

## **Deliverable 2.1.1 Communication Plan (Σχέδιο Επικοινωνίας)**

in the framework of the project “Remote Healthcare Service Provision” with acronym “RemoteCARE” within the Cooperation Programme INTERREG V – A Greece – Bulgaria 2014 – 2020



## Table of Contents

The building of the project's image started with the design of a distinctive logo. The logo is the most important element of the visual identity of the project. A logo must be designed to be aesthetically and functionally perfect. It must highlight the project that it represents, so it can help it achieve its aim.

The logo is "built" by the typographical elements. Proper font selection or design of the print designs that will form the desired logo is the most important problem the designer has to solve. The logo is the visual embodiment of the spirit of the project and what defines it and makes it recognizable. The logo does not have the direct task of promoting products or services but it identifies the project that it represents. It has to be functional and not just decorative. Its role is to represent the project in a way as simple as possible.

The logo should be used in all communication materials:

- Informative and Publicity Material
- Audiovisual material
- Digital materials: websites, networking platforms etc.
- Events: e.g. Information days, conferences, events

|   |    |
|---|----|
| 1. Project Management Approach for the project "RemoteCARE" ..... | 3  |
| 1. Introduction.....  | 4  |
| 1.1 The Programme "Greece-Bulgaria 2014 - 2020" .....             | 4  |
| 1.2 General Information of the cross-border area.....             | 5  |
| 1.3 Scope of the project "RemoteCARE" .....                       | 12 |
| 1.4 The main objectives of the project .....                      | 14 |
| 1.5 The main expected results .....                               | 15 |
| 1.6 The main outputs of the project .....                         | 16 |
| 2. Information and Publicity Strategy .....                       | 22 |
| 2.1 Purpose of the Communication and Dissemination Strategy.....  | 22 |
| 2.2 Communication Objectives .....                                | 23 |
| 2.3 Basic stages of communication .....                           | 24 |
| 2.4 Target Groups.....  | 25 |
| 3. Communication Tools.....                                       | 26 |
| 3.1 Internal Communication Tools.....                             | 26 |

|  |    |
|--|----|
| 3.2 External Communication Tools .....                         | 28 |
| 3.2.1 Final Event .....  | 28 |
| 3.2.2 Dissemination Material .....                             | 28 |
| 3.2.3 Website .....  | 29 |
| 3.2.4 Raising Awareness Actions .....                          | 30 |
| 3.2.5 Dissemination Events .....                               | 30 |
| 3.3 Project LOGO .....   | 31 |
| 4. Measurement of efficiency indicators .....                  | 32 |
| 5. Analysis of human and financial resource requirements ..... | 33 |
| 5.1 Human Resources Requirements .....                         | 33 |
| 5.2 Financial resource requirements .....                      | 34 |
| 5.3 Table of External Expertise and Services.....              | 34 |
| 6. Project Templates.....                                      | 35 |
| <b>ANNEX</b> .....   | 36 |

## 1. Project Management Approach for the project “RemoteCARE”

| Project Title: Remote Healthcare Service Provision |                    |
|--|--------------------|
| Project Acronym                                    | RemoteCARE         |
| Deliverable Title                                  | Communication Plan |
| Work Package                                       | WP2                |
| Deliverable  | D.2.2.1            |

|                            |   |
|----------------------------|---|
| <b>Description</b>         | The deliverable describes in detail the project's communication strategy and plan. Is carried out an analysis of the main messages, the communication channels that will be implemented and the tools for communication and dissemination of project results. |
| <b>Date of Deliverable</b> | 05/2020   |
| <b>Contractor</b>          | Euroaction AE   |

## 1. Introduction

### 1.1 The Programme “Greece-Bulgaria 2014 - 2020”

The Cooperation Programme “Greece-Bulgaria 2014-2020” was approved by the European Commission on 13/12/2016 by Decision C(2016)8708.

Greece and Bulgaria, two neighboring countries with a rich past, since the end of the 1990s have entered an era of closer co-operation, due to the INTERREG Programme “Greece-Bulgaria”.

The main idea behind “INTERREG” is that countries have issues which can be better solved if they work together with their neighbors than if each one remains confined

within its borders. So for this reason, in our Programme we promote activities that bring our people closer. One needs to look no further than the land and the rivers we share and move on to roads and then to culture, food and traditions. In every case what happens on the one side of the border affects the other side as well. The need for joint actions is gradually becoming the normal than the exception.

## 1.2 General Information of the cross-border area

### *Eligible Area*

The eligible area of the Programme consists of the Region of Eastern Macedonia and Thrace (Prefectures of Evros, Kavala, Xanthi, Rodopi and Drama) and the Region of Central Macedonia (Prefectures of Thessaloniki and Serres) in Greece and the South-Central Planning Region and South-West Planning Region (Districts of Blagoevgrad, Smolyan, Kardjali and Haskovo) in Bulgaria.



The Greece-Bulgaria cross-border cooperation area for the programming period 2014-2020 is identical to the current ETC programme. It extends to 40.202 km<sup>2</sup> and has a total population of 2.7 million inhabitants. It covers four territorial units at NUTS II level (Regions), and 11 territorial units at NUTS III level (Districts). The eligible area extends across the entire Greek-Bulgarian border and is neighboring with Turkey (east) and

FYROM (west), both countries aspiring to access to the EU. It is part of the most south-eastern non-insular area of EU, and it is situated between three seas: the Black Sea, the Mediterranean Sea and the Ionian-Adriatic Sea. Finally, it sits at the crossroad of strategic fossil fuel pipelines supplying the EU market and TEN transport axes. The settlement structure of the area is characterized by the presence of 10 medium-large cities (>50.000 inhabitants) which accumulate 38,2% of total population, and 25 small cities (10.000-50.000 inhabitants). Despite the historically relatively small amounts of funds allocated, there is a long history of cooperation in the eligible area, which started with Community initiative INTERREG I (1989-1993).

The priority axes are:

PA 1: A Competitive and Entrepreneurship Promoting Cross-Border Area

PA 2: A Sustainable and climate adaptable Cross-Border area

PA 3: A better interconnected Cross-Border Area

PA 4: A socially inclusive Cross-Border area

PA 5: Technical Assistance

### ***Budget***

The total budget (ERDF and national contribution) for the European Territorial Programme “Greece-Bulgaria 2007-2013” is €130,262,835.00 .The total financing consists of €110.723.409,75 (85%) ERDF funding and €19.539.425,25 (15%) national contribution.

### ***General Level of Development***

The Greece-Bulgaria cross-border cooperation area is one of the poorest in the European Union, as the GDP per capita is below 50% of the E28 average. This has not changed considerably in the last 10 years, even though short-lived improvements were noted during 2002-2004 and then again in 2006-2009. The CB area is also characterized by large internal disparities, especially as it concerns the dichotomy between Bulgarian and Greek territories. Bulgarian districts exhibit a much lower level of economic development (below  $\frac{1}{4}$ ) than their Greek counterparts, mainly attributable to the fact that

Bulgaria has long been a transition economy. The 2006-2009 period was marked by economic growth on both sides of the border, as was the general trend all over Europe. After 2009, the global recession effects resulted in slowing down the growth rates in the Bulgarian part (0,25% annually) and in negative growth rates in the Greek part (-9% annually).

### ***Economy***

Even though the CB area has been gradually converting from an agricultural/industrial economy to an industrial/service economy, this conversion has been rather slow. Compared to EU28, the economy remains considerably more agricultural, less industrial, and more service-dependant. However, this is far from being homogeneous. The Greek CB-area is considerably less agricultural and industrial than the BG CB-area part, and more service-oriented. This heterogeneity is even more pronounced at district level. We can discern 2 types of districts in the BG part, and 3 types of districts in the GR part:

- Blagoevgrad/Haskovo: industry and trade dominated
- Smolyan/Kardzhali: industry and agriculture dominated
- Exros/Drama/Thessaloniki: public administration and industry dominated
- Xanthi/Rodopi: public administration and agriculture dominated, and
- Kavala/Serres: industry and public administration dominated.

More than half of GVA produced in the CB area (59%) is produced in the district of Thessaloniki. All other areas exhibit low percentages. Particularly low percentages are observed in the Bulgarian districts Haskovo, Smolyan and Kardzhali (1-2%). Some of the noteworthy intra-territorial structural developments that have taken place recently include:

- A gradual conversion between the two parts in terms of the portion of GVA attributable to the primary sector. Still, there remains a large differential between the two sides, with the Bulgarian territories being more heavily agricultural than the Greek territories, and even more heavily agricultural than the national (BG) average.

- A significant diversion between the two parts in the secondary sector, mainly attributable to the considerable losses of industrial activity experienced in the Greek part after 2006 (mainly due to relocations of labour-intensive industries in cheaper neighbouring countries). Total labour productivity in the CB area is significantly lower than the EU28 avg. (approx. 1/5) and exhibits high differentials between the Greek (32800€/employee) and Bulgarian (5800€/employee) parts. CB area productivity is also below the respective national averages for both parts:
  - for the Bulgarian part: ranging from 60% to 78% of the BG national average, and
  - for the Greek part: ranging from 60% to 84% of the GR national average.

Tourism – and especially eco-tourism - has long been heralded as the “growth-industry” of the CB area, as it includes a significant number of pristine areas of high ecological value. Yet, it has a rather modest number of accommodation establishments compared to its population (43 establishments/100.000 inhabitants, when the EU28 average is 111), and unevenly distributed. The largest concentrations of accommodation establishments and beds are in the districts of Kavala, Thessaloniki and Smolyan.

### ***Innovation***

Both Greece and Bulgaria have outlined national or regional strategies for innovation in the context of “smart specialization”. Yet, Bulgaria is lagging far behind the other EU countries and is listed as a “modest innovator” in the 2014 “Innovation Union Scoreboard”, while Greece, although in a somewhat better position, falls below the EU average and is listed as a “moderate innovator”. Yet, the CB area possesses significant research facilities currently which are however not collaborating with each other or with the business community. It also possesses similar productive systems, therefore exhibiting important opportunities for coupling entrepreneurship initiatives with innovation. The critical mass of research centres and other academic structures is located in Thessaloniki with the following fields of excellence: biotechnology, advanced



production systems for chemical processes, energy and environmental technologies, information processing, virtual reality, security services, etc. R&D activities in East Macedonia and Thrace are concentrated in the public sector and particularly in the Demokritos University of Thrace (with a unique Genetics Department) and to a lesser degree in the Technical Education Institute (TEI) of Kavala. On the Bulgarian part, most important research infrastructure is located outside the CB area (mainly in Sofia and Plovdiv) and only Blagoevgrad seems to have any significant research structures. The South-West University “Neofit Rilski” - with nine faculties[1] – offers PhD programmes in many liberal arts fields (Education and Pedagogy, Literary Studies and Linguistics, History and Archaeology, Social Sciences, Law, etc. and Arts - with a specializations in choreography and cinema). Of particular importance for the CB area are the programmes in Economics (with a specialization in Tourism), Geography and Environmental Sciences, and IT technologies. Also, in Smolyan there are branches of the In Smolyan there are branches of the "Paisii Hilendarski" University of Plovdiv with its Technical College and the Varna Free University "Tchernotisets Hrabar".

### ***Climate change***

According to the ESPON-CLIMATE project, the programme area is substantially more vulnerable to climate change both compared to EU 28 and the Greek and Bulgarian national levels as well. The districts with the highest vulnerability are Thessaloniki, Serres, Kardzhali and Haskovo. Climate change will have major negative impacts to the CB area. It is estimated that it will affect the majority of the urban centers, by rising the number of heat-wave days to more than 50 by 2071-2100. Natural hazards in the area include flood risk zones (mainly in the vicinity of Nestos/Mesta and Evros/Maritsa rivers), wildfire risk areas (mainly in the mountain ranges) and erosion risk areas (especially on the coast). Floods and wildfires can quickly spread across borders and their effective management is of cross border importance. Finally the areas with the highest risk of landslides are located in the basin of Maritsa East and in the coal development area in the South-west region. The largest studied landslide is located in the district of Smolyan at the location "Smolyan's Lakes".

In addition, the combined adaptive capacity of the CB area to climate change is similar to the national levels and the lowest in Europe. On the Greek side the district of

Thessaloniki and on Bulgarian side the district of Blagoevgrad show a rather high adaptive capacity relative to the national values but still lower than the EU28 average.

### ***Environment***

The CB area is characterized by many and important natural resources, including a large number of protected natural sites (86 Natura 2000 areas, 5 Ramsar wetlands, etc.), many of which are of pristine character. The CB landscape consists of densely forested mountains, straits of rivers, valleys, plains, lakes, coastal wetlands, seashores and river deltas. The area comprises the mountain ranges of Rila, Pirin and Rhodopi, featuring outstanding forests, the cross-border rivers Strymon (Struma), Nestos (Mesta), Ardas (Arda) and Evros (Maritsa) and more than 400 kilometers of coastline. These important natural resources have not been sufficiently exploited for development purposes in the past. In terms of the state of the environment, industry is among the major polluters on both parts of the border, and pollution hot-spots are concentrated in southwestern Bulgaria and near the Kavala urban area. Both cross-border rivers - Nestos and Evros - are polluted with urban as well as industrial effluents (e.g. BOD). The major problems in the management of urban wastewater result from the lack of sewage treatment infrastructure in settlements between 2,000-10,000 inhabitants. The problem is more acute on the Bulgarian portion of the CB area. In Bulgaria only 46% of the population is covered by wastewater treatment systems and most of the treatment capacity (71%) is located in the Danube and Black sea river basins (which are outside the CB area). On the Greek portion 88% of the population is covered by wastewater treatment systems.

### ***Accessibility***

The area possesses significant transport infrastructures. It is served by three ports of national/international importance (the Thessaloniki port, the double port of Kavala and the port of Alexandroupolis) and three main airports (the International Airport “Makedonia”, at Thessaloniki, the Airport “Great Alexander” at Kavala and the Airport “Democritus” at Alexandroupolis), all of them on the Greek side. The most important transport infrastructure is the road network and overall connectivity has improved significantly in the past:

- with the construction of the Egnatia motorway and several vertical axes connecting Greece to Bulgaria and
- The construction of large portions of motorways A3 and A4 in Bulgaria.

Nevertheless, lower-level roads are at various stages of disrepair (especially on the Bulgarian part) making interconnections difficult and reducing mobility especially in the mountain ranges. At the same time, several Egnatia vertical axes as agreed in the Transnational Agreement between Greece and Bulgaria in 1998 still missing or under construction (such as the connection of II-86 to the Greek transport system) and the motorways on the Bulgarian part are incomplete. The area is deficient in terms of railway and multi-modal infrastructure (despite the existence of important ports and airports). Both Greece and Bulgaria have been recently investing in the CB area railway network but it requires considerable investment which is outside the financial capabilities of the present programme. This heavy dependence on road transport also increases considerably the environmental footprint of transport activities in the area, especially at the border crossings (e.g. long lines of trucks) and especially during the tourist season. Last but not least, the area lacks accessible public transport for people with disabilities and cross-border public transport services.

### ***Labor Market, Poverty and Social Inclusion***

While in 2007 unemployment rates for the CB districts were on the average near or below the national rates and below the EU27 average rate, unemployment started to rapidly increase – especially in Greece - soon after the wake of the economic crisis in 2008 reaching record high levels in 2013. The Bulgarian districts succeeded to keep unemployment rates near or lower than the EU27 average. Currently, the high disparities among the CB districts have not dissipated. The latest data exhibit the following high unemployment rates (2013): Xanthi 37,5%, Drama 36,8%, Thessaloniki 32,1%, Serres 22,9%, Kavala 22,8%, Evros 22%, Smolyan 20,3% and Rodopi 16,8%. In addition, long term unemployment rates have increased sharply - especially for the Greek regions - after 2009, indicating a risk of large structural unemployment which in turn implies the existence of inefficient labour markets and a mismatch between labour market demand and the available skills and locations of the workers seeking

employment. According to the ESPON DEMIFER project the CB area shows significantly higher values of long-term unemployed persons compared to the EU28. Youth unemployment rates display similar trends and are attributed to the lackluster economic growth, the rigid labour market, and the mismatch between potential employee skills and employers' needs in Greece and Bulgaria.

In addition, the CB area exhibits considerably higher than EU28 percentages of population at risk of poverty or social exclusion (3-4 times higher). The main reason for the large divergence is the comparatively higher long term unemployment rates, and the higher share of people living in areas with low work intensity and low income levels. With respect to the latter, the share of people living in areas with low work intensity has been rising since 2010 in Bulgarian and Greek territories alike.

The large number of people experiencing poverty and social exclusion in the CB area is also attributable to the presence of various vulnerable groups such as minorities, internal migrants, asylum seekers and foreign persons under subsidiary protection. The higher risk of poverty and social exclusion among these groups is primarily connected to long-term unemployment and economic inactivity.

The rising incidence of poverty has many social consequences, one of which is the deteriorating public health conditions. Even though the CB area enjoys the availability of basic health care resources (e.g. hospitals and doctors) at levels near, or even better in several cases, than the EU28 average, the average life expectancy is lower than EU28 levels and many epidemiological indicators record higher values. Overall, Greek districts have exhibited higher life expectancy than Bulgarian districts in the past, but since poverty forces more people to resort to hospital care (more than a 20% increase has been documented in Greece after 2010), it appears that Greek districts may be more at risk of deteriorating health care conditions in the near future, thereby lowering overall public health levels in the CB area.

### 1.3 Scope of the project “RemoteCARE”

The cross-border area has similar geographic conditions with high rough mountains and disperse small villages with difficult access to urban centers. Furthermore, no local

primary healthcare facilities exist in these areas. As a result, the rural population of the cross border area does not have access to primary healthcare services as they are provided only in the large urban centers. Municipality of Oraikastro includes in its territory areas with difficult access to urban centers, e.g. villages of Petroto, Mesaio, Filaphelphia, Neoxorouda, Pentalofos. These villages are mainly inhabited by elder people as well as immigrants with low income.

Municipal Authority of Oraikastro is aware of this problem and always wished to provide their rural citizens with these type of health services. After the announcement of the GR-BG Programme, LB realized that one of its objectives (specific objective 8 namely) corresponds exactly to their need. LB realized that it is also a great opportunity to cooperate with a Bulgarian partner facing the same problem. Such a cooperation could greatly contribute to the transferability of the project approach in other regions or countries with similar characteristics. The area of municipality of Petrich and municipality of Sandanski is served by MPHAT "SOUTHWEST HOSPITAL". The territory includes plenty mountainous and remote villages. These villages are also inhabited by elder and low-income people.

Authorities in the regions are interested in confronting this common problem. The methodology to be followed in order to realize the project objective (the provision of healthcare services to the rural population) is the development of mobile healthcare units that staffed with a multidisciplinary team that will visit the target population on a regular basis. The mobile unit will be supported by innovative ICT tools for recording patient's health history and data.

The **main target group** of the project is the rural population that don't have easy access to healthcare providers of the urban centers, mainly the elderly, the unemployed, the disabled and the poor people of the rural areas. The project directly contributes to specific objective 8 "improve access to primary and emergency health care (at isolated and deprived communities) in the CB area" as it provides the rural deprived population with primary healthcare services on a regular basis.

The project has multiple effects: improvement of the residences' health, decrease of hospital admissions and reduction of health costs.

The starting point for determining the project was the common planning. Partners' previous experience in implementation of cross-border projects had created the

adequate cooperate conditions, in order to submit the proposal. Some technical meetings took place where the partners prepared and submitted the proposal of the project, taking into account context, priorities, joint objectives and key measures, so as to reflect their own needs.

They analyzed the areas of intervention, effectiveness and lessons learned from the previous period, and finally, the needs and priorities set by the recent economic crisis. During the partners' meetings, the project idea was step-by-step developed and consolidated, the proposing partnership was formulated, the roles among the partners were determined, and, finally, the project was structured and the activities was shared among the partners, in accordance with the specific needs of each area and the experience and capacity of each partner. As both partners have a low experience but are eager to learn to deal with the advantages digital ICT devices offer, the support of Demokritos was requested and accepted to support them with their ICT know-how by developing a digital system for the recording and monitoring of the patients' health status. To underline their intention of joint collaboration in the future, a joint committee of both regions was proposed to ensure to work from a common view, finding common guidelines for the new way of organizing of health services in combination with utilizing the advantages the nowadays digital ICT technology offers.

It is noted here that well-known medical protocols for recording patients' data, e.g. HL7, Peppol standards, will be utilized. These standards will be adjusted to the specificities of the CB area.

## 1.4 The main objectives of the project

The proposed project aims to improve access to primary health care in the rural cross border areas where population has difficult access to healthcare units. In particular, in both regions a mobile health care unit will be purchased. Each mobile unit will be properly configured and equipped with medical and ICT equipment. Additionally, each unit will be staffed with health care professionals. An information system for recording the medical history and the exams of the patients will also be developed. The system will utilize well-known medical protocols for recording patients' data, e.g. HL7, Peppol standards.



The mobile units will operate through a regulated plan (protocol, under supervision of the installed joint committee on both regions), with responsible care professionals who place an emphasis on early diagnosis and prevention (e.g. not only vaccination but also learning elementary self-management techniques to remain healthy) and utilizing the nowadays Information and Communication technologies. Within the framework of a common strategy (roadmap), each region will formulate its business plan for the mobile unit service including the service-, the technical- unit's soft/hard ware requirements. According to this plan, the pilot application of the mobile health units is set up in order to form a well-functioning network with the other primary health care organisations. The project promotes social inclusion and combats poverty and discrimination as it provides healthcare services to people of remote areas who do not have easy access to healthcare structures. Consequently, it reduces inequalities in terms of health status. However, RemoteCare's more significant contribution to the Programme is the improvement access to primary health care at isolated and deprived communities in the cross border area.

## 1.5 The main expected results

The project's added value stem from the similar living conditions (many remote villages populated mostly by elderly and deprived families) in the CB area.

The project partners will share human and economic resources, competences and know-how, experiences and best practices in order to achieve the optimum results.

In particular, the approach we follow in this project is the primary integrated healthcare, an innovative concept that has been implemented with success in many European countries. However, Greece and Bulgaria have not implemented such an approach yet.

The expected results from the project's implementation could be described as follows: Improvement of cooperation to respond to common problems regarding social integration issues, exchange of best practices, networks creation and joint health & social integration protocols, improvement of provided primary health services and elimination of the conditions excluding sensitive social groups, by the introduction of mobile units for those social sensitive groups which are not able to reach the nearest primary health centers. Project's results are mainly focuses on equal opportunities and

battling discrimination, as the project aims to improve services and conditions providing on sensitive social groups.

In particular, the project leads to: a) the reorganization of the healthcare institutions: MPHAT "SOUTHWEST HOSPITAL" and the healthcare provision unit of the Municipality of Oraioikastro, b) the development of two health ICT systems, one for Greece and one for Bulgaria and c) the provision of primary healthcare services to the rural population of the area, i.e. 24.686 Bulgarian and 16.584 Greek citizens, total 41.270 citizens that live to the rural cross border areas.

Furthermore, the project will implement an innovative approach for the provision of primary healthcare services by a local authority and a hospital in the CB area. Thus, we will come to useful conclusions that could be used in the future.

## 1.6 The main outputs of the project

The proposed expected outputs are tangible and measurable, relating to the project activities and objectives. According to the work packages and to activities that the project contain, the expected outputs are the following:

- Decrease of the number of hospital admissions and consequently decrease of secondary and tertiary health costs
- Protection of vulnerable social groups from hospital infections and provision of information to these groups about self-management techniques to handle their own health situations
- Improvement of the psychological condition of vulnerable social groups
- Improvement of the quality of life for the habitats of the rural areas
- Promotion of prevention and early diagnosis
- Reduction of health care costs
- Training of the caregivers and health professionals to incorporate a professional responsible attitude and to handle ICT smart devices,
- Collection and production of the documentation procedure of the patients' medical history and the medical treatments they received from the mobile unit.
- Developments of a feasibility study of the mobile health units.



- An interregional MoU and forming the starting points for further joint actions.

It is noted here that the project main objective is the provision of primary healthcare services to remote population. One of the pillars of the reformation of the health system in Greece is the authorization of municipalities to provide health care services. Therefore, the project offers a great opportunity, among others, to test the feasibility of this type of intervention. Even more, the cross border approach will give the Consortium the opportunity to evaluate and compare the provision of primary healthcare services by a local authority and a hospital and come to useful conclusions that could be used in the future.

In the framework of the project “RemoteCARE” will be jointly implemented by all beneficiaries through parallel & integrated activities and it is divided in 6 well-structured thematic Work Packages, each of which concerns an integrated and complete group of activities.

**Working Package 1-Project Management & Coordination concerns the management of the project and includes:**

- a) The semi-annual progress reports to JS,
- b) Six project meetings, (4 project meetings in Oraioikastro and 2 project meeting in Petrich)
- c) The implementation of the Project Management Handbook,
- d) Financial reports to 1st level control

These outputs will reassure the quality of the rest of the deliverables and that they will be implemented on time and on budget.

**Working Package 2-Communication & Dissemination includes a series of actions for:**

- a) Project communication plan,
- b) Organisation of the Final Event,
- c) Dissemination material,
- d) Development and hosting of the project’s website,

- e) Raising Awareness Actions.

These outputs contribute to raising awareness among public for the project, its results and the contribution of the EU.

### **Working Package 3 - Establishment of a common strategy & road map for the establishment of the mobile health units**

- a) Organisation of workshops
- b) Operation Plan of Mobile Health Unit
- c) Implementation of Business Plan

This work package concerns all the necessary actions for the common strategy & road map for the establishment of the mobile health units and its outputs will contribute to the improvement of the primary health of the eligible area.

### **Working Package 4 - Procurement of equipment**

- a) Supply of vehicle
- b) Supply of medical equipment
- c) Supply of IT infrastructure

This work package concerns the procurement of the equipment. The fourth work package includes: the development, installation, and customization of software (ICT) and the supply of the vehicles and the medical equipment.

### **Working Package 5 – Pilot operation & training for the services to be provided by the mobile health units**

- a) Pilot operation of the mobile Unit
- b) Organisation of Seminars

During the implementation of the fifth work package, the pilot action will be implemented. It starts with the training for the involved personnel via targeted seminars. Additionally, it includes the core pilot actions, i.e. the daily visits of the healthcare mobile units to the rural areas of the cross-border region.

## **Working Package 6 - Evaluation and future planning for the services of the mobile health units**

- a) Evaluation of the mobile unit
- b) Sign of the MoU

The sixth work package focuses on the evaluation and the future planning for the services of the mobile health units. It is consisted of the evaluation of the services offered by the mobile health units and the project's benefits in economic and health terms followed by a feasibility study of the mobile health units in locating sources of funding to continue providing their services without charging a fee. This study will form the basis of joint actions between the regions and expressed in the MoU to be signed at the end of the project.

Actions of WP1 and 2 will run throughout the life of the project, with the intensification of publicity actions towards the end of the project (when the main outputs will have been completed). Actions from WPs 3, 4, 5 and 6 duration depends on the scope of each action.

| <b>WP</b>   | <b>WP</b>   |
|-------------|---|
| <b>WP 1</b> | <b>Project Management &amp; Coordination</b>  |
| <b>WP 2</b> | <b>Communication &amp; Dissemination</b>  |
| <b>WP 3</b> | <b>Establishment of a common strategy &amp; road map for the establishment of the mobile health units</b> |
| <b>WP 4</b> | <b>Procurement of equipment</b>   |
| <b>WP 5</b> | <b>Pilot operation &amp; training for the services to be provided by the mobile health units</b>          |
| <b>WP 6</b> | <b>Evaluation and future planning for the services of the mobile health units</b>                         |

Each Partner has undertaken the responsibility for several actions-deliverables within the framework of the above mentioned WPs as following.

| <b>LB- Municipality of Oraiokastros</b> |   |
|---|---|
| <b>WP 1</b>                             | <b>Project Management &amp; Coordination</b>  |
| Deliverable 1.1.2                       | Project Management  |
| Deliverable 1.1.3                       | Project Management Handbook   |
| Deliverable 1.1.4                       | Project Meetings  |
| Deliverable 1.1.5                       | FLC (Audits)  |
| <b>WP 2</b>                             | <b>Communication &amp; Dissemination</b>  |
| Deliverable 2.1.1                       | Communication Plan  |
| Deliverable 2.1.2                       | Final Event   |
| Deliverable 2.1.3                       | Dissemination Material  |
| Deliverable 2.1.4                       | Project Website   |
| Deliverable 2.1.5                       | Raising Awareness Actions   |
| <b>WP 3</b>                             | <b>Establishment of a common strategy &amp; road map for the establishment of the mobile health units</b> |
| Deliverable 3.1.1                       | Workshops   |
| Deliverable 3.1.2                       | Mobile Health Unit Operation Plan   |
| Deliverable 3.1.3                       | Business Plan on the provision of primary healthcare services   |
| <b>WP 4</b>                             | <b>Procurement of equipment</b>   |
| Deliverable 4.1.1                       | Supply of vehicle   |
| Deliverable 4.1.2                       | Supply of medical equipment   |
| Deliverable 4.1.3                       | Supply of IT infrastructure   |
| <b>WP 5</b>                             | <b>Pilot operation &amp; training for the services to be provided by the mobile health units</b>          |
| Deliverable 5.1.1                       | Mobile Unit   |
| Deliverable 5.1.2                       | Seminars  |
| Deliverable 5.1.3                       | Pilot operation   |
| <b>WP 6</b>                             | <b>Evaluation and future planning for the services of the mobile health units</b>                         |
| Deliverable 6.1.1                       | Evaluation & Assessment   |
| Deliverable 6.1.2                       | Contribution to Feasibility Study   |
| Deliverable 6.1.3                       | MoU   |

| <b>PB2-Institute of Informatics and Telecommunications (IIT)- National Centre of Scientific Research "Demokritos"</b> |  |
|---|--|
| <b>WP 1</b>   | <b>Project Management &amp; Coordination</b> |
| Deliverable 1.2.2   | Project Management                           |
| Deliverable 1.2.3   | Project Meetings                             |
| Deliverable 1.2.5   | FLC (Audits)                                 |
| <b>WP 2</b>   | <b>Communication &amp; Dissemination</b>     |
| Deliverable 2.2.1   | Dissemination Events                         |

|                   |   |
|-------------------|---|
| <b>WP 3</b>       | <b>Establishment of a common strategy &amp; road map for the establishment of the mobile health units</b> |
| Deliverable 3.2.2 | Requirements Analysis   |
| Deliverable 3.2.3 | Contribution to Feasibility Study   |
| <b>WP 4</b>       | <b>Procurement of equipment</b>   |
| Deliverable 4.2.1 | Software for the Greek mobile unit  |
| Deliverable 4.2.2 | Software for the Bulgarian mobile unit  |

|                                       |   |
|---------------------------------------|---|
| <b>PB3-MPHAT "SOUTHWEST HOSPITAL"</b> |   |
| <b>WP 1</b>                           | <b>Project Management &amp; Coordination</b>  |
| Deliverable 1.3.1                     | Preparation Activities  |
| Deliverable 1.3.2                     | Project Management  |
| Deliverable 1.3.3                     | Project Meetings  |
| <b>WP 2</b>                           | <b>Communication &amp; Dissemination</b>  |
| Deliverable 2.3.1                     | Dissemination Events  |
| Deliverable 2.3.2                     | Dissemination Material  |
| Deliverable 2.3.3                     | Raising Awareness Actions   |
| <b>WP 3</b>                           | <b>Establishment of a common strategy &amp; road map for the establishment of the mobile health units</b> |
| Deliverable 3.3.1                     | Workshops   |
| Deliverable 3.3.2                     | Contribution to Operation Plan  |
| Deliverable 3.3.3                     | Contribution to Business Plan   |
| <b>WP 4</b>                           | <b>Procurement of equipment</b>   |
| Deliverable 4.3.1                     | Supply of vehicle   |
| Deliverable 4.3.2                     | Supply of medical equipment   |
| Deliverable 4.3.3                     | Supply of IT infrastructure   |
| <b>WP 5</b>                           | <b>Pilot operation &amp; training for the services to be provided by the mobile health units</b>          |
| Deliverable 5.3.1                     | Mobile Unit   |
| Deliverable 5.3.2                     | Seminars  |
| Deliverable 5.3.3                     | Pilot operation   |
| <b>WP 6</b>                           | <b>Evaluation and future planning for the services of the mobile health units</b>                         |
| Deliverable 6.3.1                     | Contribution to Evaluation  |
| Deliverable 6.3.2                     | Feasibility Study   |
| Deliverable 6.3.3                     | MoU   |

All the above mentioned deliverables must be produced and delivered in accordance with the approved Application Form of the Project and the Specification of Budget Costs.

All project partners shall contribute to the project implementation procedures, supporting all “RemoteCARE” partnership, whenever judged necessary or asked by the Lead Beneficiary.

## 2. Information and Publicity Strategy

The communication process and the dissemination of the project results are an important element for its successful implementation and the recording of the coverage indicators of the communication strategy. As stated in the Information and Publicity Guide of the Programme, Beneficiaries must be involved in a series of Communication and Dissemination actions in order to raise awareness about the project, its outputs and results and the role and support provided by the EU Funds.

In order to achieve these goals in the most effective way LB will elaborate a thorough communication plan according to the template provided by the Programme and will create the visual identity of the project which shall be used for all published materials. The communication plan will ensure the appropriate visibility, plan relevant human and financial resources, allocate responsibilities among the partnership, set milestones and define target groups of the project. Additionally, the communication plan will define specific targets in terms of publicity that should be met by beneficiaries and set evaluation criteria which will be included in the overall evaluation of the project (WP6).

### 2.1 Purpose of the Communication and Dissemination Strategy

#### i) Communication Strategy

The goal of the communication strategy is to approach the project with the general public and between stakeholders in order to promote the project's activities and disseminate the results. It analyzes how partners interact with each other for the proper implementation of project actions and their smooth and timely implementation within the set timetable. This encourages open dialogue, open communication between stakeholders and the public concerned in relation to the objectives of the project and encourages social dialogue.

At the same time, the appropriate tools are used to communicate the objectives of the Program with the target audience described below.

## **ii) Dissemination Strategy**

The dissemination of results defines the promotion and awareness process from the beginning of a project to the end of the project. This fact makes the results known to various stakeholder groups (such as researchers, private and public bodies, professional organizations, policy makers) in order to be able to use the results in their work. Dissemination means taking strategic and targeted measures to promote action as well as its effects on a number of audiences, including the media and the public, and the participation of two-way exchanges. The aim is to bring society as a whole together as well as to a number of special audiences while also demonstrating how EU funding contributes to addressing social challenges.

The dissemination channels of the project includes the present communication plan, the project's website, the final event, the dissemination material, the raising awareness actions, the workshops and the seminars which do not include in the work package "Communication and dissemination" however, both deliverables contribute to the promotion of the project.

## **2.2 Communication Objectives**

The main objective of the second work package "Communication and dissemination" is to inform all interested parties and the general public about the project's idea, its

activities, its objectives and its results.

The present detailed communication plan is drawing in order to fully comply with the program's communication strategy, focusing on a comprehensive, multilateral and horizontal approach designed to ensure high visibility of the project, thereby enhancing consensus in its policies of European Union.

Effective communication is one of the most important factors contributing to the success of a project. The present Communication Plan includes an analysis of the activities concerning mainly the actions/ deliverables of Communication and Dissemination (WP2) plus all the information elements regarding the project as a whole.

It indicates the exact material to be produced and the respective standards for their production and the application of the rules of the Programme on information and publicity. The project team must provide timely and accurate information to all stakeholders. Members of the project team prepare information in a variety of ways to meet the needs of project stakeholders. Team members also receive feedback from these stakeholders.

## 2.3 Basic stages of communication

There are three basic stages of communication:

- ✓ General Information about the plan and its activities
- ✓ Dissemination of information to target groups through design and implementation of integrated environmental education programs
- ✓ Dissemination of the project's results and benefits

The information and publicity measures of “RemoteCARE” project, through which the project's results will be promoted, will include the production of the project communication plan, the development of a multilingual project's website (EN, GR and BG) with essential information about the project, beneficiaries, the Programme, upcoming events and news, a Final event in Thessaloniki where relevant stakeholders from Greece and Bulgaria will be invited, the multilingual informational material such as the project logo, 2 project banners, 2.000 leaflets (1.000 in Greek and 1.000 in Bulgarian), pen, blocks, folders and cd, the Raising Awareness Actions, the workshops



and the seminars which will mark the project's milestones and inform local communities about project outputs.

These actions will be widespread throughout the project's life and will be intensify by the end of it in order to communicate the actual results which are of great importance for the local communities (i.e. providing healthcare services in the Municipality of Oraikastro and Petrich-Sandanski Municipalities.).

## 2.4 Target Groups

The main target group of the project is the rural population that don't have easy access to healthcare providers of the urban centres, mainly the elderly, the unemployed, the disabled and the poor people of the rural areas. The project directly contributes to specific objective 8 "improve access to primary and emergency health care (at isolated and deprived communities) in the CB area" as it provides the rural deprived population with primary healthcare services on a regular basis.

### 3. Communication Tools

#### 3.1 Internal Communication Tools

The internal communication is necessary in order to reach the goals set by the project. In order to be effective, the communication between all project partners has to work well at all levels which are identified as follows:

- The first level is the day to day communication, which will be the basic way of communication.
- The second level will be partner meetings and similar events to discuss more complex topics. Each partner will appoint responsible persons for project management, communication and financing issues who will be in direct contact with the lead partner for any prompt reply and involvement in problem financial issues. There are several tools used in the internal communication between “RemoteCARE” project partners, as described below:

##### ❖ Consortium internal contact list

This contact list will contain contact details (name, organization and e-mail address, telephone and fax numbers) of all persons involved in the “RemoteCARE” project. The list will be provided to all project partners and will facilitate internal communication and the flow of information within the consortium. The contact list will facilitate the day

to day communication. As persons involved in the project may change during the project period, consortium internal contact list will be periodically updated.

#### ❖ **Steering Committee mailing list**

In order to facilitate Steering Committee's internal communication, there will be a mailing list containing contact details (name, organization, position and e-mail address) of all Steering Committee members. This mailing list will be sent to all Steering Committee members.

#### ❖ **Project Meetings**

At the beginning of the project, a kick-off meeting was organized in Oraiokastros, Greece on 23/11/2018. During the kick-off meeting, all project partners presented themselves, made an overview of the project, the management procedures and the first steps for the implementation of the project. For meaningful and good communication between project partners, better coordination and in order to arrange all activities for the upcoming period, three more project meetings was organised. The second meeting took place in Petrich, on 24/04/2019 and the third in Oraiokastros on 06/11/20219. There are three more meetings to be organised before the end of the project one in Petrich and two in Oraiokastros.

The meetings will be set to discuss the results, which have been reached during the previous reporting period, as well as for planning the tasks and responsibilities for the next period. Before each meeting, an agenda will be prepared. Additionally, minutes will be taken from each meeting to report the outline of discussions and the decisions taken. Both agenda and minutes will be sent to all partners and the JTS. All information about upcoming and already organized meetings will be uploaded on project's website.

#### ❖ **Problems solution**

In case a problem occurs in the communication between two or more PBs, in case of a dispute or in cases when troubles might harm the successful implementation of the project, the Lead Beneficiary will be contacted. The LB will either try to provide a

solution, or will contact a JTS representative for help.

## 3.2 External Communication Tools

There are several tools used in external communication with project Stakeholders, key actors and general public

The project envisages the development of the five mandatory Information and Publicity outputs: a) present project communication plan, b) Final Event, c) Dissemination material the project logo, 2 project banners, 2.000 leaflets (1.000 in Greek and 1.000 in Bulgarian), pen, blocks, folders and cd, d) Development and hosting of the project's website, e) Raising Awareness Actions and f) Disseminations Events. These outputs contribute to raising awareness among public for the project, its results and the contribution of the European Union.

### 3.2.1 Final Event

An international event and celebration of the MoU signment will be organised by LB-Municipality of Oraiokastro in the end of the project. International European speakers will be invited, especially those of EIPonAHA in order for the region to act as reference region. The costs for venue, catering, international tickets etc. are included in the budget of this deliverable. PB2 and PB3 will participate both in the Final Event of the project.

### 3.2.2 Dissemination Material

Communication and Dissemination (WP2) is also obligatory and concerns the publicity of the project's results and includes: the development of the project's promotional material 2 project banners, 2.000 leaflets (1.000 in Greek and 1.000 in Bulgarian), pen, blocks, folders and cd and the project logo.

LB will be responsible for the preparation of dissemination and communication material (project logo, 2 project banners, 1.000 leaflets, pen, blocks, folders). PB3 will be responsible for preparation of dissemination and communication material (translation of leaflets in Bulgarian, production of 1000 leaflets and 1000 cd).

This material will be used and/or disseminated during public events of the project and will be available electronically on the project website, in order to increase awareness about the project's results in local communities and stakeholders.

### 3.2.3 Website

The site is the first source of information on the project. The design and operation of the project's website is obligatory according to the Programme rules. Thus, the development of a structured website is an essential part of a Project. The website that will be designed will incorporate into a single, accessible and environmentally friendly information about the project and the results of it. The project website will bear information about the project and it will incorporate project results (different investment solutions, intense of socio-economic impact, environmental pressure spots) in web GIS application. The site will be in English because it is the official language of the project and then, according to the project's Information and Publicity Project Partners Guide, this is the most appropriate choice. At the same time, the website will also be available in the language of the partners. LB will be responsible for this deliverable.

The domain name of the website shall be short and memorable. Therefore, it shall run under its own Project domain ([www.projectname.eu](http://www.projectname.eu)) and shall not only be part of an institutional website (e.g. [www.ministry-environment.gr/department-forwater/research-andprojects/project-name/html](http://www.ministry-environment.gr/department-forwater/research-andprojects/project-name/html)).

Nevertheless, it is strongly recommended to link the project website to the beneficiaries' institutional websites. The project's website shall be developed and functional within the first six (6) months after the Subsidy Contract is signed and shall be kept online at least two years after the project closure.

The project website will be designed from scratch and will be developed in accordance with the Web Content Accessibility Guidelines (WCAG 2.0) Web Content Accessibility Guidelines. The WCAG defines the parameters so that a website is marked as being friendly to people with disabilities. The existence of such a website facilitates access to people with disabilities, who can navigate the project website in an easy way. It will provide links to the Programme, the Europe, the beneficiaries participating in the project and other relevant actors.

In addition and for the benefit of the dissemination of the project results, the website

will also include a database (managed by PBs), where all the information of the project deliverables will be included.

The website shall include a short description of the Programme. There is also a need for a disclaimer on the bottom of the homepage that the material on the website does not necessarily reflect the official position of the EU, the Managing Authority and the participating countries. This disclaimer should include the following: *"This webpage has been produced with the financial assistance of the European Union. The contents of the webpage are the sole responsibility of and can in no way be taken to reflect the views of the European Union, the participating countries and the Managing Authority"*. The beneficiaries need to make available at least the links to the following websites:

- the Programme's website: <http://www.greece-bulgaria.eu/>

- the website dedicated to EU Regional Policy: [http://ec.europa.eu/regional\\_policy/index\\_en.htm](http://ec.europa.eu/regional_policy/index_en.htm)

- the institutional websites of the partners (if applicable)

### 3.2.4 Raising Awareness Actions

**LB** Raising Awareness actions of the local population on health issues will be implemented. In particular, 2 public events will be organized in the Municipality of Oraikastro. Local stakeholders will be invited, too. Moreover, partners of previous projects on health issues (e.g. INTERSYC, BEHEALTH) will be invited to present their experience.

**PB3** Raising Awareness actions of the local population on health issues will be implemented by PB3 MPHAT "SOUTHWEST HOSPITAL". In particular, one public event will be organized and local stakeholders will be invited. Furthermore, partners of previous projects on health issues (e.g. INTERSYC, BEHEALTH) will be invited to present their experience.

### 3.2.5 Dissemination Events

PB3 is responsible for the organisation of an international dissemination event which will be held in Petrich. Representatives from PB2 will participate to the international event that will be held in Petrich as well as LB will participate to this dissemination

event. Dissemination events are important for the promotion of project's results and the awareness of the local population.

### 3.3 Project LOGO

The building of the project's image started with the design of a distinctive logo. The logo is the most important element of the visual identity of the project. A logo must be designed to be aesthetically and functionally perfect. It must highlight the project that it represents, so it can help it achieve its aim.

The logo is "built" by the typographical elements. Proper font selection or design of the print designs that will form the desired logo is the most important problem the designer has to solve. The logo is the visual embodiment of the spirit of the project and what defines it and makes it recognizable. The logo does not have the direct task of promoting products or services but it identifies the project that it represents. It has to be functional and not just decorative. Its role is to represent the project in a way as simple as possible.

The logo should be used in all communication materials:

- Informative and Publicity Material
- Audiovisual material
- Digital materials: websites, networking platforms etc.
- Events: e.g. Information days, conferences, events

The official Project Logo of the Project "RemoteCARE" is the following and it's recommended to be used without changes.

# Interreg Greece-Bulgaria RemoteCARE

European Regional Development Fund



## 4. Measurement of efficiency indicators

After the end of the actions, a report will be presented detailing the results of the publicity. For all actions, some indicators will be used to measure the effectiveness of each communication energy. The effectiveness indicators to be used are different for each communication tool. Based on the effectiveness of the tools the adjustments will be made if necessary.

Quantitative indicators could take into consideration number of: project banners, leaflets (in Greek and in Bulgarian), pen, blocks, folders and cd, website average daily/monthly visits, participants at the events (final event and dissemination events).

More specifically:

- Printed materials such as leaflets, posters, brochures, banners and folders, will contain an easy to understand information about the project and will be used to promote the cross-border programme.
- For the resonance of the Website, we will take into account visits to it, that is, the number of people who visited the site and their time spent on it.
- At events (The Final Event in Thessaloniki), we will compare the guests with the attendees who eventually will exist.



## 5. Analysis of human and financial resource requirements

All partners are expected to use available as well as newly acquired equipment and staff or external expertise within the project's framework to support the implementation of the communication actions. The people working in communication actions is estimated based on the amount of actions, the type of actions and it includes aside from secretarial support, speakers, staff and external experts. The budget for communication actions per Partner is predefined in the Application Form, nevertheless it may vary based on the supplier's offers.

### 5.1 Human Resources Requirements

The role of the LB is to coordinate work and facilitate the beneficiaries' inputs required for all the WPs of the project. For this purpose the LB will provide the necessary experienced staff. It is responsible for the legal, financial and operational matters associated with the execution of the project in accordance with the commission contract. The LB will appoint the related Deputy-Mayor for the role of Project Coordinator (PC). The PC will be assisted by a Steering Committee (SC) that will be created with one representative per beneficiary. It will meet twice a year, in order to approve work plans, review progress and solve any strategic issues. The SC is responsible for the execution of the project and is the final authority for project-related decisions. It is also responsible

for initiating and coordinating any activities related to quality control of the deliverables. For overall project's Management the LB will provide a dedicated Project Management Unit (PMU) composed of the Project Manager, one Assistant PM, a Project Administrative and a Financial Manager. The PMU will be supported by a Technical Committee (TC), composed by 2 executives from each beneficiary. The TC will meet 4 times during the project. Each beneficiary will report every 3 months to the PC about the progress of the work. The progress status of the tasks will also be reported in terms of actual man-months spent. The PC will summarize the overall project status and prepare technical and financial project reports for the JS following the guidelines of the programme manual. The PM will also establish an internal communication system, according to the following rough plan; the meetings and respective reports foreseen as deliverables of WP1 serve as major events for internal communication, and an information management matrix will be elaborated, pointing out who should provide and get which information, in which form, through which channel, and where it will be archived, how and by whom. Daily communication between Project Beneficiaries will be facilitated by phone calls, e-mails and online meetings while there a file archiving system will be established at the beginning of the project via Municipality of Oraioikastro (LB).

## 5.2 Financial resource requirements

The deliverables of the project will be operable within the duties and responsibilities of the beneficiary in charge of each activity. LB will operate and update the applications and web-portal through the website of the organization, for at least five years after the end of the project. At the end of the project, beneficiaries will discuss the details on the terms of use and further updating of the information included in all the tools created by the project, so as to allocate tasks and ensure the continuously operation and usefulness of these tools.

## 5.3 Table of External Expertise and Services

| Partner | Budget ( € ) | External Expertise |
|---------|--------------|--------------------|
|---------|--------------|--------------------|

|   |                   |  |
|---|-------------------|--|
| <b>LB- Municipality of Oraiokastros</b>   | <b>32.001,00€</b> | 15 people approximately in total for all Communication Actions |
| <b>PB2- Institute of Informatics and Telecommunications (IIT)-National Centre of Scientific Research "Demokritos"</b> | <b>2.360,00€</b>  | 2 people approximately in total for all Communication Actions  |
| <b>PB3- MPHAT "SOUTHWEST HOSPITAL"</b>  | <b>11.490,00€</b> | 10 people approximately in total for all Communication Actions |

## 6. Project Templates

It is important for the dissemination of the project, that a variety of documents which are regularly used throughout the implementation of the project, are common for all partners and actions, so that there is cohesion among all publicity material.

The templates that were developed for the needs of the "RemoteCARE" project are the following:

- i. Agenda
- ii. Invitation
- iii. Letter /document page
- iv. Participants List
- v. Presentation template
- vi. Press Release
- vii. Project Contact List
- viii. Requests from partners
- ix. Project Deliverable

The aforementioned templates are available at the annex of the present communication

plan, and they will be sent to all partners in digital version.

# ANNEX

