

**INTERIM EXTERNAL
EVALUATION REPORT
Prepared by AIP Ltd.**



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INTRODUCTION

This is the report for the Interim External Evaluation of the European Commission's Lifelong Learning Programme's **“Mobile training for home and health caregiver for people with disabilities and older people”** (M CARE). The project officially began in January 2014 and is due to be completed by the end of December 2015. Project is in its first year of activity, i.e. from January 1st 2014 to January 31th 2015. This Evaluation Report considers each of the Work Packages, the process involved, the delivery of the work packages, and the outcomes. The author of this evaluation report was approached by the promoter University of Gazi, Ankara, Turkey and was asked to review the project as an external evaluator. The agreement was made with the organisation “Alternative for inclusive progress” Ltd. (AIP), officially registered in Bulgaria. Now at its half-way point, the two year project has undertaken extensive research into the needs of PCGs and current provision in each of the partners' countries and made good progress on the development of the curriculum, training modules and mobile learning platform.

1. Project Background, Aims & Specific Objectives

The project M CARE is addressing the statements for the need of training for care providers and effective personal assistance for people with disabilities¹ as well as for the older people. The age structure of the EU population is projected to dramatically change in the coming decades due to the dynamics of fertility, life expectancy and migration rates. The overall population is projected to not only be larger by 2060, but also much older than it is now. While in 2013 the most numerous cohorts for both males and females are around 45 years old, in 2060 the number of elderly people is projected to account for an increasing share of the population. The result of these different trends among age-groups, the demographic oldage dependency ratio (people aged 65 or above relative to those aged 15-64) is projected to increase from 27.8% to 50.1% in the EU as a whole over the projection period. This implies that the EU would move from having about four working-age people for every person aged over 65 years to two workingage people.(p2)²

The M CARE is a development project for using the potential of modern ICT and promotion of mobile training through development of dedicated

¹ Word Report on Disability, 2011 published by the World Health Organization and the World Bank

² European Commission The 2015 Ageing Report: Underlying Assumptions and Projection Methodologies

training materials and special platform for PCGs with leading Partner from Turkey, University of Gazi, Ankara. The project aims to elaborate curriculum and innovative training materials that embraces the use of a range of ICT supported tools (Web 2.0) for VET centres so that they can offer appropriate training on Personal Care Giving for PwDs as well as, to provide adequate learning support to learners. The project intends to incorporate mobile learning applications for the learners, while providing tools for pre- and post-assessment of PCG candidates' suitability and competences to ensure PCGs do meet the needed requirements³

The main outputs⁴ planned to be developed during the two-year M CARE project period are:

- *a dedicated PCG curriculum and relevant training material(trainer handbook)* for different disabilities (including those associated with aging) applicable in every country in the EU and beyond, provided under a creative commons license and in accordance with transparency of qualifications and competences and ECVET;
- *an innovative online and mobile training platform* with gaming component that will allow for an interactive learning experience anytime anywhere(PC, smartphone and tablet PC – both Android based online learning application)multilingual and following the Open Source approach, provided freely to VET centres and stakeholders;
- *piloting with end-users* (low skilled people, care workers) and beneficiaries (PwD and older people) in Belgium, Greece, Bulgaria, Germany and Turkey;
- *an M-CARE portal* that will bring together relevant information and services on PA, as well as will host a community for PCG trainers, learners and beneficiaries;
- *New job opportunity for low skilled people by introduction the PCG curriculum* to local VET centres and employment centres as well as the end user organisations of PwD;
- *Increase employability of low skilled people by teaching them new skills for new jobs(PCG) while pre and post assessing their suitability and competences;*

The outcomes are mainly targeted towards:

- Low qualifies workers or jobseekers employed as PCGs
- People with disabilities and older people
- VET centers and employment centers

³ M Care Application Form

⁴ M care Application Form

The starting point of the project is to ensure that the processes and systems involved developing the innovative content and online mobile platform are effectively enhanced to meet the specific needs of PCGs, VET providers and the target PwDs and older people in each of the partner states.

It supposes to involve a research methodology which comprises, online and library research, survey by questionnaire with target group to result in the drafting of a detailed Needs Analysis Report regarding delivery of proper services for the PCGs. The dedicated curriculum and training materials (handbook for trainers), as well as the innovative online and mobile training platform with gaming component will allow for an interactive learning experience anytime anywhere (PC, smart phone and tablet PC – both Android based online learning application) PCGs.

The M CARE project activities are planned to be realized and implemented following seven Work Packages. Work packages are the tasks that can be easily assigned to one partner, with clear accountability and responsibility for completing the assignment. The time estimates, cost and resource estimates are determined at the work packages' level.

2. Partnership networking

The project M CARE is performed by partnership organizations representing Turkey, Bulgaria, Greece, Belgium and Germany. These partners are government institution, universities, private research companies, as well as an European Umbrella Organisation of VET Centers. All of them are deeply involved in the social issues of people with disabilities, mobile and e learning, quality assurance and providing guidance and information on LLP.⁵ With an excellent command in English and professional experience each partner was invaluable in the project development.

Lead Partner (applicant coordinator) Gazi University is one of the biggest university in Turkey. The University is responsible for project management, financial management and budgetary control, partner coordination, reporting to EACEA, development of infrastructure for cross-partner communication, information transfer, and wider dissemination and exploitation. It is contributing the elaboration of the curriculum, as well as piloting in both beneficiaries (PwD) and low skilled people eager to become Personal Caregivers (PCGs). The role of Applicant Co-ordinator is

⁵ All partner summaries are sourced from the M CARE project application form.

fundamental to the successful delivery of an EU Lifelong Learning project. It is important to highlight that the University is very experienced project manager of educational and vocational training programmes with an international dimension. Within this project Gazi University have overall responsibility for ensuring that the aims and objectives as set out in the project application and funding contract are achieved through an effective and productive partnership. Gazi University as leading partner was fortunate in working with experienced partners who have brought a range of expertise to the project.

Phoenix KM (Belgium) is a private company with extensive expertise in the fields of accessibility consultancy. The company was charged with leading the *Quality Management phase of the project (WP5)*, ensuring that the qualitative and quantitative objectives of M CARE project are met, via its quarterly reports and internal quality measurement procedures. During the second year it will operate a pilot in Belgium in cooperation with local end users. During the First Year *Phoenix KM (Belgium)* was leading the deployment of the accessible learning (A Tutor based environment). It maintained the internal communication platform from the very start of the project and established a national advisory board in Belgium. Phoenix KM was in charge for online platform and as well for the website from the onset.

Disability Now from Greece is supportive organization (NGO) with an established European profile, mostly managed by and for people with disabilities. Due to administrative problems the partner has withdrawn at an early stage of the project and has been replaced with a new partner ***Interprojects Ltd (Bulgaria)*** by common partners consent and on the base of written approval from the Managing Authority, EACEA.

Interprojects (Bulgaria) are experienced in management and coordination of a variety of projects dealing with people with disabilities, labour market, vocational education and training, development of assessment tools. The company has a respected track of record of participating and leading EU funded VET programmers. ***Interprojects*** was charged with leading the work packages WP4 'Piloting' as well as WP6 'Dissemination, promotion and awareness rising' with input from all other partners. It contributed to all other activities incl. curriculum and training materials development as well as operated the state of arts research and established a national advisory board.

Ministry of Family and Social Affairs (Turkey) was leading coordinator of WP 7 'Exploitation of results' and ensured a vast deployment of the training

across VET centers and employment agencies. In addition, as the only one government organization in the consortium, they have worked continuously to ensure the relevance and integrity of the project, in social, economic and cultural terms. In close cooperation with the leading partner will operate a pilot in Turkey and local end user organizations. The Ministry has established national advisory board both with Gazi University bringing together the targeted stakeholders and gatekeepers in the area of PCG training.

University of Athens (Greece), New Technologies Laboratory (UoANT Lab) and the active ‘Adaptive Content and Systems Group’ was charged to lead WP2 ‘Research and analyses’. They are responsible for the mobile learning component of the project (based on Android) during the second year. The University contributed to the customization of the educational content for personalised teaching and training programs to be used in end-user testing via mobile applications as well as established national advisory board, bringing together the targeted stakeholders and gatekeepers in the area of ICT training, and employability.

EVBB (Europäischer Verband Beruflicher Bildungsträger) is a European umbrella association of free and non-profit educational providers. The objective work done by the EVBB is the qualitative improvement of vocational education and training in European countries and an increase in the efforts being carried out in education at a European level.⁶ EVBB was leading WP3 ‘Development of M CARE curriculum preparation of training courses and production of training materials’. EVBB established a national advisory board in the country bringing together the targeted stakeholders and gatekeepers in the area of PCG training, but equally employability. EVBB operated the training needs analysis research and established a national advisory board.

To summarise, the partners and their respective leading role and inputs in the project activities distributed in seven work packages are shown below (table No1):

⁶ EVBB, <http://www.evbb.de/ueberUns/unsIntro.php>

Table No 1

Partners	Organisations	Countries	Responsible for	Input into
P1	Gazi University	Turkey	WP1	Project Management; Curriculum and Training materials development; Piloting; Evaluation; Contribution to Dissemination Strategy, Identification of EU and national dissemination targets and media, Translation and production of materials; Establishment of National Advisory Board
P2	PhoenixKM	Belgium	WP5 Contribution to WP6	Needs Analysis, Curriculum and Training Course Development, Handbook Quality Assurance; Deployment of the accessible learning (ATutor based) environment ; the multilingual accessible project website; Contribution to Dissemination Strategy, Piloting; Identification of EU and national dissemination targets and media, Translation and production of dissemination materials; Establishment of National Advisory Board
P3	Interproject Ltd.	Bulgaria	WP4 WP6	Research Analysis; Curriculum and Training Course Development, Handbook, Evaluation; Piloting; Creation of Dissemination materials , Establishment of National

				Advisory Board
P4	Ministry of Family and Social Affairs,	Turkey	WP7	Exploitation Activities; Curriculum and training content creation; Piloting; Establishment of National Advisory Board, Dissemination activities,
P5	University of Athens	Greece	WP2	State of art and research survey, mobile learning component; Piloting; Curriculum and training materials development, Evaluation; Dissemination; Establishment of National Advisory Board
P6	EVBB	Germany	WP 3	Research analysis , Curriculum development; Piloting; Evaluation; Dissemination Translation; Establishment of National Advisory Board

Each Partner is given a designated lead role for one of each of the Work Packages. The distribution of WPs between the partners and the respected outcomes of each of the packages are as follows (Table No 2):

Table No 2

	Work Packages	Outcomes	Duration	Leading Partner
1	Project Management	Project work plan; Interim Report for the EACEA; Participation at EACEA events; Financial management; Organisation, chairing and minute taking at four Partner Meetings; Contracts with all partners; Action Plan Development	Start day: 1/01/2014 End day: 31/12/2015	P1
2	Research and	Survey questionnaire;	Start day:	

	analysis	Consolidate Survey Findings Report (NL, DE, EN, EL,BG, TR) and disseminated in each partner country as well as on EU level	1/03/2014- End day: 30/09/2014	P5
3	Development of M CARE curriculum preparation of training courses and production of training materials	M CARE Curriculum and Handbook; Training course; Mobile learning application; M Care learning portal and community platform	Start day: 01/9/2014 End day: 28/02/2015	P6
4	Piloting	Pilot Plan Pilot Findings(Report) Second year forthcoming	Start day: 1/03/2015 End day: 31/10/2015	P3
5	Quality Assurance and Evaluation	Quality Strategy Document; Interim and Final External Evaluation Report	Start day: 1/01/2014- End day: 31/12/2015	P2
6	Dissemination, promotion and awareness raising	M CARE Dissemination Strategy , National dissemination materials, project website , participation in National Events, social media	Start day: 01/1/2014 End day: 31/12/2015	P3
7	Exploitation of results	Exploitation strategy, Final European Conference	Start day: 1/09/2014 End day: 31/12/2015	P4

PART ONE: EVALUATION TERMS OF REFERENCE

Following a tendering process in April 2014, “Alternative for Inclusive Progress” Ltd (BG) was appointed to carry out the formative/summative external evaluation of the M CARE project. The company submitted evaluation strategy which included evaluation methodology that enable a synthetic view of the main work phases, activities and results. It presented

also the tools and indicators used to evaluate the Project Management and QM, Development, Dissemination and Exploitation activities and results.

- **Objectives:**

- To carry out an evaluation of the M CARE project partnership as a transnational collaboration and activities over the two years, providing an interim report (project management, leadership, cross-cultural understanding, sharing of activities, effectiveness of communication, meeting deadlines, partners' contributions, outcomes) and final report .
- To work with the project partners to adjust strategy in light of unanticipated occurrences
- To evaluate the effectiveness and impact of provided dissemination activities
- To capture and portray process as well as the quality of products developed during the first interim stage as well as the final stage
- To consider budgetary inputs, matched funding and value-for-money
- To review the quality of partnership working and contributions
- To analyse adherence to the aims and objectives of the project.

- **Area of Evaluation:**

Generally, the external evaluation focused on following areas:

Process level - the process and monitoring issues; the program and the logistics of the partners meetings; the objectives of the partnership. (Project management, Project Meetings, Project Phases, Time Management, Crisis Management, Degree of Satisfaction of Partners)

Product level - the resources used and the materials produced; the overall learning outcomes; (Website of the project, Needs Analysis Report, Curriculum, Training material documents, posters and flyers) The dedicated curriculum and training materials (handbook for trainers), as well as the innovative online and mobile training platform with gaming component that will allow for an interactive learning experience anytime anywhere (PC, smart phone and tablet PC – both Android based online learning application) PCGs.

Impact level (Dissemination Activities in Quantity and Quality)

The external evaluation involved collecting data in two stages. The first stage involved the analysis of project data that had been collected throughout the life of the project, internal evaluation of work packages and dissemination, progress reports and minutes of meetings. The second stage will entail an in-depth evaluation and analysis of the project progress as well as views of partners and the project management team..

During the evaluation process the external evaluator was provided with all relevant information, documents and data (e.g. project proposal, work and action plan; partner reports; products etc.) well in time and arranged access to all parties involved in the M CARE project.

- ***Sources of Information, Methods and Processes in First year***

The evaluation of the coherence between the project's activities and its achievements and outcomes, the analyses of the variations and eventual changes in the project's life-time, the observations and feedback, all these aspects are correlated with the information available in the approved contractual documents.

During the whole first year of activity, the evaluator monitored closely the work-progress, the collaboration and contribution of the partners to the development activities, the internal evaluation or the dissemination activities. Questions and clarifications were asked and feedback offered when needed.

The external evaluator specified the evaluation process at *Interim time* in the following areas:

- Availability of the contractual results developed during the first project year;
- The quality of main outcomes and the languages in which these are available internally and on the website
- Project Management and the implementation of activities and the relationship with updated schedule and new milestones; project's meetings activities and outcomes
- Action-plan, reasons for changes, proposed and implemented solutions.
- Additional results or impact
- Quality Strategy Document and the internal evaluation QA procedures and results
- Partnership collaboration, the communications between the project's members ·
- Communication relating to dissemination and exploitation, the brochure , the leaflets and posters· The use of the M CARE website and of the social spaces created FaceBook, the dedicated blog
- The Minutes and the outcomes of partners'face-to-face meetings and the evaluation forms filled in by each participating partner

The quality and relevance of the results Sufficient information and data of M CARE project was collected in order to evaluate it according to scientific standards and requirements as well according to the agreed with the partners

adopted evaluation strategy. Most of the evaluations were of formative and/or summative nature based on observations, desk research, questioning in written and etc.,

- **Evaluation Instruments:**

We designed two evaluation questionnaires for completion by all partners. One was at the beginning of the external evaluation process (fifth month) and the second one was at the end of the first year. The areas covered in the questionnaire relate to the identification of the expertise contributed by each partner, the effectiveness of partnership working and delivery of project activities and outcomes.

- **External Evaluation Structure**

Table 3

M CARE objects	Evaluation objects	Evaluation References
To elaborate, customize and adapt nationally (pilots in TR, BE, DE, GR and BG) of a specific PCG curriculum taking into account individual needs/ different disabilities;	<p>Consistency of curriculum with current scientific educational knowledge on the specific topic, training needs assessment, and indication from PCGs and people with disabilities</p> <p>Availability, adjustment to the real needs of PwD</p> <p>Reliability between curriculum contents and consolidated research findings</p>	<p>Consistency with Taba's⁷ eight steps of curriculum development, namely: needs assessment, setting goals, writing objectives, selecting content, organizing content, selecting and organizing learning experiences, implementing and adapting to the learning environment, and evaluation</p> <p>Focused on the way training needs were identified</p> <p>Check the</p>

⁷ Taba, H. (1962). *Curriculum Development: Theory and Practice*. Chicago: Harcourt, Brace, & World.

		relationship between the identified needs and the current status of policies and services available in the literature
to publish the training materials as both traditional paper version & exchangeable SCORM compliant learning objects based on learning outcomes (ECVET).	Actual level, method and procedure of implementation; Level of implementation of ECVET principles Designed learning outcomes	Proof of sensitivity and validity Study of the outcomes
to establish a trainer's handbook that will accompany the PCG curriculum.	Consistency of trainer's handbook with the curriculum and indication from PCGs and people with disabilities	Step by step consistency with the curriculum
to deploy a multilingual accessible online/ mobile learning platform that will enrich the learning experience; to support the development of innovative and fully accessible PCG content, services (both mobile and online), supporting pedagogies and practice for lifelong learning easily and freely available, taking on board a mobile gaming component;	Actual innovation level Structure, aspect , interactivity and comprehensiveness of the mobile format, Accessible as a resource/PCGs content services. Appropriate gaming component	Proof of sensitivity and validity Study of the participation of the target groups
To publish all learning objects for free under a creative commons license	Actual level, method and procedure of publishing	Method and similar procedures
Provision of online community for PCG trainers, and learners to	Availability of training anywhere anytime (mobile learning),	Proof and usability Study of the real participation of the

<p>exchange experiences with the beneficiaries (PwD)(VET centre oriented portal/community (fully accessible and multilingual));⁸.</p>	<p>supported by range of supportive ICT driven tools. Successful incorporation of ICT and accessible learning environment/Web portal. Free access to PCG curriculum, PCG supporting learning tools (online and F2F), training material (audio, video, textual), and mobile training applications that ensure training support anywhere; free access to dedicated and fully accessible learning platform. Relationships b/n PCG trainers, learners and PwD</p>	<p>trainers and learners</p>
<p>Creation a new job opportunity for low skilled people</p>	<p>Validation of the qualification for PCGs – level 2/3</p>	<p>Recognition and validity</p>

PART TWO - EVALUATION FINDINGS

The M CARE project contributes to the improvement in quality and innovation and specifically addresses promotion of mobile training through development of an innovative curriculum and training materials for PCGs who are directly supporting the daily well being of people with disabilities/older people. Specifically the project is counting this with the ‘curriculum with associated training material, embracing innovative training methods (Web 2.0 driven, online & also mobile with a gaming component) to improve & extend the existing training practices, in such a way that the learner is better prepared for the actual PCG work (e.g. instructional videos, PwD testimonials, audio support, training material in various formats) &

⁸ Alden, J. (1998). A trainer’s guide to web-based instruction. Alexandria, VA: American Society for Training & Development.

support is also provided while being on the job (mobile learning application, directly connected with M-CARE learning platform), focusing on learning outcomes to ensure transparency and compliance with ECVET⁹. The project contributes to the didactics of face to face, on line as well as mobile learning. The last mobile technologies, with their reduced size and ease of use, provide the potential to support such activities.. The personal and portable nature of mobile technologies makes them very strong candidates for recording, reflecting on and sharing this type of informal learning.

M CARE project addresses EU 2020 strategy thus creating new skills for new jobs (i.e. creating of white jobs) as the job of PCG nowadays occurs in an informal unstructured and uncontrolled manner. The creation of a unified EU curriculum on personal assistance is leading to transparency of the knowledge, skills and competencies gained and also can ensure quality and the level of competences of the trainees through pre- and post-assessment. Last but not least it has a direct contribution towards facilitating and improving of mobility learning in the EU both for the PCGs to be trained in the project and the direct beneficiaries (elderly people and people with disabilities). Its impact beyond the partner countries is measurable, in the sense that PCGs are needed in every European member state where the needs remain everywhere the same and can be easily transferred. For this reason also, the products will be made available in all partner languages (NL, EL, DE, TR, BG , including EN), while European representative umbrella organisations such as EDF, ENIL, EASPD will be reached out to. Bulgarian language is additional due to withdraw of a partner from Greece and replacement with Bulgarian partner.

At the time of this Interim External Evaluation Report, the outputs are complete with the Consolidated Findings Report of the training needs of PCGs translated in all partners' languages as planned and curriculum and training materials and application ready to be tested in the series of workshops for trainers organized in each partners' country. Another output is the dissemination strategy supported by leaflets and roll up posters in all partners' languages, website as well as Exploitation Strategy.

- **Review & Assessment of Work Packages**

This section takes us through each individual work package in sequential order. We examine the outputs of same and comment on progress in respect of each action.

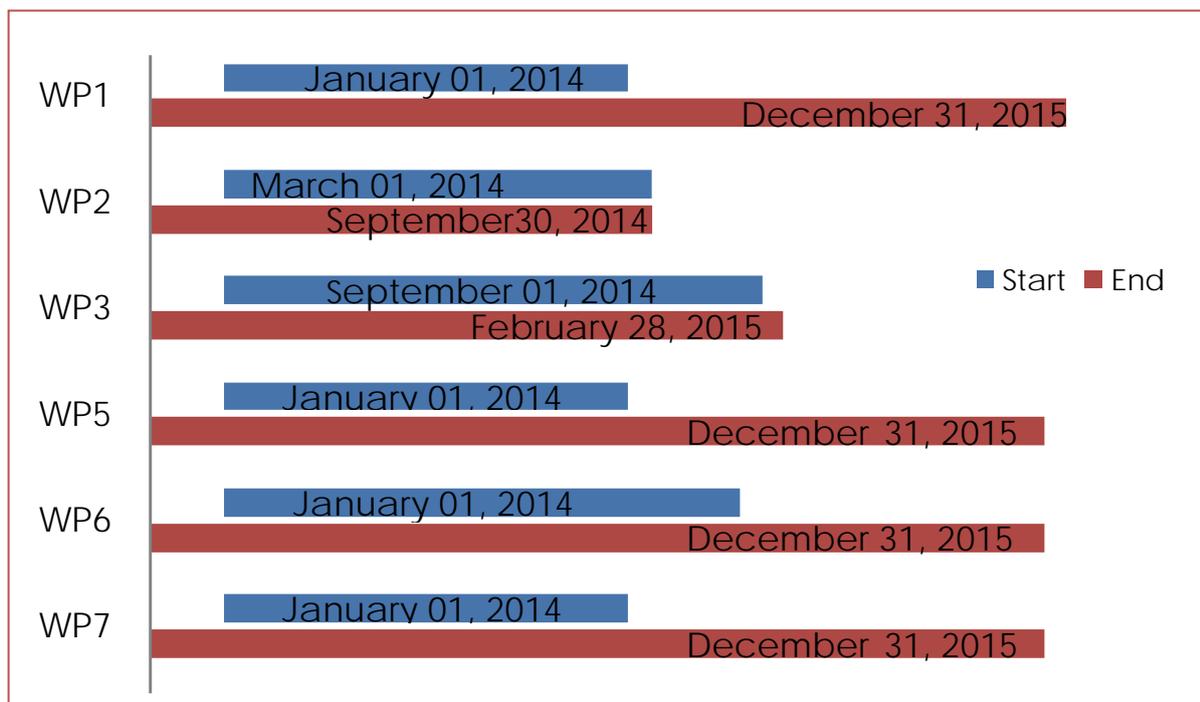
The activities in First Year focused on the state of arts research translation and the beginning of preparation of the curriculum and training etc.

⁹ Application Form "M CARE", 2013

The main contractual outputs were developed successfully during the First Year, updated and translated in all partners languages(NL, EL, DE, TR, BG , including EN. This First Year the activities were carrying out in the work packages as follows: WP1, WP2, WP3, WP5, WP6 and WP7.

The figure No 1 shows the ongoing process of the project during the First year:

Fig. No 1



6. 1. WP 1 Project Management: Leading Partner P1, 24 months duration: start in month 1 and end in month 24

Aims:

- To ensure that the project is established on a robust and secure organisational structure with clearly defined management functions.
- To establish rigorous systems for activity and financial monitoring.
- To ensure a clear understanding by all partners of their specific responsibilities in the workplan and of the timing of detailed tasks.
- To make best use of a full range of internal communication processes to ensure effective communication within the partnership, including an accessible collaborative environment (ATutor based).

- To employ (adapted as required) monitoring systems that follow successful models from previous projects.

Table No4

No	Key deliverables	Status
1	Project agreements with all partners signed	completed
2	Steering group established; Project team identity; Partners' commitment about aims and objectives;	completed
3	Agreed action plan and schedule, communication strategy	completed
4	Functioning mechanisms for monitoring and reporting (including financial monitoring and reporting);	completed
5	Agreed and developed strategies for dissemination & exploitation (valorisation) and quality management	completed
6	Developed online communication tool for sharing files, setting up a project calendar, set up of the project steering board (at least 1 person per partner who should attend all partners meetings, and has decision rights).	completed
7	Established national advisory boards, 1 per country, with involvement of national associate partners	completed
8	Signed IPR agreement	completed
9	Provided TN meetings; Full portfolio (agenda, minutes, internal evaluation forms),	completed

Indicators for success

- Provided partner meetings (portfolio) Evaluation forms (partner meetings, partner consultation)
- Online partner communication and document-sharing
- Documentation i.e. strategies, work programmes, schedules, monitoring forms, reports, minutes of meetings, templates, working documents
- Applied Methodology and approaches
- Ratification and signing of agreements with all partners.
- Full presentation, discussion, clarification and confirmation of the design and implementation of the monitoring systems (for all project functions)

- Comprehensive review of the overall workplan and the tasks of each partner to ensure shared ownership by all partners.

Progress review against the Work Package 1

The M CARE project was carried out by a multicultural team representing researchers, consultants in social services, policymakers and educators. The management aimed at the promotion of mutual understanding and shared solutions, producing cross-national knowledge about how to develop innovative training for PCGs. The project was managed effectively and professionally from the outset, demonstrating a range of skills and experiences of the leading personnel in the contextual field as well as in projects generally and EU projects specifically. An additional strength to the management of the M CARE project was the mutual understanding and the shared commitment of the importance of the problems of people with disabilities and older people and the needs and roles of PCGs by all partners. The consortium of partners found common ground as well as a clear identification of the objectives that their partnership should strive to achieve from the very beginning of the project. The management of the project was impressed with the apparent support by all partners from the beginning. Such support is important in any transnational co-operation project, as it is sometimes the case that one key individual “drive” a project from the viewpoint of their own field without knowing to do justice to all the contractual, financial and administrative aspects. This can result in ineffective management. This is clearly not the case in M CARE, where the team presented in the application has been both specialised and diverse enough to realise the project effectively. For the transnational project, this strength has particular importance.

The role of the Managing Partner Gazi University (TR), included all the contracting and financial management, and Project administration. The managing partner encompasses and the overall co-ordination and delivery of all aspects of the project. M CARE project took the advantage of a quite smooth and calm project kick off phase. It has been possible to establish a good relationship and partnership from the very beginning of the project and especially during the project kick-off meeting in Ankara, Turkey.

The regular communications and action plan with unequivocal definition of tasks and benefits for all the partners have been carefully planned. Management of the project established respect for all the partners. A dedicated mailing list was established from the very beginning. The management style was open and focused to a large extent of consensus, regular communication (via face to face, e mails and Skype meetings) and was instrumental in helping to create a positive atmosphere of collaboration within the consortium. This meant for example that though there were

nominal work package leaders, partners contributed extensively to the work in most work packages.

The partner countries established National Advisory Boards, comprising of experts, practitioners, end users, parents, and “gatekeepers”, who are invited to contribute their knowledge and experience to project activities. Most advisory boards have met one/two times, and are a key element in the dissemination strategy, as they will act as champions in the future. Mailing list with the names and addresses of the members of the Boards is available. Despite the overall positive words, there are some aspects of the management that need to be improved, and these require comment here as the lessons learned now could be useful for the second year of the project provision. One is the question of homogeneity of the work done by all partners. At the beginning of the project the implementation of the agreed activities needs analysis process and the curriculum development were not entirely homogeneous across all partners.

The process evaluation performed related to the fifth month of the project and onward did show positive values and estimations from all project partners. There were no significant problems or shortcomings during this period of the M CARE project. Small delays were indicated at this stage and showed lack of homogeneity in the work. The communication on time for the instructions for deliverables and respect of deadlines is strongly advisable. More commitment and initiative of project WPs leaders is desirable. It will support the improvement of coordination and info exchange between the WPs. The upload of documents regularly is mandatory part of the working process. The statements do not devalue the good management work and the achievements of the partnership during the first project year.

The observations made during the first 5 months of work, it had become clear that the M CARE partnership represents a key strength of the project. The participants bring a relevant and complementary range of competences covering the educational contexts and social services expertise. From the beginning of the lifetime duration, the representatives of the partner organizations have demonstrated a pro-active attitude and dynamic approach to their assigned tasks.

The partners have contributed and underpinned from the very first project day to the different development steps. Feedback received from the different project partners have showed a good involvement and high interest from all project partners, no significant risks or problems have been mentioned for the first project phase. On the basis of the feedback received the project coordinator has managed to put the project well on track, partners were happy with him and partners have been aware of their roles and responsibilities.

Partners' feedback

The feedback was provided in the fifth month of the project execution, when the external evaluator was contracted. Questionnaire response rate was reasonably good (100%) with six of the possible six respondents returning questionnaires, as a result of emails from the evaluator and reminder to prompt questionnaire returns.

The first thing that partners had to evaluate was the group of questions which referred to *the management of the project* in an one – to – three scale (*very effective, effective, ineffective*). Respondents were asked to state their opinion on *project management, timing of activities, clearness of next steps as well as completion of agreed tasks*. No concerns regarding project management were mentioned by the partners. Only one respondent expressed concern about timing. Completion of the tasks was not doubted. All of the respondents expressed in detailed their expertise which they brought to the project. One respondent stated that the management of the project: *'is quick, clear, and efficient'*.

The other respondent felt that: *'it is well established and goes well'*. Another respondent believed that: *'The project management is very satisfying. All the meetings are well organised and very productive. There is good communication between the consortium and any issues that may occur are addressed very fast and successfully.'*

One respondent thought that:

The project management so far is smooth and related to the grant agreement, agreed work programme and actions. The project Coordinator is supporting us in the period of the replacement of the one of the Greek partners with our organisation as well as informed us in details about the progress of the project so far''.

The project management is giving clear demands and clear schedule' stated one of the respondents. We can summarise the results of this asking with the responses of the partners 'description: *'very satisfying, 'very effective' as well as 'effective'*.

At the end of the first year partners were asked for suggestions for areas of improvement with respect the project organization and/or management.

'A monthly Skype meeting is really useful to be organized. The partners started this practice since November 2014 and will talk via Skype every month to share the status of the progress of the development process of the MCARE curriculum as well as to negotiate any management issues on regular base. It is important all partners to respect the agreed deadlines and the project work plan in order to prevent any possible delays'.

'Since our ministry is a central government organization, it is vital to have the information and documents of the project in timely manner in order to use time effectively to carry out other tasks/responsibilities of the Ministry.'

Therefore, our bureaucratic work structure and heavy workload should be taken into consideration in project organization and management to prevent any problems in communication and implementation of tasks’

‘Further implementation of online collaborative tools in order to speed up some processes’

‘Organization and management go smoothly and are well organized’

‘Some partners are not keen on sending the financial reports and documents on time. In order to avoid possible delays, financial reports and documents should be submitted in regular periods such as every 3 months’.

Project management was described by respondents as ‘very good,’ ‘excellent’, ‘very well organised from the beginning ‘.

The overall management is clearly very popular across the partnership and it is positive to see both formal and informal aspects of working together in a project being highlighted – it is clear that the partners enjoy working on this initiative and this positivity reveals itself in the public outcomes too. Finally we can conclude that the project was very effectively and transparently managed.

6.2. Work Package 2 Research and analysis, Leading Partner P5
Seven months duration: start at month 3 and end at month 9

Aims:

- To ensure that the M-CARE curriculum meets the PCG needs of people with disabilities.
- To define a set of learning activities appropriate to, and usable across, the range of user needs.
- To obtain a good perception of the need for adjustments in existing PCG training practices to enable the trainees and beneficiaries to achieve success.
- To gain familiarity with the nature and potential value of adjustments in training methods and in their learning strategies to meet their needs.

Table No 5

	Key deliverables	Status
1	Development the methodology for the research, ensuring all stakeholders to be contacted and involved.	completed
2	Consolidated Survey Findings Report development (survey and data collecting) in the area of personal health and home care training across all partner countries	completed
3	The questionnaire for the survey and implementation	completed

	through offline and online (using Open Source Limesurvey platform) questionnaires.	
4	Minute of 2nd project partnership meeting in GR, in combination with a local workshop.	completed

Progress review against the Work Package 2

This WP2 was aimed to analyse, by means of different research tools, the situation in each partner country with regards to the care service sector, focusing on the competences that PCGs have for caring people with disabilities and older people. In this way recommendations were made and skills and competences identified for the development of curriculum and training materials. It is well known that the analysis of training needs is the first and basic step of the programme development process. Broadly defined TNA is a systematic process for establishing priorities and making decisions regarding programme planning, development, and operations.¹⁰ M CARE needs assessments have answered the questions on the training needs of PCGs, what they need to be trained in, and when and where the training have taken places. Emphasis was placed on gaining precise insight into the structure of knowledge, skills and competences gathered from the people likely to be affected by these programmes.

The aging population as the people with disabilities (over 80 millions)¹¹ is a reality in Europe and as a whole is changing the society's dynamics. The statistics shows that the population aging in Europe is the key challenge in the medium and longer term perspective. Over the next decades, the number of European aged 80+ and at particular risk of developing a need for long term care, is set to triple. In the same period the reservoir of potential formal and informal carers will reduce significantly as the working-age population will shrink, the number of women employed grow, retirement ages rise and family and living arrangements change. Between now and 2060, the number of people over 80 is expected to almost triple.¹² The demands of care

¹⁰ N. L. McCaslin , Jovan P. Tibeziinda ,. *Assessing target group needs*, FAO, Document Repository, <http://www.fao.org/docrep>

¹¹ European comparative data on Europe 2020 & People with disabilities Final report prepared by Stefanos Grammenos from Centre for European Social and Economic Policy (CESEP ASBL) on behalf of the Academic Network of European Disability Experts (ANED),December 2013

¹² Long-term care in ageing societies - Challenges and policy options, EC Staf Working Document , Communication from the Commission to the European Parliament, The Council, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS,EC, Brussels, 20.2.2013 SWD(2013) 41 final

services are needed for the well day being of all people, but they are of vital necessity for people with disabilities as well as for older people.

The activities of WP 2 started with the development of the methodology of the case study research by the coordinator of the Work package P5, University of Athens aided by all other partners who provided expert input into research and were responsible for the research activities in their countries. The main research instruments which were implemented were the questionnaires which were used as an online method to collect mostly quantitative data. These questionnaires also formed the basis for face to face / phone interviews, which mostly focused on qualitative data. Last but not least, direct observation was used in order to acquire a more in depth understanding of the current situation with PCGs. The questionnaires were designed to be short (about 20 questions) with simple and clear questions. Different questionnaires were used for each target group of the sample (PCGs, PwD, and Stakeholders). It was a good choice the following types of questions to be used during the needs assessment procedures: multiple choices as well as open ended questions. The Methodology was divided in two parts in order to have a complete overview of the sector in each country: Bibliographical research, aimed to present a general legislation of the sector in each country; Primary sources research, aimed to gather the experience and point of view of personal care givers and PwDs regarding the competences and training needs of the target group. In order to identify possible misunderstandings or other problems with the questionnaire, a piloting with actual users was performed.

The project's target groups, their roles and the expected outcomes from their participation in the M-CARE survey were:

Current Personal caregivers (93 respondents)

Research activities about the training they have received, their past working experience and their educational background. Furthermore, they provided valuable information on the type of training they would like to receive.

People with disabilities and older people (194 responses)

For the project survey this target group has been broken down to the following groups:

- People with mobility impairments
- People with visual impairments
- People with hearing impairments
- People with intellectual impairments
- People chronic diseases
- Older people

Stakeholders (186 responses)

- Policy makers (38): Ministries of social affairs, social care agencies, state agencies of PwDs, daily centres, local authorities, employers of PCGs etc.
- Family members of PwD/ (77respondents)
- Care centres, VET centres and employment centres that want to provide PCG training (71 respondents)

The findings found out that the specific skills and knowledge for care giving of disabled and older people as well as psychological support was relevant. Differences in PwD and elderly people were also identified and should be addressed separately in the curriculum to be developed. A number of differences of the obligations, responsibilities and expectations from the personal care givers were identified among countries. Similarities were also observed among the Bulgaria and Turkey and Greece regarding the importance of issue for sex determination while for Germany and Belgium it is of no importance. Participants from the last two countries accorded also no importance to the gender issues in contrast to these from Bulgaria, Turkey and Greece. The respondents have given recommendations for FAQ sessions to be considered on the web portal and information about health insurance.

University of Athens analysed and collated the data into the Consolidated Survey Findings Report All partners have discussed the findings of the Report during the second meeting in Athens (September 2014). In dedicated work steering group session more detailed results were discussed on the one hand and the research developments in each country on the other. Very rich data was collected from case studies and it was an excellent input to the Consolidated finding report, formed the basis of the curriculum and training materials, to be produced in work packages three. Partners were committed that this process had helped focus on the target groups training needs and an important step was taken to finally meet the training needs at a later stage. Evaluation Questionnaire respondents endorsed this.

Main body of the Report involves a lot of data as well contains enough information for complete oversight of the definition of Personal Care Givers training needs. It gives a useful help for the adjustments in training methods used in VET centres for their training as well as for the mobile training. The study approach which followed in the WP2 was appropriate as the project did not strives for generalisation of system characteristics or indicators but aimed at getting a better understanding of the personal care givers needs as an input for discussion. The findings cannot claim to represent the whole care givers professionals working in the partner countries. But findings can nevertheless be used to inform the developments of WP3 and may claim any

theoretical generalisability. Generally the sampling strategy was considered appropriate within the time and resources available for the work package. The overall comment on the base of Training Needs Analysis is that in EU there is a different understanding of the profile of personal care givers. Differences are also in the regulations, requirements and overall environment. There is a need of integrated delivery system between the countries.

The work package was successful in seeking the views of target groups from each partner region. It is notable that that the majority of respondents reported that they were confident in judging their own training needs. The level of work experience of the targets in M CARE project and the levels of reported confidence in identifying training needs suggests that it is possible to build on the findings reported here, incorporating them into hypothesized training needs developed by the M CARE consortium. In general the report is well structured and gives a clear overview of the results and outcomes of the partnerships attempt to provide useful materials and resources in the field of social care services for disabled and older people. One recommendation which will make the report more valuable is to include a summary on the recent literature on policies and services, particularly in Europe.

The Training Needs Analysis Findings Summary Report was made available in all partners languages and in English. The Report is available as a PDF download on the M CARE Project web page. The pages Consolidated Survey Finding Report presents a useful, well-structured content and practical data and resources for the training needs of personal care givers and start the process of care work being seen as a profession for low skilled people. To care for someone with disabilities and for older people needs specific training and the needs analysis showed it.

Partners' feedback

The feedback was provided at the end of the first project year (twelve month). Questionnaire response rate was reasonably good (100%) with six of the possible six respondents returning questionnaires,

Partners were asked how they assessed the Report "Consolidate Survey Findings". Overall opinion is positive. One partner detailed *'The report has been produced based on common work of all partners concluded by the University of Athens. Despite the minor delay of its delivery it is very comprehensive and consists of important conclusions which will be the base for the production of the MCARE curriculum and training material.'*

We asked the partners about the relevance of the Consolidated Findings to the practice in their countries. The responses were as follow:

‘Yes. The executive summary is very important public deliverable which presents the situation of the provision of personal care in the partners’ countries. It evidenced the gap of existing training programmes as well as the need for new VET course for personal caregivers based on the contemporary requirements for this occupation.’

‘We think the survey findings obtained as a result of the survey applied in Turkey are relevant to the situation in our country’’

‘Yes. Some findings are universal and concern all project countries. For example the suggestions on types and methods of PCG training.’

‘Yes. The executive summary is very important public deliverable which presents the situation of the provision of personal care in the partners’ countries. It evidenced the gap of existing training programs as well as the need for new VET course for personal caregivers based on the contemporary requirements for this occupation.’

‘They will help to raise questions about daily practice in care giving’

In general the partner feedback is very positive and the respondents are very satisfied with the outcome. All partners rated it as ‘excellent’ and ‘very good’.

6.3. Work Package 3 Development of M-CARE curriculum, preparation of training courses and production of training materials, Leading Partner 6; Six months duration: start at month 9 and end at month 14

Aims:

The overall aim of the Work Package3 was to develop a training curriculum and training materials that all partners from Turkey, Belgium, Germany, Bulgaria and Greece would implement and disseminate on EU level.

Table No 6

	Key deliverables	Status
1	Methodology of curriculum development	completed
2	The curriculum, training materials and courses and (trainers) handbook.	Draft version available
3	Mobile learning application (Android based) with an embedded gaming component	Ongoing
4	Development of online training platform (ATutor based) in all partner languages; Accessibility.	completed

5	Deploying online community platform, with portal facilities to provide also info on local legislation regarding PCG financial support for beneficiaries, exchange of best practises, etc.	ongoing
6	Production of training materials in paper version format and alternative formats (will be provided locally if needed and desired by end-users/beneficiaries (e.g. Braille output files, video and audio format (Daisy)).	Second year
7	Production of training material that embraces a variety of ICT based media (online video tutorials, testimonials, practical videos on PCG support, audio commentaries, etc.).	Second year
8	Production of training material online (online learning platform) in SCORM compliant formats for easy transferability across different learning platforms.	Ongoing
9	3 rd project partnership meeting in Germany	completed

Progress review against the Work Package 3

The curriculum is based on a framework that measures the patient, family-member and staff experience, with modules in person-centred care, compassion in care and personal and professional development.

The adaptation and elaboration of the curriculum and training materials has primarily been undertaken by EVBB (P60 with the contribution by all other partners. All partners participated actively in the conception and development of the curriculum and training materials. The final decision about the framework and the format of the curriculum and the training materials was taken by all of the partners by discussion.

The curriculum development process was based on the criteria identified in WP2 aiming to enable the personal care givers to work successfully and without barriers with disabled people and as well with older one. The scope of the content of the curriculum referred to the identified different needs such as follows: communication activities, assistance for clients with different disabilities, environment accessibility, emergency situations and special needs of people with disabilities, legal regulations in terms of accessibility of hotel/catering services, assistance to people with disabilities and role games. The draft version of the curriculum contained fourteen content related units :

Introduction

Modules:

1. Pedagogical support for mobile learning
2. Disability awareness

3. Communication skills
4. Policy
5. Social inclusion
6. Psychological empowerment
7. Physiological needs
8. Hygiene
9. Daily care at home
10. First aid and risks
11. Environmental control
12. Mobility
13. Leisure

The draft version of the curriculum and training modules were circulated to all partners for discussion. Discussion started during the 2nd meeting in Athens and continued during the 3rd partners' meeting in Frankfurt (Germany) as well. The comments of the partners reflected the variable experiences and national cultural vision for the issue of curriculum development. At last common decision was taken for each module.

The curriculum is flexible and easy adjustable as it was recommended in the need analysis survey. By minimum changes to local social and cultural conditions the M Care training course could be used throughout Europe.

The M CARE curriculum and training materials gives the opportunity to increase the number of trainees with different educational background and needs. It ensures the diversity in their area of work and enables the wider mainstreaming and dissemination of the M CARE outcomes across Europe and among those who are speaking partners' languages.

The skills and competencies gained need to be transparent to the employers in the partner countries and thus also allow for the beneficiaries to be mobile and compatible at the European market to attract more personal care givers in social sector in the future. The ideas of implementing ECVET principles support the development of learning outcome based curriculum.

The M CARE Curriculum is a general overview document based on learning outcomes about the units and learning approaches planned for the training programme. The curriculum shows that the thoughts made about the needs of PCGs and target group related to sustainable services for older people and people with disabilities are quite complex and manifold. An M CARE curriculum combines the theoretical and the practical elements in order to develop specific units with a key purpose that can be assessed in their entirety. They include a core of basic knowledge, specialised practical and application knowledge, learning pathways and assessment issues.

The M Care curriculum covers the main issues relating to the topics of care givers which are relevant to the target groups within the EU context. Differentiation in terms of the varied educational ability of learner groups is factored in by a mixture of training methods including; The modules themselves are designed to be a practical aid to participants which can, and should, be referred back to after the course to reinforce learning and for reference purposes.

The draft version of curriculum and modules were designed to be suitable for 2/3 qualification levels. This reflects the philosophy of M CARE project which ranges across the personal care givers skills base from unskilled/low skilled workers, semi-skilled, and skilled..

The curriculum is well on schedule and partner made contributions to further enhance the curriculum which will be refined and further informed by data analysis. Good progress was made on the curriculum, training materials and mobile application, but awaiting further input from the piloting phase. At the time of writing this report the final production of the deliverables of WP3 is not ended as it is scheduled to end at month 14. The curriculum development is on course and will be developed ready for piloting and the philosophy of mobile application is also developed. Nevertheless of the overall positive words I would like to make the following suggestions perhaps to be taken into account in the following month: curriculum and modules should be checked again according to the time allotted for the planned training as well as the length of the training course should be revised. Some modules need to be checked for overlapping and triviality. Contents should be more related to the personal care givers' profile and structured in a similar systematic way. In general it can be stated that this version of the curriculum is a well elaborated basis for the development of the single modules, it well fulfil the required tasks and shows the complex and ambitious approach of the whole partnership towards the topic of care services in Europe. We can highlighted that M Care curriculum and modules are clearly positioned as training documents in the context of lifelong learning programme covering two qualification levels which must be respected in future improvements and adjustments. The draft versions of the curriculum and the training materials are one of the outcomes that already demonstrate valuable results at the interim time.

Partners were asked to identify the challenges the project expects in the last month of the first year and how can be tackled and overcome? All of them pointed out the issue of curriculum.

‘The production of the final version of the MCARE curriculum is expected to be done before the Progress report. Intensive efforts by all partners and the WP leader are expected’

‘. The curriculum which is one of the most significant parts of the project outcomes seems to be one of the major challenges to be overcome in the last month of the first year. However the partners are working together in harmonization to tackle it. More effective communication can be useful.’

‘The implementation of the core of the project’s outcome: the training material, the portal and the mobile app’

‘Agreeing on the curriculum content and its compliance with ECVET’

‘Come to clearness about the content of the curriculum and link it to recognized occupations in care’

**6.4. Work package 5 Quality Assurance and Evaluation,
Leading partner P2,
24 months duration: start in month 1 and end in month 24**

Aims:

- To ensure robust quality management and transparent evaluation.
- To actively engage all partners in the quality management process from the very start.
- To appoint an experienced external evaluator with a brief to provide formative evaluation and feedback throughout the project, in addition to overall summative reports to accompany the Interim and Final Reports.
- To operate rigorous and systematic activity and financial monitoring using well-established, user-friendly, systems.
- To maintain effective reporting between National advisory boards and Transnational Steering Groups.
- To produce the Interim and Final Reports, incorporating feedback from all partners.
- To build on and draw together quality management procedures embodied in all other workpackages.

Table 7

	Key deliverables	Status
1	Quality management plan	completed
2	Interim and external Evaluation reports	completed

Progress review against the Work Package 5

The activities of Quality assurance and Evaluation started at the very beginning of the project management. A *Quality Management Plan* was presented according to the agreed and approved by partners' deadline. *The Quality Management Plan* supported the project and has maintained an overview of project progress in line with the official work plan. *The plan* outlined three levels of evaluation and quality control for M CARE, namely: *Product level*: the underline of the performance achieved in the project. *Dissemination impact level*: measurement of the dissemination impact *Process level*: measurement of the coherence with what is foreseen in the project itself and identification of the necessary actions to correct possible deviations from the expected results

The progress in the project's first year has maintained coherence with what was planned. In particular, the roles of the internal and external processes have complemented each other effectively. The consistent and frequent internal checks ensure that all partners are active and clear in their tasks; and the external process provide an "outside" view. Considering internal evaluation and monitoring a *series of templates* were introduced for the partners to report upon both progress and related expenditure on a regular basis. This combined with regular *reviews and feedback* of partners meetings has allowed the leader of WP (5) to report upon the progress of the project. This approach allowed the Contractor to introduce mechanism for continuous improvement, as required. The internal evaluation documents present a motivated an enthusiastic partnership, clear on their roles and implementing the individual project milestones effectively.

Partners were asked about the effectiveness of the Quality Strategy Document. They stated:

'So far the quality strategy ensures that the project meets its aims, objectives and planned results despite some minor delays of some activities

'Don't know what is it?'

'It is effective'

'Effective''

'This document is important for not to lose the goals'

Most of them underlined that used it regularly, but one honestly declared *'not yet – but promise to do so'*.

***6.5. Work Package 6 Dissemination, promotion and awareness-rising
Leading partner P3
24 months duration: start month 1, end month 24***

Aims:

- To ensure that knowledge of the establishment and purpose of the project reaches all target users in all partner countries throughout the project, and where possible beyond.
- To maintain a vigorous campaign of publicity in all partner countries for the project throughout its progress, and support e.g. also piloting.
- To ensure that the outcomes of the project are recognised among all target users in all partner countries.

Table 8

	Key deliverables	Status
1	Dissemination strategy.	completed
2	Produced (multilingual) dissemination materials (leaflets, rolls-up, etc.).	completed
3	Web site; Online partner communication and workspace (documents sharing platform)	completed

Progress review against Work Package 6

To disseminate an EU project in the first half of its lifetime is always quite a challenge for a project team, to valorise it is almost impossible. As long as main products are not finally developed or not developed in all languages and features they simply cannot get implemented properly so, at this stage of the M CARE project only dissemination activities and some pre-arrangements for future valorisation steps were able to be implemented which again is absolutely natural and expectable in this format.

Concerning the dissemination activities of M CARE project it has to be said that a lot of such activities already took place: First of all a newsletters , press release and media information in each country were provided. The leading partner of the WP6, Interprojects (BG) developed dissemination strategy which was actively implemented and supported by all other partners. The partner produced multilingual dissemination materials such as leaflets and roll-ups. They are perfectly designed for their purpose and have a very effective “invitational” character. Partners received them and used the channels for dissemination in their own countries.

Furthermore the M CARE partner group implemented a number of press and media appearances. The newsroom section on the project website gives a good overview over the performed activities and press appearances (Newsletters).

The geographical dimension of M CARE dissemination activities extends beyond the partners' countries. The Greek partner presented the information for the project at ITAG 2014, the Interactive Technologies and Games (ITAG) Conference 2014, Health, Disability and Education on Thursday 16 October 2014 in The Council House, NG1 2DT, Nottingham, UK. They presented the topic "Personal care giving services for people with disabilities and older people: current trends and future directions". Representatives of Gazi University and PhoenixKM participated in the Sector Skill Alliance projects monitoring visit (Brussels, Belgium) on behalf of M-Care. This took place at EACEA premises on 20th October 2014.

Among the provided events worthwhile to highlight the participation of PhoenixKM team (P2) in a policy event "Building together a barrier-free Europe – Celebrating the Day of Persons with Disabilities" this took place in Brussels on 2-3 December 2014 at the Charlemagne building. The event offered the opportunity for networking with representative structures from all over Europe.

Partners attended and presented at a range of network and conference events and included information stands and discussion with delegates.

The identified appropriate channels through which the project was disseminated to date were as follows: the project website, the partners' websites, the numerous partners' formal and informal networks, local meetings, international meetings too, all of which created "intelligent" and mutually reinforcing junctions between the local, national and EU level.

Besides these dissemination activities which are already quite impressive at this stage of the project development the project website www.mcare.project.eu deserves special attention. During the second year of the project the dissemination activities should of course be intensified and developed towards valorisation activities leading to sustainable use of the project outputs which by nature will be supported by the concrete implementation of the pilot activities in the partner countries. When closely analysing the work plan of the project given in the application document it appears also very clearly that the focus of activities planned in the second year of the M CARE project is on the exploitation of results. In general to date there is no doubt that the project team will be able to implement the dissemination and valorisation in the planned quality and quantity to reach the set impact targets at the project end.

On a practical level, the presentation of the documentation for M CARE on the project web-site is detailed, thorough, transparent and informative. Again, because of the clarity, the interested visitor is able to identify quickly and easily the aspects of main and immediate interest, be they working in the social sector. The existing M CARE web-site presence was enhanced from the start of the project with a specific presence for M CARE project.

The website is available in all partner languages and was updated on a regular basis. Where possible, supportive videos is suggested to be embedded in the website . The accessible multilingual website of the project, operated under the open source Word Press CMS, with potential domain www.m-care-project.eu, was functional at the end of the 1st month. P2 was responsible for this, as well as for seamlessly publishing website content to various social media, while it was maintained (content wise) by P3. The website hosted all developed up to now project outcomes, and also all public deliverables, as well as gave access to the training platform (based on ATutor). A similar environment(workspace) was also be used for internal project communication.

The applied approach in M CARE project to dissemination was effective and in accordance with what was planned in the application. The processes and products described earlier in the section on project outcomes have been presented well on the project web-site, and it is in-keeping with the content of the project that the on-line resource is the main tool for dissemination having said that, it is well-supported by other elements. The attractiveness of the web-site needs to be improved. ‘News’ and ‘Events’ website sections should be more contents; more contributions by all partners are necessary. They were used primarily to support national and European level dissemination through partner input at relevant dissemination events. The publicity materials were initially agreed upon by project partners before being centrally produced by the promoter and circulated to all partners.

Partners’ feedback

Partners were asked about the level of development of the website and dissemination materials. The answers are shown below:

‘Yes. The website is attractive and fully accessible’

‘It is attractive however, can be improved by adding more visual contents such as photos, videos, etc. ‘

‘The website is user friendly and effectively promotes the project’s activities’

‘Yes, definitely; yes it is attractive and fully accessible’

‘Not at the moment but <I am sure it will improve the more content will be on it’

The respondents were asked about the quality of leaflets and rolls up. They highlighted:

‘They are attractive and nicely done. Additionally they are colorful ‘

‘Very attractive and user friendly’

‘The print material is informative and well designed ‘

‘Very eye-catching’

Partners were asked the question ‘How would you assess the dissemination of the project?’ Generally they are quite satisfied.

‘Quite satisfying; Very good’

‘Well on track’;

‘So far the partnership presents thematically related dissemination. This will be increased during the 2nd project year where the project deliverables will be produced and the partners will have the possibility to disseminate real and sustainable products’.

‘...Hopefully restricted as long as there are no examples to be show’

**6.6. Work Package 7, Exploitation of results; Leading partner P4
Four months duration: start in month 9 and end in month 24**

Aims:

- To identify, and maintain contact with stakeholders in partner countries and at European level.
- To ensure maximum impact during the life of the project nationally and at European level.
- To ensure appropriate arrangements for the continuation of the project’s impact after the end of the funded period nationally and at European level.
- To organize a European final conference in Brussels.
- To customise and nationally adapt all M-CARE products.
- To translate M-CARE products in partners languages - Dutch, English, German, Greek, Bulgarian and Turkish.

Table 9

	Key deliverables	Status
1	Exploitation strategy	Draft; Final version in 2 nd year
2	Transnational conference in December 2015 in Brussels, Belgium.	Second Year
3	Active Participation of Target Groups	ongoing

Progress review against the Work Package 7

Exploitation of the M CARE Project outcomes was on the agenda from the very beginning at the kick off Partner meeting in Ankara (January 2014). It was included for discussion in the adopted Action Plan. The issue for implementing the process of exploitation started in during the 2nd meeting in Athens (September 2014) with the shared by leading partner P4 initial thoughts about the issue and the idea of developing Exploitation strategy. Draft version is already available and was discussed. The strategy serves not only to keep the dissemination and exploitation of project results in mind beyond the funding of the project but also to develop a strategy on which the partners can build further activities and projects in future. The promotion of curriculum and training materials is key millstone which will lead to better qualified PVG and enhance recognition of this profession. The target groups that were addressed during the project lifetime apply as well for the valorisation activities with a strong focus on VET organisations. It is well known practice that the exploitation process is not possible to be achieved during the first year even within the life time of the project. Seeking exploitation during the first year of the project may present difficulties predominantly around the time available within the two year project to be able to do this, taking into account the fact that the curriculum and training materials would be piloted during the second year. The Partners need to be realistic about what could be achieved in a period of two years. The issues around exploitation would become clearer once development procedures and piloting were completed. The stakeholder analysis during the piloting process by itself provides possibilities and gives suggestions about the improvements of the Exploitation Strategy. Good choice was the idea of integration and connections with other EU projects which was realized successfully by P1. The partners recognize the need to make these links and are working to ensure that the integration is achieved; however there is a need to increase this activity in year two. It is our recommendation therefore that the exploitation strategy must be operating and ongoing concern.

7. Project meetings

One of the most important elements of steering a project group in a transnational project are the transnational project meetings. Their professional preparation and implementation are crucial for the project developments according to the work plans, for achieving high quality products and for creating a positive working atmosphere of trust and a good team work.

There have been two Partner Meetings during the First Stage. The meetings were hosted by a different Partner on each occasion.

- Kick off meeting) hosted by Gazi University, Ankara, (13-14/02/2014)

- Second transnational partners meeting in Athens (30-4/09/2014) hosted by University of Athens (P5)

In January 2015 third TN meeting was provided in Germany, but as it was not during the interim stage we will not comment it.

In addition a Skype meetings were regularly held.

The promoter of the M CARE project seems to be very aware of the strategic and operative importance of transnational meetings, because all meetings are planned well in time with carefulness and professionalism. As we could gather from the agendas of the meetings in Ankara(TR), and Athens (GR) all topics necessary at the various stages of a project were discussed and agreed by the partnership, contributions and presentations were equally divided between partners according to needs and competences and the contributions of all partners were treated with attention and respect; overall, the meetings also seem to be characterized by a very fine balance between work programme, dissemination activities and social activities.

Also the documents of all meetings have given the impression that the meetings were very successful in terms of preparation and implementation work, management, target achievements and working atmosphere.

It is in fact a very positive element that full documentation of the single project meetings (agendas, contributions and minutes) can be downloaded from the project website to give the wider public an insight into the concrete discussions and development processes.

The two host partners have chaired and have took minutes at all Partner Meetings . The general format followed at all the Partner Meetings was that the Meeting would last a day and a half; with the individual discussions(clinics) scheduled for the second afternoon.

Partner Meetings followed a formal agenda; with time scheduled into the Partner Meetings for one-to-one meetings, for example to discuss the provided and forthcoming activities, financial issues and reporting, or for one-to-one evaluation meetings. The structure also included opportunities for informal networking, not only during breaks and lunchtime; but also with a Partner dinner organised by the host partner. However, the forms themselves have been effectively employed and address numerous issues including management and updates on local and national dissemination activities.

The questionnaire completed by the partners after the transnational meeting in Athens is very informative and useful. The external evaluator has seen questionnaire which result in such useful information to take ideas forward.

Once more, this is an indication of the planning process and the environment in which the project work is taking place. It is clear that the questionnaire was part of a whole survey process -not merely a final document circulated for quick completion as participants reached for their

coats! The comments are nearly all very positive and valuable. There are real indications of the benefits of international and partnership networking. We provided two partner consultations, one after the transnational partner meeting in Greece and the other at the end of the first project year (interim stage). The level of analysis and reporting has been dependent on the response rate and detail provided by questionnaire respondents to a qualitative survey that made time demands on some exceptionally busy individuals. Questionnaire response rates were reasonably very good with six of the possible six respondents returning questionnaires, as a result of emails from the partners and evaluator and telephone calls to prompt Questionnaire have returned after the first and second round.

Evaluation of the project meetings are based on the following indicators:

- Hopes and expectations of partners;
- Clearness of the objectives
- Enjoyable aspects

The expectations for the partners' meeting in Athens(GR) was mainly related to the clarification of the project process, action plan, partner's tasks and responsibilities, regular communication between partners, financial and other important projects aspects.

Table No11

	Hopes and expectation for the meeting in Athens
1	To complete the planned activities in action plan 2
2	First advance payment to be transferred; complete of WP 2 phase; Identification of gatekeepers and stakeholders at national and EU level
3	Waiting the preparation of the first draft of the curricula by the German partner and give them some contributions for the curricula
4	To be able to have produced an advanced version on the mobile application so that we can collect valuable feedback from the partners
5	To get more into clear details of the mobile learning units
6	Cooperation and communication among partners should be strengthened

Table No12

	What did you enjoy most during the meeting?
1	The atmosphere to exchange ideas, opinions and to collaborate together face to face
2	The communication between the partners and the merge of the

	different cultures
3	The cooperative atmosphere
4	Openness and friendliness of all partners; the friendly, supportive and kind atmosphere
5	Collaboration with the partners and discussing about the results of the survey. The sightseeing, sharing the cultural activities, having meals and dinners together

8. Partnership and Collaboration

The M CARE partnership has collaborated adequately in the first year. This reflects positively on both the individual and collective performance of the partners but also on the original selection of the consortium. The partnership provided the right balance of expertise and quality to produce the needs analysis report and materials that the project is committed to delivering. From the very beginning of the project execution strong and diverse partnership was developed that fostered inter cultural and professional cooperation. The partnership was well placed and confident to assess the effectiveness of the initial outcomes on target groups and the extent to which it met broader aims and objectives of the project. All partners demonstrated appropriate qualifications and relevant professional experience and expressed common interest in creating stronger links between VET providers and the world of social services. The extent of partner participation was governed by project activities and the work package system. Each partner in the consortium had different strengths and something unique to offer to the common work. The main driver of work package one, management phase was P1 . The research phase, work package two was very successfully leaded by Athens University (P5). All partners were actively involved in the research phase, producing country reports which contained the underpinning information required. The dissemination strategy was developed according to the schedule and was implemented successfully. The process was led by the new partner Interproject (P3) who replaced partner from Greece. It was anticipated that all partners will contribute as it happened with small exceptions. All partners participated in line with their own understanding for the transnational cooperation. They came to the project work with different agendas depending on organizational focus and this created tensions. Some of the partners were slow to respond to request for documents and reports. Documents from partners are not always delivered to schedule. Some of them do not upload required documents regularly. We can summarize that the partners were aware of the projects related activities partner

organizations has engaged and responsibilities of partners, they have enough experience organizationally and domestically.

Partners' feedback

Partners generally felt that partnership working had been very effective, particularly in relation to delivering project outcomes.

'The partnership has been extremely effective and the complementary expertise of the different teams has enabled us to produce something far richer than anything a single partner could have done.'

'Needs Analysis Research have been really successful' and 'partner coordination by the project management team has been very good.'

'Organization and management go smoothly and are well organized'.

'Communications between the partners were very effective'.

Comparatively high scores were obtained responding to the comments about the flexibility of work plan as well as all activities were scheduled adequate to the working load. According to the respondents the tasks and the budget were distributed fairly. Excellent scores were achieved for the *'Do you have a clear understanding of your work and the activities you are responsible for?'* and *'Do you understand the aims and objectives of the project implementation'*. A slightly lower score were determined for the questionnaire *'Do you feel that you have completed your research work on collecting training needs analysis data effectively'*, High score (in one voice) were determined for the *'the agenda for the meeting of Athens was set clear'* as well as *'notification for the meeting was timely, partners staid with the tasks of the agenda'*.

There is a high level of satisfaction across the partnership with regards to how the project has been developed. There is a high degree of honesty as the partners' feedbacks show even the areas receiving the least rating. It refers mainly to the deadlines. Also the partnership has 'established an agreed timetable' and adhered to this to produce work package outcomes. A respondents felt and agree that there was 'free discussion during the meeting, friendly atmosphere, cooperative and pleasant.'

The detailed results of the feedback are shown below:

Table 10

N	Questions/measures	Yes	Most ly	Partial ly	No
1	Has the established working plan of the project been flexible	3	2		1
2	Has the estimated schedule been aequate to the working load	4	1	1	
3	Is your total budget attribution adequate for the development of your tasks?	3	3		
4	Have the tasks of the project work has been distributed fairly	5	1		
5	Is the distribution between budget lines adequate in your case?	1	2	2	
6	The contractor is qualified for the financial issues	5	1		

7	Do you received support from the project coordinator when you have needed it	4	1	1	
8	Do you have a clear understanding of your work and the activities you are responsible for?	6			
9	Do you feel that you have completed your assigned tasks for contribution to training needs analysis correctly	5	1		
10	Do you understand the aims and objectives of the project implementation	5	1		
11	What do you think about the communication between partners up to now? Has it been effective	5		1	
12	Has the communication between the project coordinator and your organization been effective?	4	2		
13	Were any difficulties encountered in adhering to work programme?	2			4
14	Do you have any concerns about the methodology for training needs analysis?	1			5
15	Do you feel that you have completed your research work on collecting training needs analysis data effectively?	4	2		
16	Were any difficulties encountered whilst identifying the training needs of target groups?	2			4
17	Were any problems encountered during the process of WP2 up to now?				6
18	The agenda for the meeting of Athens was set clear	6			
19	Notification was timely; partners staid with the tasks of the agenda	5	1		
20	Partners seem well informed and up to date and understand what is going at all times	4	2		
21	Free discussion during the meeting, friendly atmosphere, cooperative and pleasant	6			
22	Was it easy for you to get your ideas across to the project team?	5	1		

Conclusions and Recommendations

The evaluator observed the work-progress on a continuous basis and analysed the successive versions of the Needs Analysis Consolidated Findings, Curriculum and the r training materials developed as well as the online platform. . The availability on the website of the outcomes developed and the possibility to download them in the contractual languages Bulgarian, English, Belgium, German, Greek and Turkish was tested also. The project was viewed as innovative, as it is tackling an issue of mobile training for personal care givers that has not been dealt with before at an European level and within this context.

There is a partnership need to have a clear and agreed strategy for the development and content of the online training materials;

The M CARE project finished the first year activities in December 2014. The project had at its start a clear work plan and completed all the activities set out in it for the First Year. The M CARE has achieved the project objectives, and the deliverables planned have all been completed. The second period will focused principally on finalization of the curriculum and training materials, pilot and dissemination and exploitation activity and the updating, after the pilots will finish and conclusions could be drawn, of the

methodological guidelines. In the final period of the project the focus will be on dissemination and exploitation, though these activities had been initiated earlier in the project period.

After one year time of knowing, observing, supporting and evaluating this project it can be stated that the M CARE project is well on track: all major products were so far developed in time and according to the quantitative and qualitative requirements of the project's proposal as well as of their final real life use; the project consortium is co-operating well, there are no kind of indicators about dissatisfaction visible in the documentation provided. One partner started well but due to some administrative reasons took the decision to withdrawn at the very beginning of the project. It was replaced with a new partner.

A few specific conclusions can be drawn with respect of the work done:

1) The project has performed well in its first year, with numerous strengths evident and only very minor and relative weaknesses. It is clear that the partnership deserves credit for the performance so far and also for the hard work that went into devising a clear, realistic and effectively planned application. The partnership has considerable experience and expertise in the field of disability as well as in the mobile training. Generally the first part of the project has progressed very well.

2) Project management was adequate and suggests a successful first year in general. Efforts were taken towards good cooperation and regular communications between the partners during the first year lifecycle. From the very beginning the project planning, the monitoring and the control procedures were set up. Clear internal monitoring system and transparent tools assessed the progress. Self evaluation in cooperation with the network partners is existent. The project co-coordinator has an excellent understanding of the project, the management is pro active. There were no significant problems or shortcomings during this period of the M CARE project. The communication on time for the instructions for deliverables and respect of deadlines is strongly advisable. More commitment and initiative of project WPs leaders is desirable. It will support the improvement of coordination and info exchange between the WPs. The upload of documents regularly is mandatory part of the working process.

3) In general the activities carried out followed strictly the submitted action plan and the outcomes were achieved on time. The National Advisory Boards in each country were established. All the outcomes progressed according to the deadlines. The draft version of curriculum and training materials are achieved already even the deadline is in 14 month. A draft version of the Exploitation Strategy is available although the deadline is at the end of the 2nd year. Dissemination Strategy was documented on time.

Both ensure to raise the awareness for PCGs and exploit the curriculum and training materials during the project's lifetime and beyond.

4) M CARE partnership represents a key strength of the project. The participants bring a relevant and complementary range of competences covering the educational contexts and social services expertise. From the beginning of the lifetime duration, the representatives of the partner organizations have demonstrated a pro-active attitude and dynamic approach to their assigned tasks. Feedback received from the different project partners have showed a good involvement and high interest from all project partners, no significant risks or problems have been mentioned for the first project phase. On the basis of the feedback received the project co-ordinator has managed to put the project well on track , partners were happy with him and partners were aware of their roles and responsibilities. There is no doubts that the partnership is working very well, all partners are involved in network activities, and all of them attended the meetings which are demonstrated through numerous documents.

5) Mapping of the existing training needs of PCGs was made towards identifying everyday needs of PwDs, older people and the opinion of people working for the respected sector and establishing how training is organized from the perspective of trainers, employers and employees. In general the Training Needs Analysis Findings Summary Report is well structured and gives a clear overview of the results and outcomes of the partnership attempt to provide useful materials and resources for the needs of PCGs in the field of social care services for disabled and older people. The report was made available in all partners' languages and in English. The pages Consolidated Survey Finding Report presents an useful, well-structured content and practical data and resources for the training needs of personal care givers and start the process of care work being seen as a profession for low skilled people. To care for someone with disabilities and for older people needs specific training and the needs analysis showed it. One recommendation which will make the report more valuable is to include a summary on the recent literature on policies and services, particularly in Europe.

6. At the time of writing this report the final production of the curriculum and training materials are not ended as they are scheduled to the end at month 14 but we will give our contributions to the draft versions at current stage. We can highlighted that M Care curriculum and modules are clearly positioned as training documents in the context of lifelong learning programme covering two qualification levels which must be respected in future improvements and adjustments. The draft versions of the curriculum and the training materials are the outcomes that already demonstrate valuable results of the project at the interim time. The curriculum is well on schedule, it is on course and ready for piloting. Partners reached agreement

on contents of the methodology of mobile app. The curriculum should be checked again according to the time allotted for the planned training as well as the length of the training course should be revised. Contents should be more related to the personal care givers' profile and structured in a similar systematic way. In general it can be stated that this version of the curriculum is a well elaborated basis for the development of the single modules, it well fulfil the required tasks and shows the complex and ambitious approach of the whole partnership towards the topic of care services in Europe.

7) Dissemination activities are quite impressive at this stage, a lot of presentations and participation in conferences and workshops were provided. The list of activities carried out on network and local level is long and impressive. Appropriate materials as leaflets and rolls up were developed and disseminated in all partners' languages. In future dissemination should be intensified and developed towards valorization activities leading to sustainable use of the project outputs which by nature will be supported by the concrete implementation of the pilot activities in the partner countries. The project website www.m-careproject.eu deserves special attention. The Project Website serves as a dissemination and information platform about the M CARE Project, the partners involved and LLP in general. The website is accessible to the public and also includes a members area for the project partners. The project web-presence is good quality, and as with the other M Care initiatives, presents the synergies and connections between the various funded initiatives whilst also doing justice to each project in its own right. It is particularly positive that everything is so clearly presented and readily accessible. The M CARE website is a good example of a site that is attractive to the interested visitor and provides immediate value on entering it. It is tested for accessibility.

8. We reserve the right to evaluate project outcomes (in terms of mobile training and larger effects of the project) in the final evaluation report. For this Interim Report we can signal a very positive response and attitude among the partners' institutions for the progress of the project at the end of the Interim Stage. The completed Interim Progress Evaluation questionnaire can be viewed as appendix. After having reviewed this questionnaire and after having communicated with the coordinator and partners of the project we can affirm a positive coordination and leadership of the project. We find that the overall quality of the transnational element is very high. A serious of dedicated efforts by all partners can be observed through the amount of work dedicated to the project thus far, the enthusiasm that transpires from

the results of the questionnaire as well as the overall spirit of collaboration amongst the six participating institutions.

9. During the second year we will focus on more qualitative areas to support the partnership to meet its outcomes. It will be useful to consider contact with the representatives of the target group PCGs during and after the piloting phase. We will keep a constant track of project developments through analysis and monitoring of activities and interviews of project partners. A final evaluation exercise will be carried out, on December 2015, in order to be discussed and presented to the partnership at project conclusion.

N.Kostadinova

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Appendix 1 QUESTIONNAIRE FOR INTERIM EVALUATION PROJECT PROGRESS

1	At the end of the First year what suggestions would you make for areas of improvement with respect the project organization and/or management?
	Organization and management go smoothly and are well organized.
	A monthly Skype meeting is really useful to be organized. The partners started this practice since November 2014 and will talk via Skype every month to share the status of the progress of the development process of the MCARE curriculum as well as to negotiate any management issues on regular base. It is important all partners to respect the agreed deadlines and the project work plan in order to prevent any possible delays.
	Further implementation of online collaborative tools in order to speed up some processes.
	Since our ministry is a central government organization, it is vital to have the information and documents of the project in timely manner in order to use time effectively to carry out other tasks/responsibilities of the Ministry. Therefore, our bureaucratic work structure and heavy workload should be taken into consideration in project organization and management to prevent any problems in communication and implementation of tasks.
	Some partners are not keen on sending the financial reports and documents on time. In order to avoid possible delays, financial reports and documents should be submitted in regular periods such as every 3 months
	Have more clearness about the way of “training” provided by M-Care....
2	Are you satisfied with the status quo of the project’s development to date?
	Yes it is quite satisfying; Yes;
3	Do you think that the Quality Strategy Document is effective or

	ineffective
	Quality strategy ensures that the project meets its aims, objectives and planned results despite some minor delays of some activities.
	Very effective; Don't know what is it; This document is important for not to lose the goals
4	Do you implement it regularly?
	Yes; Regularly; Not yet but promise to do so;
5	How do you assess the Report “Consolidate Survey Findings”?
	Excellent (3 R ¹³); Very good(3 R)
	The report has been produced based on common work of all partners concluded by the University of Athens. Despite the minor delay of its delivery it is very comprehensive and consists of important conclusions which will be the base for the production of the MCARE curriculum and training material.
6	Do you think that the Survey Findings are relevant to the practice in your country?
	Yes. The executive summary is very important public deliverable which presents the situation of the provision of personal care in the partners' countries. It evidenced the gap of existing training programmes as well as the need for new VET course for personal caregivers based on the contemporary requirements for this occupation.
	We think the survey findings obtained as a result of the survey applied in Turkey are relevant to the situation in our country
	Yes. Some findings are universal and concern all project countries. For example the suggestions on types and methods of PCG training.
	They will help to raise questions about daily practice in care giving.....
7	What was the aim of the ‘Consolidate Survey Findings’ (Needs analysis survey)?
	Define objectives; Collect data; Define desired state; Perform gap analysis; Create a training plan; Design Training Course of Activities
8	Which channels you will use to disseminate the ‘Consolidate Survey Findings’
	Emails distribution of the BG version, uploading it onto project website, Social media promotion, in house printing and distribution via post mail.
	First of all, the survey findings will be shared with the Ministry personnel in addition to the provincial organizations in all 81 provinces. Moreover, we plan to include the findings to regular dissemination activities aim at target audience
	Online dissemination and presentations in conference
	Emails distribution of the TR version, social media promotion, Article
	Emailing lists; Face-to-face; Focus groups; Website publications; mailing list
9	What do you think about the transparency of the financial and administration management in this project

¹³ R-respondent

	Clear; completely clear and transparent
10	What do you think about the efficiency of the financial management of the project?
	Neither efficient nor not efficient (2 R); efficient(2R); completely efficient(2R)
11	Did you receive all financial and administrative information needed for administration this project successfully?
	Yes (5R); partially (1R)
12	What is your opinion about the level of development concerning the M CARE website? Is it attractive?
	Yes. It is attractive and fully accessible; It is attractive however, can be improved by adding more visual contents such as photos, videos, etc.; The website is user friendly and effectively promotes the project's activities; Yes, definitely; yes it is attractive and fully accessible; Not at the moment but <I am sure it will improve the more content will be on it..
13	What do you think about leaflets and posters?
	Very attractive and user friendly; They are attractive and nicely done. Additionally they are colorful; The print material is informative and well designed. Sexy. Very attractive and user friendly.....; Very eye catching.
14	What your opinion of the Intellectual Property Rights is as discussed?
	We agreed and signed the IPR agreement. We will apply the procedure of CCL license. ; we think it is okay; Yes an agreement is currently being signed by all parties.; yes
15	Are you satisfied with the partner contributions to the project during the First Year?
	Yes; yes each partner was able to make necessary contributions to the project. The implementation of the core of the project's outcome: the training material, the portal and the mobile app; completely Except P4 we are satisfied with partner contributions; Yes grosso modo
16	What will be the big challenges the project expects in the last month of this First Year? How can be tackled and overcome?
	-The production of the final version of the MCARE curriculum is expected to be done before the Progress report. Intensive efforts by all partners and the WP leader are expected. The curriculum which is one of the most significant parts of the project outcomes seems to be one of the major challenges to be overcome in the last month of the first year. However the partners are working together in harmonization to tackle it. More effective communication can be useful. -The implementation of the core of the project's outcome: the training material, the portal and the mobile app ; -Agreeing on the curriculum content and its compliance with ECVET. -Referring the periodicity principle of accountings & finance, balance sheet

	<p>of M-Care will be prepared at the end of the year. Financial reports and supporting documents should be provided not later than 3rd IPM.</p> <p>-The production of the final version of the MCARE curriculum is expected to be done before the Progress report. Intensive efforts by all partners and the WP leader are expected.</p> <p>-Get more clearness of how M-Care-training will work</p>
17	<p>What kind of medias/means/communication tools have you used in order to disseminate the project results so far?</p> <p>Social media publications; Email shots; Articles; Events' presentation; Workshops' presentation; Project website announcements; Face to face meetings and distribution of leaflets; Exhibition of the project roll up banner during thematically related events.</p> <p>A variety of means have been used to disseminate the project. For example, the project has been introduced and explained to the related personnel and high-level management of the Ministry. Moreover, the project has been disseminated in some of the national and international events of the Ministry in addition to the distribution of leaflets. The official website of the Ministry also has been utilized to disseminate the project providing an announcement regarding project and the project's website link. In the future, the provincial directorates of the Ministry in 81 provinces will also be informed about the project outcomes and its results.</p> <p>Online, print, social media, papers in conferences</p> <p>Workshops, EC events on disability, seminars, website, mailing lists</p> <p>Workshops' presentation</p> <p>Project website and Gazi University website announcements</p> <p>Face to face meetings and distribution of leaflets</p> <p>Exhibition of the project roll up banner during thematically related events</p> <p>Mailing, face-to-face-discussions, Posters-session, Workshop</p>
18	<p>To what extent did you already manage to set up contacts and cooperation in the frame of the project with key stakeholders in your country(potentially interested by the project)</p> <p>To a limited extent(2R);To an average extent(1R); To a normal extent3R)</p>
19	<p>How would you assess the dissemination of the project?</p> <p>Hopefully restricted as long as there are no examples to be shown...</p> <p>So far the partnership presents thematically related dissemination. This will be increased during the 2nd project year where the project deliverables will be produced and the partners will have the possibility to disseminate real and sustainable products.</p> <p>Quite satisfying; Very good; well on track</p>
20	<p>Do you have delays or technical problems during the execution of the project in your country</p> <p>No(4R);</p> <p>We have not experienced any delay except some minor difficulties such as delays arising from bureaucracy;</p> <p>Not technical but fundamental problems: acceptance of low-level-training for caregivers</p>
21	<p>Please describe the main challenges that your WP has faced thus far</p> <p>Come to clearness about the content and link it to recognized occupations in</p>

	care
	Since Interprojects joined at the end of M4 it was a challenge to complete all pending tasks as a replacement partner. We are glad to announce that we achieve all of them insuring their high quality.
	The activities of the WP have not started yet
	Drawing exploitable conclusions based on the collected information for the survey
	Some small delays in WP3
	At the beginning of the project, replacing a partner and making amendments were the first challenges. P4 is the leader of Wp7, exploitation of results. As a governmental body, their contribution has a strategic importance for M-Care but their contribution and task performance are limited. It is really hard to collect financial reports and supporting documents from partners. Some sanctions can be imposed if not applied on time
22	Please describe your WP's interaction with project management.
	The dissemination strategy is part of the project management plan and its supports it by provision of channels and media of its promotion to the project stakeholders and the wider community.
	The activities of the WP have not started yet
	Submitting necessary information for reports and presenting all WP2 outcomes in project meetings
	Excellent
	The dissemination strategy is part of the project management plan and its supports it by provision of channels and media of its promotion to the project stakeholders and the wider community.
	Try to clear the modus of training and the part of mobile training
23	What is your overall assessment of the two TN meetings
	Excellent(2R); Very Good(3R); Good (1R)
24	What are your impressions about the executed work package?
	It follows the planned activities and so far it met its expected results
	There hasn't been any serious issue about the executed work packages. Everything seems to working smoothly so far.
	Satisfied with the outcome
	It follows the planned activities and so far it met its expected results
	Rather good
25	What are the main problems which you met in the execution of your tasks?
	Clearness about the goals and the methods and how M-Care will function.
	Not relevant(2R);
	In availability of video materials
	We didn't have any major problem with respect to partners or execution of tasks
	There were some issues in communication between partners, which were eventually solved
26	Do you meet any difficulties in following the progress of activities and deadlines for task accomplishment?
	No; Sometimes it is hard for us to follow the progress of activities and

	deadlines due to other institutional tasks which require immediate action in a very limited period of time. Additionally, there is no personnel specifically assigned to this project. On the other hand the personnel working on this project are supposed to carry out other projects and institutional tasks. So that sometimes we find it difficult to meet deadlines and catch-up with the progress of activities
	It is challenging especially for the implementation of the mobile application which is a complex procedure
	Yes, we would like to have more than on WP3
	No; Work progress is dependent from other deliverables and from clearness of other WPs
27	In case you encounter any problems in the execution of your tasks how do you solve the problems?
	It is solved only by way of devoted working of project team
	Internal discussions, communicating with the project's coordinator
	Rushing through tasks; Discussion with colleagues.
28	What is your assessment of the communications throughout the project? Have they been regular? Useful?
	Regular email correspondence has been provided as well as that the partners required a regular Skype meeting every month since November;
	Yes quite useful
	Both regular and useful
	Both very useful and regular(always when needed)
	Communication is restricted to exchange and demands b/n Management and partner
29	Do you think that the objectives of the project M CARE were attained this First Year?
	So far the planned project objectives have been achieved
	Yes the objectives were attained in the first year. All the work packages have been accomplished as planned.
	Yes. Notable progress has been achieved in all WP, as per workplan
	Yes complete against work plan.
	There is a light delay in realizing the curriculum because there was lack of clearness about the approach and the demands for transferring it to multimedia