Development of a transcultural social-ethical-care model for dependent populations in the Mediterranean Sea basin

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WP4 TEC-MED Project:

DEVELOPMENT OF MULTI-CULTURAL, SOLIDARITY BASED SOCIAL-CARE MODEL AND TOOLS

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[1] The Leader Beneficiary Coordination team of the TEC-MED Project and the WP4 Leader team have been listed as authors; the rest of co-authors have been included in the TEC-MED Consortium

STATEMENT ABOUT THE PROGRAMME:

"The 2014-2020 ENI CBC Mediterranean Sea Basin Programme is a multilateral Cross-Border Cooperation (CBC) initiative funded by the European Neighbourhood Instrument (ENI). The Programme objective is to foster fair, equitable and sustainable economic, social and territorial development, which may advance cross-border integration and valorise participating countries' territories and values. The following 13 countries participate in the programme: Cyprus, Egypt, France, Greece, Israel, Italy, Jordan, Lebanon, Malta, Palestine, Portugal, Spain, and Tunisia. The Managing Authority (MA) is the Autonomous Region of Sardinia (Italy). Official Programme languages are Arabic, English and French. For more information, please visit: www.enicbcmed.eu".

STATEMENT ABOUT THE EU:

"The European Union is made up of 28 Member States who have decided to gradually link together their know-how, resources and destinies. Together, during a period of enlargement of 50 years, they have built a zone of stability, democracy and sustainable development whilst maintaining cultural diversity, tolerance and individual freedoms. The European Union is committed to sharing its achievement and its values with countries and peoples beyond its borders".

1. INTRODUCTION

For this, the project in three years of execution, is structured in six work packages (WP), two transversal (WP1 Management and WP2 Communication) four (WP3 -WP6) oriented to the design and implementation of the TEC-MED Model and the platform that supports its implementation, as well as training through the collaboration of interested groups (government and public administration, NGOs, social care operators, research institutes, final beneficiaries), with an approach based on the co-design, co-creation, advocacy and governance.

On September 27, 2019, the execution began, which culminated on June 29, 2020 with an International Meeting in which it was validated with the development of the TEC-MED Social Model of Care (Porcel-Gálvez et al., 2020). This was carried out through a formative research process (literature review, semi-structured interviews and diagnostic analysis) together with an international meeting with experts from the six countries involved. During this process, the TECMED team also had to face the SARS-CoV-2 pandemic, which placed us in a new reality, forced us to face vicissitudes and to rebuild in the ways and in the methodological design.

The literature review was carried out between October 2019 and May 2020 and the 20 most promising initiatives in European countries and the Mediterranean basin were identified. 25 semi-structured interviews were conducted in 5 countries (Spain, Greece, Egypt, Lebanon and Tunisia) between the months of January and February 2020. The diagnostic analysis was carried out using the SWOT and GAP-Delphi technique in the 5 countries, where strengths, threats were identified and opportunities of the current social care system, as well as the desired system, gaps between them, and initiatives to achieve desired state, during the months of March to June 2020

Today, the TEC-MED Model is an integrated model, centered on the person, oriented in 6 dimensions (Subject of care, Providers of socio-health care [HSCP], Context of care and development of services [CE SD], Governance, Financing and Technology), at three management levels (macro, meso and micromanagement) and with 5 key cross-cutting elements (Quality, research and dissemination; Gender; Ethics, Social Inclusion; and Transculturality) (Fig. 1).
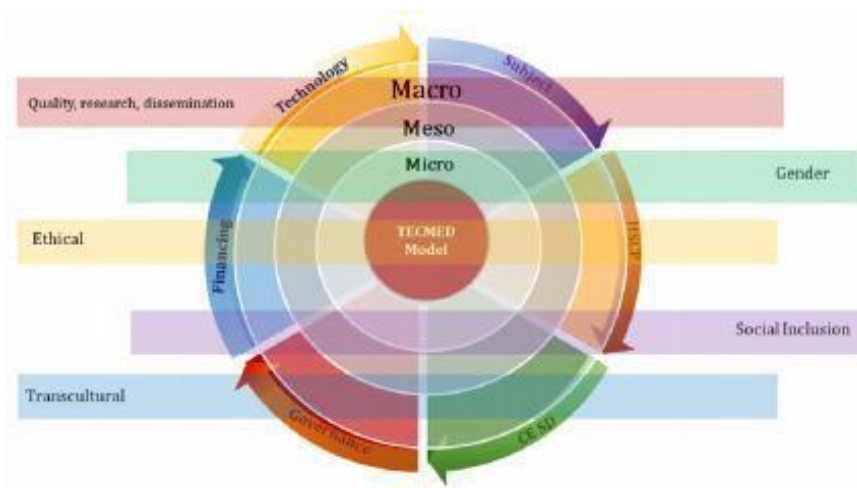
Fig.1. TECMED Model. Theoretical framework

In connection and as a continuity line of WP3, on November 27, 2020, WP4 begins, it is structured in 2 activities: 1) Development of Action Plans to operationalize the TEC-MED model and development of a multipurpose Online Platform that will support the application of the TEC-MED project.

The objective of the first activity is aimed at the operationalization of the intervention framework through the development of an Action Plan for each country participating in the TEC-MED project, which will be refined and validated in a joint action, with experts and interested groups materialized in a Workshop

An Action Plan consists of a number of actions or changes expected in the community, it aims to "turn a dream into reality", in our case to implement the TEC-MED Model in Spain. Each action or change includes the following information (Community Tool Box, n.d.):

1. **What** actions of changes will happen

2. **Who** will perfom the changes

3. **When** will happen and for how long

4. **In which order** will happen the activities

5. **Which** resources will we need to carry out the changes

6. **For what results** (progress indicators)

7. **Communication** (who must know what)

A key aspect is to involve the interested groups in the development of the Action Plan, therefore, a first step must be to determine which people and sectors should be involved in the change and in the search for solutions. In addition, a good plan of action must be complete (consider the changes that must be made in all areas of the community), clear (who, how and when), current (taking into account the starting situation, as well as possible barriers and opportunities) and effective (including the following aspects: the problem, barriers and resistances, resources for change, solutions and alternatives). An effective Action Plan responds to the SMART criteria:

Specific (well defined and clear), Measurable (include monitoring indicators), Achievable (realistic and achievable with available resources), Relevant (aligned with objectives), Time adjusted (has an end date) (Community Tool Box, n.d.).

In this context, WP4 was structured as follows:

Activity	Description
A.4.1.	Operationalization of the intervention framework. Action plan (1 per country)
A.4.2.	Development of multi-purpose online platform Online TEC-MED platform • Analysis of the online platforms • Platform design • Platform implementation

2. FINAL RESULTS

WP4 was structured between a WP leader (PP1) and activities' leaders (LB and PP3).

- LB was the leader of the activity A.4.1.1. Operationalization of the intervention framework

- PP3 was leader of the activity A.4.2.1. Development of multi-purpose online platform. Final revision of all documents was done by the LB.

2.1. Activity A.4.1. Operationalization of the intervention framework

This first activity aimed at creating specific action plans for each country to make the TEC-MED model operational in the community through different steps aimed at listening to the community, establishing a planning committee, proposing the vision, mission, objectives and strategies of the project for each country, as well as the development of an action plan intended to be followed to ensure that the project is well implemented. Each country's action plan was validated through a workshop with key stakeholders from each country to validate and finalize the action plan. The procedure for the design and development of action plans is described below:

Committe of Planification

Each partner has an initial group of people who are in charge of the operationalization of the TECMED model in each country.

Next, we will put this group of people from each partner.

- **LB**
    - Alonso Trujillo, Federico: Director Plan de Promoción de la Autonomía Personal y Prevención de la Dependencia/Director Plan and
    - Álvarez, Ángel Luis: Director del Centro Cívico de Torreblanca (Sevilla)/ Director of the Civic Center of Torreblanca (Seville)
    - Barroso Fuentes, Emilia: Directora general de acción social del
    - ayuntamiento de Sevilla/ General director of social action of the Seville city council
    - Caballero Moreno, Fermín: Consejo Provincial de Mayores de Sevilla/ Provincial Council of the Elderly of Seville
    - Cansinos Romero, Javier: Enfermero Residencia San Juan de
    - Dios/Nurse at the San Juan de Dios Residence
    - Díaz Veiga, Pura: Investigadora en Matia Instituto, coordinando el Proyecto Etxean Ondo Residencias./ Researcher at Matia Instituto, coordinating the Etxean Ondo Residencias Project.
        - Sarasola Sánchez-Serrano, José Luis: Director del master oficial en Gerontología y Dirección, y en Gestión de Centros Gerontológicos.

Presidente del Colegio Profesional de Trabajo Social de Sevilla/ Director of the official master's degree in Gerontology and Management, and in Management of Gerontological Centers. President of the Professional College of Social Work of Seville

o Juan Manuel Martínez Gómez Presidente de la Confederación Española de Organizaciones de Mayores (CEOMA)/ President of the Spanish Confederation of Elderly Organizations.

- **PP4**

  o Maria Zafiropoulou: Board member of different NGOs such as Age Greece, 50+ Hellas, Geriatric and Gerontology Society of Greece and Fragility Fracture Network.

  o Manolis Mentis: Management of Aging and Chronic Diseases, Assistant Professor Social Work, Department of Education and Social Work University of Patras

  o Dimitris Theodoropoulos: General Director-Public Benefit Association and Care of elderly and people with disabilities-¨Frondizo¨

  o Maria Xenou: Deputy Head of Western Greece Region as partner for Health Policy Issues and Social Welfare giving Health, Food Safety and Quality Control lectures in professional trainees and general population.

  o Eleni Ferentinou: Clinical Lead Psychologist, T.E.C. "Merimna" Patras Psychologist-Neuropsychologist PhD Candidate, University of Patras

  o Platon Christopoulos: Psychiatrist of T.E.C. "Merimna" Patras

  o Chrysanthi Frantzi: Social worker of T.E.C "MERIMNA" Patras

  o Georgios Aggelakopoulos: representative of elderly

- **PP5**

  o Imène Ben Cheikh: Doctor, Director of the Directorate Elderly person protection, Ministry of Women, Family, Children and Elderly affairs (Stakeholder- Government).

  o Leila Cherif: Doctor, Assistant Director of the National Health

Insurance Fund, Ministry of social affairs (Stakeholder- Government).

- o Leila Alouane: Professor, President of the Tunisian Association of Alzheimer (Stakeholder- NGO).
- o Said Hajjem: Doctor, President of the Tunisian Association for Research and Study in Geriatrics and Gerontology (Stakeholder-Researcher).

- **PP10**
  - o Dr. Gennaro Rocco, President of the non profit organization "Insieme per vita agli anni", Scientific Director of the Centre of Excellence for Nursing Scholarship
  - o Dr. Bruna Marzucchini, Anthropologist and Sociologist and Adjunct Professor at Tor Vergata University
  - o Dr. Cristiana Pizziccanella, Nurse Coordinator Community Care, ASL Roma 6
  - o Dr. Ercole Vellone, Associate Professor in Nursing, Tor Vergata

  - o Dr. Federica Wolf, Full Professor, UniCamillus University
  - o Dr. Cinzia Sandroni, Healthcare professionals Director, ASL Roma 6
  - o Dr. Cinzia Puleio, Nurse Coordinator, ASL Roma 2
  - o Dr. Anna Sguera, Healthcare professionals Director, Nomentana Hospital
  - o Dr. Stefania Cecconi, Nurse Coordinator Home Care, ASL Roma 2
  - o Dr. Catia Liburdi, Coordinator Elderly area, La Sponda Onlus
  - o Dr. Barbara Porcelli, Healthcare professionals Director, ASL Roma 2
  - o Dr. Maria Grazia Montalbano, Director of the Lusan long term institution for elderly
  - o Dr. Massimiliano Celletti, Social Care UNEBA Lazio.
  - o Dr. Lorenzo Tiberti, ADA Association for the rights of the elderly
  - o Dr. Claudia Catanese, Psychologist, Villa Ardeatina Long-term center
  - o Dr. Stefano Orlando, Researcher in Economy, Tor Vergata University

> ○ Dr. Cristina Musolino, social care worker, Villa Ardeatina Long-term center

Vision, mission, objectives and strategies

This activity represents the second step to procedure to carry out the Action Plan. After having analysed "Understand and listen to the community", we proceed to identify the objectives that are to be achieved through a planning of an action oriented to values and missions that guides the development of work in the community that has been determined. The methodology used to structure our Action Plan is that of VMOSA: Vision, Mission, Objectives, Strategies, and Action Plans.

The VMOSA is a practical planning process that is used to help community groups define a vision and develop practical ways to implement change.

VMOSA helps the organisation set and achieve short-term goals while maintaining a long-term vision. The implementation of this planning process in the efforts of your group supports the development of a clear mission, the creation of consensus and the establishment of community dreams. (Community Tool Box, n.d.).

The VMOSA was developed using the discussion group technique with the team of research collaborators of the Project, through a reflexive and collaborative work, taking into account the diversity and the integration of opinions of all the participants. In this sense, the discussion group was planned to start with the critical revision of the Strategic Plan, the Logical Framework and the WP4 Guide. The different steps in the implementation of the VMOSA strategy are described below.

TEC-MED values

By community is understood a "specific group of people, who often live in a defined geographical area, share the same culture, values and norms, and are organized in a social structure according to the type of relationships that the community has developed throughout weather. Members of a community acquire their personal and social identity by sharing common beliefs, values, and norms that the community has developed in the past and that may be modified in the future. Its members are aware of their identity as a group and share common needs and the commitment to satisfy them"

(WHO, 1997).

As a Community we want to achieve the objectives and goals by supporting ourselves in shared values: results and focused processes; stakeholder engagement and population participation, gender equality, cross cultural approach, strengths-based approach; social and ethical values, commitment, quality and efficacy, equity. At the same time, although these values identify our community, their expansion is encouraged in a continuous process of growth and shared learning with an inclusive and representative approach.

I. Vision

Vision is the dream we want to achieve, the ideal image of the condition of our community. It is specified in a short sentence: Understood and shared by the members of the community; Broad enough to involve a diversity of perspectives; Inspiring and uplifting. The vision of the TECMED project is: "**Worthy care for elderly**".

II. Mission

The misión is what and how of our Action Plan. It serves to describe how to transform the Vision into REALITY: To inspire to Action, Concise, Outcome oriented, Inclusive. The mission of the TEC-MED through the Action Plan is: **"serve as catalyst to promote quality services based on a socio-ethical and cross-cultural model for the elderly in the Mediterranean Basin"**.

III. Objectives

Objectives are the specific and measurable steps to achieve the mission. They have to be smart, SMART: Specific, Measurable, Achievable, Relevant, adjusted inTime. These can be focused on behaviour, community-level outcomes, or process. The objectives of the Action Plan are: "**Develop a framework of intervention for the improvement of the conditions of social-health care for the elderly population dependent and/or at risk of social exclusion in the Mediterranean Basin**" (Table 1).

OPERATIVE OBJECTIVES
0.0.1 Identify the organizational and procedural managing that will be used to implement the TEC-MED model, taking into account the following organizational key features: (1) fundamental role of organizations and NGOs in charge of support services Social.   (2) develop personalized empowerment pathways;   (3) Training of agents training (AT) for empowering to the target population   (4) network providers of social care services;   (5) Use of ICT for the provision of social services;   (6) Use of a scheme focused on patient outcomes.
0.0.2 Train and train 6 TA (1 for every 784 people in the target population) for the implementation of the social care model and the use of the TEC-MED project software.
0.0.3Develop an impact assessment framework to provide an ex ante, in itinerant and ex post evaluation of the social care model with qualitative and quantitative indicators taking into account the expected impacts   a) increase in activities of the patient due daily;   b) health costs reduction;   c) increasing the QUALITY of the patient in the long term;   d) significant improvements in the social inclusion of the target patients).
0.0.4 Pilot the TEC-MED model in 4700 elderly people in situations of dependency and / or risk of social exclusion, with a focus on self-care and empowerment practices.
0.0.5. Promote a governance model that includes the implementation of the TEC MED model, involving political and institutional actors as well as other social entities such as companies or non-profit organisations.

V.   Strategies

The strategies explain how the group will achieve its objectives and Specific strategies guide an intervention in more detail. The strategies that will use the TECMED Project to implement the TECMED model are (Table 2):

Table 2. Goals and strategies.

OBJETIVES	STRATEGIES
0.0.1	• Define key actors to be involved in the implementation of the TECMED Model, including the Training Agents.
0.0.2	• Identify the target community. • Identify the network of social care services to be involved in the implementation of the model • Establish recruitment techniques for the target community and for the actors involved in the organization for the implementation of the model. • Identify personalized empowerment dimensions and mechanisms, and develop specific community empowerment guides • Structure and develop AT training guides. • Determine dimensions of improvement for the use of ICT / digitization of care for the elderly
0.0.3	• Define the variables that define the situation of dependency and / or risk of social exclusion. • Define indicators to be measured before, during and after the implementation of the model, protocol for the collection of indicators (impact and process) and an appropriate evaluation calendar • Create a tool with process indicators and quantitative and qualitative results • Create an assessment protocol and run it • Analysis of data • Preparation of intermediate and final documents • Disseminate the results to the scientific and civil community, as well as to social and health managers
0.0.4	• Determine capture techniques from the implementation contexts and the population • Prepare protocols for implementation, use of the platform, and attention and visits to the beneficiary population (face-to-face, virtual) • Use training techniques, such as workshops, with the key actors in the implementation to present good practices of self-care and empowerment aligned with the TEC-MED Model • Track implementation
0.0.5	• Define the key actors to promote a governance model that includes the TecMed model • Select actions to disseminate the model Create a white paper guide based on the results of the model

Action Plans

Each partner has developed an Action Plan that will be developed in the following tables.

- **LB**

Who should carry out the action?	When should the action have been taken?	Available resources	Need resources (funding, human, policy and others)	What individuals and organizations can resist? How?
0.0.1 Identify the organizational and management procedures that will be used to implement the TEC-MED and 0.0.2 model Define, train and train 6 AT (1 for every 784 people in the target population) for the implementation of the social care model and the use of the TEC-MED project software				
All Project collaborators: Researchers and Associates Social and health managers (macro, meso and micro management) Target population	Deadline: 16/10/2020 - March 2021	The identified Stakeholders. Involvement matrix Consensus techniques	Human resources	Lack of consensus Among collaborators or resistance to new proposals and change
All key Agents involved (quadruple hélix) in elder care	Deadline: continuous process until sept 2022 Milestone: 16/10/2020	Literature reviews Consensus techniques Interviews with key agents Rating scales	Human resources	Bureaucratization Difficulty access to information
All Project collaborators: Researchers and	Deadline: continuous process until sept	Social networks and the key agents of the different organizations	Human resorces	The circumstances of COVID 19 that would make it difficult for you to participate

Associates Social health managers (macro, meso and micro management) Target population	2022 Milestone: 16/10/2020	involved		
Communication area Change's agents	Deadline: 16/10/2020 continuous process until sept 2022	Key contacts Stakeholders and project collaborators Networking protocol	Financing for development and Human Resources	Socio-cultural differences that must be taken into account when recruiting strategies Bureaucracy Financing
Research team. Change's agents	Deadline: 16/10/2020 March 2021	Biblographic review: catalog of interventions Electronic resources Spaces	Financing, Human Resources Engaging Stakeholders (WS)	Not expected
Research team. Change's agents	Deadline: 16/10/2020 March 2021	Rapid review	Financing Human resources	A training program for different realities can be complex
All Project collaborators: Researchers and Associates Social health managers (macro, meso and micro	Deadline: continuous process until sept 2022 Milestone: March 2021	At the individual level, community group: at the operational level, research group and IT	Financing Human resources	Digital divide

management) Target population				
O.O.3 Develop an impact assessment framework to provide an ex ante, itinerant and ex post evaluation of the model				
Research team and technical staff. Stakeholders	16 oct 2020	Review of validated assessment tools Expert opinion	Human resources	Great variability in definitions
All Project collaborators: Researchers and Associates Social health managers (macro, meso and micro management) Target population Consortium	Deadline: 16/10/2020 – january 2021	Rapid review and consensus of validated tools in Europe and Mediterranean Basin Countries.	Human resources Computer resources Database financing	A large number of variables could add complexity to this process. Cross-cultural adaptation problems Lack of consensus
Research team, change agents, and contracted technical staff	16 dec 2020	Identified questionnaires: Dimensions and aspects of the model for the evaluation of impact and results (5 dimensions +. Key aspects) Affective area (mental health / addictions) Quality of life area	Human resources and Access to database	Lack of consensus or the tolos indicator found

		Dependency area Fragility area Complexity area Social area Empowerment Caregivers Economic evaluation TECMED platform Experts in quantitative and qualitative methodology		
Research team, training agents, formal and informal caregivers, beneficiary population, and contracted technical staff	a) First evaluation prior to piloting the model developed in WP5: March 2021 b) Follow-up evaluation in the middle of the piloting of the model in WP5: Intermediate points (to be defined) at least 6 months (September 2021) c) Final	Ethics Committee TEC-MED platform Experts in quantitative and qualitative	Assessment protocol / guide The evaluation protocol must specify quantitative and qualitative techniques for evaluating the process and results: Assessment tool Training sessions	Difficulty participating in sessions training/understanding the protocol Adherence / Fidelity of the implementation in the different centers and in different countries User acceptance/difficulties or barriers to completing the questionnaires Data collection centers may see it as interfering with their normal activity.

	evaluation, at the conclusion of the piloting of the model: March 2022		Deployment centers Human Resources Financing	
Team of investigation, people participants in qualitative analysis, technical staff	The process of data processing should start after data collection initial (database and analysis of the same), the evaluation of process and the same with the final evaluation	SPSS Software/R Software Microsoft Word/Excel Experts in qualitative and quantitative	protocol data tabulation Human Resources Live Nudist statistical support Analysis support qualitative	Confusion biases Information management / lost data Systematization of the data Difficulties in triangulating the data Difficulty for generalization
Research team and technical staff	After the completion of each data collection and analysis	Microsoft Word Pdf Power point Publisher	Human Resources: creation of the final report Communication and digital design outsourcing	Data tabulation Lack of consensus on the results of greatest interest Difficulty accessing the community for the dissemination of the repo
Research team, change agents, and contracted	After the completion of each data collection	Human Resources Office automation and other digital	Location of broadcast medio	Barriers to access to the community Difficulties with timing

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technical staff	and analysis	resources Financing	Consensus of the most appropriate dissemination techniques Improved financing	when depending on external agents
0.0.4 Pilot the TEC-MED model in 4,700 elderly people per country in a situation of dependency and / or risk of social exclusion, with a focus on self-care and empowerment practices				
All Project collaborators: Researchers and Associates Social health managers (macro, meso and micro management) Target population	Milestone: December 2020, continuous process during the implementation process until March 2021	Social networks and the key agents of the different organizations involved (Large groupings of residences Order of Saint John of God, Home care companies, Town Hall Services)	Human and Economic Resources Development of communication and advertising plans Means of recognition of the collaboration carried out	The circumstances of COVID 19 that would make it difficult for you to participate COVID protocols prevent entry to health centers
Research team, change agents, and contracted technical staff	January 2021	Microsoft Word Pdf Power point Publisher Review of the	Human resources involved (research team, experts) in	Distrust on the Model, on the unknown, due to data protection, and the violation of their privacy, their way of working, their care model ... The moment you choose to

		literature on protocols	the development of these practical protocols Creation of the final report Design outsourcing	drive the Model or the time of year, it should be in line with your work pace
Research team, change agents, and contracted technical staff	Milestone: January 2021, continuous process during the implementation process until March 2021	Places Electronic resources	Financing Human resources Difusión	The circumstances of COVID 19 that would make it difficult to participate due to work overload Fear of being allowed to enter the home due to contagion
Research team, change agents, and contracted technical staff	During all the process	Personal Electronic resources Telephony Possibility of transport	Humans (trained people who give us feedback)	Difficulties in locating the trained person due to the COVID work overload
O.O.5.Promote a governance model that includes the implementation of the TEC-MED model, involving political and institutional actors as well as other social entities such as companies or non-profit organizations				
All Project collaborators: Researchers and Associates Social health managers	Continuous process until September 2022	Key contacts Stakeholders and project collaborators People	Financial, human and political resources Centers	People who do not agree with the proposed governance model Or they have had difficulty implementing the model

(macro, meso and micro management) Target population	Milestone: 10/16/2020	who have participated in the preparation of white papers or good practice guides	that have collaborated in the good practice guide as a result of good or excellent results of the model	
	Continuous process until September 2022	Key contacts Stakeholders and project collaborat ors	Human resources Different media Information document on the governance model: steps, objectives, regulatory framework	The circumstances of COVID 19 that would make it difficult for you to participate
	Continuous process until September 2022	Social networks and key agents of the different organizations involved Document resulting from	Financial, human and political res ources. Social assistance operators.	That the objective of the model or the goals proposed in the governance model is not clear to all participants or that the dissemination actions are not attractive

					Human Resources involved in good practices Creation of the final report Communication and digital design outsourcing	Data collection Lack of consensus on the results of greatest interest Difficulty accessing the community for the dissemination of the reports
Research team, key players and technical staff		After the implementation of the model (March 2022)		Microsoft Word Pdf Power point Publisher		

- **PP4**

Action Steps	By Whom	By When	Resources and Support Available/Needed		Potential Barriers or Resistance	Communication Plan for Implementation
What needs to be done? **TO BUILD THE FRAMEWORK FOR THE SOCIAL CARE MODEL**	Who will act?	By what date will the action be done?	Resources Available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
Develop a transformative approach that recognize the rights of older people and enable them for a holistic care social care model *(the right that older people have to the best possible health and its accountable, progressive*	Research group (Different researches of Western Region of Greece, of local and national NGOs	February 2021	Reports of Health ministry	Decision of Minister to foster this action	Lack of organizational culture of public organizations to work on human rights.	Universities, NGOs, public organizations dealing with the elderly, private organisms, research institutes

realization, gender equality, equality and non-discrimination, particularly on the basis of age, equity, intergenerational solidarity	etc)					
Form a group of people (for lobbying, for decision making, for implementation and further capitalization)	Merimna	September 2020	A first group has already formed during this project.	It is needed a more open wide participation of local decision makers and powerful NGOs in a local or national setting	Lack of motivation of activation of public authorities +due to the corona virus	Local public authorities, representants of NGOs
Awareness campaign related to disabled people and ageing for better self care management and empowerment	Social partners and Merimna	March 2021	Good existing experience	Participation of different scientists in Greece is not always easy to do	Limited experience in ageing issues of disabled people	Scientists/ specialists in gerontology, geriatrics and disabled people
Training content for caregivers and training of the staff of different social organizations	Merimna	May 2021	Training content is already prepared and open online courses are available.	Difficulty to join the personnel in times of crisis	Funding of online training	Merimna could start training with its social partners The collaboration of MSC (universities) specialized in social work and gerontology could be an asset for a better result
What needs to be done? MANAGEMENT-COACHING-EVALUATION	Who will act?	By what date will the action be done?	Resources Available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?

Step 1: Collaboration of specialized units of elderly in order to obtain available data	Local public authorities	June 2021-till the end of the project	Different actions and initiatives taken by local authorities	Political decision to collect data available from different resources and merge into one database to evaluate different dimensions of the elderly groups and their strata	Collaborate in a tight time schedule and in times of crisis	m.Bonanos (Directorate of Region of Western Greece) should be informed in order to motivate the collaboration of specialized units. Invitations should be sent on behalf of him
Evaluate ex ante and ex post	Merimna	From the beginning of the project till the End of the project	Consensus, protocols for all the steps of the TEC MED project	Internal communication should be very well established and external evaluation would be appreciated (qualitative and quantitative indicators will be developed and implemented)	Financing this evaluation	Merimna should start internal evaluation and then discuss external evaluation with the other tec med partners.Letters/invitations should be sent to the partners.
Successful pilots in Merimna	Merimna	June 2021- till the end of the project	Merimna's personnel is very keen to implement social	The population of Merimna covers a great part of the population of the	Funding for other implementations	The implementation of the project will start at Merimna but it would be very helpful if other social partners would join unofficially the consortium in order

			experimentation and has skilled personnel.	Region of Western Greece		to implement a part of the project
Active participation of the elderly	Representatives of the elderly	June 2021-till the end of the project	Mix groups of populations should be formed (elderly's representatives, disabled people's representatives, parents' representatives)	It is needed the full support of the board of Merimna	Different management changes have been done in Merimna in the last year and the managerial situation is still unstable	The invitations addressed to different local and national NGOs and to parents' of elderly and disabled people are in process.
What needs to be done? SERVICES AND CAPACITY BUILDING	Who will act?	By what date will the action be done?	Resources Available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
Adaptation of the content of the electronic platform to Greek reality	Elderly board, social partners, merimna and local authorities	Avril 2021	Current services available	Developing a database of available services and their providers adapted to Greek reality	Data collection is not very easy in these times of sanitary crisis	FB to build a communication platform and assemble the network
Capacity building program for family caregivers and for the final	Services provider	March 2021	Available knowledge and experie	Start a informal educational and training	Acceptance by the family members, funding.	Different organizations involved should collaborate and start an awareness

users	bodies		nce	program for family caregivers		campaign
What needs to be done? IMPLEMENTATION OF THE MODEL	Who will act?	By what date will the action be done?	Resources Available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
Step 1: **Creation and continuous Update of the Database and of structural elements and procedures**	Social partner ship 6th YPE will lead the action.	July 2021 till the end of the project (continuous follow up)	Build on available fragmented databases (for the elderly and for disabled people, for geriatrics and for gerontology issues)	Develop a common database	Funding is an issue	The action will be based on volunteering. A call to action will be addressed to different NGOs. The 6th YPE will lead the action .
Step 2: **Outreach isolated ageing persons**	Agencies for caregivers, local authorities	Avril 2021	Merimna's geographic approach is very vague.	A solid integrated plan focusing on a new isolated population because of corona virus effects.	Funding is an issue. Also, the issue is to build a management tool in order to reach these new isolated ageing populations (the main part of them is staying at home).	Invitations will be sent to local agencies and local action will be done in order to better inform interested stakeholders.
Step 3: **Call to action with the university**	University	September 2021 till the end of the project	There are some universities degrees /specializations dealing with	To develop synergies with local NGOs and scientists.	Common call to action is not very easy to build.	The communication with the universities should start by now in order to have time and build a solid common call to action.

			gerontology issues.			
What needs to be done? Integration of technological advances in care models	Who will act?	By what date will the action be done?	Resources Available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?
Screening of new technologies adopted in the field of elderly care worldwide	Merimna and gerontology specialist	September 2020	The activity has already been done.	Continuous screening should be done.	Resistance to change, lack of expertise among workers in the field	Initial meetings and team work with gerontology specialists.
Technological tools adapted to Greek needs	Vidavo	March 2021	Good cooperation with Vidavo	To build all the content in common with vidavo	Lack of time due to covid-19 consequences.	Internal meetings with vidavo and communication of meetings' results to the other partners.

- **PP5**

Actions What needs to be done?	By Whom? Who will take action?	By When? By what date will the action be done?	Resources and Support		Potential Barriers or Resistance What individuals and organizations might resist? How?	Communication Plan for Implementation What individuals and organizations should be informed about/involved with these actions?
			Resources Available	Resources Needed (financial, human, political, and other)		
SO1: coaching and training set for the implementation of the TEC-MED social-care model						
Action 1.1 : Strengthen the training of health and social care providers for dependent elderly people (using Training of Trainers approach)	Research team, change agents, and contracted technical staff	From March 2021	TEC-MED platform Health protocols	Human resources Stakeholder databases	worsening of the sanitary situation in relation of COVID-19	Caregivers for elderly in public/private institutions
Action 1.2: Organization of training for family members caring for dependent seniors to help them in providing the necessary support	Research team, change agents, and contracted technical staff	From March 2021	TEC-MED platform Health protocols	Human resources Stakeholder databases		Elderly in dependency and/or exclusion situation at home or in public/private institutions
SO2: impact evaluation framework to provide an ex-ante, in –itinerary and ex-post evaluation of the TEC-MED social-care model						
Action 2.1 : Identify the variables to be collected before, during and after the pilot phase of the TEC-MED model	Research team and technical staff	January 2021	Validated assessment tools	Human resources	Lack of consensus between researchers	Project teams Stakeholders
Action 2.2: Define indicators to be measured before, during and after the implementation of the TEC-MED model	Research team and technical staff	January 2021	Validated assessment tools	Human resources		Project teams Stakeholders

Action 2.3: Develop the protocol for collecting indicators (impact and process) and adequate evaluation calendar	Research team and technical staff	January-February 2021	Ethic Committee, Visa from the high court of personal data protection, training sessions	Human resources Computers	Difficulties to obtain the authorisations from ethic committee or the high court of personal data protection	Project teams Stakeholders
Action 2.4: Collect and analyse data according the calendar	Research team, technical staff and field staff	From March 2021	Computers Means of transport	Human resources Computers Databases	Sanitary situation, poor collaboration from target population	PP5 and Associated partner team
Action 2.5: Disseminate the results at national and international levels	Research team and technical staff	From January 2022	TEC-MED platform, Mass media, national social networks	Human resources Communication tools	Lack of validated data to be disseminated	PP5 and Associated partner team Stakeholders
Action 2.6: Participation in research focused on old age, identification of the needs of the elderly and establishment of relevant indicators such as satisfaction of services, integrated care or financial sustainability.	Research team and technical staff	From June 2021	Researcher staff	Human resources Computer Databases	Difficulty to access to elderly persons	PP5 and Associated partner team, Students
SO3: organizational and managerial procedures to be used to set up the TEC-MED model.						
Action 3.1: Develop networking with service providers and the national	Research team, change agents, and contracted	From March 2021	TEC-MED platfor	Human resources	A worsening of the sanitary	Researcher team, caregivers in Public and private sectors,

	technical staff		m		situation in relation to COVID-19, which could all contact with target population	target population
Action 3.2: Promote active participation of the elderly in the setting up and running of the platform and not considering them as mere users of its content.	Research team, change agents, and contracted technical staff	From March 2021	TEC-MED platform	Human resources		Researcher team, caregivers in Public and private sectors, target population
Action 3.3: Facilitate collaboration among professionals to improve care outcomes, with shared responsibility, respect and role definition.	Research team and stakeholders	From June 2021	TEC-MED platform	Human resources		Researcher team, policy makers, caregivers in Public and private sectors
Action 3.4: Advocate for the creation of public medical and social institutions in charge of the elderly.	Research team and stakeholders	From June 2021	Key contacts Stakeholders	Human resources		Researcher team, policy makers, caregivers in Public and private sectors
Action 3.5: Pass a law that facilitates the use of technological tools in the care of the elderly and guarantees equitable access to services.	Research team and stakeholders	From June 2021	Key contacts Stakeholders	Human resources		Researcher team, policy makers, caregivers in Public and private sectors
Action 3.6: Strengthen legislation that protects the rights of the elderly and supports the concept of active and positive ageing	Research team and stakeholders	From June 2021	Key contacts Stakeholders	Human resources		Researcher team, policy makers, caregivers in Public and private sectors
SO4: self-care management and empowerment set of practices to be transferred to the target population.						
Action 4.1: Set up a social program aimed at improving the housing conditions of elderly dependant people and/or at risk social exclusion.	Key stakeholders, research team, change agents, contracted technical staff	From April 2021	Available initiative at national and international	Financial and human resources. COVID 19	The circumstances of COVID 19 that would	Project team Stakeholders at different concerned sectors, Target population

			levels; Key contacts Stakehol ders		make it difficult for impleme ntation	
Action 4.2: Improve the hospital environment so that it is preventive, rehabilitative, available, accessible, affordable and holistic.	Key stakeholders, NGOs, research team, change agents, contracted technical staff	From April 2021	Available initiativ e at national level (private & public sectors) ; Key contacts Stakehol ders	Financial and human resources.	The circumst ances of COVID 19 that would make it difficult for impleme ntation Political instabilit y	Project team Stakeholders at different levels of the Ministry of health
Action 4.3: Strengthening policies that improve access, reintegration and work access for people with chronic diseases.	Key stakeholders, research team, contracted technical staff	From April 2021	Output from literatur e review; Key contacts Stakehol ders	Financial and human resources.	The circumst ances of COVID 19 that would make it difficult for impleme ntation Political instabilit y	Project team Stakeholders at different concerned sectors
Action 4.4: Creation of mechanisms aimed at keeping older persons active and capitalize on their expertise to promote their mental and financial well-being.	Key stakeholders, research team, contracted technical staff	From April 2021	Output from literatur e review; Key contacts Stakehol ders	Financial and human resources.	The circumst ances of COVID 19 that would make it difficult for impleme ntation Political	Project team Stakeholders at different levels of the Ministry of health

						instability
Action 4.5: Adoption of a social and solidarity economy" approach which is characterised by its capacity to create service and development projects.	Key stakeholders, research team, contracted technical staff	From April 2021	Available initiative at national and international levels ; Key contacts Stakeholders	Financial and human resources.	Political instability Doubts of the Community about the aim of the approach	Project team Stakeholders at different concerned sectors and levels Target population
Action 4.6: Ensure the availability and the physical and financial accessibility of ICT tools to facilitate the autonomy, monitoring and assistance of vulnerable elderly people.	Key stakeholders, research team, contracted technical staff	From April 2021	Key contacts Stakeholders	Financial and human resources.	Political instability Economic crisis Elderly acceptability	Project team Stakeholders at different concerned sectors and levels civil society) Target population
Action 4.7: Use ICTs to reduce the social isolation of older people living in the community or in specialized institutions: social networks.	Key stakeholders, research team, contracted technical staff	From April 2021	Key contacts Stakeholders	Financial and human resources.	Economic crisis Elderly acceptability	Project team Stakeholders at different concerned sectors and levels Target population
Action 4.8: Implementing online technological solutions for monitoring vulnerable people.	Key stakeholders, research team, contracted technical staff	From April 2021	TEC-MED Platform; Key contacts Stakeholders	Financial and human resources.	The circumstances of COVID 19 that would make it difficult for implementation Elderly acceptability	Project team Stakeholders at different concerned sectors and levels Target population

Action 4.9: Develop and implement person-centred software to be used in nursing homes for monitoring and follow-up care	Key stakeholders, research team, contracted technical staff	From April 2021	TEC-MED Platform; Key contacts Stakeholders	Financial and human resources.	Elderly acceptability	Project team Stakeholders at different concerned sectors and levels Target population

- **PP7**

Actions	Responsible (Who?)	Time (When?)	Resources	Monitoring	Potential Barriers & Challenges	Communication
O. 1. Piloting of the TEC-MED Model						
Defining key actors and partners	IDRAAC, Associated Partner & Collaborators	December 2020-February 2021	Human resources (stakeholders)	Follow-ups & Meetings	Resistance to the model and its implementation	Communications with key agents and targets of change
Recruitment of training agents and training on the use of the TEC-MED platform (training guides production and continuous training)	IDRAAC, Associated Partner & Collaborators	March 2021	Human resources	Training evaluations	Low commitment of training agents and quality of trainings delivered	Communication with training agents and stakeholders
Setting of organizational and managerial tutorials for the reproduction of the model and implementation protocols	IDRAAC, Associated Partner & Collaborators	March 2021	Human resources	Availability of Tutorials	Full understanding from training agents	Communication with training agents and stakeholders

Training on the implementation of the model and self-care and empowerment practices of the elderly	IDRAAC, Associated Partner & Collaborators	Before March 2021	Human resources	Availability of training materials	Attendance to trainings and evaluation of trainings	Communication with training agents and stakeholders
Monitoring the implementation of the model and the use of the platform	IDRAAC, Associated Partner & Collaborators	March 2021-March 2022 (Reports due every 3 months)	Human Resources	Setting of indicators and close monitoring of processes and deliverables	Issues with proper and timely reporting Delay of service delivery due to COVID 19 and confinement.	Communication with TAs and partners
Identification of gaps and challenges in the pilot phase	IDRAAC, Associated Partner & Collaborators	March 2021-March 2022	Human Resources	Evaluation Reports due every 3 months	Lack of feedback from partners and TAs	Communication with TAs and partners
O.2. Monitoring and Evaluation of the TEC-MED model Pilot						
Establishing a list of indicators (impact, process and KPIs)	IDRAAC, academic and national stakeholders	February 2021	Human Resources	Setting deliverables and follow-up actions	Coverage of all indicators and KPIs	Communication with academic and national stakeholders
Establishing a plan for data collection and analysis (with Research groups and national entities)	IDRAAC, academic and national stakeholders	February 2021	Human Resources	Setting deliverables and follow-up actions	Agreement between all partners on data collection. Accessibility to all needed data.	Communication with academic and national stakeholders
Communication of results with social and scientific community	IDRAAC, academic and national stakeholders	At the end of the pilot (After March 2022)	Human	Setting deliverables	Proper dissemination and communication	Communication with social and scientific community
O.3. Creating a network of collaborators and governance plan for the TEC-MED model, involving institutional and national actors						

Establishing a networking strategy	IDRAAC, Associated Partner & Collaborators	August 2020	Human	Setting deliverables and follow-ups	Resistance to the model and its implementation	Communications with key agents
Establishing a communication plan	IDRAAC, Associated Partner & Communication professionals	January 2021	Human	Setting deliverables and follow-ups	Low collaboration from communication channels	Communications with key agents
Define actors and recruit them to be part of the network through workshops and networking activities	IDRAAC, Associated Partner & Collaborators	Throughout the project	Human	Setting deliverables and follow-ups	COVID 19 and confinement.	Communications with key agents
Creating a white paper for social care	IDRAAC, academic and national stakeholders	August 2022	Human	Setting deliverables and follow-ups	Low collaboration from stakeholders	Communication with stakeholders and identified key agents

- **PP8/9**

Persons Building persons ethics and understanding	By Whom	By When	Resources and Support Available/Needed		Potential Barriers or Resistance	Communication Plan for Implementation	Impact evaluation
What needs to be done?	Who will act?	By what date will the action be done?	Resources Available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?	
Strategic Step 1: Education, curricula reform to increase awareness about elderly rights and respect (COA)	Ministry of Education in collaboration with TEC-MED coaching team	February 2020-August 2022	The current activity of ministry of education for reforming the educational curricula and moving to e-learning	Decision by Minister of education to implement parts indifferent curricula regarding aging (and other vulnerable) populations and their rights	Less motivation by teachers? Will be received as an additional overload, both by teachers and students	Starting dialogue with the ministry of education, piloting in few schools as a start, starting as summer courses delivered by ASRT?	*By the end of the period, the action will be evaluated through:* Verification of Introducing new/modified curricula in the educational system 1. Comparing the new curricula to the older version. 2. Surveying a random sample of school students on the impact on their perception after completing the transformation in curricula

1.1 Identification of Required additions to the curricula	TEC-MED coaching team will revise the current educational curricula and identify the needed changes that reflect the previously needed concepts to be highlighted in the modified curricula	FEB - MAY 2021				Several Meetings for the coaching team to reach a final consensus about desired changes	
1.2 Reaching out to Ministry of Education	ASRT arrange a meeting with Ministry of education curriculum committee to propose changes	MAY- JUL 2021				Discussions with curriculum committee to identify points of changes agreeable and doable within the time frame	

| 1.3 Piloting changes in chosen schools in different areas. | Ministry of education will start a pilot of added changes in the curricula in assorted schools in different regions of Egypt to assess the acceptance and suitability to include in educational curriculum formally | AUG-DEC 2021 | | | | The pilot stage is important for evaluation of responses and feedbacks from the learners as well as teachers on the acceptance and success of the desired changes. This will be reflected on the final changes implemented in the curricula. | |

1.4 Implementing changes	Curriculum committee will revise the final changes to be implemented and include in the new modified curricula	JAN - AUG 2022				The new modified curricula will be implemented into the educational system through the Ministry of Education.	
Strategic Step 2: Awareness campaign about the elderly rights to the community (S-C)	ASRT Communication office	FEB - DEC 2021	Good experience with similar campaigns	Recruiting public figures for media campaign e.g. Mohamed Salah for anti-addiction campaign (SS Ministry)	Funding	ASRT could start communication with Ministries of Higher education and Information Sekem for development foundation can implement the courses in collaboration with Heliopolis university for sustaina	*By the end of the period, the action will be evaluated through:* 1. Launch of the campaign (time, public figures involvement, release trough different routes) 2. Impact on the campaign on the society (Surveying public through ASRT)

					ble development and SEKEM school about elderly rights and the methods to include them in the society.	
2.1 Design of the campaign	TEC-MED Team with communication offices will plan for the campaign steps, routes and steps	FEB - APR 2021				A plan for the launch of the campaign will be agreed upon by partners ASRT and SEKEM to proceed with	
2.2 Reaching out public figures	Communication office will reach out public figures to agree on the recording of campaign message	MAY-JUL 2021				Public figures who agrees to send their message will record such videos to be ready for the campaign	
2.3 Launching the campai	The Communication office,	AUG-DEC				The campaign, videos, printout	

gn	Ministry of Higher education and ASRT will launch a campaign to increase awareness about elderly rights in the community	2021				s etc will be disseminated in different routes	
2- Governance: **Better knowledge, identification of problems and decision support systems**	**By Whom**	**By When**	**Resources and Support** Available/Needed	**Potential Barriers or Resistance**	**Communication Plan for Implementation**	**Impact evaluation**	
What needs to be done?	Who will take action?	By what date will the action be done?	Resources Available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/involved with these actions?	

Strategic Step 1: Presidential Initiative to establish the Higher Board for Elderly (EB) care to organize and monitor elderly care services and programs (OMP)	President	FEB 2021-AUG 2023	Different actions and initiatives taken by Social Solidarity.	Political decision to collect data available from different resources and merge into one database to evaluate different dimensions of the elderly groups and their strata	Putting the law and its approval by the house of representatives	ASRT start communicating to president of Egypt, through ministry of Scientific research and higher education	By the end of the period, we have a board for Elderly Care
1.1: Drafting the structure of Elderly board	TEC-MED Team+ External committee team draft the structure of EB through meetings for stakeholders to identify duties and respons	FEB – APR 2021				Several discussions with stakeholders (identified through earlier TEC-MED activities) will lead to an initial draft for communications between relevant ministrie	

	ibilities					s	
1.2: Starting the dialogue between relevant ministries to establish the EB final draft	ASRT will communicate results of TEC-MED team to ministries of Research, Social Solidarity and Health to evaluate the feasibility of establishing the EB	MAY-DEC 2021				Different ministries are discussing the contribution of each to the EB, the final structure should be identified to be communicated to top authority with approval of each ministry	
1.3: Final step establishing the EB	The final structure of the EB to be communicated to the president for approval.	JAN-AUG 2022					
Strategic Step 2: Evaluating current situation (OMP)	Social Solidarity and Health Ministries <u>in partnership with TEC-MED coaching team to start</u> First wave	FEB 2021-JUN 2022	A capacity building program has been started (led by Dr. Mohamed Salama) 2020 with	A nationwide survey for aging (50+) in a harmonized methodology to Healt	Lack of organization between different governmental bodies, Bureaucracy, different modes of data	ASRT and SDF start communicating this recommendation to the Social solidarity and health Ministries (and later the	By the end of the period, we will have a pilot for Egyptian Aging Survey launched. Data are analyzed and interpreted.

	(W1) of an aging survey		AL-SEHA initiative, harmonized with and recognized by HRS surveys.	h and Retirement Survey (HRS).	capture and registration	Elderly care board) and offer support in building database and data analysis, with the support of SEKEM Development	
2.1: Planning a first wave for Egyptian Healthy Aging Survey	TEC-MED team starts a draft for the planned pilot	FEB-APR 2021				TEC-MED team will put the plan (based on experience gained from the capacity building activities and international collaboration)	
2.2: Logistic support	ASRT will start the legal and logistic steps, coordination with Ministries of Health and Social Solidarity	APR-AUG 2021				ASRT will coordinate with relevant Ministries, obtain required approvals	

2.3: Launch of the Aging survey (WAVE I)	Survey team at the ASRT will launch the pilot study	AUG 2021-JUN 2022				The survey team will reach different identified locations and adopt the designed methodology for survey.	
Strategic Step 3: Inclusion of geriatrics care into Health insurance coverage (OMP)	Ministry of Health and Social Solidarity in collaboration (later) with Elderly care board	FEB 2021-AUG 2022	Successful Initial pilots in Port-Said City	Covering all Egyptian cities and governorates	Funding?	ASRT will start communication with Ministry of health.	By the end of the period we will have a specialized geriatrics care features included in the newly implemented health insurance system.
3.1: Reviewing the current health insurance law	TEC-MED coaching team will assemble a reviewing board (of different stakeholders and experts) to review the current law and plan of complete health	FEB 2021-JUN 2021				The reviewing board will finalize review and issue recommendations for modification of the current/ planned health insurance law	

	insurance coverage						
3.2: Communication of recommendation to Ministry of Health	ASRT/ Ministry of Higher Education and Research communicate the recommendations to Ministry of Health	JUL 2021-DEC 2021					
3.3: Follow Up	The TEC-MED reviewing board will continue monitoring and evaluation of steps to implement the suggested recommendations to the new law	JAN - AUG 2022				At the end of the auditing period, the reviewing board will issue a report evaluating the inclusion of the geriatrics care into the health insurance system and dictate any further modifications (if there)	

- **PP10**

Actions	Responsible (Who?)	Time (When?)	Resources	Monitoring	Potential Barriers & Challenges	Communication
O. 1. Piloting of the TEC-MED Model						
Defining key actors and partners	UniCamillus, Associated Partner & Collaborators	December 2021 - March 2022	Human resources (stakeholders)	Follow-ups & Meetings	Resistance to the model and its implementation	Communications with key agents and targets of change
Recruitment of training agents and training on the use of the TEC-MED platform (training guides production and continuous training)	UniCamillis, Associated Partner & Collaborators	March - April 2022	Human resources	Training evaluations	Low commitment of training agents and quality of trainings delivered	Communication with training agents and stakeholders
Setting of organizational and managerial tutorials for the reproduction of the model and implementation protocols	UniCamillus, Associated Partner & Collaborators	March 2022	Human resources	Availability of Tutorials	Full understanding from training agents	Communication with training agents and stakeholders
Training on the implementation of the model and self-care and empowerment practices of the elderly	UniCamillus, Associated Partner & Collaborators	Before March 2022	Human resources	Availability of training materials	Attendance to trainings and evaluation of trainings	Communication with training agents and stakeholders

Monitoring the implementation of the model and the use of the platform	UniCamillus, Associated Partner & Collaborators	April 2022- March 2023 (Reports due every 3 months)	Human Resources	Setting of indicators and close monitoring of processes and deliverables	Issues with proper and timely reporting Delay of service delivery due to COVID 19 and confinement.	Communication with TAs and partners
Identification of gaps and challenges in the pilot phase	UniCamillus, Associated Partner & Collaborators	April 2022- March 2022	Human Resources	Evaluation Reports due every 3 months	Lack of feedback from partners and TAs	Communication with TAs and partners
O.2. Monitoring and Evaluation of the TEC-MED model Pilot						
Validating a list of indicators (impact, process and KPIs)	UniCamillus, academic and national stakeholders	February 2022	Human Resources	Setting deliverables and follow-up actions	Coverage of all indicators and KPIs	Communication with academic and national stakeholders
Establishing a plan for data collection and analysis (with Research groups and national entities)	UniCamillus, academic and national stakeholders	March 2022	Human Resources	Setting deliverables and follow-up actions	Agreement between all partners on data collection. Accessibility to all needed data.	Communication with academic and national stakeholders
Communication of results with social and scientific community	UniCamillus, academic and national stakeholders	At the end of the pilot (After March 2023	Human	Setting deliverables	Proper dissemination and communication	Communication with social and scientific community
O.3. Creating a network of collaborators and governance plan for the TEC-MED model, involving institutional and national actors						

Establishing a networking strategy	UniCamillus, Associated Partner & Collaborators	February 2022	Human	Setting deliverables and follow-ups	Resistance to the model and its implementation	Communications with key agents
Establishing a communication plan	UniCamillus, Associated Partner & Communication professionals	February 2022	Human	Setting deliverables and follow-ups	Low collaboration from communication channels	Communications with key agents
Define actors and recruit them to be part of the network through workshops and networking activities	UniCamillus, Associated Partner & Collaborators	Throughout the project	Human	Setting deliverables and follow-ups	COVID 19 and confinement.	Communications with key agents
Creating a white paper for social care	UniCamillus, academic and national stakeholders	October 2023	Human	Setting deliverables and follow-ups	Low collaboration from stakeholders	Communication with stakeholders and identified key agents

2.2 Activity A.4.2 Development of multi-purpose online platform

Considering the importance of integrating technological advancement into the care model and the scientific approach used throughout the project, 2 platforms were created under activity A.4.2.1. Development of a multi-purpose online platform. The platforms were co-designed in cooperation between project partners, public institutions and social-care organizations to be used in all partnering countries reflecting on the particularities of each language.

Platforms were developed based on earlier research, analysis, development and testing of different platform modules in consultation with stakeholders and projects' partners.

This activity has resulted in the development of 2 communicating platforms:

1. TEC-MED Platform – including information about the project and a training platform/Virtual Classroom: based on Moodle, with tools and information that is used to train the final beneficiaries, caregivers, stakeholders and Training Agents on the use of the TEC-MED Model.

2. Caring Platform – which includes a comprehensive socio-health assessment, identifying problems and the person's care needs and scheduling interventions for them.

Both platforms were based on the TEC-MED Model, including all assessment/intervention dimensions and fully operational in 6 languages and were updated based on the pilot implementation (WP5).