

Regional Centre for advanced laser therapies in Ophthalmology

10. Main activities of the project

Activity 1.1: Steering activities

The steering activities will be carried out throughout the entire duration of the project (months 1 to 24) and will include:

- Coordination of the project team
- Organization of Project Steering Committee's meetings
- Organization of meetings with the Lead Beneficiary's staff
- Organization of meetings with the Partner 1's staff
- Organization of video-conferences with the entire project team
- Supervision of the transparency in the selection of the target groups
- Analysis of the results of the team.

The project manager will be in charge with the overall coordination of the project. As the composition of the Steering Committee is already decided, the Steering Committee will join right after the signing of the subsidy contract for debating the action plan. Over the implementation period, the Steering Committee will join 8 times, once every quarter (at the beginning of each quarter). The locations for the meetings of the Steering Committee will alternate between the headquarters of the two partners (the first meeting will be held in Romania). The Steering Committee will evaluate the progress made each quarter and decide corrections for the following period. It will also break down the implementing strategy for the next quarter. Subsequently, it will be the task of the Project manager to assign specific objectives to each team member for the next quarter, broken down month by month. In order to do so, the Project manager will organize meetings with the team of the Lead Beneficiary. For time efficiency, the Project manager will communicate the individual objectives to the team members of Partner 1 through e-mail and debate them with the Serbian team through video-conferences. In assigning tasks to the staff of Partner 1, the Project manager will consult with the Coordinator, which will be responsible for supervising the Serbian team. The Coordinator will participate in all video-conferences organized by the Project manager with the staff of Partner 1. He will organize meetings with Partner 1's staff, breaking down the tasks for each team member.

The Coordinator will communicate continuously with each member of Partner 1's team. Based on the information obtained through direct communication, as well as on the monthly individual reports, the Coordinator will analyse the activity of each team member and consult with the Project manager concerning possible gaps compared to the initial plan. As a result of the analysis, the Coordinator may impose corrections to the activity of each team member during the following period. The communication between the Coordinator and Partner 1's staff will take place during the monthly meetings, as well as face to face, through telephone or e-mail, whenever necessary. Thus, the Coordinator will act as a representative of the Project manager, simplifying the coordination of the team at a distance. The Coordinator will communicate with the Project manager through e-mail, telephone and video-conferences whenever necessary, as well as face to face during the Steering Committee's meetings.

In similar manner, the Project manager will communicate continuously with each member of Lead Beneficiary's team during the monthly meetings, as well as face to face, through telephone or e-mail. He will analyse the activity of each member of Lead Beneficiary's team, setting corrections whenever necessary. In particular, the Project manager will

supervise the transparency in the selection of the target groups, based on the critical importance of this aspect.

At the beginning of each month, the Project manager will deliver (by e-mail) an individual monthly activity plan to each member of the Lead Beneficiary's team. The Coordinator will prepare individual monthly activity plans for the members of the Partner 1's staff, by consulting the Project manager.

At the end of each month, based on the analysis of the staff's activity, the Project manager and the Coordinator will prepare together an analysis report, which will briefly mark the percentage of accomplishment of each activity assigned for the respective month by each team member.

Through all individual or group communication, the Project manager and the Coordinator will take note of particular problems signalled by the staff and, if necessary, put them to debate during the meetings of the Steering Committee. During every monthly meeting, as well as through group video-conferences, the Project manager and the Coordinator will keep the staff informed of the project's progress.

Activity 1.2: Procurement

The procurement activities will start since the first month of the implementation period and will be organized in accordance with the Procurement And Grants for European Union external actions guide.

The purchases to be made by each project partner are the following:

A. Lead Beneficiary:

- medical equipment (Refractive surgery platform, Micropulse laser);
- Services for the design of the web portal for the network of specialists;
- Services for the organization of training courses;
- Editing and publishing services;
- Socio-economical analysis services.

B. Partner 1:

- medical equipment (Laser and camera, Small medical equipment);
- IT equipment;
- Van (8+1);
- Software design services;
- Construction works.

Description of the medical equipment procured:

- 1) Refractive surgery platform (Lead Beneficiary):
 - 1.1) Excimer laser
 - 1.2) Femtosecond laser
 - 1.3.) Topography/Tomography Diagnosis Refractive Unit
- 2) Micropulse laser (Lead Beneficiary)
- 3) Laser and camera (Partner 1)
- 4) Small medical equipment (Partner 1).

Activity 1.3: Cash flow management and reporting

The activity will be carried out throughout the entire duration of the project (months 1 to 24) and will include:

- Cash flow management for the Lead Beneficiary
- Cash flow management for Partner 1
- Payment approval for the Lead Beneficiary
- Payment approval for Partner 1
- Administration of the financial documents for the Lead Beneficiary

- Administration of the financial documents for Partner 1
- Elaboration and submission of the dossier for the First level of Control - Romanian partner
- Elaboration and submission of the dossier for the First level of Control - Serbian partner
- Consolidation of the financial file
- Submission of the reimbursement request
- Distribution of IPA funds between partners
- Preparation of the quarterly progress report for the Serbian side
- Preparation of the quarterly progress report for the Romanian side, consolidation and submission of the report

As indicated in the applicant's guide, a prepayment from the IPA funds was not taken into consideration. Under these circumstances, both partners will ensure a working capital for the temporary financing of the project, sufficient for ensuring the continuity of the implementation process. Submitting on time the specific documents for the first level of control, consolidating the financial files, submitting the reimbursement claims on time will be essential for the sane management of the project's cash flows. The main responsibilities in this field will go to the Financial manager and the Financial expert.

Cash flow forecasts, broken down at yearly, quarterly and monthly levels will be prepared since the beginning of the implementation process and revised throughout the entire implementation period. The Financial manager will prepare the forecasted cash flow statement for the Lead Beneficiary, while the Financial expert will be responsible for preparing and revising the forecasted cash flow statement for Partner 1. At the end of each month, both the Financial Manager and the Financial expert will prepare cash flow reports for their respective organizations. The Financial Manager will oversee the work performed by the Financial expert and prepare consolidated versions of the cash flow statement and of the cash flow reports. Cash flow reports will reflect both inflows and outflows incurred during each month for each partner, highlighting the deviations from the initial forecasts. The causes of the variations will be identified and their manifestation explained. Based on the each monthly report, the forecasted cash flow statement for each partner (as well as the consolidate version) will be revised. Changes in factors such as the exchange rates, wage contributions, equipment or services prices, travel and accommodation prices will be taken into consideration in the revision process.

All payments made within the project by the Lead Beneficiary will be approved by the Financial Manager, who will make sure of the eligibility of each expenditure. Similarly, the Financial expert will approve the payments of Partner 1, consulting the Financial Manager in the process periodically. The Financial Manager and the Financial expert will be responsible with the correct filling and storage of the financial documents for each partner, as well as with supervising the accounting registrations.

The Financial manager will prepare and submit the quarterly dossier for the First Level of Control for the Lead beneficiary, with the assistance of the Technical Manager. At the same time, the Financial expert and the Technical expert will prepare and submit the quarterly dossier for the First Level of Control for Partner 1. The preparation and submission of the dossier for the first level of control for Partner 1 will be supervised by the Financial Manager, who will make sure there are no omissions or submission delays that could negatively influence the date for submitting the reimbursement claim and thus compromise the cash flows and affect the continuity of the implementation process.

Thus, in two weeks time after the end of each period (trimester), the dossiers of both partners will be submitted for the first level of control. For reasons related to caution, a period of 60 days was taken into consideration for the validation of the file. After the

validations from the FLC, the Financial manager will consolidate the financial file and submit the reimbursement claim to the Joint Secretariat, seeing to that the reimbursement claims contain only validated expenditure, supported by the First Level Control Report issued by the Controllers of the Project Partners. Another 60 days are taken into consideration from the submission of the reimbursement claim until the payment of the subsidy. The Financial manager will be responsible for the correct distribution of the subsidy between the partners.

After each quarter, a progress report will be submitted to the Joint Secretariat.

The Technical manager and the Technical expert will prepare the quarterly progress report, each for the part of their respective organizations. The Technical manager will consolidate the progress reports. The Project Steering Committee will approve the progress reports before their submission.

Activity 2.1: Ensuring the visibility of the project

The activity targets to raise the awareness of the public regarding the purpose of the project, the results of the project, the support of the European Union and the impact of this support.

Obs.: Other activities will be carried out for the purpose of raising awareness of the public with regards to specific pathologies. Although these activities will involve communication to the mass public as well, they were included within the “Implementation” Work Package. The reason behind the separation was the fact that the activities for raising awareness with regards to specific pathologies do not target to ensure the visibility of the project or that of the EU’s contribution, but rather stand for an information service brought to the public. The lack of information is one of the most important factors for people over the cross border area not going for medical investigations in time, with possible devastating consequences (especially in the case of diabetes).

The activity 2.1 “Ensuring the visibility of the project” will be continuous throughout the implementation period, although it will focus more on key moments of the implementation.

At the beginning of the implementation period, 2 conferences will be organized: one in Romania, the other in Serbia. The main target groups invited to the conference will be the ophthalmologists from the cross border area, as well as the family doctors. At these early events, the general population will not be targeted in particular. Instead, members of the press will be present, who will disseminate preliminary information about the objectives of the project to the public. The conferences will be held at the headquarters of the project partners, with no rent expenses being supported. Invitations to representatives of the target groups will be sent by the Project manager and the coordinator on each side of the border respectively. The conference in Romania will be held by the project manager, with the assistance of the team members (from both sides of the border). For a better communication with the target groups, the opening conference from Serbia will be held by the Coordinator (with the assistance of the project manager). Travel expenses for the team members were budgeted.

At the beginning of the implementation period, press releases will be sent to the representatives of the regional press as well. As both the Project manager and the Coordinator will have access to databases with press representatives from their own side of the border, they will each prepare and send separate press releases, in their national languages (while consulting with each other for ensuring a unitary message).

For a suitable visibility of the EU involvement and of the project objectives, a paid article will be published on each side of the border in the first month in the regional press.

Design and printing of specific visibility materials (leaflets) will be done partly internally, partly by photocopying services (supported from the budget line “Office and administration”). The materials will be in accordance with the specifications of the Communication and visibility manual and will be distributed to every event with the target groups, beginning with the first month of the implementation period (start conferences, conferences with the family doctors, conferences with the roma population, end conference). A second press release will be made by each partner after the reception of the medical equipments. The press releases will inform the public of the investments made with the support of the European Union, as well as of the fact that the new equipments will be available for performing surgeries (within activity 3.3). A second paid article will be published on each side of the border as well. Stickers will be posted on each equipment, according to the specifications of the Communication and visibility manual. A second leaflet model presenting the new capacities and EU’s contribution will be distributed. A third press release will be issued by each partner at the end of the first year of the implementation period, presenting the partial results of the projects and the activities to follow. At the end of the implementation period, a final press conference is to be held in Timisoara, with the participation of the entire project team. A third paid article will be published on each side of the border and a 4th press release will be made. A new leaflet model with the results of the project will be distributed.

The communication budget for the Lead Beneficiary includes:

- 1 car trip of the Romanian staff to the start conference from Serbia;
- 3 paid articles in the regional press;
- office and administration expenses (photocopying services).

No significant catering expenses were planned with the occasion of the start or end conferences. No accommodation services will be necessary when travelling to the opening conference in Serbia, as the trip will only take 2 hours and staying over night would not be necessary.

The communication budget for Partner 1 includes:

- 2 car trips of the Serbian staff to the start and end conferences from Romania;
- 3 paid articles in the regional press;

office and administration expenses (photocopying services).

Activity 3.1: Screening for corneal pathology, retinal pathology and diabetic eye disease

The main outputs of the activity are:

- Medical tests for diabetes;
- Free medical investigations;
- Free medical investigations for disadvantaged persons.

Target groups:

- Target group 1: General population
- Target group 2: Population with specific symptomatology
- Target group 3: Disadvantaged persons with specific symptomatology

The main target group towards which the activity is oriented is Target group 3: Disadvantaged persons with specific symptomatology. Based on the fact that the population with low levels of income makes high quality medical investigations more rarely (or never) while early diagnosis of ophthalmological pathologies is particularly important, activity 3.1 was focused on performing free high quality medical investigations for

disadvantaged persons. At least 3.000 disadvantaged persons (with low incomes) will be diagnosed throughout the implementation period.

At the same time, free ophthalmological investigations will be performed for the rest of the population. The overall target group of activity 3.1 for ophthalmological investigations is target group 2: Population with specific symptomatology. Throughout the duration of the project, at least 6.000 persons (of target group 2) will benefit from free high quality medical investigations for ophthalmological pathologies, of which at least 3.000 will be disadvantaged persons (target group 3).

At the same, of the 6.000 patients being offered free medical investigations, at least 720 will be from remote areas. To ensure them access to medical facilities, the van procured through the project will be used for their transportation. Of the 6.000 persons being investigated for ophthalmological pathologies, at least 50 will be roma.

A transparent procedure for the prioritization of patients to undergo medical investigations through the project will be elaborated. All patients will receive free investigation services within the limits of the available capacity.

As the prevalence of diabetes over the cross-border area is estimated to reach a European high (the exact rate is not known as many patients are not diagnosed), activity 3.1 will include field tests for diabetes. The target group for the diabetes tests will include 10.000 persons (target group 1). The Doctor of primary healthcare, accompanied by the nurse will perform field tests throughout the entire duration of the project. The interest of the project for diabetes is based on the fact that this pathology is responsible for a great percentage of the ophthalmological pathologies. As many people don't demand medical investigations, the disease is in many cases undiagnosed. Nevertheless, the disease progresses, with irreversible effects.

All persons diagnosed with diabetes or an ophthalmological pathology within activity 3.1 will be given medical recommendations for therapy. The data collected (symptoms, diagnosis, age, specific lifestyle details, etc.) will be registered into a common database.

The locations in which the medical investigations will be performed:

- 1) The team of the Lead Beneficiary will perform all investigations in Timisoara, within the premises of the Timisoara Municipal Hospital (with which the Lead Beneficiary has a protocol of collaboration, based on the university hospital character of the Timisoara Municipal Hospital).
- 2) The team of Partner 1 will perform all ophthalmological investigations in Nova Crnja, within the premises of the SrpskaCrnjaHelthcenter (Partner 1 is the owner of the building of the SrpskaCrnjaHelthcenter and the financier of the clinic).
- 3) The diabetes test will be performed on the field.

During the first 9 months of implementation, the ophthalmological investigations will be performed with the existing equipment. The equipment procured through the current project is estimated to be put into operation beginning with month 10 of the implementation period.

For the management of the patients, specific software will be developed.

The activity will be carried through the entire duration of the project (24 months) and will include the following sub-activities:

- Development of a software application for the management of the patients
- Scheduling medical investigations
- Performing medical investigations over patients with eye problems
- Supervision of the selection process (selection of the patients eligible for surgery)
- Analysis of the individual results and selection of the patients eligible for surgical interventions

- Screening for diabetes on the field
- Registration of data for the analysis
- Registration of data for analysis

Personnel directly involved:

- 1 Chief Medical expert;
- 4 Medical expert;
- 1 Doctor of primary healthcare;
- 1 Ophthalmological nurse ;
- 1 Nurse.

Activity 3.2: Surgery for patients diagnosed with diabetic eye disease, corneal or retinal pathology

The main outputs are:

- Free eye surgery services;
- Free eye surgery services for disadvantaged persons.

Target groups:

- Target group 4: Patients in need for eye surgery;
- Target group 5: Disadvantaged persons in need for eye surgery.

The main target group towards which the activity is oriented is target group 5: Disadvantaged persons in need for eye surgery. Throughout the entire implementation period, a minimum of 200 disadvantaged persons will undergo eye surgery of high standards free of charge. The focus of activity 3.2 on target group 8 is justified by the fact that, while laser eye surgery presents important benefits for the patients needing it, it's the disadvantaged persons in particular that don't have access to it because of the higher costs (which are not entirely covered by the public insurance policy). Of the 400 patients being offered free surgical services, at least 200 will be women, at least 5 will be roma, at least 100 will be from remote areas, and at least 200 will be patients with levels of income lower than the average.

A transparent procedure for the prioritization of patients to undergo surgery through the project will be elaborated. The procedure will establish the criteria for prioritization, taking into account the income level, the urgency of the surgery and the alternatives available to the patient. The partial priority given to the disadvantaged persons to the free surgical services is based on the fact that the disadvantaged persons have fewer alternatives (while, for some procedures, persons with higher income have local alternatives similar in effects, but charged). All patients will be given access to free surgical services within the limits of the available capacity.

The overall target group for the surgical activities is target group 4: patients in need for eye surgery. Throughout the duration of the project, at least 400 persons (of target group 4) will benefit from free high quality surgery services, of which at least 200 will be disadvantaged persons (target group 5).

The locations in which the ophthalmological surgeries will be performed:

- 1) The team of the Lead Beneficiary will perform all surgical procedures in Timisoara, within the premises of the Timisoara Municipal Hospital.
- 2) The team of Partner 1 will perform all surgical procedures in Nova Crnja, within the premises of the SrpskaCrnjaHelthcenter.

During the first 9 months of implementation, no surgery procedures will be performed as the equipment will not be available. The equipment procured through the current project is estimated to be put into operation beginning with month 10 of the implementation period.

The activity will be carried out through the last 15 months of the implementation period and will include the following sub-activities:

- Elaboration of the intervention plan for patients selected for surgery
- Supervision in the elaboration of the intervention plan
- Performing surgical procedures
- Follow-up of the patients that underwent surgical procedures

Personnel directly involved:

- 1 Chief Medical expert;
- 4 Medical expert;
- 1 Ophthalmological nurse.

On average, each patient undergoing laser surgery will need approximately 5 sessions. Each surgeon will be in charge with the follow-up of the patients he performed surgery on. On each follow-up meeting, a follow-up report will be elaborated. As it is not expected for all patients to return to the surgeon for follow-up meetings during the implementation period (surgeries are performed until the end of the project), an estimated of only 300 follow-up reports was considered to be elaborated by the end of the project.

Activity 3.3: Developing a network of specialists in corneal pathology, retinal pathology and diabetic eye disease

The activity is focused on the needs for training, consultations, best practices exchanges of ophthalmologists from the cross-border area.

Even without technology improvements, improved investigation and surgical techniques appear constantly, through the testing of the surgeons all over the world and through experience accumulation. Ways for reducing the duration of an operation, its costs and its risks, its invasive character, the effort of the surgeon or the recovery time for the patient are being tested every day. The cross-border area shows an important gap compared to the leading countries in this field, which is determined partly by the lack of last generation equipment, but, more importantly, by the difficulty of the surgeons in absorbing the latest know-how. The persistence of the knowledge gap mainly deprives the patients from the cross-border area of the possibility to benefit from the best medical solutions available in the leading countries.

A small percentage of the patients better informed and with better financial situations go overseas for surgeries. The costs in such cases are higher, the trip is difficult and the difficulty of the follow-up of the patient by the surgeon increases.

Through activity 3.3, training courses will be organized for ophthalmologists from both sides of the cross-border area. For the assimilation of the latest techniques, international experts will be brought as lecturers. Over the duration of the implementation period, 4 courses will be held.

A group of 50 ophthalmologists from the cross-border region will participate at the courses. The participants will be chosen from representative hospitals from the entire cross-border area, with care for the maximization of the dissemination possibilities.

The project partners will make sure that all physicians attending courses have enough experience to be able to assimilate the know-how properly and, at the same time, have

the minimum required equipment in their hospitals in order to apply the acquired knowledge. This will have an immediate effect over the quality of life for patients from the entire cross-border area, as the quality of local ophthalmological services will increase. For reasons of difficulty in reporting, this effect was not presented as an output of the project. Nevertheless, its impact over the cross - border area will be immediate and considerable.

Each course will spread over a 2 - day period. The lectures will take place in Timisoara, at the Victor Babes University of Medicine and Pharmacy Timisoara.

For ensuring the consolidation of a network of specialists in eye surgery throughout the cross-border region, a web portal will be developed. The web portal will remain in the administration of the Lead Beneficiary and will accomplish several functions. On one hand, it will stand for a platform with vital materials for the expert ophthalmologists. Research reports about new investigation and surgical techniques, pictures and films of special procedures will be posted continuously and brought to the attention of the members of the network. Ophthalmologists receiving membership to the network will have access to special sections of the platform. They will post themselves photos, films or descriptions of special surgical procedures undertaken. A moderator from the part of the Lead Beneficiary will stimulate debates about medical procedures or special cases encountered. Members will be able to demand the opinion of their colleagues through the online portal when designing the intervention plan for a surgery.

Throughout the implementation period, the Lead Beneficiary will organize video-conferences with the members of the network, debating the dates of the following courses, certain surgical procedures or special cases. Under the administration of the Victor Babes University of Medicine and Pharmacy Timisoara, the network would become more formal and will continue to grow even after the implementation period of the project.

Part of the sections available on the portal of the network will be addressed to the general population. The patients will be able to find general information about the symptoms, causes, diagnosis, evolution and treatment of different ophthalmological pathologies.

A blog for patients will also be included on the portal. All members of the network will be encouraged to interact with the patients voluntarily.

Based upon the surgical experience accumulated through the project, a guide for best practices in the field of eye diseases diagnose and treatment will be elaborated. The guide will be translated and published in Romanian and Serbian. The translating, editing and publishing activities are planned to be outsourced.

The costs and benefits of eye surgery represent important information for surgeons and patients that have to make a choice, as well as for hospitals, city halls or ministries that make investment decisions. Within activity 3.3, studies of the costs and benefits for patients undergoing different surgical procedures will be performed (outsourced activity). Data about the diagnosis, the type of the surgical procedure, the medication while in the hospital and other hospital costs will be collected from the hospital charts. Supplementary data concerning the medication after the hospital leave, recovery period, permanent disabilities, income losses because of the inactivity will be collected from interviews with the patients. The data collected will be organized in a common database and subjected to statistical as well as qualitative analysis. The collection process will carry on throughout the entire duration of the project. Data from an estimate of 100 patients will be collected by the end of the project. Based on the analysis of the data, guides for patients and family doctors, as well as for hospitals, surgeons and cost benefit analysis experts will be developed.

The evolution of the costs and benefits specific to different surgical interventions is going to be monitored throughout the duration of the project and will continue to be monitored after the end of the implementation period as part of the research activity of the Victor Babes University of Medicine and Pharmacy Timisoara. The analysis reports are continuously going to be updated. Their content is going to be published on the portal of the network, within activity 3.3. Through the published reports, the conclusions will be used by patients, surgeons, family doctors, hospitals, ministries in decision making. Considering that investments made in healthcare are based on cost benefit analyses that haveno benchmarks for the cross-border area (and little benchmarks elsewhere), the setting of such benchmarks will be of great use to the cost - benefit analysts.

Personnel directly involved:

- Project manager;
- Technical manager;
- Technical expert;
- 1 Chief Medical expert;
- 4 Medical experts.

Activity 3.4: Campaign for raising awareness of eye diseases

The activity has as purpose to raise awareness of the public with regards to specific ophthalmological pathologies (including their prevention, diagnosis and treatment). It was separated from the activities within the Work package 2 (Communication), which targets to raise the awareness of the public regarding the purpose of the project, the results of the project, the support of the European Union and the impact of this support. Activity 3.4 was included into the Work package 3 (Implementation) as it provides a direct service to the target groups, rather than informing them of the EU's involvement.

The main outputs of the activity are:

- Conferences for raising awareness for the rroma population;
- Training conferences for family doctors.

Target groups:

- Target group 6: Roma population in need for information;
- Target group 10: Family doctors.

The lack of information is one of the most important factors for people over the cross-border area not taking medical investigations in time, with possible devastating consequences. Activity 3.4 is designed to inform the population of the cross-border area, raising its awareness of:

- the prevalence of ophthalmological pathologies;
- the causes of ophthalmological pathologies;
- the effects of ophthalmological pathologies;
- the symptoms of ophthalmological pathologies;
- the steps to take for a proper diagnose;
- the availability of free diagnose services through the project;
- the treatment options and their costs and benefits;
- the availability of free surgical services through the project.

The effectiveness of activity will be essential in determining patients to take medical investigations from the first signs of disease. Each project partner will be in charge with managing the campaigns on his own side of the border. The separation of the responsibilities is motivated mainly by the language barrier.

Most of the patients arrive for investigations at a specialised physician after being sent by family doctors. This is why this activity shows particular interest to them. Informative materials will be distributed to family doctors by e-mail or regular mail, and 2 conferences will be dedicated to them for training purposes, one conference on each side of the border. In addition, family doctors are instructed in the field of ophthalmology through reports concerning the costs and benefits of eye surgery.

Particular interest will be shown to the Roma population, for which also 2 training conferences will be held (1 conference on each side of the border).

The project team will organize 2 conferences for the general population from urban areas and developed rural areas (1 for each side of the border) and 2 conferences for the general population from rural remote areas (1 conference for each side of the border).

For stimulation, patients from remote areas will be offered free transportation for medical investigations or for treatment.

Personnel directly involved:

- Technical manager;
- Technical expert;
- 1 Chief Medical expert;
- 4 Medical experts;
- 1 Doctor of primary healthcare;
- 1 Nurse;
- 1 Ophthalmological nurse.

Activity 4.1: Adaptation works for the Regional Ophthalmological Laser Centre in the Municipality of Nova Crnja

An out of use section of the building of the SrpskaCrnja Health Center will be rehabilitated through construction works, thus becoming suitable to host the medical activities planned through the current project. The construction works will include:

- Removing the existing panels (walls, floors and ceiling), windows, doors, heating system. Necessary flattening of the surfaces and preparation for new installation
- Replacement of water supply and sewerage pipelines with instalment of new toilets and necessary sanitary equipment
- Installing sanitary air-conditioned systems
- Replacement of electrical installations

Other works, as described in the attached technical documentation.