PART A - Project summary

A.1 Project identification

Programme priority	Priority 1
Programme priority specific objective	SO 1.2 Increase competences for business and social innovation
DTP Project Code and Acronym	D-CARE
Project title	Developing, piloting and validating smart care models in Danube region for supporting social innovation, improving competences and entrepreneurship
eMS Project Number	656
Name of the lead partner organisation/original language	Universitatea de Medicina si Farmacie "Iuliu Hateganu" Cluj Napoca
Name of the lead partner organisation/English	University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca
Project duration	30 months 0 days
Start date	01.07.2020
End date	31.12.2022

A.2 Project summary

The recent unfavourable demographic processes left their significant stamp on the labor force in whole Danube region. The mobility opportunities left whole regions without qualified persons. The young people seek better work opportunities in bigger cities or abroad, which has left the elderly people living in rural and urban areas living alone. In order to revive the regions and to encourage the population to be a part of the labor market and at the same time to quarantee the access to general services for elderly population we have to admit that new, innovative and cross-sectoral services are needed. Therefore D-CARE action is focused on establishing a transnational cooperation network that will design, test and implement the model of Innovative Learning Environments for elderly people 55+, in 9 Danube regions, in order to facilitate the creation, validation and deployment of smart care services that will strenghten and integrate regional social and healthcare systems by improving competences and generating innovative smart care models. Danube region needs to better capitalize on the potential of of its increasingly changing and diverse population.
The project vision is applied from the consortium building stage. This means that it envisages a strategic integration at horizontal, vertical and geographical levels: i.e competences, activities and sectors. The project addresses the upper mentioned societal challenges through its three main action pillars:
1) Innovative Learning Networked Environments
2) Smart Care Pilots deployed in 5 project regions for development, testing, validation and implementation of smart care models
3) Transnational Policy Learning Center for smart care policies design
Thorugh D-CARE results, 8 Danube regions will have improved capacities and skills to meet the employment needs of its population and elderly people will receive new smart care services.

Project budget summary

Programme Co-financing ERDF

Partner			Programme Co-financing			Contribution					Total Eligible Budget
						Public Contribution			Private Contribution	Total Contribution	
Partner	Partner Acronym	Country	ERDF	ERDF Co-Financing(%)	Percentage Of Total ERDF	Automatic Public Contribution	Public Own Contribution	Total Public Contribution			
Universitatea de Medicina si Farmacie "Iuliu Hateganu" Cluj Napoca	UMF CJ	ROMÂNIA	219,810.00	85.00 %	10.69 %	33,618.00	5,172.00	38,790.00	0.00	38,790.00	258,600.00
Asociatia "Dr. Vasile Micu"	Dr.VMA	ROMÂNIA	106,097.00	85.00 %	5.16 %	16,226.60	0.00	16,226.60	2,496.40	18,723.00	124,820.00
Országos Humánmenedzsment Egyesület	OHE	MAGYARORSZÁG	117,436.00	85.00 %	5.71 %	13,816.00	0.00	13,816.00	6,908.00	20,724.00	138,160.00
Kaba Város Önkormányzat Polgármesteri Hivatala	KABA	MAGYARORSZÁG	63,044.50	85.00 %	3.06 %	7,417.00	3,708.50	11,125.50	0.00	11,125.50	74,170.00
DBH Investment Kockázati Tőkealap-kezelő Zártkörűen Működő Részvénytársaság	DBH Investment	MAGYARORSZÁG	107,482.50	85.00 %	5.23 %	0.00	12,645.00	12,645.00	6,322.50	18,967.50	126,450.00
CédrusNet Egyesület (CENE)	CEDNET	MAGYARORSZÁG	75,199.50	85.00 %	3.66 %	0.00	8,847.00	8,847.00	4,423.50	13,270.50	88,470.00

Jan Evangelista Purkyne University in Ústí nad Labem	UJEP	ČESKÁ REPUBLIKA	127,432.00	85.00 %	6.20 %	0.00	22,488.00	22,488.00	0.00	22,488.00	149,920.00
Dobrovolnické centrum, z,s,	DC	ČESKÁ REPUBLIKA	85,994.50	85.00 %	4.18 %	0.00	0.00	0.00	15,175.50	15,175.50	101,170.00
BioLAGO e.V.	BioLAGO	DEUTSCHLAND	159,375.00	85.00 %	7.75 %	0.00	0.00	0.00	28,125.00	28,125.00	187,500.00
Grunderschiff UG (limited liability) & Co. KG	Grunderschiff / GS	DEUTSCHLAND	138,839.00	85.00 %	6.75 %	0.00	0.00	0.00	24,501.00	24,501.00	163,340.00
Univerza v Ljubljani	UL	SLOVENIJA	154,020.00	85.00 %	7.49 %	0.00	27,180.00	27,180.00	0.00	27,180.00	181,200.00
RRA Zeleni kras, d.o.o.	RDA Green Karst	SLOVENIJA	119,017.00	85.00 %	5.79 %	0.00	21,003.00	21,003.00	0.00	21,003.00	140,020.00
Občina Ilirska Bistrica	OIB	SLOVENIJA	83,742.00	85.00 %	4.07 %	0.00	14,778.00	14,778.00	0.00	14,778.00	98,520.00
Регионална агенция за предприемачество и иновации – Варна	RAPIV	БЪЛГАРИЯ (BULGARIA)	124,550.50	85.00 %	6.06 %	0.00	21,979.50	21,979.50	0.00	21,979.50	146,530.00
Сдружение „Национален алианс за социална отговорност“	NASO	БЪЛГАРИЯ (BULGARIA)	72,462.50	85.00 %	3.52 %	0.00	0.00	0.00	12,787.50	12,787.50	85,250.00
Johanniter Österreich Ausbildung und Forschung gemeinnützige GmbH	JOAFG	ÖSTERREICH	142,698.00	85.00 %	6.94 %	0.00	0.00	0.00	25,182.00	25,182.00	167,880.00
UIV-Urban Innovation Vienna GmbH	UIV	ÖSTERREICH	157,356.25	85.00 %	7.65 %	0.00	27,768.75	27,768.75	0.00	27,768.75	185,125.00
Sub Total For Partners Inside			2,054,556.25	---	100.00 %	71,077.60	165,569.75	236,647.35	125,921.40	362,568.75	2,417,125.00
Sub Total For Partners Outside			0.00	---	0.00 %	0.00	0.00	0.00	0.00	0.00	0.00

Total	2,054,556.25	---	100,00 %	71,077.60	165,569.75	236,647.35	125,921.40	362,568.75	2,417,125.00

Programme Co-financing IPA II

Partner			Programme Co-financing			Contribution					
						Public Contribution					
Partner	Partner Acronym	Country	IPAII	IPAII Co-Financing(%)	Percentage Of Total IPAII	Automatic Public Contribution	Public Own Contribution	Total Public Contribution	Private Contribution	Total Contribution	Total Eligible Budget
Grad Prijedor	CP	BOSNIA AND HERZEGOVINA	53,405.50	85.00 %	49.70 %	0.00	9,424.50	9,424.50	0.00	9,424.50	62,830.00
PK RS – Područna privredna komora Banja Luka	PPK BL	BOSNIA AND HERZEGOVINA	54,034.50	85.00 %	50.29 %	0.00	9,535.50	9,535.50	0.00	9,535.50	63,570.00
Sub Total For Partners Inside			107,440.00	---	100.00 %	0.00	18,960.00	18,960.00	0.00	18,960.00	126,400.00
Sub Total For Partners Outside			0.00	---	0.00 %	0.00	0.00	0.00	0.00	0.00	0.00
Total			107,440.00	---	100,00 %	0.00	18,960.00	18,960.00	0.00	18,960.00	126,400.00

PART B - Project partners

B.1 List of Project Partners

Role	Name	Acronym	Country
LP	University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca	UMF CJ	RO, ROMÂNIA
PP	Dr. Vasile Micu" Association	Dr.VMA	RO, ROMÂNIA
PP	National Human Management Association	OHE	HU, MAGYARORSZÁG
PP	Mayor's Office of the City of Kaba	KABA	HU, MAGYARORSZÁG
PP	DBH Investment Venture Capital Fund Management Public Limited Company	DBH Investment	HU, MAGYARORSZÁG
PP	CedarNet Association	CEDNET	HU, MAGYARORSZÁG
PP	Univerzita Jana Evangelisty Purkyně v Ústí nad Labem	UJEP	CZ, ČESKÁ REPUBLIKA
PP	Volunteer Center	DC	CZ, ČESKÁ REPUBLIKA
PP	BioLAGO e.V.	BioLAGO	DE, DEUTSCHLAND
PP	Gruenderschiff UG (haftungsbeschraenkt) & Co. KG	Grunderschiff / GS	DE, DEUTSCHLAND
PP	University of Ljubljana	UL	SI, SLOVENIJA
PP	RDA Green Karst, ltd.	RDA Green Karst	SI, SLOVENIJA
PP	Municipality Ilirska Bistrica	OIB	SI, SLOVENIJA
PP	Regional Agency for Entrepreneurship and Innovations – Varna	RAPIV	BG, БЪЛГАРИЯ (BULGARIA)
PP	National Alliance for Social Responsibility	NASO	BG, БЪЛГАРИЯ (BULGARIA)
PP	Johanniter Austria Research and Education	JOAFG	AT, ÖSTERREICH
PP	UIV-Urban Innovation Vienna	UIV	AT, ÖSTERREICH
PP	City of Prijedor	CP	BA, BOSNIA AND HERZEGOVINA
PP	Chamber of Commerce and Industry of Banja Luka Region	PPK BL	BA, BOSNIA AND HERZEGOVINA
PP	Public Medical Sanitary Institution Institute of Oncology	PMSI IO	MD, MOLDOVA
AP	Cluj Napoca City Hall		RO, ROMÂNIA
AP	Local Action Group Brdy-Vltava		CZ, ČESKÁ REPUBLIKA
AP	Lovosice Municipal Authority		CZ, ČESKÁ REPUBLIKA
AP	Tisa Local Authority		CZ, ČESKÁ REPUBLIKA
AP	Municipality of Aksakovo		BG, БЪЛГАРИЯ (BULGARIA)
AP	INNOVA Észak-Alföld Regional Development and Innovation Agency Nonprofit Limited Liability Company		HU, MAGYARORSZÁG
AP	Public Institution Retirement Home Banja Luka		BA, BOSNIA AND HERZEGOVINA

B.2 Project Partner

Project partner 1

Partner Role In The Project	LP
Partner Name	Universitatea de Medicina si Farmacie "Iuliu Hateganu" Cluj Napoca
Partner Name (English)	University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca
Partner Acronym	UMF CJ
Department	Research, Development and Innovation
Nuts Id0	[redacted]
Nuts Id2	[redacted]
Nuts Id3	[redacted]
Postalcode City	[redacted]
Street Streetnumber	[redacted]
Home Page	[redacted]
National Tax Number	[redacted]
Recover Vat	[redacted]
Type of Partner	[redacted]
Co Financing Source	[redacted]
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	[redacted]
Partner relevance	The Applicant is the University of Medicine and Pharmaceuticals “Iuliu Hatieganu” situated in Cluj-Napoca, Cluj County, North-West Development Region, Romania. It is the oldest medical institution in Transylvania, and one of the top medical schools in Romania, with a growing and dynamic research activity. Currently the university has over 6,000 students from the country and abroad, 2,400 resident physicians and over 1,100 teachers and researchers split between the Faculties of Medicine, Dentistry and Pharmacy. Due to the growing number of international students the teaching languages include French and English, additionally to Romanian. Graduates can further continue their studies in one of the master programmes and at the doctoral school of the university. Besides the performances achieved in medical teaching, the University is one of the leading Romanian academic and research institutions, with over 6,000 impact factor points gathered in the last four years. Research niches refer to translational research, clinical studies, functional studies, genomics, proteomics, advanced imaging techniques, nanomedicine, biotechnology, pharmacology, drug development, novel diagnostic tools, public and mental health. In the last years investments have been performed in the educational and research infrastructure in terms of facilities and equipment, including in the two state of the art research centres: Research Centre for Functional Genomics, Biomedicine and Translational Medicine and Research Centre in Advanced Medicine, implementing multidisciplinary research approaches. The two excellence centres are completed by seven other research centres.
Organisational and territorial benefit	

International project experience and (if relevant) LP experience and capacities	Over 880 of UMFCN employees are implicated in research activities and an efficient administrative corpus dedicated to the support of research activity and its coordination is available. The investment in research was approximately 50 million euros, and an important finance source was European one. The Research Center for Functional Genomics Biomedicine and Translational Medicine is the newest research center at the UMPh Iuliu Hatieganu, being a state- of- the -art equipped center. It became active starting within 2012 and it comprises 1,400 sqm2 organized in 10 laboratories and a biobank with tumor tissues, blood, serum, plasma collected from several university hospitals. The Center is collaborating with Medfuture Research Center for Advanced Medicine a new EU funding facility for translational medicine and preclinical studies, which opened in 2015. Both research centers were implemented from European funds, POSCCE competitions, the second research center amounting to 15 million euros. UMFCN has been involved in the past years in numerous research and development projects, some already completed other in progress (only in 2019, 47 ongoing projects), through three main sources of financing: from the state budget - 32 national projects in value 5.210.690 euro; structural funds - 8 projects in value 11.773.526 euro; European research programs - 9 projects under Horizon 2020 Framework Programme in a total amount of 2.464.205 euros. The valuable research activities conducted in the university are measurable by a high number of original articles, reviews, books in the last 8 years, having an IF over 15000 points. According to official globally recognized statistics, the UMFCN is a national leader in the education and development of the next generation of physicians and scientists in Romania. More information can be found at http://www.umfcluj.ro.

B.3 Project Partner

Project partner 2

Partner Role In The Project	PP
Partner Name	[redacted]
Partner Name (English)	[redacted]
Partner Acronym	[redacted]
Department	[redacted]
Nuts Id0	[redacted]
Nuts Id2	[redacted]
Nuts Id3	[redacted]
Postalcode City	[redacted]
Street Streetnumber	[redacted]
Home Page	[redacted]
National Tax Number	[redacted]
Recover Vat	[redacted]
Type of Partner	[redacted]
Co Financing Source	[redacted]
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	Non profit

Partner relevance	Dr. Micu Association is a Senior Care Centre developed as a last generation facility who's objective is to assure a complete pack of services to elders from Europe countries. The foreseen facility is responding to the market needs in terms of silver economy opportunities, especially by delivering a set of services that addresses elder's needs – silver tourists, elders with chronic diseases and medical tourism services for elders. The Senior Centre is serving a wide category of patients: elders with neurodegenerative diseases, with neurological deficits, with peripheral nerve disease resulted from chronic diseases, elders that suffer from chronic degenerative musculoskeletal diseases, and patients that want to improve their physical condition and want to expand their experiences with new natural, historic and cultural experiences. Medical tourism packages emphasize the tourism part and include two types of rehabilitation services: recreation therapy (arts and crafts activities, cultural activities, thematic trips – nature, historic and cultural, religious trips) and physical therapy (general physical activities like fitness, hydrotherapy, aquatic aerobics, cardio-trips). Rehabilitation packages emphasize the rehabilitation and offer the touristic activities as a supplement. The rehabilitation packages respect the nature of the deficit and are built on the profile of the groups of patients: neurological group, musculoskeletal degenerative group, peripheral neuropathy group, speech disorder group. Each group has a particular set of rehabilitation procedures and individual programs as well as group training sessions. The touristic program is optional and is adapted to the type of deficits within each group.
Organisational and territorial benefit	Ageing and demographic change represents a major challenge for Europe and Romania in the next years, but at the same time an opportunity for generating innovations, services and products that will target the silver economy sector. Dependency ratio for people over 60 years in European countries will advance for ¼ to ½ by 2025 and family members will be most affected with impact over their productivity, wealth and job availability. Accelerated ageing phenomenon has serious implications in the increase of chronic diseases and their impact on society and economy. Silver economy is the third largest economy in the world. It generates the biggest opportunities in the public and consumers market: global silver economy is estimated to reach 15 trillion USD by 2020. Consumer market (present) for silver economy is valuated at 3000 billion euro and 85 million consumers (and growing). 1000 billion euro is the public cost for care of chronic diseases in Europe. With old age come a series of particular needs derived from the pathology each patient accumulated during his lifetime, the social isolation that comes with retirement and the increasing gap between generations that alters their relationships with the rest of the family. Any solution that aims at making a significant difference for this category of patients has to address more of these issues in order to be efficient and show results. The solution of rehabilitative silver tourism addresses both medical rehabilitation services, social support of a group of people found in a similar situation. Together it results in an increased quality of life, which in the end helps the successful integration within the family.
International project experience and (if relevant) LP experience and capacities	Dr. Micu Association didn't participate yet in any EU funded project.

Project partner 3

Partner Role In The Project	PP
Partner Name	Országos Humánmenedzsment Egyesület
Partner Name (English)	[redacted]
Partner Acronym	[redacted]
Department	[redacted]
Nuts Id0	[redacted]
Nuts Id2	[redacted]
Nuts Id3	[redacted]
Postalcode City	[redacted]
Street Streetnumber	[redacted]
Home Page	[redacted]
National Tax Number	[redacted]
Recover Vat	[redacted]
Type of Partner	[redacted]
Co Financing Source	[redacted]
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]

Legal Representative Telephone	[redacted]
Contact Person Firstname	
Contact Person Lastname	
Contact Person Email	
Contact Person Telephone	
Legal Status	
Type of institution	profit
Partner relevance	OHE, the National Human Management Association, is the oldest HR professional organization in the country, established in 1990 and with unique international relations. At the end of 2010, the association decided on the renewal, based on the idea that human professionals, companies and the entire business environment need a highly prestigious, open-minded, knowledge-sharing professional organization. There is now a demand for an umbrella organization that is independent, trend-setting, guiding, a professional force capable of advocacy as well as being an internal reference point for the profession. A point of reference that is unavoidable in HR professional matters, it plays an important role in the development of the profession, through knowledge sharing, research, and education. OHE is a non-profit organization, and as such, serves and represents advocates of diverse, HR-aware HR across Europe. So OHE has serious traditions with serious future ambitions. The main message of its strategy is "an association behind professionals". The mission of the National Human Resource Management Association is to support the creation of a unified HR profession in Hungary, providing a platform for common thinking, cooperation and knowledge sharing among professionals working in this field. The National Human Management Association is committed to fostering international relations and international knowledge sharing. In the spirit of renewal, the National Human Management Association has become a real umbrella organization for the HR profession. This includes advocacy, the professional reference point, master courses and quality assurance in a domestic and international context. Strategic Objectives: • Making the HR profession interactive through membership, which is able to create new, competitive knowledge by sharing knowledge. • Arranging the HR profession on a common platform capable of enforcing strong interests with unified action. •
Organisational and territorial benefit	We believe in a world where we see a business environment in which the players have recognized and accepted that Hungary's distinctive power (competitive edge) lies in human resources and consciously applies a complex system of managing these resources." We are active participation in domestic and international research serves to strengthen the forms of knowledge sharing. The association and the BOSTON Consulting Group have participated for 7 years in the “Creating People Advantage: The Future of HR in Europe” survey. This research provides serious professional guidance to participating companies and the association to understand international HR trends, trends, expectations and best practices. For the seventh time the OHE cafeteria index is being prepared. The HR Magazine, OHE's official magazine, which has become very popular in recent years, it has already operated online, providing not only ongoing support for the introduction of the transformative brand, but also open space for professionals to openly discuss current market trends and processes.
International project experience and (if relevant) LP experience and capacities	EFOP-5.2.2-17-2017-00130- Create an Active Age Management Pilot Program: The beginning of the implementation of the Project: 01.03.2019. Scheduled date for physical completion of the Project: 01.03.2021. • The main objective of the project is to identify international experiences and good practices in order to better address the social gaps and problems to be solved, which also coincides with the interests of the international partners involved in the project. Understanding policy and corporate experience serves to increase the labor market chances of an aging 50+ so-called Silver Age generation, on the one hand, by learning how to maintain the employability of aging workers, and, on the other hand, by helping them reintegrate into the labor market. International networking and exchange of experience can facilitate the creation of an Active Age Management Exemplary Program - already present in international practice since the early 2000’s - by incorporating the adaptation of good international practices and reforming the employer side. • We collaborate with 4 international partners in the project from Austria, Czech Republic and Romania. Within the framework of the Széchenyi 2020 Program, GINOP 5.3.1. OHE participated as full partner in the „Promoting flexible employment in convergence regions” project. The aim was to fund the organizational screening of employers in convergence regions who wish to introduce flexible employment and parenting with young children to improve their economic performance. Presentation of relevant OHE professional experience OHE has relevant professional experience in domestic and international HR research. Constantly attends HR professional conferences and events. Professional experience in the organization development projects. Human Resources of OHE The association aims to support the daily work of its members with the help of a number of recognized experts. The team of experts consists of communication, labor law, sele

Project partner 4

Partner Role In The Project	PP
Partner Name	Kaba Város Önkormányzat Polgármesteri Hivatala
Partner Name (English)	Mayor's Office of the City of Kaba
Partner Acronym	KABA
Department	-
Nuts Id0	[redacted]AG
Nuts Id2	[redacted]
Nuts Id3	[redacted]
Postalcode City	[redacted]
Street Streetnumber	[redacted] 4183 -
Home Page	[redacted]hu/
National Tax Number	[redacted]-09
Recover Vat	[redacted]
Type of Partner	[redacted]
Co Financing Source	[redacted]
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]sné
Contact Person Lastname	[redacted]
Contact Person Email	[redacted].hu
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	[redacted]profit
Partner relevance	The municipality of Kaba, and its integrated health care service association, uniting other five local settlements are clearly representing the target group of smart care services. These cities are highly exposed to outmigration, decline of population, paired with an increasing aging index. On the other hand, the local government is very aware of this problem and highly motivated to make serious efforts to tackle this challenge. The city administration clearly stated their commitment to this project, and its goals, which makes them a partner, to easily work with. The municipality also has integrated care services, local networks that secure the involvement of elderly people, while they also have the capacities and experience in interreg projects (Romania-Hungary). Besides very unfavorable demographic conditions, the city is having problems with labor force, because they are mostly unskilled workers, with a high rate of commuting to nearby larger cities. The city also involved in smart care services and the use of smart technologies, with a local home signalling system, that is operational since 2011. City leadership clearly understands the benefits of modern technology in elderly care.

Organisational and territorial benefit	Despite the consolidation, Kaba and all nearby settlements tend to be characterized by an aging social fabric, which is why, based on current demographic trends, the health care system will play an increasingly important role in the future. Due to the decline in the number of children and the change in the age group over 65, the population of all five settlements is characterized by aging, with the highest rate of in Kaba. City's aging index jumped from 123,64% in 2013 to 133,6% in 2016, with a significant difference between male and female population (ratio of women is growing). This trend is originating from the decrease in children, while the increase of old people at the same time. Demand for social services is also increasing in five settlements as the population ages. From an employment point of view, It can be stated that the decrease in the number of unemployed did not affect the age group over 55 as much as the younger age group. Employers are reluctant to employ them because over 55 years old, people's performance is already declining. The over-55s represent an increasing percentage of the total number of unemployed. Over the age of 59, there was a significant increase in 2013 of 3% in 2017 to 19.1% in unemployment. This is primarily due to the fact that workers over the age of 59 are no longer in good health. There is a significant decrease in the 20-24 age group is explained by working abroad and continuing school. The ratio of the 65+ population (living alone), receiving social care services is significant, 66%. The opportunities offered by home help are primarily used by the elderly, those living alone, or those in need of health, either at their own initiative or at the initiative of a relative. In caring for the elderly, it is often the case that when caring for the elderly, living alone, away from their family, the caregivers also play the role of relatives.
International project experience and (if relevant) LP experience and capacities	Élesd-Kaba joint project "Open Doors for Culture and Tradition in Europe", "Open Doors in Europe in the Field of Culture and Traditions" "Interreg V-A Romania Hungary Program". Capacity building and experience in international projects. "Mountain Coaster Kaba Competition" Celebrating Our Traditions Together "ROHU-265" Interreg V-A Romania Hungary Program ". Capacity building and experience in international projects.

Project partner 5

Partner Role In The Project	PP
Partner Name	DBH Investment Kockázati Tőkealap-kezelő Zártkörűen Működő Részvénytársaság
Partner Name (English)	DBH Investment Venture Capital Fund Management Public Limited Company
Partner Acronym	DBH Investment
Department	-
Nuts Id0	HU, MAGYARORSZÁG
Nuts Id2	HU10, Közép-Magyarország
Nuts Id3	HU101, Budapest
Postalcode City	H-1027 Budapest
Street Streetnumber	Kacsa street, Residence I. Office Building, 5th Floor 15-23
Home Page	http://dbh-group.com/en/investment/
National Tax Number	14488001-4-41
Recover Vat	yes
Type of Partner	SME
Co Financing Source	ERDF
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]com
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	[redacted]

Partner relevance	In 2008 based on its experience gained in the European financial and investment markets, DBH Group formed its own venture capital fund and established the DBH Investment Venture Capital Fund Management Public Limited Company (Plc.), which has invested into 11 innovative Hungarian SME's. One of DBH's most succesful programs, DBH seedstar aims to help startups successfully pass the early stage development phase, fine-tune their businesses and enhance their chance of entering and staying in the market after the incubation process ends. We prepare startups for scaling within our tailor made acceleration program. We offer: Mentorship - 50+ highly motivated international mentors and experts from a variety of backgrounds Incubation - From idea phase company to an investible one - Tailor-made consultancy services from our professional team of consultants - Financial, legal or marketing consulting, project management - Serviced, co-working and virtual offices - Go-to-market advice from peers and mentors - Preparation for acceleration in Brainport area as HUB for Western European market entry Acceleration in the Brainport area - Soft landing program with local assistance and office space capitalizing on one of the most desirable tech-hubs of the world, in Brainport region, Eindhoven - Full validation on the Western European market - International business development and acceleration in Brainport - Legal support to found Dutch entities (BV, Trust services, etc.) - Massive network of investors - 20+ years of VC and international business development experience - Unique portfolio of services and tailor-made programs Thanks to our DBH Seedstar project, we have extensive experience in mentoring, incubation, acceleration, and fund raising support, which can prove to be useful in the project when it comes to developing the accelerator program, that will: a) Mentor and support health researcher groups to design the optimal path for commercialization of re
Organisational and territorial benefit	Our investment experience in the health care sector represents real added value in designing cooperation framework for hub operationalization at R&I and business level and in developing an accelerator program for Danube area in order to boost the "lab to market" path for research results and innovative products in silver economy & personalized medicine sector.
International project experience and (if relevant) LP experience and capacities	Our international projects include: • Partnership of the ICT sector, Hungarian-Romanian cross-border cooperation HURO/1001/005/2.1.2/01. During the project's duration, DBH created company and best practice repositories, organized B2B Matchmaking events, together with its local partners, inculding the chamber of commerces and municipal administration. • Investment attractiveness Hungarian-Romanian cross-border cooperation - HURO/1001/074/2.1.2/01. During the project DBH creted analysis on the FDI ecosystem in the Eastern-Hungarian regions, and organized events for Hungarian and Romanian stakeholders, in order to support policy making, and increase cross border capital flow. • FDI Centres Hungarian-Romanian cross-border cooperation - HURO/1101/043/2.1.1/01.

Project partner 6

Partner Role In The Project	PP
Partner Name	CédrusNet Egyesület (CENE)
Partner Name (English)	CedarNet Association
Partner Acronym	CEDNET
Department	-
Nuts Id0	HU, MAGYARORSZÁG
Nuts Id2	HU10, Közép-Magyarország
Nuts Id3	[redacted]
Postalcode City	[redacted]
Street Streetnumber	[redacted]
Home Page	[redacted]net.hu/
National Tax Number	[redacted]
Recover Vat	no
Type of Partner	[redacted]ng NGOs
Co Financing Source	[redacted]
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]m
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]

Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	Non profit
Partner relevance	CédrusNet (CedarNet) Association was founded in 2016 and its main task is to represent the CédrusNet concept and to implement the pilot programs. The global ageing radically reshapes living conditions, the world of work, and threatens social welfare systems. Rapid development of technology, robotics, and artificial intelligence are serious challenges. Some professions disappear, new jobs emerge. Linear career models do not work, new life strategies and collaboration techniques are needed. Traditional healthcare is not sustainable: preparation for the development and use of digital healthcare applications is needed. CédrusNet concept is a program of change and cooperation, providing a comprehensive response to the above challenges at the local level. It provides methods for the long-term utilization of the competencies and experience of aging professionals and for building a social market. Through a number of mutually reinforcing initiatives, the program leverages senior knowledge, enriches and operates social capital in the elderly, alleviates labor shortages, improves the quality of life of the elderly, builds community, creates a new ecosystem of an aging society - connecting senior and young citizens, local businesses , NGOs and local government. CédrusNet Association's objectives are to promote methods and solutions that respond to the phenomena and new challenges of an aging society, organize re-activating, work and task-creating services for the senior age group, develop and organize trainings to promote senior knowledge utilization, dissemination of model programs for intergenerational knowledge transfer, improve the quality of life of ageing people, organize pilot schemes and international exchange of social solutions and initiation of cooperation in the versatile utilization of the experience of the elderly.
Organisational and territorial benefit	Between 2017-2019 CedarNet Association implemented a social innovation project to evaluate and capitalize senior life and work experience. The tools that CédrusNet worked with: open innovation, new social role opportunities in the community space, usefulness experiences, development of job opportunities tailored to seniors' needs, motivation to create innovative, supportive communities, knowledge upgrading trainings - expanding senior knowledge database. The parallel goal was to create a social environment that supports the practice of active aging. The results of the experimental program are eminent for both local government and the target group: Kecskemét became a model of how to handle ageing society and support active ageing of citizens at local level.
International project experience and (if relevant) LP experience and capacities	CedarNet is a social innovation concept and tools. The developers were invited into EU tenders as experts. The Association did not participate as a partner in tenders yet.

Project partner 7

Partner Role In The Project	PP
Partner Name	Jan Evangelista Purkyne University in Ústí nad Labem
Partner Name (English)	Univerzita Jana Evangelisty Purkyně v Ústí nad Labem
Partner Acronym	UJEP
Department	-
Nuts Id0	CZ, ČESKÁ REPUBLIKA
Nuts Id2	CZ04, Severozápad
Nuts Id3	CZ042, Ústecký kraj
Postalcode City	400 96 Ústí nad Labem
Street Streetnumber	Pasteurova 3544/1
Home Page	www.ujep.cz
National Tax Number	CZ44555601
Recover Vat	no
Type of Partner	higher education and research
Co Financing Source	ERDF
Co Financing (%)	85.00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	[redacted]
Partner relevance	UJEP is the only public university situated in the region acting, thus it is the most important research and education institution. Faculty of Social and Economic Studies at UJEP is the only public institution dealing simultaneously both with economics and social work studies in the Ústí region. Its main task is to prepare qualified specialists for both the public and private commercial spheres, which is realized in the form of its five available study programmes in bachelors and master studies - Economics and Management, Regional Development and Public Administration and Social Work. The overall aim of the faculty reflects the developmental needs of the region and it strives to contribute to the development of the knowledge-based society not only by means of the preparation of new study programmes for students of both study forms, but also for purpose of life-long learning. The faculty focuses on research related to socio-economic issues e.g.: labour market development (including demographics, , skills gap etc.), regional development, competitiveness, regional innovation systems, entrepreneurship and innovation. Some of them were supported by international projects. Since UJEP has also Faculty of Education and Faculty of Science (with IT Department), Faculty of Health Studies, Faculty of Art and Design, it can provide enhancing multidisciplinary approach.
Organisational and territorial benefit	The main benefit for the organisation is a) enhancing and deepening of already existing know-how in topics related to the labour market, skills gap, innovative educational methods, etc., b) strengthening of international project cooperation, experience and mobility, c) being and active regional player providing relevant inputs for RIS3/innovation policy and suggestions for new implementation tools, d) contribution to improving competitiveness of the region (more skilled workers, digital economy), e) contributing to democratisation of digital education.
International project experience and (if relevant) LP experience and capacities	The university has broad and extensive experience in international and EU (co)funded projects both in leader or partner role. Just to name some of them: International EU co-funded: Socially on both sides of the border – Interreg (Lead) CE-HEAT (Comprehensive model of waste heat utilization in CE regions) – Interreg (Partner). TRANS3NET - Increased effectiveness of transnational knowledge and technology transfer through a cross-border cooperation network of transfer promotors – Interreg (Partner) TICASS - Technologies of Imaging. On the Crossroad of Art and Science (other partners: RUNO, WITS, UNIMC, SENK (H2020 – Marie Curie, partner) National EU co-funded: Smart City – Smart Region – Smart Community (OP VVV, ITI) IKM Communitas". It is financed from the national operational program "Employment" (OPZ), which is co-financed from the EU.

Project partner 8

Partner Role In The Project	PP
Partner Name	Dobrovolnické centrum, z,s,
Partner Name (English)	Volunteer Center
Partner Acronym	DC
Department	-
Nuts Id0	CZ, ČESKÁ REPUBLIKA
Nuts Id2	CZ04, Severozápad
Nuts Id3	CZ042, Ústecký kraj
Postalcode City	400 01 Ústí nad Labem
Street Streetnumber	Prokopa Diviše 1605/5
Home Page	www.dcul.cz
National Tax Number	CZ70225842
Recover Vat	no
Type of Partner	interest groups including NGOs
Co Financing Source	ERDF
Co Financing (%)	85.00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	private
Type of institution	Non profit
Partner relevance	National Level: The organization is a member of the Government Council for NGOs, the Office of the Government of the Czech Republic. The organization is a leading member of the National Association of Volunteering. Regional Level: The organization is a member of the Working Group Implementing the Aging Policy in the Ústí Region. The organization manages the Managerial accreditation of the volunteer service, in which it co-operates and manages the volunteer service in 24 organizations; 8 of them specialized for seniors. This strong network of partners is open to community cooperation with the public, applying new work practices and sharing good practice. Cooperation is supervised and the network is open to new methods and new partners. Local Level: The organization is a member of the Government Council for NGOs, the Office of the Government of the Czech Republic. The organization is a leading member of the National Association of Volunteering.
Organisational and territorial benefit	The project will enable to share good practice at international level, communicate the latest trends and create opportunities for synergy effects - knowledge, trends and ideas will be linked to the goal of application in the region. Services in the region will be enriched with new knowledge, confronted with reality and affected by planned dissemination activities. All listed networks of organizations and services will be strengthened with new methods, knowledge and attitudes aimed at maintaining the ability of seniors in a productive and comfortable way. Our dissemination activities will take place at local, regional, national and international level (we carry out several international projects). This cross-section makes it possible to appeal to politics at all levels. We will gain political support, contribute to the widespread knowledge of politicians and their deepening of interest and focus in the area of active aging, the topic will be more in the center of attention. We will monitor the impact of the project, measure outputs and continuously evaluate both our own project share and the whole project together with the international team. An important value of the project is the real effect, we will share the satisfaction that arises from the efficiency and quality of the project.

International project experience and (if relevant) LP experience and capacities	International projects of organization with logical link to this project, position in the project: Admirable Seniors (PHARE) - leader Professional volunteering (ERASMUS +, KA2) – partner Professional volunteering crossborder (ERASMUS +, KA2) – partner Volunteering Way (Leonardo da Vinci) – partner IMProVE, Inclusive Methods in Professional Volunteering in Europe (ERASMUS +, KA2) – leader Strong Neighbors 2: 0, crossborder CZ-DE cooperation (SN-CZ) – partner

Project partner 9

Partner Role In The Project	PP
Partner Name	BioLAGO e.V.
Partner Name (English)	BioLAGO e.V.
Partner Acronym	BioLAGO
Department	
Nuts Id0	DE, DEUTSCHLAND
Nuts Id2	DE13, Freiburg
Nuts Id3	DE138, Konstanz
Postalcode City	78467 Konstantz
Street Streetnumber	Byk-Gulden-Straße 2
Home Page	www.biolago.org
National Tax Number	DE 258 862 583
Recover Vat	yes
Type of Partner	business support organisation
Co Financing Source	ERDF
Co Financing (%)	85,00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]rg
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	Non profit
Partner relevance	BioLAGO is the only health network in the international Lake Constance region. Members from all countries around lake constance work together in the BioLAGO-network (Germany, Austria, Switzerland, Liechtenstein). The international orientation is anchored in the statutes of the cluster and will be implemented in the project. BioLAGO members work in the fields of life science, pharmay, medical technology, diagnostics as well as clinics and laboratories. These sectors are essential for the development of new smart care services for elder people. BioLAGO members are health industry and service companies as well as research institutions (e.g. universities) and users (e.g. clinics and laboratories). All universities with reference to health are members in the BioLAGO network. So, BioLAGO addresses the target groups for Smart-Care Services. BioLAGO brings important providers and users together, so that innovative solutions for the elderly can be created very effective. BioLAGO is funded by the city and district of Constance and is therefore directly connected to public institutions such as the state health cluster BIOPRO, which will be an anchor of the D-Care project in the region. All hospital associations in the region are associated with BioLAGO The network is highly qualified in the management of international projects. With the projects DiagNET, „Laboratory 4.0 - Intelligent Digitization and Automation for SMEs at Lake Constance" and „Future Forum Telemedicine" several Interreg projects already been successfully implemented. The BioLAGO cluster has been awarded the Gold Label as an Cluster with excellent management by the EU and the state of Baden-Württemberg and is a member of the nationwide "go cluster" excellence programme. BioLAGO has been offering training courses for the healthcare industry (BioLAGO Academies). Thus BioLAGO already has the necessary experience to implement the „Innovative Learning Networked Eviroments (WP T2)", which form the core of the D-Ca

Organisational and territorial benefit	We expect that the project will be a strong tool for finding, developing and implementing smart care solutions in the associated regions. With the transnational programmes we will be able to trigger innovative solutions for health care in our region. Furthermore, we will strengthen the international Lake of Constance region to deal with upcoming challenges of demografic changes by innovative smart care solutions.
International project experience and (if relevant) LP experience and capacities	As an international cluster in the Lake Constance region BioLAGO can look back on more than 10 years of experience in cross-border cooperation. Within the Interreg-project “DiagNET” BioLAGO built up and coordinated an international competence network for diagnostics. With ”DiagNET” BioLAGO links over 50 companies, research facilities, universities and clinics. Other successfull projects of BioLAGO are „Laboratory 4.0 - Intelligent Digitization and Automation for SMEs at Lake Constance" and „Future Forum Telemedicine”. Both are funded by the „ Interreg small project fund in the Interreg V programme "Alpenrhein Bodensee-Hochrhein". The results of the BioLAGO projects DiagNET, Laboratory 4.0 and Telemedicine can be adapted for the D-Care project.

Project partner 10

Partner Role In The Project	PP
Partner Name	Grunderschiff UG (limited liability) & Co. KG
Partner Name (English)	Gruenderschiff UG (haftungsbeschraenkt) & Co. KG
Partner Acronym	Grunderschiff / GS
Department	Communication and Innovation Department
Nuts Id0	DE, DEUTSCHLAND
Nuts Id2	DE13, Freiburg
Nuts Id3	DE138, Konstanz
Postalcode City	78462 Konstantz
Street Streetnumber	Blarerstr. 56
Home Page	www.gruenderschiff.de
National Tax Number	DE305808062
Recover Vat	yes
Type of Partner	SME
Co Financing Source	ERDF
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	Profit
Partner relevance	Gründerschiff is an agency specialised in concept development for founder, start-up or innovation programmes and also executing these programmes. In addition, we are operating a big innovation campus in Konstanz (approx. 25.000 m2) with a start-up center, innovation laboratories and more facilities for start-ups and innovating entreprises. Gründerschiff is completly private-funded and cooperates with more then 20 cities and regional entities to develope start-up culture and innovation facilities. Our specialty is the development of innovation programmes focussing on real customer needs and the goint-to-market process.
Organisational and territorial benefit	We expect the programmes to be developed during the project to be a strong impact factor for finding, developing and implementing smart care solutions in the regions taking part in the project. With these expected transnational programmes we will be able to trigger innovative solutions with a multinational customer perspective and using the different know-how and ressouces of the regions taking part in the projects. Furthermore, we will strengthen the ability of the international Lake of Constance region to deal with upcoming challenges of demografic changes by developing and/or adopting innovative smart care solutions.
International project experience and (if relevant) LP experience and capacities	We did not take part in such projects, yet.

Project partner 11

Partner Role In The Project	PP
Partner Name	Univerza v Ljubljani
Partner Name (English)	University of Ljubljana
Partner Acronym	UL
Department	Faculty of Social Sciences
Nuts Id0	SI, SLOVENIJA
Nuts Id2	SI04, Zahodna Slovenija
Nuts Id3	SI041, Osrednjeslovenska

Postalcode City	SI-1000 Ljubljana
Street Streetnumber	Kongresni trg 12
Home Page	www.uni-lj.si
National Tax Number	SI54162513
Recover Vat	Partly UL (Faculty of Social Sciences) is entity liable for the payment of VAT, that is 9,5% and 22% in Slovenia. As the legal entity with business ability, UL (Faculty of Social Sciences) has input and output VAT and gets 3 % of VAT reimbursed from the state. This means that 97% of VAT is not refunded and is an eligible cost of the project (when VAT is eligible cost)
Type of Partner	higher education and research
Co Financing Source	ERDF
Co Financing (%)	85.00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]i-lj.si
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	Non profit
Partner relevance	Centre for Social Informatics (CSI) at the University of Ljubljana, Faculty of Social Sciences (UL-FSS) is a globally recognised research centre that specialises on studying the structural barriers for uptake of ICT based services for active and healthy ageing, social science methodology, user experience and ICT. CSI has been a partner in more than 50 international projects (Interreg Europe, Interreg Danube, FP5, FP6, FP7, ESS, COST, PIAAC, LLP, Erasmus+, EU tenders...) evaluating different smart care solutions. On the national level CSI is envolved in the monitoring and evaluation of three pilot sites that are testing new integrated solutions in the field of long-term care. CSI has also been recognised for its outstanding trackrecord of applicative projects related to policy enhancement. CSI breaks new ground by developing an innovative socio-technical model to evaluate acceptance factors of care receivers and caregivers in relation to the (re)design of ICT-based assistive services (ASs) for independent living at home.
Organisational and territorial benefit	The UL represents Slovenian key stakeholders in an EU learning community on scaling smart solutions for AHA. D-CARE for UL opens many opportunities for knowledge and experience exchange and for intense collaboration with different regions and international experts also after the end of the project. Involvement in the project is likely to result in other European projects and cooperation schemes between different stakeholders. Testing new services and e-solutions in the community would firstly and most importantly mean better care for citizens and increased innovativeness of the region. As already mentioned, Slovenia is struggling due to underdeveloped community care and is in its infancy regarding the e-care and e-health services in the community. Legislation for both is now in the process of change. If successful, regional good practice also has the possibility to be transferred to the national level. The evaluation of the results (the impact of new services on quality of life, higher level of independence etc.), in which we are also very interested in, would increase the possibility of this to happen. In addition, the project offers an opportunity to involve different stakeholders in the activities of the project (on regional and national level) and thus encourages cooperation, strengthened skills and competences also on the mezzo level.
International project experience and (if relevant) LP experience and capacities	UL-FSS-CSI has capacity (institutional, financial, staff) and thematic, methodological, statistical expertize to manage project activities. Recent intern. proj.: i-evAALution, AAL; COOP4HEALTHCARE, Interreg V-A Slo-AT; ITHACA, Interreg Europe; ISOLEARN, Erasmus+, eTrees, EU LLP; LEAGE, EU LLP.

Project partner 12

Partner Role In The Project	PP
Partner Name	RRA Zeleni kras, d.o.o.
Partner Name (English)	RDA Green Karst, ltd.
Partner Acronym	RDA Green Karst
Department	Center for Innovation and Development
Nuts Id0	SI, SLOVENIJA

Nuts Id2	SI03, Vzhodna Slovenija
Nuts Id3	SI038, Primorsko-notranjska
Postalcode City	6257 Pivka
Street Streetnumber	Prečna ulica 1
Home Page	http://www.rra-zk.si
National Tax Number	SI42185866
Recover Vat	no
Type of Partner	sectoral agency
Co Financing Source	ERDF
Co Financing (%)	85.00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	
Legal Representative Email	
Legal Representative Telephone	
Contact Person Firstname	
Contact Person Lastname	
Contact Person Email	
Contact Person Telephone	
Legal Status	
Type of institution	Non profit
Partner relevance	RDA Green Karst acts as an institution on the regional level with the aim of enhancing development in all aspects of working and living in the area. It functions as a regional coordinator of interests at local and national level in the fields of regional development, economy, human resources, social development, environment and natural resources management, tourism and rural development. It is a non-profit organization, aimed at developing, enhancing and sustaining the regional development, supporting it through a number of activities provided such as coordination and communication, project and financial management, training, business consulting etc. Within the D-CARE project the RDA and specifically, its Centre for Innovation and Development (CID) will provide specific knowledge of business modeling, solution development programmes, mentoring and coaching, thus supporting the establishment of smart services in the region. This will contribute to our general goals of co-creating the innovation eco-system, enhancing innovation and specific capacities and competences, connect and include all relevant stakeholders on regional, national and international level and establishing networks.
Organisational and territorial benefit	Participation in the project supports the RDA's general objectives, by offering strong networking community, the involvement and exchange of new knowledge and support of organizations, working with similar dilemmas. In addition, it offers an opportunity to involve particular stakeholders in the activities of the project, thus giving them opportunity to strengthen skills and competences and creating an opportunity to stimulate capacities also on the level of individual actors. D-CARE presents a quality opportunity for Primorsko-notranjska region to resolve the dilemmas concerning the aging population and lack of general social care services for them, specifically for those who face particular problems such as chronic diseases and cognitive impairments. Simultaneously, the project will address the lack of new jobs in the area of social care services, which will also enhance the employment rate in the region. D-CARE project will contribute to several long-term activities in the Primorsko-notranjska region: • Established Innovative Learning Networked Environment on national level, which will benefit also users in the Primorsko-notranjska region; Developed smart care model, offered within RDA and in cooperation with regional stakeholders, such as regional centre for social care, regional retirenment institutions, municipalities.

International project experience and (if relevant) LP experience and capacities	In the past two European financial perspectives, the RDA Green Karst has been actively involved in the preparation and implementation (both, as partners and as lead partners) of more than 40 projects from the ERDF Fund (at national, cross-border and transnational levels), from the EARDF Fund and the ESS Fund. We have experiences with INTERREG IIIA, INTERREG IIIB, IPA ADRIATIC, MEDITERAN and ADRION. We have also been involved in projects within the framework of Horizon 2020 (POWER2INNO, INNO GREEN) and Erasmus+ (BIC4SME), both as lead partner and as participating partner. In the current financial perspective we are carrying out major projects within the framework of Interreg Mediterranean (FOR BIO ENERGY, GO SUMP, Strategic tourism), Interreg ADRION (INOXENIA, CCI4TOURISM), Interreg Slovenia – Croatia (Nature & Wildlife) and Interreg Slovenia – Italy (DIVA, NANOREGION, PRIMIS). As such we are an experienced and reliable project partner, providing comprehensive management of projects, integration in regional and national environment by building on the existing networks of cooperation we have established in the past 20 years. In addition, within the RDA's Centre for Innovation and Development we provide high-quality services in business mentoring, training, consulting and coaching as well as other services for supporting the development of regional innovation eco-system. As such RDA corresponds perfectly with the D-CARE needs.

Project partner 13

Partner Role In The Project	PP
Partner Name	Občina Ilirska Bistrica
Partner Name (English)	Municipality Ilirska Bistrica
Partner Acronym	OIB
Department	
Nuts Id0	SI, SLOVENIJA
Nuts Id2	SI03, Vzhodna Slovenija
Nuts Id3	SI038, Primorsko-notranjska
Postalcode City	6250 Ilirska Bistrica
Street Streetnumber	Bazoviška cesta 14
Home Page	https://www.ilirska-bistrica.si/
National Tax Number	SI19908911
Recover Vat	no
Type of Partner	local public authority
Co Financing Source	ERDF
Co Financing (%)	85.00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	Non profit
Partner relevance	Municipality of Ilirska Bistrica in accordance with Law of self-governance, municipal statute and other acts, executes local competences of public importance. The competences that are important for the project include promotion of social welfare services, for pre-school care, basic child and family care, care for the socially deprived, disabled and elderly. Monicipality accomplishes these tasks directly, through its public institutes or through funding programs in other public institutes or associations.
Organisational and territorial benefit	Participation in the project supports the Municipality's general objectives: to support development in specific areas of interest, in this case in providing innovative models in social care. We will participate in the D-CARE project with the aim of supporting our local retirement facilities, by providing them access to the D-CARE deliverables, innovative learning processes and new products that will enhance the services provided within their institution. In addition, a new smart social care model developed within the D-CARE project will influence the existing models of activities within this institution as well as on regional level, with cooperation with other municipalities, social care centres, regional development agency as well as other providers of social care in the area.
International project experience and (if relevant) LP experience and capacities	In the financial perspective of 2007-2013, the Municipality of Ilirska Bistrica carried out several projects financed by the ERDF, in particular in the field of improvement of the water supply system, several operations of construction of environmental infrastructure and one operation on construction of a broadband electronic communications network. From cross-border projects, it participated in the Neighbourhood Program SLO-CRO-HU 2006-2008 Crossed borders (Prekrižane meje). Currently we are involved in one Interres IT-Slo program CROSSMOBY, in the field of sustainable mobility.

Project partner 14

Partner Role In The Project	PP
Partner Name	Регионална агенция за предприемачество и иновации – Варна
Partner Name (English)	Regional Agency for Entrepreneurship and Innovations – Varna
Partner Acronym	RAPIV
Department	
Nuts Id0	BG, БЪЛГАРИЯ (BULGARIA)

Nuts Id2	BG33, Североизточен (Severoiztochen)
Nuts Id3	BG331, Варна (Varna)
Postalcode City	9003 Varna
Street Streetnumber	Asparuhovo quarters, Malka chaika vicinity
Home Page	www.rapiv.org
National Tax Number	BG103792060
Recover Vat	no
Type of Partner	business support organisation
Co Financing Source	ERDF
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	public
Type of institution	Non profit
Partner relevance	RAPIV is a non-profit organisation in public benefit, stimulating regional economy, through development of entrepreneurship and innovations. The General assembly of RAPIV gathers all agents of regional knowledge system and based on quadriple helix includes: 4 universities of Varna and research institutes; regional and local authorities, SMEs and NGOs; persons. For 15 years, RAPIV directly supports the entrepreneurship in the region, providing preferential conditions for starting and developing business, helping with commercialisation of their products, rendering assistance in finding markets, technological business partners, IPR, investors, trainings, using experts and facilities from its own Business incubator. The Agency has strong relation with public authorities at all levels due to implementation of joint projects /NE-BG RIS, INTRA/, elaboration of strategic documents as Municipal plan for development of Varna (2007-2013; 2014-2020) Regional Innovation Strategy, etc. As an associate member of European Business network /EBN/, RAPIV has an access to more than 260 quality certified EU BICs and Associate members to disseminate the project results.
Organisational and territorial benefit	RAPIV is one of the organisations that dedicate huge efforts for the socio-economic development of the region, with a vision focused on the consolidation of our service offering to support innovation, entrepreneurship and cooperation for the promotion of smart, sustainable and inclusive growth of the region. In this respect, participation in D-care project will offer RAPIV the possibility to transfer specific knowledge, expertise and best practices from and to Danube region in order to support the development and integration of innovative smart care models and their integration in regional social and health care systems.
International project experience and (if relevant) LP experience and capacities	Leading several EU funded rpojects such as Women in Business /DTP/, BlasNET/JOP BSB/, NE-BG-RIS /FP6/, RAPIV gainded a specific experience in management and coordination of transnational partnerships. Being a partner in EU projects under INTERREG EUROPE, INTERREG IVC, JOP BSB, FP6, ERASMUS, endorsed RAPIV's capability to implement transnational activities, incl. Surveys and socio-economic analyses of EU regions and policies and integration in BG legislation; identification and transfer of good practices; development of European Strategies and Action plans; raising awareness campaigns; increasing participation of NGOs in fostering policies for entrepreneurship and innovations in priority sectors of the region. Involvement as a partner in successful implementation of 3 INTERREG IVC projects – INOLINK, INNOMOT and REGIOCLIMA, and in one INTERREG EUROPE project /INTRA/, all focused on exchange of knowledge and good practices for improvement of policies through development of EU strategies and action plans, offers RAPIV true and comprehensive insight into needs and challenges of the Danube area.

Project partner 15

Partner Role In The Project	PP
Partner Name	Сдружение „Национален алианс за социална отговорност“
Partner Name (English)	National Alliance for Social Responsibility
Partner Acronym	NASO

Department	
Nuts Id0	BG, БЪЛГАРИЯ (BULGARIA)
Nuts Id2	BG33, Североизточен (Severoiztochen)
Nuts Id3	BG331, Варна (Varna)
Postalcode City	9002 Varna
Street Streetnumber	115 Knyaz Boris I Blvd
Home Page	https://naso.bg/en
National Tax Number	BG175712639
Recover Vat	no
Type of Partner	interest groups including NGOs
Co Financing Source	ERDF
Co Financing (%)	85.00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	
Legal Representative Email	
Legal Representative Telephone	
Contact Person Firstname	
Contact Person Lastname	
Contact Person Email	
Contact Person Telephone	221
Legal Status	private
Type of institution	Non profit
Partner relevance	NASO could handle its tasks and responsibilities in the current project very well given the fact that it is the largest national umbrella organisation of service providers for people with disabilities involving more than 2 000 structures across the country, incl. municipalities, NGOs, employers, etc. NASO's priorities are set within the following main activities: support to people with disabilities and other disadvantaged groups; support for the development of active local social policies and services; support for the development of corporate social responsibility (CSR) in Bulgaria; support of organisations and activities in the field of arts and culture aimed at the implementation of social initiatives leading to greater activity, positive attitude and social inclusion of people with disabilities. The organisation has the competences and the capacity to contribute to the successful implementation of the project activities and outputs thanks to its large network of stakeholders as well as its active local, national and European partnerships. NASO cooperates closely with all municipalities in Bulgaria, the Ministry of Labour and Social Policy, the Agency for Social Assistance, the Employment Agency, the Agency for People with Disabilities and other national structures, the European Association of Service Providers for Persons with Disabilities (EASPD), the European Commission, the European Parliament, the Council of Europe, etc. NASO is also very much experienced in the introduction of promising practices in Bulgaria related to services for people with disabilities, such as the Personal Assistant and the Social Assistant services, quality standards of social services, supported employment as a term in the Law on Employment Promotion, etc. The Alliance is also a member of the working groups for the elaboration of the Law on Social Services, the Law on Social Entrepreneurship, etc.
Organisational and territorial benefit	Through NASO's involvement in the D-CARE project we believe that the overall demographic situation will improve thanks to the equipment of the beneficiaries involved with new skills and competences. Moreover, the policy makers in particular, which NASO works in a close cooperation with, will be encouraged to set new priorities in their national plans aimed at the development and implementation of integrated social and healthcare services leading to a significant improvement of the economic situation in the country.

International project experience and (if relevant) LP experience and capacities	01/09/2018 – 31/08/2020 Partnership for a Better Life project – a national project funded by the ESF and aimed at the establishment of two national networks – one of social services for people with disabilities and one of socially responsible employers. In addition, NASO is responsible for the provision of innovative social services for people with disabilities aimed at improving their skills and competences in order that the target group finds an employment on the open labour market; 01/10/2017 – 31/08/2020 Inclusion in Society through the Arts – Field Aperture (ISA – Field Aperture) project – an international project funded by the Erasmus+ programme and aimed at the inclusion of people with disabilities in society through culture and arts. Within the project framework, NASO is primarily responsible for the elaboration of a guide of good examples of activities in the field of arts and culture aimed at the integration of children with disabilities in mainstream kindergartens, primary and/or secondary schools; 01/10/2016 – 31/07/2019 New Skills for Customised Accessible Tourism (NEWSCAT) project – an international project funded by the Erasmus+ programme and aimed at improving the skills and competences of specialists in the tourist sector so that they meet the needs of people with disabilities, incl. elderly people. NASO was involved in all project activities, incl. in the implementation of an on-line training course; 01/08/2013 – 31/07/2014 Partnership for a Dignified and an Independent Life project – a project funded by the ESF and aimed at an international cooperation between a European and a national network of service providers in order to improve the quality of social services and guarantee a dignified and an independent life of people with disabilities in Bulgaria. One of the main tasks NASO had within the project was the development of a Quality Standards of Social Services in Bulgaria guidebook.

Project partner 16

Partner Role In The Project	PP
Partner Name	Johanniter Österreich Ausbildung und Forschung gemeinnutzige GmbH
Partner Name (English)	Johanniter Austria Research and Education
Partner Acronym	JOAFG
Department	Social and Integrated Care Department
Nuts Id0	AT, ÖSTERREICH
Nuts Id2	AT13, Wien
Nuts Id3	AT130, Wien
Postalcode City	Wien
Street Streetnumber	Ignaz-Köck-Straße 22
Home Page	www.johanniter.at
National Tax Number	ATU67634027
Recover Vat	yes
Type of Partner	interest groups including NGOs
Co Financing Source	ERDF
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	Non profit
Partner relevance	The Johanniter in Austria are a leading organization in the development of new technologies for people 60+. The Johanniter have a track record over the last 8 years of more than 10 projects with strategic aims in the health care sector that led to new services and products on the market. Especially in the last 4 years, the Johanniter developed training programms, curricula and developed a major expertise and understanding in mobile technologies, IOT, health prevention and service models. From the main ambulance driven organization, Johanniter developed a wider stance and orientation for the future in health care.
Organisational and territorial benefit	Benefits for Johanniter is once the increased awareness in the broader public and once the push for an evolving market in AAL. With increased competences on the targetgroup, it is easier to provide services to this group. The territorial benefit lies in the chance for a.) the helath sector to keep costs in control even when the demgraphic developments increase pressure b.) the industrial take-up of AAL and by this, new economic models and targetgroups c.) the health care sector as such as the techological use can increase the reputation and skill profile of care professionals. This can conquer the dusty image of care and nursing in the broad public.
International project experience and (if relevant) LP experience and capacities	Ongoing until 2020: My-AHA (H2020): Figthing pre-frailty with technological support. Johanniter were responsible for international trial sites across Europe and dissemination/exploitation actions. i-evAALution (AAL JP): Smart devices and smart home for seniors. Johanniter are responsible for recruitment, emergency service, exploitation plans and study design. iProcureSecurity (H2020): Preparation actions for a further procurement in the Ambulance sector. Johanniter are an amblunace service and emergency call center in Vienna. Furthermore, Johanniter provide a large network of first responders. With practical expertise and innovation management, Johanniter are supporting the project. CaruCARES (AAL JP): CaruCARES deals with voice documentation (speech to text) in care context. The Johanniter are responsible for trials inAustria and for the expertise from care services for the development of a care documentation system. Closed projects: SOCIALCARE (AAL JP): Using technology to increase the social incusion of seniors in digital society. The Johanniter were responsible for the ethical aspects and content of the network structure. Also the early-beta tests were done by Johanniter and the study design was supported. AHEAD (AAL JP): Augmented Hearing Expierence for Activities of Daily living. The Johanniter were responsible for the trials, requirements analysis and medical support.

Project partner 17

Partner Role In The Project	PP
Partner Name	UIV-Urban Innovation Vienna GmbH
Partner Name (English)	UIV-Urban Innovation Vienna
Partner Acronym	UIV
Department	
Nuts Id0	AT, ÖSTERREICH
Nuts Id2	AT13, Wien
Nuts Id3	AT130, Wien
Postalcode City	1040 Wien
Street Streetnumber	Operngasse 17-21
Home Page	www.urbaninnovation.at
National Tax Number	ATU42019604
Recover Vat	yes
Type of Partner	sectoral agency
Co Financing Source	ERDF
Co Financing (%)	85.00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	
Legal Representative Email	
Legal Representative Telephone	
Contact Person Firstname	
Contact Person Lastname	
Contact Person Email	
Contact Person Telephone	
Legal Status	
Type of institution	Profit
Partner relevance	Urban Innovation Vienna was established as a competence centre for future urban issues in Vienna. In cooperation with decision makers from politics, administration, business and research, we develop innovative strategies for overcoming the diverse and complex challenges facing modern cities today. The company works closely with international partners, sharing both experience and expertise, learning from other cities and making the knowledge transferred available in Vienna. The core mission of Urban Innovation Vienna is to provide bespoke professional support, using interdisciplinary expertise, for the development of innovative responses to socio-demographic, economic, technological and political changes in cities. Our topics range from urban development, climate & energy to digitization, smart city and housing, participation and tourism. UIV smart city agency and coordinator of digital city – communication, dissemination, support in recruiting via urban dissemination channels and providing a safe umbrella due to the participation of the city of vienna (like a seal of approval, so elderlies don't have to be afraid of commercial events in which they are pushed to by hardware e.g. , awareness raising and exploitation of results by introducing topics and results into city of vienna (relevant dept.) and especially SCS governance bodies. Design and implementation of pilot projects (eg WAALTeR, education strategy for the city of Vienna, advising the CIO office of the city of Vienna ...), focus 65+ in DCW, health topic, stakeholder management / ecosystem management, supporting city by pursuing city to reach their goals: digital and social – in the long run introducing possibilities by technologies to the urban health care actors to be able to safe health costs by proving use of technology support.

Organisational and territorial benefit	Improving the city profile in terms of digitalization, inclusion of seniors, commercialization of AAL, generating benefits between new services, care sector and people 60+. Vienna aims to be digitalization capital of Europe Focus on population not technology, thus the inclusion of all population groups in digitization process (SCW RS) Saving health care costs due to elderly staying at home longer, ageing actively and staying fit (mentally and physically and socially integrated) Enlarged E Government offers and digital services of city companies (Vienna public transportation, Vienna energy provider etc.) – clients must be able to use the / seniors learn differently, coachings needed otherwise they are excluded from digital services Image: vienna being perceived as a smart city that puts the focus on the population and there is a special emphasis on growing group of older people – knowing and taking into consideration the different needs of that generation -> being a elderly friendly city in every respect Getting feedback from target group to digital offers to be able to improve performance and being a city that pays attention to all their population groups
International project experience and (if relevant) LP experience and capacities	Ongoing until 2020: DigitalCity.Wien is ongoing since 2014; work program 2020 including focus on generation 60+ and eHealth DigitalCity.Wien was founded in 2014 and is an initiative that is being pursued by the private sector and the administration of the City of Vienna, and has set itself the goal of developing Vienna into one of the leading digital hotspots in Europe and also to position and market it internally and externally. The focus generation 60+ in the work programme aims at including this generation in the ongoing rapid digitalization process and lays another emphasis on health topics that can be supported by the use of new technologies. Closed projects: WAALTeR, Vienna AAL Testregion (2016-2019, national research project) UIV is the project coordinator of WAALTeR and, besides project management, in charge of communication, dissemination, stakeholder management including Smart City Wien governance bodies, city companies, economic agencies and chamber of commerce wien etc., with a clear assignment to communicate the findings and results of the project into the city administration. Due to this role the results are considered in new city strategies that have been elaborated currently. Best example is the update of the Smart City Wien Rahmenstrategie (framework strategy) that was presented in October 2019.

Project partner 18

Partner Role In The Project	PP
Partner Name	Grad Prijedor
Partner Name (English)	City of Prijedor
Partner Acronym	CP
Department	
Nuts Id0	BA, BOSNIA AND HERZEGOVINA
Nuts Id2	BA00, Bosnia and Herzegovina
Nuts Id3	BA000, Bosnia and Herzegovina
Postalcode City	79101 Prijedor
Street Streetnumber	Trg oslobođenja 1
Home Page	www.prijedorgrad.org
National Tax Number	4
Recover Vat	yes
Type of Partner	local public authority
Co Financing Source	IPAII
Co Financing (%)	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	[redacted]
Type of institution	Non profit

Partner relevance	City of Prijedor is public institutions, policy maker on the local level, in charge of definition of legaslative framework and local policies, measures and projects of development. City of Prijedor is crucial institutions, in charge to create the environment for developing entrepreneurship , competetive workforce and dinamix business environment, developing social protection, tourism and culture, developing entrepreneurship infrastructures by integrating and streamlining material, human and financial resources. Services of social protection to citizens of the city of Prijedor provides Public institution "Centar za socijalni rad" Prijedor which was founded by the City Assembly and onto which the City transferred the public authority to perform these services. The City of Prijedor cooperates with NGOs, users associations and private sector which resulted in developing specific needs of population of your local community. In accordance to it, a control of services and meetings with partner organizations to improve the quality of service is conducted on a regular basis.
Organisational and territorial benefit	City of Prijedor is public institutions, policy maker on the local level, in charge of definition of legaslative framework and local policies, measures and projects of development. City of Prijedor is crucial institutions, in charge to create the environment for developing entrepreneurship , competetive workforce and dinamix business environment, developing social protection, tourism and culture. City of Prijedor can use and is using this network in all of its activities which demand local coverage.
International project experience and (if relevant) LP experience and capacities	DELICE (Developing lifelong learning for increase of competitiveness and employment) European Commission IPA Contributing to the raise of employment trough raising capacities for employment by rendering expert education and training of adults. CAN (IPA ADRIATIC Programme) - Project was based on the cooperation between partners from six countries from the eligible area of the IPA Adriatic cross-border cooperation programme – Slovenia, Italy, Croatia, Serbia, Bosnia and Herzegovina and Montenegro. The overall objective of the project "CAN" is to modernize and to improve of small airports facilities and to establish better conditions for providing Search and Rescue measures and better performing Air Safety and Security measures. "COMPETITIVE KNOWLEDGE AND SKILLS FOR SUSTAINABLE JOBS" is being implemented within the umbrella project for support to local employment partnerships in Bosnia and Herzegovina, implemented by the International Labor Organization (ILO) and funded by the European Union (EU). The aim of the project is to create a dynamic local labor market, based on the partnership concept of local institutions and the private sector. The project is designed to create, through a local partnership, a stimulating environment for interventions in the local labor market, which in the short term result in higher employability of persons from the records of the Employment Service of Republika Srpska, that is, creation of sustainable jobs in the local economy.

Project partner 19

Partner Role In The Project	PP
Partner Name	PK RS – Područna privredna komora Banja Luka
Partner Name (English)	Chamber of Commerce and Industry of Banja Luka Region
Partner Acronym	PPK BL
Department	
Nuts Id0	BA, BOSNIA AND HERZEGOVINA
Nuts Id2	BA00, Bosnia and Herzegovina
Nuts Id3	BA000, Bosnia and Herzegovina
Postalcode City	78000 Banja Luka
Street Streetnumber	Đure Daničića 1/II
Home Page	www.bl.komorars.ba
National Tax Number	400946790004
Recover Vat	yes
Type of Partner	business support organisation
Co Financing Source	IPAII
Co Financing (%)	85.00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]

Contact Person Telephone	+387(0)51215514
Legal Status	public
Type of institution	Non profit
Partner relevance	Chamber of Commerce of Banja Luka region (PPK BL) is part of the Republika Srpska Chamber System, organized on the basis of the Law on the Republika Srpska Chamber of Commerce (Official Gazette RS 65/08). The Chamber is organized on the European tradition and model of the Austrian and German Chambers as a chamber of the so-called, continental type with obligatory membership. CCIBL is the largest regional chamber in the Republika Srpska Chamber System with 115 years of experience in representing the interests of the economy. CCIBL is an independent and independent, professional-business association of economic entities with headquarters in the Chamber's area of activity. CCIBL covers 21 local communities, three cities (Banja Luka, Gradiška and Prijedor) and 18 municipalities (Mrkonjić Grad, Prnjavor, Kotor Varoš, Šipovo, Kozarska Dubica, Ribnik, Novi Grad, Srbac, Laktaši, Čelinac, Kneževo, Oštra Luka, Petrovac-Drinic, Kostajnica, Krupa na Uni, Kupres, East Drvar and Lake). CCIBL has a legal personality. CCIBL currently has 30 employees, of which 23 are women. In order to meet the needs of the members and improve the business of the Chamber, in a unique chamber system, a quality management system has been introduced and certified in accordance with the requirements of the ISO 9001 standard, which has been followed for 15 years.
Organisational and territorial benefit	Chamber of Commerce of Banja Luka region is part of the Republika Srpska Chamber System which covers the territory of the whole northern entity of BH. Moreover, BH chamber of commerce system is comprised of 17 chambers of various competences and jurisdiction but all cooperating with the same aim – improvement of business environment and raise of competitiveness of companies. PPK BL can use and is using this network in all of its activities which demand national coverage.
International project experience and (if relevant) LP experience and capacities	PROFIS - Promotion of Financing Innovation in South-East Europe SEE Transnational Cooperation Programme The project aims at increasing the servicing capabilities of public and non-profit innovation promotion agents in bridging the innovative ideas originated from the 'knowledge triangle' with fresh private investors WeB - We Enforce Businesses European Commission IPA CIVIL SOCIETY FACILITY Programme 2012 Strengthen chamber system in BH and raise their capacities for political dialogue decision making in the process of business environment forming trough regional exchange of experiences for ICT companies, improvement of dialogue with decision makers, forming lobbying body and raising awareness of use of ICT in business DELICE (Developing lifelong learning for increase of competitiveness and employment) European Commission IPA Contributing to the raise of employment trough raising capacities for employment by rendering expert education and training of adults. EcoInn Danube (Eco-Innovatively Connected Danube Region) Interreg Danube Transnational Programme Increase the cooperation of innovation actors in the field of ecoinnovations with the special emphasis on development and application of ecotechnologies in the Danube region KOOPLokal – Strengthening cooperation of Chamber of Commerce and municipalities in the area of local economic development European Commission and German Government Contribute to the level of competitiveness of SME by improvement of management of local economic development of Prnjavor, Srbac i Laktaši by developing instruments of local economic development and supporting PP dialogue and intermunicipal cooperation. ADRIA-HUB - Bridge technical differences and social suspicions contributing to transform the Adriatic area in a stable hub for a sustainable technological development IPA ADRIATIC Programme Adria-HUB aims to drive university research toward a common path of innovation, merging the scientific curiosity of rese

Project partner 20

Partner Role In The Project	PP
Partner Name	IMSP Institutul Oncologic
Partner Name (English)	Public Medical Sanitary Institution Institute of Oncology
Partner Acronym	PMSI IO
Department	N/A
Nuts Id0	MD, MOLDOVA
Nuts Id2	MD00, Moldova
Nuts Id3	MD000, Moldova
Postalcode City	Chisinau
Street Streetnumber	N.Testemitanu Street 30
Home Page	www.onco.md
National Tax Number	1003600151023
Recover Vat	no

Type of Partner	other
Please Explain Other	Public Hospital - Oncology Institute
Co Financing Source	ENI-MD
Co Financing (%)	85.00
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Legal Status	public
Type of institution	Non profit
Partner relevance	PMSI OI is a public institution of national interest, with juridical personality subordinated to the Ministry of Health, Labor and Social Protection (MHLSP) and acts on self-financing and non-profit principles. It is based on the Order of MHLSP no. 557 from 28.06.2017 "Regarding the approval of Regulation and Organigram of the Public Medical Sanitary Institution Oncological Institute" registered at the territorial office of the State Registration Chamber no. 1003600151023 from 11.07.2017. Being part of the compulsory health insurance system in the process of providing medical services in the fulfillment of the functional attributions, PMSI OI is part of the public law organizations in the field of science and innovations (Republic of Moldova Govern Decision (RM GD) No. 1326 of 14.12.2005, Official Monitor No. 168 -171, Art. No.: 1406) and respectively carry out their scientific activity according to the provisions of Title III. "Topics of sphere of Science and Innovation" of the Code on Science and Innovation in the Republic of Moldova, approved on 15.07.2004. The purpose of PMSI OI activity is to strengthen the health of the population of the Republic of Moldova by organizing and providing medical assistance, based on performance medical technologies and the provision of cost-effective and qualitative medical services. PMSI OI provides conditions for consultations, medical investigations, treatment, accommodation, hygiene, nutrition and prevention of nosocomial infections in accordance with the legislation in force. The following major objectives: 1) to increase the accessibility of the population to the appropriate health care; 2) providing specialized ambulatory and hospital medical care for complex medical cases that cannot be resolved at the primary or secondary hospital territorial healthcare level; 3) to improve quality of health care by increasing the professional level and technology oriented to ensure patient safety and needs
Organisational and territorial benefit	In the Republic of Moldova, the total number of cases registered in 2019 constituted 60,291 with the prevalence rate of 1700.7 per 100 thousand population. Cancer incidence, according to the administrative-territorial units, represents: 1. Chisinau municipality - 297.8 cases; North Region - 262.6 cases; Center Region - 306.1 cases; South Region - 256.1 cases; UTA Găgăuzia - 291.2 cases per 100 thousand population. Currently, over 60% of oncology patients (55+) must follow a specific therapy and post-treatment protocols in order to increase the lifespan and avoid complications or deterioration of the pathology. Lack of specialized treatment or the impossibility for patients to access the needed medical services (therapy, consultation and post-treatment assessment and monitoring) can hardly affect the health status and generate an increased number of undesired deaths. Oncological patients access to specialized medical services in very limited in Republic of Moldova, as IMSP Oncology Institute is the only medical institution (hospital) with capacities to screen, diagnose and treat these patients. In these conditions all patients with cancer must come to Chisinau at IMSP Oncology Institute to be consulted and to follow up the treatment or to get the receipt for procuring the needed drugs or to make the periodical screening. Considering the COVID 19 infection risk it is very dangerous for cancer patients to come for consultations or for treatment, as they are one of the population segments that have a high risk of death in case of infection. In this context IMSP Oncology Institute considers that smart care services integrated with dissemination of preventive measures (knowledge) will diminish this risk and allow cancer patients to follow in normal conditions their monitoring, treatment and medication purchase.IMSP Institute of Oncology is the only hospital in Republic of Moldova that is providing diagnostic, therapy and medical services for patients with cancer.

International project experience and (if relevant) LP experience and capacities	1. EUROPEAN COMMISSION. Innovative Partnership For Action Against Cancer (IPAAC) Activity size - Cancer Information and Registries WP7 WP 7 general objective is to enhance population-based cancer information systems to better support evidence-based comprehensive cancer care, with a focus on patterns of care, costs of care and survivorship. IPAAC JA should foster this enhancement, both at local and national level, and ensure in parallel a high level of standardisation and comparability in the procedures to collect and process data among the participating MS at EU level. Period: 2018-2020 Budget for R.Moldova: IMSP IO ~ 32000 Euro Results: - Ensuring the visibility of EU cancer registry data (Republic of Moldova is the only non - EU state that is included in this project, a fair member). - Applying modern methods of cancer control, according to the European Quality Guide (CanCon 2017). - Reporting of comparable indicators through cancer mapping in the Republic of Moldova. - Development under the aegis of the EU of the National Cancer Registry project. 2. RAIDs project (Rational molecular Assessments and Innovative Drugs selection) is a EU funded project proposing a rational approach in HPV-related cervical cancer towards building intelligent new targeted therapy designs based on the understanding of specific wiring errors in tumor cell signaling. Title: Assessment of biomarchares in advanced cervical cancer in the world world group. Tumor stadiolism (1b2 - 4). The main purpose of this study is to study the biological properties of cervical cancer. This study will help identify new treatment modalities based on the biological characteristics of the tissue, known as "personalized" treatment. Period: 2012-2016 Obtained results: BioRAIDs is an international study that plans to enroll 700 patients from 6 European countries.

B.4 Project Partner

Project partner 21

Partner Role In The Project	AP
Partner Name	Primăria și Consiliul local CLUJ-NAPOCA
Partner Name (English)	Cluj Napoca City Hall
Nuts Id0	RO, ROMÂNIA
Nuts Id2	RO11, Nord-Vest
Nuts Id3	RO113, Cluj
Postalcode City	400001 Cluj Napoca
Street Streetnumber	Motilor Street 3
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Associated to Partner	Universitatea de Medicina si Farmacie "Iuliu Hateganu" Cluj Napoca
Partner's Role In The Project	
How is the Organisation and the related Territory benefiting from Participating in this Project and (only for ASPs) location of ASP	Cluj Napoca City Hall will participate at defining Innovative Learning Networked Environment in Cluj Napoca and will support the sustainability of the eco-system. Moreover it will be an end-user of smart care model resulted after the Smart Care Pilot actions, in the sense that it will support the testing and validation phase as well as the future implementation of the model as public or private contracted services. Also it will be one of the main coordinator of Transnational Learning Policy Center.

Project partner 22

Partner Role In The Project	AP
Partner Name	Místní akční skupina Brdy-Vltava o.p.s.
Partner Name (English)	Local Action Group Brdy-Vltava
Nuts Id0	CZ, ČESKÁ REPUBLIKA
Nuts Id2	CZ02, Střední Čechy
Nuts Id3	CZ020, Středočeský kraj
Postalcode City	263 01 Dobříš
Street Streetnumber	Mírové nám. 119
Legal Representative Firstname	Jan
Legal Representative Lastname	Ševčík
Legal Representative Email	[redacted]
Legal Representative Telephon	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Associated to Partner	Dobrovolnické centrum, z,s,
Partner's Role In The Project	Our organization is involved in the topic for more than 8 years. We have strategies to improve the situation of elderly people and now we are looking for new approaches and experience. We do have experience with creating of local financial instrument to finance local social services.As it is mentioned above, we are now looking for smart approaches to care. We need to enhance our capacities to manage the care. We can directly use and try new methods and results of the project in our region.Our organisation was involved in the project funded by the program Evropa pro občany. We organized the meeting of municipalities from Italy, France and Czech Republic. We discussed approach of involved municipalities to mutual cooperation, to providing services and care. http://www.brdy-vltava.cz/hlavni-oblasti/cestovni-ruch/projekt-„spolecna-evropa-–-od-minulosti-k-soucasnosti“.html#!126 Our organisation develops Brdy-Vltava region containing 31 municipalities. We are especially focused on social affairs in our region such as social exclusion, care of elderly and disabled people, unemployment etc. We made demographic prognosis and it tells that by 2032 there will twice as much people who will need some kind of care than it is now. We have a good network of social services in our region, but their capacities are limited. That is why we are looking for some smart instruments to deal with care. Our organisation is involved in the process of planning social services in our region. We do this as a community and we involve also the users of the services into planning process.
How is the Organisation and the related Territory benefiting from Participating in this Project and (only for ASPs) location of ASP	We made a Mid-term strategy for the development of social services in our region which is valid till 2022. We have also local financial instrument to fund this kind of services which gather money from municipalities. We have also CLLD Strategy for the development of social services and we distribute ESF money on projects which are helpful in this way. Potential target groups of the project are social workers who take care of elderly people in our region. Estimated number of social workers is 30. In 2032 there will be around 7000 people older than 65 years in our region. It will be 26,5% of all population. We definitely prefer home care than institutional. We have a good network of social workers and nurses who take care of elderly people at home. Their capacities are on their limits now. We are now thinking of trying some kind of assistive technologies and we also would like to support relatives of elderly people in taking care of them and involving volunteers.

Project partner 23

Partner Role In The Project	AP
Partner Name	Městský úřad Lovosice
Partner Name (English)	Lovosice Municipal Authority
Nuts Id0	CZ, ČESKÁ REPUBLIKA
Nuts Id2	CZ04, Severozápad
Nuts Id3	CZ042, Ústecký kraj
Postalcode City	410 30 Lovosice
Street Streetnumber	[redacted]
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Associated to Partner	Jan Evangelista Purkyne University in Ústí nad Labem
Partner's Role In The Project	The Usti nad Labem (Usti) is the region with the youngest age structure in the Czech Republic (CR). As measured by the ageing index, there are 91 inhabitants aged 65 and over per 100 inhabitants aged under 15, whilst the average value for the CR is 107.8 (year 2010). This fact can be perceived positively, however, despite the significantly younger population structure and the increase in the number of births in all districts of the region, there is significant trend of population ageing due to the increase in the age group of 65+. The projection of population in the Usti region assumes the 9 percentage points increase in the share of this age group by 2065. According to general trends and demographic forecasts for the CR, the set trend will further deepen in the future and will be even stronger in the Usti region due to the currently "unnaturally" young age structure owing to the post-war settlement of the region in comparison to other parts of the CR. At the same time, there are significant differences in the age structure of the population within the region. Significantly more people of working age than the regional average live in the districts of Chomutov and Most, and together with the Litomerice district, shows a lower proportion of children under 14 years of age. The Litomerice District has the highest proportion of people over 65 years of age. The development in the above-mentioned districts will be the fastest from the Usti districts towards the ageing population and it is clear that changes in the age structure of the population will be associated with higher demands on social infrastructure. The Demographic Yearbook of Administrative Districts of Municipalities with Authorized Municipal Office reveal that in the Municipality of Lovosice the average age of the population has increased by 1.9 year since 2009, i.e. from 40.9 to 42.6 years. The aging index has increased by more than 22 years, while in 2009 there were 108.3 persons older than 65 per 100 child.
How is the Organisation and the related Territory benefiting from Participating in this Project and (only for ASPs) location of ASP	International cooperation makes it possible to gather information on the experience of developing social and related services in view of the ageing population. In the long term, we expect the development of social and related services to improve the lives of people in the target group as well as their relatives. We expect the target group to be more informed about the provision of a local network of social and related services. Setting public policy in the area of reducing barriers in independent living of seniors, transport of seniors around the city, spending of leisure time of seniors and education of seniors. The Lovosice Municipality department of Social and Health Affairs is educated, experinced and capable of precise, focused and skilfull research, development and implementation of a new, modern and smart approach towards the Smart Care.

Project partner 24

Partner Role In The Project	AP
Partner Name	Obecný úřad Tisá
Partner Name (English)	Tisa Local Authority
Nuts Id0	CZ, ČESKÁ REPUBLIKA
Nuts Id2	CZ04, Severozápad
Nuts Id3	CZ042, Ústecký kraj
Postalcode City	403 36 Tisá
Street Streetnumber	Tisá 205
Legal Representative Firstname	[redacted]
Legal Representative Lastname	
Legal Representative Email	
Legal Representative Telephone	
Contact Person Firstname	
Contact Person Lastname	
Contact Person Email	
Contact Person Telephone	
Associated to Partner	Jan Evangelista Purkyne University in Ústí nad Labem
Partner's Role In The Project	The village Tisá is community driven settlement and cooperating with broad spectrum of partners. The project will allow further expansion of its network and strengthen cooperation with traditional partners like the J.E. Purkyne university in Usti and Labem. Among the community demanded areas for policies and cooperation are activities related to social care and future challenges coming from ageing of population. By participating in the project, the village Tisá will gain access to best practice from abroad, can profit from expertise of involved organisations, can use the opportunity to discuss own needs, and there is a good chance that suggested and tested solutions of smart care can improve the services provided to the target groups. While the new learning environment can develop new skills and competences of end-users and social services providers, the creation of policy centre will help politicians better formulate and design policies and tools addressing challenges induced by ageing.
How is the Organisation and the related Territory benefiting from Participating in this Project and (only for ASPs) location of ASP	The village Tisá represents smaller very active settlement with less than 1000 inhabitant. It has a very vivid community life, which transferred also to the strategical and political activities. All important documents are prepared in line with community approach. Very sensitive and responsible approach to current and anticipated needs of its community has led the village to think in advance about the demographic dynamics and its consequences for the village. In recent years, it has registered significant increase of people in age group 18-65. Since the village is small, the ageing can have even more visible impact in the future. The village actively participates in the Local Action Group Labské Skály (as part of Community led local development – CLLD), and Euroregion Elbe-Labe. In cooperation with other local authorities especially with town Libouchec, it elaborated Community plan of social services. The inhabitants priorise focus on elders. There are already established relations between the village Tisá and J.E. Purkyně University within past and running projects. The village has also some experience with international projects.

Project partner 25

Partner Role In The Project	AP
Partner Name	Община Аксаково
Partner Name (English)	Municipality of Aksakovo
Nuts Id0	BG, БЪЛГАРИЯ (BULGARIA)
Nuts Id2	BG33, Североизточен (Severoiztochen)
Nuts Id3	BG331, Варна (Varna)
Postalcode City	9154 Aksakovo
Street Streetnumber	Str. „G. Petleshev" 58 b
Legal Representative Firstname	[redacted]
Legal Representative Lastname	[redacted]
Legal Representative Email	[redacted]
Legal Representative Telephone	[redacted]
Contact Person Firstname	[redacted]
Contact Person Lastname	[redacted]
Contact Person Email	[redacted]
Contact Person Telephone	[redacted]
Associated to Partner	Регионална агенция за предприемачество и иновации – Варна
Partner's Role In The Project	Municipality of Aksakovo dedicate huge efforts for the socio-economic development of the their teritory and region, with a vision focused on the consolidation of our service offering to support innovation, entrepreneurship and cooperation for the promotion of smart, sustainable and inclusive growth of the region. In this respect, participation in D-care project will offer Municipality Aksakovo the possibility to transfer specific knowledge, expertise and best practices in health care, integration of innovative smart care models and their integration in local social and health care systems.
How is the Organisation and the related Territory benefiting from Participating in this Project and (only for ASPs) location of ASP	Aksakovo Municipality has a population of 21 000 inhabitants and included 23 villages. Aksakovo municipality is a provider of public and social services to the community. It is responsible for implementing national legislation on the local level and managing the municipal territory. It proved social, administrative services. The Municipality of Aksakovo has a experience regarding network of towns and international cooperation. It has 8 twinned towns and carry out international events every year. It is also engaged in several European and international networks related to youth participation, education, health, economic activities e.g. Health care in the municipality is provided by a network of outpatient care. Due to the proximity of Varna, the population of the municipality is provided with hospital assistance in the face of the existing hospitals in the big city, as in the hospital of St. Anna, Aksakovo municipality also has a percentage share in the care of its citizens. Outpatient care is provided by 10 medical practices, 6 dental practices, medical center. The problem is timely provision of emergency health care in remote villages and those without medical practices. Children's health care is provided by 1 doctor, 6 nurses and 1 sanitary inspector, who periodically serve a total of 6 health offices in Aksakovo, Ignatievo and Karavelovo.

Project partner 26

Partner Role In The Project	AP
Partner Name	INNOVA Észak-Alföld Regionális Fejlesztési és Innovációs Ügynökség Nonprofit Korlátolt Felelősségű Társaság
Partner Name (English)	INNOVA Észak-Alföld Regional Development and Innovation Agency Nonprofit Limited Liability Company
Nuts Id0	HU, MAGYARORSZÁG
Nuts Id2	HU32, Észak-Alföld
Nuts Id3	HU321, Hajdú-Bihar
Postalcode City	4028 Debrecen
Street Streetnumber	Kassai Road 26
Legal Representative Firstname	
Legal Representative Lastname	
Legal Representative Email	
Legal Representative Telephone	
Contact Person Firstname	
Contact Person Lastname	
Contact Person Email	eu
Contact Person Telephone	
Associated to Partner	azati Tőkealap-kezelő Zártkörűen Működő Részvénytársaság
Partner's Role In The Project	
How is the Organisation and the related Territory benefiting from Participating in this Project and (only for ASPs) location of ASP	

Project partner 27

Partner Role In The Project	AP
Partner Name	Javna ustanova Dom penzionera Banja Luka
Partner Name (English)	Public Institution Retirement Home Banja Luka
Nuts Id0	BA, BOSNIA AND HERZEGOVINA
Nuts Id2	BA00, Bosnia and Herzegovina
Nuts Id3	BA000, Bosnia and Herzegovina
Postalcode City	78000 Banja Luka
Street Streetnumber	Vojvode Pere Krece 2
Legal Representative Firstname	
Legal Representative Lastname	
Legal Representative Email	
Legal Representative Telepho	
Contact Person Firstname	
Contact Person Lastname	
Contact Person Email	
Contact Person Telephone	
Associated to Partner	PK RS privredna komora Banja Luka
Partner's Role In The Project	
How is the Organisation and the related Territory benefiting from Participating in this Project and (only for ASPs) location of ASP	

Partnership description	D_CARE has united the efforts of vast partnership with complementing expertise from 9 Danube region countries- Romania, Bulgaria, Hungary, Austria, Bosnia, Slovenia, Czech Republic and Germany. The consortium consists of different complementary knowledge and expertize between universities, training companies, human resource agencies, local public authorities and clusters that will provide knowledge and access to know-how. They will contribute to the design and implementation of Innovative Learning Environments as well as the elaboration and delivery of the Smart Care Learning programs in project regions. Innovative enterprises and care units active in the field of welfare are also a part in the consortium and their role will be to deploy Smart Care Pilots, manage the innovation call and participate in piloting of smart services. Public authorities also are part of the consortium and they will encourage the establishment of smart services in their regions. Some of the partners are specialized in mentoring, in vocational training and continuous education and they will provide the mentoring, coaching, business modeling and solutions development program. The Lead Partner is the University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca – RO who already has experience in managing large international projects and a strategic development plan focused on generating innovative learning programs in the sector of smart care of chronic diseases. Also LP runs important R&D activity and projects related to new therapies, pharmacological products and services for efficient and preventive management of chronic diseases.

PART C - Project description

C.1 Project relevance

C.1.1 Please, describe the territorial Need / Challenge your Project addresses, justify its Relevance for the Programme Area (e.g. to what extent it helps to achieve Programme Objectives) and describe how the Project will address the Need / Challenge.
Ageing and unfavourable demographic processes left their significant stamp on the labor force in whole Danube region. The mobility opportunities left whole regions without qualified persons. The young people seek better work opportunities in bigger cities or abroad, which has left the elderly people living in rural and urban areas living alone. In order to revive the regions and to encourage the population to be a part of the labor market and at the same time to quarantee the access to general services for elderly population we have to admit that new, innovative and cross-sectoral services are needed. D-CARE regions from Romania, Bulgaria, Moldova,Hungary, Bosnia and Czech Republic have signinficat problems with outmigration of youngers and active population, elders remaining alone and without any real support. In this region the socio-medical care of elders is lacking and generates huge public costs, especially for elders with diabetes, with coronary heart disease (CHD), peripheral arterial disease (PAD), heart failure (HF), valvular heart disease, and stroke; with mild cognitive impairment, cancer, dementia, Alzheimer; with frailty and falling risks living in isolated communities. Moreover 80% of the elders are suffering out of depression, loneliness, social deprivation, poor quality of life, cognitive decline, disability, increased risk for somatic disorders. project D_CARE project countries presents the following characteristics: countries with developed regions that already have policy tools and strategic plans for using ehealth technology for delivering the socio-medical services, but they lack in customizing this solutions or translate it to the fitted services to the requirements of elders; countries with poor regions that do not have policy tools or strategies related to the introduction and use of new technology for delivering integrated care services (misses the definition of smart care, shortage of medical personnel, isolation of rural areas)
C.1.2 Please, explain the main and specific Objectives of the Project in Relation to the mentioned Problems and / or Challenges.
SO1 directly contributes to the project's main objective as the smart care technologies represent a viable solution for developing new social and healthcare services, especially when social innovation tools are integrated with digital solutions. D-CARE will establish quadruple helix multi-stakeholder groups (4DMG) for involving all relevant stakeholders. Project will deploy 9 Smart Care Labs in project regions that will launch an Innovation Program Call for companies located in Danube region to propose innovative technologies and solutions for developing smart care services/models. Provided solutions will enter into a modeling and designing process that will result in smart care models. Smart care models will be tested and validated with end-users and the result of this process is that at least 1 smart care model will be piloted and implemented in each pilot region. SO2 aims to design networked innovative learning environments capable of creating learning tools, content and training programs that will improve or develop the skills needed in project regions for delivering new integrated care services (innovative smart care models/services). SO3 is focused on improving local and regional authorities capacity for developing policy tools or programs that will support the generation & implementation process of elders smart care services/models in Danube region. SO3 is addressed by deploying Transnational Learning Policy Center that will develop Transnational Strategy and learning sessions based on the cases provided by Smart Care Labs for assuring know-how transfer, knowledge diffusion and best practices sharing in order to increase public authorities competences and capacities for creating policy tools that respond better to smart care demand and challenges, including to the generation or implementation of smart care services.
C.1.3 Please, describe the Methodology used to achieve the Project Objectives, highlighting the innovative Approach.
All Danube regions are confronting with big challenges regarding the quality, coverage, typology and costs of social and healthcare services needed or requested by elders with cognitive impairments and chronic diseases. Social and health systems lack capacities in order to reach the entire elder population and do not have enough resources for providing the demanded services. Moreover low employment rates in Eastern Countries from Danube region affects the capacity of public authorities to support existing social and healthcare services for medium and long term. D-CARE proposes smart care services as a solution for tackling the above mentioned challenges. Project action is focusing on three main pillars: 1) Designing networked innovative learning environments capable to create learning tools, content and training programs that will improve or develop the skills needed in project regions for delivering new integrated care services (innovative smart care models/services). These learning environments are built based on "7+3" OECD framework that includes all stakeholders in the spiral of inquiry and learning development process 2) Deploying Smart Care Pilots in order to scout, select, optimize, pilot and validate the implementation of innovative smart care services for elders with chronic diseases or cognitive impairments 3) Establish a Transnational Learning Policy Center that will design learning tools and content for assuring know-how generation, knowledge diffusion and transfer, as well as best practices sharing in order to increase public authorities capabilities for creating policy tools that respond better to smart care demand and challenges, including to the generation or implementation of smart care services.
C.1.4 Please select all cooperation criteria that apply to your project and describe how you will fulfil them. Cooperation criteria Please select all that applies to your project

Cooperation criteria		Description
Joint Development	X	
Joint Implementation	X	
Joint Staffing		
Joint Financing	X	

C.2 Project focus

C.2.1 Project objectives, expected result and main outputs

Programme priority specific objective

Project main overall objective

The project objective is to increase competences, build capacities and support social innovation in Danube region by establishing a transnational cooperation network that will design, test and implement the model of Innovative Learning Environments in 9 Danube regions. Purpose of this project is to facilitate the creation, validation and deployment of smart care services that will strengthen and integrate regional social and health care systems, with the goal of improving competences and generating innovative social and health care models (new business models, new business, new jobs, new skills). D-CARE project supports social innovation in Danube project regions as it aims to generate and deploy smart care services for elderly with chronic diseases and cognitive impairments as a solution to tackle the challenges and needs regarding the integrated care and social inclusion of elders with age between 55 and 80 years. All Danube regions are confronting with big challenges regarding the quality, coverage, typology and costs of social and healthcare services needed by elders with cognitive impairments and chronic diseases. The new social pattern – elderly people living alone, require new effective and efficient solutions and policy for welfare. D-CARE proposes a series of activities for establishment of smart care services as a solution for tackling the above mentioned challenges at transnational, political and practical levels. Project action is focusing on three main pillars: 1) Designing network-based innovative learning environments, capable of creating learning tools, content and training programs that will improve existing and develop new skills needed 2) Deploying Smart Care Pilots in 5 regions for development, testing and validation of smart care models 3) Establish a Transnational Learning Policy Center for smart care policy tools best practice and design

Programme result

Intensity of cooperation of key actors in the programme area in order to increase competences for business and social innovation (survey based composite indicator)

Project main result

The main result is improved skills and competences among elders, employment agencies, trade unions, labor market organizations, entrepreneurs, social and healthcare units for provision of smart services in 9 Danube regions to meet the needs of elderly 55 +population. Thus we will encourage the employment as the new smart services will need workforce and therefore our first activity is the creation of innovative learning environment. Later we will identify through a competition innovative solutions for smart service provision and we will share the knowledge among the regions. The last but not least step in our result-oriented approach is the sensitizing and raising awareness among local and regional authorities for the benefits of the smart services and we will promote the inclusion of smart services in local/regional plans. We expect visible impact on the inhabitants in the regions where we intervene as the elderly people will have an easier access to integrated smart social – health services, the member of their families will be able to work, not to take care for them. The local business, institutions, employment agencies will enlarge their portfolio and more people will have an access to labour market.

Project overall objectives

Project Specific Objectives	
Title of specific objective	**Please provide a short explanation on the defined specific objectives**
To improve elder's access to demanded social and healthcare services by developing and implementing innovative smart care models/services in 5 pilot regions: Romania, Austria, Hungary, Slovenia and Germany	SO1 directly contributes to the project's main objective as the smart care technologies represent a viable solution for developing new social and healthcare services, especially when social innovation tools are integrated with digital solutions. D-CARE will establish quadruple helix multi-stakeholder groups (4DMG) for involving all relevant stakeholders in the process of demand screening and rating. After screening and rating process of needs (demand) is finished, project will deploy 5 Smart Care Pilots in project regions that will launch an Innovation Program Call for companies located in Danube region to propose innovative technologies and solutions for developing smart care services/models. Collected solutions will enter into a modeling and designing process that will result in smart care models. Smart care models will be tested and validated with end-users and the result of this process is that at least 1 smart care model will be piloted and implemented in each pilot region. The ageing population phenomenon combined with a growing number of chronic diseases and cognitive impairments represents a major societal challenge that will have a direct impact over labour-market, public budgets, over socio-economic development of Danube regions, over communities' structure, public services and over workforce. At the same time, if this societal challenges is addressed properly and new innovative solutions are scouted, tested and validated, then Danube regions can transform this challenge into an opportunity of creating new markets and services that will boost entrepreneurship, will generate new skills and new jobs. The positive point is that this process will impact as improved access of elders to social and healthcare services and an improved response to elderly needs through the implementation of innovative smart care services.
To develop Innovative Learning Networked Environments (ILNE) in each project region for improving smart care skills & competences, elder's digital skills and assure continuous learning through innovative training and educational programs	SO2 aims to design network-based innovative learning environments capable of creating learning tools, content and training programs that will improve or develop the skills needed in project regions for delivering new integrated care services (innovative smart care models/services). These learning environments are built based on "7+3" OECD framework that includes all stakeholders in the spiral of inquiry and learning development process. SO2 is addressed by WP2 through the spiral of inquiry analysis, involvement of learning actors in the learning environments design, creating learning environments pilots, creating the network framework for innovative learning environments through 7+3 OECD framework – innovating learning content, tools, methods; building open partnerships with relevant stakeholders and pilot ILNE through the delivery of 4 innovative training programs: 1) Digital skills for smart care services; 2) Digital skills for elders benefiting smart care services; 3) Data analytics and monitoring processes for developing and delivering smart care services; 4) Smart care skills for delivering social services and Smart care skills for delivering healthcare services, including monitoring. SO2 achievement will improve the employability level in project regions and will create new skills that once it are acquired, low qualified people will have a better chance to get a job in smart care sector. SO2 will support also the development of entrepreneurial knowledge related to smart care services business models and operations. In this way it will boost the creation of new businesses and new jobs.
To increase local/regional authorities capacity for designing policy frameworks, policy tools and programs that support smart care services generation, deployment and implementation in Danube project regions	SO3 is focused on improving local and regional authorities capacity for developing policy tools or programs that will support the generation & implementation process of elders smart care services/models in Danube region. SO3 is addressed by deploying Transnational Learning Policy Center that will develop learning sessions based on the cases provided by Smart Care Pilots for assuring know-how transfer, knowledge diffusion and best practices sharing in order to increase public authorities competences and capacities for creating policy tools that respond better to smart care demand and challenges, including to the generation or implementation of smart care services. At project level Transnational Learning Policy Center will provide: 4 interregional learning seminars focused on the process of designing smart care policy instruments; 2 best practices conferences for analyzing successful examples of smart care policy tools; and 2 transnational workshops focused on skills demanded in the delivery of elders smart care services. In order to assure durability and continuity for Learning Policy Center a Transnational Policy Strategy for Elders Smart Care Services Development and Implementation will be jointly developed.

Project main outputs
Overview table on project outputs as defined in the work plan

Programme output indicators	Project output indicator targets	Measurment Unit	Project main output quantification (target)	Project main output number	Project main output (title)
P05 Number of tools for increasing competences of employees in the business sector and strengthening entrepreneurial spirit developed and/ or implemented	13.00	Number	9.00	T1.1.1	Innovative Learning Environments
			4.00	T1.2.1	Smart Care Learning programs
P06 Number of pilot actions for increasing competences of employees in the business sector and strengthening entrepreneurial spirit developed and or/implemented	5.00	Number	5.00	T2.1.1	Smart Care Innovation Program
CO04 No of enterprises receiving non- financial support	5.00	Number	5.00	T2.2.1	Smart Care Innovative Models
P07 No. of documented learning interactions in finalised operations	8.00	Number	4.00	T3.1.1	Interregional learning seminars
			2.00	T3.2.1	Best practice Case Studies
			2.00	T3.3.1	D-CARE Knowledge diffusion toolkit
P27 Number of tools for strengthening institutional capacities and supporting transnational multilevel governance developed and/or implemented	1.00	Number	1.00	T3.4.1	Transnational Strategy for Elders Smart Care Services Development and Implementation

C.2.2 Target groups

Target group/-s	Target group specification	Target value
local public authority	Local public authorities are a key pillar for D-CARE project. Our scope is to reach minimum 20 local public authorities from 9 Danube countries that will contribute to the development of project main outputs: ILE, Smart Care Labs, Regional Action Plans and Transnational Strategy. Local public authorities as designers and adopters of policy tools and programs for facilitating implementation of developed smart care services. So, the scale level of our outputs is local level. The reason is that at local level its much easier and faster to adopt and implement these innovative concepts, to make them working, achieve a showcase for proof of concept for regional/national level. So our approach for strengthening and integrating social and regional healthcare system is bottom up: Start locally, go globally. Local public authorities will be engaged as members of ILNE and SMART CARE LABS. After the project ends, they will assure the adoption and implementation of the developed smart care service models through their social and healthcare services under their administration (social services department, local/county hospitals that are under their administration etc.) Local public authorities (LPA) will cooperate with regional authorities for elaborating Regional Action Plans focused on measures and policy tools that will facilitate the implementation of smart care service models and will further support the creation of new services or upgrade of D-CARE resulted services (new features, new functionalities etc.) Based on the Regional Action Plan, targeted LPAs will manage the design process of new policy tools/programs that will tackle the elders 55+ needs through accessibility and availability of smart care services. Part of LPAs are already engaged as PP's or ASPs	20.00

regional public authority	Regional public authorities (RPAs) are another important pillar of D-CARE approach as they will assure the scale up of project main outputs (especially the smart care services models) from local level to regional level. LPA's together with the support of PPs will be early adopters and will experiment the smart care services models. They will implement the developed smart care services and will showcase the proof of concept. When proof of concept is made, RPAs will be ready to scale up to regional level. Our scope is to engage 1 Regional public authority from each project region. Engaged RPAs will operate either in the public health sector; healthcare system management at regional level or social care system management at regional level; employment and new jobs sector; training and educational sectors. We aim to develop a set of smart care services, fine-tune them with private sector/companies, testing and piloting them, collecting feedback and learn lessons, validate/invalidate hypothesis, refine them and make them readily available at the DR level via policy take-up at the level of implementers or decision-making stakeholders. D-CARE approach is based on the knowledge triangle (companies, universities, civil society) and on the policy instruments/actors that are able to adopt, test and scale up the implementation of smart care service models. RPAs will assess the results and progress of LPAs regarding the design of policy tools and programs that supports smart care services implementation and development, their efficiency and the degree to which the main measures foreseen in Regional Action Plans were accomplished or are in need of revision/update. RPAs assures also the coordination of policy tools at regional level (Danube) and proposes new measures to be included under the Transnational Strategy. Already some RPAs are engaged as ASP of D_CARE.	9.00
national public authority	National public authorities (NPAs) are the last national policy pillar to which D-CARE project is addressing. We will involve 9 national public authorities from project regions, respectively Ministry of Labor and Social Affairs from Slovenia and Ministry of Health from Republic of Moldova. Their main role will be to assess and prepare the needed policy instruments that will establish in the next years the conditions and steps for scaling up D-CARE project outputs at national level, based on the experience and results of local & regional policy tools/programs dedicated to smart care service models implementation. Another important role for NPA's is related to capitalizing the ILNE and its learning programs as well as the Smart Care Innovation Programe by adopting it as instruments for improving & creating new skills; for supporting innovation and creation of new products/services as well as channels and methods for connecting businesses with R&I actors and policy tools managers (LPAs. RPAs). e) Transnational approach – coordinating the achievement and results from local level to each Danube region based on Transnational Strategy. Based on the Transnational Strategy we will elaborate Regional Action Plans - policy tools tackling and facilitating the development of smart care services and the implementation of the tested and validated service care models under D-CARE project. Regional Action Plans will be implemented by local public authorities (PP's , ASP's and project beneficiaries) through local programs and policies that supports adoptions and usage of smart care service models by public hospitals, private health care organizations, social care services.	9.00

sectoral agency	In this category are included public hospital and care units that are delivering medical services to our main direct beneficiaries of D-CARE project – elders 55+ with chronic disease and co-morbidities, affected by frailty, living in isolated areas, suffering out of depression, loneliness, social deprivation, poor quality of life, cognitive decline, disability, increased risk for somatic disorders. D-CARE is focused on creating knowledge, learning tools and validated innovative smart care services in order to manage the needs and business opportunities represented by ageing process and integrated care sector (health care and social care). We aim to engage at least 9 public hospitals and care units (some of them are already PP or ASP) that will be in the same time a target group benefiting from smart care service models development and early adoption, will test, pilot and validate the service models and will improve its personnel skills (including digital) for providing remote care services. Some of the outcomes might be of a transversal or integrated character. Hospitals provide services for elders, but they can also share suitable tools for adoption in social care, and vice-versa, they can adopt some of the solutions from the project. are the front-liners of fulfilling the societal and clients' needs. The personnel involved in providing services to elders needs a special attention. In general, there is a lack of capacities physical and personal for providing high quality services for ever increasing number of clients. Any help improving their working condition, e.g. using new technologies, or processes can leverage their workload, or improve efficiency. So, they will be among the users of proposed solutions improving the services. They will be also targeted by the new learning environment. And, of course, they will participate in ideation, development, validation and testing phase.	9.00
interest groups including NGOs	D-CARE aims to engage 20 interest groups including NGO's in the process of developing and implementing project main outputs. Interest groups/NGO's on which we will focus are: Local Action Groups - LAGs are composed of various regional players and are part of integrated and community-based approach to local development. The key role play towns. So, they can be good multiplicator of the results, and also, they will be included in quadruple helix groups. Associations - Among the most important associations are the Elders Patients Associations form each project region, Associations of Social Care Services Providers which usually operates at the national level and thus it can share outcomes from the project among its member, and vice-versa it can share inputs from members to the project; and Healthcare professional Associations (Nurses Order; Doctors Associations etc).	20.00
higher education and research	HEIs are one of the main actors of knowledge triangle and occupies and important place in the innovation process. D-CARE will engage at least 20 HEIs from project regions. HEIs will contribute to the development and deployment of ILN as well as to the design and implementation of SMART CARE INNOVATION PROGRAMME.	20.00
education/training centre and school	D-CARE targets to involve at least 10 education/training centers in the development of ILE and implementation of the 4 smart care learning programs. This institutions have a very important role as they will improve/create the needed skills for low qualified persons, for senior people as well as for unemployed. So, education/training centers will tackled the needs and address low qualified/senior/unemployed people. Other direct beneficiaries: labor force of care organizations by saving time due to technological assistance and thus being able to spend more real face to face time with clients (direct beneficiary: senior), eg. when not needing to go shopping due to online shopping.	10.00

SME	SMEs and start-ups are a key target group for D-CARE project. SMEs will contribute to the establishment of Smart Care Labs and to the development of Smart Care Innovation programme. We target to engage 45 companies that will participate at the Smart Care Innovation Programme (including Innovation Contest). Our scope is to have at least 5 SMEs from each project region. SMEs with the support of PPs will design new smart care service models concepts and will develop the 1st level of prototypes. The companies will be involved is searching viable solution and prototyping. They will benefit within the working package focused on innovation program. Companies directly involved in the development of smart care services models as they are members of the piloting and testing phase of smart care service models. Testing scenarios are developed for each smart care service model and based on the typology of users and services. In our case the methodology will comprise the testing scenarios for the following conditions and actions: 1. Medical conditions: with diabetes, with coronary heart disease (CHD), peripheral arterial disease (PAD), heart failure (HF), valvular heart disease, and stroke; with mild cognitive impairment, dementia, Alzheimer; with frailty and falling risks living in isolated communities; 2. Psychological and social conditions: Depression, Loneliness, social deprivation, poor quality of life, cognitive decline, disability, increased risk for somatic disorders	45.00
business support organisation	Business support organizations are another important target group of D-CARE project as they facilitate companies development, innovations. D-CARE targets at least 8 BPOs active in the following sectors: IT&C, healthcare, medical devices, high tech and care services. BPOS will be involved in the development and establishment of ILE, and in the operationalization of Smart Care Labs. BPOs will contribute to the Smart Care Innovation Programme development and will boost start ups and companies from the above mentioned sectors to participate in the Innovation Contest. Moreover they are an important actor that can facilitate the interaction with D-CARE main users: a) elders 55+ with chronic disease and co-morbidities, affected by frailty, living in isolated areas, suffering out of depression, loneliness, social deprivation, poor quality of life, cognitive decline, disability, increased risk for somatic disorders b) integrated care personnel (nurses, doctors, social assistants etc) adopting, implementing and managing the smart care services: e.g. telemedicine, remote care, remote therapy, remote monitoring of elder patients using digital apps or tech devices c) healthcare and social care organizations as early adopters of smart care service models – testing, piloting and validation d) local public authorities as designers and adopters of policy tools and programs for facilitating implementation of developed smart care services. So, the scale level of our outputs is local level. The reason is that at local level its much easier and faster to adopt and implement these innovative concepts, to make them working, achieve a showcase for proof of concept for regional/national level. So our approach for strengthening and integrating social and regional healthcare system is bottom up: Start locally, go globally. We aim to select 1 BPO per project region.	9.00
International organisation under inter-national law	International organization (IO) are important beneficiaries because they are connected both to transnational network & knowledge and to national/regional network and information. Our scope is to engage 2 international organizations that will act as catalysts between regional PPs and will deliver to project outputs a specific transnational outcome. D-CARE is focused on involving EIT Health and EIP AHA as target groups and stakeholders supporting the development of ILE, its deployment, Smart Care Labs set up, boost innovation process and give valuable inputs in the process of smart care services development.	2.00

General public	Students Most of Universities in Danube region provides several study programs related to the topics of the projects: social work, special pedagogy, health studies. Students are included in the innovation process, development and testing of new solutions. Family members - if not among direct users, which depends on the innovation applied. If the innovation is applied within the care centres and leads to better service, or higher efficiency, but does not expect family members to interact. This will be e.g. a tool of operational, administrational, monitoring or automation character. Elders 55+: They will be the primary beneficiary of outcomes of the project. Due to accent on human-centred solution, they will be in the core of searching of new services and products based on their needs. They will be involved in all phases of innovation process. Within the working package dealing with new learning environment, they will benefit from acquiring new skills and competences not only for using new technologies for themselves, but also to help them be active on the labour market.	2,000.00

C.2.3 Durability And Transferability Of Outputs And Result

C.3 Project context

C.3.1 Please, explain how the Composition of the Partnership contributes to the Achievement of the Project Objectives
D_CARE has united the efforts of vast partnership with complementing expertise from 9 Danube region countries- Romania, Bulgaria, Moldova, Hungary, Austria, Bosnia, Slovenia, Czech Republic and Germany. The consortium consists of different complementary knowledge and expertise between universities, private healthcare organizations, public hospitals, training companies, human resource agencies, local public authorities and clusters that will provide knowledge and access to know-how. They will contribute to the design and implementation of Innovative Learning Environments as well as the elaboration and delivery of the Smart Care Learning programs in project regions. Innovative enterprises and care units active in the field of welfare are also a part in the consortium and their role will be to deploy Smart Care Pilots, manage the innovation call and participate in piloting of smart services. Public authorities also are part of the consortium and they will encourage the establishment of smart services in their regions. Some of the partners are specialized in mentoring, in vocational training and continuous education and they will provide the mentoring, coaching, business modeling and solutions development program. The Lead Partner is the University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca – RO who already has experience in managing large international projects and a strategic development plan focused on generating innovative learning programs in the sector of smart care of chronic diseases. Also LP runs important R&D activity and projects related to new therapies, pharmacological products and services for efficient and preventive management of chronic diseases.

Policy and Strategic background	
Description	
EU Strategy for the Danube Region	D-CARE represents a strategic approach in convergence with European Innovation Partnership for Active and Healthy Ageing initiative. In the same time project action aims to implement EC strategy regarding the silver economy opportunities exploitation for new jobs and growth. D-CARE action is focused on establishing a transnational cooperation network that will design, test and implement the model of Innovative Learning Environments for elderly people 55+, in 9 Danube regions, in order to facilitate the creation, validation and deployment of smart care services that will strengthen and integrate regional social and healthcare systems by improving competences and generating innovative smart care models. Project tackles PA7 strategic priorities as it contributes to achievement of targets set out in the Danube strategy, especially in: a. Increase the number of EPO and PCT patent applications filled from the Danube region by 20% by 2020 b. To enhance regional research and education cooperation to reach 20% of academic mobility within the region by 2020 Within PA9 targets, project contributes to higher employment rate in the Danube region, especially tackling active ageing, youth and long-term unemployment, through empowerment of enterprises (target I), contribution to improved educational outcomes and relevant skills and competences (target II) by applying the methodology for evaluation of innovation, target groups have the opportunity to gain skills for their further development.

C.3.2 Please, explain if the Proposal is building from the Results of already implemented Projects (Capitalisation) or if synergic Activities with current Projects are planned
D-CARE project is synergic and complementary with the following projects implemented or in course of implementation in Danube Region: INDEED, I-CARE-SMART, DIGITAL LIFE4CE, NICELIFE, HOCARE 2. At project level we will organize inreregional learning events and 1 networking conference with owners of the following projects outputs: INDEED, I-CARE-SMART, DIGITAL LIFE4CE, NICELIFE, HOCARE 2.0 in Vienna (September 2022). In this conference PP16, PP13, PP11 and ASP representatives will collect data regarding the results, outputs and achievements of these projects. Also they will share D-CARE outputs and deliverables and check specific linkages between them. After conference ends, PP16, PP13 and PP11 experts will elaborate a Best practices Manual comprising at least 6 relevant case-studies focused on digital healthcare skills, smart care services, elders care, social innovation models and successful policy tools that implemented public programs related to it. Neither a project was focused on creating competences and skills needed for understanding the elders needs and for executing the care processes accordingly to this parcticularities. It is needed to create a specific learning environment model able to teach the skills needed for responding to the particular issues in integrated elders care. Most of the project are focusing only on the "disease care" matter, but other important parameters connected to elders life are neclected independence, quality of life, entertainment, daily works, diet, risk avoindance, lifestyle, activity management, leisure, social participation, overall wellness and health. LP will contact HOCARE 2.0, I-CARE-SMART and INDEED project leaders in order to organize 3 virtual workshops for peer reviewing D-CARE outputs. Based on the peer review workshops, LP will propose above mentioned project leaders for managing a smart care learning webinar.

C.3.3 Please, describe the Benefits, Advantages and added Value of the transnational Approach for achieving the Project Objectives.
The project relays on the cooperation among countries, sharing knowledge and processes. The smart services are not well developed and there is an urgent need of taking care for the elderly people. The demography shows the constant increase of the age, moving of younger people away from their parents which change the old model of shared living. The new lifestyle requires new response. All Danube regions are confronting with big challenges regarding the quality, coverage, typology and costs of social and healthcare services needed by elders with cognitive impairments and chronic diseases. Social and health systems lack capacities in order to reach the entire elder population and do not have enough resources for providing the required services. The new social pattern – elderly people living alone, require new effective and efficient solutions and policy for welfare. D-CARE proposes a series of activities for establishment of smart care services as a solution for tackling the above mentioned challenges at transnational, political and practical levels. The core of D-CARE project is the provision of smart services and the project envisages the establishment of a Transnational Learning Policy Center that will design learning tools and content for assuring know-how generation, knowledge diffusion and transfer, as well as best practices sharing in order to increase public authorities capabilities for creating policy tools that respond better to smart care demand and challenges, including to the generation or implementation of smart care services. The project will be implemented at different levels: horizontally – among social, healthcare, educational and business sectors; vertically – among municipalities, regional and central government; and geographically – the knowledge will be shared during a series of international seminars in 8 countries from Danube region.

C.4 Horizontal principles

Please indicate which type of contribution to horizontal principles applies to the project, and justify the choice.		
Horizontal principles	**Description of the contribution**	**Type of contribution**
Sustainable development (environment)	The project action is oriented to cross-sectorial integration and technology use for smart care service models delivery. Sustainable development is supported by three pillars: 1. Healthcare delivery and modelling using IT&C and distance monitoring – e-health products and services 2. Knowledge management model tools 3. Smart Care Lab that permits testing and validation of products on Danube region market with a connection to internet and using collaborative digital platform Sustainability will also be the basic principle in the work of the consortium, because we will strive to reduce the use of paper and replace it with the use of electronic forms of documents and Internet communication means.	neutral
Equal opportunity and non-discrimination	All project partners comply with European and national anti-discrimination legislation. In accordance with these Rules partners employ an increasing number of international staff, whatever their nationality, race or religion. Given that the project aims to improve the capacity and linkage between the innovation value chain in Danube region, will also contribute to the process of technology transfer in health and economic growth. The latter brings the creation of new employment opportunities, which will also allow an inclusive and diverse work environment. Project action is targeting silver economy sector as strategic focus and supports equal access and non-discrimination in the process of healthcare delivery, as well as elders participation on labour market.	neutral
Equality between men and women	Project activities will be carried out in a manner that will allow for active participation of both sexes: internal communication will be transparent; we assert mechanisms for effective reconciliation of work and private life, such as flexible working methods and working hours. We will also make sure that the materials and content of the project and include respect the principle of gender equality. The project will provide long-term support in favour of female entrepreneurs and business starters to information, assistance and management of public funds received.Project action also stimulates development of solutions that extend equal access to medical services no matter sex and distance. Project impact positively affects equality between men and women.	neutral

C.5 Work plan per work packages

Type: Preparation

WP Nr	WP Title	WP Start date	WP End date	WP Budget
P	Preparation	01.2019	11.2019	17,500.00

Partner involvement
Partners involved
Name: Municipality Ilirska Bistrica
Name: RDA Green Karst, ltd.
Name: City of Prijedor
Name: University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca
Name: Mayor's Office of the City of Kaba
Name: National Human Management Association
Name: University of Ljubljana
Name: Johanniter Austria Research and Education
Name: Gruenderschiff UG (haftungsbeschraenkt) & Co. KG
Name: Volunteer Center
Name: Univerzita Jana Evangelisty Purkyně v Ústí nad Labem
Name: Regional Agency for Entrepreneurship and Innovations – Varna
Name: UIV-Urban Innovation Vienna
Name: Chamber of Commerce and Industry of Banja Luka Region
Name: Dr. Vasile Micu" Association
Name: National Alliance for Social Responsibility
Name: DBH Investment Venture Capital Fund Management Public Limited Company
Name: CedarNet Association
Name: BioLAGO e.V.
Summary description and objective of the work package
The consortium of partners jointly identified problematic issues related to elders social and medical care, need for smart care, skills and competences of Elders, Managers and Employees, needed for transformation of the care systems following the smart care requirements across Danube regions. PP's discussed and reviewed also currently available strategies, policy incentives and policy tools, learning programs as well as projects at European level. Each PP performed spiral of inquiry analysis regarding the learning needs, the main socio-medical challenges for elders care in project countries as well as the main smart care services needed - medical emergency services (high accessibility and addressability with fast delivery based on risk prediction models correlated with social, medical and psychological conditions), daily monitoring of medical condition, diet, physical activity, lifestyle, services for activity management, leisure, social participation; solutions for risk avoidance, preventive measures implementation.. The Lead Partner (LP) subcontracted external experts (EE) for the development of project application. EE+LP developed logical framework of project, drafted basic methodology and identified objectives, activities related to specific objectives, relevant outputs, core outputs and results. The overall project design was thoroughly discussed with other PPs through joint teleconferences, via bilateral consultations or personally. PP's recommendations were discussed and also accepted into the project. Each PP contributed, and, under EE guidance, drafted their budget for the project. PP also provided all relevant information about themselves and their regional policies and frameworks. Experience of PPs, relevant for the project, have been taken in account during the development of single work packages and were reflected in the design of project activities.

Type: Management

WP Nr	WP Title	WP Start date	WP End date	WP Budget
M	Management	07.2020	12.2022	570,400.00

WP responsible partner	Universitatea de Medicina si Farmacie "Iuliu Hateganu" Cluj Napoca
Partner involvement	
Partners involved	Name: University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca
	Name: Dr. Vasile Micu" Association
	Name: National Human Management Association
	Name: Mayor's Office of the City of Kaba
	Name: DBH Investment Venture Capital Fund Management Public Limited Company
	Name: CedarNet Association
	Name: Univerzita Jana Evangelisty Purkyně v Ústí nad Labem
	Name: Volunteer Center
	Name: BioLAGO e.V.
	Name: Gruenderschiff UG (haftungsbeschraenkt) & Co. KG
	Name: University of Ljubljana
	Name: RDA Green Karst, ltd.
	Name: Municipality Ilirska Bistrica
	Name: Regional Agency for Entrepreneurship and Innovations – Varna
	Name: National Alliance for Social Responsibility
	Name: Johanniter Austria Research and Education
	Name: UIV-Urban Innovation Vienna
	Name: City of Prijedor
	Name: Chamber of Commerce and Industry of Banja Luka Region
	Name: Public Medical Sanitary Institution Institute of Oncology

Summary Description and Objective of the Work Package

This WP is responsible for the management of administrative and financial execution of project activities, for technical coordination of project at work-packages and activities level, administrative and technical risk identification, analysis and management and quality assurance of the project deliverables, outputs and results. Project Steering Committee (SC) will be formed at the internal project kick-off meeting. SC will be composed of Project coordinators (PC) of all partners and leaders of all work packages. Clear and precise guidelines for the management of the project will be prepared by the Lead Partner (LP) as part of the initial project activities and approved by the SC. The partners' PCs will be responsible for the day-to-day project management as well as for the communication within the consortium and toward external stakeholders according to the activities described in the Communication activities. The partners' PCs will be reporting to the LP project manager who will be the main contact point for the communication with the Joint Secretariat. Regular meetings of the SC will be held (every 6 months at the headquarters of the project partners. LP Financial Manager (FM) will handle project financial management. Each project partner will assign a financial coordinator that will manage budget and planned expenses according to PM plan. The main goals associated with this task are to ensure punctual provision of periodic financial management reports and cost statements, and to handle JS project reviews and payment issues. Quality Assurance Manager (QAM) will elaborate a Quality Assurance and Risk Management Plan (QARMP), which will be updated three times during project lifetime. The QA section will include a set of guidelines and criteria, internal and external controls and specified posts responsible for overseeing the level of quality in contracted activities. EAB is a quality management consultative body for the project major deliverables and outputs

Activities and deliverables of the Work Package

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.M.1	Project Management	07.2020	12.2022	322,600.00

To ensure effective and transparent management, Project Steering Committee (PSC) will be formed at the internal project kick-off meeting. SC will be composed of Project coordinators (PC) of all partners and leaders of all work packages. Project coordination - Activities include daily technical and administrative coordination and management. Lead partner (LP) will be the highest level of project management and will serve as a contact for participating in the project. LP, serve as a communication channel for all partners including WP leaders towards the JS. At the internal kick-off meeting guidelines for the management of project will be presented, the structure and the rules governing the daily work processes will be established. Every six months PCs will organize video consortium meeting to assess the project progress and set next de deadlines corresponding with the plan of action. Moreover, digital communication tools will be used (monthly videoconferences, telephone, e-mail). The partners' PCs will be responsible for the day-to-day project management as well as for the communication within the consortium and toward external stakeholders Project Steering Committee (PSC) will be established consisting of representatives of the PP – project coordinators. The PSC will be responsible for the strategic direction of the consortium and will also assess the work of the project. Continuous monitoring of the quality of the project will facilitate the reporting to be carried out in accordance with the rules of the program from each of the PP. PSC members will jointly elaborate Project Monitoring and Evaluation Plan (M&E Plan). M&E Plan will govern the monitoring & assessment process and will contain an integrated set of instruments that will be used for collecting and analyzing data regarding project progress. Assessment of the progress of the project will be in the hands of the LP. PSC decisions are validated based on the rule of majority of votes.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.M.1.1	Project Management Handbook	This document will include detailed criteria and rules for: i) the project management procedures, roles and responsibilities; ii) the project baseline; iii) the change management plan and process; iv) the effort and cost management plan	1.00	10.2020
Deliverable D.M.1.2	Project Monitoring and Evaluation Plan	This document will govern the monitoring & assessment process and will contain an integrated set of instruments that will be used for collecting and analyzing data regarding project progress. Assessment of the progress of the project will be in the hands of the LP.	1.00	12.2020

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.M.2	Financial Management	07.2020	12.2022	207,500.00

LP Financial Manager (FM) will handle project financial management. Each project partner will assign a financial coordinator that will manage budget and planned expenses according to PM plan. The main goals associated with this task are to ensure punctual provision of periodic financial management reports and cost statements, and to handle JS project reviews and payment issues. Specific activities will include: - Daily management of administrative consortium activities within the consortium and toward JS - Follow up of the implementation and update of the financial provisions according Partnership Agreement - Check the progress of administrative work and payments - Coordinate the administrative bodies of the different participants' institutions - Coordinate the preparation of financial reports Financial coordinators of PPs will be obliged to report expected spending each quarter of the project to allow D-CARE FM to have an overview about project financial performance. Each semester PPs will have to prepare financial and activity report following program / national rules, submit to their FLCs, clarify it with them and obtain certifications of expenditures. Those will be collected by D-CARE Financial Manager, included to D-CARE Progress report (together with content related part delivered by PM) and submitted to JS. Role of whole D-CARE FM is to clarify the report with JS, manage the responses/clarifications from all PPs and get final approval. Financial Manager will also propose to PSC and after approval to Steering Committee measures to tackle possible under spending or another financial issues.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.M.2.1	Project Financial Reports	This document includes the budget execution of project partners (consortium) for each reporting period.	5.00	12.2022

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.M.3	Internal Communication	07.2020	12.2022	27,600.00

Internal communication with project partners will include the activities of the project management and coordination of work between the partners. The flow of messages will take place at three levels: (i) LP –project managers, (ii) LP – Work package leaders, (iii) project managers - work packages leaders, contributing to a particular WP. Communication will take place via e-mail, telephone and videoconferences. In addition, the consortium partners will meet at consortium meetings and project events starting with 2021 till the end of the project. In order to ensure clear and efficient project management, regular work-package conference calls, project conference calls, project management meetings and plenary meetings will be organized. The communication will be also supported by ICT means, like audio and video conferencing (Skype), instant messaging, electronic mail, e-mailing lists, e-mail archives. Consortium meetings and project events will be organized by assuring all protection measures for reducing risk of COVID 19. LP (as medical university) will elaborate specific protocols for this type of events (physical meetings, project events) in correlation with OMS and national regulations. For the 1st period of project implementation, no physical consortium meeting will be organized. Starting with 2nd period of project implementation every six months PCs will attend consortium meeting (based on the protocols developed by LP) to assess the project progress and set next deadlines, corresponding with the plan of action.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.M.3.1	Internal communication Reports	Documents resuming the main agenda and conclusions of the physical and virtual meeting organized at project level.	30.00	12.2022

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.M.4	Quality and Risk Management	07.2020	12.2022	12,700.00

LP Quality Assurance Manager (QAM) will elaborate a Quality Assurance and Risk Management Plan (QARMP), which will be updated three times during project lifetime. The QA section will include a set of guidelines and criteria, internal and external controls and specified posts responsible for overseeing the level of quality in contracted activities. Expert Advisory Board (EAB) is a quality management consulttaive body for the project major deliverables and outputs. EAB will be created at the internal kick-off meeting and will be composed in the first stage by experts assigned by project ASPs. Each ASP will assign 1 expert to the EAB. By the end of the 1st semester of project implementation minimum 3 stakeholders for project countries will join EAB based on the triple helix approach. As part of the quality procedures, key deliverables and project outputs will be reviewed by external experts and stakeholders (Expert Advisory Board), and validated by QAM. Experts groups responsible for the deliverable or output will have to respond to suggested modifications as deemed appropriate and apply corrections. Risk Management aims to minimize factors that can be detrimental to project objectives, and will be performed at all project levels adopting a uniform and systematic approach to: i) identify and evaluate risks in a continued basis; ii) define and plan proactive responses to ensure risk reduction or mitigation; iii) launching, performing and reporting on mitigation activities; iv) documenting progress of risk management actions, and v) evaluating results. QARMP versions will contain updated inputs on Risk Management in a specific subsection labeled as Risk Management Report. Duty of risk management will be handled by QAM.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.M.4.1	Quality Assurance and Risk Management Plan	This document will include detailed guidelines, criteria and rules for: i) quality management and control of project outputs and of main deliverables; ii) reviewing procedures and responsibilities of EAB regarding the key deliverables and project outputs - Experts groups responsible for the deliverable or output will have to respond to suggested modifications (by EAB) as deemed appropriate and apply corrections; iii) risk management – launching performing and reporting on mitigation activities; iv) documenting progress of risk management actions	1.00	12.2020
Deliverable D.M.4.2	Quality Output Report	This document will describe the quality management and control of each project output. Quality management and control will be realized by QAM based on the guidelines established by Quality Assurance and Risk Management Plan. The document will clearly brief the methods and tools used by QAM in order to review each project output, to control that the quality standards were accomplished, as well as a short description of validation process. The report will also comprise information regarding the recommendations and QAM suggested corrections/updates, the actions that were performed by expert teams in correlation with QAM recommendation and the final validation.	32.00	12.2022

Type: Implementation

WP Nr	WP Title	WP Start date	WP End date	WP Budget
T1	Innovative Learning Networked Environments	08.2020	12.2022	551,190.00

WP responsible partner	National Human Management Association
Partner involvement	
Partners involved	Name: University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca
	Name: Dr. Vasile Micu" Association
	Name: National Human Management Association
	Name: Mayor's Office of the City of Kaba
	Name: DBH Investment Venture Capital Fund Management Public Limited Company
	Name: CedarNet Association
	Name: Univerzita Jana Evangelisty Purkyně v Ústí nad Labem
	Name: Volunteer Center
	Name: BioLAGO e.V.
	Name: Gruenderschiff UG (haftungsbeschraenkt) & Co. KG
	Name: University of Ljubljana
	Name: RDA Green Karst, ltd.
	Name: Municipality Ilirska Bistrica
	Name: Regional Agency for Entrepreneurship and Innovations – Varna
	Name: National Alliance for Social Responsibility
	Name: Johanniter Austria Research and Education
	Name: UIV-Urban Innovation Vienna
	Name: City of Prijedor
	Name: Chamber of Commerce and Industry of Banja Luka Region
	Name: Public Medical Sanitary Institution Institute of Oncology
Summary description and objectives of the work package including explanation of how partners will be involved.	
Objectives: To design architecture of innovative learning environments (ILE) in 9 countries from Danube region To develop the methodology and select the optimal tools for matching the target groups learning spiral of inquiry (elders, nurses, doctors, unemployed, public administration workers, low qualified people; care units workers and administration; hospitals etc) To innovate the pedagogical core of learning environment, create and run the training programs that are delivered in each project region To establish open partnerships in each project country and assign the management and coordination of ILE To elaborate and implement the network framework for interregional connection of deployed ILE To pilot, monitor, assess and upgrade of ILE This WP focuses on designing, deploying and piloting innovative learning environments (ILE) in 9 countries from Danube region. ILE represents our solution for elder's acceptance on new technologies (ICT), for digital skills creation, for new jobs, competences, services and opportunities generation in the integrated smart care sector.	
WP Outputs	

Project main output		**Describe your project main output**	**Programme Output Indicator**	**Measure ment unit**	**Target value**	**Delivery Date**
		IInnovative Learning Environment (ILE) is a systemic learning eco-system built upon the principle of open, agile, flexible and dynamic education and training. ILE is designed and operated on the comprehensive involvement of learning actors (learners, trainers, companies, educational institutions, employment agencies, etc). In this way, learning content, tools, methodologies and programs are created based on the spiral of inquiry (demand of market, demand of learners etc) and based on the learner characteristics. PP's will jointly work to design, launch and pilot an Innovative Learning Environment in each project region, based on the spiral of inquiry analysis made for each region. ILE will create 4 learning programs with the aim to create or				

T1.1	Innovative Learning Environments	improve the skills of low qualified, incl NEETs persons for being able working in the smart care services sector. Moreover, for each target group the learning tools and content will be customized, according to their specific characteristics. ILE will assure the durability and continuity of smart care learning process for unemployment people or for low qualified people. This output is contributing to SO2 since it improves smart care skills & competences, elder's digital skills and assures continuous learning through innovative training and educational programs provided at regional level.	P05 Number of tools for increasing competences of employees in the business sector and strengthening entrepreneurial spirit developed and/ or implemented	Number	9.00	08.2022
T1.2	Smart Care Learning programs	Smart Care Learning programs are training modules focused on main skills that a person should have in order to work in the smart care services sector. These learning programs comprise learning content and tools that will be created in order to equip target groups with the necessary competences in order to get a job in smart care sector, to support the smart care market creation (business skills and new jobs) and to assure a flow integration of the smart care services value chain: human resources, technologies, business models, end-user, results/benefits. The established Innovative Learning Environments will create 4 smart care learning programs that will be provided for target groups in each project region: 1) Digital skills for smart care services program; 2) Digital skills for elders benefiting smart care services program; 3) Data analytics and monitoring processes for developing and delivering smart care services program; 4) Smart care skills for delivering social services and Smart care skills for delivering healthcare services, including monitoring. This output is contributing to SO2 since it improves smart care skills & competences, elder's digital skills and assures continuous learning through innovative training programs provided at regional level.	P05 Number of tools for increasing competences of employees in the business sector and strengthening entrepreneurial spirit developed and/ or implemented	Number	4.00	08.2022

Target groups per main outputs

Who will use the main outputs	• local public authority • regional public authority • national public authority • sectoral agency • interest groups including NGOs • higher education and research • education/training centre and school • SME

How will you involve target groups (and other shareholders) in the development of the project main outputs?	This WP outputs are fully developed with the participation and contribution of both target groups, local, regional and international stakeholders. Joint working groups, as well Expert Advisory Board are mechanisms through which target groups and relevant stakeholders are participatory involved in the development, review and refining of project outputs. Innovative Learning Environments are also tools that are supporting the participation of target groups and relevant stakeholders in developing & exploiting project outputs. Target groups will be recruited as samples for piloting and testing the training programs developed. Testing scenarios are developed for each training program and based on the typology of users. In our case the methodology will comprise the testing scenarios for 4 training programs: 1) Digital skills for smart care services program; 2) Digital skills for elders benefiting smart care services program; 3) Data analytics and monitoring processes for developing and delivering smart care services program; 4) Smart care skills for delivering social services and Smart care skills for delivering healthcare services, including monitoring. Also each training program will have at least 6 specific modules. For example the training program digital skills for elders will comprise: a) Digital skills for elders with cognitive impairments (Alzheimer, Dementia) of maximum 2nd stage; b) Digital skills for elders with hypertension or ischemia (CVD's); c) Digital skills for elders with physical disabilities or isolated (socially excluded); d) Digital skills for elders with diet and special medication issues; etc
Durability and transferability of main outputs	
How will the project ensure that the project outputs are applicable and replicable by other organisations/regions/countries outside of the current partnership? Please describe to what extent it will be possible to transfer the outputs to other organisations/regions/countries outside of the current partnership.	Methodology for developing Innovative Learning Environments Toolkit is a methodological framework describing the processes, procedures and instruments that were used for developing the ILE Toolkit. Practically the methodology comprises information regarding the process of shortlisting the learning tools based on the Assessment Reports, what and how tools are selected only for adaptation process, what and how tools are selected for improvements and how these tools will be mixed up in the learning process in order to respond to user needs, to be accepted by users and to be customized with different learning environments. Also the methodology will describe the steps that will be done for designing the ILE Toolkit, methods that will be used and fiability requirements.ILNE Framework is a networking framework developed for assuring the knowledge, programs and information transfer between the Innovative Learning Environments established in each project country. At the same time it represent a transnational communication and collaboration network for improving learning environments dedicated to integrated smart care service sectors/fields. The central tool of the networking framework is represented by the PP2 e-learning platform that will be customized for facilitating learning programs delivery at transnational level (between ILE's or in another Danube regions) for assuring joint cooperation in new learning programs development and for updating the spiral of inquiry.
How will the project main outputs be further used once the project has been finalised? Please describe concrete measures (including eg. institutional structures, financial sources etc.) taken during and after project implementation to ensure the durability of the project main outputs. If relevant, please explain who will be responsible and/or the owner of the output.	ILE Architecture Handbook is a guiding document for the creation of Innovative Learning Environments in each project country comprising the main requirements and functional characteristics for an optimal deployment and operationalization. Handbook can be used by other organizations from Danube region (or EU regions) to design and establish Innovative Learning Environments. Manual for Innovative Learning Environments Toolkit is an user guide document presenting the learning tools that will be used inside ILE training programs and learning processes; resuming the instructions for learning tools usage and their application on different target groups users (e.g. learning tools for elders with cognitive impairments like Alzheimer of dementia of maximum 2nd grade; learning tools for elders with cognitive impairments like Alzheimer of dementia of 3rd grade; learning tools for elders with diabetes, 1st grade and 2nd grade cardio-vascular diseases; learning tools for nurses or care givers in palliative care sector; learning tools for nurses or care givers in CVD sectors; learning tools for nurses or care givers in medical emergency services ; learning tools for unemployed or unskilled people aiming for a job in palliative care sector etc). Manual will comprise also recommendation and requirements for mixing the learning tools in the learning process in dependence of: type of users; learning environment (care unit, class, home, online); collaborative methods applied; social and medical status of the users; psychological, mental and cognitive status; gender etc. Another section of the Manual is dedicated to describing the learning tools that were improved for responding to user needs to be accepted by users and to be customized with different learning environments. This section will comprise also instructions (when, how, were and who) regarding the requirements and conditions that must be accomplished for optimal use and impact on target groups (users).

Please describe activities and deliverables within the work package

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.T1.1	Designing the architecture of Innovative Learning Environments	08.2020	11.2020	59,815.00

This Activity is focused on developing the architecture of Innovative Learning Environments. ERDF PP15 will organize a videoconference at the begging of July 2020 with all PP's assigned to WP T1 for joint planning of the tasks that must be performed in each project country. ERDF PP15, LP, ERDF PP6 and ERDF PP10 will elaborate the interview template for local stakeholders workshops that will be organized in each project country. Interview template will be shared will other PPs who will give input. Based on input updates/improvements are performed. LP and PP1 will organize 2 local stakeholders workshops in Romania (LP organize in Cluj and PP1 in Iasi); PP2 and PP5 will organize 2 local stakeholders workshops in Hungary (PP5 in Kecskemet and PP2 in Kaba); PP6 and PP7 will organize 3 local stakeholders workshops in Czech Republic (PP6 in Lovosice, Brdy-Vltava and PP7 in Tisa); PP8 and PP9 will organize 2 local stakeholders workshops in Germany (PP8 in Konstantz and PP9 in Uberlingen); PP10 and PP11 will organize 2 local stakeholders workshops in Slovenia (PP10 in Ljubljana and PP11 in Iliriska Bistrica); PP13 and PP14 will organize 2 local stakeholders workshops in Bulgaria (PP13 in Varna and PP14 in Aksakovo); PP15 and PP16 will organize 2 local stakeholders workshops in Austria (PP15 in Innsbruck and PP16 in Vienna); IPA 1 and IPA 2 will organize 2 local stakeholders workshops in Bosnia (IPA 1 in Prijedor and IPA 2 in Banja Luka). All PP's mentioned above will prepare a Technical Report regarding the main findings. PP15 with the support of the Expert Advisory Board (EAB) will analyze the technical reports, suggest corrections of errors and prepare recommendations and configuration for the architecture of the 8 Innovative Learning Environments. PP15 will organize a videoconference with all PP's mentioned above for resuming the main conclusions. PP's mentioned above will have the support of project ASP's in organizing stakeholders workshops.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.T1.1.1	Innovative Learning Environments (ILE) Technical Reports	ILE Technical Reports are standardized instruments for analyzing and shortlisting the main findings and data's regarding the specific characteristics for the actors of the learning process (in our case: LEARNERS – elders; nurses; doctors; social assistants; care givers; elders family members; and EDUCATORS – trainers, curricula/content developers) at individual level (elders as persons, nurses as persons, care givers as persons, trainers as persons etc) and at organizational level (trainers as educational institutions, care givers as hospitals, care units, retirement homes etc). Also ILE Technical Reports will summarize data analytics regarding the learning resources available, types of learning resources that are matching with learners needs and challenges; tools and methods for a collaborative and inclusive learning process; learning actors main options regarding the learning environment; attitudes regarding e-learning and user acceptance criteria. Data collection will be realized through the standardized interview template developed by LP, PP6, PP10 and PP15. A component of the interview template is dedicated for collecting data regarding the medical and social condition of elders from project countries. All data collected will respect GDPR procedures and rules. ILE Technical Reports are realized by each country group of partners (mentioned in this activity description), so 8 Technical Reports will be elaborated – 1 Technical Report per project country. ILE Technical Report structure will be designed by LP, PP6, PP10 and PP15 and will be approved by Expert Advisory Board.	8.00	11.2020

Deliverable D.T1.1.2	Innovative Learning Environment (ILE) Architecture Handbook	ILE Architecture Handbook is a guiding document for the creation of Innovative Learning Environments in each project country comprising the main requirements and functional characteristics for an optimal deployment and operationalization. Handbook will be structured in 10 sections comprising: 1. Guiding principles for establishing an Innovative Learning Environment; 2. Methodology and instruments; 3. Romania ILE establishment and deployment; 4. Hungary ILE establishment and deployment; 5. Czech Republic ILE establishment and deployment; 6. Germany ILE establishment and deployment; 7. Slovenia ILE establishment and deployment; 8. Bulgaria ILE establishment and deployment; 9. Austria ILE establishment and deployment and 10. Bosnia ILE establishment and deployment. ERDF PP15, LP, ERDF PP6 and ERDF PP10 will jointly elaborate ILE Architecture Handbook with the supervision of Expert Advisory Board. ILE Technical Reports will be used as main input for realizing the operational structure of ILE in each project country. Final Handbook will be analyzed and validated by Expert Advisory Board and will be disseminated to project ASP's and local stakeholders from project countries. In the 2nd step, through WP5, PP's and ASP will transfer and disseminate the Handbook to stakeholders from Danube region. Handbook can be used by other organizations from Danube region (or EU regions) to design and establish Innovative Learning Environments.	1.00	11.2020

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.T1.2	Development of the methodologies and toolkit for Innovative Learning Environments	11.2020	03.2021	74,850.00

This activity is focused on developing the learning toolkit for Innovative Learning Environments that will be deployed in each project country. PP2 coordinates activity as one of the central tools will be their e-learning platform that will be customized with ILE toolkit. In the first step, PP2 will organize a virtual technical meeting with LP, PP6, PP8, PP10, PP13, PP15 and IPA 1 in order to establish a joint working group. Mentioned PP's will assign their experts as members of joint working group. Secondly, joint working group will initiate an exploring process for analyzing existing learning tools and will develop an assessment scale identifying strong points, weaknesses, responsiveness to user needs and e-learning pre-conditions. PP2, LP, PP6, PP8, PP10, PP13, PP15 and IPA 1 will organize 8 co-working seminars (3 days duration for each seminar - PP2 organizes in Budapest, LP in Cluj, PP6 in Usti, PP8 in Konstantz, PP10 in Ljubljana, PP13 in Varna, PP15 in Vienna and IPA2 in Banja Luka) for assessing existing learning tools using the assessment scale (a section of assessment scale is developed using the data from Technical Reports realized under A.T.1.1 for evaluating the responsiveness to user needs). Mentioned PP's and ASP's will engage the participation of learning actors using the stakeholders quadruple helix principle. At the end of co-working sessions each mentioned PPs elaborates an Assessment Report. Based on this assessment reports, joint working group experts will realize the methodology for developing ILE Toolkit. Methodology will be validated by EAB. PP2 will organize a Design Thinking Camp (duration 3 days) in Budapest were the members of joint working group (LP,PP2,PP6,PP10,PP13, PP15 and IPA2) will design the ILE toolkit. EAB will review the toolkit and approve it. Each mentioned PP will organize Dissemination Conference for presenting the Toolkit to local stakeholders.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date

Deliverable D.T1.2.1	Manual for Innovative Learning Environments Toolkit	Manual for Innovative Learning Environments Toolkit is an user guide document presenting the learning tools that will be used inside ILE training programs and learning processes; resuming the instructions for learning tools usage and their application on different target groups users (e.g. learning tools for elders with cognitive impairments like Alzheimer of dementia of maximum 2nd grade; learning tools for elders with cognitive impairments like Alzheimer of dementia of 3rd grade; learning tools for elders with diabetes, 1st grade and 2nd grade cardio-vascular diseases; learning tools for nurses or care givers in palliative care sector; learning tools for nurses or care givers in CVD sectors; learning tools for nurses or care givers in medical emergency services ; learning tools for unemployed or unskilled people aiming for a job in palliative care sector etc). Manual will comprise also recommendation and requirements for mixing the learning tools in the learning process in dependence of: type of users; learning environment (care unit, class, home, online); collaborative methods applied; social and medical status of the users; psychological, mental and cognitive status; gender etc. Another section of the Manual is dedicated to describing the learning tools that were improved for responding to user needs to be accepted by users and to be customized with different learning environments. This section will comprise also instructions (when, how, were and who) regarding the requirements and conditions that must be accomplished for optimal use and impact on target groups (users).	1.00	02.2021
Deliverable D.T1.2.2	Methodology for developing Innovative Learning Environments Toolkit	Methodology for developing Innovative Learning Environments Toolkit is a methodological framework describing the processes, procedures and instruments that were used for developing the ILE Toolkit. Practically the methodology comprises information regarding the process of shortlisting the learning tools based on the Assessment Reports, what and how tools are selected only for adaptation process, what and how tools are selected for improvements and how these tools will be mixed up in the learning process in order to respond to user needs, to be accepted by users and to be customized with different learning environments. Also the methodology will describe the steps that will be done for designing the ILE Toolkit, methods that will be used and fiability requirements. Expert Advisory Board will assure the quality management through reviewing and approving the Methodology.	1.00	02.2021

Deliverable D.T1.2.3	Assessment Reports	Assessment Report is a standardized technical document comprising an analytical scale for collecting and processing data regarding the existing learning tools characteristics, strong points and weaknesses of each tool, degree of responsiveness to user needs (mainly to our target group – learning actors), degree of acceptance of learning actors, barriers, main environments were it can be used (online, class, workplace, home etc), difficulty to use or replicate and potential improvements needed. Assessment Report structure will comprise scales deducted from the data collected and analyzed through the Technical Reports elaborated under A.T.1.1. This scales have the role to match/check the degree of responsiveness to user needs (mainly to our target group – learning actors), degree of acceptance of learning actors, barriers, main environments were it can be used (online, class, workplace, home etc), difficulty to use or replicate and potential improvements needed. Assessment Report will be elaborated in 2 stages: Stage 1 – data collected by expert members of joint working group by exploring learning tools through literature review, state of the art review, technical descriptions from scientific or pedagogical publications; Stage 2 – data collected from the sample of quadruple stakeholders interviewed under the co-working seminars organized by PP's in each country. At project level will be elaborated 8 Assessment Reports (1 report per project country) that will be used by LP,PP2,PP6,PP10,PP13, PP15 and IPA2 to realize the Methodology for developing Innovative Learning Environments Toolkit.	8.00	02.2021

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.T1.3	Elaborating training programs	12.2020	04.2021	88,895.00

This activity is dedicated for developing the smart care training/learning programs focused on: 1) the main skills a person should have in order to work in the smart care services sector and 2) on the main skills/knowledge elders should have in order to became users of smart care services. LP will organize a virtual meeting with PP1, PP5, PP7, PP9, PP11, PP12, PP14, PP16 and IPA1 for establishing a testing working group. Each mentioned PP will assign expert to testing working group. LP will organize a virtual meeting with PP2, PP6, PP8, PP10, PP13, PP15 and IPA2 for establishing a Joint Expert Panel for the co-development of training programs curricula, pedagogy and content. Each mentioned PP will assign expert to Joint Expert Panel (JEP). LP will coordinate Joint Expert Panel and PP16 will coordinate testing working group. In the first stage, Joint Expert Panel will start designing the training programs curricula, pedagogy and content based on the deliverables from A.T.1.1 and A.T.1.2. Monthly JEP will have a weekly virtual working session starting with December 2020 till end of February 2021. In the last working session JEP will propose and approve the beta version of the training programs. Between December 2020 and February 2021, Testing Working Group will develop the Testing Methodology for the training programs developed by JEP. Starting with March 2021, testing working group will test training programs with end-users (elders, care unit workers, nurses, doctors, unemployed, low skilled workers). Testing period will end at the begging of April 2021 and Testing Working Group will elaborate a Testing Report. The Report will be reviewed by EAB and if needed clarifications will be asked before validation. After validation, JEP will analyze testing Report and its recommendation and will improve/update the training programs curricula, pedagogy and content by end of April 2021.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date

Deliverable D.T1.3.1	Testing Methodology	Testing Methodology is a practical guide for organizing testing scenarios with the end-users or users/targets groups of the training programs. Methodology is describing the testing scenarios or use-cases particular experimental actions, is evidencing the methods that will be used for testing and the instruments that will be used for collecting the relevant data. Testing scenarios are developed for each training program and based on the typology of users. In our case the methodology will comprise the testing scenarios for 4 training programs: 1) Digital skills for smart care services program; 2) Digital skills for elders benefiting smart care services program; 3) Data analytics and monitoring processes for developing and delivering smart care services program; 4) Smart care skills for delivering social services and Smart care skills for delivering healthcare services, including monitoring. Also each training program will have at least 6 specific modules. For example the training program digital skills for elders will comprise: a) Digital skills for elders with cognitive impairments (Alzheimer, Dementia) of maximum 2nd stage; b) Digital skills for elders with hypertension or ischemia (CVD's); c) Digital skills for elders with physical disabilities or isolated (socially excluded); d) Digital skills for elders with diet and special medication issues; etc. Training program 4 – smart care skills for delivering social services and healthcare services will comprise: a) skills for nurses engaged in the smart care of elders with 2nd stage cognitive impairments; b) skills for doctors engaged in the smart care of elders with 2nd stage cognitive impairments; c) skills for care units workers engaged in the smart care of palliative care; d) skills for nurses engaged in the smart care of elders with physical disabilities or isolated; etc. Testing scenarios will have also different use-cases in dependence of the target group: nurses, elders, doctors, unemployed etc.	1.00	04.2021

Deliverable D.T1.3.2	Testing Report	Testing Reports are technical documents resuming the process of testing scenarios, the main findings and results. Each partner that was assigned in the Testing Working Group will elaborate at least 1 testing report for the testing scenarios and use-cases from its country/location. Testing actions will be realized in conformity with the testing methodology requirements and instructions and of course using the use-cases and scenarios described there. On the period of testing, members from the testing working group will collaborate and confront the situations that appear during trials. Testing Reports will summarize the efficiency of training programs and will evidence any critical points that must be improved or approached. Coordinator of the testing working group (PP16) will synthetize and elaborate the integrated Testing Report that will be submitted/presented to Expert Advisory Board. EAB will review it and if issues or question raises then the Testing Working Group should clarify or correct it. Validated Tested Report will by EAB will handed to JEP that will have the mission the refine training programs and present the final versions.	1.00	04.2021

Activity Number	**Activity Title**	**Activity Start Date**	**Actitity End Date**	**Activity Budget**
Activity A.T1.4	Realizing open partnerships and designing the framework for networking the Innovative Learning Environments (ILNE) at Danube region level	02.2021	08.2021	149,880.00

This activity is focused on effectively establishing and deploying the Innovative Learning Networked Environments in each project country. In the first step, LP, PP1, PP2, PP5, PP6, PP7, PP8, PP9, PP10, PP11, PP12, PP13, PP14, PP15, PP16, IPA1 and IPA 2 will organize open partnerships seminars for engaging needed actors for establishing the ILE in each project country, based on the ILE Architecture Handbook requirements. LP and PP1 will organize 2 open partnerships seminars in Romania in February 2021 (Cluj and Iasi); PP2 and PP5 will organize 2 seminars in Hungary (Kaba and Kecskemet in February 2021); PP6 and PP7 will organize 3 seminars in Czech (Lovosice, Tisa and Usti in March 2021); PP8 and PP9 will organize 2 seminars in Germany (Konstantz and Uberlingen in March 2021); PP10, PP11 and PP12 will organize 3 seminars in Slovenia (Ljubljana, Pivka and Iliriska Bistrica in March 2021 and April 2021); PP13 and PP14 will organize 2 seminars in Bulgaria (Varna and Aksakovo in April 2021); PP15 and PP16 will organize 2 seminars in Austria (Vienna and Innsbruck in April 2021) and IPA 1 and IPA 2 will organize 2 seminars in Bosnia (Banja Luka and Prijedor). By the end of May 2021, ILE will be established and operationalized in each project country. ILE will have in its operational structure local communities, higher education and educational institutions, business environment, R&I organizations, public agencies - social and medical care units, employment agencies, private care units. PP2, LP, PP6, PP8, PP10 and PP15 will co-design an ILE networking framework based on the PP2 e-learning platform. PP15, LP and PP6 will organize transnational workshop in Vienna (June 2021), Cluj (June 2021) and Usti (July 2021) for co-designing process. By the end of July 2021 the networking framework will be finished and presented by LP, PP2, PP5, PP6, PP8, PP10, PP13, PP15, IPA2 in their countries through a regional conference."

Deliverable Number	**Deliverable Title**	**Deliverable Description**	**Deliverable Targetvalue**	**Deliverable Delivery Date**

Deliverable D.T1.4.1	Innovative Learning Environments Partnership Agreements	Partnership Agreements are strategic operational documents signed between the representatives of local communities, local public authorities, higher education and educational institutions, business support organizations, R&I organizations, public and private agencies - social and medical care units, employment agencies, hospitals, retirement homes, households administrations, civil society for supporting the architecture and functionality of Innovative Learning Environments in each project country. They will become members of ILE and will support through their data, infrastructure, capacities and expertise de development and delivery of the smart learning programs to targeted users (target groups) from their area. In case of local public authorities they will support the ILE's by developing or improving policy tools dedicated to elders care/smart care and to skills creation in this sector. Finally at project level 8 Partnership Agreements will be signed (1 per ILE in each project country) and will have a minimum duration of 10 years.	8.00	08.2021
Deliverable D.T1.4.2	ILNE Framework	ILNE Framework is a networking framework developed for assuring the knowledge, programs and information transfer between the Innovative Learning Environments established in each project country. At the same time it represent a transnational communication and collaboration network for improving learning environments dedicated to integrated smart care service sectors/fields. The central tool of the networking framework is represented by the PP2 e-learning platform that will be customized for facilitating learning programs delivery at transnational level (between ILE's or in another Danube regions) for assuring joint cooperation in new learning programs development and for updating the spiral of inquiry.	1.00	08.2021

Activity Number	**Activity Title**	**Activity Start Date**	**Actitity End Date**	**Activity Budget**
Activity A.T1.5	Deliver training programs	07.2021	12.2022	177,750.00

LP, PP2, PP6, PP8, PP10, PP11, PP13, PP15 and IPA 2 are the assigned organizations that will deliver 4 training programs in Romania, Hungary, Czech Republic, Germany, Slovenia, Austria, Bulgaria and Bosnia. In the first stage each mentioned PP will prepare the planned schedule to deliver the training programs for a minimum number of 30 persons (in total 240 persons). PP1, PP5, PP7, PP9, PP11, PP12, PP14, PP16 and IPA1 in joint cooperation with ASP's will have a virtual meeting (in July 2021) for establishing a working group for developing the target group recruiting and selecting methodology. Working group will be constituted of 1 expert from each mentioned PP's. By the end of August 2021, working group will finish the methodology and will present it to EAB for validation. After EAB validation, based on the planned schedule for delivering training programs (using different learning environments, including e-learning), PP1 will start selecting the target group for Romania, PP5 for Hungary, PP7 for Czech, PP9 for Germany, PP11 and PP12 for Slovenia, PP14 for Bulgaria, PP16 for Austria and IPA1 for Bosnia. When groups of minimum 10 persons are constituted then the training programs can start. In dependence of the learning module the learning groups can be homogenous (composed only from one category/type – elders with cognitive impairments; nurses etc) or heterogenous. (composed from more categories – care givers, unemployed, elders etc). Each training program will comprise minimum 6 modules that will match to all user/target group categories. Envisaged target group categories are: elders with different medical and social conditions; unemployed; low skilled workers; nurses and doctors; social care givers; care units workers etc. ILE Network Framework will be used also for delivering training modules using PP2 customized e-learning platform and for exchanging trainers from one partner country to another partner country using digital learning tools.

Deliverable Number	**Deliverable Title**	**Deliverable Description**	**Deliverable Targetvalue**	**Deliverable Delivery Date**

Deliverable D.T1.5.1	Target groups selecting methodology	Guiding document establishing and describing the target group selection procedures, criteria for selection, the categories of persons that fits to needed target groups, steps of the selection process, eligible areas, planned schedule, scope of selection process, assessment grid, organizations responsible, size limitations, measures for respecting horizontal principles – equality of chances; equality between men and women; non-discrimination, transparency; measures for respecting GDPR regulation; complaint procedure etc.	1.00	10.2021
Deliverable D.T1.5.2	Training Reports	Reports resuming main information regarding the achieved progress in the process of delivering training programs (modules) to selected target groups, number of persons trained, issues and challenges that appeared, learners feedback, assessment of learners satisfaction, recommendations for improving/upgrading the delivery of training programs (modules). Practically Training Reports comprises a quantitative and qualitative description regarding how were the training programs (and modules) delivered, how many learners participated, what categories of target groups participated, what learning tools were used, when was the training delivered and in what type of learning environment. Each PP assigned with training programs delivery will elaborate a training report after a group of minimum 10 persons finished one (1) training program.	24.00	12.2022

Type: Implementation

WP Nr	WP Title	WP Start date	WP End date	WP Budget
T2	Smart Care Pilots	11.2020	12.2022	891,660.00

WP responsible partner	University of Ljubljana
Partner involvement	
Partners involved	Name: University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca
	Name: Dr. Vasile Micu" Association
	Name: National Human Management Association
	Name: Mayor's Office of the City of Kaba
	Name: DBH Investment Venture Capital Fund Management Public Limited Company
	Name: CedarNet Association
	Name: Univerzita Jana Evangelisty Purkyně v Ústí nad Labem
	Name: Volunteer Center
	Name: BioLAGO e.V.
	Name: Gruenderschiff UG (haftungsbeschraenkt) & Co. KG
	Name: University of Ljubljana
	Name: RDA Green Karst, ltd.
	Name: Municipality Ilirska Bistrica
	Name: Regional Agency for Entrepreneurship and Innovations – Varna
	Name: National Alliance for Social Responsibility
	Name: Johanniter Austria Research and Education
	Name: UIV-Urban Innovation Vienna
	Name: City of Prijedor
	Name: Chamber of Commerce and Industry of Banja Luka Region
	Name: Public Medical Sanitary Institution Institute of Oncology
Summary description and objectives of the work package including explanation of how partners will be involved.	
WP's objective is to scout, organize, select and deploy 9 Smart Care Labs (SCP) in project regions in order to pilot and validate the implementation of innovative smart care services for elders with chronic diseases or cognitive impairments. Smart Care pilots will define different solutions of smart care models that can be translated as business models for creation of new businesses and jobs. At the same time, SCP will support the development of learning content and tools for the ILNE established through WP 2 activities. As a first step, PP's and ASP will facilitate the creation of quadruple helix Multi-stakeholders groups (4DMG) in order to assure the involvement of all relevant stakeholders in the process of designing, piloting and implementing smart care service models. Smart Care Labs will launch an Innovation Program Call for companies located in Danube region to provide potential technology or solutions for solving the demand/challenges shortlisted for each pilot in second step. PP's will organize an Innovation Panel that will assess the received proposals. For each pilot at least 5 proposals will be selected. PP's together with companies and end-user stakeholders (e.g public or private hospitals, care units, social units) from 4DMG will work on solution development – smart care innovative models/services – through co-creation, testing, validation and mentoring/business advice to optimize business model. PP's together with 4DMG will validate at least 1 smart care model (service pack) for each Smart Care Pilot in the project region. Validated smart care models will be supported for implementation and business transformation in pilot regions.	
WP Outputs	

Project main output		**Describe your project main output**	**Programme Output Indicator**	**Measurement unit**	**Target value**	**Delivery Date**
T2.1	Smart Care Innovation Program	Smart Care Innovation Program is an innovation contest/call for proposals designed by Smart Care Labs that are deployed in 8 project regions in order to scout and select the most disruptive solutions that can be used for generating smart care services dedicated to elders with chronic diseases and cognitive impairments. Smart Care Innovation Program is developed in the following stages: 1) Creating the quadruple helix multi-stakeholder groups; 2) Deployment of Smart Care Labs 3) Designing and launching innovation call for companies located in Danube region; 4) Assessing and selecting minimum 5 solutions proposed by companies that will enter in the modeling, testing and validation phase. Smart Care Innovation Program is contributing to SO1 as it				

		scouts and selects on competitive criteria the most disruptive solutions for smart care models that are responding to regional demand/needs analysis. In this way the solutions selected will improve the elders access to integrated care services (social & healthcare services), will diversify the elders assistance, will improve the quality of services, will create new businesses and new job opportunities. Proposed solutions/technologies will focus on integrated assisted living solutions adapted to elders within the following: 1. Medical conditions: with diabetes, with coronary heart disease (CHD), peripheral arterial disease (PAD), heart failure (HF), valvular heart disease, and stroke; with mild cognitive impairment, dementia, Alzheimer; with frailty and falling risks living in isolated communities; 2. Psychological and social conditions: Depression, Loneliness, social deprivation, poor quality of life, cognitive decline, disability, increased risk for somatic disorders	P06 Number of pilot actions for increasing competences of employees in the business sector and strengthening entrepreneurial spirit developed and or/implemented	Number	5.00	08.2022
		Smart Care Innovative Models are packages of new social and healthcare services that will be piloted and delivered to elders in the Smart Care Pilots region, using smart care solutions proposed by the selected proposals (companies). Smart Care Innovative Models are created through the modeling, testing and validation phase. Under this phase, the selected solutions will enter into the process of solution development that comprises: business modeling using end-users input; optimizing and combining proposed technologies; defining the smart care service packages; testing and validating with end-users; cost-benefit analysis. At project level we propose to generate at least 1 smart care innovative model per each pilot region (4 smart care innovative models). The main smart care services D-CARE will focus are: medical emergency services (high accessibility and addressability with fast delivery based on risk prediction models correlated with social, medical and psychological conditions), daily monitoring of medical condition, diet, physical activity, lifestyle, services for activity management, leisure, social participation; solutions for risk avoidance, preventive measures implementation. A strong focus will be on integrated solutions that can predict and manage in a personalized way the medical, social and psychological conditions of elders from project countries. Smart Care Innovative Models are contributing to SO1, as it is modeling, testing and validating packages of new social and healthcare services using smart care				

T2.2	Smart Care Innovative Models	solutions proposed by selected companies. In this way the solutions selected will improve the elders access to integrated care services (social & healthcare services), will diversify the elders assistance, will improve the quality of services, will create new businesses and new job opportunities.	CO04 No of enterprises receiving non- financial support	Number	5.00	08.2022

Target groups per main outputs

Who will use the main outputs	• local public authority • regional public authority • national public authority • sectoral agency • interest groups including NGOs • higher education and research • education/training centre and school • SME • business support organisation • International organisation under inter-national law • General public
How will you involve target groups (and other shareholders) in the development of the project main outputs?	This WP outputs are fully developed with the participation and contribution of both target groups, local, regional and international stakeholders. Quadruple Helix multi-stakeholders mechanism is a procedure through which target groups and relevant stakeholders are participatory involved in the development, review and refining of project outputs. Smart Care Labs are also tools that are supporting the participation of target groups and relevant stakeholders in developing & exploiting project outputs. multi-level governance structure for piloting smart care service models. Smart Care Lab (SCL) is an operational cluster that will coordinate the implementing and exploitation of project outputs in order to facilitate the creation, testing, validation and delivery of smart care services that will strengthen and integrate regional social and health care systems, with the goal of improving competences and generating innovative social and health care models (new business models, new business, new jobs, new skills). Target groups are also directly involved in the development of smart care services models as they are members of the piloting and testing phase of smart care service models. Testing scenarios are developed for each smart care service model and based on the typology of users and services. In our case the methodology will comprise the testing scenarios for the following conditions and actions: 1. Medical conditions: with diabetes, with coronary heart disease (CHD), peripheral arterial disease (PAD), heart failure (HF), valvular heart disease, and stroke; with mild cognitive impairment, dementia, Alzheimer; with frailty and falling risks living in isolated communities; 2. Psychological and social conditions: Depression, Loneliness, social deprivation, poor quality of life, cognitive decline, disability, increased risk for somatic disorders

Durability and transferability of main outputs

How will the project ensure that the project outputs are applicable and replicable by other organisations/regions/countries outside of the current partnership? Please describe to what extent it will be possible to transfer the outputs to other organisations/regions/countries outside of the current partnership.	Smart Care Labs structures are replicable and transferable structures for each Danube region mainly because all processes flow and methodologies that backed the creation of Smart Care Labs are documented and made public on project website. Also, at project level we organize Interregional learning seminars, dissemination events with the scope of enhancing transferability. Moreover, we elaborate a knowledge diffusion toolkit that is an instrument developed by project consortium (including associated partners) in order to improve target groups capacity to learn, transfer and use knowledge resources at regional, national and transnational level. Toolkit is jointly build using co-creation methodology and its main purpose is to: 1) Share tools that will make more efficient communication and dissemination of knowledge at regional, national and transnational level 2) Diversify the communication channels based on the target audience characteristics – for e.g. absorptive capacity; 3) Be a flexible learning environment for project countries helping them to capture knowledge and use it efficiently; 4) Be a best practice corner where target groups (integrated care actors, elders, public administration) can share knowledge, case studies and successful models for implementing smart care service models; 5) Learning products for implementing cooperation models and platform developed under D-CARE project . End users will benefit from usage of knowledge diffusion toolkit because newly products and services will correspond better to their requirements and needs. Also economic growth will be much better transferred to end-users through cost-efficient and qualitative services (public services) and products. Business environment will have a useful tool for communicating and cooperating with local public administration, integrated care actors and research organizations for capturing knowledge and for using knowledge assets in order to generate innovative smart care service models.
How will the project main outputs be further used once the project has been finalised? Please describe concrete measures (including eg. institutional structures, financial sources etc.) taken during and after project implementation to ensure the durability of the project main outputs. If relevant, please explain who will be responsible and/or the owner of the output.	Durability of project outputs is assured through the documented methodologies and piloting phases of each product developed by D-CARE team. Smart Care Labs ownership will be assigned to local public authorities that are either direct partners in the project or are Associated strategic Partners. Also the Transnational Cluster created will support the Smart Care Labs operations after project ends. Local public authorities will use Smart Care Labs for implementing the smart care service models piloted and validated, for improving the models or for adapting it to new requirements. Innovation Program will be used by Smart Care Labs ownership and members as a tool for selecting, testing and validating other needed solutions in the field of integrated smart care. Smart Care Service Models developed will be adopted by D-CARE local public authorities, care units and companies that are delivering socio-medical programs.

Please describe activities and deliverables within the work package

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.T2.1	Establishing quadruple helix multi-stakeholders mechanism	11.2020	04.2021	138,460.00

This activity is focused on establishing a quadruple helix multi-stakeholders mechanism (4DMC) in order to assure the involvement of national and transnational relevant stakeholders in the process of designing, reviewing, deploying and assessing Smart Care Pilots in project countries. PP10 will elaborate the technical requirements of 4DMC mechanism and will define the main criteria for selecting and inviting the relevant stakeholders as members of the mechanism. Secondly, based on the technical requirements, PP10 in cooperation with LP, PP1, PP3, PP5, PP6, PP8, PP9, PP7, PP11, PP13, PP14, PP15, PP16, IPA 1 and IPA 2 will jointly organize 2 regional seminars in each project country for selecting and engaging relevant regional and national stakeholders as members of the mechanism. (PP10 and PP11 – 2 regional seminars in Ljubljana and Pivka; PP6 and PP7 – 2 regional seminars in Usti and Brdy-Vltava; PP8 and PP9 – 2 regional seminars in Konstantz and Uberlingen; PP13 and PP14 – 2 regional seminars in Varna and Sofia; PP15 and PP16 – 2 regional seminars in Vienna and Innsbruck; LP and PP1, 2 regional seminars in Cluj and Iasi; PP5 and PP3 – 2 regional seminars in Budapest and Kaba; IPA 1 and IPA2 – 2 regional seminars in Banja Luka and Prijedor. Thirdly, LP, PP10, PP8 and PP16 will organize transnational conferences for engaging transnational relevant stakeholders from INDEED project, EIP-AHA platform; from I-CARE-SMART, HOCare 2.0, Digital Life 4CE, WALTER and NiceLife projects, as members of 4DMC mechanism. LP will organize transnational conference in Cluj (January 2021); PP10 organizes in Ljubljana transnational conference (February 2021); PP8 organizes in Konstantz (March 2021) and PP16 organizes in Vienna (March 2021). PP10, LP, PP6 and PP13 will develop the methodological instruments that will be used by 4DMC mechanism in the process of designing, reviewing, deploying and assessing Smart Care Pilots

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date

Deliverable D.T2.1.1	D1 – 4DMC operational methodology	Methodological document comprising the instruments, procedures and methods that will be used for engaging 4DMC in the process of designing, reviewing, deploying and assessing Smart Care Pilots. Practically the document will describe how 4DMC mechanism will work and how the stakeholders will be involved: 1) Reviewing procedure that will be used for the design of Smart Care Pilots; 2) Assessment procedure that will be used for the Smart Care Piloting – innovations selection; smart care service models development and testing and validation process;	1.00	04.2021
Deliverable D.T2.1.2	MOU for regional and national stakeholders	Regional and national stakeholders MOU is a strategic partnership document signed with minimum 5 relevant stakeholders from each project country. The document is establishing the rights, obligations and procedures that must be respected, the roles and responsibilities of each party, as well as the timeframe and actions in which each party will be involved. MOU duration will be of 5 years from the date of signing.	1.00	04.2021
Deliverable D.T2.1.3	MOU for transnational stakeholders- Transnational Cluster	Transnational Stakeholders MOU is a strategic partnership document signed with minimum 20 relevant transnational stakeholders from Danube Region. The documents is establishing the rights, obligations and procedures that must be respected, the roles and responsibilities of each party as well as the timeframe and actions in which each party will be involved. MOU duration will be of 5 years from the date of signing.	1.00	04.2021
Deliverable D.T2.1.4	Stakeholders shortlisting Report	Technical Report comprising the requirements and criteria for engaging regional, national and transnational stakeholders in the quadruple helix multi-stakeholders mechanism. The document will describe how the regional, national and transnational shortlisting process is made, will detail the agenda and schedule of the regional seminars (16 regional seminars – 2 per country) and will point the synergic and complementary projects from Danube region related to e-health, integrated and smart care of elders; healthcare digitalization; social inclusion and social innovation successful models. For transnational stakeholders we have already selected the following projects: INDEED, I-CARE-SMART, HOCare 2.0, Digital Life 4CE, NICE LIFE, WALTER. Also we identified EIP-AHA and EIT Health as relevant stakeholders organizations that will be invited to engage in the quadruple helix multi-stakeholders mechanism. However, before the transnational workshops organization, each PP will shortlist groups of relevant stakeholders from their own previous projects run at regional, national or international level. Technical Report will also describe the methods for running the regional seminars and for organizing the transnational workshops.	8.00	02.2021
Activity Number	**Activity Title**	**Activity Start Date**	**Actitity End Date**	**Activity Budget**
Activity A.T2.2	Deployment of Smart Care Labs	03.2021	07.2021	88,050.00

This activity aims to deploy Smart Care Labs as an innovative multi-level governance structure for piloting smart care service models. Smart Care Lab (SCL) is an operational cluster that will coordinate the implementing and exploitation of project outputs in order to facilitate the creation, testing, validation and delivery of smart care services that will strengthen and integrate regional social and health care systems, with the goal of improving competences and generating innovative social and health care models (new business models, new business, new jobs, new skills). PP1, PP3, PP7, PP8, PP12, PP14, PP16 and IPA 1 with the support of ASP's will organize national workshops for establishing the SCL structure in each project country (PP1 organizes in Iasi – April 2021; PP3 organizes in Budapest – March 2021; PP7 organizes in Usti – April 2021; PP8 organizes in Konstantz – April 2021; PP12 organizes in Ljubljana – May 2021; PP14 organizes in Varna – May 2021; PP16 organizes in Vienna – May 2021 and IPA1 organizes in Prijedor – May 2021). National workshops are composed of 2 sessions with 2 days duration: 1) – Inform stakeholders about lab functionalities and use; present the rationale and expected actions to be done; 2) engaging and incorporating stakeholders,target groups in each Lab; explaining multi-level governance framework – 1st level Countries SCL (8 in total); 2nd level – Transnational Cluster (4DMC mechanism) connecting national SCL; presenting formal documents of Transnational Cluster; registering adhesions. Assigned partners coordinated by PP10 will work on designing SCL operations in each country. After national workshops are hold, assigned partners (above) with the support of ASPs will launch and deploy 8 SCLs (1 in each country). Institutional target groups are engaged as full members and will be involved in the management and implementation of SCL actions. Ownership will be assigned to public authorities partners or ASP's from each country.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.T2.2.1	Smart Care Labs Strategy	Strategic operational plan describing the main actions that will be performed by Smart Care Labs, management structures, ownership, task allocations, programs that will be run, communication processes, expected results, monitoring and assessment procedures. Strategy will be developed for a 5 years timeframe. Each year the strategy progress will be assessed and if needed updates and corrections will be made. Also the Strategy will feed up the Regional Action Plans and Transnational Strategy that will be developed under WP3.	1.00	07.2021
Deliverable D.T2.2.2	National Workshop Reports	Reports resuming the objectives of the workshops, expected results, organizational procedures of the national workshops, instruments that were used for running workshops sessions; summary of the sessions, participants; follow-up envisaged actions; main results of the workshops.	8.00	07.2021

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.T2.3	Innovation Program	07.2021	10.2021	136,030.00

Activity scope is to implement an Innovation Program as a specific action organized by Smart Care Labs for assessing and selecting most optimal solutions that can be further improved or modeled in order to develop integrated smart care services models that will be included in the piloting, testing and validation phase. PP4 will jointly work with PP9 in order to elaborate the Innovation Program Regulation and the Terms of Reference (TOR) template. PP4 will organize a virtual meeting with PP3, PP5, PP1, LP, PP6, PP7, PP8, PP10, PP11, PP12, PP13, PP14, PP15, PP16, IPA1 and IPA2 in order to establish country working groups that will prepare the specific requirements that will be included in Terms of Reference template: needs that must be meet by proposed solutions and technologies; socio-medical conditions on which proposed solution must focus for each country; services aimed to be developed and implemented; user-centered requirements; integration requirements etc. LP will coordinate the working group for Romania, PP5 will coordinate working group for Hungary, PP7 for Czech; PP8 for Germany, PP11 for Slovenia; PP14 for Bulgaria; PP16 for Austria and IPA1 for Bosnia. Particular attention will be given to transparency and equal treatment for all potential competitors. PP4 together with PP9 will realize the innovation call for proposals pack and then it will be sent for review to EAB and 4DMC. Review recommendations will be implemented in the final version of the call. Innovation call will be published on project website, on partners websites, on social media partners accounts and on ASP websites. PP4 will organize Innovation Expert Panel composed of: 1 member from each PP; 1 member from ASP's; 3 members from EAB and 3 members from 4DMC. Innovation Panel will assess the received proposals based on the grid available in TOR. For each project country at least 5 proposals/solutions will be selected. Final list of selected proposals will be published on project website.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date

Deliverable D.T2.3.1	Innovation Program Regulation	Regulatory document establishing the general eligibility rules of potential participants, geographical scope, administrative documents that must be filled and prepared by the potential candidates; legal requirements; timeframe and submission deadline; complaint procedure; assessment procedure; transparency principles and measures. Practically this document represents the general guidelines resuming the procedures for implementing the Innovation Program in the project countries. However, potential candidates can be localized in any of the Danube region countries and not necessary in one of the project country.	1.00	10.2021
Deliverable D.T2.3.2	Innovation Program Terms of Reference	Technical document detailing the specific conditions that must be accomplished by the solutions and technologies proposed by potential participants in order to meet the specific requirement for each project country/region: needs that must be meet by proposed solutions and technologies; socio-medical conditions on which proposed solution must focus for each country; services aimed to be developed and implemented; user-centered requirements; integration requirements. Proposed solutions/technologies should focus on integrated assisted living solutions adapted to elders within the following: 1. Medical conditions: with diabetes, with coronary heart disease (CHD), peripheral arterial disease (PAD), heart failure (HF), valvular heart disease, and stroke; with mild cognitive impairment, dementia, Alzheimer; with frailty and falling risks living in isolated communities; 2. Psychological and social conditions: Depression, Loneliness, social deprivation, poor quality of life, cognitive decline, disability, increased risk for somatic disorders A strong focus will be on integrated solutions that can predict and manage in a personalized way the medical, social and psychological conditions of elders from project countries. TOR will provide specific and clear requirements regarding the typology of solutions needed for each project country, as well as the complementarities that must be achieved in order to predict, prevent, monitor, alert and intervene on one part (with effects on reducing social and healthcare medium and long term costs) and on another part functions that can improve social inclusion and community based interventions. TOR will also comprise the detailed technical assessment grid that will be used by Joint Expert Panel to assess the proposals received and to classify them based on the score obtained.	1.00	10.2021
Deliverable D.T2.3.3	Assessment Report	Report comprising a detailed description of the assessment process that was run by the Joint Expert Panel, justification of the scoring and input regarding the selected proposals, issues and challenges that appeared, complaints and the way how equal and fair treatment/ethics were accomplished. Also Report will provide conclusion and recommendations for improving the future calls assessment process.	1.00	10.2021

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.T2.4	Developing smart care service models	11.2021	03.2022	154,830.00

This activity will support the development of smart care services models based on the proposals selected through Innovation Program. PP4 in joint cooperation with PP9 (October 2021) will elaborate the Co-creation Methodology that will be used for developing and prototyping smart care service models. PP4 will organize virtual meeting with PP1, PP5, PP7, PP9, PP11, PP13, PP15 and IPA2 in order explain the co-creation methodology and give instructions for creation of co-creation groups in each project country. Co-creation groups are composed of PP's experts, ASP representatives and 2 representatives from each selected proposals. PP1 will create and coordinate co-creation group in Romania, PP5 in Hungary, PP7 in Czech, PP11 in Slovenia, PP13 in Bulgaria, PP15 in Austria, IPA2 in Bosnia and PP9 in Germany (in total 8 co-creation groups). In December 2021, each co-creation group will start the process of co-creation in Smart Care Labs locations using open innovation and design thinking methodologies. Co-Creation groups mission is to use selected solutions and technologies and generate at least 1 integrated smart care service model per Smart Care Lab. PP16, PP9 and PP4 will organize transnational workshops in Vienna (January 2022), Konstantz (February 2022) and Budapest (March 2022) were the 4DMC members will provide input regarding the prototyped services by each co-creation group. Based on the feedback provided, co-creation groups will refine service models and prepare the final versions for piloting, testing and validation phase. A strong focus will be on integrated smart care service models that can predict and manage in a personalized way the medical, social and psychological conditions of elders from project countries.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.T2.4.1	Co-Creation Methodology	Technical document comprising the methodological steps and tools that are used for developing the smart care service models in project countries. It describes the main objectives, expected results, main tasks and instruments that are used for generating smart care service models based on the selected solutions through Innovation Program. Provides description of the structure of co-creation groups, describes the used open innovation and design thinking methodology and evidences the prototyping steps.	1.00	03.2022
Deliverable D.T2.4.2	Co-Creation Reports	Descriptive documents providing quantitative and qualitative data regarding the co-creation work run by each co-creation group, summarizes the steps done and the main achievements, as well as the inputs received and the refining actions that have been made. Finally it provides a short overview regarding the main parameters of the smart care service model developed/prototyped and ready to enter in the piloting, testing and validation phase.	8.00	03.2022

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.T2.5	Piloting, testing and validation of smart care service models	03.2022	12.2022	374,290.00

This activity is dedicated to piloting, testing and validation of smart care service models developed under A.T.2.4. Piloting, testing and validation is coordinated and delivered through Testing Panels. 8 Testing Panels will be created and will be composed of: experts from all PP's, representatives from ASP's and 2 members from regional and national stakeholders (April 2022). PP1 will coordinate the Testing Panel in Romania, PP5 in Hungary, PP7 in Czech, PP8 in Germany, PP12 in Slovenia, PP14 in Bulgaria, PP15 in Austria, IPA1 in Bosnia. LP, PP2, PP3, PP4, PP6, PP9, PP10, PP11, PP13, PP16 and IPA 2 assign 1 expert in their country Testing Panel. Coordinators of each testing panel will elaborate Testing Methodology. Members of Testing Panel with the support of EAB will review and approve methodology or request improvements for approval. After approving testing methodology, each Testing Panel starts piloting their country smart care service model developed under A.T.2.4 for 25 days. After this period, Testing Panels exchange their smart care service model for piloting it. 8 smart care service models will be tested by each Testing Panel with duration of 25 days each. Testing Panels will have 5 days at their disposal to prepare Testing Report after each smart care service model is piloted. Testing Reports will be reviewed by EAB and if no issues found, then EAB will validate it. Country coordinator of each Testing Panel will elaborate the Testing Reports and will reveal the main findings, results as well as recommendations for improving or updating smart care service model tested. Based on reports, solution providers must refine either the solutions, technologies and functional model or all of them. Validated smart care service models will enter in an adoption process by PP1, PP3, PP5, PP7, PP12, PP15, PP16, IPA2, ASP1, ASP2, ASP3, ASP4, ASP5,ASP6 and ASP7.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.T2.5.1	Testing Methodology	Testing Methodology is a practical guide for piloting testing scenarios with the end-users or targets groups of the smart care service models. Methodology is describing the testing scenarios or use-cases particular experimental actions, is evidencing the methods that will be used for testing and the instruments that will be used for collecting the relevant data. Testing scenarios are developed for each smart care service model and based on the typology of users and services. In our case the methodology will comprise the testing scenarios for the following conditions and actions: 1. Medical conditions: with diabetes, with coronary heart disease (CHD), peripheral arterial disease (PAD), heart failure (HF), valvular heart disease, and stroke; with mild cognitive impairment, dementia, Alzheimer; with frailty and falling risks living in isolated communities; 2. Psychological and social conditions: Depression, Loneliness, social deprivation, poor quality of life, cognitive decline, disability, increased risk for somatic disorders 3. Services model: medical emergency services (high accessibility and addressability with fast delivery based on risk prediction models correlated with social, medical and psychological conditions), daily monitoring of medical condition, diet, physical activity, lifestyle, services for activity management, leisure, social participation; solutions for risk avoidance, preventive measures implementation.	1.00	12.2022
Deliverable D.T2.5.2	Testing Reports	Testing Reports are technical documents resuming the process of testing scenarios, the main findings and results. Country coordinator of each Testing Panel will elaborate the Testing Reports and will reveal the main findings, results as well as recommendations for improving or updating smart care service model tested. It will elaborate 1 testing reports for the testing scenarios and use-cases for each smart care service model piloted. Testing actions will be realized in conformity with the testing methodology requirements and instructions and of course using the use-cases and scenarios described there. On the period of testing, members from the Testing Panel will collaborate and confront the situations that appear during piloting. Testing Reports will summarize the efficiency of smart care service models and will evidence any critical points that must be improved or approached. EAB will review Testing Reports and if issues or question raises then the Testing Panels should clarify or correct it. Validated Tested Report by EAB will be handed to solution providers whom must refine the solutions, technologies and functional model or all of them. Validated smart care service models will enter in an adoption process by PP1, PP3, PP5, PP7, PP12, PP15, PP16, IPA2, ASP1, ASP2, ASP3, ASP4, ASP5,ASP6 and ASP7.	8.00	12.2022

Type: Implementation

WP Nr	WP Title	WP Start date	WP End date	WP Budget
T3	Learning Policy Center	08.2021	07.2022	470,535.00

WP responsible partner	UIV-Urban Innovation Vienna
Partner involvement	
Partners involved	Name: University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca
	Name: Dr. Vasile Micu" Association
	Name: National Human Management Association
	Name: Mayor's Office of the City of Kaba
	Name: DBH Investment Venture Capital Fund Management Public Limited Company
	Name: CedarNet Association
	Name: Univerzita Jana Evangelisty Purkyně v Ústí nad Labem
	Name: Volunteer Center
	Name: BioLAGO e.V.
	Name: Gruenderschiff UG (haftungsbeschraenkt) & Co. KG
	Name: University of Ljubljana
	Name: RDA Green Karst, ltd.
	Name: Municipality Ilirska Bistrica
	Name: Regional Agency for Entrepreneurship and Innovations – Varna
	Name: National Alliance for Social Responsibility
	Name: Johanniter Austria Research and Education
	Name: UIV-Urban Innovation Vienna
	Name: City of Prijedor
	Name: Chamber of Commerce and Industry of Banja Luka Region
	Name: Public Medical Sanitary Institution Institute of Oncology

Summary description and objectives of the work package including explanation of how partners will be involved.

WP objective is to improve local and regional authorities capacity for developing policy tools or programs that will support the implementation process of elders smart care services/models in Danube region. PP's will establish a Transnational Learning Policy Center that will design learning tools and content for assuring know-how generation, knowledge diffusion and transfer, as well as best practices sharing in order to increase public authorities capabilities for creating policy tools that respond better to smart care demand and challenges, including to the generation or implementation of smart care services.
Transnational Learning Policy Centre will be deployed by PP16 in Vienna and will be connected with each ILNE and Smart Care Lab. Learning content (training sessions, case studies, best practice tools, etc) will be developed based on the "cases" provided by Smart Care Labs as well as based on the training programs/needs delivered by ILNE.
PP's in cooperation with 4DMG will organize 2 interregional learning seminars and 2 transnational workshops focused on skills demand in the delivery of elders smart care services Interregional learning seminars will be organized in Smart Care Labs locations and will require the participation of stakeholders and public authorities representatives from all project regions. Seminars will focus on designing smart care policy tools or programs that respond to Pilots demands and challenges.
PP's will develop a transnational strategy in order to capitalize the smart care services opportunities based on exploitation of outputs developed under WP1 and WP2. PP16 will coordinate this activity. For assuring durability of Learning Policy Centre, PP's in cooperation with stakeholders will jointly develop a Transnational Policy Strategy for Elders Smart Care Services Development and Implementation.

WP Outputs

Project main output		Describe your project main output	Programme Output Indicator	Measurement unit	Target value	Delivery Date
T3.1	Interregional learning seminars	2 of 1-day interregional learning seminars will be organized in each Smart Care Pilot location where 40 relevant stakeholders and public authorities representatives from all project regions will participate. Seminars will focus on designing smart care policy tools or programs that respond to Pilots demands and challenges. As a result of the seminars the local authorities will improve their capacity to design smart care policy tools and programmes.	P07 No. of documented learning interactions in finalised operations	Number	4.00	07.2022
		At least 5 practices – 1 per pilot				

T3.2	Best practice Case Studies	region will be collected and described in a book and presented under 2 transnational best practices conferences All practices will be evaluated and those with higher results from the cost-benefits analyses will be described in a practical manual. The manual will be 50 pages, in English. The English version will be printed in 200 copies and will be distributed during the translational conferences. Manual comprising 6 case-studies focused on digital healthcare skills, smart care services, elders care, social innovation models and successful policy tools that implemented public programs related to it. Case studies were developed based on the data and information collected from the owners of synergic or complementary outputs with D-CARE: INDEED, I-CARE-SMART, DIGITAL LIFE4CE, NICELIFE, HOCARE 2.0.	P07 No. of documented learning interactions in finalised operations	Number	2.00	07.2022
T3.3	D-CARE Knowledge diffusion toolkit	D-CARE Knowledge diffusion toolkit Knowledge Diffusion Toolkit is an instrument developed by project consortium (including associated partners) in order to improve target groups capacity to learn, transfer and use knowledge resources at regional, national and transnational level. Toolkit is jointly build using co-creation methodology and its main purpose is to: 1) Share tools that will make more efficient communication and dissemination of knowledge at regional, national and transnational level 2) Diversify the communication channels based on the target audience characteristics – for e.g. absorptive capacity; 3) Be a flexible learning environment for project countries helping them to capture knowledge and use it efficiently; 4) Be a best practice corner where target groups (integrated care actors, elders, public administration) can share knowledge, case studies and successful models for implementing smart care service models; 5) Learning products for implementing cooperation models and platform developed under D-CARE project . End users will benefit from usage of knowledge diffusion toolkit because newly products and services will correspond better to their requirements and needs. Also economic growth will be much better transferred to end-users through cost-efficient and qualitative services (public services) and products. Business environment will have a useful tool for communicating and cooperating with local public administration, integrated care actors and research organizations for capturing knowledge and for using knowledge assets in order to generate innovative smart care service models.	P07 No. of documented learning interactions in finalised operations	Number	2.00	07.2022
		D-CARE will elaborate a Transnational				

T3.4	Transnational Strategy for Elders Smart Care Services Development and Implementation	Policy Strategy for Elders Smart Care Services Development and Implementation. This document will be based on all other products – case studies, piloting and learning environment and Learning Policy Center and will include clear measures and action plan for further development as a transnational policy. The document will also have a special section dedicated on the sustainability of the Learning Policy Center, as well as to Regional Action Plans	P27 Number of tools for strengthening institutional capacities and supporting transnational multilevel governance developed and/or implemented	Number	1.00	07.2022

Target groups per main outputs	
Who will use the main outputs	
How will you involve target groups (and other shareholders) in the development of the project main outputs?	This WP outputs are fully developed with the participation and contribution of both target groups, local, regional and international stakeholders. Joint working groups, as well Expert Advisory Board are mechanisms through which target groups and relevant stakeholders are participatory involved in the development, review and refining of project outputs. 2 of 1-day interregional learning seminars will be organized in each Smart Care Pilot location where 40 relevant stakeholders and public authorities representatives from all project regions will participate. Seminars will focus on designing smart care policy tools or programs that respond to Pilots demands and challenges. As a result of the seminars the local authorities will improve their capacity to design smart care policy tools and programmes.
Durability and transferability of main outputs	
How will the project ensure that the project outputs are applicable and replicable by other organisations/regions/countries outside of the current partnership? Please describe to what extent it will be possible to transfer the outputs to other organisations/regions/countries outside of the current partnership.	Knowledge Diffusion Toolkit is an instrument developed by project consortium (including associated partners) in order to improve target groups capacity to learn, transfer and use knowledge resources at regional, national and transnational level. Toolkit is jointly build using co-creation methodology and its main purpose is to: 1) Share tools that will make more efficient communication and dissemination of knowledge at regional, national and transnational level 2) Diversify the communication channels based on the target audience characteristics – for e.g. absorptive capacity; 3) Be a flexible learning environment for project countries helping them to capture knowledge and use it efficiently; 4) Be a best practice corner where target groups (integrated care actors, elders, public administration) can share knowledge, case studies and successful models for implementing smart care service models; 5) Learning products for implementing cooperation models and platform developed under D-CARE project . End users will benefit from usage of knowledge diffusion toolkit because newly products and services will correspond better to their requirements and needs. Also economic growth will be much better transferred to end-users through cost-efficient and qualitative services (public services) and products. Business environment will have a useful tool for communicating and cooperating with local public administration, integrated care actors and research organizations for capturing knowledge and for using knowledge assets in order to generate innovative smart care service models.
How will the project main outputs be further used once the project has been finalised? Please describe concrete measures (including eg. institutional structures, financial sources etc.) taken during and after project implementation to ensure the durability of the project main outputs. If relevant, please explain who will be responsible and/or the owner of the output.	D-CARE will elaborate a Transnational Policy Strategy for Elders Smart Care Services Development and Implementation. This document will be based on all other products – case studies, piloting and learning environment and Learning Policy Center and will include clear measures and action plan for further development as a transnational policy. The document will also have a special section dedicated on the sustainability of the Learning Policy Center, as well as to Regional Action Plans

Please describe activities and deliverables within the work package

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.T3.1	Transnational Strategy for Elders Smart Care Service Models Development and Implementation in Danube region	08.2021	02.2022	244,390.00

This activity aims to develop a transnational strategy in order to capitalize the smart care services opportunities based on exploitation of outputs developed under WP1 and WP2. PP16 will coordinate this activity and will organize in Vienna (in August 2021) a Co-working Seminar dedicated for drafting the main directions and measures that will be included in the Transnational Strategy for Elders Smart Care Service Models Development and Implementation. Each PP and ASP's will assign a representative that will participate to the event. Co-working seminar actions– 1) PP's and ASP will shortlist the main gaps, problems, needs, requirements, challenges, assets, capabilities and pre-conditions existing in their country as well as the potential solutions evidenced through outputs (and deliverables) developed under WP1 and WP2; 2) PP's and ASP's will point the main directions, measures and mid-term plans for enhancing ageing well process and supporting the exploitation of smart care service models development and implementation; 3) PP16 with the support of PP15 present the proposed structure of the transnational strategy and will resume the conclusions and main tasks needed to be performed till the 2nd Co-Working Seminar is organized. PP13 will organize 2nd Co-Working Seminar in Varna (October 2021). Each PP and ASP's will assign a representative that will participate to the event. 2nd Co-working seminar actions aims to respond to the following questions – how we will use the project outputs, cooperation platform to improve skills, elders cares services and create new jobs and businesses? What policy changes we need to adopt? How we will monitor and assess measures? Final day, PP13 will present the draft version of the Strategy. PP16, PP13 and PP11 will jointly work for realizing the final form of the strategy using also the 4DMC virtual consultation. PP11 will organize international conference in Ljubljana (February 2022) for launching the Transnational Strategy.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.T3.1.1	Co-Working Seminar Reports	Reports resuming the objectives of the co-working seminars, expected results, organizational procedures of the co-working seminars, instruments that were used for running seminars sessions; summary of the sessions, participants; follow-up envisaged actions; main outcomes of the seminars.	2.00	02.2022
Deliverable D.T3.1.2	Transnational Strategy Methodology	Technical document comprising the methodological steps and tools that are used for developing the transnational strategy. It describes the main tasks and instruments that are used for generating the strategy based on deliverables and outputs realized under WP1 and WP2. Provides description of the data sources and structures, describes the collaborative steps for engaging 4DMC in the process of Transnational strategy peer review.	1.00	02.2022

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.T3.2	Developing Regional Action Plans	02.2022	07.2022	226,145.00

This activity scope is to develop the Regional Action Plans in project countries for assuring a mid-term capitalization and exploitation of project outputs obtained through WP1 and WP2. Regional Action Plans will derive from the main directions and measures established in the Transnational Strategy for Elders Smart Care Service Models Development and Implementation in Danube region. Regional Action Plans will be developed using the input and expertise of the Smart Care Labs members (quadruple helix stakeholders). Also Smart Care Labs Strategies will feed up Regional Action Plans. LP, PP2, PP6, PP8, PP10, PP13, PP16 and IPA1 will organize 2 regional workshops in order to draft the approaches, measures and planned tasks in order to capitalize the smart care services opportunities. PP's and stakeholders will give a special attention for creating vertical and horizontal links with the Transnational Strategy. LP organizes regional workshops in Iasi (February 2022) and Cluj (March 2022); PP2 organizes regional workshops in Budapest (February 2022) and Kaba (March 2022); PP6 organizes regional workshops in Usti and Brdy-Vltava (March 2022); PP8 organizes regional workshops in Konstantz (February 2022); PP10 organizes regional workshops in Ljubljana (February 2022) and Pivka (March 2022); PP13 organizes regional workshops in Varna (March 2022) and Aksakovo (February 2022); PP16 organizes regional workshops in Vienna (February 2022 and March 2022) and IPA 1 organizes regional workshops in Banka Luka and Prijedor (March 2022). After regional workshops ended LP, PP2, PP6, PP8, PP10, PP13, PP16 and IPA 1 will jointly work for realizing the drafts of Regional Action Plans. Each mentioned PP will organize peer review seminars (April 2022) with EAB. Based on EAB input, mentioned PP's will refine the Regional Action Plan and in May 2022 will present the final version of Regional Action Plans.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date

Deliverable D.T3.2.1	Regional Workshops Reports	Reports resuming the objectives of the workshops, expected results, organizational procedures of the workshops, instruments that were used for running workshops sessions; summary of the sessions, participants; follow-up envisaged actions; main findings and outcomes of the workshops.	8.00	07.2022
Deliverable D.T3.2.2	Regional Action Plans Methodology	Technical document comprising the methodological steps and tools that are used for developing the Regional Action Plans. It describes the main tasks and instruments that are used for generating the Action Plans based on deliverables and outputs realized under WP1 and WP2. Provides description of the data sources and structures, describes the collaborative steps for engaging EAB in the process of Regional Action Plans peer review.	1.00	07.2022

Type: Communication

WP Nr	WP Title	WP Start date	WP End date	WP Budget
C	Communication	07.2020	12.2022	147,000.00

WP responsible partner	Gruenderschiff UG (haftungsbeschraenkt) & Co. KG
Partner involvement	
Partners involved	Name: University of Medicine and Pharmacy "Iuliu Hateganu" Cluj Napoca
	Name: Dr. Vasile Micu" Association
	Name: National Human Management Association
	Name: Mayor's Office of the City of Kaba
	Name: DBH Investment Venture Capital Fund Management Public Limited Company
	Name: CedarNet Association
	Name: Univerzita Jana Evangelisty Purkyně v Ústí nad Labem
	Name: Volunteer Center
	Name: BioLAGO e.V.
	Name: Gruenderschiff UG (haftungsbeschraenkt) & Co. KG
	Name: University of Ljubljana
	Name: RDA Green Karst, ltd.
	Name: Municipality Ilirska Bistrica
	Name: Regional Agency for Entrepreneurship and Innovations – Varna
	Name: National Alliance for Social Responsibility
	Name: Johanniter Austria Research and Education
	Name: UIV-Urban Innovation Vienna
	Name: City of Prijedor
	Name: Chamber of Commerce and Industry of Banja Luka Region
	Name: Public Medical Sanitary Institution Institute of Oncology
Summary Description and Objective of the Work Package	
Communication is an important part of the D-CARE project, whose purpose is to promote (i) the general message of the project, (ii) the project objectives, (ii) activities and (iv) the results. We will address particularly these target groups: lay public, elders, policy makers, social and health care units, tech, IT&C and medical companies, NGOs delivering social and healthcare services to elders, investors, universities, training companies, employment agencies etc. Communication objectives: (i) to raise awareness of the usefulness and progress areas of smart care – smart social & healthcare (ii) to extend the understanding of the elders care needs (social & medical) ; (iii) to improve knowledge of smart care innovation potential in the Danube area using social innovation tools and technology; (iv) to promote a better interregional integration of policy frameworks and knowledge models supporting development and implementation of smart care models/services. PP9 will prepare a Dissemination and Communication Plan and a Capitalization Strategy for project outputs and results as basic documents for supporting the achievement of the project communication goals: (a) Establish digital communication activities (social media, e-newsletters) (b) Design and realize printed materials (brochures and leaflets) whose purpose is to promote the project objectives and activities (c) Handle media relations (press releases, interviews, invitations to events) (d) Organize dissemination events that will accompany D-CARE. In order to achieve the best effect of communications actions, the nature, channels and tools of communication will be adapted to target groups segments. Professional content will be communicated by e-newsletters, brochures and through the D-CARE website; while general information will be communicated through leaflets, social media networks and traditional media.	

Project specific objectives	How to reach Target Groups and Project Specific Objectives
To improve elder's access to demanded social and healthcare services by developing and implementing innovative smart care models/services in 5 pilot regions: Romania, Austria, Hungary, Slovenia and Germany	We propose the disseminate and implicit raise awareness regarding the opportunities and benefits represented by the smart care service models in what it means the aging well process as well as for quality of life and social inclusion of elders. We will use project dissemination events in order to present the advantages of this type of services, brief case-studies and realize short experiments regarding the functionality of such services. General public will be informed using digital communication channels, especially through several campaigns of test & trial different scenarios using e-health or digital technology.
	For increasing knowledge we propose to realize a short webinar comprising several testing phases of different e-health solution for managing medical conditions of elders of for monitoring their activity. The webinar will comprise also some data regarding the benefits over the family , the cost-efficiency and how elders life quality and safety is improved on medium and long term. Also, piloting phase of smart care service models is a stage where target groups (elders, families, doctors, publci workers) are involved directly and can learn more about the benefits of smart care technology.
To develop Innovative Learning Networked Environments (ILNE) in each project region for improving smart care skills & competences, elder's digital skills and assure continuous learning through innovative training and educational programs	Manual for Innovative Learning Environments Toolkit is an user guide document presenting the learning tools that will be used inside ILE training programs and learning processes; resuming the instructions for learning tools usage and their application on different target groups users (e.g. learning tools for elders with cognitive impairments like Alzheimer of dementia of maximum 2nd grade; learning tools for elders with cognitive impairments like Alzheimer of dementia of 3rd grade; learning tools for elders with diabetes, 1st grade and 2nd grade cardio-vascular diseases; learning tools for nurses or care givers in palliative care sector; learning tools for nurses or care givers in CVD sectors; learning tools for nurses or care givers in medical emergency services ; learning tools for unemployed or unskilled people aiming for a job in palliative care sector etc). Manual will comprise also recommendation and requirements for mixing the learning tools in the learning process in dependence of: type of users; learning environment (care unit, class, home, online); collaborative methods applied; social and medical status of the users; psychological, mental and cognitive status; gender etc. ILNE Framework is a networking framework developed for assuring the knowledge, programs and information transfer between the Innovative Learning Environments established in each project country. At the same time it represent a transnational communication and collaboration network for improving learning environments dedicated to integrated smart care service sectors/fields. The central tool of the networking framework is represented by the PP2 e-learning platform that will be customized for facilitating learning programs delivery at transnational level (between ILE's or in another Danube regions) for assuring joint cooperation in new learning programs development and for updating the spiral of inquiry.
To increase local/regional authorities capacity for designing policy frameworks, policy tools and programs that support smart care services generation, deployment and implementation in Danube project regions	Knowledge Diffusion Toolkit is an instrument developed by project consortium (including associated partners) in order to improve target groups capacity to learn, transfer and use knowledge resources at regional, national and transnational level. Toolkit is jointly build using co-creation methodology and its main purpose is to: 1) Share tools that will make more efficient communication and dissemination of knowledge at regional, national and transnational level 2) Diversify the communication channels based on the target audience characteristics – for e.g. absorptive capacity; 3) Be a flexible learning environment for project countries helping them to capture knowledge and use it efficiently; 4) Be a best practice corner where target groups (integrated care actors, elders, public administration) can share knowledge, case studies and successful models for implementing smart care service models; 5) Learning products for implementing cooperation models and platform developed under D-CARE project . End users will benefit from usage of knowledge diffusion toolkit because newly products and services will correspond better to their requirements and needs. Also economic growth will be much better transferred to end-users through cost-efficient and qualitative services (public services) and products. Business environment will have a useful tool for communicating and cooperating with local public administration, integrated care actors and research organizations for capturing knowledge and for using knowledge assets in order to generate innovative smart care service models.
	PP11 and PP13 will organize interregional learning seminars in Varna (October 2022) and in Ljubljana (November 2022). Representatives of PP3, PP7, PP8, PP12, PP14, PP15, PP16 and IPA 1 will participate at the interregional learning seminars as well as 40 relevant stakeholders and public authorities representatives from all project regions will participate. Seminars will focus on designing policy tools or programs that facilitate implementation of smart care service models piloted under Smart Care Labs. At seminars sessions PP11, PP13 and PP16 will present the 6 case studies (2 case studies presented by each PP) that were developed and included in the Best Practices Manual. Manual will be published on project website and disseminate through project social media accounts and partners websites. The manual will be promoted further in other relevant events where the partners participate.
Please describe activities and deliverables within the work package	

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.C.1	Start-up activities including communications	07.2020	12.2022	6,900.00

This activity is focused on initiating the project communication and dissemination activities. PP9 has the responsibility to coordinate and manage the tasks related to Communication and dissemination of project outputs, results and progress. PP9 will appoint a professional Communication Manager for the entire duration of the project. As a 1st step, Communication Manager will prepare the project kick-off conference – plan de event, draft agenda, invitations and communicate with the JS in order to launch and have access to the DTP customized project website. At the same time will request the DTP poster template in order to prepare D-CARE poster and disseminate it at kick-off conference. Communication Manager will maintain a permanent communication with JS for D-CARE communication and dissemination tasks/actions. For organizing the kick-off conference, Communication Manager will cooperate with PM in order to check that all details and organizational aspects have been taken into consideration. Kick-off meeting will be organized virtually managed from Cluj Romania at the beginning of 2nd month of project implementation (August 2020). Communication Manager will elaborate the project Communication and Dissemination Plan by the end of August 2020, and all communication and dissemination activities will be performed following the Plan. Also CM will create D_CARE social media page that will be used as digital communication channel for target groups and general public.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.C.1.1	Communication and Dissemination Plan	Operational document describing the main communication objectives, expected results, targeted audience, communication channels and tools that must be used and a brief dissemination action plan correlated with the key milestones of the project.	1.00	10.2020

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.C.2	Public Event(s)	07.2020	12.2022	41,850.00

For increasing impact of the communication and dissemination campaign Communication Manager will support the PP from each project country to organize at least 1 Communication and Dissemination Event in its region for local, regional and national stakeholders. Each PP will organize 1 Communication and Dissemination Event. Inside the event, each PP will present ILNE and Smart Care Labs, their objectives, their functionality and future actions. Also, Communication Manager will prepare a Dissemination Handbook that will comprise information regarding the piloted smart care service models. Dissemination kit will be communicated (webinars, brochures and leaflets) and Smart Care Labs will be presented as structures for piloting and implementing smart care service models. Communication Manager will elaborate a communication assessment plan in order evaluate the impact of communication actions and of dissemination kit usage.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.C.2.1	D-CARE Dissemination Handbook	Dissemination Handbook is a dissemination material used for informing the target audience and project stakeholders about the development process of smart care service models, brief descriptions of the proposed smart care services; data regarding the testing results and lessons learned. The Handbook will also comprise information and data regarding the smart care learning programs - content, agenda, schedule, envisaged target groups, benefits etc. Another section of the handbook will comprise information referring to Regional Action Plans and LAS new policy tools/programs for implementing the developed smart care service models.	1.00	12.2022

Deliverable D.C.2.2	D-CARE Communication and Dissemination Campaign	Integrated programme composed of 9 D-CARE Communication and dissemination events that will be organized in each project region by PPs. Inside each event, each PP will present ILNE and Smart Care Labs, their objectives, their functionality and future actions. Dissemination kit will be communicated (webinars, brochures and leaflets) and Smart Care Labs will be presented as structures for piloting and implementing smart care service models.	1.00	12.2022
Activity Number	**Activity Title**	**Activity Start Date**	**Actitity End Date**	**Activity Budget**
Activity A.C.3	Publication(s)	07.2020	12.2022	13,450.00
This activity has the role to disseminate and communicate the project main outputs. Communication Manager will elaborate 3 publications correlated to D-CARE project main outputs: 1. Simple Guidelines for scouting innovative smart care services; 2. Innovative Learning Environments – tools for addressing current skills gap and 3. Local Public Authorities Handbook for testing, validating and implementing smart care service models. Communication manager will print 50 copies of each publications and will be disseminated through the project communications events. Publications will be disseminated in electronic format on digital channels – social media, mass media, project website etc. CM will also upload the project outputs on D-CARE website as well as on social media accounts. All projects outputs will be disseminated in electronic format because of environmental reasons.				
Deliverable Number	**Deliverable Title**	**Deliverable Description**	**Deliverable Targetvalue**	**Deliverable Delivery Date**
Deliverable D.C.3.1	D-CARE Publications	Communication Manager will elaborate 3 publications correlated to D-CARE project main outputs: 1. Simple Guidelines for scouting innovative smart care services; 2. Innovative Learning Environments – tools for addressing current skills gap and 3. Local Public Authorities Handbook for testing, validating and implementing smart care service models. Communication manager will print 50 copies of each publications and will be disseminated through the project communications events. Publications will be disseminated in electronic format on digital channels – social media, mass media, project website	3.00	12.2022
Activity Number	**Activity Title**	**Activity Start Date**	**Actitity End Date**	**Activity Budget**
Activity A.C.4	Promotional meterial	07.2020	12.2020	42,000.00
Dissemination kit is one of the main tools for communicating and presenting D-CARE main outputs inside project regions and outside project regions, targeting to acquire target groups and stakeholders from entire Danube Region. Dissemination kit is composed of the following communication materials: brochures, leaflets, e-newsletter and webinar. E-newsletter and webinar will be released by Communication Manager on Linkedin and Facebook. Digital version of brochures and leaflets will be published and communicated on Linkedin by CM. Dissemination kit purpose is to present Smart Care Labs and Innovative Networked Learning Environments, their objectives, functionality and future actions. Through dissemination kit we achieve Smart Care Labs and Innovative Networked Learning Environments transferability and scalability. Also we raise awareness and support target groups to use pilot smart care services models.				
Deliverable Number	**Deliverable Title**	**Deliverable Description**	**Deliverable Targetvalue**	**Deliverable Delivery Date**
Deliverable D.C.4.1	Dissemination Kit	Tool for communicating and presenting D-CARE main outputs inside project regions and outside project regions, targeting to acquire target groups and stakeholders from entire Danube Region. Dissemination kit is composed of the following communication materials: brochures, leaflets, e-newsletter and webinar	1.00	12.2020

Activity Number	Activity Title	Activity Start Date	Actitity End Date	Activity Budget
Activity A.C.5	Digital activities	07.2020	12.2022	42,800.00

Taking onto consideration the current COVID 19 pandemic, digital activities have a very important role in disseminating and communication project main outputs and results. Communication Manager will be responsible with elaborating a Digital Dissemination Plan in order to adapt to the new conditions imposed by the pandemic. CM will weekly update the project website with information related to smart care services and elders 55+ integrated care. Each 3 months, Communication Manager will develop a short webinar comprising brief data and information regarding the project progress, achieved outputs and results, past or new events etc. CM will upload and disseminate the webinar through social media channels – Facebook, Linkedin, Instagram. Also he will communicate and disseminate the webinar and project outputs to project stakeholders, project target groups and direct end-users. CM will initiate cooperation protocols with medical associations, with healthcare organizations , care units and social care services in order to transfer the know-how, disseminate the project outputs and communicate the project results. E-newsletters and webinar will be released monthly by Communication Manager on Linkedin and Facebook. Digital version of brochures and leaflets will be published and communicated on social media channel. CM will initiate close cooperation channels with TV channels and mass media in order to disseminate and inform D-CARE audience. Also after every 6 months, Communication Manager will organize a short video interview in the local/regional media.

Deliverable Number	Deliverable Title	Deliverable Description	Deliverable Targetvalue	Deliverable Delivery Date
Deliverable D.C.5.1	Digital Dissemination Plan	Programatic document with the aim to establish the communication and dissemination strategy for the online area: - type of tools that will be used - methods and channels to reach target groups - partnership strategies with mass-media, social media influencers - Description and classification of the digital products that will be used for communicating and disseminating project results/outputs	1.00	12.2022
Deliverable D.C.5.2	D-CARE communication and dissemination Webinars	Communication and dissemination Webinars - video spots of maximum 5 minutes through which target audience and target groups will be informed regarding project progress, achieved outputs and results, past or new events etc. CM will upload and disseminate the webinar through social media channels – Facebook, Linkedin, Instagram. Also he will communicate and disseminate the webinar and project outputs to project stakeholders, project target groups and direct end-users.	10.00	12.2022
Deliverable D.C.5.3	D-CARE video interviews	Video interviews – video materials registered by local/regional mass-media based on short interviews offered by Communication Manager regarding the D-CARE main actions, outputs and results, as well as information referring to the next steps/events/stages that will follow.	5.00	12.2022

C.5.1 Periods

Period Number	Duration (month)	Start Date	End Date	Reporting Date
0	9	06.01.2019	01.11.2019	05.07.2022
1	6	01.07.2020	31.12.2020	15.12.2020
2	6	01.01.2021	30.06.2021	15.06.2021
3	6	01.07.2021	31.12.2021	30.11.2022
4	6	01.01.2022	30.06.2022	15.07.2022
5	6	01.07.2022	31.12.2022	15.01.2023

PART D - Project Budget

D.1 Project budget per co-financing source (fund) - breakdown per partner

Partner		Programme Co-financing			Contribution					Total Eligible
					Public Contribution					
Partner Acronym	Country	ERDF	ERDF Co-Financing(percent)	Percentage of Total ERDF	Automatic Public Contribution	Public Own Contribution	Total Public Contribution	Private Contribution	Total Contribution	
UMF CJ	ROMÂNIA	219,810.00	85.00 %	10.69 %	33,618.00	5,172.00	38,790.00	0.00	38,790.00	258,600.00
Dr.VMA	ROMÂNIA	106,097.00	85.00 %	5.16 %	16,226.60	0.00	16,226.60	2,496.40	18,723.00	124,820.00
OHE	MAGYARORSZÁG	117,436.00	85.00 %	5.71 %	13,816.00	0.00	13,816.00	6,908.00	20,724.00	138,160.00
KABA	MAGYARORSZÁG	63,044.50	85.00 %	3.06 %	7,417.00	3,708.50	11,125.50	0.00	11,125.50	74,170.00
DBH Investment	MAGYARORSZÁG	107,482.50	85.00 %	5.23 %	0.00	12,645.00	12,645.00	6,322.50	18,967.50	126,450.00
CEDNET	MAGYARORSZÁG	75,199.50	85.00 %	3.66 %	0.00	8,847.00	8,847.00	4,423.50	13,270.50	88,470.00
UJEP	ČESKÁ REPUBLIKA	127,432.00	85.00 %	6.20 %	0.00	22,488.00	22,488.00	0.00	22,488.00	149,920.00
DC	ČESKÁ REPUBLIKA	85,994.50	85.00 %	4.18 %	0.00	0.00	0.00	15,175.50	15,175.50	101,170.00
BioLAGO	DEUTSCHLAND	159,375.00	85.00 %	7.75 %	0.00	0.00	0.00	28,125.00	28,125.00	187,500.00
Grunderschiff / GS	DEUTSCHLAND	138,839.00	85.00 %	6.75 %	0.00	0.00	0.00	24,501.00	24,501.00	163,340.00
UL	SLOVENIJA	154,020.00	85.00 %	7.49 %	0.00	27,180.00	27,180.00	0.00	27,180.00	181,200.00
RDA Green Karst	SLOVENIJA	119,017.00	85.00 %	5.79 %	0.00	21,003.00	21,003.00	0.00	21,003.00	140,020.00
OIB	SLOVENIJA	83,742.00	85.00 %	4.07 %	0.00	14,778.00	14,778.00	0.00	14,778.00	98,520.00
RAPIV	БЪЛГАРИЯ (BULGARIA)	124,550.50	85.00 %	6.06 %	0.00	21,979.50	21,979.50	0.00	21,979.50	146,530.00
NASO	БЪЛГАРИЯ (BULGARIA)	72,462.50	85.00 %	3.52 %	0.00	0.00	0.00	12,787.50	12,787.50	85,250.00
JOAFG	ÖSTERREICH	142,698.00	85.00 %	6.94 %	0.00	0.00	0.00	25,182.00	25,182.00	167,880.00
UIV	ÖSTERREICH	157,356.25	85.00 %	7.65 %	0.00	27,768.75	27,768.75	0.00	27,768.75	185,125.00
Sub-total For Partners Inside		2,054,556.25	--	100.00 %	71,077.60	165,569.75	236,647.35	125,921.40	362,568.75	2,417,125.00
Sub-total For Partners Outside		0.00	--	0.00 %	0.00	0.00	0.00	0.00	0.00	0.00
Total		2,054,556.25	--	100,00 %	71,077.60	165,569.75	236,647.35	125,921.40	362,568.75	2,417,125.00

Partner		Programme Co-financing			Contribution					Total Eligible
					Public Contribution			Private Contribution	Total Contribution	
Partner Acronym	Country	IPAII	IPAII Co-Financing(percent)	Percentage of Total IPAII	Automatic Public Contribution	Public Own Contribution	Total Public Contribution			
CP	BOSNIA AND HERZEGOVINA	53,405.50	85.00 %	49.70 %	0.00	9,424.50	9,424.50	0.00	9,424.50	62,830.00
PPK BL	BOSNIA AND HERZEGOVINA	54,034.50	85.00 %	50.29 %	0.00	9,535.50	9,535.50	0.00	9,535.50	63,570.00
Sub-total For Partners Inside		107,440.00	--	100.00 %	0.00	18,960.00	18,960.00	0.00	18,960.00	126,400.00
Sub-total For Partners Outside		0.00	--	0.00 %	0.00	0.00	0.00	0.00	0.00	0.00
Total		107,440.00	--	100,00 %	0.00	18,960.00	18,960.00	0.00	18,960.00	126,400.00

Partner		Programme Co-financing			Contribution					Total Eligible
					Public Contribution			Private Contribution	Total Contribution	
Partner Acronym	Country	ENI-MD	ENI-MD Co-Financing(percent)	Percentage of Total ENI-MD	Automatic Public Contribution	Public Own Contribution	Total Public Contribution			
PMSI IO	MOLDOVA	89,046.00	85.00 %	100.00 %	0.00	15,714.00	15,714.00	0.00	15,714.00	104,760.00
Sub-total For Partners Inside		89,046.00	--	100.00 %	0.00	15,714.00	15,714.00	0.00	15,714.00	104,760.00
Sub-total For Partners Outside		0.00	--	0.00 %	0.00	0.00	0.00	0.00	0.00	0.00
Total		89,046.00	--	100,00 %	0.00	15,714.00	15,714.00	0.00	15,714.00	104,760.00

D.2 Project budget - overview per partner/ per budget line

Partner Acronym	Co-financing Source	Staff costs	Office and administration	Travel and accomodation	External expertise and services	Equipment	Infrastructure and works	Total Budget	Net Revenue	Total Eligible
UMF CJ	ERDF	153,600.00	23,040.00	16,600.00	65,360.00	0.00	0.00	258,600.00	0.00	258,600.00
Dr.VMA	ERDF	76,800.00	11,520.00	9,500.00	27,000.00	0.00	0.00	124,820.00	0.00	124,820.00
OHE	ERDF	90,000.00	13,500.00	11,660.00	23,000.00	0.00	0.00	138,160.00	0.00	138,160.00
KABA	ERDF	45,800.00	6,870.00	7,500.00	11,000.00	3,000.00	0.00	74,170.00	0.00	74,170.00
DBH Investment	ERDF	82,800.00	12,420.00	10,230.00	21,000.00	0.00	0.00	126,450.00	0.00	126,450.00
CEDNET	ERDF	57,800.00	8,670.00	7,000.00	15,000.00	0.00	0.00	88,470.00	0.00	88,470.00
UJEP	ERDF	91,200.00	13,680.00	11,040.00	34,000.00	0.00	0.00	149,920.00	0.00	149,920.00
DC	ERDF	63,800.00	9,570.00	7,800.00	20,000.00	0.00	0.00	101,170.00	0.00	101,170.00
BioLAGO	ERDF	125,600.00	18,840.00	11,760.00	31,300.00	0.00	0.00	187,500.00	0.00	187,500.00
Grunderschiff / GS	ERDF	111,600.00	16,740.00	9,000.00	26,000.00	0.00	0.00	163,340.00	0.00	163,340.00
UL	ERDF	129,600.00	19,440.00	13,160.00	19,000.00	0.00	0.00	181,200.00	0.00	181,200.00
RDA Green Karst	ERDF	94,800.00	14,220.00	9,000.00	22,000.00	0.00	0.00	140,020.00	0.00	140,020.00
OIB	ERDF	65,200.00	9,780.00	8,540.00	15,000.00	0.00	0.00	98,520.00	0.00	98,520.00
RAPIV	ERDF	87,800.00	13,170.00	8,460.00	37,100.00	0.00	0.00	146,530.00	0.00	146,530.00
NASO	ERDF	51,200.00	7,680.00	7,370.00	19,000.00	0.00	0.00	85,250.00	0.00	85,250.00
JOAFG	ERDF	112,800.00	16,920.00	11,160.00	27,000.00	0.00	0.00	167,880.00	0.00	167,880.00
UIV	ERDF	127,100.00	19,065.00	10,960.00	28,000.00	0.00	0.00	185,125.00	0.00	185,125.00
CP	IPAII	40,600.00	6,090.00	5,840.00	10,300.00	0.00	0.00	62,830.00	0.00	62,830.00
PPK BL	IPAII	43,600.00	6,540.00	4,430.00	9,000.00	0.00	0.00	63,570.00	0.00	63,570.00
PMSI IO	ENI-MD	62,000.00	9,300.00	9,460.00	24,000.00	0.00	0.00	104,760.00	0.00	104,760.00
Total		1,713,700.00	257,055.00	190,470.00	484,060.00	3,000.00	0.00	2,648,285.00	0.00	2,648,285.00
Percentage Of Total Budget		64.70 %	9.70 %	7.19 %	18.27 %	0.11 %	0.00 %	100,00 %	0.00 % @Of Total Budget	100.00 % @Of Total Budget

Co-financing Source	Staff costs	Office and administration	Travel and accomodation	External expertise and services	Equipment	Infrastructure and works	Sum Financed Budget	Decreasing Net Revenue	Total Financed Budget
ERDF	1,567,500.00	235,125.00	170,740.00	440,760.00	3,000.00	0.00	2,417,125.00	0.00	2,417,125.00
IPAII	84,200.00	12,630.00	10,270.00	19,300.00	0.00	0.00	126,400.00	0.00	126,400.00
ENI-MD	62,000.00	9,300.00	9,460.00	24,000.00	0.00	0.00	104,760.00	0.00	104,760.00
ENI-UA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total EU Funds	1,713,700.00	257,055.00	190,470.00	484,060.00	3,000.00	0.00	2,648,285.00	0.00	2,648,285.00

D.3 Project budget - overview per partner/ per period

Partner Acronym	Co-financing Source	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Total Budget	Net Revenue	Total Eligible
UMF CJ	ERDF	17,500.00	26,930.00	40,130.00	56,230.00	75,090.00	42,720.00	258,600.00	0.00	258,600.00
Dr.VMA	ERDF	0.00	8,400.00	26,855.00	27,645.00	37,285.00	24,635.00	124,820.00	0.00	124,820.00
OHE	ERDF	0.00	15,330.00	19,290.00	32,280.00	44,010.00	27,250.00	138,160.00	0.00	138,160.00
KABA	ERDF	0.00	9,910.00	9,420.00	21,200.00	24,240.00	9,400.00	74,170.00	0.00	74,170.00
DBH Investment	ERDF	0.00	6,740.00	15,900.00	33,060.00	45,800.00	24,950.00	126,450.00	0.00	126,450.00
CEDNET	ERDF	0.00	6,230.00	18,380.00	24,100.00	27,845.00	11,915.00	88,470.00	0.00	88,470.00
UJEP	ERDF	0.00	15,080.00	21,680.00	37,340.00	46,220.00	29,600.00	149,920.00	0.00	149,920.00
DC	ERDF	0.00	7,460.00	14,067.00	22,921.00	31,181.00	25,541.00	101,170.00	0.00	101,170.00
BioLAGO	ERDF	0.00	17,670.00	23,430.00	49,380.00	57,390.00	39,630.00	187,500.00	0.00	187,500.00
Grunderschiff / GS	ERDF	0.00	18,285.00	18,065.00	41,440.00	48,100.00	37,450.00	163,340.00	0.00	163,340.00
UL	ERDF	0.00	24,065.00	31,765.00	41,170.00	47,005.00	37,195.00	181,200.00	0.00	181,200.00
RDA Green Karst	ERDF	0.00	11,240.00	25,415.00	41,065.00	40,575.00	21,725.00	140,020.00	0.00	140,020.00
OIB	ERDF	0.00	8,580.00	10,110.00	33,310.00	34,110.00	12,410.00	98,520.00	0.00	98,520.00
RAPIV	ERDF	0.00	12,380.00	17,030.00	49,690.00	46,290.00	21,140.00	146,530.00	0.00	146,530.00
NASO	ERDF	0.00	8,800.00	10,740.00	24,960.00	28,870.00	11,880.00	85,250.00	0.00	85,250.00
JOAFG	ERDF	0.00	16,680.00	25,580.00	49,430.00	52,250.00	23,940.00	167,880.00	0.00	167,880.00
UIV	ERDF	0.00	24,010.00	27,110.00	46,710.00	63,385.00	23,910.00	185,125.00	0.00	185,125.00
CP	IPAII	0.00	10,790.00	8,950.00	13,380.00	20,395.00	9,315.00	62,830.00	0.00	62,830.00
PPK BL	IPAII	0.00	13,420.00	13,275.00	12,945.00	11,310.00	12,620.00	63,570.00	0.00	63,570.00
PMSI IO	ENI-MD	0.00	15,360.00	21,760.00	22,960.00	31,660.00	13,020.00	104,760.00	0.00	104,760.00
Total		17,500.00	277,360.00	398,952.00	681,216.00	813,011.00	460,246.00	2,648,285.00	0.00	2,648,285.00
Percentage Of Total Budget		0.66 %	10.47 %	15.06 %	25.72 %	30.69 %	17.37 %	100,00 %	0.00 % @Of Total Budget	100.00 % @Of Total Budget

Co-financing Source	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Total Financed Budget
ERDF	17,500.00	237,790.00	354,967.00	631,931.00	749,646.00	425,291.00	2,417,125.00
IPAII	0.00	24,210.00	22,225.00	26,325.00	31,705.00	21,935.00	126,400.00
ENI-MD	0.00	15,360.00	21,760.00	22,960.00	31,660.00	13,020.00	104,760.00
ENI-UA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total E U Funds	17,500.00	277,360.00	398,952.00	681,216.00	813,011.00	460,246.00	2,648,285.00

D.4 Project budget - overview per partner/ per WP

Partner Acronym	Co-financing Source	WP P	WP M	WP T1	WP T2	WP T3	WP C	Total Budget	Net Revenue	Total Eligible
UMF CJ	ERDF	17,500.00	52,350.00	68,630.00	78,020.00	33,300.00	8,800.00	258,600.00	0.00	258,600.00
Dr.VMA	ERDF	0.00	27,460.00	21,100.00	56,640.00	12,420.00	7,200.00	124,820.00	0.00	124,820.00
OHE	ERDF	0.00	25,160.00	54,080.00	29,600.00	23,120.00	6,200.00	138,160.00	0.00	138,160.00
KABA	ERDF	0.00	20,410.00	2,500.00	24,200.00	24,060.00	3,000.00	74,170.00	0.00	74,170.00
DBH Investment	ERDF	0.00	25,160.00	4,030.00	66,100.00	26,960.00	4,200.00	126,450.00	0.00	126,450.00
CEDNET	ERDF	0.00	23,010.00	7,000.00	39,400.00	17,060.00	2,000.00	88,470.00	0.00	88,470.00
UJEP	ERDF	0.00	25,160.00	46,580.00	45,800.00	23,180.00	9,200.00	149,920.00	0.00	149,920.00
DC	ERDF	0.00	24,160.00	7,400.00	50,000.00	16,610.00	3,000.00	101,170.00	0.00	101,170.00
BioLAGO	ERDF	0.00	34,660.00	71,900.00	40,600.00	30,140.00	10,200.00	187,500.00	0.00	187,500.00
Grunderschiff / GS	ERDF	0.00	36,660.00	9,700.00	64,800.00	18,380.00	33,800.00	163,340.00	0.00	163,340.00
UL	ERDF	0.00	30,060.00	77,060.00	38,800.00	27,080.00	8,200.00	181,200.00	0.00	181,200.00
RDA Green Karst	ERDF	0.00	25,160.00	16,600.00	64,100.00	26,960.00	7,200.00	140,020.00	0.00	140,020.00
OIB	ERDF	0.00	22,440.00	11,800.00	31,900.00	29,380.00	3,000.00	98,520.00	0.00	98,520.00
RAPIV	ERDF	0.00	25,110.00	30,600.00	46,600.00	37,220.00	7,000.00	146,530.00	0.00	146,530.00
NASO	ERDF	0.00	23,960.00	11,400.00	23,800.00	21,890.00	4,200.00	85,250.00	0.00	85,250.00
JOAFG	ERDF	0.00	35,360.00	30,900.00	67,200.00	29,220.00	5,200.00	167,880.00	0.00	167,880.00
UIV	ERDF	0.00	48,610.00	26,400.00	58,700.00	42,215.00	9,200.00	185,125.00	0.00	185,125.00
CP	IPAII	0.00	21,900.00	6,330.00	17,850.00	12,750.00	4,000.00	62,830.00	0.00	62,830.00
PPK BL	IPAII	0.00	21,600.00	21,830.00	10,900.00	5,040.00	4,200.00	63,570.00	0.00	63,570.00
PMSI IO	ENI-MD	0.00	22,010.00	25,350.00	36,650.00	13,550.00	7,200.00	104,760.00	0.00	104,760.00
Total		17,500.00	570,400.00	551,190.00	891,660.00	470,535.00	147,000.00	2,648,285.00	0.00	2,648,285.00
Percentage Of Total Budget		0.66 %	21.53 %	20.81 %	33.66 %	17.76 %	5.55 %	100,00 %	0.00 % @Of Total Budget	100.00 % @Of Total Budget

Co-financing Source	WP P	WP M	WP T1	WP T2	WP T3	WP C	Total Financed Budget
ERDF	17,500.00	504,890.00	497,680.00	826,260.00	439,195.00	131,600.00	2,417,125.00
IPAII	0.00	43,500.00	28,160.00	28,750.00	17,790.00	8,200.00	126,400.00
ENI-MD	0.00	22,010.00	25,350.00	36,650.00	13,550.00	7,200.00	104,760.00
ENI-UA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total EU Funds	17,500.00	570,400.00	551,190.00	891,660.00	470,535.00	147,000.00	2,648,285.00

D.5 Project budget - overview per WP/ per budget line

WP Number	Staff costs	Office and administration	Travel and accomodation	External expertise and services	Equipment	Infrastructure and works	Total Budget	Net Revenue	Total Eligible
WP P	0.00	0.00	0.00	17,500.00	0.00	0.00	17,500.00	0.00	17,500.00
WP M	424,000.00	63,600.00	49,600.00	30,200.00	3,000.00	0.00	570,400.00	0.00	570,400.00
WP T1	407,600.00	61,140.00	56,950.00	25,500.00	0.00	0.00	551,190.00	0.00	551,190.00
WP T2	548,800.00	82,320.00	25,440.00	235,100.00	0.00	0.00	891,660.00	0.00	891,660.00
WP T3	309,300.00	46,395.00	41,680.00	73,160.00	0.00	0.00	470,535.00	0.00	470,535.00
WP C	24,000.00	3,600.00	16,800.00	102,600.00	0.00	0.00	147,000.00	0.00	147,000.00
Total	1,713,700.00	257,055.00	190,470.00	484,060.00	3,000.00	0.00	2,648,285.00	0.00	2,648,285.00
Percentage Of Total Budget	64.70 %	9.70 %	7.19 %	18.27 %	0.11 %	0.00 %	100,00 %	0.00 % @Of Total Budget	100.00 % @Of Total Budget

Co-financing Source	Staff costs	Office and administration	Travel and accomodation	External expertise and services	Equipment	Infrastructure and works	Sum Financed Budget	Decreasing Net Revenue	Total Financed Budget
ERDF	1,567,500.00	235,125.00	170,740.00	440,760.00	3,000.00	0.00	2,417,125.00	0.00	2,417,125.00
IPAII	84,200.00	12,630.00	10,270.00	19,300.00	0.00	0.00	126,400.00	0.00	126,400.00
ENI-MD	62,000.00	9,300.00	9,460.00	24,000.00	0.00	0.00	104,760.00	0.00	104,760.00
ENI-UA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
@Total EU Funds	1,713,700.00	257,055.00	190,470.00	484,060.00	3,000.00	0.00	2,648,285.00	0.00	2,648,285.00

D.6 Project budget - overview per WP/ per period

WP Number	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Total Budget	Net Revenue	Total Eligible
WP P	17,500.00	0.00	0.00	0.00	0.00	0.00	17,500.00	0.00	17,500.00
WP M	0.00	106,800.00	117,480.00	114,240.00	115,560.00	116,320.00	570,400.00	0.00	570,400.00
WP T1	0.00	77,900.00	113,690.00	140,000.00	119,250.00	100,350.00	551,190.00	0.00	551,190.00
WP T2	0.00	17,940.00	138,735.00	226,715.00	303,165.00	205,105.00	891,660.00	0.00	891,660.00
WP T3	0.00	0.00	1,127.00	189,141.00	261,316.00	18,951.00	470,535.00	0.00	470,535.00
WP C	0.00	74,720.00	27,920.00	11,120.00	13,720.00	19,520.00	147,000.00	0.00	147,000.00
Total	17,500.00	277,360.00	398,952.00	681,216.00	813,011.00	460,246.00	2,648,285.00	0.00	2,648,285.00

Co-financing Source	Period 0	Period 1	Period 2	Period 3	Period 4	Period 5	Total Financed Budget
ERDF	17,500.00	237,790.00	354,967.00	631,931.00	749,646.00	425,291.00	2,417,125.00
IPAII	0.00	24,210.00	22,225.00	26,325.00	31,705.00	21,935.00	126,400.00
ENI-MD	0.00	15,360.00	21,760.00	22,960.00	31,660.00	13,020.00	104,760.00
ENI-UA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total EU Funds	17,500.00	277,360.00	398,952.00	681,216.00	813,011.00	460,246.00	2,648,285.00
ERDF Equivalent	0.00	0.00	0.00	0.00	0.00	0.00	0.00