***Logical*** ***Framework*** ***Matrix****:* ☐

**E.4** **Logical** **Framework** **ME.4 Logical Framework Matrix – LFMaE.4 Lo–** **LFM**

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| **Wider Objective: What is general**  **objective, to which the project will contribute?** | **Indicators of progress: What are the key indicators related to the wider objective?** | **How indicators will be measured:**  **What are the sources of information on these indicators?** |  |  |
| Strengthening nursing education on Master level and establishing and launching PhD nursing science in Kazakhstan through changes in policy, legal framework and institutional structures, involving ministries, universities, healthcare institutions, associations (both in healthcare and education), and international nursing communities. | Built capacity of medical universities’ nursing department teaching staff based on contemporary issues in global nursing;  Built the capacity of nursing faculty regarding nursing research methodologies;  Created sustainable structures and systematic processes for cooperation on nursing research between medical universities and healthcare institutions;  Created collaborative structures and synergy to enhance quality and management of master’s and PhD nursing education | Increased number of students in master's and doctoral studies in nursing and nursing teachers with nursing background. Data can be collected from universities and The Agency of Statistics of the Republic of Kazakhstan.  Number and quality of scientific works such as conference abstracts, published papers in national and international scientific journals and manuscripts published in professional journals. |  |  |
| ***Specific*** ***Project*** ***Objective/s:***  ***What*** ***are*** ***the*** ***specific*** ***objectives,*** ***which*** ***the*** ***project*** ***shall*** ***achieve?*** | ***Indicators*** ***of*** ***progress:*** ***What*** ***are*** ***the*** ***quantitative*** ***and*** ***qualitative*** ***indicators*** ***showing*** ***whether*** ***and*** ***to*** ***what*** ***extent*** ***the*** ***project’s*** ***specific*** ***objectives*** ***are*** ***achieved?*** | ***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?*** | ***Assumptions*** ***&*** ***risks*** ***What*** ***are*** ***the*** ***factors*** ***and*** ***conditions*** ***not*** ***under*** ***direction*** ***control*** ***of*** ***the***  ***project,*** ***which*** ***are*** ***necessary*** ***to*** ***achieve*** ***these*** ***objectives?*** ***What*** ***risk*** ***have*** ***to*** ***be*** ***considered?*** | ***How*** ***the*** ***risk*** ***will*** ***be*** ***mitigated:*** |
| Strengthen nursing science in Kazakhstan through capacity building of teaching staff based on contemporary issues of global nursing. | Increase in the number of teachers trained in EU universities.  Increase in the number of master and doctoral students in nursing.  Increase in joint research works and scientific publications with universities of the country of the program. | Number of applicants for master's and doctoral studies in nursing. Data can be collected from universities.  Number of students in master's and doctoral studies in nursing. Data can be collected from universities and The Agency of Statistics of the Republic of Kazakhstan.  Number of scientific works such as conference abstracts, published papers in national and international scientific journals and manuscripts published in professional journals. | **Assumptions:**  Nursing science is accepted as an autonomous discipline in Kazakhstan.  **Risks**:  Lack of nursing teachers with expertise in teaching on master and PhD degree levels.  Lack of registered nurses with master and/or PhD degree levels in clinical settings.  Nursing science is not fully recognized as an academic discipline by medicine and medical professionals. | The awareness of the nursing science role will be raised by engaging wide range of stakeholders in discussions on nursing science development, disseminating the results to the society. Nursing specialists holding Master and PhD level degree will be enhanced to take part in capacity building activities. |

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| Build the capacity of teaching staff regarding nursing research methodologies by incorporating the international nursing networks | Built capacity of medical universities’ nursing department teaching staff in nursing research methodology.  Created training programs to support nurse scientists throughout their careers.  Improved quality of nursing research in KZ. | Number of scientists in the field of nursing. Data will be gathered from universities.  Number and quality of scientific works measured by number of publications, number of peer-reviewed publication, number of citations. | **Assumption:**  “State Obligatory Standard for Postgraduate Education” containing master’s in healthcare, 7M101 Nursing and PhD, 8D101 Nursing Science are approved by Ministry of Justice of Kazakhstan.  **Risks:**  Inadequately using the resources of English nursing research literature in databases and available research publications.  Insufficient collaboration between Kazakhstani universities and international nursing research networks.  Limited investments by universities on the infrastructure for developing nursing research due to low priority in comparison to medicine. | Access to relevant literature, publications and qualitative analysis softwares will be  ensured and promoted by partners for nursing research development.  International experience in nursing research methodologies teaching will be employed.  Possible state funding sources will be discussed and firm agreements made with MoH, MoEdS and other stakeholders about programme take-up. |
| Foster Evidence-based Nursing (EBN) through collaboration between medical universities and healthcare institutions | Creation of recommendations for collaboration structures and processes development between universities and healthcare institutions in KZ based on the best European practices.  Increased capacity  of medical universities’ nursing departments teaching staff on service design.  Established permanent practices on nursing research collaboration in order to support implementation on evidence-based nursing. | Number of conducted collaborative research projects between medical universities and healthcare institutions. Data can be collected from universities.  Successfully established the JBI collaborative centre in Kazakhstan. | **Assumptions:**  Sufficient number of staff members with motivation to develop nursing research and collaboration can be identified.  **Risks**:  Traditional organisational regulations constitute barrier for collaboration.  Lack of experience of teaching staff, deputy chief nurses and chief nurses on collaboration between each other on nursing development. | Organization of capacity building for academic staff and PhD students from medical universities together with persons from foreign universities and research departments of local hospitals.  Introducing EBN concept into clinical practice through trainings, joint conferencess, other dissemination activities |
| Enhance quality and management of master’s and PhD nursing education and identify the required changes in policies by benchmarking international best practices. | MoEdS, MoH, nursing departments of medical centres and hospitals, medical universities in KZ are informed on necessary reforms and applications in quality management of nursing research and possible solutions.  Improved quality of preparation and assessment of Master and PhD level thesis. | Quality of Master and PhD level thesis will be assessed by the standards and criteria developed by national accreditation bodies in KZ.  Established Universities Nursing Research Committees. Data collected from MoH and the universities. | **Assumptions:** The academic and  administrative staff of Kazakhstan medical universities has a corporate responsibility improving quality in higher education and nursing education is involving both.  **Risks:**  Diversity of opinions and lack of consensus among different partners and stakeholders regarding the | Executive level academic professionals and experienced teachers of nursing research will be gathered for common work on quality criteria development in nursing research.  Research Committees will |

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|  |  |  | quality indicators and development of research committees. | be established in partner universities for continueos quality management. |
| Promote development of higher quality Master and PhD education in nursing and engage wide range of stakeholders in Kazakhstan and Europe. | Reached target groups, conveying ideas and results of project activities.  Raised awareness on nursing education and science issues among target groups.  Encouraged new partnerships in the field of nursing education.  Promoted the reform and innovation in nursing science in Kazakhstan. | Number of website visitors and people reached through social media platforms. Data will be collected using Google Analytics and other traffic measuring tools.  Number and quality of publications. Quality of publications will be measured by assessing the traffic they generate.  Number of event attendees representing each of the target groups. It will be measured  by attendance list signed by participants. Feedback from event participants will be collected through paper and electronic questionnaires, allowing to assess the success of stakeholder engagement activities. | **Assumptions:** Dissemination of AccelEd project results at all levels  will lead to the bigger interest of bachelor’s and Master’s in continuing PhD education in nursing and contributing to the nursing science development in Kazakhstan. **Risks:**  Lack of interest and engagement from the national and regional bodies.  Bureaucratic moments that will stop the spread of the project at some stages.  The lack of interest of the target group (especially Master students and academic staff in nursing). | Awareness will be raised by promoting general project ideas, its objectives and activities as successful practices to be overtaken by other medical universities, research centres, associations and even policy makers. Events for nursing specialists will initiate networking and experience sharing between nursing faculties, students and supporters.  Active involvement of EU partner universities sharing international experience and achievements in nursing science internationally. |
| ***Outputs*** ***(tangible)*** ***and*** ***Outcomes*** ***(intangible):*** ***Please*** ***provide*** ***the*** ***list*** ***of*** ***concrete*** ***DELIVERABLES*** ***–*** ***outputs/outcomes*** ***(grouped*** ***in*** ***Work*** ***packages),*** ***leading*** ***to*** ***the*** ***specific*** ***objective/s:*** | ***Indicators*** ***of*** ***progress:*** ***What*** ***are*** ***the*** ***indicators*** ***to*** ***measure*** ***whether*** ***and*** ***to*** ***what*** ***extent*** ***the*** ***project*** ***achieves*** ***the*** ***envisaged*** ***results*** ***and*** ***effects*** | ***How*** ***indicators*** ***will*** ***be*** ***measured:***  ***What*** ***are*** ***the*** ***sources*** ***of*** ***information*** ***on*** ***these*** ***indicators?*** | ***Assumptions*** ***&*** ***risks***  ***What*** ***external*** ***factors*** ***and*** ***conditions*** ***must*** ***be*** ***realised*** ***to*** ***obtain*** ***the*** ***expected*** ***outcomes*** ***and*** ***results*** ***on*** ***schedule?*** | ***How*** ***the*** ***risk*** ***will*** ***be*** ***mitigated:*** |
| **WP1:**  Project Management Guidelines  AccelEd Grant Agreement  AccelEd Consortium Agreement  Detailed project plan | Project Management documentation, grant agreement and consortium agreement are prepared and signed  Kick off meeting is organized | Project progress reports | **Assumptions:**  No external threats can influence the preparation of the project.  **Risks:**  Language barriers and transcultural communication may have influence in preparatory phase.  Delays and difficulties in procuring required | Consecutive translation and constant support of MST will be provided for the partners when dealing with managerial issues. |

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|  |  |  | documents necessary for launching of the project. |  |
| **WP2.1:**  Training course for academic staff and PhD students “The substance and theory development of nursing-caring”  Training course for academic staff and PhD students “Nursing theories and research on patients with complex and long-term conditions health problems”  Internships of Master students in nursing  Report on internships for nursing science development  Conference on Nursing Science  Articles on nursing science in "Astana Medicine Journal"  Online publications Follow-up sessions  with internship participants: academic staff and PhD students | Faculty academic staff and PhD students from Kazakhstan universities have participated in training courses organised by project partners.  Master students from Kazakhstan universities have participated in internships in Netherlands, Lithuania and Finland and engaged in follow-up activities.  Section on nursing science in the "Astana Medicine Journal" is launched and articles for the website of Centre of Nursing Excellence (CNE) are published.  Consulting and mentorship sessions are held by project partners on nursing science and faculty development. | Registered number of staff members and students, who have participated in training courses and internships.  Registered number and assessed quality of publications for the website of CNE. Quality of publications will be measured by assessing the traffic they generate.  Registered number of participants of Scientific Conference, individual consulting and mentorship sessions. It will be measured  by attendance list signed by participants.  Satisfaction of participants with the events organised. Feedback will be collected through paper and electronic questionnaires. | **Assumptions:**  Nursing science can be successfully promoted among stakeholders, as all project partners are committed to maximize the position of nursing education in educational and healthcare frameworks.  **Risks:**  Academic staff and students are not equally supported and motivated to participate in capacity building for nursing science growth.  Policy makers are not fully aware of the meaning of nursing science in healthcare development. | Project partners will be asked to promote the project activities and spread the word of benefits of participating in AccelEd project activities.  Capacity building will be demonstrated to the policy makers in order to explain nursing science position in healthcare development.  Joint activities with the stakeholders will provide platform for discussions on nursing science development. |
| **WP2.2:**  Nursing research methodology course  Training on Nursing Research Methodology I  Training on Nursing Research Methodology II.  Internships for academic staff members.  Development of publications on nursing research. | Evidence-based medicine research methodology course is developed.  Training courses on Nursing research methodology are organized for academic staff and PhD students of Kazakh medical universities.  Internships academic staff organised and summarised in report.  Publications developed. | Number of academic staff members, Master’s and PhD’s involved in the courses, trainings and internships.  Satisfaction of participants with the courses and trainings. | **Assumption:**  All participants of capacity building are directly engaged in nursing research and are familiar with basics research principles.  **Risks:**  English language barrier. | Careful selection of participants will be done to ensure participants’ engagement in further nursing research development. ] Russian-speaking partner (P1) will provide support. |
| **WP2.3:**  Training on “Systematic review on nursing”.  Report with recommendations for collaboration structures and processes development between universities and healthcare institutions.  Training on “Theory of service design in | Report with recommendations on improvement of collaboration practices in nursing research in Kazakhstan is prepared.  A seminar, masterclasses and webinars are organised for academic staff, university hospital clinics staff, master and PhD students, healthcare organizations.  The results achieved in project are presented and | Registered numbers of participants involved in events organised.  Satisfaction of participants with the project events – feedback forms collected and analysed. | **Assumptions:**  All stakeholders of nursing science and research development are interested in raising competitiveness of nursing science and nursing research environment. **Risks:**  Some stakeholders may be particularly interested in specific field of nursing research, neglecting systematic nursing science development through stimulation of higher | Comprehensive context will be given to participants of project events and support activities, as well as individual approach used in maintaining relationships with project stakeholders, incl. academic staff, associate |

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| healthcare (nursing services) development” Part I.  Training on “Implementation of service design in healthcare (nursing services) development” Part II.  Seminar on service design in healthcare (nursing services) development.  Report on the experiences and recommendations on service design and facilitation methods. | discussed with the MoH, RCHD and the Medical universities. |  | education development in nursing.  Low motivation of stakeholders in building community of nursing science and research supporters.  Insufficient understanding of innovation and service design necessity in healthcare services. | partners and policy makers.  Benefits of nursing structure and networks development needs to be visualised and references to successful practices made to increase the interest in thematic and cross-sectoral collaboration. |
| **WP2.4.**  Masterclass sharing the best practices on the management of the master’s degree and PhD level studies.  Report with recommendations on required reforms to support quality of post graduate education in nursing science.  Guidelines on assessment of Master and PhD theses in Nursing Science in universities of Kazakhstan.  Universities Research Committees for PhD nursing research quality evaluation established.  Masterclass for Research Committees’ members  Conference on nursing education quality improvements on Master and PhD level. | Recommendations on reforming structures, practices and standards of Master and PhD level graduate assessment are developed.  Universities Research Committees for Nursing postgraduate studies are created.  Guidelines for efficient and high-quality assessment of nursing Master and PhD theses in universities of Kazakhstan are developed.  Conference is organised on nursing research quality improvements informing stakeholders on necessary reforms. | Number of people involved in Research Committees.  Number of Research Committees and discussions.  Number of conference participants recorded by attendance list  Satisfaction of participants with the conference. | **Assumption:**  Quality management of nursing science and research can be improved through collaborative effort of various nursing stakeholders, reaching better adjustment of European practices to Kazakh local context.  **Risks:**  Detailed standard and guidelines development on quality management of nursing science and research and involvement of too many stakeholders may slow down the technical development work and require more investment. | Work will be equally distributed among partners and associate partners and project stakeholders will be engaged individually for discussions on the quality improvement.  Individual approach will be developed for each stakeholder, who may be beneficial for development work of the project. |
| **WP3:**  QAM plan  Internal quality reports.  Mid-term QA.  External Evaluation Report.  Final QA. | Quality Assurance and Monitoring (QAM) plan is created.  The quality of the project, the WPs and  deliverables is constantly monitored and reported.  Final quality assessment is completed. | All WPs and their deliverables will be reviewed and assessed according to QAM plan throughout the project. | **Assumptions:**  All project partners understand the meaning and aim of common quality activities.  All project partners and participants are willing to share their feedback and improvement suggestions openly.  **Risks:**  Different understanding of what is meant or required of a task among partners. | Regular meetings where all tasks are discussed clearly.  Careful specification of all deliverables in advance. |

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|  |  |  | Level of commitment may vary among partners beyond the control of project management.  Different estimations on the benefits of single measures/recommendatio ns within the partnership. |  |
| **WP4:**  Communication, Dissemination and Exploitation Plan.  AccelEd project website.  Social network.  Promotional materials - flyers, brochures, posters and stands.  Summarised feedback forms.  Final Conference. | The AccelEd website and social media accounts are developed, containing the basic information on the project aims and activities, partners, supporters, agenda of the activities, developed publications and newsletters.  Publications on the project progress are published on partner websites.  Promotional materials are developed, produced and distributed.  Experience sharing events (workshops, trainings, conferences and seminars) and Final Conference are organised. | Number of articles published on the project website, social media accounts, and partner websites.  Number of website and social media pages’ visitors measured using Google Analytics and other traffic measuring tools.  Number of brochures and posters (dissemination materials) distributed among stakeholder organisations.  Number of discussions and networking sessions carried out during other events of the project.  Numbers of participants involved in discussions and information sessions during project workshops, seminars, conferences and other meetings.  Number of foreign speakers engaged in project conferences.  Satisfaction of participants with the project events. Feedback forms will be collected. | **Assumptions:**  Project dissemination activities can reach necessary number of target groups to engage in capacity building and discussions on nursing science and research development.  **Risks:**  Low motivation of nursing science and research stakeholders to participate in project discussions. | Individual approach in communication and follow-up of activities will be applied to attract necessary policy makers, members of nursing associations, medical universities and healthcare. |
| **WP5:**  On-site and online meetings’ minutes.  Mid-term Report. Final report.  Progress reports. Financial Audits. | Transparent distribution of tasks and authorities within the timeline is achieved, ensuring high quality and cost effectiveness.  Effective and timely communication is in place between the partners.  Project activities are conducted according to the workplan, budget and other regulatory statements. | Progress reports.  Mid-term and final reports.  Regular financial reports from the partners. | **Assumptions:** Based on previous  cooperation of the project partners mutual trust and respect exists among all the parties to fulfil tasks and obligations, to complete reports according to schedule, work together collaboratively in order to develop and conduct courses, and overall to support successful project delivery. **Risks**:  Language barriers may have influence. | Careful selection of project manager.  Executive Board for project management, and all management structure.  Careful selection of the project partners based on previous experience.  Regular communication and mindful task |

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|  |  |  | Not keeping with the timeline due to other commitments.  Institutional changes not foreseen before starting the project.  Time difference between the distant partners may affect communication. | accomplishment periods set. |
| ***Activities:***  ***What*** ***are*** ***the*** ***key*** ***activities*** ***to*** ***be*** ***carried*** ***out*** ***(grouped*** ***in*** ***Work*** ***packages)*** ***and*** ***in*** ***what*** ***sequence*** ***in*** ***order*** ***to*** ***produce*** ***the*** ***expected*** ***results?*** | ***Inputs:***  ***What*** ***inputs*** ***are*** ***required*** ***to*** ***implement*** ***these*** ***activities,*** ***e.g.*** ***staff*** ***time,*** ***equipment,*** ***mobilities,*** ***publications*** ***etc?*** |  | ***Assumptions׀&risks*** ***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?*** | ***How*** ***the*** ***risk*** ***will*** ***be*** ***mitigated:*** |
| **WP1:**  Preparation for the project management.  Organizing and conducting kick-off meeting.  Signing the consortium and grant agreement | Staff hours.  Staff mobility. Subcontracted  professional for consecutive translation.  Establishment of Executive Board, Academic Advisory Board, Management Support Team.  Application of online collaboration platform |  | **Assumption:** all project partners are experienced in EU-funded project management.  **Risks:**  Language barriers and transcultural communication may have influence in preparatory phase.  Delays and difficulties in procuring required documents necessary for launching of the project. | Consecutive translation and constant support of MST will be provided for the partners when dealing with managerial issues. |
| **WP2.1:**  Capacity building of nursing faculty on nursing science.  Improving the competences of future PhD-students through internship (research and teaching) in European partner universities.  Establishing permanent status for nursing science in Kazakhstan.  Supporting nursing faculty on issues of nursing science. | Staff hours.  Staff and student mobility. Access to Nursing  literature.  Development of new Astana Medicine Journal section.  Experience sharing and mentoring of internationally acknowledged academic professionals.  Engagement of Associate Partners. |  | **Assumptions:**  Nursing science can be successfully promoted among stakeholders, as all project partners are committed to maximize the position of nursing education in educational and healthcare frameworks.  **Risks:**  Academic staff and students are not equally supported and motivated to participate in capacity building for nursing science growth. Policy makers are not fully aware of the meaning of nursing science in healthcare development. | Project partners will be asked to promote the project activities and spread the word of benefits of participating in AccelEd project activities.  Capacity building will be demonstrated to the policy makers in order to explain nursing science position in healthcare development. |
| **WP2.2:**  Development of Master and PhD nursing research methodology course for KZ medical universities.  Build capacity of medical universities’ nursing department teaching staff in nursing research methodology. | Staff hours.  Staff and student mobility. Access to qualitative  analysis softwares for processing the obtained research data.  Engagement of Associate Partners. |  | **Assumption:**  All participants of capacity building are directly engaged in nursing research and are familiar with basics research principles.  **Risks:**  English language barrier. | Careful selection of participants will be done to ensure participants’ engagement in further nursing research development. Russian-speaking partner (P1) will provide support. |

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| **WP2.3:**  Creation of collaborative structures, processes and capacity to recognize nursing areas/topics for research and development.  Capacity building of medical universities’ nursing departments teaching staff on service design.  Establishing permanent practices on nursing research collaboration in order to support implementation on evidence-based nursing. | Staff hours.  Staff mobility.  Access to Nursing data bases for a literary review and e-Benchmarking the best European practices.  Software for systematic review of literature- The System for the Unified Management, Assessment and Review of Information (SUMARI).  Trainer from Joanna Briggs Institute will be subcontracted to carry out training of Activity 2.3.1.  Engagement of Associate Partners. |  | **Assumptions:**  All stakeholders of nursing science and research development are interested in raising competitiveness of nursing science and nursing research environment. **Risks:**  Some stakeholders may be particularly interested in specific field of nursing research, neglecting systematic nursing science development through stimulation of higher education development in nursing.  Low motivation of stakeholders in building community of nursing science and research supporters. Insufficient understanding of innovation and service design necessity in healthcare services. | Comprehensive context will be given to participants of project events and support activities, as well as individual approach used in maintaining relationships with project stakeholders, incl. academic staff, associate partners and policy makers.  Benefits of nursing structure and networks development needs to be visualised and references to successful practices made to increase the interest in thematic and cross-sectoral collaboration. |
| **WP2.4:**  Benchmarking of international best practices in assessment quality management on Master and PhD level nursing education.  Development of assessment criteria for Master and PhD final thesis with the involvement of wide range of stakeholders.  Creation and capacity building of Universities Nursing Research Committees.  Conference on nursing research quality improvements on Master and PhD level. | Staff hours.  Staff mobility.  Engagement of Associate Partners. |  | **Assumption:**  Quality management of nursing science and research can be improved through collaborative effort of various nursing stakeholders, reaching better adjustment of European practices to Kazakh local context.  **Risks:**  Detailed standard and guidelines development on quality management of nursing science and research and involvement of too many stakeholders may slow down the technical development work and require more investment. | Work will be equally distributed among partners and associate partners and project stakeholders will be engaged individually for discussions on the quality improvement.  Individual approach will be developed for each stakeholder, who may be beneficial for development work of the project. |
| **WP3:**  Planning and writing the quality assurance and monitoring plan.  Quality assurance and monitoring of the project, the WPs and deliverables during the project. | Staff hours.  Subcontracted external quality assessment expert. |  | **Assumptions:**  All project partners understand the meaning and aim of common quality activities.  All project partners and participants are willing to share their feedback and | Regular meetings where all tasks are discussed clearly.  Careful specification of all deliverables in advance. |

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| Reporting of the QAM in the mid-term report.  Reporting the quality assessment in the end of the project. |  |  | improvement suggestions openly.  **Risks:**  Different understanding of what is meant or required of a task among partners.  Level of commitment may vary among partners beyond the control of project management.  Different estimations on the benefits of single measures/recommendatio ns within the partnership. |  |
| **WP4:**  Communication, Dissemination and Exploitation plan development.  Online dissemination. Visual identity and  promotional materials’ development.  Experience sharing events.  Feedback collection. Final Conference. | Staff hours.  Staff mobility.  Website development.  Design and production of brochures, posters and stands for project activities. |  | **Assumptions:**  Project dissemination activities can reach necessary number of target groups to engage in capacity building and discussions on nursing science and research development.  **Risks:**  Low motivation of nursing science and research stakeholders to participate in project discussions. | Individual approach in communication and follow-up of activities will be applied to attract necessary policy makers, members of nursing associations, medical universities and healthcare. |
| **WP5:**  Continuous coordination and management of project activities.  Financial management and regular project reporting. | Staff hours.  Staff mobility.  Subcontracting an authorised external auditor. |  | **Assumptions:** Based on previous  cooperation of the project, mutual trust and respect exists among all the parties to fulfil tasks and obligations, to complete reports according to schedule, work together collaboratively and nesure successful project delivery. **Risks:**  Language barriers may have influence.  Not keeping with the timeline due to other commitments. Institutional changes not foreseen before starting the project.  Time difference between the distant partners may affect communication. | Careful selection of project manager, executive board for project management, and all management structure.  Careful selection of the project partners based on previous experience.  Regular communication and mindful task accomplishment periods set. |