.2 Beneficiary efficiency and national set-up

The experiences obtained by the project promoters and the NFPs are only to a very limited extent comparable, since the national set-ups are quite different.

The primary differences concern the involvement of intermediate bodies, selection criteria, selection procedures, monitoring of projects and evaluation of projects. Annex 5 provides an overview of the national set-ups.

In the view of the project score concerning relevance, the **selection of projects** in the beneficiary countries appears to be successful. The Beneficiary States have different ways of selecting the projects, some including external evaluators or experts (the Czech Republic, Hungary and Poland). All beneficiary countries use an score system when assessing the applications. Several projects complain that the application process is complicated, an obstacle which could be met by establishing an independent 'help desk' to guide applicants.

Moreover, to reduce the administrative burden, the Hungarian NFP has introduced a new application procedure, where applicants submit only a short description of the basic features of the project. This is registered and checked for administrative compliance by the NFP staff, involving an examination of completeness and eligibility. This method appears to reduce the initial workload of applicants and the NFP, without compromising the quality of selection.

In all of the countries, **monitoring of projects** is the overall responsibility of the NFP, except in Lithuania where the Central Project Management Agency (CPMA) is carrying out the monitoring and only includes the NFP in problematic cases. In several countries, the NFP is supported by a monitoring committee or an external organisation. In general, all countries report that they experience a good and helpful working relationship with the NFPs, which seem highly respected among project promoters.

The competencies of the monitoring bodies are important to the project promoters in order for the projects to find advice in the implementation period. In Romania, it has been an obstacle that the NFP has not had the technical competencies, for instance when a discussion on the change of indicators has taken place. Therefore, the representation of NGOs, relevant ministries (Ministry of Education) and regional authorities would be welcome in the Monitoring Committee, according to the NFP. This point is supported by the project promoters. The remaining evaluated Beneficiary States all have these bodies represented in their monitoring bodies.

Both in Poland and in Hungary the project promoters underlined that the staff of the NFPs were very helpful. In Hungary, for example, the NFPs help project promoters in the application, implementation and final phases of the projects both regarding reporting and administration, which are very time-consuming. It has been suggested by some of the Beneficiary States stakeholders to organise training sessions early in the process for project promoters regarding all relevant elements of project management and set-up in relation to the EEA/Norway Grants.

The level of **cooperation** between different institutions varies in the Beneficiary States. Active involvement of the relevant health authorities ensures coordination between funded projects, national and international health strategies and additional funding opportunities. In the Czech Republic the Ministry of Health is involved in decisions about topics in the calls and the selection of applications to recommend for funding. The Ministry of Health would like to become more involved in the monitoring and evaluation of projects. Overall, the working relationship between the NFP and the Ministry of Health did not seem optimal especially due to different administrative procedures of the EEA/Norway Grants and state budget funds. Likewise in Hungary, the working relation between the NFP and the Ministry of Health is limited.

Overall, the relation between the NFP and the FMO is described as positive, but the cooperation can for some countries be improved. According to some project promoters, miscommunication concerning changes of procedures led to confusion in the reporting process. These issues could be addressed by better communication, more personal contact and network, and more frequent meetings.

Other constraints are that additional (unexpected) expenditures must be covered by the project promoter, e.g. higher prices than expected and/or exchange rate losses as grants are given in EUR. This problem can be met by avoiding long assessment periods and/or by allowing funding of

exchange rate losses. It has been suggested during the stakeholder interviews, that the problem of exchange rate losses could be solved at system level, where the losses of some project promoters can potentially be offset by the gain of others.

Finally, project promoters complain that they have to prefinance project expenditures. Some project promoters have to take out loans to meet the prefinancing requirements. In order to reduce this issue, a raise of the advance payment could be considered.

5.3 Country and project-specific assessment

The paragraph contains a presentation of the evaluator's assessment of the efficiency of the evaluated projects (see footnote for explanation of the scores). The findings and conclusions presented above are based on the results in this paragraph and the country reports.

The efficiency of the projects

Overall, 11 projects have delivered anticipated activities and outputs according to specifications without any significant extension of the project period (< 6 months), 4 with an extension of 6-12 months. In PL0380 the project period was extended by 18 months, which, according to the project promoter, was due to a delay in the application process at the FMO. See Table-5-1.

Table 5-1 Evaluator assessment of the efficiency in each of the projects in the five case countries

	Czech Republic (3 projects)	Poland (4 projects)	Lithuania (4 projects)	Hungary (2 projects)	Romania (3 projects)
How efficient was the project implementation set-up?[18]	4/3/4	4/3/2/3	4/4/4/3	4/4	4/4/4

Strengths and weaknesses

Below a short overview of the strengths and weaknesses regarding the efficiency of the EEA/Norway Grants in the Czech Republic, Poland, Lithuania, Hungary and Romania is summerized.

Strengths relate to satisfaction with the NFP, and a good relation between the NFP and the FMO, as well as the NFPs mentioned that the work with the FMO is valuable and flexible. The administrative procedures have in the meantime been changed in some countries, e.g. reporting and financing procedures, by hiring additional administrative staff; the procedures for modifying projects were changed and the FMO has provided additional guidance on the project completion reports.

[18] Explanation of the score: The score 4 is given if anticipated activities and outputs have been delivered according to specifications without any significant extension of the project period (< 6 months). The score 3 is given if anticipated activities and outputs have been delivered according to specifications, but the project period has been extended by 6-12 months. The score 2 is given if anticipated activities and outputs have been delivered according to specifications, but the project period has been extended by more than 12 months. The score 1 is given if anticipated activities and outputs have not been delivered according to specifications.

Several weaknesses are experienced in the five countries. They relate partly to the perceived complexity of the administrative procedures (financial reporting, reallocation of resources and application reports) of the FMO. Furthermore, several project promoters mention that the national public procurement rules are very complex. Another obstacle for many project promoters and NGOs is that they have to pre-finance project expenditures and that additional (unexpected) expenditures must be covered by the project promoter. Some project promoters mentioned that lack of necessary management skills in-house could create obstacles related to the management of the project. Regarding working relations between the NFP and the national Ministries of Health, these could be improved in some countries. Finally, it can be challenging to involve donor country partners in the projects, and only few new relations have been established.

6 Sustainability

This paragraph contains the two following topics:

- Sustainability of project set-up
- Sustainability of project outcomes.

6.1 Sustainability of project set-up

The sustainability of the project set-up is only relevant for projects having an EFTA partner. Six of the 16 selected projects for an in-depth interview had a partner in Norway. Of the six Norwegian partners three cooperated with partners in Poland, two with a partner in Lithuania and one with a partner in Hungary. In two partnership projects (LT0042 and PL0060) the partners did not know each other beforehand whereas the four remaining projects had cooperated before the project received funding from the EEA/Norway Grants. In the latter projects most of the partnerships - building on personal relations - are assessed to continue, maybe with a slightly different set-up. They also state that the EEA/Norway Grants have contributed to a strengthened relationship, and they will keep exchanging ideas and knowledge. Regarding the projects with no relation before the grant, the partnership and the relation have ended. On this basis, it seems like no new, sustainable relationships have emerged in relation to the EEA/Norway Grants; but most likely acquaintances of old standing will sustain.

6.2 Sustainability of project outcomes

For most countries a substantial part of the project deliverables consists of investment projects as e.g. new buildings or renovation of existing buildings or building a ramp to increase the accessibility of disabled persons (e.g. LT0086, LT0042, PL0386, CZ0129, CZ0141). As a part of the grant agreement project promoters have to secure funds for maintenance costs for a period of ten years, which secures the sustainability of these projects. Regarding the projects mainly consisting of 'soft' deliverables as e.g. educational material, trained staff/experts/volunteers and the set-up of technologies it is stated that these deliverables will be active or available for some time; but they need to be revised and kept up to date to follow the development in the respective areas (e.g. PL0386, HU0094). Other projects concern the awareness, knowledge and behaviour of individuals or families (e.g. Ro0063, Ro0046 and HU0065). Continuous funding is needed to secure the sustainability of the two latter types of projects.

Most stakeholders state that it is too early to assess the sustainability of project impacts. To measure the impacts, clear indicators have to be defined as already mentioned in section 3.3. For the investment projects this could e.g. be how many people have used the facilities or visited new buildings, whereas for the more educational and behavioural changing projects it is much more difficult to assess, since messages and interaction need to be repeated for a long period of time before they sustain in people's behaviour.

Some project impacts are of a more local character as e.g. the PL0386, whereas others are primarily national as e.g. the HU0065; few even also reach an international character as e.g. the HU0094 and the LT0042, where the project promoters have obtained membership of international organisations

based on the project results. Where project results have been effectively disseminated for the benefit of relevant stakeholders, an indirect sustainability occurs.

Many project promoters express that it is likely that an impact will occur (e.g. LT0086, PL0380) - it is just too early to asses - and some even hope that the results of their projects become part of a national health strategy (LT0042, HU0094).

6.3 Country and project-specific assessment

The paragraph contains a presentation of the evaluator's assessment of the sustainability of the evaluated projects (see footnote for explanation of the scores). The findings and conclusions presented above are based on the results in this paragraph and the country reports.

The sustainability of the projects

All project results in the Czech Republic fully sustain beyond the EEA/Norway Grants' co-funding period (score 4), i.e. the project set-up sustains (if relevant), the project deliverables sustain for a period of at least 10 years, and the sustainability of the project impacts is likely (see Table 6-1).

In Poland, Lithuania and Hungary the project results partly sustain beyond the EEA/Norway Grants' co-funding period (score 3), i.e. the project set-up partly sustains (if relevant) and the project deliverables sustain beyond the co-funding period, but for a period of 5-9 years, or the sustainability of the project impacts is not likely.

In contrast, in one of the Romanian projects, the set-up only partly sustains and some of the deliverables and impacts sustain, but shorter than five years. Two projects were assessed; in one case the project set-up partially sustains, the deliverables sustain certainly for not longer than 1-2 years and the impacts on the target group do not last much longer. The other project will not continue the activities. However, if a new application to the EEA/Norway Grants for continuation will be approved, a new project management will be determined.

Table 6-1 Evaluator's assessment of sustainability in each of the projects in the five case countries

	Czech Republic (3 projects)	Poland (4 projects)	Lithuania (4 projects)	Hungary (2 projects)	Romania (3 projects)
Are project set-up and outcomes sustainable?[19]	4/4/4	3/3/3/3	3/3/3/3	3/3	1/2/1

[19] The score 4 is given if the project results fully sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up sustains (if relevant), the project deliverables sustain for a period of at least 10 years, and sustainability of project impacts is likely. The score 3 is given if the project results partly sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up partly sustains (if relevant) and the project deliverables sustain beyond the co-funding period, but for a period of 5-9 years, or sustainability of project impacts is not likely. The score 2 is given if the project results sustain only to a limited degree beyond the EEA/Norway Grants co-funding period, i.e. the project set-up partly sustains (if relevant), the project deliverables sustain beyond the co-funding period, but for a period of < 5 years, or sustainability of project impacts is not likely. The score 1 is given if the project results do not sustain beyond the EEA/Norway Grants co-funding. period, i.e. the project set-up does not sustain (if relevant), the project deliverables do not sustain beyond the co-funding and sustainability of project impacts is not likely.

Strengths and weaknesses

Below a short overview of the strengths and weaknesses regarding the sustainability of the EEA/Norway Grants in the Czech Republic, Poland, Lithuania, Hungary and Romania is summerized.

Many of the projects concerned infrastructure or investment, which has been integrated into the service provision of the project promoters and/or existing organisations (municipality, centres and hospitals). This is an advantage in relation to the sustainability of the projects. Overall, the project set-up will remain in most projects; it was even stated that project activities had added value to the existing project set-up. In some countries projects activities were implemented in existing organisations, e.g. in municipalities or at hospitals, which ensures a higher degree of sustainability.

Another strength is partnerships building on former connections. Here, most partners state that they will keep working together on exchanging ideas and scientific knowledge. On the other hand, it is a weakness that most project set-ups between the partners took the form of continued cooperation rather than a new relationship. It indicates that new relationships are complicated for third parties to establish.

In relation to sustainability of projects mainly consisting of 'soft' deliverables, continued funding is necessary to keep the capacity and quality in line with the demand of the project results. In general, all projects need more external funding, which is a serious obstacle for some projects, especially those not institutionalised and not consisting of tangible deliverables.

7 Cross-cutting issues

This paragraph concerns the three following topics:

- Sustainable development
- Gender equality
- Good governance.

Sustainable development relate to environmental, economic and social issues, respectively. Only one of the selected projects represents an environmental sustainability role (CZ0129). In contrast, most projects contribute to social development either directly (e.g. Ro0046, PL0057) or indirectly (e.g. PL0386, LT0042). All projects claim to indirectly contribute to economically sustainable development, e.g. by improving the quality of life of children and parents or by securing infrastructure and services to children from a deprived area.

Gender equality was a selection parameter in a number of projects (e.g. LT0086, PL0060, CZ0154). Only few projects addressed gender equality directly, such as Ro0063 where girls and women were encouraged to take a leading role in the family to break with stereotype roles. Other projects indirectly contributed to gender equality as e.g. the CZ0129, where the availability of kindergartens is a precondition for mothers being able to work. Obviously, the nature of some projects addresses one gender to a higher degree than the other, for instance the HU0065, which aims to decrease the number of abortions, and the Ro0062, which mostly concerns men in the prevention of HIV/AIDS.

According to the evaluators' assessment, the projects live up to good governance principles. Project implementations comply with relevant EU and national legislation.

8 Findings and recommendations

8.1 Impact/effectiveness

Project deliverables

Three types of projects have been determined: infrastructural projects geographically covering a small area, projects focusing on the development of health care technologies and preventive measures and informative and preventive projects aiming at changing behavior. Overall, the selected projects have reported significant achievements of the planned deliverables; some have even achieved better results than the predefined objectives. Only a few projects have not delivered as planned. A **key finding** is that the project deliverables have indicated an important short-term impact on the target groups. Infrastructural projects are typically local/community-based and the target groups thereby cover a smaller proportion of the population. Projects aiming at developing health care technologies and preventive measures etc typically approach a higher proportion of the population as e.g. large patient groups. Finally, informative/health behavior-changing projects typically reach a large part of the general population since the aim is prevention.

Visibility and dissemination

A **key finding** is that concerning dissemination and visibility, project promoters have to a high degree disseminated project results in relevant contexts as e.g. scientific journals, national and international public papers, local and national medias as well as the EEA/Norway Grants logo is displayed at websites, buildings, equipment etc. Highly specialized projects have communicated results at an international level, and to specific target groups, whereas locally based projects to a large extent have disseminated the results locally.

Impact

A **key finding** is that the projects document a significant contribution to the institutional capacity in the health and childcare sector in the five evaluated countries and most projects have reached the planned and expected target groups taking into consideration the type of project. Regarding unplanned impacts, these contribute in general positively to the achievement of the planned impacts.

Whereas short-term impacts have been met in most projects, it is acknowledged that it is difficult and complex to measure the long-term impacts of health and childcare deliveries.

A convincing impact assessment depends to a high degree on precisely defined performance indicators. In this context it is a challenge that the programme areas within the EEA/Norway Grants

2009-2014 are covering many different target groups and proposed activities. Furthermore, long-term impacts are difficult to obtain within a project period. To ensure assessing the long-term impact, cooperation with national health bodies in the respective countries is recommended. Simple indicators are suggested to evaluate the results of the EEA/Norway Grants across projects.

8.2 Relevance

The relevance of the objectives of the EEA/Norway Grants

The two main objectives of the EEA/Norway Grants are to contribute to the reduction of economic and social disparities in the EEA and to strengthen bilateral relations between the donor and Beneficiary States. All projects selected for the evaluation have delivered their planned deliverables, and among the selected projects, this has had a documented short-term impact on the target groups. Living conditions, access to health, treatment, etc have been improved among vulnerable groups, large patient groups and the general population. By improving health and social conditions, the evaluator concluded that economic and social disparities are reduced in Hungary, the Czech Republic, Poland, Romania and Lithuania compared to the western EU countries. Within country borders, Poland has focused on reducing inequalities between rural and urban areas, succeeding in creating easier access to health in rural areas.

In addition, many of these projects would not have been able to find alternative financing due to limited public budgets and limited private funding options.

A **key finding** is that the EEA/Norway Grants contribute to the reduction of social and economic disparities, and that the projects supported have a high impact on the target groups.

Regarding the relevance of the bilateral partnership, the conclusion is not that clear. The evaluation indicates that relevance among other things depends on the typology of the project. Thus, bilateral partnerships seem to be more relevant in those cases where the projects concern themes as clinical practices, research, implementation of high-tech solutions etc. than in cases where the projects primarily concern construction, renovation and rebuilding. Moreover, the partners describe that they have only to a limited degree benefitted from the partnerships; mostly they have delivered expertise to the Beneficiary States. On the other side, the project promoters and the NFP describe that it is difficult to find donor country partners to the projects.

In most cases, the partnerships had already been established before the EEA/Norway Grants funding. In those cases it is more likely that the partnership will sustain after the end of the project.

Therefore, a **key lesson** learned is that there is a need for support to the establishment of partnerships in knowledge-intensive projects, and to strengthening bilateral relations in general. Furthermore, most partnerships in the evaluation are described as being unilateral, i.e. the donor country partner does only to a limited degree benefit from the partnership.

Seen in the light of the health status in Hungary, the Czech Republic, Poland, Romania and Lithuania (see paragraph 1.1) the projects funded by the EEA/Norway Grants are to a large extent relevant in a national context. However, the projects only to some extent address the existing national health strategies.

The reason for this is, among other things, that several projects do not aim at national *health* strategies, but at other related strategies, for instance at the social and legal area. Some national health strategies are highly focused, which is why some health and childcare areas are not prioritized. Moreover, some projects concern health areas being prioritized in a national health strategy, but the approach to achieving the objectives is different.

A **key lesson** learned is that the projects represent valuable supplements to the existing health strategies, also confirmed by many stakeholders. Moreover, it underlines the need of (continued) coordination between the national health authorities (and other relevant authorities) and the NFP/FMO.

Overall, the projects in the sector health and childcare are in line with the general objectives of the EU Health Strategies. At the same time, the EEA/Norway Grants fill a gap between the national and EU funding in the sector health and childcare by funding smaller projects not funded by EU funds and by focusing on access to health - activities that are only covered to a limited degree by the FP6/FP7 or the HP/PHP.

Furthermore, the EEA/Norway Grants have in the period 2009-2014 strong focus on the area “Capacity-building and institutional cooperation with Norwegian public institutions, local and regional authorities' on which the PHP and the HP only focus to a lesser degree. The need for focusing on this area is of high importance in the Beneficiary States where capacity building in the health sector is essential for developing health and for preventing brain drain in these countries.

Regarding requirements for partnerships the EEA/Norway Grants contribute to partners at local, regional and national levels. This is in contrast to the EU funding mechanisms, which aim to strengthen partnership and collaboration only across countries.

8.3 Efficiency

Donor efficiency

A **key finding** is that in general, the Beneficiary States are satisfied with the cooperation with the FMO. Still, the Beneficiary States all agree that the administrative procedures of the FMO have been complex, time-consuming and, in some cases, even unnecessary. This has, to some extent, contributed to delays in the implementation of projects. Moreover, several project promoters express problems with financing the project due to delays and unexpected losses.

Some Beneficiary States report that these problems have already been addressed by changing administrative procedures, decentralisation and an increasing the number of relevant administrative staff.

Beneficiary efficiency and national set-up

Overall, all project promoters in the evaluation report that they experience a good and helpful working relation with the NFPs. In general, the NFPs seem highly respected among project promoters. Constraints include the working relationship between the NFP and the Ministry of Health, which could be optimized for some of the Beneficiary States in order to secure coordination - among other things of funded projects and health strategies. A **key finding** is that the relation between the FMO and the NFPs is good; nevertheless, improvements could be done in terms of communication and cooperation.

In general, the national set-ups work well. Still, some national selection processes could be simplified in order to reduce the workload for the NFP as well as applicants and project promoters, for instance by introducing short project descriptions for initial selection.

It is stressed that relevant competencies, the NFPs and the monitoring committees are an advantage, as well as the on-going support from the NFPs is very helpful. A higher degree of decentralisation is suggested from both project promoters as well as NFPs.

8.4 Sustainability

Sustainability of project set-up

Only six of the selected projects for an in-depth interview had a partner in Norway. For four of these, the EEA/Norway Grants have contributed to a strengthened relationship, and the projects will keep exchanging ideas and knowledge. Due to the experiences in the evaluated partnership projects, it seems like no new relationships have emerged in relation to the EEA/Norway Grants; but most likely acquaintances of old standing will sustain.

Sustainability of project outcomes

A substantial part of the project deliverables consists of reconstruction, building etc. In accordance with the nature of these deliverables, they have a high degree of sustainability. A **key lesson** learned is that projects that are already integrated in existing, service-providing set-ups have a higher possibility of continued funding for maintenance, updates and staff. Projects consisting mainly of soft deliverables as e.g. educational material, trained staff/experts/volunteers, set-up of technologies or projects concerning awareness, knowledge and the behavior of individuals or families need, to a wider extent, look for external funding in order to secure sustainability.

Most stakeholders state that it is too early to assess the sustainability of project impacts. Many project promoters express that it is likely that an impact will occur and some even hope that the results of their projects become part of a national health strategy.

Sustainable development

Most projects contribute to social development either directly or indirectly. All projects claim that they indirectly contribute to economic sustainable development e.g. by improving the quality of life of children and parents or by securing infrastructure and services to children from a deprived area.

Gender equality

Gender equality was only a selection parameter in few projects, whereas quite a few projects indirectly contributed to the gender equality. Some projects were mainly targeted one gender, since the health or childcare issue was gender-specific.

Good governance

Projects in the in-depth project evaluation have overall contributed to good governance in terms of establishing citizen responsibility and compliance with relevant legislation.

8.5 Recommendations

Based on this formative evaluation of the implementation of the EEA/Norway Grants for the sector health and childcare during the period 2004-2009, the following recommendations are proposed in order to improve the future implementation of the EEA/Norway Grants:

1. **Continuation based on relevance:** The EEA/Norway Grants-funded projects address very relevant national and EU health challenges. Differences in health standards between Western Europe and the Beneficiary States are still pronounced giving sound rationale for focusing on the sector health and childcare in the future. In achieving the objective of reducing social and economic disparities, different target groups should obtain continued support according to specific country needs. Moreover, it is recommended to include needs in rural areas/deprived areas further to comply with inequalities within countries.

2. **Ensure/maintain a close cooperation and coordination between national health authorities and NFPs.** In order to increase the relevance and impact of the EEA/Norway Grants it is important to ensure/maintain close and formal cooperation between national health authorities and NFPs/FMO.

3. **Focus on partnerships in knowledge-intensive projects.** It is recommended to focus solely on establishing partnerships in projects with need of specific competences, such as clinical practices, research or implementation of high-tech solutions. The selection process should be adapted accordingly, ensuring that these kind of project are not prioritized on behalf of other types of projects.

4. **Increase focused support to EEA/Norway Grants' partners.** To increase the bilateral exchange of knowledge, practices and technologies in relevant partnerships, there is a need to implement further activities in the partnership selection process. The selection should ensure that partnerships result in added value to both the project and the EFTA partner. The evaluators suggest elaborating a list explaining the added value of bilateral cooperation to the donor country partners and to the beneficiaries, which should then be described more specifically in the application.

5. **Ensure bilateral knowledge exchange.** In order to exchange knowledge, ideas, evidence and establish informal, non-committal relations, the NFP/FMO is recommended to host seminars

on subjects related to the EEA/Norway Grants Health and Childcare programme. Project promoters, scientific staff, medical companies, national knowledge centres, national authorities and possible donor country partners are examples of relevant participants in such seminars. Moreover, increasing the visibility of the benefits of being a partner in the EEA/Norway Grants in relevant settings in EFTA countries, like hospitals, research institutions and relevant medical companies is recommended. This could be (further) provided by donor country embassies.

6. **Define indicators to measure short- and long-term results and impacts at both programme and project levels.** At project level it is recommended to continue to assess the short-term impact the way it exists today. The long-term impact should be assessed by involving relevant national health bodies ensuring this part of the evaluation, where relevant. At programme level, it is recommended to develop simple indicators which can demonstrate the overall impact of the EEA/Norway Grants.

7. **Simplify administrative procedures** in order to reduce project delay and the financial risk for project promoters. Identified problems could be addressed by:
    a. Sharing the administrative best practices in national set-ups and procedures already implemented in Beneficiary States at workshops/seminars.
    b. Establish courses for project promoters in the EEA/Norway Grants' organisational set-up and procedures immediately after contracting. This should for instance include reporting procedures, financing procedures and EEA/Norway Grants organization.
    c. Where this is not present, establish an independent helpdesk function for applicants in Beneficiary States .

Annexes

Annex 1: Terms of Reference

TERMS OF REFERENCE

EVALUATION OF THE SECTOR HEALTH AND CHILDCARE UNDER THE EEA/NORWAY GRANTS

1. Background

The EEA/Norway Grants[20] represent the contribution of the three EEA/EFTA[21] states towards reducing the social and economic disparities in the European Economic Area. The grants also aim to strengthen the political, social and economic ties between the donor and the beneficiary countries.

Priority sectors and administrative set up in the specific beneficiary country is defined by a Memorandum of Understanding (MoU)[22]. Examples of priority sectors agreed upon in the MoUs include environment and sustainable development, cultural heritage, health and children, and these may vary across the beneficiary countries. This evaluation will focus on the sector health and childcare. There are a total of 234 projects supported under this sector, totalling EUR 167 million. They have a wide outreach through hospital improvements and health awareness programmes in schools and local communities with an overall objective of improvement of prevention, early diagnosis and improved access to health care. This evaluation will undertake an in-depth evaluation of five of the supported countries, namely Czech Republic, Hungary, Lithuania, Poland and Romania.

2. Purpose of the Evaluation

This is primarily a formative evaluation, and it shall contribute to a learning process and inform future policy-making. The primary users of the evaluation will be the three donors, relevant stakeholders in the beneficiary countries and the FMO.

The evaluation should be structured following **five evaluation criteria**:

- Assess the **sustainability** of the health projects; in other words the extent to which they are likely to create ownership and impacts that will be preserved over time without EEA/Norway Grants.

- Assess the **relevance** of the EEA/Norway supported health and childcare projects with respect to contributing to the objectives of the EEA and Norway grants and national and EU health strategies including an assessment of the projects selected and how they fit into national/EU strategies. Identify major challenges, strengths and weaknesses per country.

- Assess the **impact** of the grants; what has been the planned and unplanned impact, including on the institutional capacity of the sector, and on the targeted areas/groups, including children, youth and vulnerable groups.

[20] The EEA Financial Mechanism (2004-2009) and the Norwegian Financial Mechanism (2004-2009).
[21] Iceland, Liechtenstein and Norway
[22] All MoUs can be downloaded from www.eeagrants.org.

- An assessment of the **effectiveness** in terms of perceived results with respect to contributing to the achievement of the objectives of the sector.
- Assess to what extent the financial mechanisms are **efficient.** Are anticipated activities and outputs being delivered on time and according to specifications? What are the problems and constraints the project promoters and Focal Point faces during implementation of activities, programmes and tools? What are the different set-ups in the countries and how efficient have they been? Does it represent “good value for money' in relation to the results achieved?

Furthermore the evaluation shall identify key lessons that are relevant for current operations and future programming in the area of health and childcare in terms of the above criteria and overall objectives of the financial mechanisms. Finally, the evaluation should assess the visibility of the grants in the five countries identified.

3. Scope of Work

Five countries have been selected for in-depth studies of the implementation of the health and child-care grants, these are: Czech Republic, Hungary, Lithuania, Poland and Romania. There are 177 projects, however the evaluation should specifically focus on support going to:

- infrastructure development projects in the context of improved access to and quality of health service provision
- life style related projects in the context of ageing population
- improved prevention and treatment: communicable diseases (HIV/AIDS in particular), mental health and cancer.

Through this evaluation we want to:

- Learn from previous experiences
- Improve the knowledge of how the projects were implemented and managed at national level. The evaluation should look at how priorities were chosen and structures were set up at the national level; compare the different national set-ups and include an analyses of what worked well and what the challenges were
- Consultants should also consider capacity building needs for the future
- The evaluation should point to synergies and complementarities with national and EU funding and strategies, including national targets and strategies
- Identify areas of improvement and recommendations for the establishment of future health programmes.

This should be done through:

- Document analysis
- Focus group discussions
- Surveys to collect data which will be analysed by the evaluation team.
- Semi-structured interviews with relevant stakeholders in the 5 countries
- An in-depth and on-the-ground review of selected projects which are significant in size and near or at completion, as selected by the Evaluators;
- Semi-structured interviews with EU policy makers (European Commission) in health policy;

Field visits:
As a part of the process to identify how the EEA and Norway grants has impacted on its beneficiaries states, field visits to the five selected countries are envisaged in this evaluation.

4. Evaluation Team

All members of the evaluation team are expected to have relevant academic qualifications and evaluation experience. Consultants should have a working knowledge of national and European health policy and trends and previous knowledge of evaluation of national and international health programmes.

5. Budget and Deliverables

The **deliverables** in the consultancy consist of the following outputs:

The maximum budget for this evaluation is: **EUR 120,000**

- Travel to Brussels for a Kick-off meeting at the FMO/ Donor representative, within 1-2 weeks of contract notification;
- Draft work-plan – 1 week after kick-off meeting
- Final work-plan – 1 week after receiving comments on draft work plan
- **Draft Final Report** – by **31 March 2011** for feedback from donors, relevant stakeholders in the countries and FMO team. The feedback will include comments on structure, facts, content, and conclusions.
- **Final Evaluation Report** – 2 weeks after receiving comments from FMO.

All presentations and reports are to be submitted in electronic form in accordance with the deadlines set in the time-schedule to be specified. FMO retains the sole rights with respect to **distribution, dissemination and publication** of the deliverables.

Contact persons at the FMO:

Coordinator:	Ms. Trine Eriksen
Responsible Sector Officer:	Ms. Gabriela Voicu
Support:	Ms. Emily Harwit-Whewell
Head of Team:	Ms. Inger Stoll

Annex 2: List of institutions consulted

Name of organisation	Name of project
National Development Agency, Department for International Co-operation Programmes	Not relevant
State Secretariat for Health Sector under the Ministry of National Resources (Nemzeti Erőforrás Minisztérium)	Not relevant
National Center for Epidemiology (Országos Epidemiológiai Központ)	Monitoring of HIV pandemic in Hungary by molecular virological methods (HU0094)
Hungarian Preventive Scientific Society of Obstetrics and Gynaecology	A-HA! Nationwide Sex and Mental Hygiene Education Programme (HU0065)
University of Bergen - The Gade Institute	Monitoring of HIV pandemic in Hungary by molecular virological methods (HU0094)
Public Foundation for the Equal Opportunities of Persons with Disabilities	Equalisation of Opportunities of Access for Disabled Persons in the Social Sector (HU0029)
Duna-Mecsek Regional Development Foundation	Supporting implementation of accessibility in the area affected by the Duna-Mecsek Regional Development Foundation (HU0050)

Name of organisation	Name of project
Ministry of Finance, Centre for Foreign Assistance, International Relations Department	Not relevant
Ministry of Health	Not relevant
Statutory city of Plzen	Modernization of kindergartens in the Plzen 4 municipal area (CZ0129)
The Faculty Hospital Brno	Instrumentation upgrading in the barrier-protected operation theatre and Perinatological Care Center in the Faculty Hospital Brno-Bohunice (CZ0141)
Psychiatrická lécebna Bohnice (Bohnice Psychiatric Hospital)	Development of the Child Care in the Psychiatric Hospital Bohnice (CZ0154)
The Charta 77 Foundation	Decrease in neonatal morbidity by improving the system of national care for extremely premature newborns (CZ0110)

Name of organisation	Name of project
Ministry of Economy and Finance of Romania	Not relevant
Ministry of Health	Not relevant
Youth for Youth Foundation	Comprehensive approaches in HIV/AIDS prevention in Romania (RO0062)
General Directorate of Social Assistance of the Bucharest Municipality, General Council of Bucharest Municipality (GDSABM)	1-2-3 Let's go - promotion of Healthy Lifestyle for children in Bucharest (RO0063)
Save the children Romania	Towards positive healthy parenting in Romanian families (RO0046)
Fundatia Renasterea pentru Educatie, Sanatate si Cultura	Prevention and Early Detection of Breast, Genital and Lung Cancer (RO0049)
Innovation Norway	Not relevant

* Information not available

Name of organisation	Name of project
Ministry of Finance (IFACD)	Not relevant
Ministry of Health	Not relevant
Moletai foster care facility for children	Construction of children's independent living home in Moletai (SAGYNA) (LT0086)
Kaunas Juvenile Interrogation – Correction facility	Imprisonment conditions improvement of juvenile offenders is the way to their successful re - socialization (LT0052)
National Centre of Pathology	Intensification of competence of the National Centre of Pathology in the sphere of early diagnostics and prevention of cancer diseases (LT0058)
PI Vilnius University Hospital Santariškiu Klinikos	Improvement of Quality and Accessibility of Integrated Paediatric Cardiology, Cardio Surgery and Anaesthesiology Services of Vilnius University Hospital Santariškiu Klinikos (LT0042)
Vilnius University Institute of Oncology	Improvement of early diagnostics of oncological diseases and ensuring of valid treatment in Lithuania (LT0043)
Rikshospitalet University Hospital HF, Norway	Improvement of Quality and Accessibility of Integrated Paediatric Cardiology, Cardio Surgery and Anaesthesiology Services of Vilnius University (LT0042)
University of Oslo, Norway	Intensification of competence of the National Centre of Pathology in the sphere of early diagnostics and prevention of cancer diseases (LT0058)

* Information not available

Name of organisation	Name of project
Ministry of Regional Development - Department for Aid Programmes and TA	Not relevant
Ministry of Health (Department of Public Health)	Not relevant
Caritas of the Sandomierz Diocese	Development of educational and rehabilitation services at the 'Joy of Life' Sandomierz (PL0057)
The Commune of Krasnystaw	Project of the building an open area recreation zone for children in Krasnystaw (PL0386)
Medical University of Gdansk	Pomerania Pilot Lung Cancer Screening Project (PL0380)
Stefan Cardinal Wyszynski National Institute of Cardiology	Establishment of TeleInterMed Teleconsulting Center (PL0060)
Municipality of Gjøvik, Norway	Project of the building an open area recreation zone for children in Krasnystaw (PL0386)
Ullevål University Hospital - Oncology Centre, Norway	Pomerania Pilot Lung Cancer Screening Project (PL0380)
Exponor Tromsø AS, Norway	Establishment of TeleInterMed Teleconsulting Center (PL0060)

* Information not available

Annex 3: Selection of 16 projects for in-depth assessment

1. Introduction

The evaluation of the sector health and childcare builds on in-depth assessments of 16 projects funded by the EEA/Norway Grants during the period 2004-2009 - in Poland (73 projects), Lithuania (42), Romania (17), Czech Republic (33), and Hungary (14).

Hence, 16 projects were selected out of a total of 180 supported projects - that together were expected to provide sufficient information for being able to learn from the project approach for the future programme approach, chosen by the EEA/Norway Grants for the next round of support to the sector health and childcare. At the same time, it must be acknowledged that the 16 projects will only to a limited degree represent the achievements of all the supported projects.

The selection criteria applied when selecting the 16 projects are presented below - followed by the selection of projects per country.

2. Selection criteria

The following selection criteria have been applied to get to the selection of the 16 projects:

Coverage of countries

Since the evaluation addresses the support given to five countries, projects from each of these were selected. It was considered that only 1 project in a given country was too little, and so 2 were the minimum. This means in practice that between 2 and 4 projects in each of the five countries were selected.

Size of project

It is preferable that the selected projects are relatively large (in terms of funding). This will everything else equal give rise to more information about project achievements. Furthermore, large projects with many activities are likely to be closer to the functioning of programmes than small projects.

In practice, priority to projects above the average size in terms of funding in the respective countries were given - resulting in only 2 of the 16 projects being below the average, but have been selected due to other characteristics.

Objective of project

The Terms of Reference specifies that the following three types of projects shall be covered:

- Infrastructure development projects in the context of improved access to and quality of health service provision
- Lifestyle-related projects in the context of ageing population
- Improved prevention and treatment: communicable diseases (HIV/AIDS in particular), mental health and cancer

To be able to select projects belonging to all three types, all projects were mapped. They were *firstly* mapped according to whether it was their primary or secondary (or tertiary) objective to:

- Develop infrastructure

- Affect lifestyles
- Prevent or treat diseases

For example, if a project aimed to improve lifestyle-related health of children partly via constructing playgrounds, the primary objective was to 'affect lifestyles', while the secondary objective was to 'develop infrastructure'. If a project focused on the development of infrastructure to ensure more general access to and quality of health service provision, there was only a primary objective, i.e. to 'develop infrastructure'

They were *secondly* mapped according to type of disease:

- HIV/AIDS
- Other communicable diseases
- Mental health
- Cancer
- Other diseases

This mapping was above all applicable for the projects mapped above to be to 'prevent or treat diseases'. Hence, many of the projects not categorised as such did not have a 'disease' assigned to them.

They were *thirdly* mapped according to target group:

- Children
- Young people
- Elderly
- Other target group (e.g. mothers)
- General population

Partnership projects

The selection of projects included partnership projects, i.e. projects with an EFTA (Norwegian) partner. However, not all selected projects were partnership projects, since it is valuable to learn about differences between the two types.

Project status

Projects that were completed or close to completion were given priority.

3. Poland

The mapping of the 73 Polish health and childcare projects is summarised in Table A3-1 below . It shows that 27 out of the 73 projects have grants above the average. There are 10 partnership projects, of which 5 have an above-average grant.

The 73 projects are fairly evenly distributed among the three types of projects, with fewest lifestyle projects.

Most of the projects have been assigned to the category 'other diseases'. There are no HIV/AIDS projects and only one regarding 'other communicable diseases' and one regarding 'mental health'. There are no projects specifically targeting the elderly population, but 21 projects that target the population in general, and so also the elderly.

Table A3-1 Polish health and childcare projects

Number of projects	73		
Average grant (Euro)	799690		
Number of projects above average grant	27		
Number of partnership projects	10		
- hereof above average grant	5		
	Primary obj.	Secondary obj.	Tertiary obj.
Type of project			
Develop infrastructure	23	16	0
Affect lifestyles	17	4	1
Prevent or treat diseases	30	19	0
Disease			
HIV/AIDS	0	0	0
Other communicable diseases	1	0	0
Mental health	1	0	0
Cancer	9	2	0
Other diseases	39	1	0
Target group			
Children	46	1	0
Young people	1	11	0
Elderly	0	0	0
Other target group (e.g. mothers)	5	6	0
General population	22	4	0

Based on the above mapping and selection criteria, 4 Polish projects were selected since Poland by far has implemented the most projects. These are presented in Table A3-2 together with 2 alternatives.

The 4 selected projects cover the three different primary objectives; 2 of them on the development of infrastructure. 2 of them have also a secondary objective in this respect.

Only the cancer project is covered as a specific disease, since the 2 projects addressing other specific diseases do this only vaguely - and are relatively small in size.

Children (and young people) and the general population are targeted by the 4 proposed projects. However, the cancer project targeting the general populating can be said to be particularly relevant for the elderly.

3 of the projects have Norwegian partners.

The two alternative projects do also cover the three different objectives, 1 of them as a secondary objective (note that a few other suitable candidates covering these objectives have also been listed in []).

Cancer is also covered by the respective alternative. The targeting of children and the general population is similar to for the 3 proposed projects.

1 of the alternative projects has Norwegian partners.

Table A3-2 Selection of Polish projects for in-depth assessment

4 selected projects	
Case number	PL0057
Project title	Development of educational and rehabilitation services at the „Joy of Life' Sandomierz
Grant awarded (Euro)	1627050
Status	Ongoing
Partner	
Type of project	Develop infrastructure (and prevent or treat diseases)
Disease	Other diseases
Target group	Children (and young people)
Case number	PL0386
Project title	Project of the building an open area recreation zone for children in Krasnystaw
Grant awarded (Euro)	919246
Status	Ongoing
Partner	Municipality of Gjøvik, Norway
Type of project	Affect lifestyles (and develop infrastructure)
Disease	
Target group	Children
Case number	PL0380
Project title	Pomerania Pilot Lung Cancer Screening Project
Grant awarded (Euro)	902996
Status	Ongoing
Partner	Ullevål University Hospital - Oncology Centre, Norway
Type of project	Prevent or treat diseases
Disease	Cancer
Target group	General population

Case number	PL0060
Project title	Establishment of TeleInterMed Teleconsulting Center
Grant awarded (Euro)	2220010
Status	Ongoing
Partner	Exponor Tromsø AS, Norway
Type of project	Develop infrastructure
Disease	Other diseases
Target group	General population
2 alternative projects	
Case number	PL0048 - alternative to PL0386 [other candidate: PL0052]
Project title	Health promotion in Stare Babice commune through creation of a children's recreation area
Grant awarded (Euro)	1352257
Status	Ongoing
Partner	
Type of project	Affect lifestyles (and develop infrastructure)
Disease	
Target group	Children
Case number	PL0389- alternative to PL0380 [other candidates: PL0356, PL0472, PL0481]
Project title	PROVIDING PROPER PREVENTION SERVICES, DIAGNOSTIC AND ONKOLOGICAL TREATMENT FOR PATIENTS FROM CENTRAL POMERANIA REGION
Grant awarded (Euro)	2523957
Status	Ongoing
Partner	University College of Lillehammer, Norway
Type of project	Prevent or treat diseases
Disease	Cancer
Target group	General population

4. Lithuania

The mapping of the 42 Lithuanian health and childcare projects is summarised in Table A3-3. It shows that 11 out of the 42 projects have grants above the average. There are only three partnership projects, of which one has an above-average grant.

There is almost the double of projects within 'develop infrastructure' compared to both 'affect lifestyle' and 'prevent and treat diseases'.

Relatively few projects have been assigned a disease category; seven concern 'cancer' and three concern 'other diseases'. Two 'cancer' and one 'other diseases' have received funding over-average.

There are 0 projects specifically targeting the elderly population, and only six targeting the population in general, and so also the elderly.

Table A3-3 Lithuanian health and childcare projects

Number of projects	42		
Average grant (Euro)	702715		
Number of projects above average grant	11		
Number of partnership projects	3		
- hereof above average grant	1		
	Primary obj.	Secondary obj.	Tertiary obj.
Type of project			
Develop infrastructure	20	15	0
Affect lifestyles	10	0	0
Prevent or treat diseases	12	1	0
Disease			
HIV/AIDS	0	0	0
Other communicable diseases	1	0	0
Mental health	0	0	0
Cancer	7	0	0
Other diseases	3	0	0
Target group			
Children	32	0	0
Young people	13	0	0
Elderly	0	0	0
Other target group (e.g. mothers)	1	0	0
General population	6	0	0

Based on the above mapping and selection criteria, 4 Lithuanian projects were selected since Lithuania has implemented relatively many projects. These are presented in Table A3-4 together with 2 alternatives.

The four selected projects cover, however, only two the three different primary objectives: 'develop infrastructure' and 'prevent or treat diseases'. The reason is not that there are no good Lithuanian 'affect lifestyles' projects. The reason is merely that the 4 proposed projects are expected - hereunder by the FMO - particularly to be able to provide valuable information for the future grant period.

Cancer and other diseases (here paediatric cardiology, cardio surgery and anaesthesiology) are covered, while children and the general population are targeted.

Two of the projects have Norwegian partners.

The two alternative projects cover 'affect lifestyles' and 'prevent or treat diseases' respectively.

Cancer is covered in one of the respective alternatives where the target group is the general population; whereas 'other target groups' (here local residents) is the target group in 'affect lifestyles'.

Table A3-4 Selection of Lithuanian projects for in-depth assessment

4 selected projects	
Case number	LT0086
Project title	Construction of a children's independent living home in Moletai (SAGYNA)
Grant awarded (Euro)	1475230
Status	Ongoing
Partner	
Type of project	Develop infrastructure
Disease	
Target group	Children
Case number	LT0052
Project title	Imprisonment conditions improvement of juvenile offenders is the way to their successful re - socialization
Grant awarded (Euro)	1500000
Status	Ongoing
Partner	
Type of project	Develop infrastructure
Disease	
Target group	Children
Case number	LT0058
Project title	Intensification of competence of the National Centre of Pathology in the sphere of early diagnostics and prevention of cancer diseases
Grant awarded (Euro)	340000
Status	Ongoing
Partner	University of Oslo, Norway
Type of project	Prevent or treat diseases
Disease	Cancer
Target group	General population
Case number	LT0042
Project title	Improvement of Quality and Accessibility of Integrated Paediatric Cardiology, Cardio Surgery and Anaesthesiology Services of Vilnius University
Grant awarded (Euro)	1898999
Status	Ongoing
Partner	Rikshospitalet University Hospital HF, Norway
Type of project	Prevent or treat diseases
Disease	Other diseases (paediatric cardiology, cardio surgery and anaesthesiology)
Target group	Children
2 alternative projects	
Case number	LT0094
Project title	Renovation of Kelme district educational institutions' athletic fields
Grant awarded (Euro)	1139827
Status	Ongoing
Partner	
Type of project	Affect lifestyles
Disease	
Target group	Other target group (local residents)
Case number	LT0043
Project title	Improvement of early diagnostics of oncological diseases and ensuring of valid treatment in Lithuania
Grant awarded (Euro)	1897517
Status	Ongoing
Partner	
Type of project	Prevent or treat diseases
Disease	Cancer
Target group	General population

5. Romania

The mapping of the 17 Romanian health and childcare projects is summarised in Table A3-5. It shows that 7 out of the 17 projects have grants above the average. All 17 projects are individual projects. There are 5 partnership projects of which 2 have an above-average grant.

Most of the projects involve development of infrastructure (nine projects) or aim to improve prevention and treatment (9 projects). Fewer projects (3 projects) are lifestyle-related.

2 out of 7 projects, with the aim to improve prevention and treatment (primary objective) that have been assigned a disease category, concern 'HIV/AIDS', 'mental health' and 'other diseases'. The last project concerns 'cancer'.

There are nine projects targeting children, 5 projects targeting young people, four projects targeting other groups and three projects aimed at the general population. No projects are specifically targeted elderly people.

Table A3-5 Romanian health and childcare projects

Number of projects	17		
Average grant (Euro)	1328727		
Number of projects above average grant	7		
Number of partnership projects	5		
- hereof above average grant	2		
Type of project			
	Primary obj.	Secondary obj.	Tertiary obj.
Develop infrastructure	7	2	0
Affect lifestyles	3	0	0
Prevent or treat diseases	7	2	0
Disease			
HIV/AIDS	2	0	0
Other communicable diseases	2	0	0
Mental health	1	0	0
Cancer	1	0	0
Other diseases	2	0	0
Target group			
Children	9	0	0
Young people	5	0	0
Elderly	0	0	0
Other target group (e.g. mothers)	4	0	0
General population	3	0	0

Based on the above mapping and selection criteria, three Romanian projects were selected for in-depth assessment. These are presented in Table A3-6 together with three alternatives.

The 3 selected projects cover two of the three different primary objectives only: 2 'prevent or treat diseases' and 1 'affect lifestyles'. The 2 former have been selected because they address two of the prioritised diseases: HIV/AIDS and mental health.

None of the 3 projects are partnership projects. The lifestyle-related project has a grant just below average as no projects in this category have grants above average. Children are targeted by 2 of the 3 proposed projects. The last project is targeted at young people.

The 3 alternative projects include projects that aim to improve prevention and treatment of cancer and other diseases. One of these projects also involves the development of infrastructure. All projects have grants above average. 2 of the projects are partnership projects.

Table A3-6 Selection of Romanian projects for in-depth assessment

3 selected projects	
Case number	RO0062
Project title	Comprehensive approaches in HIV/AIDS prevention in Romania
Grant awarded (Euro)	2041827
Status	Ongoing
Partner	
Type of project	Prevent or treat diseases
Disease	HIV/AIDS
Target group	Young people
Case number	RO0063
Project title	1-2-3 Let's go - Promotion of a Healthy Lifestyle for children in Bucharest
Grant awarded (Euro)	1211416
Status	Ongoing
Partner	
Type of project	Affect lifestyles
Disease	None reported
Target group	Children
Case number	RO0046
Project title	Towards positive healthy parenting in Romanian families
Grant awarded (Euro)	1683128
Status	Ongoing
Partner	
Type of project	Prevent or treat diseases
Disease	Mental health
Target group	Children
3 alternative projects	
Case number	2008/115272
Project title	Norwegian-Romanian - NoRo - Partnership for Progress in rare Diseases
Grant awarded (Euro)	1874000
Status	Ongoing
Partner	Framblu Foundation, Norway
Type of project	Prevent or treat diseases
Disease	Other diseases
Target group	Other target group
Case number	2008/112481
Project title	Day Center for Children with Developmental Disorders
Grant awarded (Euro)	2900000
Status	Ongoing
Partner	Adults for Children, Norway
Type of project	Develop infrastructure
Disease	None reported
Target group	Children
Case number	RO0049
Project title	Prevention and Early Detection of Breast, Genital and Lung Cancer
Grant awarded (Euro)	2299889
Status	Ongoing
Partner	
Type of project	Prevent or treat diseases (and develop infrastructure)
Disease	Cancer
Target group	General population

6. Czech Republic

The mapping of the 33 Czech health and childcare projects is summarised in Table A3-7. It shows that 11 out of the 33 projects have grants above the average. There are 32 individual projects and 1 programme. One of the individual projects is a partnership project.

The 33 projects are fairly evenly distributed among the three types of projects. The majority of the projects (23) involve the development of infrastructure.

6 out of 15 projects with the aim to improve prevention and treatment (primary objective) have been assigned to the disease category 'communicable diseases' or 'other diseases'. Furthermore, there are 3 projects regarding 'mental health'.

There are 23 projects specifically targeting children and four projects specifically targeting the elderly population.

Table A3-7 Czech health and childcare projects

Number of projects	33		
Average grant (Euro)	568960		
Number of projects above average grant	11		
Number of partnership projects	1		
- hereof above average grant	0		
Type of project			
	Primary obj.	Secondary obj.	Tertiary obj.
Develop infrastructure	7	14	1
Affect lifestyles	10	2	0
Prevent or treat diseases	15	2	0
Disease			
HIV/AIDS	0	0	0
Other communicable diseases	6	0	0
Mental health	3	0	0
Cancer	0	0	0
Other diseases	6	0	0
Target group			
Children	22	0	0
Young people	6	0	0
Elderly	3	0	0
Other target group (e.g. mothers)	5	0	0
General population	2	0	0

Based on the above mapping and selection criteria, three Czech projects were selected for in-depth assessment. These are presented in Table A3-8 together with three alternatives.

The three selected projects cover the three different primary objectives - 'develop infrastructure' only as secondary objective. Both mental health and other communicable diseases are covered as specific diseases. Children are targeted by all of the proposed projects. There are no partnership projects.

The three alternative projects include 1 project that aim to develop infrastructure (and improve prevention and treatment) targeted premature newborns and 2 projects that aim to improve prevention and treatment of mental diseases and other diseases. The two latter projects have a grant just below average. One of the projects is a partnership project.

Table A3-8 Selection of Czech projects for in-depth assessment

3 selected projects	
Case number	CZ0129
Project title	Modernisation of kindergartens in the Plzen 4 municipal area
Grant awarded (Euro)	739854
Status	Concluded
Partner	
Type of project	Affect lifestyles (and develop infrastructure)
Disease	None reported
Target group	Children
Case number	CZ0141
Project title	Instrumentation upgrading in the barrier-protected operating theatre and Perinatological Care Center in the Faculty Hospital Brno-Bohunice
Grant awarded (Euro)	807637
Status	Ongoing
Partner	
Type of project	Prevent or treat diseases (and develop infrastructure)
Disease	Other communicable diseases
Target group	Children
Case number	CZ0154
Project title	Development of the Child Care in the Psychiatric Hospital Bohnice
Grant awarded (Euro)	251129
Status	Ongoing
Partner	
Type of project	Prevent or treat diseases (and develop infrastructure)
Disease	Mental health
Target group	Children and young people
3 alternative projects	
Case number	CZ0167
Project title	Children psychiatric patient' welfare and environment enhancement
Grant awarded (Euro)	479752
Status	Ongoing
Partner	
Type of project	Prevent or treat diseases (and affect lifestyles and develop infrastructure)
Disease	Mental health
Target group	Children
Case number	CZ0110
Project title	Decrease in neonatal morbidity by improving the system of national care for extremely premature newborns
Grant awarded (Euro)	761657
Status	Concluded
Partner	
Type of project	Develop infrastructure (and improve prevention and treatment)
Disease	None reported
Target group	Children
Case number	CZ0100
Project title	Monogenic diabetes in children: from genetics to therapy
Grant awarded (Euro)	443259
Status	Ongoing
Partner	Norwegian Institute of Public Health (Folkehelseinstituttet), Norway
Type of project	Prevent or treat diseases
Disease	Other diseases
Target group	Children

7. Hungary

The mapping of the 14 Hungarian health and childcare projects is summarised in Table A3-9. It shows that 6 out of the 14 projects have grants above the average. There are three partnership projects, of which none have received above-average grant.

The projects are divided fifty-fifty between 'develop infrastructure' and 'prevent or treat diseases'. Within 'develop infrastructure' 2 and 1 projects respectively have it as secondary and tertiary objective. There are no projects within 'affect lifestyle' but 3 projects have it as secondary object.

The target groups of the projects are fairly distributed between four of the five categories; only the elderly population is not represented.

Table A3-9 Hungarian health and childcare projects

Number of projects	14		
Average grant (Euro)	1018490		
Number of projects above average grant	6		
Number of partnership projects	3		
- hereof above average grant	0		
	Primary obj.	Secondary obj.	Tertiary obj.
Type of project			
Develop infrastructure	7	2	1
Affect lifestyles	0	3	0
Prevent or treat diseases	7	0	0
Disease			
HIV/AIDS	2	0	0
Other communicable diseases	3	0	0
Mental health	1	0	0
Cancer	2	0	0
Other diseases	1	0	0
Target group			
Children	4	0	0
Young people	3	0	0
Elderly	0	0	0
Other target group (e.g. mothers)	4	0	0
General population	5	0	0

Based on the above mapping and selection criteria, two Hungarian projects were selected for in-depth assessment. Only 2 projects have been selected since Hungary has implemented the fewest

projects of the five covered countries. These are presented in Table A3-10 together with 3 alternatives.

The two proposed projects both address communicable diseases - HIV/AIDS and other communicable diseases, respectively - targeted at children and young people.

One of the projects has a Norwegian partner.

The three alternative projects cover 'develop infrastructure' and 'affect lifestyles' respectively. They have no Norwegian partners.

Table A3-10 Selection of Hungarian projects for in-depth assessment

2 selected projects	
Case number	HU0094
Project title	Monitoring of HIV pandemic in Hungary by molecular virological methods
Grant awarded (Euro)	250000
Status	Ongoing
Partner	University of Bergen - The Gade Institute, Norway
Type of project	Prevent or treat diseases
Disease	HIV/AIDS
Target group	Children and young people
Case number	HU0065
Project title	A-HA! Nationwide Sex and Mental Hygiene Education Programme
Grant awarded (Euro)	1417751
Status	Ongoing
Partner	
Type of project	Prevent or treat diseases
Disease	Other communicable diseases
Target group	Children and young people
3 alternative projects	
Case number	HU0092
Project title	Partnership for the Establishment of the Micro-regional Model of Integrated Education
Grant awarded (Euro)	1252206
Status	Ongoing
Partner	
Type of project	Develop infrastructure
Disease	
Target group	Children and young people
Case number	HU0029
Project title	Equalisation of Opportunities of Access for Disabled Persons in the Social Sector
Grant awarded (Euro)	1999986
Status	Ongoing
Partner	
Type of project	Develop infrastructure
Disease	
Target group	Other target group (disabled people)
Case number	HU0070
Project title	Health Olympics of Óbuda for the Prevention of Illness and for the Promotion of Health
Grant awarded (Euro)	1279265
Status	Ongoing
Partner	
Type of project	Affect lifestyles
Disease	Other diseases (prevention of heart and vascular diseases due to obesity and high blood pressure)
Target group	General Population

8. 16 projects selected for in-depth assessment

Table A3-11 provides the list of the 16 projects selected for in-depth assessment.

The selection contains four projects each in Poland and Lithuania, 3 projects each in Romania and the Czech Republic, and two projects in Hungary.

Four of the projects have infrastructure development as the primary objective; while 3 have affecting lifestyles as the primary objective. Hence, there are nine prevention and treat diseases projects. Of these, there is a good coverage of cancer, mental health, HIV/AIDS, and other communicable diseases.

Most of the projects (13) are targeting children and/or young people - with the remaining three projects targeted at the general population. While the latter category includes the elderly, none of the selected projects directly targets this group.

Six of the projects are partnership projects - having Norwegian partners.

Table A3-11 Selection of 16 projects for in-depth assessment

Country / Case no	Project title	Type of project	Disease	Target group	Partner
PL0057	Development of educational and rehabilitation services at the „Joy of Life' Sandomierz	Develop infrastructure (and prevent or treat diseases)	Other diseases	Children (and young people)	No
PL0060	Establishment of TeleInterMed Teleconsulting Center	Develop infrastructure	Other diseases	General population	Yes
PL0380	Pomerania Pilot Lung Cancer Screening Project	Prevent or treat diseases	Cancer	General population	Yes
PL0386	Project of the building an open area recreation zone for children in Krasnystaw	Affect lifestyles (and develop infrastructure)		Children	Yes
LT0042	Improvement of Quality and Accessibility of Integrated Paediatric Cardiology, Cardio Surgery and Anaesthesiology Services of Vilnius University	Prevent or treat diseases	Other diseases	Children	Yes
LT0052	Imprisonment conditions improvement of juvenile offenders is the way to their successful re - socialization	Develop infrastructure		Children	No
LT0058	Intensification of competence of the National Centre of Pathology in the sphere of early diagnostics and prevention of cancer diseases	Prevent or treat diseases	Cancer	General population	Yes
LT0086	Construction of a children's independent living home in Moletai (SAGYNA)	Develop infrastructure		Children	No
RO0046	Towards positive healthy parenting in Romanian families	Prevent or treat diseases	Mental health	Children	No
RO0062	Comprehensive approaches in HIV/AIDS prevention in Romania	Prevent or treat diseases	HIV/AIDS	Young people	No
RO0063	1-2-3 Let's go - Promotion of a Healthy Lifestyle for children in	Affect lifestyles		Children	No

Country / Case no	Project title	Type of project	Disease	Target group	Partner
	Bucharest				
CZ0129	Modernisation of kindergartens in the Plzen 4 municipal area	Affect lifestyles (and develop infrastructure)		Children	No
CZ0141	Instrumentation upgrading in the barrier-protected operating theatre and Perinatological Care Center in the Faculty Hospital Brno-Bohunice	Prevent or treat diseases (and develop infrastructure)	Other communicable diseases	Children	No
CZ0154	Development of the Child Care in the Psychiatric Hospital Bohnice	Prevent or treat diseases (and develop infrastructure)	Mental health	Children and young people	No
HU0065	A-HA! Nationwide Sex and Mental Hygiene Education Programme	Prevent or treat diseases	Other communicable diseases	Children and young people	No
HU0094	Monitoring of HIV pandemic in Hungary by molecular virological methods	Prevent or treat diseases	HIV/AIDS	Children and young people	Yes

Annex 4: Interview guide

Gross interview guide: Instructions to interviewers

The aim of this interview guide is to present to the interviewer the need for information to bring into the evaluation from interviews and focus groups with different stakeholders. All evaluation questions are of course not appropriate to pose to all types of stakeholders. There are, for example, more questions than can be covered in a telephone interview. This is, however, up to the judgement of the interviewer. Hence, if the interviewer decides to inform a stakeholder beforehand regarding the types of interview questions that will be posed - this is likely to consist of a part of this guide e.g. only the overall evaluation questions. Note that many of the evaluation questions will also be addressed via a desk study.

The types of stakeholders to interview either in person or by telephone are:

- *Focal Points* in the five countries: Poland, Lithuania, Romania, Czech Republic, and Hungary.
- *Ministries of Health* and/or other intermediate bodies.
- *National research organisations and NGOs* in the health field.
- *Project promoters* of the 16 projects (in the five countries).
- *Programme holders* (only Czech Republic and Hungary) from the few 2004-2009 supported programmes.
- *Donor country partners* (mainly from Norway) will be interviewed regarding achievements made in partnership projects.
- *Innovation Norway* will be interviewed about the benefits of collaborations - in particular in the context of partnership projects.

The aim of the evaluation is to assess 16 projects funded by the EEA/Norway Grants within the sector health and childcare during the period 2004-2009 - in Poland (73 projects), Lithuania (42), Romania (17), Czech Republic (33), and Hungary (14).

Hence, the 16 projects are selected out of a total of 180 supported projects. The selection criteria were:

- The following three types of projects are pursued to be covered: 'infrastructure development projects in the context of improved access to and quality of health service provision', 'lifestyle-related projects in the context of ageing population [or targeting children]', and 'improved prevention and treatment: communicable diseases (HIV/AIDS in particular), mental health and cancer'.
- 2-4 projects in each of the five countries were selected.
- The selection covers both projects (not only the lifestyle-related projects) targeting the health of children or project targeting the health of the elderly.

- Both projects with an EFTA (Norwegian) partner and projects without such partner are included in the selection
- Projects that are completed or close to completion are given priority.
- Projects above the average size (in funding terms) in the respective countries have been selected.

The evaluation addresses project achievements with respect to relevance, impact/effective-ness, efficiency, and sustainability.

However, it should be emphasised that it is not a summative evaluation which is mainly undertaken for the purpose of accountability (control). Instead, the evaluation is a formative evaluation that pays attention to the delivery and intervention system. A central aim of the evaluation is therefore to learn from the projects in order to be able to carry out even better projects in the future. Such learning involves the analysis of the intervention logic and assessments of outcomes. In particular, the in-depth and on-the-ground reviews of the selected projects will provide insight into which kind of outcomes can or cannot be expected to be achieved. A number of the evaluation questions concern in this context how to derive measurable indicators of achievements.

Furthermore and of utmost importance, EEA/Norway Grants has for the next round of support to the sector health and childcare decided to pursue a programme approach where sub-projects are selected within the programme and carried out with the aim of supporting the programme objectives. Hence, the forward-looking part of this evaluation requires that the interviewer/ evaluator speculates about how the experiences from the project evaluations can be used for recommendations within a programme approach.

The interviewer must produce Minutes of Meeting (MoM) from each interview organised according to the below interview questions and with interviewer assessments regarding the evaluation questions that are subject to the scoring system.

A: Information about the interviewee

Name of interviewee:

Name of organisation:

Role in project/programme:

Type of organisation:

Address:

E-mail:

Phone no:

Date of interview:

B: Relevance

The relevance of the health and childcare projects concerns how proficiently they address the specified needs. Needs are in this context specified in different places:

- Firstly, there are the objectives of the EEA/Norway Grants - i.e. to contribute to the reduction of economic and social disparities in the European Economic Area, and to strengthen the bilateral relations between the EEA EFTA States - Iceland, Liechtenstein and Norway - and the beneficiary countries. Hence, in the context of health focus is both on health inequality and on synergies from bringing together expertises.
- Secondly, there are needs for health improvements and actions specified in national or European health strategies.
- Thirdly, there might be others (specific) needs envisaged by the stakeholders being interviewed.

It is, however, important to emphasise that the 16 evaluated individual projects from the outset cannot be blamed not to be relevant, since they must have complied with the relevance criteria when being selected for support by the EEA/Norway Grants. Hence, the task of the evaluation is here merely to be able to derive good measurable indicators of relevance that can be applied in a future programming approach.

Relevance of the project in an international context

B1: How successful was the project in addressing the objectives of the EEA/Norway Grants?

B1.1: How would you formulate the objectives of the EEA/Norway Grants with respect to health and childcare?

B1.2: Are these objectives consistent and complementary to the national health and childcare needs?

B1.3: Do these objectives fill gaps - i.e. health and childcare problems not sufficiently dealt with at national strategy level? - and if so: How can such European added value be formulated?

B1.4: If EFTA/Norwegian partner - How much focus was on pursuing strengthening of the bilateral relations vs. pursuing solutions to the health and childcare needs in the beneficiary country?

B1.5: (not for project holders) To what extent does the total portfolio of projects within the sector health and childcare contribute to the objectives of the EEA/Norway Grants?

B1.6: Which measurable indicators of EEA/Norway Grants relevance can be derived from the project achievements?

B2: How successful was the project in addressing the objectives European health strategies?

B2.1: Which - if any - EU or other European health strategies have been taken into account when designing the project?

B2.2: Are the objectives of these strategies consistent and complementary to the national health and childcare needs?

B2.3: (not for project holders) To what extent does the total portfolio of projects within the sector health and childcare contribute to the objectives of European health strategies?

B2.4: Which measurable indicators of European health strategy relevance can be derived from the project achievements?

B3: (for partnership projects only) How relevant is the project for health and childcare needs in EFTA (Norway)?

B3.1: Which - if any - health and childcare needs in EFTA (Norway) are addressed by the project? - Were they proficiently identified?

B3.2: How much are these needs addressed compared with the health and childcare needs of the beneficiary countries - hereunder by the countries' project partners?

B3.3: Which measurable indicators of EFTA (Norway) relevance can be derived from the project achievements?

Interviewer assessment: How relevant was the project in an international context?

○ 4	The project contributed significantly to the achievement of the objectives of the EEA/Norway Grants and to the objectives of the central European health strategies - a contribution that would not have happened without the Grants support.
○ 3	The project contributed to the objectives of the EEA/Norway Grants and/or to the objectives of the central European health strategies - although without having it as a central/specified aim.
○ 2	The project contributed only to a limited degree to the objectives of the EEA/Norway Grants and/or to the objectives of the central European health strategies.
○ 1	The project did not contribute to the achievement of the objectives of the EEA/Norway Grants nor to the objectives of the central European health strategies.

Relevance of the project in a national context

B4: How successful was the project in addressing the needs of national priorities?

B4.1: Which are the national health and childcare strategies that have influenced project design and project implementation? - Were the consulted strategies exhaustive and/or the appropriate?

B4.2: Which of the project achievements have in particular addressed national health and childcare priorities that lacked national funding?

B4.3: If EFTA/Norwegian partner - Which expertise was brought into the project that targeted national priorities, less covered by the expertise of the project holder?

B4.4: Which measurable indicators of national relevance can be derived from the project achievements?

B5: How successful was the project in addressing the needs of the direct users/beneficiaries of the project deliverables?

B5.1: Who are the national direct users/beneficiaries of the project deliverables? - Were they proficiently identified?

B5.2: What are the needs of these users/beneficiaries?

B5.3: Which of the project achievements have in particular addressed needs that were not sufficiently addressed by national funding?

B5.4: Which measurable indicators of direct user/beneficiary relevance can be derived from the project achievements?

Interviewer assessment: How relevant was the project in a national context?

○ 4	The project contributed significantly to the achievement of national health and childcare priorities - a contribution that would not have happened without the EEA/Norway Grants support.
○ 3	The project contributed significantly to the achievement of national health and childcare priorities - an achievement that to some extent would have been made without any EEA/Norway Grants support.
○ 2	The project contributed only to a limited degree to the achievement of national health and childcare priorities.
○ 1	The project did not contribute to the achievement of national health and childcare priorities.

C: Impact/effectiveness

The impact/effectiveness of the health and childcare projects concerns the extent to which projects have been successful in achieving their stated objectives, and in achieving planned as well as unplanned impacts. Focus is on measuring the impacts and on how targets can be set for such impact indicators in a programme approach context.

Project deliverables

C1: Have the project activities resulted in the planned project deliverables?

C1.1: What are the main project deliverables (e.g. infrastructure, technical reports/papers, policy papers, workshops/conferences etc.)?

C1.2: Have project deliverables been produced according to plan, i.e. as stated in the grant agreements? - What are the main deviations from the plan and the reasons for these?

C1.3: Are the project deliverables of higher quality compared with similar deliverables - i.e. developments made at regional/national level without EEA/Norway Grants? - How do you measure quality?

C1.4: If EFTA/Norwegian partner - Which and how was EFTA/Norwegian expertise brought in to enhance the quality of the project deliverables? Have project activities involved mobility of experts between the project partners?

C1.5: Which measurable indicators of project outcomes can be derived from the project deliverables?

C2: Have the project deliverables been used?

C2.1: What evidence is there of the project deliverables being used by the direct users/beneficiaries?

C2.2: What evidence is there of the project deliverables being used by the project holder/partners themselves - e.g. for further/future developments?

C2.3: What evidence is there of the project deliverables being used by other users? - Who are they?

C2.4: Which measurable indicators of project outcomes can be derived from the use of project deliverables?

Interviewer assessment: Have the project activities resulted in the planned deliverables and are they being used?

○ 4	Project activities have resulted in the planned deliverables - which are of high quality due to the EEA/Norway Grants support, and which have been used extensively by the users.
○ 3	Project activities have resulted in most of the planned deliverables - which are of high quality due to the EEA/Norway Grants support, and for which there is evidence of use.
○ 2	Project activities have resulted in some of the planned deliverables only for which there is some evidence of use.
○ 1	Project activities have only resulted in few of the planned deliverables only for which there is little evidence of use.

Dissemination/visibility

C3: Have the dissemination efforts been effective?
(Possibly less relevant for an infrastructure development project)

C3.1: Has the project holder had a strong focus on the dissemination of project deliverables/ findings to the direct users/beneficiaries?

C3.2: Has the project holder had a strong focus on the dissemination of project deliverables/ findings to others, e.g. policy-makers, general public etc.?

C3.3: Has dissemination of project findings included other countries than those of the project holder and possible EFTA partner?

C3.4: Which were the communication instruments (e.g. newsletters, bulletins, newspapers, website etc.)?

C3.5: Have there been any obstacles to an optimal dissemination? - if so, which?

C3.6: Has dissemination of project findings been made after the end of the EEA/Norway Grants co-funding period?

C3.7: Which measurable indicators of project outcomes can be derived from the dissemination of project findings?

C4: Have the results of the EEA/Norway Grants become visible?

C4.1: To what extent have project findings been quoted, cited, or referred to in science publications, popular publications, magazines, newspapers, TV etc.?

C4.2: To what extent have project findings been referred to or presented by others, such as policy makers in public, e.g. during official negotiations, conferences etc.

C4.3. To what extent have the visible results highlighted that they have been made via support from the EEA/Norway Grants

C4.4: Which measurable indicators of project outcomes can be derived from the identified visibility of project findings?

Interviewer assessment: How effective was the project in disseminating project findings and thus in making the results of the EEA/Norway Grants visible?

○ 4	The project had a strong focus on dissemination of findings to both direct users/beneficiaries and the results of the EEA/Norway Grants have become highly visible.
○ 3	The project carried out some dissemination of findings to both direct users/beneficiaries and some of the results of the EEA/Norway Grants have become visible.
○ 2	The project undertook limited dissemination of findings and its results are only little visible.
○ 1	Dissemination of project findings was not a central focus in the project.

Impact

C5: Have the project achieved the planned impacts?

C5.1: What are the main planned impacts?

C5.2: Are there any measurable improvements to the health of the project's target group - i.e. as a consequence of the co-funded project?

C5.3: Are there any measurable improvements to the institutional capacity to deal with health problems at national/regional level?

C5.4: If EFTA/Norwegian partner - Did this partner experience improvements to its capacity to deal with the given health problems?

C5.5: Are there any measurable improvements to the ways of dealing with health problems via better infrastructure/equipment?

C5.6: Are there any measurable improvements to the ways of dealing with health problems via improved expertise/knowledge?

C5.7: Has the project addressed the impact on gender equality? - What was the impact?

C5.8: Have project findings been used as input to improved health policies?

C5.9: Have any of the planned impacts not been achieved? - Are they likely to be so in the future, i.e. beyond the EEA/Norway Grants co-funding period?

C6: Have the project achieved any unplanned impacts?

C6.1: What are the main unplanned impacts - positive and/or negative?

C6.2: Could the unplanned negative impacts have been avoided - e.g. via a better project design?

C6.3: Could the unplanned positive impacts have been envisaged and so have been promoted further by the project design?

C6.4: Which measurable indicators of project impacts can be derived from the identified unplanned impacts?

Interviewer assessment: Have the project outcomes successfully led to impacts?

○ 4	The project outcomes have successfully led to the planned impacts, and any unplanned impacts have not changed this view.
○ 3	The project outcomes have led to many of the planned impacts, and unplanned impacts have not changed this view significantly.
○ 2	The project outcomes have to some of the planned impacts only, and unplanned impacts have not improved this view.
○ 1	The project outcomes have not been successful in leading to impacts.

D: Efficiency

The efficiency of the health and childcare projects concerns how efficient the financial mechanism is in supporting that activities and outcomes are being delivered in time and according to specifications, how efficient the different set-ups in the different countries are, and how efficient the cooperation between the different stakeholders are. Elements that are central in a programme approach.

Donor efficiency

D1: How efficient was the EEA/Norway Grants financial mechanism in supporting the project?

D1.1: Were the structure and organisation of the FMO (size, organisation, staff etc.) adequate to select projects and to provide support to the Focal Point and to the project?

D1.2: Was the size of the EEA/Norway Grants co-funding sufficient to carry out the project?

D1.3: Was it easy/difficult for the project holder to obtain the remaining funding?

D1.4: Was it easy/difficult for the Focal Point to comply with the reporting - e.g. financial - requirements of the FMO?

D1.5: Was it easy/difficult for the project holder to comply with the reporting - e.g. financial - requirements of the FMO?

D1.6: How and to what extent did the FMO contribute to project activities and outcomes being delivered in time and according to specifications?

D1.7: How responsive/flexible was the FMO to requested changes to project implementation?

D1.8: If EFTA/Norwegian partner - To what extent did the FMO contribute to a successful international collaboration?

D1.9: Which measurable indicators of donor efficiency can be derived?

Interviewer assessment: Was the EEA/Norway Grants financial mechanism efficient in supporting the project?

○ 4	The EEA/Norway Grants financial mechanism was very efficient in supporting the project.
○ 3	The EEA/Norway Grants financial mechanism was fairly efficient in supporting the project.
○ 2	The EEA/Norway Grants financial mechanism was only limited efficient in supporting the project.
○ 1	The EEA/Norway Grants financial mechanism was not efficient in supporting the project.

<u>Beneficiary efficiency</u>

D2: How efficient was the project implementation set-up in the beneficiary country?

D2.1: Were the structure and organisation of the Focal Point and the Intermediate Body [and possibly Auxiliary Institution] (size, organisation, staff etc.) adequate to select projects and to provide support to the project?

D2.2: How and to what extent did the Focal Point/Intermediate Body contribute to project activities and outcomes being delivered in time and according to specifications?

D2.3: What were the main problems and constraints the Focal Point/Intermediate Body faced during implementation of activities?

D2.4: How did the Focal Point/Intermediate Body pursue good governance during project implementation?

D2.5: Is present set-up in the beneficiary country suitable for a future health and childcare fund/programme approach?

D2.6: Which measurable indicators of the efficiency of the project implementation set-up in the beneficiary country can be derived?

D3: How efficient was the collaboration between stakeholders?

D3.1: Who were the main stakeholders that the project holder collaborated with at national/regional level?

D3.2: What were the main problems and constraints faced during this collaboration?

D3.3: Was the collaboration efficient - i.e. did it represent good value for money in relation to the results achieved?

D3.4: If EFTA/Norwegian partner - To what extent did the international collaboration represent good value for money in relation to the results achieved, for both the beneficiary and the partner?

D3.5: Which measurable indicators of the efficiency of the collaboration between stakeholders can be derived?

Interviewer assessment: Was the beneficiary efficient in implementing the project?

○ 4	The Beneficiary was very efficient in implementing the project.
○ 3	The Beneficiary was fairly efficient in implementing the project.
○ 2	The Beneficiary was only limited efficient in implementing the project.
○ 1	The Beneficiary was not efficient in implementing the project.

E: Sustainability

The sustainability of the health and childcare projects concerns how the ownership of the outcomes and how the impacts will be preserved over time. This will e.g. be measured via the extent to which project results are or can be institutionalised or via the existence of dissemination of project achievements beyond the co-funding period. Such measurements of sustainability are also central for the monitoring and evaluation of achievements made within a programme approach.

Sustainability of project set-up

E1: Does the project set-up sustain beyond the EEA/Norway Grants co-funding period?

E1.1: Has the project collaboration between the project holder, the possible EFTA/Norwegian partner, and other national/regional stakeholders been formalised - e.g. via a collaboration agreement?

E1.2: Has funding been identified for continued project collaboration - i.e. after the end of the EEA/Norway Grants co-funding period?

E1.3: Have any project collaboration activities been carried out beyond the co-funding period?

E1.4: Has confidence between participants been established via the project collaboration that might lead to other future common health and childcare achievements?

E1.5: Which measurable indicators of the sustainability of the project set-up can be derived?

Interviewer assessment: Does the project set-up sustain beyond the EEA/Norway Grants co-funding period?

○ 4	The project set-up fully sustains beyond the EEA/Norway Grants co-funding period.
○ 3	The project set-up partly sustains beyond the EEA/Norway Grants co-funding period.
○ 2	The project set-up sustains only to a limited degree beyond the EEA/Norway Grants co-funding period.
○ 1	The project set-up does not sustain beyond the EEA/Norway Grants co-funding period.

<u>Sustainability of project outcomes</u>

E2: Do the project outcomes sustain beyond the EEA/Norway Grants co-funding period?

E2.1: Have project outcomes been institutionalised - i.e. an owner responsible for maintaining the project deliverables has been identified?

E2.2: Has sufficient funding been obtained to maintain the project deliverables?

E2.3: Have project deliverables been further developed beyond the co-funding period?

E2.4: Have project deliverables been further disseminated beyond the co-funding period?

E2.5: Which measurable indicators of the sustainability of the project outcomes can be derived?

E3: Do the project impacts sustain beyond the EEA/Norway Grants co-funding period?

E3.1: Are there any indications of that the project's target group are or will continue to make good use of the project deliverables?

E3.2: Are there any indications of policy-makers or others will use the project findings for wider impacts - e.g. improved health policies?

E3.3: Have any procedures been set-up to monitor impacts in the future?

E3.4: Which measurable indicators of the sustainability of the project impacts can be derived?

Interviewer assessment: Do the project results sustain beyond the EEA/Norway Grants co-funding p

○ 4	The project results fully sustain beyond the EEA/Norway Grants co-funding period.
○ 3	The project results partly sustain beyond the EEA/Norway Grants co-funding period.
○ 2	The project results sustain only to a limited degree beyond the EEA/Norway Grants co-funding period.
○ 1	The project results do not sustain beyond the EEA/Norway Grants co-funding period.

Annex 5: National set-ups

1. Introduction

This annex contains the national set-ups concerning selection criterias and selection procedure (Table A5-1) and monitoring and evaluation (Table A5-2).

Table A5-0-1 National set-up: Selection criteria's and selection procedure

	Selection criteria's:	Selection procedure:	stage 1	stage 2	stage 3
Czech Republic	Ability and preparedness of the applicant to implement the project; Relevance of the project; Structure of the project (contribution and overall effectiveness of the project); Risks and outputs; Budget (financial and economic analysis) and sustainability of the project; Cross-cutting issues	The procedure concerning the distribution of funds depends on whether the funds are given to individual projects through open calls or block grants. The first is mostly the case in the sector of health and childcare. Three rounds of open calls took place in the health and childcare sector from 2004 to 2009.The open calls for individual projects include **three stages** (described in this table)**.**	Applications are sent to the **Regional Authorities** (there are 14 regional authorities in the Czech Republic and each of them deals with applications from their own region). If the applications comply with formal and eligibility requirements, they are sent to the **Ministry of Health**.	The Ministry of Health evaluates the quality of the applications. Each application is evaluated by two evaluators. Applications recommended for funding are selected by The **Evaluation Committee** with eight members where 50 % is appointed by the Ministry and 50 % by the Regional Authorities.	The recommendation - i.e. applications recommended for funding within the allocation set in the respective open call and some extras (reserve applications) - is then sent to the **NFP**, which makes its own detailed assessment and recommendations. **The Monitoring Committee (MoC)** (composed of members from the ministries, Regional Authorities, NGOs etc.) makes the final decision about which applications to submit to the FMO. After the decision of the MoC the NFP contacts the applicants to inform them about the MoC's decision and provides technical assistance to the successful applicants to increase the quality of English versions of the applications (if necessary) so that the applicants have higher probability to succeed in the appraisal process at the FMO. The recommendations

					of the FMO regarding which applications to accept for funding are submitted to the Financial Mechanism Committee. Following approval in this committee, the FMO sends a grant offer letter to the NFP. The NFP passes on this letter to the applicant and sends an acceptance letter to the FMO. After this, the project grant agreement is compiled and signed by the Financial Mechanism and the NFP.
Hungary	The relevance, correspondence with overall objectives and priorities, efficiency, risks, economic feasibility and other professional aspects were examined and scored.	The first and second calls for proposals were announced in 2006 for outline applications within the framework of the EEA Financial Mechanism and the Norwegian Financial Mechanism. The NFP in Hungary announced on 1 June 2007 a third call for proposals for outline applications within the framework of the EEA Financial Mechanism and the Norwegian Financial Mechanism. This third and at the same time last open call in Hungary was changed to a 'two-round-system'. By the change, a much simpler applicant-friendly and less time and money-consuming procedure was introduced while retaining transparency. It	For the first and second call for proposals the applicants submitted the complete application packages. The applications were first registered and checked for administrative compliance and eligibilty by a governmental, non-profit Ltd as external experts. For the third call for proposals (in the 'two-round-system') the applicants submit an outline application (project proposal) with only a short description of the basic features of the project. The projects submitted were first registered and checked for administrative	The selected applicants are given two months to submit project proposals with all relevant documents. The NFP is responsible for these processes. In the framework of the technical evaluation process, each application was first assessed by two independent assessors, based on previously defined evaluation criteria. These criteria were published in the Application Form User Guide; therefore applicants were aware of the criteria according to which the experts would assess the applications.	The working groups discussed the applications. Altogether five working groups were established based on the priority sectors. The members were professionally competent ministry, local governments associations, regional development councils, representatives of civil organisations (NGOs). The members of each working group were appointed by relevant line ministries on the one hand, and representatives of regions and local authorities, civil society and social partners on the other hand. The working committee listed the

		means that the selection of applications has **two phases.**	compliance and eligibility by **NFP** staff. This process involved an examination of completeness (submitted application form and all relevant annexes) and eligibility (eligibility of the applicant and the application).	During the technical evaluation process, the relevance, correspondence with overall objectives and priorities, efficiency, risks, economic feasibility and other professional aspects were examined and scored. The maximum available score was 100. In those cases where the difference between the points given by the two independent evaluators was more than 10, the application was checked by a third evaluator in order to guarantee the transparency of the evaluation. Based on the average of the points given by the two independent assessors, the order of projects evolved. In those cases where a third evaluator was involved, the average points were calculated based on the scores that were closest to each other. The assessors then sent the completed evaluation grids to the relevant working committee.	evaluated applications in a decreasing order and after this the Project Selection Committee decided on the final list. The members of the Project Selection Committee selected the projects recommended by the working committee. Besides, a reserve list was also drawn up. The Project Selection Committee was composed of representatives from: national development agency, office for EU Affairs, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Economy and Transport. The applications which were proposed to be granted had to be translated into English. The applications selected by the selection committee were forwarded to the FMO by the NFP. The NFP posted hard copies of notification letters to all applicants on the outcome of the application round and put the lists to the website. In addition, the notification letter provided additional information to the project promoters whose applications had been deemed eligible for submission to the donor states for

					final decision.
Poland	Priority was given to projects from rural areas and towns below 20,000 inhabitants as well as projects that influence larger area. The maximum threshold for constructions and modernization expenditures was set at the level of 70 % of the project total value in order to secure provision of appropriate soft measures within each project. The projects were supposed to meet the following criteria's: Linkage with national, regional or local health care development strategy; Sufficient justification for project implementation; Rationality due to the epidemiological and demographic impact of the project area; Project management rationality (time schedule rationality, comprehend implementation rules); Justification of the project costs (justification of the outlays in regard with planned results); Measurable indicators of direct and immediate result of the project; Increase of the level of access to specialized and highly specialized health services, improve of the quality of health	The project selection process carried out by domestic institutions consists of **three stages**. The project selection process performed by the Polish side is based on two types of criteria – formal criteria (including administrative and eligibility criteria), as well as content-related and technical criteria.	Applications are sent to the **Office for Foreign Aid Programs in Health Care** (Auxiliary Institution for priority Health and childcare in the Ministry of health) where they are subject to registration. The Office for Foreign Aid Programmes in Health Care performs a preliminary selection of applications based on the administrative requirements. Should any deficiencies or irregularities be discovered, The Office for Foreign Aid Programmes in Health Care asks the beneficiary to supplement indicated faults or correction of irregularity within 48 hours. Next, the applications are evaluated against eligibility criteria. The positive evaluation of application according to administrative and eligibility criteria finalise the formal appraisal. Projects that fulfil all formal criteria will be sent to the content-related appraisal.	The appraisal procedure results in the preparation of a list ranking eligible projects on a scale of highest to lowest score awarded. Based on the ranking list of eligible projects and the justification, as presented by the Office for Foreign Aid Programs in Health Care, the Steering Committee decides on the possible financing from the mechanisms projects on the ranking list. In accordance with the Committee's regulation an additional appraisal may be ordered, from an **independent expert** or **the panel of experts** constituted especially for this purpose by the Office for Foreign Aid Programs in Health Care. The Steering Committee submits, through the Office for Foreign Aid Programs in Health Care, to the NFP, the recommended list of projects eligible for support under the EEA Financial Mechanism and/or the Norwegian Financial Mechanism. The	The NFP verifies the applications for their compliance with the general objectives and rules of the Financial Mechanisms. Appraisals drawn up in such a manner are attached to individual applications. In the case of a negative assessment, the NFP returns the application, along with its evaluation, to the Office for Foreign Aid Programs in Health Care, which then communicates the decision of the FP to the Steering Committee and the applicant, and presents the justification of the said decision (evaluation). The NFP through the Office for Foreign Aid Programmes in Health Care may request an applicant for supplementing the documentation when some additional information may improve the application and increase the chance for the project approval by the donor-states. The NFP submits, within 30 calendar days from the receipt, from the Office for Foreign Aid Programs in Health Care, of the approved by the Steering Committee

	services, promotion of healthy lifestyles or increase public awareness of priority areas; The availability of professionals that enable implementation of the project; Experience in cooperation with national and international entities in regard with implementation of similar projects; Long-term durability and effects of the project - capacity (financial and institutional) in order to maintain the results of the project after funding; Financial feasibility			list is presented in the form of a ranking list and contains a justification of the projects selection.After establishing final list of projects, the Office for Foreign Aid Programs in Health Care informs the applicant that the project has been qualified. Furthermore, the information about qualified and refused projects has to appear on the website of the Office for Foreign Aid Programs in Health Care and of the FP. After receiving information about approving the project by the Steering Committee, the applicant is obliged to prepare within 10 working days English version of the application and supporting documents. English version has to be identical with the Polish one, approved by the Committee. After submitting English version of an application form to the Office for Foreign Aid Programs in Health Care, translation will be verified within next 10 working days. The Office for Foreign Aid Programs in	projects along with the justification, to the FMO.

				Health Care is responsible for the correctness of a translation the moment it signs on the confirmation of compliance of the translation with the original. Application forms confirmed with regard to language correctness are submitted by the Office for Foreign Aid Programs in Health Care to the FP.	
Romania	The focus areas have been negotiated between Financial Mechanism Office and the NFP. Under the call for proposals, eligible applicants were public or private sector bodies and non-governmental organisations (NGOs) constituted as legal entities in Romania and operating in the public interest (e.g. national, regional and local authorities, education/research institutions, environmental bodies, voluntary and community organisations and public-private partnerships, in accordance with the Applicants' Guide)	The open call for individual projects, selection and contracting, followed **three stages** (approved previously with FMO): 1) Administrative compliance, 2) Eligibility, Applicant and Project, 3) Selection. The project applications were assessed by the NFP, the Monitoring Committee for the EEA Financial Mechanism and its Working Groups for each priority sector.	Applications were submitted in a sealed, intact envelope/box as a letter/package by registered or express mail, by courier or in person to the **NFP**. The initial deadline for submission of applications was 13 June 2008 (prolonged after with 1 week for allowing more applications). The NFP carried out the'administrative compliance' and 'eligibility' checks with own resources.	The appraisal of the applications based on the criteria in category 3 was carried out first by the working groups of the Monitoring Committee, resulting in a ranking list by each priority sector.	The ranking lists by priority sector were then sent for validation to the Monitoring Committee, which formulated a ’consolidated opinion’ (a consolidated list of proposed projects). Taking into account the Monitoring Committee opinion, the NFP has taken the decision on the final list of applications proposed for submission to the FMO. After final approval by the donors, the FMO sent a grant offer letter to the NFP, which put forward this letter to the applicant, followed by an acceptance letter to the FMO.

Lithuania	Specific focus areas under the priority sectors were approved by the Monitoring Committee.	2 open calls for individual projects were organized (in 2006 and 2008). **Central Project Management Agency (CPMA)** was responsible for organizing and implementing assessment of applications: Assessment stages: (1 and 2 were joined in 2nd open call)1) Administrative compliance (performed by CPMA)2) Eligibility (performed by CPMA)3) Value-for-money – max 100 points in 1st call and max 80 points in 2nd call according to a detailed assessment checklist.	Applications were sent to the CPMA who checked if the applicants complied with the administrative and the eligibility requirements. Hereafter the applications were forwarded to the **Assessment Committee.**	Value for money assessment was performed by the Assessment Committee consisting of CPMA's, external experts, observers from FP, and social and economic partners. Each application was assessed by 2 experts (1 of CPMA, 1 external expert). If their assessment results differed by more than 10 points or 1 expert recommended to finance the project while the other - not, a 3rd expert was included. Average would then be counted of 2 closest results. On-spot checks were also used if deemed needed for proper assessment of projects. The final decision on recommendation of project for financing was made by the Assessment Committee. Also all applications that got through to value-for-money assessment were submitted for the conclusion of related line ministry on relevance of project (in 2nd call ministries even gave up to 20 points for projects for that).	**The Monitoring Committee** (consisting of the representatives from the Focal Point, the CPMA, line ministries, NGOs, Association of Local Authorities), after examining the assessment results, made final decision on the list of applications to be submitted to the FMO. After final corrections (some applications needed budget corrections due to technical mistakes or assessment experts' recommendations to reduce or cancel some expenses) the Focal Point submitted the application to the FMO.

Table A5-0-2 National set-up: Monitoring and evaluation of projects

	Monitoring of projects	Evaluation of projects
Czech Republic	The project promoters must send quarterly/biannually monitoring reports to the NFP, including requests for payment. The reports are compiled according to a pre-defined structure. The NFP verifies the reports and - if approved - the request for payment is passed on to the FMO. Changes in Project Implementation Plan are according to their nature reported to the NFP/FMO for approval and administered at the NFP level. The NFP is in charge of on-the-spot monitoring of projects and interim/final audits carried out by contracted external companies. IP/PRG/BG are selected for on-the-spot monitoring/audit by the NFP on the basis of regularly updated risk analysis. One of the monitoring tools used within the monitoring of PRG/BG are regular meetings with Intermediaries. During its lifetime, 98% of projects/PRG/BG was either monitored on the spot or audited, or both. Further controls of projects are carried out by the national bodies independent of the NFP (Control Department of the MoF, Supreme Audit Office, tax Offices etc.)	By the end of the project, a project completion report (PCR) must be submitted to the NFP to assess whether targets have been met. Project Promoters / Intermediaries provide to the NFP proofs of completion of project activities and accomplishment of project objectives, including publicity measures. NFP also requests proofs and/or Statutory Declarations of Promoters/Intermediaries related to fulfilment of project conditions stated in the Grant Agreement such as maintenance, property, ownership, insurance, etc. Follow-up monitoring visits to check fulfilment of project conditions and operation of projects during sustainability period are envisaged. NFP also provides support to external evaluators (contracted by the FMO).
Hungary	The NFP has the obligation to monitor and report on the EEA and Norwegian Financial Mechanisms. The monitoring process includes the following actions: Assessment of how the originally defined overall objective, purposes and results correlate to the implementation; Monitoring of project management; Monitoring of process of project implementation; Reliability of the project implementation, mainly of the financial and public procurement procedure; Monitoring of publicity activity; Monitoring of cross cutting issues. Above all, the NFP is responsible for preparing the Monitoring Plan and the Annual Report, working with the Monitoring Committee, organising the Annual Meeting and the monthly meetings. As the EEAG and Norwegian FM programmes are nearing completion, the two most important activities are the monitoring visits and the monthly meetings. The monitoring visits are based on the Monitoring Plan of the NFP. The average number of annual monitoring visits is around 30; therefore almost every project was monitored by the end of the implementation. The other significant activity of the NFP is to monitor the implementation of the projects on continuously based on the monthly meetings. This is done jointly with the Implementing Agency and the Paying Authority. These meetings are held monthly and are based on the reports of the Implementing Agency.	The NFP is responsible for the evaluation of projects not only in the implementation period, but also in the period following completion. In the implementation period, the following evaluation tools are applied: Project Implementation Reports; Monitoring visits; Monthly meetings; Reports of Project Promoters required by NFP/FMO occasionally; Progress Reports made by Project Promoters; Support to the FMO monitoring if necessary; Support to the sector evaluations; Support to the evaluation activities of donor states; Support to the supervision activities of the Hungarian controlling organisations. After the implementation period, the following evaluation tools are applied; Project Implementation Reports; Project Completion Reports; Follow-up on monitoring visits, checking the sustainability, documents, assets, maintenance etc.; Support to the FMO monitoring if necessary; Support to the sector evaluations; Support to the evaluation activities of donor states; Support to the supervision activities of the Hungarian controlling organisations.

Poland	The responsibility to monitor and report on the EEA and Norwegian Financial Mechanisms is met inter alia by the following actors and actions: - Institutions responsible for implementation of the Financial Mechanism i.e. FP, Office for Foreign Aid Programs in Health Care, Ministry of Finance are also involved in the monitoring process, - monitoring process is divided into two parallel stages: a) monitoring via Project Interim Reports based on the Donors regulations, b) monitoring via quarterly and annual reports based on the national requirements, - monitoring visits that are carried out by the FP. The monitoring visits are based on the annual plan of visit which is based inter alia on the projects risks, - control on site by the Foreign Aid Programs in Health Care, - The FP is responsible for preparing of the Annual Report which is provided to FMO and to the Monitoring Committee. The FP organizes the Annual Meeting where the crucial horizontal issues concerned the project are undertaken.Supervision of the implementation of the Mechanisms lies in hands of the Monitoring Committee. A national Monitoring Committee for the EEA Financial Mechanism and the Norwegian Financial Mechanism has been established by the Ministry of Regional Development. The Committee is responsible to the Focal Point for the monitoring of project realization within the framework of both Financial Mechanisms. Additionally, the Committee is to assess and approve annual reports on the implementation of the Financial Mechanisms. The objective of Monitoring Committee's activity is to guarantee effectiveness and quality of implementedfinancial resources.	In the period following completion of the project the following activities take place:Verification of the Project Implementation Reports; Verification of the fulfilment of the condition provided in the Project Agreement; Reports commissioned by the FP or by the Office for Foreign Aid Programs in Health Care; Monitoring visits; Audit made by the beneficiaries; Evaluation of the chosen priorities.
Romania	The NFP payed monitoring visits according to their responsibilities. Some project promoters got an advance payment of at least 10% of the grant and they pre-financed the remaining part of the project expenditures and apply for reimbursement. As far as public procurement are concerned, the National Agency for Regulating and Monitoring of Public Procurement has the role of monitoring, analysis, evaluation and supervision (control) of the awarding process of public procurement contracts and fits in the procedures. The NFP and representatives from the line ministries (including the Ministry of Health) form the Monitoring Committee that meets 2-3 times per year.	Implementing the projects: The NFP and CFCU (forming NFP) signed an implementation contract with the project promoters. The task managers of the CFCU received, checked and approved Project Interim Reports according to a pre-defined structure which follows the structure of the Project Implementation Plan and sent it to ACIS to be further verified. If the reports were approved, the request for payment was passed to Certifying and Paying Authority and then to the FMO. By the end of the project, a project completion report must be submitted to the FMO via NFP to assess whether targets have been met.

Lithuania	The CPMA is responsible for the monitoring of projects. Monitoring of the projects is performed by checking projects' procurements (risky projects had to receive CPMA's approval for procurement documents before carrying out the procurement), evaluating the need for projects' amendments, verifying payment claims (each 1-3 months: project promoters could choose the frequency of payment claims most suitable for them), projects' interim and completion reports, organizing unplanned and planned on-spot checks, consultation meetings with project promoters and other stakeholders (also involving Focal Point for more problematic cases) and etc.	Evaluation of projects is the responsibility of CPMA and FP. Project Completion Reports and supporting documentation are checked to ensure that all planned results were achieved and post-completion obligations are followed. In each of the project at least one on-spot check was organized (usually in the end of the project) in order to make sure that the project results are physically achieved and that works are carried out and goods delivered according to the technical specification requirements set in the public procurement contracts. The external evaluation of impact of projects with regard to contribution to the overall objective of Financial Mechanisms and in separate priority sectors will be procured by Focal Point in autumn 2011.

Annex 6: Evaluation results - international context

1. Introduction

The evaluation results presented in this Annex concern findings that are not specific to any of the five Beneficiary States. Such specific results are presented in the following five annexes. Hence, the findings presented here are mainly of a general or international character, - i.e. how the achievements of the sector health and childcare under the EEA/Norway Grants are consistent with or complement developments in other international forums in general, with a focus on the EU and Norway (being the largest EFTA partner).

Furthermore, regarding the EU, the focus is on how the EEA/Norway Grants support compares with the health topics in the framework programmes implemented by DG Research & Innovation - i.e. FP6 (2002-2006) and FP7 (2007-2013), and with the DG SANCO's Public Health Programme 2003-2008 (PHP) and Health Programme (HP) 2008-2013 (HP).

2. Relevance

In an overall international context, the assessment of consistency and complementarity between the financial mechanisms for promoting the sector health and childcare belongs primarily to the evaluation criterion: relevance. The EEA/Norway Grants are, in the following, compared with the EU health topic support by DG Research & Innovation (FP6 and FP7) and DG SANCO, and the Norwegian support (see e.g. Research Council of Norway, 2009) with respect to collaboration, strategic objectives, and thematic priorities.

Cohesion policy aims to reduce disparities between European regions in order to strengthen economic and social cohesion across the EU. In this context, health is increasingly recognized as a priority area, and the main tools to achieve increased economic and social cohesion in the area of health are the European Regional Development Fund (ERDF) and the European Social Fund (ESF). Though, no programmes of health are present at either ERDF's or ESF's websites and therefore comparison between the EEA Norway Grants and ERDF/ESF is not possible.

Collaboration

Table A6-1 shows that there are some differences between the financial instruments with respect to the requirements to partnerships. FP6 and FP7 are the strictest in this respect in the sense that almost all partnerships must be transnational, that the activities cannot be carried out proficiently without such transnational cooperation, and it is an objective that 15% of the co-funding goes to SME partners[23]. Furthermore, the partnerships must take place through pre-defined formats such as Networks of Excellence (NoE), Integrated Projects (IP), Collaborative Projects (CP) etc. The Research Council of Norway seems to have similar but less strict requirements to partnerships.

The EEA/Norway Grants has due to its overall aim of strengthening the bilateral relations between the beneficiary countries and the EFTA States directly a focus on establishing partnerships e.g. within Health and Childcare. However, this shall only be done where appropriate and within agreed priority sectors as e.g. the Health and Childcare sector. Hence, while there in the period 2004-09 was a focus on selecting activities that were expected to benefit from such partnerships in some cases other criteria may have weighed more.

[23] A target which according to Dimitri Corpakis, Head of Unit C5 Regional Dimension of Innovation at DG Research & Innovation, is closed to being achieved.

Regarding the EU health strategies deriving from DG SANCO the present strategy is presented in the Health Programme 2008-2013 (HP). The overall aim of this programme is to add value to Member States' action through fostering cooperation with stakeholders at Community level. The Commission will develop partnerships to promote goals of the Health In All Policies (HIAP) Strategy, including with NGOs, industry, academia and the media. Furthermore, the Commission wishes continuing to develop partnerships with Member States, building on the experience of bodies such as the Health Forum, the European Alcohol and Health Forum, and the Platform on diet, physical activity and health[24].

FP6 and FP7 have more specific aims of the partnerships as they are seen as instruments for creating a critical mass of expertise at European level within selected research topics and thus for contributing to the European Research Area (ERA). In other words, the aim is to establish research structures that can deal with major, transnational challenges. The Research Council of Norway seems to have an aim in line with this.

Finally and as already mentioned the EEA/Norway Grants aims to strengthen bilateral relations and while doing this to enhance research-based and human capital-based knowledge development.

[24] HP white paper: Together for Health: A Strategic Approach for the EU 2008-2013

Table A6-1 Collaboration characteristics

	Requirements to partnerships	Aim of partnerships
EEA/Norway Grants	Partnerships shall, where appropriate, be applied … Partners may included, inter alia, local, regional and national levels, as well as the private sector, civil society and social partners in the beneficiary countries and the EFTA States (Protocol 38B, Article 8.4).	Strengthen the bilateral relations between EEA EFTA States - Iceland, Liechtenstein and Norway - and the beneficiary countries.
EU: FP6/FP7	Transnational (1) (i.e. must have partners from different member or associated countries). Activities that can be better carried out at national or regional level, i.e. without co-operation across borders, are not eligible. 15% of co-funding must go to SMEs.	Create critical mass and move from fragmented research to structured research, hereunder the ERA.
Research Council of Norway	The Research Council will work to: 'further develop the framework for increased international research collaboration and strengthen international research policy cooperation.	Generate a critical mass, counteract fragmentation, and lay the foundation for constructive cooperation nationally and internationally.
Public Health Programme 2003-2008 (PHP)	Cooperation with bodies and non-governmental organisations active in the field of health, third countries and international organisations such as World Health Organisation (WHO) and with scientists and experts of international standing will be worked on.	The Commission will work to strengthen cooperation between health and other policy areas, with the aim of ensuring a high level of health protection in these areas to promote cooperation between Member States.
Health Programme 2008-2013 (HP)	The Commission will develop partnerships to promote goals of the HIAP Strategy, including with NGOs, industry, academia and the media. The Commission will continue to develop partnerships with Member States, building on the experience of bodies such as the Health Forum, the European Alcohol and Health Forum, and the Platform on diet, physical activity and health.	Add value to Member States' action through fostering cooperation with stakeholders at Community level.

Sources: EEA (2007), EEA (2010a), EEA (2010a), EC (2002), EC (2007), Research Council of Norway (2009), PHP strategy, HP white paper: Together for Health: A Strategic Approach for the EU 2008-2013 http://ec.europa.eu/regional_policy/themes/health/index_en.htm.
Notes;(1) FP7 has a new action for 'individual teams' with no obligation for transnational cooperation.

Strategic objectives

The strategic health objectives differ between the financial instruments, cf. Table A6-2. The EEA/Norway Grants and the PHP focus on improving the public health in general; while the EEA/Norway Grants and the HP also suggest reducing health inequalities. Furthermore, the PHP shall also complement national policies and aim to protect human health, whereas the HP identifies three key objectives: 1) Fostering good health in an ageing Europe, 2) Protecting citizens from health threats and 3) Supporting dynamic health systems and new technologies. Although not directly supplementary they all contribute to public health. The strategic health objectives of FP6/FP7 and the Research Council of Norway have a strong focus on international competitiveness and promoting establishment of new fields of research. These objectives are not necessarily within the health; though the FP6/FP7 aims to promote research activities in support of other EU policies which are in line with the HIAP strategy.

Achievements of the health objectives of the EEA/Norway Grants are difficult to measure since both 'public health' and reduced 'health inequalities' are rather broad terms. Furthermore, specific indicators are needed of how to measure implementation regarding the effort of a health preventive or improvement programme. Finally, it might be necessary to differentiate between short-term and long-term health impacts to be able to measure an effect within a programme period since the impact of a public health often firstly appear after more than 5-10 years later. Measuring impact claims exactly defined indicators.

When it comes to the wider objectives the EEA/Norway Grants, the PHP and the HP are overall similar since all want to improve public health by e.g. facilitating access to health care, tackling inequalities in health and foster good health as well as they encourages health at community level and health across sectors. In FP6/FP7 and the Research Council of Norway the focus of the wider objectives is on competitiveness, sustainable growth and new initiatives and the Research Council of Norway also mention news forms of interaction between research, trade and industry, and society at large. Public health is not directly mentioned but is of course part of the wider objectives. The feasibility of measuring the achievement of objectives is lower when it comes to the wider objectives. The wider objectives of the Research Council of Norway are in this context most tangible - i.e. 'new initiatives' or 'new forms of interaction' - and thus easiest to measure. The EEA/Norway Grants aims to contribute to social cohesion, while FP6 and FP7 go even further in stating a contribution to the Lisbon Agenda - which is considered still to be relevant beyond 2010, and Europe 2020. Somewhere in between are the wider objectives of the innovative actions since achievement somehow can be measured via benchmarking the developments in the supported regions with those of similar regions.

Table A6-2 Strategic objectives

	Health objectives	Wider objectives
EEA/Norway Grants	Improved public health and reduced health inequalities.	The objectives of public health initiatives are to improve the health status in a population by focusing on access to health care and on the underlying determinants of health. In some areas, like formal maternal health, swift access to health services is vital, while for other major public health hazards, only a small share is directly shaped by health systems. Other sectors like education, nutrition, taxation and road safety have an important impact on public health.
EU: FP6/FP7	Strengthening the scientific and technological base of industry and encourage its international competitiveness. Promoting research activities in support of other EU policies.	EU becoming the most competitive and knowledge-based economy in the world by 2010, capable of sustainable growth with more and better jobs and greater social cohesion (Lisbon Agenda).
Research Council of Norway	Promoting the establishment of new fields of research and attainment of higher calibre research. Designing a sound underlying structure for the research system.	Implementing new initiatives to meet the needs of society. Developing new forms of interaction between research, trade and industry, and society at large.
Public Health Programme 2003-2008 (PHP)	The PHP, which shall complement national policies, shall aim to protect human health and improve public health. The general objectives of the PHP is: (a) to improve information and knowledge for the development of public health; (b) to enhance the capability of responding rapidly and in a coordinated fashion to threats to health; (c) to promote health and prevent disease through addressing health determinants across all policies and activities.	The PHP shall contribute to: (a) ensuring a high level of human health protection in the definition and implementation of all Community policies and activities, through the promotion of an integrated and intersectoral health strategy; (b) tackling inequalities in health; (c) encouraging cooperation between Member.
Health Programme 2008-2013 (HP)	The HP strategy identifies three objectives as key areas: Objective 1: Fostering good health in an ageing Europe Objective 2: Protecting citizens from health threats Objective 3: Supporting dynamic health systems and new technologies	Health policy at Community level should foster good health, protect citizens from threats, and support sustainability. In order to meet the major challenges facing health in the EU. The Commission will work with Member States to develop more specific operational objectives within the strategic objectives.

Sources:EEA (2007), EEA (2010a), EEA (2010a), EC (2002), EC (2007), Research Council of Norway (2009), PHP strategy, HP white paper: Together for Health: A Strategic Approach for the EU 2008-2013.

Thematic priorities

The formulation of strategic themes or priorities differs somewhat as it is evident from Table A6-3 between the different financial mechanisms, hereunder with respect to the level of detail of the thematic priorities. The FP6/FP7 have each 12 priorities some more relevant for health than others. Probably most health research are within Life sciences, genomics and biotechnology for health (FP6)/Health (FP7) and Food quality and safety (FP6)/Food, agriculture and fisheries, and biotechnology (FP7). Also the Norwegian Research Council prioritises food as well as Health and welfare and biotechnology.

A large part of the sector health and childcare 2004-2009 funding is used to upgrade foster homes and other childcare institutions and training of their staff. Other key areas of support include drug prevention programmes and various forms of health protection. A characteristic shared by many projects is specific outreach to disadvantaged social groups, such as drug abusers, the disabled and single mothers (FMO, February 2010).

For the period 2009-2014 health belongs to the sector Human and Social Development where the more detailed programme areas are:

- Children and youth at risk
- Local and regional initiatives to reduce national inequalities and to promote social inclusion
- Public health initiatives
- Mainstreaming gender equality and promoting work-life balance
- Institutional framework in the asylum and migration sector
- Capacity-building and institutional cooperation with Norwegian public institutions, local and regional authorities
- Cross-border cooperation.

The PHP and the HP have more or less similar thematic priorities. These are in line with the priorities of the EEA/Norway Grants. Though the EEA/Norway Grants have strong focus on the two areas 'Institutional framework in the asylum and migration sector' and 'Capacity-building and institutional cooperation with Norwegian public institutions, local and regional authorities' of which the PHP and the HP do not focus on the first area at all and only to a lesser degree on the latter. The need for focusing on these two areas is of high importance in the beneficiary countries where migration and the need for asylum is enormous as well as capacity building in the health sector is essential for developing health in these countries.

Table A6-3 Thematic priorities

EEA/Norway Grants (2004-2009)	EEA Grants (2009-2014)	EU DG Research & Innovation: FP6	EU DG Research & Innovation: FP7	PHP	HP	Research Council of Norway
Health and Childcare	Human and Social Development.	Life sciences, genomics and biotechnology for health.	Health.	Enhance the capability of responding rapidly and in a coordinated fashion to threats to health.	Improve citizens' health security.	Health and welfare Biotechnology.
		Information society technologies.	Information and communication technologies.	Promote health and prevent disease through addressing health determinants across all policies and activities.	Promote health, including the reduction of health Inequalities.	ICT
		Nanotechnologies and nanosciences, knowledge-based functional materials, new production processes and devices.	Nanosciences, nanotechnologies, materials and new production technologies.	Improve information and knowledge for the development of public health.	Generate and disseminate health information and Knowledge.	New materials.
		Aeronautics and space.	Transport (including aeronautics) Space.			
		Food quality and safety.	Food, agriculture and fisheries, and biotechnology.			Food.
	Civil Society	Citizens and governance in a knowledge-based society.	Socio-economic sciences and humanities.			
			Security.			

Sources: EEA (2007), EEA (2010a), EEA (2010a), EC (2002), EC (2006b), EC (2007a), EC (2007b), EC (2010a), Research Council of Norway (2009), PHP strategy, HP white paper: Together for Health: A Strategic Approach for the EU 2008-2013.

From the above comparisons it is not straightforward to assess whether or not the support of the EEA/Norway Grants given to the sector health and childcare was relevant in an international context. Such an assessment requires insight into whether or not the synergies and/or differences between the different financial instruments are exploited in practice.

There are several issues that speak for a low score in Table A6-4. Firstly, there is only little written evidence in the documents or from the websites provided by the other financial mechanisms of their

knowledge of the EEA/Norway Grants. Only the website of the Research Council of Norway has a section that provides a presentation; however health is described in various ways; but not linked to the EEA/Norway Grants. Secondly, it seems that prior to this evaluation there was very limited knowledge within DG Research & Innovation and DG SANCO regarding the existence of the EEA/Norway Grants, and so no efforts have been made to pursue consistency or complementarity. Thirdly, it can be argued that because the size of the funding from the EEA/Norway Grants is negligible compared with that coming from the EU it is not a level playing field for aligning support to health projects.

However, the above notion of a lack of formal coordination between the EEA/Norway Grants and the other funding instruments is not necessary a good indicator for a lack of relevance of the supported projects in an international context. In some cases extensive coordination efforts might involve higher costs than the benefits reaped. Furthermore, it appears from the brief review of the EU's financial instruments that they are not always fully coordinated in between themselves.

There are also several issues that advocate a high score in Table A6-4. Some of these are actual others are potential i.e. not yet fully exploited. One of the actual issues is that the EEA/Norway Grants complements the EU efforts of social cohesion through directly bringing the Health and Childcare level in the beneficiary countries closer to the EU/EFTA level. In this context, it can be argued to fill a gap or establish a link between the efforts of DG Research & Innovation and DG SANCO. It has like the FP6/FP7 strong focus on achieving results of high quality through strong partnerships, while it like the DG SANCO actions has a focus on increasing public health. Especially two of the priorities in the EEA/Norway Grants - Institutional framework in the asylum and migration sector and Capacity-building and institutional cooperation with Norwegian public institutions, local and regional authorities are not covered by the PHP and HP or the FP's. This may lead to the conclusion that the EEA/Norway Grants fill gaps in these areas since they both represent very important health issues in the beneficiary countries.

Another actual issue in favour of a high score is the strong focus within the EEA/Norway Grants on Health and Childcare within sustainability and well-being topics in less-developed areas. This is fully in line with the Europe 2020 strategy (EC, 2010a) that is an integrated and coherent approach to support smart, sustainable and inclusive growth rooted in greater coordination of policies at national and European levels.

An issue that has not been fully exploited yet is the benefit from better coordination between the different financial instruments. As introduced above they each have some strengths and weaknesses, where benefits can arise from multiplying the strengths i.e. from synergies. For example, a transnational FP6/FP7 project might identify the need for information from certain EU Member States to be able to provide health research results of sufficient European Added Value (EAV). The EEA/Norway Grants might help to build up the health capacity to provide such information in some of these Member States. Finally better coordination will also help to avoid unnecessarily duplicating health research efforts.

Altogether, we assess as shown in Table A6-4 that the issues in favour of a high score have more weight that those in favour of a low score, and so it is assessed that the activities supported by the EEA/Norway Grants to a satisfactory extent are in line with the EU/EFTA health agendas.

Table A6-4 How relevant were the supported activities in an EU/EFTA context?

○ 4	The activities supported by the EEA/Norway Grants are fully in line with the EU/EFTA health strategies.
○ 3	The activities supported are to a satisfactory extent in line with the EU/EFTA health strategies.
○ 2	The activities supported are to a limited extent in line with the EU/EFTA health strategies.
○ 1	The activities supported are not or only to a very limited extent in line with the EU/EFTA health strategies.

Source: Assessment of evaluator on the basis of desk study and interviews.

3. Impact/effectiveness

It is outside the scope of the present evaluation to compare the general impacts or effectiveness of the EEA/Norway Grants vis-à-vis those of the DG Research & Innovation, DG SANCO or the Research Council of Norway. This would, for example, require the reviewing of the numerous evaluations carried out for the different FP6/FP7 thematic areas or innovative actions and the actions in DG SANCO. Furthermore, the somewhat different strategic objectives in between the different financial mechanism - described above - make such comparisons difficult.

Hence, the assessments of the impact/effectiveness of the activities supported by the EEA/Norway Grants are primarily done at the beneficiary country level - and thus presented in the following three annexes.

However, there are aspects of the above-presented similarities and differences between the financial mechanisms that are central for a comparison of impacts and effectiveness. For example, from the evaluation of collaboration characteristics in Table A6-1 it is evident that partnerships are used in somewhat different ways to achieve impacts in an effective way. In other words, there are some differences in the intervention logics applied. The FP6/FP7 and the Research Council of Norway have a focus on achieving significant impacts via the creation of critical masses of expertise. Hence, sufficient experts of both similar and dissimilar research disciplines are brought together to solve the research problems - which at least for the FP6/FP7 concern European level research problems. The aim of partnerships for DG SANCO also concern European level but simultaneously it is to add value to Member States' action thorough fostering cooperation with stakeholders at community level. The latter is in line with the EEA/Norway Grants has a similar focus but with a lower geographical focus, i.e. bringing together expertise on a bilateral level to solve national level research problems.

The strategic objectives presented in Table A6-2 do also support that there are differences in the intervention logics applied. These differences have already been described above.

4. Efficiency

It is similarly outside the scope of this evaluation to assess the efficiency of the EEA/Norway Grants in a general international context, i.e. in comparison with the other financial mechanisms. However, the interviews carried out as part of this evaluation in Poland, Hungary, Romania, Lithuania and the Czech Republic do shed some light differences experienced by the national stakeholders. These are discussed in the following three annexes.

Common for the stakeholders in these five countries is that they in general find it cumbersome to comply with administrative procedures of the EEA/Norway Grants.

5. Sustainability

Finally, it is very difficult to compare the sustainability of research findings between the different financial mechanisms, in particular with respect to how project deliverables and impacts persist and thus how the intervention logic remains in existence.

Annex 7: Recommendations from stakeholders

Table 7-1 Recommendations regarding impact/effectiveness

Problem identified	Problem identified by	Recommendations (solutions)	Addressee
Especially in the case of prevention projects it is very difficult to ensure lasting impacts of projects that only last for 2-3 years.	Project promoters	There is a need to consider whether it is possible to give certain types of projects access to longer funding periods or to allow the promoters to introduce a proposal for continuation of the project – in such a manner that there is no significant interruption of the activities between projects.	FMO

Table 7-2 Recommendations regarding relevance

Problem identified	Problem identified by	Recommendations (solutions)	Addressee
There are relatively few bilateral partnerships, and a part of the existing partnerships are “paper partnerships' or partnerships primarily consisting of social/joint visits.	Project promoters and partners	There is a need for increasing the number of partnerships and a need for supporting the project in establishing relevant and sustainable partnerships i.e. partnerships which add value to both the beneficiary and the donor country. There is also a need for enhancing the visibility of the programme in the donor countries through e.g. campaigns, international conferences etc. and, if possible, with help from the embassies.	FMO
The projects only to some extent address the national health strategies.	NFPs, intermediate bodies, ministries	There is a need for ensuring a closer cooperation and coordination with the national health ministries.	NFP, FMO, Norwegian embassies (possibly)
Capacity building is still needed	Project promoters, NFP	Continued funding to capacity building to update buildings, equipment and the educational level of staff, especially to reduce brain-drain.	NFP, FMO

Table 7-3 Recommendations regarding efficiency

Problem identified	Problem identified by	Recommendations (solutions)	Addressee
The administrative burden (financial reporting, reallocation of resources, application reports) of the FMO is very complex and time-consuming.	NFPs and project promoters	The administrative burden should be eased. It is recommended that NFPs from beneficiary countries exchange knowledge and experiences concerning national set-ups.	FMO, NFP
The quarterly reporting was mentioned as an obstacle.	NFPs and project promoters	The reporting of a project could be followed by a 'case story'. At the first reporting the different activities and timetables can be thoroughly described. For the remaining reporting only discrepancies from the original plan should be mentioned.	FMO
Preparation of tenders is time-consuming and it is not always possible to obtain three tenders of sufficient quality.	Project promoters	Raising the budget limit (EUR 5,000) of the EEA/Norway Grants for when a tender is required.	FMO/NFP
It is questioned how much right of dis-cretion the NFP has and what is decided by rules.	Project promoters	Describe thoroughly for project promoters the rules for the EEA/Norway Grants concerning who can take which decisions.	NFP
It is very time-consuming for the NFPs to help (or do more or less all the work) project promoters.	NFPs	Organise training sessions early in the process for project promoters regarding all relevant elements of project management and set-up in relation to the EEA/Norway Grants.	NFP
The application process is complicated for applicants.	Project promoters	Establish an independent 'help desk' guiding applicants in the application procedures.	NFP/FMO
Project promoters have to prefinance project expenditures. Some project promoters have to take out loans to meet the pre-financing requirement.	Project promoters	Raising the advance payment would reduce the problems.	FMO
Additional (unexpected) expenditures as e.g. higher prices or	Project promoters, NFPs	The problems can be reduced by avoiding long assessment periods and/or by allowing funding of exchange rate losses. The problem of exchange rate losses should be	FMO

Problem identified	Problem identified by	Recommendations (solutions)	Addressee
exchange rate losses must be covered by the project promoters.		solved at system level, where the losses of some project promoters can potentially be offset by gains by others.	
Extension of project contract is difficult.	Project promoters	More flexibility on contract extensions.	FMO/NFP

Table 7-4 Recommendations regarding sustainability

Problem identified	Problem identified by	Recommendations (solutions)	Addressee
Only project set-ups of 'old' partnerships sustain.	Project promoters	Intensify the effort on establishment of new partnerships (see recommendation under relevance) and describe in the application how it is expected that the project set-up will sustain regarding scientific/professional areas.	FMO
Soft deliverables as e.g. educational material, trained staff/experts/ volunteers, set-up of technologies, not being embedded in an existing set-up are in risk of not being continued due to lack of funding.	Project promoters, NFPs	Fund projects for a longer period of time or allow promoters to introduce a proposal for continuation of projects in order to make sustainable impacts.	FMO / NFP
Projects regarding awareness, knowledge and behaviour of individuals or families need continuous funding.	Project promoters, NFPs	This type of project needs to be repeated for a long period of time before they sustain; they should only be funded if national ministries or other national bodies support the project and are responsible for further funding and/or support.	FMO and NFPs cooperate with National Ministries or other relevant bodies

Annex 8: References

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