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Capacity Building for Digital Health Monitoring and Care Systems in Asia (DigiHealth-Asia)

D5.4 – Quality Plan

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1. Introduction

Capacity Building for Digital Health Monitoring and Care Systems in Asia (DigiHealth-Asia) is a three-year project accepted under EAC-A02-2019-Capacity Building in the field of Higher Education (CBHE). The focus is to develop and implement digital health courses in three different partner higher education institutions (HEIs) of Pakistan, Thailand, and Mongolia. This multi-country curriculum development project will develop short-cycle (vocational) and Master level digital healthcare courses. This Quality Plan is developed in scope of the WP-5 (Management) of the project in compliance with the project description and all the applicable rules and guidelines.

1.1. Aims, Principles and Objectives of the Quality Plan

1.1.1. Aims

The aim of the present Quality Plan is to document the quality processes that DigiHealth-Asia project will follow to effectively manage the project from planning to delivery. The Quality Plan is an integral part of the project. It will define the general approach to the project and do the following:

- Defining the internal and external reporting requirements and procedures for effective communication among all (Partners, Project Officer, beneficiaries, etc.)
- Facilitating day-to-day operational tasks and activities, as per defined rules that are in line with the project regulations and contractual obligations,
- Training effectiveness with Kirkpatrick Model,
- Validating the implemented processes and procedures through internal and external review, and
- Assisting in the strategic decision making during and after project lifetime.

It will define:

- Internal Quality Model: Process conformity for Internal quality and continuous,
- External Quality Model: Conformity to the customer expectations,

To ensure this internal and external quality, according to ENQA[1], the Quality Plan should:

- Support the project development and provide feedback on the extent the objectives are accomplished,
- Allow results to be improved by comparing the identified objectives and the established processes,
- Support the project decision-making process by evaluating the results,
- Monitor the involvement of project partners and other stakeholders,
- Monitor the chosen means used and the level of efficiency of implementation,
- Identify any risks and issues related to implementation,
- Alert/notify the coordinator and propose solutions.

A close monitoring of the project quality at different stages of its implementation is felt to be crucial for its success. Therefore, a Quality Plan will be approved by the Quality Assurance Team (QAT) which will be formed in Task 3.1. The Quality Plan will establish indicators, methodology and procedures for evaluation of the project activities and results. For each task, it determines the responsible partner(s), timeframe and tools of implementation, the expected results, or products, as well as the respective quality criteria.

The Quality Plan therefore provides a framework against which both partners and target groups can formally check the quality of the different elements of the DigiHealth-Asia project. It describes the main guidelines and minimum criteria for smooth operational project management, as well as various tasks related to quality assurance, and covers internal and external quality assurance processes, both ex ante and ex post.

Results derived from this plan will be used by the DigiHealth-Asia coordinator (UGent) and the project team to improve where possible.

It is important to stress that along with project partnership comes a set of responsibilities, which are described in detail in both the project application and the Partnership Agreement.

[1] ENQA: European Association for Quality Assurance in Higher Education

It is expected that all project partners have good knowledge and understanding of both documents.

The University of Ghent (project coordinator), together with the Capital University of Science and Technology (CUST) (WP leader), will be responsible for ensuring the compliance with the Quality Plan by all partners.

1.1.2. Principles

A successful quality assurance framework is guided by the pursuit of continuous improvement, a focus on training, the necessity of encompassing all WPs, accountability and transparency, and documentation and implementation of guidelines/ procedures. These guiding principles aim to assist the project in establishing or improving their quality assurance frameworks and to support the Project Management when assessing the frameworks in place.

1.1.3. Objectives

The Quality Plan defines the procedures, processes, and management systems to be used for the management of the WPs tasks, deliverables and project management services to ensure that the objectives are met in the most effective way.

The project quality assurance framework is based on recognition mechanisms and mobility, international relations capacities mission. It is comprehensive and accounting for the full range of its offerings and activities and includes provisions to cover all the WP. It is in line with the Erasmus Charter for Higher Education (ECHE)[2].

The objectives of the quality assurance framework are to assure the quality of project and to ensure that stated deliverables can be realized.

The **purpose** of the Quality Plan of each WP is to answer the following two questions:

- How well is the WP achieving what it set out to accomplish?
- Is it doing what it should be doing?

The tools for the activities (Consultation Process, Training, Development & Policy Brief, Dissemination & Exploitation) will be designed around the proposal of the Project Management team and Work Package Coordinators.

1.2. Project Overview

DigiHealth-Asia project's overall aim is to develop remote digital health systems specific to health problems that arise in three regions in Asia. Moreover, the project offers digital health related courses for ICT and health professional in those regions. The project focuses on three countries, each faced with different challenges due to their geographic conditions, that can be met with technological solutions.

In Pakistan, the sharp contrast between the access to physicians in urban and rural areas urges to consider telemedicine and digital health solutions as viable alternatives to traveling to the closest urban area. The need for eHealth was greatly underlined during natural catastrophes such as the 2005's earthquake and 2010's floods. For these reasons, Capital University of Science & Technology (CUST) and National University of Sciences & Technology (NUST) are expanding to include digital healthcare and medicine in their curriculums. The needs and potential solutions will be studied through a use-case where 20 cardiovascular

[2] Erasmus+ Programme Guide 2020 | Erasmus+ (europa.eu)

patients will be monitored over a period of 4-6 weeks. This pilot use case involves the training of 10 health care practitioners with all aspects of operation, configuration and use of digital health care and monitoring systems.

Thailand has an aging population, with significant economic differences between older generation in urban and rural area, and a very disparate access to healthcare. The government, through the Public Health Ministry and the National Broadcasting and Telecommunications Commission (NBTC) seeks to develop digital health solutions. This project focuses on four illness types, that account for over 70% of hospital cases: high blood pressure, diabetes, eye disease and skin disease. Chiang Mai university (CMU) and Mae Fah Luang University (MFU) are two well-known universities in northern Thailand, that include engineering courses and health courses, but no common courses for digital health. This project is an opportunity to include digital technology for health practitioners as an interdisciplinary course. Here too, the specifics will be refined through a use case on patient monitoring for patient with mobility disorder. A total of 20 patients will be monitored over a period of 4-6 weeks and 10 health care practitioners will be trained.

Mongolia is the seventh largest country (area-wise) in Asia. With a population just above three million, it is the least densely populated country on Earth. Some hospital can be found outside the capital, but medical specialists are practically only in Ulaanbaatar. Poor road infrastructure and large distances are challenges to be met with digital health and technological solutions. Mongolian National University of Medical Sciences (MNUMS) and National University of Mongolia (NUM) are keen on developing curriculum for health experts to be trained in information and communication technologies. This project aims at complementing their local expertise with a global view. To be consistent, Mongolia's use case will follow 20 patients for remote consultation over 4-6 weeks, and train 10 health care practitioners on this subject.

To support the local actors in setting up the digital health technologies and their courses, this project, coordinated by Ghent University (UGhent), also includes University of Northumbria at Newcastle (UNN), University of Huddersfield (UoH), and University Lumière Lyon 2 (ULL). The aim of this collaboration is to set up the optimal conditions to develop digital health solutions in Pakistan, Thailand and Mongolia and train local ICT and healthcare professionals to use this digital health toolbox. WP1 focuses on answering key questions such as the state of training of health practitioners in ICT, or the appropriate technologies to develop digital health will find answers though a requirement and needs analysis. The development that takes place in WP2 deals with several tasks responsible for preparing sub-systems for health monitoring and running the pilot studies and the courses. The closely related WP3 ensures the quality of teaching and training programs for ICT and healthcare practitioners. There will then be a dissemination of the training materials. WP4 and WP5 operate in parallel to ensure the dissemination of the project (WP4), and its overall quality (WP5).

2. Project Management

2.1. Project Management Approach

DigiHealth-Asia uses KANBAN project management as it helps in better visualizing the work. It also helps in efficient organization and management of the project activities. A KANBAN board using Microsoft planner is shown in Figure 1. For now, only few tasks are running and as the project will evolves, more tasks will be running in parallel.

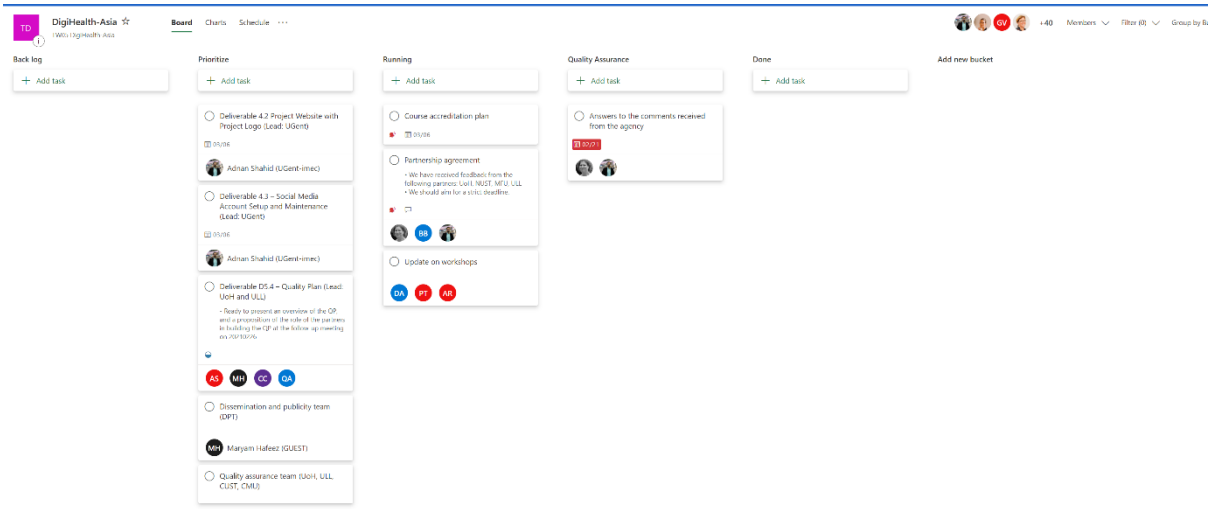

Figure 1: KANBAN Project Management.

2.2. Project Management Structure

For meeting the project objectives, four teams will be formed: project management board (PMB), dissemination and publication team (DPT), quality assurance team (QAT), and industrial advisory board (IAB).

2.2.1. Project Management Board (PMB)

The DigiHealth-Asia project will appoint a Project Management Board (PMB) consisting of members that will have the oversight of exploitation and dissemination of project's activities and results. PMB is the main decision-making body which consists of a representative from each program country. Each member will have one vote, with Prof. Ingrid Moerman holding a casting vote as most of the decisions will be taken by voting. We will involve the industry in this PMB as well. Timely execution of implementation tasks as set out in WPs are the key to successful outcomes. Each WP is assigned a lead and co-lead considering the strengths and expertise of the partners. The WP lead will be responsible for ensuring that all tasks are completed according to the defined targets. The PMB will produce recommendations on the regular basis in correspondence with the WP and Quality Plan.

2.2.2. Dissemination and Publicity Team (DPT)

DPT aims at producing an efficient and organized dissemination plan for the project in order to reach the widest possible audience in partner countries as well as international potentially relevant parties. A DPT consists of a representative from all partners to improve the outreach of the project, led by the Coordinator, UGent. Such a team is responsible for leading the Dissemination & Exploitation work package, and team members from respective countries can ensure a smooth communication for the project.

The DPT will coordinate the assessment of all dissemination activities keeping in view the following:

- Description and type of dissemination actions;
- Target audience;
- Date of execution;
- Relevant quantitative indicators;

- Pathways to exploitation/sustainability.

DPT to disseminate using channels, e.g., mailing Lists, social Media, website, workshops, conferences and other channels as identified in the respective deliverables.

2.2.3. Quality Assurance Team (QAT)

A quality assurance team (QAT) is formed and comprises of UoH, ULL, CUST, and CMU. The idea is to have two members from EU and two members from Asia in the QAT team. The coordinator will work with the QAT for ensuring the quality of the project. The QAT team will communicate with partner countries on a bi-monthly basis to communicate on any quality related issues and to perform quality evaluations. An important task of the team is to develop a Quality Assurance and Monitoring Framework (QAFM) that will be defined to formulate the guidelines and procedure for ensuing quality in the project.

2.2.4. Industrial Advisory Board (IAB)

An Industrial Advisory Board (IAB) will be formed that includes healthcare companies from Asia and EU and other associated partners (hospitals) in Asia. The main objective of this IAB is to enhance the sustainability of the pilot cases by giving industry-oriented feedback to the consortium which will drive the pilot cases and potentially help in improving and extending them by considering healthcare and ICT evolutions and future needs.

2.3. Project Meetings

2.3.1. Consortium Plenary Meeting

DigiHealth-Asia plans 11 plenary meetings and 3 dedicated meetings and the tentative timeline across the project duration is shown in Figure 2. However, due to COVID-19, we are currently not sure whether the meetings planned in 2021 will take place physically.

Figure 2: Plenary Meetings.

2.3.2. Technical Meeting

For continuous interaction with the partners, the consortium is meeting bi-weekly. The core idea of these general follow-up meetings is to check the overall progress of the activities. Main advantages of these follow-up meetings are to ensure that all problems are discussed,

the project activities are executed without any problems, and try to propose a solution by taking input from all partners.

2.4. Decision Process & Conflict Resolution

PMB will be the main decision-making body and it comprises of one representative from all the partners. For decision making, a vote casting method will be utilized where each member of the PMB has one vote while the project coordinator (Prof. Ingrid Moerman) holds a casting vote.

2.4.1. Voting

For maintaining the continuous consensus among all partners, voting should be utilized. Majorly there are two types of voting, in one a single decision is taken with support of 50 % of the group members, where having uneven number of participants to reach upon the result. The other one is plurality, a decision taken by the largest block in the group. This is used when the number of nominated options is more than two. In this project, plurality will be used by creating polls on Microsoft outlook for Meetings only, to ensure the availability of largest block and for the cost, equipment, and other technical related things the consensus of all partners should be made by using the former method.

The poll creation on Microsoft outlook is shown in Figure 3.

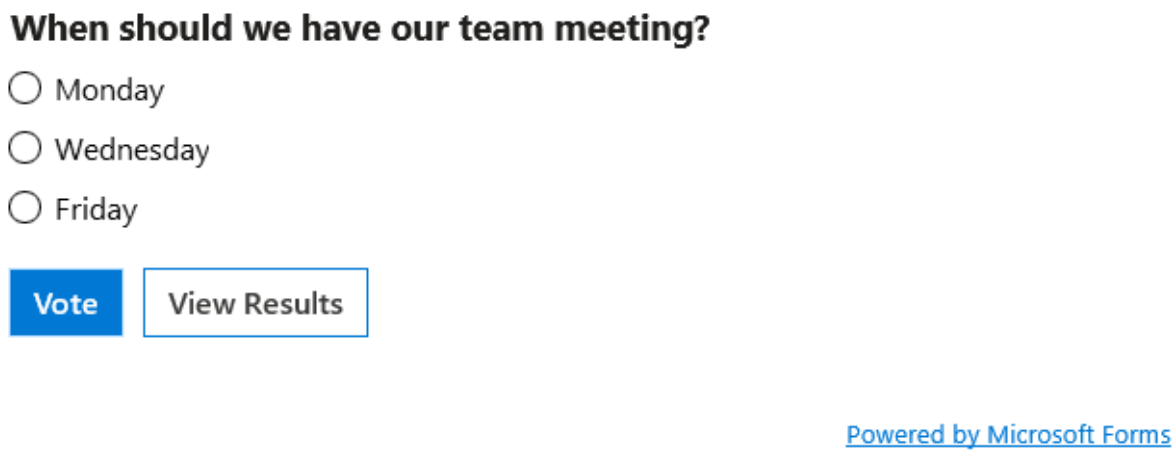

Figure 3: Pool Creation

2.4.2. Decision-Making Process

This project needs decision making in every phase of the project. A decision will be made among related partners by doing meeting with the concerned tasks leads. For example, if CUST and NUST have to work on a specific type of sensors then the task lead UoH will decide which type of sensors should be used. Moreover, the cost and equipment related decision will be finalized and checked by coordinator (UGENT). A decision affecting every partner should be discussed with each partner by calling a meeting or by discussing in every bi-weekly follow-up meeting.

3. Resourcing and Communication

3.1. Resourcing

Each WP of the project is allocated a fixed budget. This budget will be used in accordance with the activities listed in the WP and respective allocation of funds for each activity. These

include staff, travel, stay, equipment and subcontracting costs. Signed time sheets will be used for recording and validating staff/HR costs. Invoices will be registered for equipment and subcontracting costs while travel/stay costs will be claimed via proof of travel, e.g., ticket, hotel reservation, receipts, etc. Costs incurred at each beneficiary will be recorded and reported to the coordinator using respective forms for each type of activity. These will be provided by the coordinator. The PI from each beneficiary is responsible for maintaining up-to-date documentation of all costs incurred at the institution and providing this to the coordinator. The QAT team will assist the coordinator to oversee smooth billing and reimbursement procedures during the project lifetime.

3.2. Internal Communication

To streamline internal communication within the project, a number of templates have been prepared by the coordinator including deliverable template, meeting minutes template, presentation template, etc. For having same look and feel, all partners are required to use the templates. In addition, a SharePoint space has been setup by the coordinator where all the templates are present, and all partners can work on various deliverables in a collaborative way. There are also several reports provided by the agency including Time Sheet (Annex-1), Individual Travel Report (Annex-2), and CBHE Joint Declaration (Annex-3). The reports are also available on the SharePoint space and the partners will have to fill the reports and send them to the coordinator based on the agreed timeline defined in the partnership agreement. Internal communication channels are shown in Figure 4.

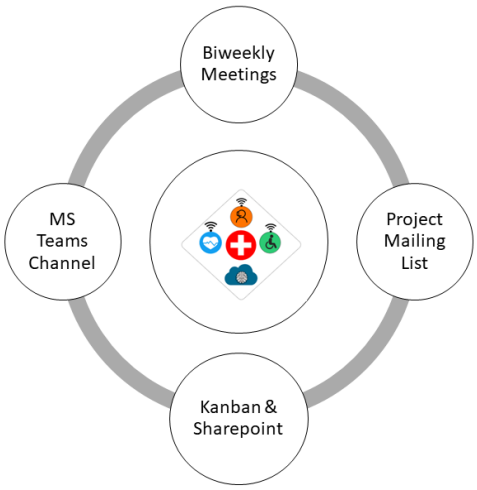

Figure 4: Internal Communication Channels

3.3. External Communication

The DPT team will be responsible for disseminating the project activities and results to a larger audience. They will reach out external academic and industry people through the developed social media forums including Facebook, LinkedIn, YouTube, and Twitter. The following figure explains internal/external communication and dissemination via DPT.

An Industrial Advisory Board (IAB) will also be formed and will be used for having industry-oriented feedback and that will improve the sustainability of the pilot cases. For communicating with the IAB, a common framework will be established which will help in having streamline communication.

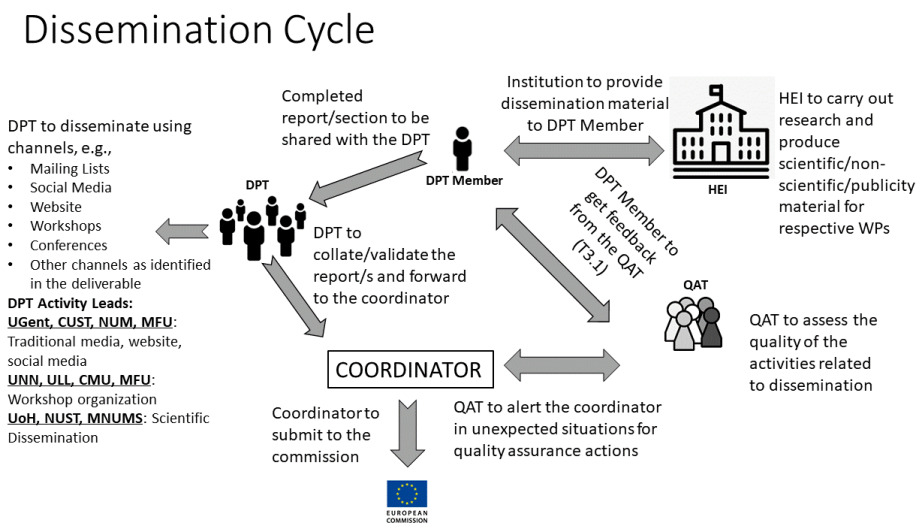

Figure 5: Dissemination Cycle

4. Project Risks Management

4.1. Risk Identification and Classification

Following risks are identified for the project (see Table 1). A tentative risk mitigation plan is also provided. These risks will be reviewed the PMB every six months. Shall the need arise, the list will be updated accordingly.

Table 1: Risk management.

Risk No	Description of Risk	WP Number	Proposed mitigation measures
R1	Lack of direct access to the health care practitioners, inefficient chain of knowledge transfer and scarce availability of infrastructure of digital, ICT in the partner countries	WP1	Organize workshop in each partner country with the help of partner healthcare associates to thoroughly understand the requirements for monitoring system development and learning material.
R2	Underestimate the time needed to perform a given task.	All WPs	Performance and deliverables will be monitored against the time schedule of each task by using frequent planning, control and review. In case of delay, a team will be reinforced. If necessary, less critical tasks will be postponed.
R3	Development of remote monitoring system may be delayed	WP2	In the case that different opinions persist, the appropriate bodies have to take a final majority decision, re-plan the work, if serious delays have been incurred by this decision, including re-planning of the work according to the majority decision.
R4	Outcome of the reviews completed in WP1 does not fully reflect that actual	WP2	Outcome of the WP1 to be peer reviewed for its correctness. Identify the gaps through frequent project meeting.

	requirements (technical and infrastructure) in partner Asian countries.		
R5	Delays in the accreditation of developed courses (or modules) at partner institutes	All WPs	All partners to start early in the process. Initiate the discussion at local institutes. Project coordinator/management board to closely track this matter through regular meetings.
R6	Lack of understanding of global scenarios, need for healthcare technologies in assisted living and market trends.	All WPs	All partners have a good overall vision of technology trends in the sector. Each Asian partner institute has an affiliated health care institute and plans to involve experts. The PMB's main goal will be to ensure the right strategic directions are adopted.
R7	Identification and mitigation of unforeseen risks.	All WPs	The PMB will be watchful of potential risks. All risks will be assessed and mitigation actions will be defined.
R8	Loss of focus or deviation from original aims.	All WPs	PMB must ensure that the project sticks with the original plan. Regular reviews are scheduled to ensure alignment. Any deviation from the initial targets will be communicated to the Commission.
R9	Disruption of activities due to global events such as Pandemic	All WPs	The consortia will abide by the directive and guidelines issued by the EACEA, national and institutional bodies to minimize risks.

4.2. Risk Assessment and Mitigation Plans

Each partner Institute where learning material and technical systems will be developed remains responsible for ensuring that appropriate intellectual property agreements are in place. Such agreements should comply with the rights of researchers as stated in the European Charter for Researchers.

4.3. Data Protection and Privacy Issues

For implementing the pilot case studies, each Asian partner will require human participants. Thus, each institute will be processing data, including personal data for the purpose of the operation of the project ("the Purposes"). The Partners shall not process the data further in any manner incompatible with those Purposes, save as required or permitted by applicable law.

5. Project Evaluation and Quality Control

5.1. Internal Evaluation

The internal evaluation of the project is first done by the coordinator and senior member of every partner country to see the vulnerabilities of the project. These vulnerabilities and issues are then passed on to the concerned partner for improving aspects such as chosen equipment, overall architecture, and depiction in curriculum design issues. Internal evaluation will be performed by each partner before sending the information to coordinator, to improve and evaluate its own work.

5.1.1. Day-to-day Evaluation

Day to day evaluation will be performed by each partner country in allocated task for improving the effectiveness and efficiency of the overall project. Every activity which is going to be executed, should have a planning phase before its execution, in which all the concerns related to effectiveness of the project will be judged. While implementing the desired activity, the monitoring of deadlines and cost of the equipment should be kept in mind. And after completing the activity all the data gathered should be rechecked and errors should be removed before moving forward.

5.1.2. Control of Deliverables, Processes, and Activities

5.1.2.1. Structure of Deliverables

Each deliverable will contain four parts as follows:

(i) A front sheet with the administrative information
(ii) An executive summary or statement of results
(iii) A full description of the results
(iv) An (optional) bibliography

The first two parts are for wider distribution to meet the need of the CBHE community, and of an even broader audience to have information about the results achieved in the project. The third part, on the contrary, might contain (commercially) sensitive information that has to be protected. The template will be setup and provided by UGent. It will be available to the project members at the SharePoint.

5.1.2.2. Common Methodology for Document Production

Project documents are classified into two classes:

- Internal documents that are exclusively for internal use and accessible to project members only. They will be stored in the private SharePoint and accessible through this SharePoint by project members
- External documents that are of two types
  - Documents addressed to the European Commission (EACEA)
  - Documents addressed to external relations
- External documents must be approved by the PMB before being distributed. They are equally accessible through the private area of the project website. According to their dissemination level, some external documents can also be accessible to the general public.

5.1.2.3. Acceptance of Deliverables

All project deliverables will be subject to acceptance by the following entities in the indicated order (i) Task Leader, (ii) WP Leader, (iii) Project Coordinator, (iv) PMB, and (v) European Commission (EACEA).

5.2. EU Monitoring

The project will be monitored by the National Erasmus+ offices and EACEA according to their schedule of projects monitoring process.

5.3. Quality Control and Monitoring

Quality control will be implemented through a series of activities provided by the Quality Assurance and Monitoring Framework (QAFM) (see *6.1 Quality Assurance Tools* paragraph) to monitor the quality management process, record quality performance, reveal defects or

failures in project facilities and products, and generate suggestions and necessary recommendations.

6. Indicators of Achievement

6.1. Workshop

Each and every interrelated components of the project should be looking towards assessable interventions to maximize benefit and increase effectiveness of the planned initiative. The indicators of achievement (IoA) can be different for each task execution. The indicators of achievement of workshop can be as follows:

1. The duration of a workshop should be long enough to incorporate all attending person viewpoints.
2. The working language of the workshop should be preferably English.
3. For a smooth and effective coordination of the workshop, assign a moderator in advance.
4. The workshop should accommodate the speakers involving medical stakeholders, ICT industry vendors, ICT industry experts, Medical doctors/specialists, embedded engineers and participants understanding topic of discussion. Governmental policy and decision makers are encouraged to participate as well.
5. Involvement of the Project coordinator and partner countries are welcomed.
6. The workshop should communicate all the speakers the right purpose of their speeches and lectures to convey the proper information.
7. Should have a meeting session at the end to discuss every aspect with them.
8. Should have a proper workshop plan with project brief and participants list.
9. At the end, all information gathered should be delivered in writing.
10. Official invitations must be sent to participants at least 3 days prior to the workshop.
11. To conduct a post workshop survey.
12. After the workshop, provide with validation photos.
13. In case of online workshop, recording of the event is encouraged.

6.2. Kirkpatrick Model of Evaluation

The Kirkpatrick Model of Evaluation is a popular approach to evaluating training programs. However, despite the model focusing on training programs specifically, it is broad enough to encompass any type of program evaluation.

In our case, the model will be used for

- Assessing the effectiveness of courses, or workshops that will be conducted in the context of remote healthcare using internet of things or machine learning.
- Evaluating the effectiveness of training and instructional design activities, delivered to healthcare practitioners for using the prototype that will be developed for pilot studies.

The model covers four distinct levels of evaluation:

6.2.1. Level 1: Reaction

Reaction data captures the participants' reaction to the training experience. Typically, it refers to how satisfying, engaging, and relevant they find the training experience, and rate on a scale of 1-5.

Level 1 data tells you how the participants feel about the experience, but this data is the least useful for maximizing the impact of the training program.

6.2.1.1. Kirkpatrick Level 1 Evaluation Techniques

- For level 1 evaluation, a short survey will be administered at the conclusion of a training experience. If it's an in-person experience, then this may be conducted via a paper handout, a short interview with the facilitator, or an online survey via an email follow-up.
- Considering the COVID-19 pandemic, if the training is organized online, then the survey will be sent through email, or will be shared using Microsoft Forms.
- Additionally, the common survey tools for training evaluation such as QuestionMark and SurveyMonkey can be used.

6.2.2. Level 2: Learning

Level 2 evaluation is an integral part of most training experiences and measures the learning of the participants through various assessments. It measures whether the participants learnt the desired knowledge, skills, or attitudes.

The pre- and post-training assessments of participants' knowledge and skills help to discern the improvements in the learning experience.

For our case, the level two can be applied as follows:

1. The course that will be delivered in the context of remote healthcare can be assessed using following tools: quizzes, assignments, exams, viva, project (if applicable)
2. For workshops, hands on exercises can be designed for assessment of participants.

6.2.2.1. Kirkpatrick Level 2 Evaluation Techniques

Most common approaches include:

- written or computer-based assessments
- conducting interviews or observation

For measuring knowledge or a cognitive skill, a multiple-choice quiz or written assessment may be sufficient subject to how close the questions are mapped to the course learning outcomes.

6.2.3. Level 3: Behaviour

Level 3 evaluation data tells us whether or not people are behaving differently in their organization as a consequence of the training program. Since this level is beyond the scope of our work, it is not applicable to this project.

6.2.4. Level 4: Results

Level 4 data measures how the training program contributes to the success of the organization as a whole. The time required for evaluation of a training program at this level exceeds the duration of this project, therefore it is not applicable.

6.3. Commencement of Courses and Accreditation

To meet one of the milestones of the project, the partner Asian institutions plan to commence new specialized and vocational courses.

6.4. Continuous Quality Assurance

For maintaining continuous Quality assurance, each and every task performed by partner country should be reviewed by other partner countries and coordinators. The performing country should able to correct the changes and report back to concerned partners for maintaining the effectiveness of the task.

Figure 6: Quality Assurance

For continuous quality assurance the major cycle that should be followed is ACT, PLAN, DO and CHECK and again the same.

7. Evaluation Forms – Templates

Annex 1 – CBHE Joint Declaration

CBHE Joint Declaration

JOINT DECLARATION

Ref. No…… Project No. ……

The reference number must correspond to the progressive numbering indicated in the financial statements of the final report

FROM .....

Hereinafter "the Institution"*

AND Name: .....

Address: .....

.....

Hereinafter "the Staff member"*

THE INSTITUTION AND THE STAFF MEMBER HEREBY CERTIFY THAT:

1. The Institution is a member of the partnership for the above-mentioned project.
2. The Staff member is either:

- employed by the Institution YES/NO

or

- a natural person ** assigned to the project on the basis of a contract against payment YES/NO

3. The Institution and Staff member agree that the Staff member has worked on this project and performed the following duties during the project's eligibility period.

	dd/mm/yy		*dd/mm/yy*
FROM		**TO**	

Please describe the outputs produced (short overall indication since detailed information has to be given in the accompanying time-sheet):

……

……

……

4. Please complete the following information.

Staff category (Manager / Researcher, Teacher, Trainer / Technician / Administrative staff)	
Country of the Institution	
Number of days worked and charged to the project (according to time-sheet)	

5. This declaration does not alter in any way the employment conditions/assignment already existing between the Institution and the Staff member and is established solely for the purpose of justifying the Staff costs that the Institution will charge to the *Erasmus+ Capacity Building in Higher Education* grant.

Done in ..... Date .....

Name……

Function……

Institution ..... Staff member name……

Signature and Stamp of the Institution Signature of the Staff member

**The declaration must be signed by the person concerned, then signed and stamped by the person responsible in the Institution where this person worked for the project. The Institution must be a member of the partnership.*

*** A natural person (individual) can be assigned to the action also on the basis of e.g. a civil contract, a free-lance contract, an expert contract, a service contract with self-employed person ("in house consultant) or a secondment to the Institution against payment. The costs of such natural persons working under the action may be assimilated to the costs of personnel, if:*
(i) the person works under conditions similar to those of an employee (in particular regarding the way the work is organised, the tasks that are performed and the premises where they are performed);and
(ii) the result of the work belongs to the Institution (unless exceptionally agreed otherwise); and
(iii) the costs are not significantly different from the costs of staff performing similar tasks under an employment contract within the institution

Annex 2 – Time Sheets

Time Sheet

Add Row	Delete Row	PROJECT TIMESHEET

Project number :	
Surname :	
First Name :	
Institution :	
Country :	
Position :	
Staff Category :	

Year	Month	Number of Days	Work Package	Description of tasks performed and outputs produced
Total days:		0		

Signature of the staff member :

____

Signature of the person responsible in the institution (where the staff member is employed) :

____

Annex 3 – Individual Travel Report

Individual Travel Report

INDIVIDUAL TRAVEL REPORT for travel costs and costs of stay

To be filled in by each participant

In case of circular/multiple travels, please fill in separate Individual Travel Reports.

Ref. No……Project No. ……

The reference number must correspond to the progressive numbering indicated in the financial statements in the final report

1. **PERSONAL DATA**

Surname: Forename: .

Home institution: .

Staff position/student year of study at home institution: .

2. **TYPE OF ACTIVITY** *(Tick as appropriate)*

	STAFF		**STUDENTS**
	Teaching/training assignment		Study period
	Training and retraining purposes		Participation in intensive courses
	Updating programmes and courses		Practical placements, internships in companies, industries or institutions
	Practical placements in companies, industries and institutions		Participation in short term activities linked to the management of the project
	Project management related meetings		
	Workshops and visits for result dissemination purposes		

3. **DETAILS OF THE TRAVEL**

PERIOD*	From (Depart date) *(dd/mm/yy)*	To (Return date) (dd/mm/yy)
PLACE OF DEPARTURE**	HOME INSTITUTION …… COUNTRY…… CITY……	
PLACE OF DESTINATION/ LOCATION OF ACTIVITY	HOST INSTITUTION …… COUNTRY…… CITY……	
TRAVEL DISTANCE***	Km ……	

**Please indicate period of travel from departure to return to place of origin*

*** If different from Home institution please enclose authorisation from the Agency*

****Travel distance in Km (One-way travel using distance calculator: https://ec.europa.eu/programmes/erasmus-plus/resources/distance-calculator_en) from place of departure to location of activities*

4. **DETAILS OF THE ACTIVITY**

DATES *(excluding travel)*	**From (date):…… To (date): ……**
DESCRIPTION OF ACTIVITY(IES) PERFORMED *(brief description of the activities performed)* …… …… …… …… ……	

SIGNATURE OF THE PARTICIPANT

I hereby declare that I have been carrying out the above-mentioned activities.

Date:..... Signature: .....

Annex 4 – Progress of the project

Work-Package	Deliverable	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24	M25	M26	M27	M28	M29	M30	M31	M32	M33	M34	M35	M36
WP1	D1.1 Literature review on digital health care and monitoring and its status vision in EU and Asia (Lead: UGent and MNUMS)																																				
	D1.2 Analysis of the skill requirement and priorities in Asian partners for implementation of digital health care and monitoring system (Lead: UNN)																																				
	D1.3 Learning material aimed at the skill requirements and training needs of ICT and health care practitioners (Lead: ULL)																																				
	D1.4 A report describing the technical system requirement for digital health care monitoring prototype (Lead: UoH)																																				
WP2	D2.1 – System integration of digital health care and the remote patient monitoring system (Lead: UNN)																																				
	D2.2 – Development of communication systems and protocols (Lead: UGent)																																				
	D2.3 – Server and visualisation systems for digital health care and a remote patient monitoring system (Lead: ULL)																																				
	D2.4 – Pilot use case: cardiovascular patient monitoring, implementation and training (Lead: UoH and NUST)																																				
	D2.5 - Pilot use case: mobility disorder patient monitoring, implementation and training (Lead: UNN and MFU)																																				
	D2.6 - Pilot use case: remote patient consultation, implementation and training (Lead: ULL and NUM)																																				
WP3	D3.1 – Quality Assurance and Monitoring Framework (Lead: UGent)																																				
	D3.2 – Quality Audit Report (Lead: ULL)																																				
	D3.3 – Continuous Quality Assurance Workshops (Lead: UNN)																																				
	D3.4 – Approval and accreditation of developed courses (Lead: NUST, NUM and MFU)																																				
WP4	D4.1 – A strategic plan for diffusion and dissemination (UGent)																																				
	D4.2 – Project Website with Project Logo (Lead: UGent)																																				
	D4.3 – Social Media Account Setup and Maintenance (Lead: UGent)																																				
	D4.4 – Report of publication in journals, conferences, workshops, book chapters or authored books (Lead: UoH)																																				
WP5	D5.1 – Annual Progress reports (Lead: UGent)																																				
	D5.2 – Annual Financial Report (Lead: UGent)																																				
	D5.3 – Document and reporting (Lead: UGent)																																				
	D5.4 – Quality Plan (Lead: UoH and ULL)																																				