

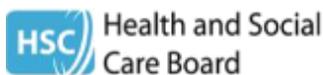


*SUNFRAIL: Reference Sites Network for Prevention and Care of Frailty and Chronic Conditions in Community Dwelling Persons of EU countries*  
(Project number: 664291)

## Work Package 3: Project Monitoring and Evaluation Plan

**May 2015 - October 2017**

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# 1. Introduction

## 1.1 Purpose of M&E Plan

The purpose of the M&E plan is to ensure the effective progress of the project in accordance with the stated objectives, outputs, outcomes (impacts) and within an agreed timescale. As such, the plan makes the following provisions:

- Define indicators of success to obtaining project objectives.
- Organizes plans for data collection, analysis, use, and data quality.
- Outlines various roles and responsibilities regarding monitoring and evaluation for the project or organization.
- Create a framework in which partners and stakeholders can obtain feedback on how the project is running and also make suggestions for improvement.
- Engages all partners and stakeholders in M&E so that M&E is integrated into part of everyone's' job.

Importantly, the M&E plan aims to help the project rather than create obstacles for partners and participants.

The first draft version of the M&E plan was prepared between April and May 2015 and was shown to SUNFRAIL consortium members at the kick-off meeting in Luxembourg on May 27th 2015. It was revised and expanded into the Final M&E Plan between May and October 2015. The Draft Plan proposes activities for the period May 2015 to October 2017. The plan will be updated yearly to reflect the evolution of the project.

The main references used in preparing the M&E plan were:

- Scott G. Chaplow: Monitoring and Evaluation Planning: Guidelines and Tools, 2008.
- Janie Rioux: Monitoring and Evaluation Plan, 2011.
- tools4dev: Monitoring and Evaluation Framework, 2015.
- T. Barton; How Are We Doing? Guidelines for Monitoring and Evaluation. CARE-Uganda, 1997.



## 1.2 Project Overview

### **Background of Organization and Project**

The **SUNFRAIL** Project, which is funded by the European Commission's Third Health Programme, is dedicated to the standardisation of approaches on frailty and multimorbidity. Preliminary tasks for the preparation of the project, including a needs assessment and project design were completed in 2014. Implementation started in May 2015 and the project (the current phase of the project) will terminate in October 2017.

The main objectives of the project are:

**General Objective:** to improve the identification, prevention and management of frailty and care of multimorbidity in community dwelling persons (over 65) of loco-regional settings of EU countries.

**Specific Objectives:**

- To design an innovative, integrated model for the prevention and management of frailty and care of multimorbidity through the main criteria of efficiency, effectiveness and sustainability and by building on the outcomes of the initiatives of the EC Innovation Partnership on Active and Healthy Ageing.
- To validate the model on the basis of existing systems and services targeting frailty and multimorbidity and on patient's perception and expressed needs for care and quality of life.
- To assess the potential for the adoption/replication of the model in different European organizational contexts, and to identify the conditions for its sustainability and replicability.
- To promote the dissemination of the results with a focus on the strategic decision makers at regional, national and EU level, to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.

The project will be executed mainly by EIP-AHA Reference Sites (and AG coordinators) representing countries from northern, southern and eastern Europe. The main outcomes of the project will be a shared model of references on frailty and multimorbidity, and a toolkit for the prediction of frailty and multimorbidity by level of care.

In addition to project coordination, monitoring and evaluation, and the dissemination of project results, the main activities of the project are:

- Design an innovative model for frailty identification, prevention and care and management of multimorbidity
- Validate the model on the basis of existing systems and services targeting frailty and multimorbidity and on patient's perception and expectations



- Experiment the model and identify specific accompanying measures to ensure its sustainability and replicability
- Healthcare staff innovative education

## 2. Logical Framework

### 2.1. Sunfrail M&E Overview

Monitoring of Sunfrail will be oriented towards following the activities foreseen in the Grant Agreement, to verify whether its deliverables and milestones are appropriately achieved.

Evaluating Sunfrail will be oriented to assess to what extent the objectives are achieved. The results of the evaluation should then be interpreted in the light of the results of the monitoring, to help analyse if and how are the outcomes associated to the implementation of planned activities.

Therefore SUNFRAIL M&E plan aims mainly to enable the assessment of project implementation and performance of activities, constituting a continuous process of revision and improvement, to help partners to achieve expected results by identifying and solving emerging constraints.

To do so, the M&E plan of the SUNFRAIL project puts in place a framework for measuring the accomplishment of planned inputs, processes, and to what extent the resulting outputs have contributed to appropriate outcomes (impacts), and thereby objectives. It will be measured through qualitative and quantitative indicators and related data collection instruments and procedures.

**Indicators** will be measurable, achievable, useful and will take the values or purpose of outputs and outcomes with regards to the project.

This framework is set out below in the M&E matrix, including frequency of data collection and responsibilities.

For the purpose of this document, **Outputs** refer to concrete project deliverables of Work Packages (e.g. a website or a report), while **Outcomes** refer to the quality of the outputs produced.

Outcomes will be measured against specific criteria identified. For example, the quality of the model will be assessed in terms of relevance, comprehensiveness and credibility of the information collected and elaborated for the report. In the case of dissemination activities, outcomes will be assessed in terms of the “potential for informed decision making of key stakeholders”, such as the variety of publishing products (scientific papers, guidelines, news, etc.), or the participation of partners to high level events.

The M&E matrix and the Data Flow plan below respectively establish how data will be collected and transferred so that the project management and stakeholders are able: i) to track at regular



time intervals of the activities achieved (compare planned/versus achieved) and assess effects of both external factors and internal project operations; ii) to assess results (outputs), lessons learnt, and solutions to keep project on track.

## 2.2 Monitoring and Evaluation Schedule

As foreseen in the project operational plan, monitoring project's results will take place periodically during the project implementation (M8, M12, M18, M24), culminating with a mid-term (M19), and a final evaluation at the end of the project (M29). The periodic assessment of project activities will determine the extent to which outputs are being realized across the project (monitoring) and whether and how the outputs contributed to appropriate outcomes (impacts), and therefore towards achievement of the objectives (mid-term, final evaluation), providing constructive recommendations to address key problems identified. They will:

- review the effectiveness and timeliness of project implementation;
- analyze effectiveness of implementation and partnership arrangements;
- identify issues requiring decisions and remedial actions;
- identify lessons learned about project design, implementation and management;
- highlight technical achievements and lessons learned;
- analyze whether the project is on track with respect to achieving the expected;
- propose any mid-course corrections and/or adjustments to the Work Plan as necessary.

At the same time, in order to strengthen institution's capacity, through information sharing and periodic assessment of the activities performed, results of monitoring activities will be shared in concurrence with periodic local dissemination events (task 2.6).

The **final evaluation** will take place prior to completion of the project and will focus on the same issues as the the Mid-Project Evaluation. In addition, the final evaluation will assess the project impact, intended especially as the identification of the conditions determining the applicability, transferability and sustainability of the model, related good practices and tools on frailty and multimorbidity within different organizational context.

Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&E Leader (University of Deusto-DeustoTech Life). Data will be provided periodically (according to the schedule indicated above), from first task participants to WP Leaders then to M&E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.



### 3. Evaluation Framework

Following a logical framework approach, the M&E matrix below summarize the project’s monitoring and evaluation procedures and criteria, through a selected set of indicators for each project objective (work package), and expected results.

The indicators identified for the SUNFRAIL project are classified into two categories: output indicators (related to WPs, and expected results) and outcome indicators (related to objectives).

Indicators are partially quantitative (number, %), and in some cases qualitative (opinions, consensus, etc.), the latter mainly corresponding to the outcomes.

#### Objective 1

<b>Objective 1</b> <b>WP4</b>	To design an innovative, integrated model for the prevention and management of frailty and care of multimorbidity by building on the outcomes of the initiatives of the EC Innovation Partnership on Active and Healthy Ageing.
<b>Indicator</b>	<b>Outcome</b> <ol style="list-style-type: none"> <li>1. Quality (Relevance, Comprehensiveness and Credibility) of the information collected for the <b>WP4 thematic report</b></li> <li>2. An operational definition of frailty and multimorbidity shared by stakeholders during the opening transnational workshop (eligibility - health services and social response to frailty)</li> <li>3. An identified minimum set of criteria for the identification of good practices on frailty and multimorbidity shared by stakeholders during the opening transnational workshop</li> </ol>
<b>Indicator</b>	<b>Outputs and Targets</b> <ol style="list-style-type: none"> <li>1. International literature review on frailty and multimorbidity performed according to the set criteria (Standard (ST): ¾ of set inclusion and exclusion criteria fulfilled and agreed)</li> <li>2. Identified criteria/KPI (Key Performance Indicators) for the assessment of EIP-AHA good practices on frailty and multimorbidity.</li> <li>3. Map of good practices from EIP-AHA initiative on frailty and multimorbidity (ST: at least 80% of EIP-AHA thematic reports assessed) (ST: identified minimum set of criteria for good practices on frailty and multimorbidity)</li> <li>4. A Report on Health Systems developed and shared between project partners (PPs), incl. a chart mapping different systems elements (health and social care) (ST: 100% of PPs Health Systems assessed – excluding WP2 leader)</li> <li>5. Identified methodology and tools for the identification of frailty and multimorbidity (reflecting health and social care) (ST: 100 % of PPs - excluding WP2)</li> </ol>



<b>Monitoring and Evaluation Criteria</b>	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Relevance and Comprehensiveness of the information collected on frailty and multimorbidity through the following aspects:             <ul style="list-style-type: none"> <li>- range of sources of information drawn upon (literature analysis, EIP AHA, etc.)</li> <li>- frailty and multi-morbidity in community settings</li> <li>- integrated approaches involving health and social care</li> <li>- preventative approaches and risk reduction</li> </ul> </li> <li>• Credibility of sources of information (reference to official documents, plans and guidelines)</li> </ul> <p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>• Adherence to set criteria for the identification of good practices</li> <li>• Good practices reflecting the areas of interests (frailty, multi-morbidity)</li> <li>• Tools reflecting the dimensions of interests (frailty, multi-morbidity), by level of care.</li> </ul>
<b>Data Collection and Instruments</b>	<p>The analysis of data collection will be done through the following instruments:</p> <ul style="list-style-type: none"> <li>- Guidelines for literature review</li> <li>- Questionnaire for data collection on Reference Site (RS) health and social systems</li> <li>- Guidelines on the criteria for the assessment of good practices</li> <li>- Sunfrail Deliverables Reports and other project documents</li> <li>- PPs documents</li> </ul>
<b>Frequency / Schedules</b>	<p>Monitoring of the activities will be performed according to the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done according to the schedule indicated above (M19, M29), on the basis of the proposed indicators and evaluation criteria.</p>
<b>Responsibility</b>	<p>Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&amp;E Leader (University of Deusto-DeustoTech Life). Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&amp;E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.</p>



## Objective 2

<b>Objective 2</b> <b>WP5</b>	To validate the model on the basis of existing systems and services targeting frailty and multimorbidity and on patient's perception and expressed needs for care and quality of life.
<b>Indicator</b>	<b>Outcomes</b> <ol style="list-style-type: none"> <li>1. Quality (relevance and comprehensiveness) of the information collected for the <b>WP5 thematic report</b> through the following components:           <ul style="list-style-type: none"> <li>▪ Identified RS Health-Social Services-Good Practices.</li> <li>▪ Analysis of tools for the assessment of frailty and multimorbidity.</li> <li>▪ Responsiveness of the Good Practices to patient's/final beneficiaries needs.</li> </ul> </li> <li>2. N. of good practices with high potential for transferability described according to the identified set of minimum criteria (ST: at least 2 good practices per partner on frailty and/or multimorbidity - excluding WP2 leader)</li> <li>3. An identified minimum set of tools for the identification of frailty and care of multimorbidity potentially adoptable within the health and social care sectors (ST: at least 2 tools per partner potentially adoptable within the health and social care sectors - 2 dimensions)(see details on "Outputs - point 3" below)*</li> <li>4. Nr. of operational elements targeting patient's/final beneficiaries needs within health and social care services (strategies, plans, activities)</li> </ol>
<b>Indicator</b>	<b>Outputs and Targets</b> <ol style="list-style-type: none"> <li>1. Survey of PPs services delivery and good practices on frailty and multimorbidity performed and reported (ST: 100 % of PPs - excluding WP2 leader)</li> <li>2. % of Sunfrail partner with an identified set of good practices on frailty and multimorbidity according to the identified set of minimum criteria (ST: 100 % of PPs - excluding WP2 leader)</li> <li>3. An identified minimum set of tools for the identification of frailty and multimorbidity identified by RS (ST: at least 2 items per dimension identified by each RS on frailty) <i>Items and dimensions* refer to the modality by which the project will assess existent tools for the identification of frailty, that will be based on the establishment of a minimum set of simple and reproducible items (in the biological, psychological and social domains), to be collected by professionals operating at different level of health and social care services.</i>  (ST: at least 2 tools using administrative or clinical data identified by each RS on multimorbidity) <i>This refers to the modality by which the project will assess existent tools for the identification and care of multimorbidity, that will be based on the establishment of a minimum set of items (addressing the number and severity of chronic diseases), to be collected, at hospital and community based settings, by professionals operating at different level of health and social care services.</i></li> </ol>



	<p>4. Analysis of the EIP-AHA initiative on patients/beneficiaries (ST: 100% of EIP-AHA/other reports assessed)</p> <p>5. Qualitative investigations on patient's/beneficiaries performed and reported (ST: 50% of PPs - excluding WP2 leader)</p> <p>6. Assessment of professional's skills and performance performed and reported (ST: 100% of PPs - excluding WP2 leader)</p>
<p><b>Monitoring and Evaluation Criteria</b></p>	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Relevance and Comprehensiveness of the information collected on frailty and multimorbidity through the following aspects: <ul style="list-style-type: none"> <li>- range of sources of information drawn upon (literature analysis, EIP AHA, etc.)</li> <li>- frailty and multi-morbidity in community settings</li> <li>- integrated approaches involving health and social care</li> <li>- preventative approaches and risk reduction</li> </ul> </li> <li>• Credibility of sources of information (reference to official documents, plans and guidelines)</li> </ul> <p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>• Adherence to set criteria for the identification of good practices</li> <li>• Good practices reflecting the areas of interests (frailty, multi-morbidity)</li> <li>• Tools reflecting the dimensions of interests (frailty, multi-morbidity), by level of care.</li> </ul>
<p><b>Data Collection and Instruments</b></p>	<p>The analysis of data collection will be done through the following instruments:</p> <ul style="list-style-type: none"> <li>- Templates for data collection on RS health and social services (incl. good practices and tools on frailty and multimorbidity).</li> <li>- Methods and tools utilized for qualitative investigations (Focus Group Discussions (FGD), others)</li> <li>- Sunfrail Deliverables Reports and other project documents</li> <li>- PPs documents (official documents, plans and guidelines)</li> </ul>
<p><b>Frequency / Schedules</b></p>	<p>Monitoring of the activities will be performed according to the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done according to the schedule indicated above (M19, M29), on the basis of the proposed indicators and evaluation criteria.</p>
<p><b>Responsibility</b></p>	<p>Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&amp;E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&amp;E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.</p>

### Objective 3

<b>Objective 3 WP6</b>	To assess the potential for the adoption/replication of the model in different European organizational contexts, and to identify the conditions for its sustainability and replicability.
<b>Indicator</b>	<b>Outcomes</b> <ol style="list-style-type: none"> <li>1. Quality (comprehensiveness, applicability and replicability), of the information collected for <b>WP6 thematic report</b> through:           <ul style="list-style-type: none"> <li>▪ Results from the experimentation of good practices and tools</li> <li>▪ Identified elements of applicability, transferability and sustainability of the good practices and tools into different settings</li> </ul> </li> <li>2. Good practices and tools on frailty and multimorbidity with high potential for transferability implemented in new settings (ST: 50% of identified good practices implemented in new settings)</li> <li>3. Nr. of new operational elements (strategies, plans, activities) adopted by RS as results of the experimentation (ST: n. of newly adopted operational elements)</li> </ol>
<b>Indicator</b>	<b>Outputs and Targets</b> <ol style="list-style-type: none"> <li>1. Consolidated description of operational structures for experimentation (Beneficiaries target groups, location, profile of pilot beneficiaries) (ST: 100% of PPs participating in experimentation)</li> <li>2. Experimented good practices on frailty and multimorbidity</li> <li>3. Experimented tools for the assessment of these conditions</li> <li>4. Experimented model for the improvement of professional's performance (ST: 100% of PPs participating in experimentation)</li> <li>5. A questionnaire for 32 RS -EIP members with criteria of sustainability and replicability of good practices elaborated and filled (ST: at least 50% of RS answered to the questionnaire)</li> <li>6. Identified criteria/factors for adaptability, replicability and sustainability of the model/good practices.</li> </ol>
<b>Monitoring and Evaluation Criteria</b>	<b>Outcomes and Outputs</b> <ul style="list-style-type: none"> <li>• Comprehensiveness of the experimented model through the following aspects:           <ul style="list-style-type: none"> <li>- frailty and multi-morbidity in community settings</li> <li>- integrated approaches involving health and social care</li> <li>- environmental contexts (housing accessibility, assistive technologies)</li> <li>- preventative approaches and risk reduction</li> </ul> </li> <li>• The potential for applicability / replicability of the model and related good practices through:           <ul style="list-style-type: none"> <li>- relevance to and usability by staff in different sectors</li> <li>- understandability and sensitivity to the needs of frail people aged over 65 and their informal or family carers</li> <li>- its potential for inputting into relevant training at different levels</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- its potential compatibility with extant ‘systems’ and procedures</li> <li>• Experimented good practices and tools reflecting the areas of interests (frailty, multi-morbidity), and levels of care.</li> </ul>
<b>Data Collection and Instruments</b>	<p>The analysis of data collection will be done through the following instruments:</p> <ul style="list-style-type: none"> <li>-Templates for reporting results of the experimentation of good practices and tools by RS.</li> <li>- Questionnaire for RS -EIP members on elements of sustainability and replicability of good practices</li> <li>-Sunfrail Deliverables Reports and other project documents</li> <li>-PPs documents (official documents, plans and guidelines)</li> </ul>
<b>Frequency Schedules</b> /	<p>Monitoring of the activities will be performed according to the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done according to the schedule indicated above (M19, M29), on the basis of the proposed indicators and evaluation criteria.</p>
<b>Responsibility</b>	<p>Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&amp;E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&amp;E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.</p>

### Objectives 1, 2, 3

<b>Objectives WP7</b>	<p>Assess human resources development programmes and tools (Deliverable/output: report on the assessment of the human resources development)</p>
<b>Indicator</b>	<p><b>Outcome</b></p> <p>Completeness and reliability of assessment: quality of literature review and data collection and analysis. (ST: % of completeness and reliability of information collected by questionnaire 4.2.2)</p> <p>2. Gaps identified (and analysed) between standard training models and best/good practices/draft innovative model: the innovative model should help staff /students to identify frailty and multimorbidity in ‘screened’ citizens. Gaps should refer to necessary features missing from standard training programmes, facilitating the identification of frailty, i.e. frail subjects not identified by standard models of staff training and education: where WP4 will design a model do identify frailty and multimorbidity in the target population, WP7 will give staff and students the tools to be used in order to support this identification.</p>

<b>Indicator</b>	<p><b>Output</b></p> <ol style="list-style-type: none"> <li>Literature review conducted, according to set criteria, including the assessment of manpower development process aspects.</li> <li>Assessment of health systems performed, including elements related to the professional and academic education system</li> <li>Peer review: (ST: at least 2 researchers will perform literature review and synthesis) (ST: % of completed questionnaires-i.e. 4.2.2 section E6) (ST: % of valid responses within completed questions- expected value: &gt;90%; valid response: about 90%)</li> <li>Peer review conducted among project partners</li> </ol>
<b>Monitoring and evaluation criteria</b>	<p>Completeness and reliability of information collected: - frequency and extent – literature synthesis</p>
<b>Data collection and instruments</b>	<ul style="list-style-type: none"> <li>- Guidelines for literature search and review</li> <li>- Information from questionnaires (4.2.2)</li> <li>- Information from AG B3 AA3 and others (EIP-AHA)</li> <li>-Peer review</li> <li>-Peer review among project partners:</li> </ul>
<b>Frequency Schedules</b> /	<p>Monitoring of the activities will be performed with the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done with the following schedule: M19, M29, to provide the necessary elements for the interim and final evaluation report.</p>
<b>Responsibility</b>	<p>Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&amp;E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&amp;E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.</p>
<b>Objective</b>	<p><b>Definition of healthcare training needs</b></p>
<b>Indicator</b>	<p><b>Outcome</b></p> <p>% of correspondence with the needs investigated in the whole (care) model ( consistency with findings of WP 4 and 5); # of elements identified useful to frailty (and multimorbidity) identification and management</p>
<b>Indicator</b>	<p><b>Output</b></p> <p>Identified necessary elements/features of best/good practices in training programmes (programmes including frailty detection and management and multimorbidity management) (in parallel with the work carried out by 4.2.1, 4.2.4 and after the results of 5.2 and 4.3.0)</p>

<b>Monitoring and evaluation criteria</b>	<ul style="list-style-type: none"> <li>• Consistency with the findings of WP 4 and 5: principles of the model developed in WP4 are present in the educational model, while fulfilling requirements of an educational model and addressing identified gaps</li> </ul>
<b>Data Collection and Instruments</b>	<ul style="list-style-type: none"> <li>- Report produced after literature, documentation and data synthesis (EIP-AHA documentation analysis; questionnaires responses)</li> <li>- Peer review between PP</li> <li>- Grids for programmes comparison and analysis</li> </ul>
<b>Frequency Schedules</b> /	Monitoring of the activities will be performed with the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done with the following schedule: M19, M29, to provide the necessary elements for the interim and final evaluation report.
<b>Responsibility</b>	Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.
<b>Objective</b>	<b>Develop an innovative educational model (with revised educational model for healthcare staff)</b>
<b>Indicator</b>	<p><b>Outcome</b></p> <ol style="list-style-type: none"> <li>1. # of innovative features introduced (additional or change elements with respect to standard training programmes)</li> <li>2. level of interaction between professionals, staff, students and stakeholders, as a feature of the programmes (patients/citizens) (ST: high level of interaction between professionals)</li> </ol>
<b>Indicator</b>	<p><b>Output</b></p> <ol style="list-style-type: none"> <li>1. Identification of criteria to classify innovative elements of educ. programmes;</li> <li>2. Level of replicability of the training model: changes can occur only if the model is applicable in different contexts (countries, territories, etc.)</li> </ol>
<b>Monitoring and evaluation criteria</b>	<ul style="list-style-type: none"> <li>• Percentage of relevant involved stakeholders that have received positive feedback from the 7.7 (pilot experimental training)</li> <li>• Disaggregated according to stakeholder category This indicator aims at measuring how much stakeholders involved in the training pilot programme interact and communicate. Who: employed staff, students, patients/citizens, public administrators What: communication and exchange through meetings, workshops, internships, interviews Where: Regione Piemonte Regional Health Directorate, IRES, University, Local health units and Hospitals, other spaces defined for training and internships.  Very rarely healthcare staff training involves other stakeholders' training and</li> </ul>



	<p>evaluation. The initial level of interaction will be measured in the start up phase of the pilot test through appropriate questionnaires.</p> <p>WP4 will proceed with the identification of an innovative model for the identification of frailty and multimorbidity: WP7 will investigate the possibility of designing a training model tailored on the needs of staff to be hypothetically employed for such an innovative model of 'care'.</p> <p>Both models will be based on multidisciplinary interaction: a 'silos' model will not be acceptable; therefore, interaction between stakeholders will be crucial.</p>
<p><b>Data Collection and Instruments</b></p>	<p>Sources of information:</p> <ul style="list-style-type: none"> <li>- Questionnaires</li> <li>- Peer partners discussions</li> <li>- The increased interaction will be measured according to a qualitative scale (ST: level of agreement: measured through the mentioned data collection instruments and through a pre- and post- pilot training test)</li> </ul>
<p><b>Frequency Schedules</b> /</p>	<p>Monitoring of the activities will be performed with the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done with the following schedule: M19, M29, to provide the necessary elements for the interim and final evaluation report.</p>
<p><b>Responsible</b></p>	<p>Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&amp;E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&amp;E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.</p>

Objective	Guidelines for training of healthcare staff
Indicator	<p><b>Outcomes</b></p> <ol style="list-style-type: none"> <li>1. Quality (Relevance, Comprehensiveness, Credibility, Acceptability) of the guidelines; Usability of the guidelines</li> <li>2. # of sources used for information</li> <li>3. # of stakeholders and experts involved in drafting the guidelines</li> </ol>
Indicator	<p><b>Output</b></p> <p>Guidelines for training of healthcare staff</p>
Monitoring and evaluation criteria	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Relevance and Comprehensiveness of the guidelines for training of health staff</li> <li>• Credibility of sources of information (reference to official documents, plans and guidelines)</li> </ul> <p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>• Quality of sources used for information</li> <li>• Relevance of stakeholders and experts involved in drafting the guidelines</li> </ul>
Data Collection and Instruments	<ul style="list-style-type: none"> <li>- Peer review among PP experts</li> <li>- Reports and documentation produced by the project WPs</li> <li>- Feedbacks from test/pilot</li> </ul>
Frequency Schedules /	<p>Monitoring of the activities will be performed with the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done with the following schedule: M19, M29, to provide the necessary elements for the interim and final evaluation report.</p>
Responsible	<p>Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&amp;E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&amp;E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.</p>



## Objective 4

<p><b>Objective 4</b> <b>WP2</b></p>	<p>To promote the dissemination of the results with a focus on the strategic decision makers at regional, national and EU level, to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.</p>
<p><b>Indicator</b></p>	<p><b>Outcomes</b></p> <ol style="list-style-type: none"> <li>1. Dissemination Strategy Plan quality: <ul style="list-style-type: none"> <li>▪ DSP is sound and clear, as well as aligned to the SUNFRAIL milestones schedule.</li> <li>▪ DSP development shared with partners.</li> </ul> </li> <li>2. Stakeholders mapping process and quality: <ul style="list-style-type: none"> <li>▪ Ongoing updating process of the mapping running.</li> <li>▪ Careful identification of stakeholders coherent to both the primary and secondary target and the geographical coverage (by local, regional, EU level)</li> <li>▪ Stakeholders mapping tool (database) is fed by both the WP leader and the project partners through different means (personal and institutional contacts, registration in the SUNFRAIL website to get the newsletter, registration of stakeholders in SUNFRAIL events, etc.).</li> </ul> </li> <li>3. Visual identity and promotional tools (logo, brochure, ppts template, newsletters, press kit): <ul style="list-style-type: none"> <li>▪ SUNFRAIL visual identity and promotional tools designed to fit a wide range of purposes (<i>i.e. coherence to project message, to the targets, to a specific activity and event...</i>) and to effectively meet the variety of needs.</li> <li>▪ SUNFRAIL visual identity development shared with partners.</li> <li>▪ Promotional tools updated according to the project progress.</li> <li>▪ Promotional tools end use identified, in general, according to project needs specifically according to the specific action (<i>i.e. LinkedIn vs. Facebook account, that is, mainly professional vs. leisure - LinkedIn to connect and build up a professional milieu vs. a connection with general audience</i>).</li> </ul> </li> <li>4. Online and social media channels use (website, twitter, linkedin account): <ul style="list-style-type: none"> <li>▪ These tools are used (1) depending on the target(s) (2) in the <u>right way</u> (<i>i.e. targeted dissemination channels/targets, i.e general audience and/or targeted professionals, media, organisations, associations, institutions</i>) (3) and <u>time</u> (<i>i.e. effective tweet campaign to disseminate a specific activity of event implied (i) targeted information delivery (ii) both asynchronous and synchronous modes (live twitting) (iii) tweets both channelled at the optimum time and retweeted by most of the project partners (iv) mentions used to prompt influencers to engage with SUNFRAIL (v) facts, figures and questions used to engage audience and drive retweet (vi) relevant content for SUNFRAIL audience...</i>)</li> <li>▪ Social media embedded in SUNFRAIL website.</li> </ul> </li> <li>5. Networking events carried out/visited <ul style="list-style-type: none"> <li>▪ Each project event (1) has a clear target group (2) tailored documents are produced to meet target groups expectations and needs (3) is properly publicized (<i>i.e. (i) save the date announcement (ii) targeted media</i></li> </ul> </li> </ol>

	<p><i>involved (iii) programme duly disseminated (iv) satisfaction questionnaires shared and collected (v) nr. of participating stakeholders recorded (vi) participating stakeholders updated regarding project developments and follow-ups).</i></p> <ul style="list-style-type: none"> <li>▪ Project partners participation in event(s) other than SUNFRAIL events (1) news about partners participation in such events is timely shared among the consortium (2) partners feedback is collected to make the most out the upcoming SUNFRAIL presentation (<i>i.e, (i) updated data shared,(ii) timely disseminated (iii) social media involved, ...</i>) (3) report of the external event participation circulated among partners.</li> </ul> <p>6. WP reports delivered</p> <ul style="list-style-type: none"> <li>▪ Detailed information about both time and mode of dissemination activity.</li> <li>▪ Achievements are provided.</li> <li>▪ Key information are highlighted.</li> <li>▪ Encountered drivers and barriers to key dissemination activities are provided.</li> <li>▪ Prospective solutions to overcome identified barriers are envisaged.</li> </ul> <p>7. Publications other than expected SUNFRAIL deliverables</p> <ul style="list-style-type: none"> <li>▪ SUNFRAIL publishing product (scientific papers, guidelines, news, etc.) hosted outside the SUNFRAIL ecosystem to disseminate project objectives and achievements published.</li> <li>▪ Publications are produced starting form: (1) WP leader and partners monitoring of targeted media environment; (2) invitation from media to provide a deeper insight of the SUNFRAIL Project; (3) partners participating to high level events.</li> </ul>
<p><b>Indicator</b></p>	<p><b>Output and targets</b></p> <p>1. Dissemination Strategy Plan</p> <ul style="list-style-type: none"> <li>▪ 1 DSP: Y/N</li> <li>▪ in due time according to the project schedule? Y/N</li> </ul> <p>2. Stakeholders database</p> <ul style="list-style-type: none"> <li>▪ Stakeholder mapping database: Y/N - 1</li> <li>▪ in due time according to the project schedule? Y/N</li> </ul> <p>3. Visual identity and promotional tools Y/N</p> <ul style="list-style-type: none"> <li>▪ in due time according to the project schedule? Y/N <ul style="list-style-type: none"> <li>▪ SUNFRAIL logo -1</li> <li>▪ SUNFRAIL brochure -1</li> <li>▪ SUNFRAIL ppts template -</li> <li>▪ SUNFRAIL newsletters - at least 4</li> <li>▪ SUNFRAIL press kit - at least 1</li> </ul> </li> </ul> <p>4. Online and social media channels establishment Y/N</p> <ul style="list-style-type: none"> <li>▪ per each product: Y/N - in due time according to the project schedule? <ul style="list-style-type: none"> <li>▪ SUNFRAIL website</li> <li>▪ Sunfrail newsletter</li> <li>▪ SUNFRAIL twitter account</li> <li>▪ SUNFRAIL LinkedIn account</li> </ul> </li> </ul> <p>5. Networking Project events and tools Y/N - in due time according to the project schedule? Y/N</p>

	<ul style="list-style-type: none"> <li>▪ Transnational workshop Y/N – 1 (ST: % of attendants/invited stakeholders)</li> <li>▪ Local dissemination workshops Y/N –3 (ST:% Overall satisfaction on the content/output of the discussion)</li> <li>▪ Final Conference Y/N – 1 (ST: % of attendants/invited stakeholders)</li> <li>▪ Contact database Y/N – 1</li> </ul> <p>6. WP reports delivered Y/N – 2</p> <ul style="list-style-type: none"> <li>▪ Summary report of the Final Conference: Y/N - in due time according to the project schedule? Y/N</li> <li>▪ Summary report of dissemination activities: Y/N - in due time according to the project schedule? Y/N</li> </ul> <p>7. Publications other than expected SUNFRAIL deliverables</p> <ul style="list-style-type: none"> <li>▪ Scientific papers, guidelines, news hosted outside the SUNFRAIL ecosystem, etc. - Y/N – N. per type of publications.</li> </ul>
<b>Monitoring and Evaluation Criteria</b>	<ul style="list-style-type: none"> <li>• Achievement of the planned dissemination activities</li> <li>• Quality and impact of the dissemination activities</li> <li>• Adequacy of dissemination methods and techniques</li> <li>• Leadership regarding dissemination activities</li> <li>• Collaboration between partners in disseminating the project outcomes/puts</li> </ul>
<b>Data Collection and Instruments</b>	<p>Data collection and analysis tools are identified according to the tools/instrument to be surveyed, such as:</p> <ul style="list-style-type: none"> <li>- Twitter analytics to measure tweet performance (N. of tweets, retweets, followers, ...)</li> <li>- LinkedIn analytics, mainly to assess SUNFRAIL reception in targeted professionals circles (N...).</li> <li>- Satisfaction questionnaire to explore participants' satisfaction, willingness to cooperate or receive project updates.</li> <li>- SUNFRAIL website statistics</li> <li>- SUNFRAIL newsletter: web tool (Mailchimp)</li> <li>- Discussion among partners during project meetings in order to share achievements, ask for needs, raise awareness about possible barriers and opportunities in the forthcoming events or major dissemination activities to be settled.</li> </ul>
<b>Frequency Schedules</b> /	<p>Monitoring of the activities will be performed according to the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done according to the schedule indicated above (M19, M29), on the basis of the proposed indicators and evaluation criteria.</p>
<b>Responsibility</b>	<p>Partner (task and WP leader) will be responsible to collect data on the activities performed according to the monitoring and evaluation checklist provided by the M&amp;E Leader. Data will be provided periodically (according to the schedule above), from first task participants to WP Leaders then to M&amp;E Leader. University of Deusto (DeustoTech Life) is responsible for data analysis and reporting.</p>



## General process indicators for WP 1

<b>WP 1</b>	Project Management and Coordination
<b>General process indicators</b>	<ol style="list-style-type: none"> <li>1. % of reporting (technical/financial), by PPs in due time (vs. the operational plan)</li> <li>2. % of accomplishment of deadlines of milestones and deliverables by PPs in due time</li> </ol>

## 4. Data Flow and Management

The table below illustrates the M&E data-flow from source to use.

<b>Source</b>	The data collected. This data will vary depending on the indicator being measured.
<b>Collection</b>	<p>Personnel and data gathering tools will also vary according to data required. Data will be sent regularly from first task participants to WP Leaders then to M&amp;E Leader.</p> <p>Data will be collected, aggregated and sent according to the EU and national privacy laws</p>
<b>Collation and Storage</b>	<p>Data will be stored in a data storage system that allows online input, managed by the M&amp;E leader. The storage system will consist of different modules capable of storing different data sources. The storage system will be backed-up regularly.</p> <p>Data will be stored according to the EU and national privacy laws</p>
<b>Analysis</b>	Data will be analysed according to specific quantitative and qualitative techniques.
<b>Reporting</b>	<p>Reports will be sent by M&amp;E Leader in collaboration with WP Leaders to Lead Partner. Their reports will form the basis of discussion of annual meetings and also reports to CHAFAE.</p>
<b>Use</b>	Data will be used to provide information on the success of inputs in producing outputs, and the success of outputs in achieving impact and sustainability. This will enable decisions to improve future project actions.

For both monitoring and evaluation it is the responsibility of all partners to gather necessary information (including that which is provided by stakeholders with whom they have contact) and feed it into the monitoring and evaluation process. A comprehensive table available for all project partners will enable partners to follow a monitoring and evaluation task checklist. Information gathered will be the basis of interim monitoring and evaluation reports regarding issues encountered and lessons learnt. The interim reports will support the LP to give feedback to CHAFAE. M&E Data Flow and Management structure is shown in Fig. 1.

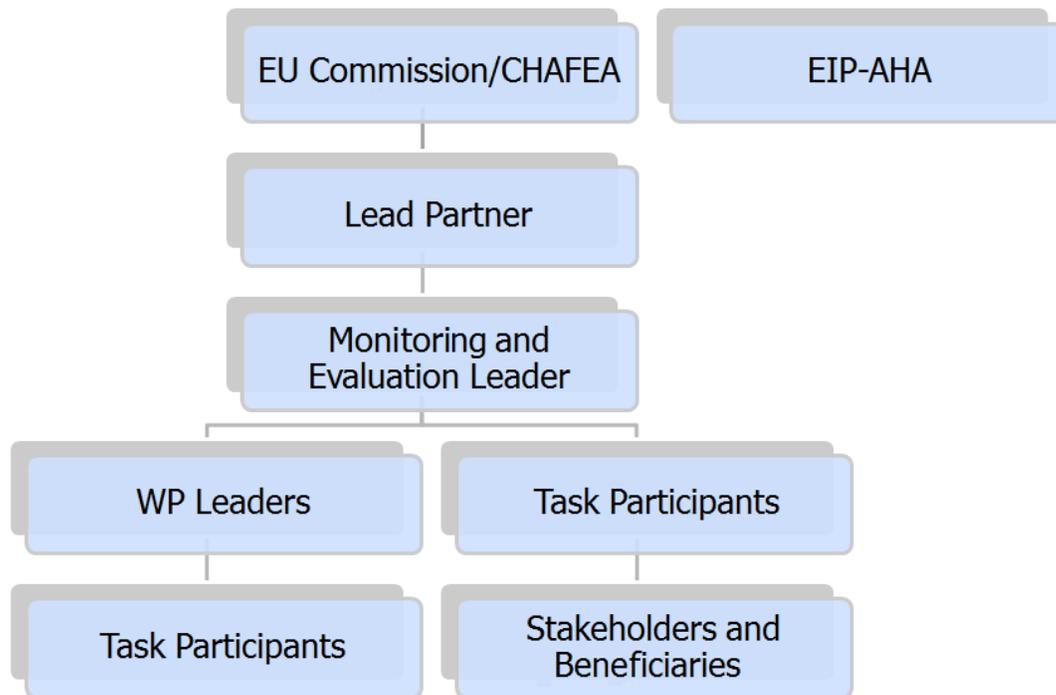


Figure 1. M&E Data Flow and Management

#### 4.1. Data Collection

Data collection will take place by task participants according to the schedule indicated in the operational plan. The data collection tools and techniques for each indicator have been specified above. A list of all possible data collection tools and techniques is included however, in case of new methods being required as the project evolves.

- **Matrix for registration:** A rectangular array of data variables, which may be numerical, classificatory or alphanumeric.
- **Case study:** A detailed descriptive narrative of individuals, communities, organizations, events, program, or time periods. They are particularly useful in evaluating complex situations and exploring qualitative impact.
- **Checklist:** A list of items used for validating or inspecting that procedures/steps have been followed, or the presence of examined behaviors.
- **Closed-ended (structured) interview:** A technique for interviewing that uses carefully organized questions that only allow a limited range of answers, such as “yes/no,” or expressed by a rating/number on a scale. Replies can easily be numerically coded for statistical analysis.
- **Community interviews/meeting:** A form of public meeting open to all community



members. Interaction is between the participants and the interviewer, who presides over the meeting and asks questions following a prepared interview guide.

- **Direct observation:** A record of what observers see and hear at a specified site, using a detailed observation form. Observation may be of physical surroundings, activities, or processes. Observation is a good technique for collecting data on behavior patterns and physical conditions.
- **Focus group discussion:** Focused discussion with a small group (usually 8 to 12 people) of participants to record attitudes, perceptions, and beliefs pertinent to the issues being examined. A moderator introduces the topic and uses a prepared interview guide to lead the discussion and elicit discussion, opinions, and reactions.
- **Key informant interview:** An interview with a person having special information about a particular topic. These interviews are generally conducted in an open-ended or semi-structured fashion.
- **Laboratory testing:** Precise measurement of specific objective phenomenon, for example, infant weight or water quality test.
- **Mini-survey:** Data collected from interviews with 25 to 50 individuals, usually selected using non-probability sampling techniques. Structured questionnaires with a limited number of closed-ended questions are used to generate quantitative data that can be collected and analyzed quickly.
- **Most significant change (MSC):** A participatory monitoring technique based on stories about important or significant changes, rather than indicators. They give a rich picture of the impact of development work and provide the basis for dialogue over key objectives and the value of development programs.
- **Open-ended (semi-structured) interview:** A technique for questioning that allows the interviewer to probe and follow up topics of interest in depth (rather than just “yes/no” questions).
- **Participant observation:** A technique first used by anthropologists; it requires the researcher to spend considerable time with the group being studied (days) and to interact with them as a participant in their community. This method gathers insights that might otherwise be overlooked, but is time-consuming.
- **Participatory rapid (or rural) appraisal (PRA):** This uses community engagement techniques to understand community views on a particular issue. It is usually done quickly and intensively – over a 2 to 3-week period. Methods include interviews, focus groups, and community mapping.
- **Questionnaire:** A data collection instrument containing a set of questions organized in a systematic way, as well as a set of instructions to the enumerator/interviewer about how



to ask the questions (typically used in a survey).

- **Rapid appraisal (or assessment):** A quick cost-effective technique to gather data systematically for decision-making, using qualitative and quantitative methods, such as site visits, observations, and sample surveys. This technique shares many of the characteristics of participatory appraisal (such as triangulation and multi-disciplinary teams) and recognizes that indigenous knowledge is a critical consideration for decision-making.
- **Self-administered survey:** Written surveys completed by the respondent, either in a group setting or in a separate location. Respondents must be literate (for example, it can be used to survey teacher opinions).
- **Statistical data review:** A review of population censuses, research studies, and other sources of statistical data.
- **Survey:** Systematic collection of information from a defined population, usually by means of interviews or questionnaires administered to a sample of units in the population (e.g., person, beneficiaries, and adults).
- **Visual techniques:** Participants develop maps, diagrams, calendars, timelines, and other visual displays to examine the study topics. Participants can be prompted to construct visual responses to questions posed by the interviewers, for example, by constructing a map of their local area. This technique is especially effective where verbal methods can be problematic due to low literate or mixed language target populations, or in situations where the desired information is not easily expressed in either words or numbers.
- **Written document review:** A review of documents (secondary data) such as project records and reports, administrative databases, training materials, correspondence, legislation, and policy documents.

## 4.2. Reporting

Monitoring of implementation progress will be the responsibility of the M&E Leader in collaboration with task participants, WP Leaders and LP, as set out in the Monitoring and Evaluation Plan.

Monitoring of the activities will be performed with the following schedule: M8, M12, M18, M24, in the way to match the results with deliverables and milestones foreseen by the project operational plan. Evaluation will be done with the following schedule: M19, M29, to provide the necessary elements for the interim and final evaluation report.



### **Semi-Annual Project Implementation Reports**

Results of monitoring and evaluation will be reported jointly with the periodic reporting of the activities, according to the schedule indicated above. Partner (task and WP leader) will be responsible to collect data on the activities performed through a monitoring and evaluation checklist provided by the M&E Leader (University of Deusto-DeustoTech Life). Data will be provided periodically from first task participants to WP Leaders then to M&E Leader, which is responsible for data analysis and reporting.

The information collected with the monitoring and evaluation checklist will be integrated into the “Internal Activity Report” template, detailing the following information:

- a) the achievement of outputs and progress towards project outcomes, based on the indicators indicated in the M&E matrix;
- b) an identification of any problems and constraints (technical, human, financial, etc.) encountered in project implementation;
- c) clear recommendations for corrective actions in addressing key problems.