



ELDERLY-FRIENDLY HOUSING MODEL

GOOD PRACTICE - PROJECT



European Union
European Regional
Development Fund

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Introduction to the Good Practice (GP):

The elderly-friendly housing model programme has been elaborated and carried out by the Hungarian Maltese Charity Service and financed by the government in 2003-2004 with the aim to show that frail elderly people can continue living at home safely and independently despite their changed functions and the deterioration in their health, if the obstacles are removed from their homes and their immediate environment is adapted to the loss functions of the elderly. As a consequence of the successful innovative model programme, in 2009 the opportunity was created to apply for state funding to create obstacle-free housing for recipients of home care. In the space of a month 2700 applications were submitted (of which a quarter were accepted).

Problem:

Many of the elderly persons in the sample had one or more falls at home before the alterations were made. In more than a quarter of the cases these were caused by obstacles in their homes and not by their state of health.

Solution:

The great majority of the alterations were made in the bathrooms that represented the greatest obstacle for the elderly persons and where the most falls occurred (solutions e.g. bath replaced by a shower cabin, objects moved, an average of four problems were solved). Other typical alterations involved eliminating differences in level (e.g. removing the threshold), eliminating slippery surfaces, installing safety grips, adjusting the height of the work surface in the kitchen as well as numerous other solutions not restricted to a single room. The alterations to the flats were made in three different ways: a. with technically modern solutions (if they were accepted by the elderly person); b. with a solution adapted to the knowledge and earlier demands of the elderly person but one that was not up to date; c. with mental help, explaining the technical solution (often a time-consuming procedure). In the course of the alterations it was often necessary to apply solutions falling in category b.

Impact :

The relatively small cost of the one-off alteration was only half of the cost of a one week hospital treatment for a hip fracture and less than half of the cost of stay in a residential home for one year operated with state normative funding. The elderly persons in need of care were able to continue living safely in their own homes for a longer time or until the end of their lives, more independently. Quality of life of older people can be improved by creating an obstacle-free environment. Such a simple measure with a cost-effective impact can help to prevent hospitalisation or placement in a residential home.

1. Relevancy of the GP project

The “Relevancy of the GP project” section provides quick check and definition of its relevancy in regards to HoCare project objectives.

Good practice of quadruple-helix cooperation in R&I?	No, this GP project does not include good practices of quadruple-helix cooperation in R&I
Good practice of delivery of Home Care R&I?	Yes, this GP project includes good practices of delivery of Home Care R&I.
If not in Home Care R&I, description and proof of its potential for transferability to delivery of Home Care R&I	
Generation of innovation in home care through answering unmet needs identified by formal or informal healthcare providers?	Yes, this GP project includes good practices of innovation through answering unmet needs.
Generation of innovation in home care through public driven innovation?	Yes, this GP project includes good practices of public driven innovation.
Generation of innovation in home care via quadruple-helix cooperation for quicker delivery to the market?	No, this GP project does not include good practices of innovation via cooperation for quicker delivery to the market.

2. Quick overview of the GP project

The “Quick overview of the GP project” section provides initial overview of the good practice project (GP project) and enables readers to see if this GP project idea is relevant for possible transfer to their organization potential innovation activities.

Name of the GP project	Elderly Friendly Housing Model
Region of origin of GP project	Hungary
5 keywords that best describe the content of the GP project	Obstacle free housing re-construction, home care with or without support of technological innovations, charity
Relevant Operational Programme name through which the GP	The call for proposal of the Elderly Friendly Housing Programme was announced by the Ministry of Social Affairs and Labour (hereinafter called: Ministry) in 2009 January 23 rd in Hungary

<p>project has been funded (+ also in local language in brackets)</p>	<p>The Ministry and the Hungarian Charity Service of the Order of Malta concluded an agreement to open a call for applications submitted by people receiving social elderly primary care services. The specific aim of the call was to support improving living/housing conditions of elderly and physical accessibility to their homes.</p> <p>http://www.pafi.hu/_pafi/palyazat.nsf/8af0313f41837b72c125731000443a9a/1bd191ef95c8191bc125754700755ffe?OpenDocument</p> <p>In 2009 applications for state funding were announced for recipients of home care to create obstacle-free housing. Out of 2700 applications about 675 were accepted.</p>
<p>Relevant support programme / intervention area name of the GP project through which it was funded (+ also in local language in brackets)</p>	<p><i>part of the National Strategy on Aging 2009 the Ministry of Social Affairs and Labour elaborated the Elderly Friendly Housing Programme</i></p> <p><i>81/2009 (X.2) OGY Határozat Idősügyi Nemzeti Stratégia [Parliament Decision on Erderly Strategy 81/2009 (2nd Oct)]</i></p> <p><i>Szociális és Munkaügyi Minisztérium az „Idősbarát Lakás” program</i></p>
<p>Single or multiple recipients of the GP project?</p>	<p>multiple recipients</p>
<p>Type of lead recipient (SME, LME, research centre, innovation centre, network/association, university/school, municipality, other public body, other (specify))</p>	<p>The Hungarian Charity Service of the Order of Malta (HCSOM), an NGO, implemented this GP as a pilot in 2003-2004. The pilot was followed by a large scale call in 2009 at national level and has been replicated almost every year at local level since 2011.</p> <p>The final beneficiaries of the GP (pilot/replications) were elderly people over the age of 65 receiving a basic social service. That means that HCSOM operated as a programme operator (or execution agency) and elderly people receiving continuous social/home care services could apply for the grant themselves jointly with their service provider.</p>
<p>Types of participating partners (list all participating partner types. E.g.: hospital, social house, senior house, patient association, networks, SMEs, LMEs, research actors, business supporting organizations, public</p>	<ul style="list-style-type: none"> • Ministry of Youth, Family and Social Affairs and Equal Opportunities contributed to the launching of the programme in 2003–2004 • Ministry of Social Affairs and Labour, as the successor to the Ministry of Youth, Family and Social Affairs and Equal Opportunities • Methodological Centre of the Hungarian Maltese Charity Service (• Hungarian Academy of Sciences, Department of Sociology • Municipality of Debrecen • Municipality of the 3rd district of Budapest • End-users (patients) • Formal, and informal are providers

institutions/regulators, other (specify)	
Summary of the good practice	<p>The Hungarian Charity Service of the Order of Malta (HCSOM) provides various services in the field of elderly and disabled care, as well as health care. In view of the existing significant social demand and the cost effectiveness of the programme on macro level, this is a good practice that clearly shows how both quality of eldercare and quality of life of older people can be improved by creating an obstacle-free environment.</p> <p>In the follow-up of the project the circumstances, incidence of falls and safety of the 20 elderly persons whose flats were altered in 2003 were examined one year later in 2004. After the alterations made in these flats there were no more falls or their number was substantially reduced. As there were no fractures the elderly persons were not in need of hospitalisation or placement in a residential home. The relatively small cost of the one-off alteration was only half of the cost of a one week hospital treatment for a hip fracture and less than half of the cost of stay in a residential home for one year operated with state normative funding. The elderly persons in need of care were able to continue living safely in their own homes for a longer time or until the end of their lives, more independently.</p> <p>It is very important to learn how an innovative model drawing on research results and ideas, elaborated and implemented by an NGO and with public funding could socially include older people. Furthermore it is also essential to build up trust capital with the general public, including the elderly. During the period of applications (2009), several applicants expressed their gratitude that someone is trying at the level of personal care to find a real solution to the problems that affect them on a daily basis. Trust capital based on earlier collaboration between the NGO and decision-makers also insures that even local decision-makers take a positive attitude towards the model. The NGO is able to convince local policy-makers to expand the practice. The latest example of this is the invitation for applications announced already in 2011 and again in 2012, 2016 and 2017 by a county seat (Municipality of Gyôr) on the basis of a contract signed with the Western Transdanubian Region of the Hungarian Maltese Charity Service for improvement of the living conditions of elderly persons. The practice pointed beyond the mandatory services set out in various acts and regulations, and expanded the possibilities of the institutional system serving the elderly by elaborating a suitable method and guidelines, providing means of dissemination for expansion of the practice.</p>

3. Transferability

The “Transferability” section provides more detailed review of strengths and weaknesses of this GP project including description of necessary basic conditions for region and leading organization to potentially transfer it. At the end of the section, the key threats in the successful transfer open up possibility to focus on specific relevant issues important for the successful transfer.

Strengths and weaknesses of the project

What are the GP project strengths? Why it was funded?	<ul style="list-style-type: none"> • to achieve independent living by relatively low cost (decrease health and social cost). • Suitable method and guidelines presented in a book.
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	<ul style="list-style-type: none"> • Showing of improvement of the quality of life. • Showing transferability. <p>Elderly people in need of care were able to continue living safely in their own homes for a longer time and need less help from others. After the alterations elderly persons were not in need of hospitalisation or placement in a residential home. It became clear that the removal of a few obstacles at relatively low cost resulted in a positive change in the quality of elderly people's life. The costs of alteration undoubtedly represent a potential saving for the public sphere and convinced the macro level to achieve independent living by relatively low cost (decrease health and social cost) and improvement of the quality of life</p>
<p>What are the key weaknesses of the GP project?</p>	<ul style="list-style-type: none"> • Lack of public funds: the socially needy could be excluded from the system <p>The most socially needy older people who do not have their own funds for the removal of obstacles will not preserve their independence or cannot live a more independent life. Those at financial risk will be excluded even if they know that the cost of care paid by them in case of a residential home would be much higher (monthly fee and often high entrance fee) than the small cost of the one-off alteration. The public sphere therefore has great responsibility to include frail older people by ensuring funds for creating an obstacle-free environment.</p>

Basic conditions for successful transfer

<p>Why is this GP project transferable? – innovation, impact, financial, legal, and timeframe aspects</p>	<p>Making homes of the elderly obstacle-free in various settlement types and various housing types at relatively low cost with the aim of ensuring that the elderly can continue living at home in safety, preventing fractures often entailing hospitalisation, especially hip fractures that can result in mortality, as well as avoiding or postponing admission to a residential home. → Unmet need!</p> <p>The pilot was based on a feasible and well established idea, involvement of the target groups and promising tangible results.</p> <p>Implementation was carried out by an experienced programme operator with central PM and existing network for local execution (HCSOM).</p> <p>Evaluation studies concerning structures, processes and outcomes are carried out and available at HCSOM.</p>
<p>What are the basic conditions the region needs to have to be</p>	<ul style="list-style-type: none"> - Housing strategy in general, Elderly policy and/or strategy; - Financial stability on longer term (at least 5 years) to implement a large scale programme; - Cooperation among end-users (final beneficiaries, care providers, authorities and business)

successful in transferring this good practise?	
What are the basic conditions the leading recipient from the region needs to have to be successful in transferring this good practice?	<ul style="list-style-type: none"> - A feasible and well established idea, involvement of the target groups and promising tangible results; - Experienced programme operator with central PM and existing network for local execution; - Cooperation among end-users (final beneficiaries, care providers, authorities and business)

Key threats in GP project transfer

What are the key potential threats for the GP project transfer?	<ul style="list-style-type: none"> • withdrawal of state from long-term care LTC, • lack of political interest, • shifting responsibility of LTC to families. • dwindling financial resources of families/the elderly.
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4. Description of the GP project

The “Description of the GP project” section provides more detailed information on the Good Practice project (GP project) and enables readers to get further detailed inspiration and easy ready-to-use information for possible innovation transfer to other project applications. This includes: tackled problem, time length of the GP project, objectives, phases, activities and deliverables of the GP project, its main innovation and target group.

Description of the tackled problem

What was the problem / challenge tackled by the project?	<p>The objective of the elderly-friendly housing intervention model programme elaborated by a multidisciplinary team (engineer, sociologist, home helper), carried out by the Hungarian Maltese Charity Service (HCSOM/MMSZ) and financed by the government in 2003-2004 (pilot phase) and in 2009 (wide spreading) was to help frail older people with LTC need to continue living at home safely and independently despite their changed functions and the deterioration in their health by removing the obstacles and changing the environment in their home, adapting it to their loss of functions to avoid (as long as possible) moving into a nursing/residential home or spending lengthy periods in hospital.</p> <p>An investigation conducted prior to the alteration in a country town and a district of Budapest found that around half of the elderly persons living at home and in need of care have falls and around one fifth of the falls are caused by unsuitable conditions in the apartment, so it is vitally important to prevent falls.</p>
What were the reasons for the problem?	<p>Society and decision-makers applied the concept of obstacle-free, indirectly via EU regulations and guidelines, to the following: obstacle free access to public buildings, making the area leading to them obstacle-free, obstacle-free public transport vehicles, and more recently the creation of obstacle free services and the creation of obstacle-free homes for the disabled, mainly the physically handicapped, and the provision of financial support for this purpose. As a result,</p>

	<p>making homes for the aged obstacle-free became generally accepted, but making the homes of the elderly obstacle-free was an unknown area. Home improvements for the elderly were understood to mean painting, renovations and improving conveniences. Even those who really tried to make their home obstacle-free were unable to alter their environment. The necessary approach was lacking. A regulation introduced in 1992 made it compulsory for new housing to have obstacle-free access.</p> <p>One of the important tasks of the 30,000 occupational therapists was to assess the loss of function of the elderly and the obstacle that had arisen for them and to report to the local government on the home alterations that appeared necessary. However, it was extremely difficult to obtain funding for the Hungarian model programme because of its different approach to the problem. In the end the Ministry of Youth, Family and Social Affairs and Equal Opportunities contributed to the launching of the programme in 2003–2004. The main goal of the 3-year model programme was to show that frail older people could continue living at home safely and independently despite their changed functions and the deterioration in their health if the obstacles in their homes are removed and their immediate environment is adapted to their loss of functions, and that it would have a remarkable cost effective impact on the macro level as well</p>
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Time length of the GP project

What was the time length of the GP project in months?	2003-2004 pilot restricted to a few districts, 2009 national, 2010 local, 2011 local, 2013 local, 2016 local, 2017 local
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Objectives of the GP project

Describe the overall and specific objectives of the GP project	The objective of the elderly-friendly housing intervention model programme was to help frail older people with LTC need to continue living at home safely and independently despite their changed functions and the deterioration in their health by removing the obstacles and changing the environment in their home, adapting it to their loss of functions to avoid (as long as possible) moving into a nursing/residential home or spending lengthy periods in hospital.
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Phases, activities and deliverables

List all main phases of the GP project including their time length	<p>In 2003 an experimental model programme (with a 75 + age limit) had started in Hungary to enable elderly people to remain at their own homes by providing the necessary technical reconstruction and alterations.</p> <ul style="list-style-type: none"> - EU research programme in two Hungarian cities, in Budapest (3rd district) and Debrecen and then in an added rural area, the Tiszavasvári micro-region. - Between 2003 and 2004 in the pilot phase 60 flats were reconstructed in total, the amount of each measurement was 300.000 HUF on average. - The experiences of the model programme were summarized in a book in 2006, entitled as “Elderly people at home” - As a result of this successful project and the effective former innovative models elaborated by the Hungarian Maltese Charity Service in 2009 the Ministry of Social Affairs and Labour as the successor to the Ministry of Youth, Family and Social Affairs and Equal Opportunities initiated an elderly friendly housing programme to improve elderly people’s housing conditions with the improvement of their housing conditions by
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	<p>reconstructing and removing physically blocking objects. The Ministry delegated the implementation of the project to the Hungarian Maltese Charity Service.</p> <ul style="list-style-type: none"> - The call for proposal of the Elderly Friendly Housing Programme was announced by the Ministry of Social Affairs and Labour in 2009 January 23rd. (age limit was lowered to 65 +; applicants had to be recipients of care and in a functionally poor state. The maximum amount was 400.000 HUF (1600 EUR) / home, the available amount in total was 249.632.000 HUF. - 2744 applications had been received in total, from which 704 applications were submitted for funding (the Ministry approved them as well). During the submission the main focus was on how the proposed technical reconstructions could improve the potential applicant's quality of life.
<p>List and describe all main activities that were implemented by the GP project</p>	<p>See above.</p>
<p>List all main deliverables of the GP project</p>	<p>The requests of elderly persons were always taken into consideration even when they required an old-fashioned technical solution. The great majority of the alterations were made in the bathroom that represented the greatest obstacle for the elderly persons and where the most falls occurred (solutions, e.g. bath replaced by a shower cabin, objects moved, an average of four problems were solved).</p> <p>Other typical alterations involved eliminating differences in level (e.g. removing the threshold), eliminating slippery surfaces, installing safety grips, adjusting the height of the work surface in the kitchen as well as numerous other solutions not restricted to a single room. The alterations to the flats were made in three different ways always taking into consideration the request of the older person:</p> <ol style="list-style-type: none"> a. with technically modern solutions (if they were accepted by the elderly person); b. with a solution adapted to the knowledge and earlier demands of the elderly person but one that was not up-to-date; c. explaining the technical solution (often a time-consuming procedure). <p>In the course of the alterations it was often necessary to apply solutions in category b).</p> <p>In 2004 in the follow-up the circumstances, incidence of falls and safety were examined.</p> <p>Results</p> <ol style="list-style-type: none"> 1. After the alterations falls disappeared or their number was substantially reduced (no more fractures, no hospitalisation or placement

	<p>in a residential home), that resulted in decreasing institutional costs. The relatively small cost of the one-off alteration was only half of the cost of a one-week hospital treatment for a hip fracture and less than half of the cost of stay for one year in a residential home operated with state normative funding.</p> <p>2. The elderly could continue living safely in their own homes, need less help from others.</p> <p>3. In 2009 the government financed an obstacle-free housing program. From 2700 applications 756 were granted, mainly in the poorest regions in Hungary (Northern, North Eastern).</p> <p>4. A municipality (Győr, Western Hungary since 2011 funds 5-6 obstacle-free home alterations yearly based on a contract between two stakeholders, the local government and the MMSZ (budget in2011, 5,000,000 HUF approx. 18,000 EUR).</p>
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Main innovation of the GP project

<p>What was the main innovation of the GP project?</p>	<ul style="list-style-type: none"> • the project is oriented towards exceptional societal challenges/social issues and created a new service • It suggests new solutions in the respective societal, cultural and economic context • It creates new patterns of social practices to overcome shortcomings of traditional arrangements • It tends to overcome the traditional dichotomy between technological and social innovations • It promotes the integration and/or collaboration/partnership of heterogeneous stakeholders that have hitherto not co-operated • multidisciplinary work is a value and principle • clients' needs are at the centre of all interventions • individual care needs are assessed by a multidisciplinary team (with multidisciplinary methods) • individual capacities of users/patients are enabled and strengthened
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Target group of the project

<p>Who was the main target group of the GP project?</p>	<p>elderly persons over the age of 65 receiving a basic social service. The former 75 + age limit for the pilot programme was lowered to 65 + but there was no change in the other conditions, that is, applicants had to be recipients of care</p>
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<p>(SME, LME, research organization, university, public institution, healthcare provider, business supporting organization, other (specify))</p>	<p>and in a functionally poor state. The lowering of the age limit was justified by the poor health status of the Hungarian population as more than half of those over 60 already have one or more chronic diseases.</p>
<p>Describe the main target group</p>	<p>The target group in the pilot period (2003-2005) was persons aged 75+ who received at least one of the following types of aid: a) home help, b) home care with alarm bell system c) elderly persons cared for by a family carer receiving a nursing allowance, mainly persons living alone, or in the case of needy persons, living with one other person (Social Welfare Act No III of 1993).</p> <p>In the tender to widespread Elder-Friendly Housing Model in Hungary the age of the target group was reduced to 65 years in 2009 as the figures of HLY in Hungary are very low.</p> <p>Region:</p> <p>a) pilot phase: the capital, a big town, rural settlements</p> <p>b) in 2009 in several settlements mainly Eastern and Northern backwards regions in Hungary.</p> <p>Numbers of target groups altogether approx. 800 (The proportion of recipient granted in the backward regions was higher than in the more developed part of the country (close to the Austrian border. As it is a relatively small number it is not worth to compare it</p>

5. Impact

The “Impact” section provides more detailed information on the effect of the GP project implementation and dissemination of major outputs.

Impact

<p>What was the level of geographical impact of the GP project? (village, city, county, country, international, other (specify))</p>	<p>First year (2003) the project eliminated the obstacles from the flats of 20 elderly persons (over 75) in the capital (Budapest) and a large town (Debrecen).</p> <p>Second year a further 20 flats in the same two locations and 10 flats in a micro region (Tiszavasvári) were made obstacle-free. The 50 homes represented various housing types: apartments made of prefabricated panels, detached family houses, old brick buildings in the city centre, village or village-style houses. In 200, in the government financed an obstacle-free housing program. 756</p>
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	<p>applications were granted, mainly in the poorest regions in Hungary (Northern, North Eastern).</p>
<p>What were the final impact indicators including their quantification?</p>	<ol style="list-style-type: none"> 1. After the alterations falls disappeared or their number was substantially reduced (no more fractures, no hospitalisation or placement in a residential home), that resulted in decreasing institutional costs. The relatively small cost of the one-off alteration was only half of the cost of a one-week hospital treatment for a hip fracture and less than half of the cost of stay for one year in a residential home operated with state normative funding. 2. The elderly could continue living safely in their own homes, and need less help from others. 3. In 2009 the government financed an obstacle-free housing program. From 2700 applications 756 were granted, mainly in the poorest regions in Hungary (Northern, North Eastern). 4. A municipality (Győr, Western Hungary since 2011 funds 5-6 obstacle-free home alterations yearly based on a contract between two stakeholders, the local government and the MMSZ (budget in 2011, 5,000,000 HUF approx. 18,000 EUR).
<p>Describe the changes resulted from the project activities</p>	<ul style="list-style-type: none"> • higher quality of life • more independent living supported by quality care • lower possibility of further physical illnesses • postponement (or avoiding) the need to move into residential care institutions. <p>Elderly people could continue living at home safely and independently despite their changed functions and the deterioration in their health, if the obstacles in their homes are removed and their immediate environment is adapted to their loss of functions, and the alterations would have a remarkable cost-effective impact on the macro level as well.</p> <p>The action research that included different types of housing and was carried out in different types of settlements clearly showed the following :</p> <p>Obstacles in the home and not the state of health caused a quarter of the falls. The follow-up after one year of making a flat obstacle-free at relatively low cost clearly found a great reduction in the number of falls. But this success could be achieved only because the opinions of older people on the alterations were taken into consideration. Many of them not only preferred but wanted out-of-date, old-fashioned technical solutions, so innovative but tailor-made solutions were therefore needed. The life of older people who liked the alterations changed basically, ensured safety, security, freedom and increased their quality of life. At the same time, altering the home environment brings benefits at macro level as well. It was calculated that the relatively small cost of the one-off alteration is only half of the cost of a one-week hospital treatment for a hip fracture and less than half of the cost of a one-year stay in a residential home operated with state normative funding.</p>

Dissemination of outputs

Describe dissemination	Web, media and conferences:
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<p>activities of the project outputs carried out during the GP project</p>	<ul style="list-style-type: none"> • Idősbarát lakásprogram: https://maltai.hu/idosbarat • Máltai - Hírek Idősbarát - lakásprogram: https://www.maltai.hu/cikk/hir/131 • Homepage of the Programme: http://idosbarat.maltai.hu/ • HELPS – Housing and Home Care for Elderly and Vulnerable People and Local Partnership Strategies in Central European Cities: http://www.zdus-zveza.si/docs/HELPS/HELPS_Housing_and_care_solutions_for_elderly_Final_report.pdf • Europe's Urban Knowledge Platform: http://www.eukn.eu/e-library/project/bericht/eventDetail/elderly-friendly-housing-programme/ • Copy of Elderly-friendly Housing Model: https://prezi.com/epyxexuvzlek/copy-of-elderly-friendly-housing-model/ • Challenges of Ageing Societies in the Visegrád Countries EDITED BY ZSUZSA SZÉMAN: https://ec.europa.eu/eip/ageing/sites/eipaha/files/library/51d2e3f6e671c_Challenges_of_Aging_Societies.pdf • Győr+ Televízió: http://tv.gyorplusz.hu/cikk/idosbarat-lakasprogram-.html
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6. Risks

The “Risks” section provides more detailed review of potential risks of this GP project implementation including their defined mitigation strategies to eliminate them.

<p>Describe risks involved in implementing this GP project including their mitigation strategies</p>	<p>N/A.</p>
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7. Budget

The “Budget” section provides more detailed review of costs regarding the project implementation as well as operational sustainability after its end. In addition, if relevant, public tenders within the project and additional generated incomes by the project are showed and explained.

Budget

<p>What was the overall budget of the project in EUR?</p>	<p>Ministry funding of 250,000,000 HUF (approx. 1,000,000 EUR) was made available, an average of 400,000 HUF/home (1600 EUR).</p>
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List relevant budget lines of the project including their % share from total budget	N/A
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Additional income generated by the project

Did the project create any additional income?	no, the GP project did not generate additional income
If yes, specify which type of income and what amount in EUR?	N/A.

Public tender

Did the project include any public tender?	no, the project did not include a public tender
If yes, specify what kind of contract (specific contract, general contract, other)	N/A
If yes, specify in what amount in EUR	N/A
Describe the public tender subject	N/A

Financial sustainability after GP project end

Was there an operational financial sustainability plan in the project after its end?	no, the GP project did not include an operational financial sustainability plan
If yes, specify where the operational funds after project end came from?	N/A
If yes, specify the amount of operational funds in EUR	N/A

8. Other information

In this section, specific additional information about the GP project could be revealed.

Please describe any other relevant information about this GP project (if relevant)	N/A
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9. Information gathered by ...

The information about this good practise (GP) project has been gathered for the purpose of the HoCare project (Interreg Europe Programme) by the following organization:

Region	Hungary
Organization name(s) (+ in local language in brackets)	Hungarian Charity Service of the Order of Malta (Magyar Máltai Szeretetszolgálat Egyesület)
Name of the contact person(s)	Eszter Mészáros
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National Healthcare Service Center