

**Digital literacy enables up-to-date sleep medicine in inclusive
healthcare**

eSleep_dHealth

PROJECT MANAGEMENT PLAN

Developed by the ***Coordinator E.C.H.R. Ltd./NetHub***

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1 Introduction

GRANT AGREEMENT / Agreement Number: 2023-1-HR01-KA220-HED-000161576

The purpose of this document is to provide an overview of the management and administrative procedures of the Digital literacy enables up-to-date sleep medicine in inclusive healthcare (further referred as eSleep_dHealth) project in order to ensure efficient project execution as well as high quality project results. The document will provide the partners (referred in the Annex 1 of the Grant Agreement as Partner organisations) with the concise reference to the project management structure, tasks and responsibilities at all levels of project execution.

This document specifically covers the following areas:

- Administrative project management process that ensures accurate financial reporting and justification of the work being carried out
- General project management process that ensures the right coordination of project activities (training, web-site preparation, events organization, awareness raising, dissemination) activities resulting in high quality deliverables
- An internal communication strategy that ensures clear and effective communication between the Beneficiaries and that allows for the early escalation and timely resolution of management and technical issues
- External communication, dissemination and exploitation process that ensure a unified presentation of the project to the public at large as well as protect the work on the training activities of the Beneficiaries.
- Help Beneficiaries to manage their project and run them efficiently;
- Clarify matters arising from the grant agreement and its annexes;
- Provide practical information that may be referred to throughout the project's life;
- Provide guidance on the methods of project monitoring and on the dissemination and exploitation of a project's results/products;
- Provide guidance on how to handle the financial side of projects in such a way that financial statements can be readily drawn up;
- Promote the sound financial management of a project and ensure that the best results/products are delivered at reasonable cost;
- Encourage smooth relations between the parties involved by setting out an operational framework for the project.

1.1 General legal framework

Grant Agreement number Project 2023-1-HR01-KA220-HED-000161576 – Digital literacy enables up-to-date sleep medicine in inclusive healthcare is a standard agreement and its items and conditions may not be altered or be subject to negotiation. The signed agreement, is concluded between The Agency for Mobility and EU Programmes (AMEUP) and the **E.C.H.R. Ltd. and all beneficiaries**. The project implementation should be carried out in accordance with the following documents:

- The Grant Agreement, including its Annexes
- Partners Agreements, including its Annexes
- The Call for Proposals
- Grant management rules set in the <https://webgate.ec.europa.eu/funding-tenders-opportunities/display/OM/Grant+management>
- *eSleep_dHealth* Project Management Plan (the present document)

Table 1. List of participants

Participants				
Partner No.	Role	Legal name	Country	Organisation ID (OID)
0	Applicant	E.C.H.R. d.o.o.	Croatia	E10253315
1	Partner	HASKOLINN I REJKJAVIK EHF	Iceland	E10158452
2	Partner	PANEPISTIMO KRITIS	Greece	E10207975
3	Partner	INSTITUT PERSPEKTIVA EKONOMIJE MEDITERANA	Croatia	E10299659
4	Partner	SVEUČILIŠTE U SPLITU	Croatia	E10208520

2 Project description

Project dSleep_eHealth will transform 3 European universities into drivers of social innovations in the field of digital healthcare and digital sleep medicine. Students will engage in the co-design of social innovation interventions with the elderly population, a vulnerable group that is lagging behind in benefiting from the rapid development of digital medicine. For this, the project aims to increase the digital literacy of the vulnerable group to achieve true co-creation of social innovation.

Project partners will co-design, pilot, assess, and disseminate innovative higher education training programs in inclusive digital healthcare focused on digital solutions in sleep medicine for prevention, diagnosis, and therapy. Together with students, the partners will design digital literacy content to support the wider community. Teacher training in open pedagogy, design thinking, and fostering social innovation will boost the competencies of staff at partner universities.

The project aims to create a new curriculum and open educational resources on digital sleep medicine incorporating the latest research data. Next project outcome is to create Social Innovation Toolkit for Digital Sleep Medicine that will be a step-by-step guide to support the transformation of higher education into drivers of social innovation. Finally, the project partners will pilot an inter-university interdisciplinary social innovation incubator on digital health for sleep medicine focused on supporting vulnerable societal groups.

Objectives of the project are:

- (i) increase the inter-connectedness of 3 partner universities through a joint training program;
- (ii) improve the capacity of project partner universities to foster social innovation competencies in their students and staff;
- (iii) train students of medical and engineering professions to become drivers of social innovation to reduce prevalent harsh consequences of sleep disorders;
- (iv) boost competencies of the teaching staff and students in open learning pedagogy and design thinking for curriculum and content design;

- (v) contribute to mitigating growing digital divide mostly affecting elderly population and population in remote areas;
- (vi) lay the foundation for a joint master program among the partner universities dealing with digital medicine and sleep disorders.

The expected results of the projects are:

- (i) a new online training program co-created by the eSleep_dHealth (open education resource). The program will cover advances and challenges in digital healthcare, digital solutions focused on prevention, diagnosis, and treatment of sleep disorders; challenges of implementation of the digital solutions for the elderly population due to the lack of digital literacy, and
- (ii) a Joint Interdisciplinary Student Social Innovation Incubator which will bring together students from 3 countries from different study programs (medicine, psychology and technical) to work with mentors and experts in the field. Their proposed innovative solutions to mitigate the digital divide will be tested by end-users, members of the age group 65+;
- (iii) University staff trained in Open pedagogies and Design Thinking processes for creating impactful training programmes. As the universities will work on joint curricula, open educational resources, and design and piloting of the joint social innovation incubator this will directly contribute to the priority of making higher education more inter-connected. Moreover, these objectives and results will directly contribute to making education more innovative as they support students and professors to embrace social innovation mindset, open pedagogy, and solving currently emerging real-life problems of digitally vulnerable groups. In this way, we are increasing inclusion and diversity by directly engaging students with the elderly population. Finally, the topic of our program is the digital transformation of healthcare and supporting the digital readiness of students, and staff, as well as the digital literacy of wider society.

3 Work packages

Table 2. Description of work packages

Work packages	Activities	Expected results	Estimated start/end date	Leading organisation
1 Project management	A.1.1. First progress report	<p>The monitoring team, whose members will be the Project Manager (PM), Quality Manager (QM), and lead partner, will be in charge of monitoring the progress, quality, and achievements of project activities. They will meet regularly every two months. One member of the Steering Committee of each partner institution will participate in these meetings.</p> <p>Progress report: every three months.</p> <p>Three out of four meetings will be combined with other project activities to ensure time management.</p>	16.1.2024	E.C.H.R.
	A.1.2. Second progress report		16. 4. 2024.	
	A.1.3. Third progress report		16. 7. 2024.	
	A.1.4. Fourth progress report		16. 10. 2024.	
	A.1.5. Fifth progress report		16. 1. 2025.	
	A.1.6. Sixth progress report		16. 4. 2025.	
	A.1.7. Seventh progress report		16. 7. 2025.	
	A.1.8. Eight progress report		16. 10. 2025.	
2 Design of eSleep_dHealth Curriculum and Open educational resources	A.2.1. First short staff learning and training on design thinking and open pedagogy	12 participants trained in design thinking and open pedagogy, 12 Europass certificates issued	15. 11. 2023 – 17. 11. 2023.	E.C.H.R.
	A.2.2. Design of eSleep_dHealth Curriculum	Virtual activity, Document - eSleep_dHealth Curriculum finalized and uploaded on the project web page	16. 10. 2023.- 31. 10. 2024.	SVEUČILIŠTE U SPLITU
	A.2.3. Assessment of eSleep_dHealth Curriculum	Virtual activity, Report on the assessment of eSleep_dHealth Curriculum and set of recommendations	1. 5. 2024. – 31. 8. 2024.	IPEMED
	A.2.4. Design of eSleep_dHealth open educational resources	dSleep_eHealth open educational resources finalized and uploaded to the Moodle and/or Teams platform	1. 2. 2024. – 30. 9. 2024.	SVEUČILIŠTE U SPLITU
3 Design of Social Innovation Toolkit for Digital sleep Medicine	A.3. 1. Second short staff training on fostering innovation and Social Innovation Toolkit for digital literacy and inclusive digital interventions in sleep medicine	12 participants trained on fostering innovation and Social Innovation Toolkit for digital literacy and inclusive digital interventions in sleep medicine, 12 Europass certificates issued, Venue: Iceland	6. 6. 2024. – 8. 6. 2024.	E.C.H.R.
	A.3. 2. Design of Social Innovation Toolkit for digital literacy and inclusive digital interventions in sleep medicine	Virtual activity, Social Innovation Toolkit for digital literacy and inclusive digital interventions in sleep medicine	1. 5. 2024. – 31. 10. 2024.	E.C.H.R.



Work packages	Activities	Expected results	Estimated start/end date	Leading organisation
		(eSleep_dHealth skills training) completed and published on the project web page		
	A.3. 3. Internal and External assessment of Social Innovation Toolkit for digital literacy and inclusive digital interventions in sleep medicine	Virtual activity, Report on assessment of the eSleep_dHealth Social Innovation Toolkit for digital literacy and inclusive digital interventions in sleep medicine	1. 9. 2024.- 30. 9. 2024.	IPEMED
4 Implementation and assessment of eSleep_dHealth OERs and Joint Social Innovation Incubator	A.4.1. Implementation of the eSleep_dHealth OERs	Virtual activity, Designed and implemented eSleep_dHealth OER	16. 11. 2024. - 15. 3. 2025.	HASKOLINN I REYKJAVIK EHF
	A.4.2. Assessment of the eSleep_dHealth OERs	Virtual activity, Report on assessment of the eSleep_dHealth OER	1. 3. 2025 – 15. 4. 2025.	HASKOLINN I REYKJAVIK EHF
	A.4.3. Implementation of Joint Social Innovation Incubator	Virtual activity, Joint Social Innovation Incubator for Digital Sleep Medicine implemented	16. 3. 2025. - 15. 10. 2025.	E.C.H.R.
	A.4.4. Assessment of Joint Social Innovation Incubator	Virtual activity, Report on assessment of Joint Social Innovation Incubator for Digital Sleep Medicine	1. 9. 2025. – 15. 10. 2025.	IPEMED
	A.4.5. First Learning Expedition (innovation sprint)	Greece, 46 participants attended First Innovation Sprint, 35 Europass certificates issued for the students participating	21. 7. 2025. - 25. 7. 2025.	PANEPITIMIO KRITIS
	A.4.6. Second Learning Expedition (innovation sprint)	Croatia, 46 participants attended Second Innovation Sprint, 35 Europass certificates issued for the students participating	1. 9. 2025. – 5. 9. 2025.	SVEUČILIŠTE U SPLITU
5 Communication, dissemination and exploitation	A.5.1. Design of the communication, dissemination and exploitation plan	Virtual activity, Document Design of the communication, dissemination and exploitation plan uploaded on the project web page	16. 10. 2023. - 15. 1. 2024.	IPEMED
	A.5.2. Design of project web page and creation of promo materials	Virtual activity, Created project web page, produced promo materials and distributed to project partners	16. 10. 2023. - 15. 2. 2024.	IPEMED
	A.5.3. First project conference	First project conference organised, 45 participants attended	25. 10. 2024. - 26. 10. 2024.	IPEMED
	A.5.4. Second project conference	Second project conference organised, 35 participants attended	14. 2. 2025. - 15. 2. 2025.	HASKOLINN I REYKJAVIK EHF
	A.5.5. Third project conference	Third project conference organised, 35 participants attended	26. 7. 2025. - 26. 7. 2025.	PANEPITIMIO KRITIS
	A.5.6. Fourth project conference	Fourth project conference organised, 70 participants attended	26. 9. 2025. - 27. 9. 2025.	E.C.H.R.



4 Timetable - GANTTCHART

Table 3. Project's Ganttchart

Project activity	2023			2024												2025											
	M 0	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21	M 22	M 23	M 24		
WP1 Project management																											
WP1 PM meetings																											
WP2 Design of eSleep_dHealth Curriculum and Open educational resources																											
WP2 First short staff training																											
WP2 Assessment of eSleep_dHealth Curriculum																											
WP3 Design of Social Innovation Toolkit for digital literacy and inclusive digital interventions in sleep medicine																											
WP3 Second short staff training																											
WP3 Internal and External assessment																											
WP4 Implementation of eSleep_dHealth OERs and Joint Social Innovation Incubator																											
WP4 Assessment of eSleep_dHealth OERs and Joint Social Innovation Incubator																											
WP4 First and second learning expedition																											
WP5 Communication, dissemination and exploitaton																											
WP5 Project conferences																											

5 Monitoring of the Project by the Project Applicant

The main purpose of the monitoring is to coordinate the current project activities and to deal with possible delays or problems. The monitoring will be done based on month principle and for each 4 months as following:

Type of monitoring	Explanations	Responsible partners
Interim report (Zoom meeting, live meetings, call, email)	Template that need to be completed by each partner for the deliverable, each report to be uploaded in the project Microsoft OneDrive Cloud folders, named after the WP/Deliverable. Each report should be uploaded in the folder at least 2 weeks before the deadline of the deliverable in order to be revised and analysed by the responsible beneficiary and the Applicant. In case of delay, the project manager from the Applicant should be informed by e-mail at least two weeks before the deadline.	Lead beneficiary of deliverable + All the partners + the Applicant
Final report	<p>The applicant together with all the partners is going to inform the Agency about the stage of development of the project sending report and financial information. The partners should use all the following templates and keep copies and scanned versions of all the invoices, contracts and payments done so far.</p> <p>The templates to be used officially by the applicant are the following;</p> <ul style="list-style-type: none"> (1) Final Technical Report (TBD) (2) Contracts for staff (employment, service or volunteer contracts); Timesheets for the experts involved in the project (3) Proof of travel - invoices, boarding pass, hotel invoices et. (4) Proof of any kind of purchase for the project – invoices, bank slip (5) Detailed Budget Execution Sheet, (For each invoice or expense must be completed separate row/line) (TBD) 	All the partners + the applicant

The partners are asked to upload their financial documents (as invoices, contracts, payments and other) in separate Microsoft OneDrive Cloud folder, created only for their organization and proceed with this each month before the preparation of the final report.

6 Funding principles

6.1 Overview

The funding rules of Partnerships for Cooperation have been simplified compared to similar actions supported under Erasmus+ during the period 2014-2020. These rules are based on the following principles:

- The grant will take the form of one single fixed amount (single lump sum), covering all costs of eligible activities linked to the implementation of the project;
- The Erasmus+ Programme Guide sets different single lump sums amounts to cover different types of partnerships with different levels of complexity in terms of administrative and reporting requirements.
- When planning their projects, the applicant organisation – together with their project partners – will need to choose the most appropriate single lump sum amount to cover the costs of their project, based on their needs and objectives. Their choice needs to match the ambitions and expected outcomes of the project.
- Proposals must describe the activities that the applicants commit to carry out. Those activities must be compliant with the eligibility criteria set in the Programme Guide and relevant to the objectives of KA2. The number and magnitude of the described activities should justify the chosen single lump sum, so as to justify the chosen single lump sum.
- Regarding budget details, the applicants should indicate the amount allocated to each activity and to the WP project management (for Cooperation Partnerships), which must satisfy the principles of economy, efficiency and effectiveness in relation to the objectives of KA2.
- The lump sum amounts are fixed. If the assessment of the proposal shows that its cost-effectiveness is not adequate, there is no possibility to "downgrade" or "upgrade" the proposal to a lower or higher lump sum amount. It means that the proposal will simply not be selected.
- The lump sum amount chosen at proposal stage cannot be modified during the project implementation phase. It becomes a characteristic of the project, and it can only be reduced at final report stage due to poor, partial, or late implementation, or to force majeure according to the rules stated in the Grant agreement.

- At the end of the selection process, the granting authority will select the projects per type of partnerships. The selection process for Small-scale Partnerships and Cooperation Partnerships are independent and result in separate ranking lists.
- The final payment of the lump sum will depend on the level of achievement of the project objectives and the quality of the project results.

6.2 Co-financing and no-profit

All grants funded by the European Union budget in the context of this action shall comply with the principles of co-financing and no-profit.

The principle of co-financing implies that the resources necessary to carry out the action are not provided entirely by the grant.

The applicants are not required to demonstrate the co-financing by means of a detailed project budget. The compliance to this principle will be assessed based on the information provided in the description of the activities. The evaluators must be convinced that the value of the activities to be implemented is higher than the amount requested.

In line with the no-profit principle, grants shall not have the purpose or effect of producing a profit within the framework of the action or the work programme of the beneficiary.

6.3 Activities covered by Lump sum

The single lump sum shall be used to cover all costs related to the implementation of eligible activities falling within the scope of Partnerships for Cooperation (both Small-scale Partnerships and Cooperation Partnerships), such as for example:

- Project management (planning, finances, coordination and communication between partners, monitoring and supervision, etc.)
- Learning activities
- Teaching and training activities
- Meetings and events
- Project deliverables (publications, materials, documents, tools, products, etc.)
- Activities aimed at sharing project's results

In order to be eligible, the activities must take place in the countries of the organisations participating in the project, with the exception of the activities taking place at the seat of an

institution of the European Union or, for Cooperation Partnerships, in relevant thematic transnational events or conferences.

Typical costs linked to such activities would be: travel and subsistence; equipment; costs for publication and editing of materials; IT development (such as creating a website); staff and human resources costs; etc.

Please note that any activity can be accepted when considered relevant for the project and compliant with the eligibility criteria. If an application presents activities that are deemed not relevant to achieving the objectives of the programme or are disproportionate in terms of costs, the project might be either ranked with a low score during the selection phase or even rejected.

7 Budget management and grant agreement amendments

Once a project is awarded, beneficiaries have full flexibility in the management of the lump sum as long as the activities are implemented as foreseen in the proposal and the expected results remain the same. If the beneficiaries would like to formalise a change in the breakdown of the lump sum shares, this will require an amendment.

If the beneficiary has to implement significant changes in terms of content in the project, it needs to request an amendment of the grant agreement. Depending on the changes, a modification of the budget allocation may be needed. The AMEUP will assess the amendment request and, if approved, it will become part of the grant agreement.

The changes requested cannot call into question the decision awarding the grant or breach the principle of equal treatment of applicants.

In what concerns the planned activities, changes are possible on condition that the changed activities are content equivalent, meaning that the new/modified activity contributes to the project objectives, and budget equivalent, meaning that the modified activity has an approximately equivalent cost as the planned one. However, as the cases can be very different from each other it is recommended to always consult the AMEUP.

The beneficiary can introduce changes to work packages/activities only if the work package/activity is not already completed.

At reporting stage, the amount paid for each activity or work package will always be the same as what was allocated at application stage or amendment stage, and grant reductions will only depend on the level of achievement of the objectives of the activities/work package and the quality of the results.

7.1 Reporting

The interim and the final reports for Cooperation Partnerships follow the structure of the application form, with the award criteria re-assessed by the (internal or external) experts when the project reaches its mid-term and at its completion. The overall structure of the report is:

- Project management
- Project implementation
- Impact and sharing results

In the section on project management, the beneficiaries are requested to report on aspects, related to the cooperation among partners, working arrangements, distribution of tasks and coordination, respect of project timeline.

In the section on project implementation, the beneficiaries elaborate on the achievement of their objectives set at application stage. This should be done with the support of the quantitative and qualitative indicators identified at application stage to measure the degree by which the project objectives have been achieved. Beneficiaries shall confront the quantitative and qualitative evidence of results obtained with the indicators and with the expected results stated in the application.

In the section on impact and sharing of results, beneficiaries shall show how the results of the projects were made available and produced benefits for the organisations participating in the project and for other stakeholders. The beneficiaries should also to provide information on the sustainability and the longer-term impact of the project.

In addition, beneficiaries are invited to carry out a self-assessment/lesson learnt exercise and reflect on the quality of the implementation of their project (including a comparison between the indicators proposed at application stage and the result achieved), the successes, the problems encountered and the lessons learnt. As part of the final report, the project results and outcomes must be uploaded on the Erasmus+ Project Results Platform as proof of the quality of the project. In addition, beneficiaries can add other relevant documents that they consider useful to facilitate the evaluation of their project. They have to make sure that they refer to these documents in the description of the project result. If those documents are not considered sufficient for the quality assessment, the assessors can request specific documents related to the declared project results.

The description of results shall include the reference to relevant supporting documents such as meeting minutes, course materials, project deliverables, publications, photos etc. All necessary documents providing evidence for the achievement of reported results shall be submitted with interim and final reports. However, during the quality assessment, evaluators can request specific additional documents to analyse them in depth.