|  |  |  |  |
| --- | --- | --- | --- |
| **LOGICAL FRAMEWORK MATRIX – LFM** | | | |
| **Wider Objective:**  *What is the overall broader objective, to which the project will contribute?*   * Supporting of health and enhancement of public health by modernization teaching of health subjects in universities of Uzbekistan and Kazakhstan. | ***Indicators of progress:***  *What are the key indicators related to the wider objective?*   * modernized curricula, which support public health processes; * improvement of population's health by raising awareness on public health of bachelor students, who study under modernized curricula; * Improvement of indicators of population's health | ***How indicators will be measured:*** *What are the sources of information on these indicators?*   * Number of modernized curricula; * Number of gradutaes of HEEs every year; * Positive changes in indicators of age structure in the country, annual rate of infant mortality, infective diseases, especially HIV/AIDS |  |
| **Specific Project Objective/s:**  *What are the specific objectives, which the project shall achieve?*   * Training of modernizers of health subjects by EU partner universities; * Adapting and restructuring training courses on public health; * Enhancement of training-methodical complexes on bases of modernized training courses; * Development of multimedia approach for training of 7 subjects; * Providing multimedia approach and manuals on elaborated complexes to all universities of PC | **Indicators of progress:**  *What are the quantitative and qualitative indicators showing whether and to what extent the project’s specific objectives are achieved?*   * Adoption of EU partner universities' experience on modernizing curricula by project trainers from PC partner universities; * Modernized and restructured 7 bachelor course curricula; * Created training-methodical clusters for modernized curricula; * 7 training course technologies created; * Created multimedia component and material on 7 modernized courses; * Application of 7 modernized curricula in 10 PC universities (FSU, TMA, KazNMU, NSU, UzSIPhCS, SKSPhA, BSMI, KSWTTU, AndSU, KSPI) in teaching process and corrections due to results; * Providing teachers of public health sience on 7 modernized curricula with | **How indicators will be measured:**  *What are the sources of information that exist and can be collected? What are the methods required to get this information?*   * Evaluating reports from every participant; * Quality of restructered curricula; * Level of understanding of new modernized curricula by the students; * Increasing educational quality of delivered courses; * Creation of multimedia components and quality of multimedia components * Level of knowledge of students on 7 modernized curricula; * Adoption of modernized curricula and multimedia components by teachers of health science nationwide. | **Assumptions & risks:**  *What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?*   * Assumptions: * Priority of measures and reforms on public health in PC; * Qualification and skills of teachers of Health Sciences; * International experience of project actors; * Adaptation of EU best practices on Health Sciences in PC.      * Risks: * Changing of priorities in educational policies of PC; * Difference of education content of EU and PC. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | modernized course, multimedia component and manual on application of the complex all over PC - a set of training- methodical complex, modernized course, multimedia component and manual - X 200 pieces). |  |  |
| **Outputs (tangible) and Outcomes (intangible):**   * *Please provide the list of concrete DELIVERABLES - outputs/outcomes (****grouped in Workpackages)****, leading to the specific objective/s.:*  1. Adaptation of EU best practices on developing curricula by PC modernizers 2. Activity of project implementation groups 3. Quality control of modernization process and monitoring 4. Dissemination and exploitation 5. Management | **Indicators of progress:**  *What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?*   * Training for PC partners in EU for improving skills in modernizing curricula; * 10 project implementation units are provided with technical and didactic means and equipment; * 7 modernized and restructured curricula in Health science; * Monitoring reports based on feedback of tested PC partner universities; * Coordination of activities though meetings, decision making, delegation of responsibilities; * Number of published information, conference, project information placed on PC partner university web- sites * Number of distributed project outputs (modernized course. Training methodical complex with multimedia component, etc.), project equipment and means transferred to PC partner university departments. | **How indicators will be measured:**  *What are the sources of information on these indicators?*   * Number of trained project actors (month 5 of the first year and month 7 of the second year) during 2 training seminars in EU (1st HTWK - Germany; 2nd CUNI-Czech Republic and UPJS- Slovakia); * Quality and quantity of delivered didactic materials and equipment to PC partner universities (according to list of equipment specified and approved by project); * 7 modernized curricula with didactic and multimedia components on Health science within project duration, results of pre-test and post-test of modernized courses in selected 10 PC partner universities, number of prepared manuals; * Monitoring reports of conducted quality control activities of project implementation units by UzMPA and CDMEDMPH in specified terms and dates, number of general reports on project progress; * Number of coordination meetings and protocols, financial reports on | **Assumptions & risks:**  *What external factors and conditions must be realised to obtain the expected outcomes and results on schedule?*   * Guaranteed delivery of specified equipment and didactic materials by UzByuroKES; * Qualified staff responsible for equipment; * Involvement of experienced specialists in curricula modernization process * High interest of target groups in modernized courses and components on Health sciences; * High proficiency of delegated expert partners on specification of subjects and teaching methodology (UzMPA and CDMEDMPH) for monitoring process * Guaranteed lifetime of teaching modernized subjects in the system of higher education of PC      * Risks: * Comprehensive problems of modernized courses in state language (Uzbek and Kazakh) by non-native listeners. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | project implementation, working hours report signed;   * Quantity of published information on Mass Media on project activity, number of web-site visitors, number of participants of seminars and conference, number of hand out material distributed to participants of conference; * Number of modernized curricula and multimedia components distributed to universities of PC, acceptance report of the transferred means from project to PC partner university departments. |  |
| **Activities:**  *What are the key activities to be carried out (****grouped in Workpackages)*** *and in what sequence in order to produce the expected results?*   * I. Adaptation of EU best practices on developing curricula by PC modernizers * 1.1. Delivery of technical and didactic equipment * 1.2. Hardware installation and adjustment of software * 1.3. Studying of EU experience by mobility of partners * II. Activity of project implementation groups * 2.1. Modernization of 7 Health science courses * 2.2. Improvement of training- methodical complexes on base of modernized courses * 2.3. Development of multimedia approach for modernized courses | ***Inputs:***  *What inputs are required to implement these activities,*  *e.g. staff time, equipment, mobilities, publications etc.?*   * 1.1. Equipment cost, staff cost * 1.2. Staff cost for PC partners * 1.3. Travel cost and costs of stay (12 mobilities from EU to PC, 29 mobilities from PC to PC, 17 mobilities from EU to EU, 76 mobilities from PC to EU), staff cost, subcontracting costs. * 2.1. Staff cost for partners; subcontracting cost for promotional materials, for printing-publishing. * 2.2. Staff cost for PC partners; subcontracting cost for promotional materials and printing-publishing. * 2.3. Staff cost for PC partners; subcontracting cost for promotional materials and printing. * 2.4. Staff cost for PC partners; subcontracting costs for printing, |  | **Assumptions, risks and pre- conditions:**  *What pre-conditions are required before the project starts? What conditions outside the project’s direct control have to be present for the implementation of the planned activities?*   * 1.1.Assumption: High quality of selected and procured technical and didactic equipment; * Risks: Delays in providing funds for purchasing equipment; * 1.2. Delays in providing funds for purchasing equipment; * 1.3. Assumption: High level of English skills, good proficiency should be shown by trained project implementation groups; * 2.1. Assump: Support of the government in modernizing the content of health science curricula in Uzbekistan. * Pre-cond: High qualification of |

|  |  |  |  |
| --- | --- | --- | --- |
| * 2.4. Testing and revision of elaborated courses by PC partner universities * 2.5. Development of manuals for modernized courses * III. Quality control of modernization process and monitoring * 3.1. Control of process by contractor * 3.2. Monitoring of the development process * 3.3. Expertise and quality control of developed methodical materials and manuals * 3.4. Reports * IV Dissemination and exploitation * 4.1. Publication of information on project activity * 4.2. Creation and updating web- pages about project progress in partner universities web-sites * 4.3. Carrying out conferences * 4.4. Carrying out seminars for teachers * 4.5. Distribution of elaborated cluster to the universities of PC * 4.6. Transfer of ownership of project means to partner universities of PC * V Management * 5.1. Coordination meetings * 5.2. Control of activity of the project groups * 5.3. Control of the budget | purchase of office suppliers.   * 2.5. Staff cost for partners, subcontracting costs for printing, promotional materials. * 3.1. Staff costs for contractor * 3.2. Staff cost for EU and PC partners, subcontracting costs for promotional materials, printing * 3.3. Staff cost for partners; subcontracting costs for office supplies, printing and other materials. * 3.4. Staff cost for partners, subcontracting cost for office supplies and other materials. * 4.1. Staff cost for partners; subcontracting costs for publishing * 4.2. Staff cost for partners * 4.3. Staff cost for partners; travel costs and costs of stay (19 mobilities from EU to PC, 57 mobilities from PC to PC); subcontracting costs for organisational charges, promotional materials, for printing dissemination materials, for printing collection of materials * 4.4. Staff cost for partners, subcontracting costs for organisation seminars * 4.5. Staff cost for partners * 4.6. Staff cost for partners * 5.1. Staff cost for partners, travel cost and costs of stay (4 mobilities from PC to EU), subcontracting cost for office supplies and printing-publishing * 5.2. Staff cost, subcontracting costs |  | teachers in development of curricula;   * 2.2. Assump: Qualification of specialists in creation of clusters for modernized curricula * 2.3. Assump: Qualification of specialists in creation of clusters for modernized curricula * 2.4. Assump: Involvement of specialists and student organizations in creation of multimedia components * 2.5. Pre-cond: Qualification of actors in preparation of guidelines and manuals * 3.1. Assump: Experience of contractor on management and control of the project activity * Risks: Knowledge and skills of partners in monitoring project activities. * 3.2 Assumption: Qualification of non-academic partners in quality control and recommendations * 3.3. Assumption: Qualification of partners in quality control and recommendations * 3.4. Assump: Skills of the project PC partners on preparing relevant reports. * 4.1. Assump: Publication of materials and information on project activity on periodicals and Internet will promote dissemination of information and results of the project. * 4.2. Pre-condition: Availability of functioning web-site of all partner |

|  |  |  |  |
| --- | --- | --- | --- |
|  | * 5.3. Staff cost for partners |  | unviersity to host project information page.   * 4.3. Assump: Conference should widely disseminate outcomes. * 4.4. Seminars for teachers should disseminate outcomes * 4.5. Risk: Difficulties in application of eloborated project outputs by PC universities * 5.1. Assumption: Minimized mobilities on management activity * 5.2. Pre-cond: National Erasmus offices providing PC pdrtners with guiding advices * 5.3. Assump: Partne |