

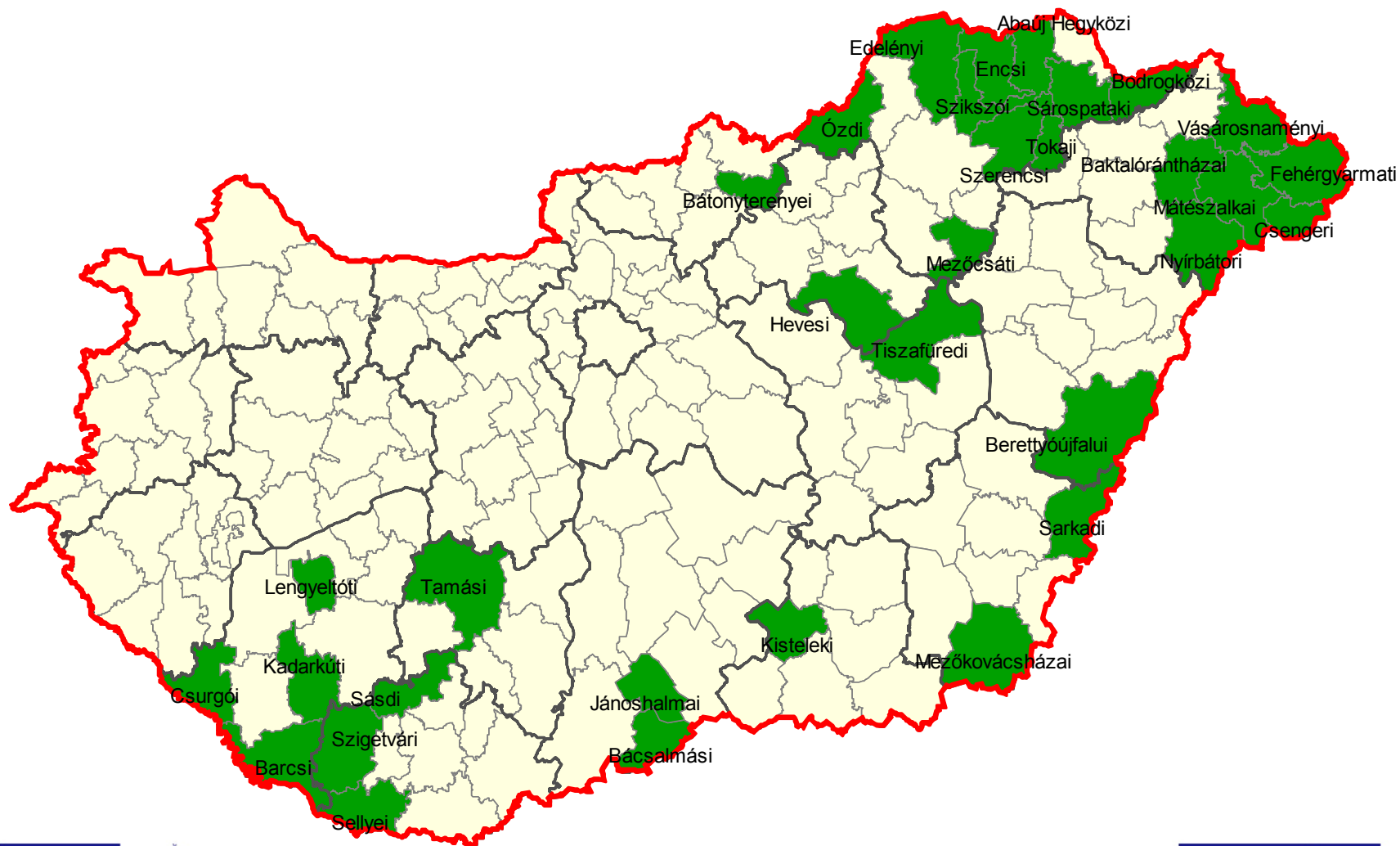


## Innovation in development policy in Hungary: programme for least developed micro-regions

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# The 33 most disadvantaged micro-regions



## history

- In autumn 2007 – based on economic, social and infrastructure indicators – the Government defined the 33 most underprivileged micro regions, and decided on the development of these regions by means of the complex programme
- The primary resources of the complex programme are the New Hungary Development Programme and the New Hungary Rural Development Programme



## objectives

- to develop the 33 micro-region (8 of them are to find in the South Transdanubian Region, 8 in the North-Great-Plain, 5 in the South-Great Plain, 12 in Northern Hungary)
  - reasoning:
    - to be fair/just
    - to provide for their own interests
  - tools:
    - providing extra funds
    - new fund allocation mechanisms
    - improvement of local knowledge and cooperation for the local developments
- to renew the complex supporting system
  - complexity, innovation, deliberation



# resources

	Total (billion Ft)	NH	NGP	SGP	ST
<b>1., Resource plannable by micro regions</b>	<b>96.9</b>				
<b>RDOP</b>	<b>66.4</b>	<b>27.4</b>	<b>17.8</b>	<b>9.0</b>	<b>12.2</b>
<i>economic development,</i>	<i>14.1</i>	<i>5.0</i>	<i>2.1</i>	<i>2.7</i>	<i>4.3</i>
<i>transport development</i>	<i>19.6</i>	<i>5.6</i>	<i>8.1</i>	<i>2.6</i>	<i>3.3</i>
<i>development of human infrastructure</i>	<i>16.0</i>	<i>5.9</i>	<i>5.0</i>	<i>2.9</i>	<i>2.2</i>
<i>town development</i>	<i>10.9</i>	<i>6.0</i>	<i>2.7</i>	<i>0.8</i>	<i>1.4</i>
<i>environment development</i>	<i>5.9</i>	<i>4.9</i>	<i>-</i>	<i>-</i>	<i>1.0</i>
<b>SOROP</b>	<b>21.9</b>				
<i>employability, adaptability, social acceptance</i>	<i>10.5</i>				
<i>quality education</i>	<i>6.9</i>				
<i>health development, and development of healthcare human resource.</i>	<i>4.5</i>				
<b>SIOP</b>	<b>8.6</b>				
<i>educational infrastructure</i>	<i>1.5</i>				
<i>labour market and social infrastructure</i>	<i>7.1</i>				



## funds for the micro-regions to plan with, bn HUF

	total	Southern Transdanubia	Northern Hungary	Northern Great Plain	Southern Great Plain
Regional Development OP (ROP)	66,4	12,2	27,4	17,8	9,0
Social Renewal OP (TÁMOP)	21,9	~5,3	~7,9	~6,2	~2,5
Social Infrastructure OP (TIOP)	8,6	~2,1	~3,1	~2,4	~1,0
Total	96,9	~19,6	~38,4	~26,4	~12,5



## characteristics of the micro-regions

- 33 micro-regions (NUTS IV)
- 10% of national population
- mainly rural (2/3 without a town above 10 thousand people)
- mainly peripheral (1/2 on border, 2/3 in border region)
- mainly with large Roma population (1/3 of national Roma population)



## background

- per capita grant of the 33 micro-regions exceeded national average by 20% in the NDP, and by 10% in the first 1,5 years of the NSRF (NHDP)
- at the same time, 20 times difference evolved between the micro-regions (most grant: Tokaj, less grant: Lengyeltóti and Bácsalmás)
- within the micro-regions the relatively more advantageous settlements and social groups were more successful
- application system doesn't favour complexity, innovativity, it decides on formal base in many cases





## background 2

- Characteristics:
- Education is not competitive (no further training after primary school)
- **Child poverty** (in Hungary live 19-20 % of children under the 60 % of median income at national level)



## background 3

- **Bad health situation** (expected life-time shorter - 1-2 years by women, 3-4 years by men, 2007)
- **Dangerous indebtedness** (personal credit, usury)
- **High migration** (out form these regions)
- **Bad public safety**
- These processes concern increasingly the roma population, that lead to segregation, discrimination
- **Low employment** (unemployment averagely 25-30 %, among romas 50-60 %)



## basic principles

1. **every micro-region** should be a recipient of the funds
2. within the micro-regions **the most disadvantaged settlement groups** (but not all of the small settlements)...- micro-region centres, etc.
3. ... **and social groups** (especially the roma) should also be the beneficiaries of the impacts of developments - crèche, kindergarten, ghettos-colonies, etc...
4. the developments should stimulate the **economy** and contribute to the creation of **workplaces**
5. the **complex** development of the education employment – housing - **health**- is a priority
6. the reasons for the developments should be **deriving from** the status of the micro-region – „prestige-investments” vs. developments in the micro-regional centre co-financed by the ESF
7. **partnership** should be fully comprehensive, specially integrating the **romas**



## to reform the complex system of supports

- in the supports targeting the roma **the funds allocated by calls for proposals** play an important role, especially since the time of the PHARE, NDP and NHDP programmes.(...)

(...) **In case of widening the types of the funds available with applications only, one should reckon also with serious problems**

Disadvantaged social groups, like gypsies, have a strictly limited access to development funds available with applications since those civil and municipal lobbying capacities are missing which would be needed to assist them in accessing these funds. (a study of the National Audit Office).

- Post-evaluations usually do not focus on financial procedures on project level (requesting payments). In case of PHARE projects, however, significant attention was paid for them. **Financial problems emerging during the implementation of the project** (e.g. advance payment coming late) have typically obscured the results of the project (PHARE assessment)



## division of funds among the micro-regions

- **20%** of Regional Development and Social Infrastructure OP funds **reserved** for the ongoing granting decisions
- division of funds without reserves
  - 1/3 equally
  - 1/3 **proportionately to the population**
  - 1/3 **proportionately to the number of the settlements** (considering areas with many small villages, it also reflects how disadvantaged the area is)
    - several micro-regions receive 1,3 to 4,3 bn forints
- reserve to be distributed at the end of next year
- micro-regions may plan for at least **150% of the funds** (reason: to use fixed funds in each priority, implementation of best projects, distributing the reserve)



## eligible activities

- **Regional Development OP (ERDF)**
  - economy development (industrial areas and parks etc.)
  - traffic development (main roads with 4-5 numerals, buses)
  - humane infrastructure development (day-care, **health institutes, nursery school**, school etc.)
  - settlement development
  - in Southern Transdanubia and Northern Hungary: environmental developments also
- **Social Renewal OP (ESF - 50% can be ERDF also)**
  - education
  - employment, adaptability, social integration
    - even settlement centres
  - **health development (health plan, informative and filtering programmes)**
- **Social Infrastructure OP (ERDF):**
  - educational infrastructure
  - labour market and social infrastructure



## partners and actors at micro-regional level

- The supervisor of the planning process is the **micro-regional development committee**
- Operative partners
  - **the working body** of the micro-regional council
  - **the coordinators (of MCN)**
  - **experts**
  - **experts of equality issues** (Ministry for Education and Culture, Ministry for Social Affairs and Labour)
- All-comprehensive partnership, with a special regard to the involvement of the **civil organisations of the roma** and the **local government of the roma minority**
- The planning document and the project-package based on that is a **subject of the decision of the micro-regional council**

working group





# difficulties in managing the programme

LHH FPI

311/2007. (XI. 17.)

Korm. rendelet

VOP

ÁROP

TÁMOP

TIOP

ROP



DAOP

DDOP

ÉMOP

ÉAOP





# partnership

- **micro-regional development committees**
  - founded at the end of 2008 – ready for programme starting
  - correction:
    - real representation of NGOs and enterprises (not a mayor or his/her close relatives, municipalities up to 50%)
    - representation of gypsy minority municipalities (not other kind of municipality, delegation)
    - participation of micro-regional coordinators
- **roma aspects**
  - delegate of gypsy minority municipalities, representation of delegates (training from National Employment Public Foundation)
  - involvement of the most active NGOs
  - gypsy integration coordinators, Roma Programme Support Network, experts of equal opportunities (OKM,



## planning rules

- division on settlement level **NOT** provided
- **ERDF-ESF** ratio about **3/4 : 1/4**
- within ERDF: new focus areas based on statistic figures
- existing focus areas **may be changed** if well justified
- focus areas exist also within ESF – but social development is necessary in each micro-region
- 33 complex programmes (project proposals as well) submitted to NDA in February 2009) – approved by a jury of experts (or sent back for revision). If a project fall out from 100 %, one from 200 % were selected, according to the former priority line of micro-region. After the approval of the document, **no competition!!!**



# health aspects

- Statistical datas considered by programming:
  - number of mortality
  - number of infant mortality
  - number of live birth
  - family doctors praxis – problem:over 40 % of vacant doctors praxis are in these micro regions
  - district nurse praxis – problem:over 40 % of vacant district nurse praxis are in these micro regions
  - in Hungary the financing of doctors and nurses propotional to population – therefore the largest vacancy is in the LDMR, regulation problem!We propose:
    - higher income (means more insurance 'points'), if a doctor working in one of these micro-regions, not only proportional to population
    - establish and isolate a fund to finance the health system in these regions, eliminate inequalitiesú
    - Eestablish micro-regional 'cluster' praxis
  - availability of medical attendance more than 15 km (situation in many settlements)
  - number of citizens participating doctor's consultation hours – low
  - number of health prevention measures – low activity



## measures against health inequalities – what we did

- **ROP – human infrastructure development**
  - educational infrastructure
  - social infrastructure
  - **public health infrastructure (4 Billion HUF – 13 Million EUR) – activities**
    - ensure quality supply of health services
    - infrastructural development of primary care (building, IT, machines)
    - infrastructural development of medical attendance (excepting hospitals)
  - **Typical projects**



# ROP projects

Micro region, project leader	Project	Amount	Summary
Tarcal - Tokaj	Renovation of the health center, Tarcal	58 650 000	Currently the medical attendance take place in 3 different places. As a result of the project the services will centralise in one renovated building, with modern technologies
Taktaszada - Szerencs	'Health House' constitution in Taktaszada	60 000 000	Renovation and make accessible of the broken down health care building –energy saving heating and lighting system...
Csenger Város - Csenger	Developing outdoor patient medical attendance in Csenger	537 466 417	1425 m2 new ground, digital X-ray and ultrasound system, new IT system. The currently 8 specialist profession increase up to 18, capacities rising from 66 to 200 hours, non-specialist capacities from 30 to 200 hours.
Gemze - Vásárosnamény	Utilisation the old school building for primary	78 552 047	Former school building conversation into family doctors office
Penyige Község - Fehérgyarmat	District health center	47 163 450	In the new health center will install the dentist office and the school-health center as well.



# indicators

- Indicators have to be fulfilled:
  - number of surgeries built or renovated
  - number of other rooms built or renovated
  - number of new services generated by the project



## measures against health inequalities – what we did

- **SROP – social inclusion programmes**
  - education
  - employment, adaptability, social integration
    - even settlement centres
  - **health development (health plan, informative and filtering programmes) – 4,5 Billion HUF (16 Million EUR) - activities**
    - programmes for healthy feed and for restore energy balance
    - programmes for the regular exercises
    - introducing methods against drug, alcohol and smoking
    - programmes for protecting and keeping mental balance
    - programmes for self-catering
    - preparation for life in family
    - programmes for safety sexual life
    - first aid and accident prevention
  - **Typical projects**



# SROP projects

Micro region, project leader	Project	Amount	Summary
Battonya – Social and Health Care Center	Complex health save programme	72 902 323	<ul style="list-style-type: none"> <li>•Filtering the population, survey the health condition</li> <li>•Put the results on health map</li> <li>•Creating health plans</li> <li>•Create health institutional system in the micri region based on datas</li> <li>•Making health action plans</li> <li>•Establish central medical duty</li> <li>•Training of health experts</li> </ul>
Barcsi – Micro regional association	Health in the micro region Barcs!	62 000 000	<ul style="list-style-type: none"> <li>•Swimming training for kindergartener</li> <li>•Swimming training for primary school pupils, sport-days organisation every 2 months</li> <li>•Senior water gymnastic, remedial gymnastic</li> <li>•Micro-regional health days in 6 ectres, three times a year</li> </ul>
Boldogkőváralja – Abaúj-Hegyköz	Health development and lifestyle programmes in two villages	18 975 340	Education of youth for health-oriented life-style, correction of hygienic and complaint prevention traditions of most disadvantageous and roma people





# indicators

- Indicators have to be fulfilled:
  - number of participants
  - number of participants closed successful the programme
  - changes in the subjective health condition (survey)
  - number of cooperation agreements between sectors
  - number leaflets, information brochures, publications, etc.



## measures against health inequalities – what we did

- **Social Infrastructure OP (ERDF):**
  - educational infrastructure
  - labour market and social infrastructure
  - **purchase health equipment**



## experiences

- The best solution if the infratructural (hard) and 'soft' project elements come true well-coordinated in a micro-region
- We have mixed experiences, some of the micro-regions have complex, integrated project lists, some of them have separated, punctiform projects realised



# results, evaluation



ROP	Támogató által támogatott projekt-db	Támogató által támogatott projekt megítélt támogatása-Ft	Hatályos szerződéssel rendelkező projekt-db	Hatályos szerződéssel rendelkező projekt leszerződött támogatása-Ft	ÖSSZ Kifizetett támogatás - Ft
DA	53	4 002 630 221	27	1 710 053 191	307 810 930
DD	57	4 700 096 136	23	1 150 830 521	244 939 740
ÉA	70	8 106 735 058	14	1 399 372 613	210 711 813
ÉM	152	10 234 048 458	77	4 549 139 887	149 770 587
<b>ROP összesen</b>	<b>332</b>	<b>27 043 509 873</b>	<b>141</b>	<b>8 809 396 212</b>	<b>913 233 070</b>
TÁMOP TIOP	Támogató által támogatott projekt-db	Támogató által támogatott projekt megítélt támogatása-Ft	Hatályos szerződéssel rendelkező projekt-db	Hatályos szerződéssel rendelkező projekt leszerződött támogatása-Ft	ÖSSZ Kifizetett támogatás - Ft
TÁMOP összesen	151	11 020 273 033	20	952 288 578	297 219 319
TIOP összesen	33	2 260 260 076	32	2 230 260 076	610 220 488
<b>TÁMOP TIOP összesen</b>	<b>184</b>	<b>13 280 533 109</b>	<b>52</b>	<b>3 182 548 654</b>	<b>907 439 807</b>
ROP TÁMOP TIOP	Támogató által támogatott projekt-db	Támogató által támogatott projekt megítélt támogatása-Ft	Hatályos szerződéssel rendelkező projekt-db	Hatályos szerződéssel rendelkező projekt leszerződött támogatása-Ft	ÖSSZ Kifizetett támogatás - Ft
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<b>TÁMOP TIOP összesen</b>	<b>184</b>	<b>13 280 533 109</b>	<b>52</b>	<b>3 182 548 654</b>	<b>907 439 807</b>
<b>Mindösszesen</b>	<b>516</b>	<b>40 324 042 982</b>	<b>193</b>	<b>11 991 944 866</b>	<b>1 820 672 877</b>



## what can we do with resources?

- No opened application system (no open calls), but micro-regional programming:
  - central designation of polyclinics, financed by ERDF
  - local development methodology by planning family doctors offices (ERDF) and „soft” projects: prevention, filtering, health strategies (ESF)
  - Main problem: integrated projects: cross-financing between funds (allocate an amount at national level (max. 5 %) for integrated projects: ERDF, ESF, Rural development fund, cohesion fund) and spend it with local development methodology (LDM)



## results, evaluation

- Most of the projects are running now (started in spring and summer), so we do not have any measurement yet



Thank you for your attention!

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