

D3.1 Evaluation Plan



Deliverable Plan

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Contributing partner(s)	Nivel
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ABSTRACT

The general purpose of the internal evaluation is to assess the extent to which the objectives of HEROES have been met and to optimize the processes to ensure that the project activities are implemented as intended. The project has been designed in a way that ensures collaborative learning, exchange of practices and that participating stakeholders are responsible at the level of their involvement to ensure that the project produces high quality results. They therefore play a crucial role in suggesting and implementing improvements to achieve the best possible outcomes and outputs. The Evaluation Plan describes the evaluation approach including standards and procedures, performed by the Quality and Evaluation team of Work Package 3, which serve to systematically assess the quality and development of the project process, its deliverables and outputs according to specific performance & quality indicators. The Evaluation Plan includes the evaluation design, based on a combination of 1) a formative and 2) summative evaluation. In relation to the methodology, the evaluation will apply mixed methods consisting of both quantitative and qualitative data collection including standardized surveys and interviews. The formative evaluation, using both quantitative and qualitative methods with an emphasis on the latter, will be carried out after each deliverable and output has been developed/submitted. This will allow to assess results and determine if the process and work that has been carried out, as well as the actors involved performed according to the agreed plan. It will provide feedback with a view to potentially improving on-going activities. This formative evaluation will be carried out throughout the project, whereas the summative evaluation will occur only at the end of the project. The summative evaluation will be used to assess whether the overall aim and objectives of the HEROES project have been met and will evaluate the level of achievement and impact. Data collection for the summative evaluation will focus on quantitative outcome measures. The specific methods will be chosen based on the surveys and interviews and accompanying indicators. Different data sources and evaluation tools will be used in the evaluation. Next to the Quality and Evaluation team of WP3 an external Quality Advisory Board (QAB) will assess the quality of the main deliverables and advise on the progress and impact of the Joint Action, including its sustainability and future steps. The QAB will provide this feedback during the planned QAB meetings, and intermediate by mail.

STATEMENT OF ORIGINALITY

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

DISCLAIMER

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the Health and Digital Executive Agency (HaDEA). Neither the European Union nor the granting authority can be held responsible for them.





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Introduction

The general purpose of the evaluation is to optimize the implementation of the HEROES project with a view to ensuring that it meets its deliverables and objectives as envisaged.

The overarching aims of HEROES are:

- to improve the health workforce planning capacities in Member States to help EU countries build health workforce that is:
 - o accessible
 - o sustainable
 - o resilient
- to make structured improvements in data for health workforce planning, while also ensuring relevant feedback at EU level
- to ensure the long-term impact of work through sustaining the implemented actions with a view to their continuity, ensuring the uptake and scalability of solutions after the HEROES project ends.

The evaluation of HEROES will have features of both a formative and summative evaluation (Clarke, 1999).

Evaluation methodology

The following section includes the evaluation methodology and questions for both formative as well as summative evaluation as well as standards and procedures to carry out the evaluation for the HEROES project. This aims to optimize the implementation of the HEROES project so it meets its deliverables and objectives as envisaged.

Formative evaluation

The formative evaluation consists of two elements. All the milestones and deliverables will be evaluated in multiple review rounds by evaluators, with all the final improvement points needing to be processed in the week before a deliverable will be submitted to HADEA, or the week before the milestone should be reached. This will allow the evaluators (see the paragraph "Role of the Quality and Evaluation team") to assess if the process and the work have been carried out according to the agreed plan. In parallel to the evaluation of the deliverables and milestones, project audits and quality reviews of processes, such as the cluster workshops and project meetings, will be done as part of the formative evaluation. The formative evaluation will be carried out throughout the project.

Methodology of the formative evaluation of the deliverables and milestones

The formative evaluation, using both quantitative and qualitative methods with an emphasis on the latter, will focus on the HEROES project processes. The idea behind this is to describe how the project operates, particularly during the early stages, to ascertain any potential problems and/or opportunities and to improve the processes to ensure the highest possible quality of the deliverables, milestones and other outputs.





The objective of this evaluation is not to monitor progress of the project and of the delivery of tasks but to assess if expected results and impacts have been achieved and how tasks were delivered. The emphasis of the formative evaluation is therefore on identifying the strengths, weaknesses and risks of the HEROES project – also considering the perceptions and experiences of the project WP leaders and staff members. This method of triangulation helps to deal with the challenge of checking the correctness of information provided. Ultimately, the aim is to determine if any changes are needed in order to improve the HEROES project. Therefore, formative evaluation is action-oriented. The following four quantitative indicators will be checked each joint action semester, and the following five qualitative indicators will be checked for each deliverable and milestone (table 1, annex 2).

Table 1. Indicators for the formative evaluation

Quantitative indicators (per semester)	Qualitative indicators (per milestone/deliverable)
% of deliverables submitted on time per semester For the deliverables that were delayed or not submitted, what were the reasons for the delays, and how can we mitigate them for future deliverables?	Were the tasks done, contributing to the milestone/deliverable as defined? If not or partly, what are the reasons for this and how can this be solved in terms of adjusting or adding tasks?
% of submitted deliverables that were rejected, per semester For the deliverables that were rejected, what was the reason for the rejection?	Were the goals defined for the milestone/deliverable achieved? If not or partly, what are the reasons for this and how can this be solved in adapting the deliverable and its key results and/or conclusions?
% of milestones completed on time per semester For the milestones that were delayed or not submitted what were the reasons for the delays, and how can we mitigate them for future milestones?	Were all (research) questions of the milestone/deliverable clearly answered? If not or partly, what were the reasons for this and how can consistency between questions and answers be solved?
% of countries assigned to a milestone/deliverable who delivered their internal reports on time, per semester For the countries that did not deliver their reports on time, what were the reasons for this, and how can we ensure full involvement for future deliverables or milestones?	Does the milestone/deliverable have a clear structure and good level of solidity, rigor and readability? If not or partly, what were the reasons for this and how can this be solved by reviewing and editing, and by whom?
	Does the milestone/deliverable contribute to the aims and objectives of the Joint Action HEROES? If not or partly, why and how can this be solved by re-designing the deliverable and re-writing its content?





Project audits and quality reviews

The Quality and Evaluation team members will perform project quality audits and reviews before the Steering Committee meetings (every two months) including the results and corrective measures as part of the formative evaluation. Short reports addressed to concerned stakeholders will be drafted on the basis of these actions. The report will propose improvements with a clear timeline. The follow up will be included in the agenda for the Steering Committee meetings to discuss and decide how the results of these audits and reviews will be factored into project planning and implementation and lessons-learned that can benefit the project team. The Quality and Evaluation Team members will collect information related to the progress of the tasks assigned to their respective organizations using the questionnaire included in Annex 1. Answers to this questionnaire will be provided to the lead evaluator every two months before the Steering Committee meeting.

A record will be kept of the audit's reviews, and the solutions and comments that emerged.

Data sources for the formative evaluation

The Grant Agreement, the Gant Chart, the list of deliverables and milestones will be the basis for evaluation. Reports addressed to concerned stakeholders and minutes of meetings will be used as documentary sources for the formative evaluation.

Timeline of evaluation

The formative evaluation is embedded in the submission process of the milestones and deliverables. All deliverables and milestones will be reviewed by two reviewers. Which partners will review the different deliverables and milestones can be found in Annex 2. After the quality check by reviewer 1 and 2 the coordinator will send the final version of the deliverable to WP3 for evaluation before it is submitted for approval by HaDEA.

The process for submission of deliverables and milestones

- 1. Four weeks before the due date the Lead Beneficiary sends the final draft to the Reviewer 1. The Lead Beneficiary processes the comments and changes proposed by Reviewer 1.
- 2. Two weeks before the due date the Lead Beneficiary sends the improved version to the Reviewer 2. The Lead Beneficiary processes the comments and changes proposed by Reviewer 2.
- 3. One week before the due date the Lead Beneficiary sends the final version to the Coordinator, who will forward it to WP3 for the evaluation.
- 4. The coordinator carries out a final check, requires the approval of the General Assembly and then uploads the deliverable to the EU Funding and Tenders Portal by the due date.

HaDEA approves the deliverables, reopens the deliverable, or eventually rejects the deliverable. In case of reopening the deliverable (sending it back for revision) a new round of review starts addressing the comments received by HaDEA





Summative evaluation

The summative evaluation will be carried out both mid-term and at the end of the project, to assess if and to what extent the aims and objectives of the JA HEROES according to the grant agreement were achieved. Next to this mid-term evaluation and the evaluation at the end of the project, a yearly self-evaluation questionnaire will be sent to all participants in the JA HEROES. The yearly self-evaluation will show if the participants assess the Joint action to have the indicated effects. If not, there is time to adjust the joint action in such a way that the aims and objectives will be met according to all or most participants.

Methodology of the summative evaluation

The yearly self-evaluation questionnaire can be found in Annex 3. Mid-term and at the end of the project the Quality and Evaluation team will look at whether the defined specific objectives have been met by using the indicators in the table below. The quantitative indicators methodology follow the RE-AIM framework. The RE-AIM is a worldwide and frequently used framework developed from a public health perspective, to guide the planning and evaluation of programs according to five elements: Reach(R), Effectiveness(E), Adoption(A), Implementation(I) and Maintenance(M). In Annex 4 these five elements are further clarified. This RE-AIM framework will be applied to the indicators for the summative evaluation in the table below. For each indicator in the table, it is indicated to which element of the RE-AIM framework they apply.





Table 2. Objectives and indicators within the RE-AIM framework

Objective	Indicators
	- Number of situation analyses on
1: To deliver national datasets for planning purposes in each country participating in the JA, built on the updated version of the Minimum Data Set (MDS) delivered by the JAHWF, including common HWF mobility indicators, methods for filling the gap between needed an currently collected data referred to both supply and demand of HWF	available and needed national HWF data sets (R) Number of national plans on HWF data (R) Mof action plans on HWF data implemented (R) Number of MS that started the implementation of a MDS at country level (E) Number of MS that completed the implementation of a MDS at country level (E) Number of action lists to fill the data gaps (A) Mof countries planning on implementing at least 3 actions from the data gaps list (I) Impact on data at EU level: assessment of the contribution of the Joint Action to the structured improvement of health workforce data for health workforce planning (I) Self-assessment on the feasibility that list the of actions will be implemented within 5 years after the end of JA HEROES (I)
2: To develop / improve methods and tools in each participating country to plan HWF supply and demand building on the main drivers affecting HWF demand detected in the JAHWF and on the MDS developed in objective 1, taking into account among other items, population changes, technology development, digitalisation, leading to a clear understanding of both quantitative and qualitative needs of HWF across MS	 Number of situation analyses on the HWF planning tool (R) Number of action plans on the HWF planning tool (R) % of action plans implemented (I) % of countries that lacked HWF planning tools who started an implementation process / implemented HWF planning tools at country level % of countries with existing HWF planning tools who started an improvement process/ improved HWF planning tools at country level Number of countries including new/improved demand side indicators in their HWF planning tool (A) Self-assessment on the feasibility that the HWF planning tool will have an impact on the HWF policy settings and policy decision making process (A)
3. To improve skills and capacities of national/regional HWF planners of the participating countries to those needed for an effective implementation of a HWF planning system through training programmes focused in different areas.	 Number of situation analyses on planning skills and capacities needed (R) Number of action plans to improve the planning skills and capacities needed (R) % action plans implemented (I) Training courses implemented (I) Number of participants in training courses executed during JA HEROES, per country Training toolkits delivered (A) Self-assessment on the degree to which HWF planning training courses improved





	the effectiveness of the HME planning
	the effectiveness of the HWF planning process (E)
4. To foster governments' commitment for building the HWF planning capacity further, engaging systematically relevant national stakeholders and fostering the 'health in all policies' approach.	 Number of ministries of health represented in the policy board (R) Number of policy dialogues at national level (E) Number of meetings of the stakeholders' forum (E) % of stakeholders attending the stakeholder forum relative to all the stakeholders invited (E) Number of stakeholder meetings organised (E) Number of countries establishing HWF planning task /unit after the launch of the Joint Action Reports on policy action plans delivered by the national policy dialogues (A) Self-assessment on the degree to which JA HEROES guidelines and results have
5. To support national competent authorities in facilitating the sustainability of the implementations at regional/national level	 impact in policy settings (I) Factors of sustainability addressed in individual implementation plans (A) National frameworks in all the participating countries on the health workforce planning governance (A) Sustainability action plan (M) Self-assessment on the degree to which the actions implemented will be sustainable after the end of JA HEROES (I)
6: To perform a systematic appraisal of the quality of the national improvement and implementation process during the JA HEROES	 Number of meetings with the QAB (R) Current situation analysis ("AS IS" reports) and scope and definition of objectives ("TO BE" reports) completed on schedule (A) Sustainability action plan completed (M) Mid-term evaluation report completed (A) Final evaluation report completed (A) Self-assessment on the degree to which the sustainability action plan as well as the evaluation report will be helpful for sustaining the actions that will be implemented (M)
7: To improve knowledge on HWF planning and to reinforce the HWF planning community of experts	 Number of community of practice meetings (A) Number of participants per community of practice meetings Number of countries and stakeholders participating in the community of practice meetings % of countries that have set up a dedicated HWF planning unit at the national level at start and finish of the JA Number of webinars (A) Number of newsletters (A) Number of presentations at scientific and policy discussion events (A) Number of websites (A)





	 Estimated audience is met (I) Estimated number of people participating at webinars and public conferences is met (I) Satisfaction with knowledge exchange of actions (A) Self-assessment on the degree to which the knowledge exchange actions and the dissemination activities will have impact on the HWF planning capacity improvement on country level (M)
8: To ensure quality, compliance and usefulness of the Joint Action	 % of surveys completed (E) Satisfaction with the project progress (A) % of relevant national stakeholders and key actors who are using JA HEROES knowledge and tools in a meaningful manner for their work. (M)

Semi-structured interviews

Moreover, we will organise self-evaluation and conduct in-depth qualitative interviews based on a semi-structured topic list with partners at the end of each year to determine what goes well and where improvements are needed (see Annex 3 for the Annual Project Self-evaluation Questionnaire).

Role of the Quality and Evaluation team

The leader of the evaluation plan WP3 (ICS and Nivel, henceforth referred to as the evaluator) will work closely with the project WP / Task leaders and staff members from the Consortium Organisations. This will help optimize the implementation process of the tasks and the activities of the HEROES project. After each deliverable and output has been developed, the role of the evaluator will be to identify whether the task has been delivered on time, whether it has followed the necessary steps to acquire the quality as envisioned, to understand what the barriers/facilitators were and highlight how to make improvements. Therefore, the evaluator will work closely with different participants of HEROES.

The formative evaluation will be an on-going process. The summative evaluation will be done mid-term and at the end of the HEROES project and will assess if and to what extent objectives of HEROES have been met. Another element in the summative evaluation will be meetings with stakeholders from main organisations at the national and European level to discuss the findings of evaluation, i.e. the competent authorities. The role of the evaluator in this will be independent, in comparison to the formative evaluation which often interacts with the project staff on a regular basis throughout the evaluation. All work packages will be evaluated from both perspectives.

Quality and Evaluation team: roles and responsibilities

A detailed description of the division of tasks and responsibilities between the Consortium partners is provided below.





Quality assurance team members

Each WP will have at least one person in the Quality and Evaluation team, who will be responsible for guaranteeing that tasks are being conducted (Table 3).

Table 3. Roles and responsibilities of the Quality & Evaluation Team

Name & contact details	Organization	Role	Responsibilities
Lisa Baldini	Agenzia nazionale	Q&E team	Guarantee that the
E-mail: baldini@agenas.it	per i servizi sanitari	member	tasks within WP1
Marco Di Marco	regionali		are being
E-Mail: dimarco@agenas.it	(AGE.NA.S,) Italy		conducted.
Hlásna Mária E-mail:	Ministerstvo	Q&E team	Guarantee that the
Maria.Hlasna@health.gov.sk	zdravotnictva	member	tasks within WP2
	slovenskey republiky		are being
	(SK MoH), Slovakia		conducted.
Xavier Saballis i Bruells	Institut Catala de la	Q&E team	Carrying out the
E-mail: xsaballs@gencat.cat	Salut (ICS), Spain	member	activities of the
Xavier Bayona i Huguet			evaluation plan and
E-mail: xbayonah@gencat.cat			monitoring.
			Guarantee that the
			tasks within WP3
			are being
			conducted.
Bart Peeters	Sciensano	Q&E team	Guarantee that the
E-mail: Bart.Peeters@sciensano.bebe	(Sciensano),	member	tasks within WP4
	Belgium		are being
			conducted
Sara Ismail AlidinaE-mail:	Administracao	Q&E team	Guarantee that the
salidina@acss.min-saude.pt	central do Sistema	member	tasks within WP5
Christin Marsh Ormhaug	desaude IP (ACSS),		are being
E-mail:	Portugal		conducted
Christin.Marsh.Ormhaug@helsedir.no>	Helsedirektoratet,		
	Norway		
Tóth Dóra	Orszagos Korhazi	Q&E team	Guarantee that the
Email: toth.dora@okfo.gov.hu	foigazgatosag	member	tasks within WP6
	(OKFO), Hungary		are being
			conducted
Mart Brauer	Sotsiaalministeerium	Q&E team	Guarantee that the
Email: Mart.Brauer@sm.ee	(MSAE), Estonia	member	tasks within WP7
			are being
			conducted



Name & contact details	Organization	Role	Responsibilities
Zoltán Cserháti	Semmelweis	Q&E team	Guarantee that
Cserhati.zoltan@semmelweis.emk.hu	University (SU),	member	Task 1 will be
	Hungary		conducted
Ronald Batenburg	Nivel, Netherlands	Q&E team	Guarantee that
r.batenburg@Nivel.nl		member	Task 2 will be
			conducted, and
			carrying out the
			activities of the
			evaluation plan and
			monitoring.
			Guarantee that the
			tasks within WP3
			are being
			conducted.
Tit Albreht	National institute of	Q&E team	Guarantee that
<u>Tit.albreht@nijz.si</u>	public health (NIJZ),	member	Task 3 will be
	Slovenia		conducted

The members of the Quality and Evaluation team will also contribute to validate the checklists that will be developed by the ICS team for evaluation process.





Quality Advisory Board

Main deliverables in relation to the specific objectives of the HEROES project will, as part of the evaluation process, be assessed by a Quality Advisory Board (QAB). The QAB is established in order to support an objective and external project evaluation, including assessment of the impact of the different activities. For the impact of the JA HEROES on the national level, the policy board and stakeholder forum will be established by WP4. They will also give specific and important input for the evaluation, in particular with regard to the impact of the JA and the implementation of the national action plans. As of now, the Board consists of members from different experienced and respected organisations that are active in the field of (international or global) health workforce research and policy and planning. Confirmed members of the QAB are:

- Michel Van Hoegaerden, programme manager of the previous Joint Action on Health Workforce Planning and Forecasting;
- Gilles Dussault, former professor at the Institute of Hygiene and Tropical Medicine (IHMT), Lisbon and WHO advisor;
- Jim (James) Buchan, senior fellow, Health Foundation, UK;
- Claudio Costa, coordinator of the Italian regional committee on HWF (public sector) planning, Veneto Region;
- Mário Roberto Dal Poz, coordinator of the Health Workforce Information and Governance program at WHO, associate professor at the Social Medicine Institute of the University of the State of Rio de Janeiro;
- Beatriz González López-Valcárcel, full professor of Quantitative Methods in Economics and Management at the University of Las Palmas de GC, leader of research projects in the National R & D Plan and EU programmes;
- Heidi Kapstad, associate professor, University of South-Eastern Norway.

The QAB will hold two to three online meetings per year, depending on the planning of all project deliverables and milestones. The HEROES evaluation (WP3) team will plan, prepare, and lead these meetings, including taking care of recordings and minutes. A member of the General Assembly (GA) will participate in each meeting of the QAB, as well as WP leaders relevant for the sets of deliverables and milestones on the agenda. The respective WP Leaders will work together with the Joint Action HEROES Coordination to set up, manage and follow-up the activities of the QAB.

External evaluation instruments (e.g. evaluation or impact by surveys and structured interviews with international and national stakeholders) are applied, in terms of quality standards from a scientific perspective as well as assessment standards from an international policy perspective.

Interim and final evaluation report

The main deliverables of WP3 will be an interim and final evaluation report, that answers the set of evaluation questions as drafted in the evaluation plan. Moreover, each of the steps outlined in the evaluation plan will be summarised based on actual activities undertaken. The task will result in deliverable D3.2, Mid-term evaluation report (M20) and deliverable D3.3, Final evaluation report (M36).





References

Clarke A. Evaluation Research. United Kingdom: SAGE Publications Ltd; 1999.

Glasgow RE, Harden SM, Gaglio B, Rabin B, Smith ML, Porter GC, Ory MG, Estabrooks PA. RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review. Front Public Health. 2019 Mar 29;7:64.





Annex 1. Report on activities

To be filled in by each partner

PERIOD COVERED BY THE REPORT: from dd/mm/yyyy - to dd/mm/yyyy

Work Package N.			
TITLE			
START DATE	dd/mm/yyyy	END DATE	dd/mm/yyyy

REPORT ISSUED BY	Name of Partner
AUTHOR	
DATE OF ISSUE	dd/mm/yyyy





1. ACTIVITIES REALISED

(please provide a detailed description of the methodology adopted, subjects involved)	he activities implemented, focusing on: process and
2. DEVIATIONS FROM INITIAL PLANNI	ING AND REASONS RELATED
(Referring to point 1 above, please describe in	details the difficulties encountered and reasons related)
3. RECOVERY ACTIONS ADOPTED	
(Referring to point 2 above, please describe th	e solutions adopted to overcome difficulties)
4. RESULT S/PRODUCT REALISED OF	R IN PROGRESS
Please provide a detailed description of all resresult/ product, please provide the following into	ults/products related to the activities realised. For each formation
Realization process	
Completed In progress	estimated percentage (%) of work completed: _%
Result/Product Type	
Result/Product language/s	
Medium used (e.g., database etc.)	
Findings, conclusions and lessons of evaluation and testing	
Was the result/product/process Modified respectively adapted after evaluation and testing?	





Annex 2. Reviewers per deliverable and milestone

No	Deliverable Name	WP	Lead Beneficiary	Reviewer 1	Reviewer 2
D1.1	Joint Action Guide	WP1	AGE.NA.S	ICS	Nivel
МЗ	Event calander	WP2	SK MoH	AGE.NA.S	ICZ/Nivel
D2.1	Communication and dissemination strategy	WP2	SK MoH	AGE.NA.S	ICS/Nivel
D2.2	Initial Leaflet	WP2	SK MoH	AGE.NA.S	ICS/Nivel
M2	Design manual for the website	WP2	SU	AGE.NA.S	ICS/Nivel
D2.3	Website	WP2	SU	AGE.NA.S	ICS/Nivel
D2.4	Policy Briefs	WP2	AGE.NA.S [EU OBS]	Sciensano / WHO EU	AGE.NA.S / ICS / Nivel
M31	Mid-term dissemination report	WP2	OKFO	SU	ICS/Nivel
D2.5	Final dissemination report	WP2	OKFO	SU	ICS/Nivel
D2.6	Layman report	WP2	OKFO	Sciensano	ICS/Nivel
M5	Draft evaluation plan	WP3	ICS	UCSC	NIJZ
D3.1	Evaluation Plan	WP3	ICS	UCSC	NIJZ
M6	Draft evaluation report	WP3	ICS	OKFO	ACSS
D3.2	Mid-term evaluation report	WP3	ICS	OKFO	ACSS
M7	Draft final evaluation report	WP3	ICS	MSAE	SU
D3.3	Final evaluation report	WP3	ICS	MSAE	SU
M8	Methodology for sustainable framework for HWF intelligence	WP4	WHO	AGE.NA.S	ICS/Nivel
M9	Guidelines for national policy dialogues	WP4	Sciensano	AGE.NA.S	ICS/Nivel
M10	Policy board operating procedures	WP4	Sciensano	AGE.NA.S	ICS/Nivel
M11	List of all the national Policy dialogue topics	WP4	Sciensano	AGE.NA.S	ICS/Nivel
M12	First sustainability plan	WP4	Sciensano	AGE.NA.S	ICS/Nivel
D4.1	20 policy action plans derived from policy dialogues	WP4	Sciensano	HDIR	ICS/Nivel
D4.2	Final sustainability report at the EU-level	WP4	Sciensano	AGE.NA.S / WHO EU	ICS/Nivel
M13	WP5 Stakeholders' list	WP5	ACSS	AGE.NA.S / OKFO	Nivel
M14	WP5 Sustainable framework for HWF intelligence	WP5	ACSS	AGE.NA.S / OKFO	Nivel





No	Deliverable Name	WP	Lead Beneficiary	Reviewer 1	Reviewer 2
M15	WP5 Advanced minimum dataset (AMDS)	WP5	ACSS	AGE.NA.S / OKFO	Nivel
M16	WP5 Action plan to optimise HWF planning data	WP5	ACSS	AGE.NA.S / OKFO	Nivel
M17	WP5 action plan to optimise HWF planning tools	WP5	ACSS	AGE.NA.S / OKFO	Nivel
M18	WP5 HWF planning training materials	WP5	ACSS	AGE.NA.S / OKFO	Nivel
D5.1	Report on countries' data collection, HWF planning models and tools, stakeholders' involvement: Portugal, Norway, Greece, Sweden, Spain, Italy	WP5	ACSS	AGE.NA.S / OKFO	Nivel
D5.2	Report on workforce planning skills improvement Portugal, Norway, Greece, Sweden, Spain, Italy	WP5	ACSS	AGE.NA.S / OKFO	Nivel
M19	WP6 Stakeholders' list	WP6	OKFO	AGE.NA.S / MSAE	ICS/Nivel
M20	WP6 Sustainable framework for HWF intelligence	WP6	OKFO	AGE.NA.S / MSAE	ICS/Nivel
M21	WP6 Advanced minimum dataset (AMDS)	WP6	OKFO	AGE.NA.S / MSAE	ICS/Nivel
M22	WP6 Action plan to optimise HWF planning data	WP6	OKFO	AGE.NA.S / MSAE	ICS/Nivel
M23	WP6 action plan to optimise HWF planning tools	WP6	OKFO	AGE.NA.S / MSAE	ICS/Nivel
M24	WP6 HWF planning training materials	WP6	OKFO	AGE.NA.S / MSAE	ICS/Nivel
D6.1	Report on countries' data collection, HWF planning models and tools, stakeholders' involvement: Croatia, Romania, Slovenia, Lithuania, Hungary, Poland	WP6	OKFO	AGE.NA.S / MSAE	ICS/Nivel
D6.2	Report on workforce planning skills improvement: Croatia, Romania, Slovenia, Lithuania, Hungary, Poland	WP6	OKFO	AGE.NA.S / MSAE	ICS/Nivel





No	Deliverable Name	WP	Lead Beneficiary	Reviewer 1	Reviewer 2
M25	WP7 Stakeholders' list	WP7	MSAE	AGE.NA.S / ACSS	ICS
M26	WP7 Sustainable framework for HWF intelligence	WP7	MSAE	AGE.NA.S / ACSS	ICS
M27	WP7 Advanced minimum dataset (AMDS)	WP7	MSAE	AGE.NA.S / ACSS	ICS
M28	WP7 Action plan to optimise HWF planning data	WP7	MSAE	AGE.NA.S / ACSS	ICS
M29	WP7 action plan to optimise HWF planning tools	WP7	MSAE	AGE.NA.S / ACSS	ICS
M30	WP7 HWF planning training materials	WP7	MSAE	AGE.NA.S / ACSS	ICS
D7.1	Report on workforce planning skills improvement: Belgium, Estonia, the Netherlands, Slovakia, Czechia, Malta, Germany	WP7	MSAE	AGE.NA.S / ACSS	ICS
D7.2	Report on workforce planning skills improvement: Belgium, Estonia, the Netherlands, Slovakia, Czechia, Malta, Germany	WP7	MSAE	AGE.NA.S / ACSS	ICS



Annex 3. Annual Project Self-Evaluation Questionnaire

For each statement, please tell me if you fully disagree, slightly disagree, no opinion, slightly agree or fully agree.

	Fully	Slightly	No	Slightly	Fully
	disagree	disagree	opinion	agree	agree
The project will deliver the outputs / outcomes defined	О	О	О	О	О
The outcomes will have the impact envisioned	О	О	О	О	О
The tasks we undertake still contribute to the results defined	О	О	О	О	О
We are still in line with the original schedule	О	О	О	О	О
The results will have the level of quality as originally expected (by the participants of HEROES and the European Commission)	О	0	О	0	О
The project is managed well	О	О	О	О	О
The communication in the project is sufficient	О	О	О	О	О
We are aware of the risks in the project	О	О	О	О	О
Decision-making is done correctly	О	О	О	О	О
Resources allocated to carry out the various tasks are sufficient	О	О	О	О	О

OVERALL EVALUATION

Overall comment:		
Strong points:		
Improvements:		





Annex 4 The RE-AIM framework

The framework RE-AIM is a worldwide and frequently used framework developed from a public health perspective, to guide the planning and evaluation of programs according to five elements: Reach, Effectiveness, Adoption, Implementation, and Maintenance. In short, these five elements concern (https://re-aim.org):

- Reach The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program.
- 2. Effectiveness (or Efficacy) The impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes.
- 3. Adoption Measuring the difference made in terms of adopted methods to improve data availability, data quality, planning skills and forecasting models. For example, how Member States adopted new methodologies for the regular forecasting, making a comparison with the baseline situation and what has been improved at the end of the Joint Action.
- 4. Implementation At the setting level, implementation refers to the intervention agents' fidelity to the various elements of an intervention's protocol, including consistency of delivery as intended and the time and cost of the intervention. At the individual level, implementation refers to clients' use of the intervention strategies.
- 5. Maintenance The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. Within the RE-AIM framework, maintenance also applies at the individual level. At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after 6 or more months after the most recent intervention contact.





D3.1 Evaluation Plan