AAL
AMBIENT ASSISTED LIVING

FINAL

PROJECT REPORT

– YouDo – We help! –

Please send this report ELECTRONICALLY to the Central Management Unit (CMU) as well as a copy to the National Contact Persons (NCPs) of the coordinator and project partners

The coordinator of the project must submit this report within 60 calendar days after the final date of the project, on behalf of the consortium.

If you have any additional question,
please contact the AAL CMU at CMU@aal-europe.eu,
or your NCP (see details on www.aal-europe.eu/aal-ncp)

Report date	31/01/2017

PUBLISHABLE PROJECT INFORMATION (TO BE USED BY AALJP)

1A. PROJECT	
Project full title	*YouDo – We help!*
Project acronym	YouDo
Project No.	AAL-2012-5-155
Project Website	www.youdo-project.eu
Project duration	• Starting date: 01/12/2013 • Termination date: 30/11/2016
Coordinator's name and details	Full name: Thomas Bugal E-mail address: Thomas.bugal@b-mobile.ch Telephone number: +41 79 70 99 467 ** **Both** e-mail address **and** tel. number must be provided.*

PROJECT PARTNERS			
No.	**PARTNER ORGANISATION NAME**	**PARTNER ORG. ACRONYM**	**AAL NATIONAL FUNDING AGENCY**
1 (coord.)	b-mobile GmbH	BMOB	Switzerland
2	AIT Austrian Institute of Technology GmbH (Health & Environment Department)	AIT	Austria
3	Quantos Group	QG	Switzerland
4	Procult Consulting GmbH	PC	Switzerland
5	Fachhochschule Vorarlberg	FHV	Austria
6	Lucerne Sciences and Arts – Engineering & iHomeLab University of Applied Architecture, CEESAR	iHL	Switzerland
~~7~~	~~Diakonie München-Moosach e.V~~ (left project)	~~DMM~~	~~Germany~~

8	Meditrainment GmbH	MED	Germany

1C. PUBLISHABLE PROJECT RESULTS SUMMARY *(1 PAGE)*

The YouDo multimedia platform contains information and eLearning courses on all the relevant care topics, giving users the opportunity of choosing their preferred channel. The idea is to provide a trusted informational channel, which may allow people easily percept the accessible material and implement it in the real life. Additionally, the project enable the freedom of choice of seniors, to continue living in their own home as long as possible. YouDo acts as a tool to enable the informal caregiver and the person that wants to take care of itself, to be informed about general care topics, like how to apply for financial support but also more specialized care topics, based on the needs they have in their daily life, like dementia, transport, nutrition and much more.

The AAL-JP program aims to enhance the quality of life of older adults through use of ICT solutions. This includes the development of novel ICT solutions but also the modification and reuse of existing solutions in a new and useful manner. The YouDo project was able to achieve significant improvements in both of these fields. From the innovation point of view YouDo made contributions in following scientific related areas: a) model-based user interaction, b) personalization in user interaction and c) automatic avatar-based informational content generation. From the second point of view, the reuse of existing solutions in a new and useful manner, YouDo successfully demonstrated how a technology transfer can be achieved. By using and adapting an existing open-source learning platform we already obtained a good baseline of expected features (e.g., user and basic content management, authorization, etc.). Moreover, this basis allowed us to focus on advancing developments which were able to enhance and characterize the YouDo System and which go beyond the well-known state-of-the-art developments (e.g., adaptivity to the special wishes and needs of the primary target group of older adults)A user centric design approach was followed. In the first project phase over 100 users where involved in group interviews and focus group meetings. Scope of the interaction was a) identify most wanted content scope for YouDo platform; b) identify preferred features for the target group b) get feedback about usability and design proposals as soon as possible. In several interactions a total number of over 100 end users were involved. In the second project phase in three iterations the evolving prototypes where examined in depth by 20 end users in each testing round. These user tests were accompanied by extended questionnaires. Usability, functionality, content, personal situation, careing burden… were tested and evaluated iteratively. Users and Payers are most likely different target groups. Ideally, segmented along the customer experience lifecycle the purchasers and payers will be younger family members or members who are in a caregiver role. Users will be care givers as well as the ones in need of care.

Time to market will largely depend on the chosen market segment, but will always require the service to be established as an easy to use subscription service by a trusted consumer brand. This will lead to an estimated TtM of appr. 12-18 months from point of purchase of platform. This in itself is the main barrier as no service provider is willing to invest in setting up a complete platform from scratch any more.

CONFIDENTIAL PART OF THE REPORT

2. DELIVERABLES SUBMITTED AND MILESTONES ACHIEVED DURING THE PROJECT

In general yes, all milestones have been successfully achieved however we had some minor delays regarding updates of some deliverables. Because our project ended end of November we had to finalize documentation of the project within a time window with holiday season and illnesses.

Because of that we had delays in the following deliverables, of in average 1,5 months.

- D3.1 Analysis & architecture spec (Update)
- D4.2 Content designed & produced (Update)
- D6.2 Marketing concept
- D6.3 Business Plan final (Update)
- D1.6 Public final project report

All delays have been communicated to the Swiss NCP (main NCP) and to the EU coordinators.

Has the project been finalised in line with the Description of Work?	**YES x**	NO ☐	PARTLY x
IN CASE OF DEVIATION, PLEASE EXPLAIN:			
Has the project achieved its expected results as described in the Description of Work?	**YES x**	NO ☐	PARTLY ☐
IN CASE OF DEVIATION, PLEASE EXPLAIN:			

3	A. PROJECT RESULTS - SCIENTIFIC/TECHNICAL PROJECT RESULTS

- Progress per workpackage was very good. A slight delay because partner DMM left the project was balanced out by a new trial concept (documented in the DoW) on a cost-neutral extension basis. All planned tasks were completed in the project time. Details regarding the Pilot & Field-Trials: With the fact, that the only end user organization Diakonie München had to resign from the project just after midterm review, due to restructuration of the company, the foreseen end-users for the field trials planned for the second half of the project weren't suddenly available anymore. Together with the CMU and NCPs the consortium agreed on recruiting a new end user group and do distributed end user testing without an end user organization. Each partner took over within its budget additional testing efforts. The consortium managed

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to carry out in the second half of the project 3 consecutive end user testing rounds with 20 test persons each. So we were able to evaluate even in three countries YouDo in depth. The disadvantage in losing the end user organization had the benefit in very close involvement of all project parties to the end users. Especially from development and business perspective the direct contact gave a lot of direct insights what also influenced the technical and business related output.

- The performance of the project consortium was excellent. Even in the time of unplanned changes, like at the beginning massive changes in partners and also during the project we have been able to address those issues with a high team spirit. The cooperation of all partners added value to the overall outcome and to the work done by each project partner.

- Scientific/technical achievements during the course of the project: *The YouDo project made significant contributions to three scientific research areas, namely to* a) model-based user interaction, b) personalization in user interaction and c) automatic avatar-based informational content generation. These contributions have been published in three scientific publications [1,2,3]. Together with two general project publications [4] YouDo was well represented in the scientific community. Next to the contributions on particular scientific levels, YouDo was also able to utilize existing open-source concepts and tools and thus to demonstrate a successful technology transfer. Based on results, gained from the "content authoring tools" – requirement phase, we decided to use the Moodle – open-source learning platform [5]. Within the YouDo project we were able to proof that the chosen platform can be a) sufficiently extended and modified in order to increase the accessibility and usability for our primary target group of older adults. b) extended and stabilized for a fail-safe operation during the entire preparation and field trial phase and finally c) enrolled and distributed on embedded devices such as Set-Top-Boxes in a "ready for use" state. All three aspects had positive impacts on the field trials. Due to the stable setting we were able to focus on the elaboration and improvements of modules which are directly related to the end user interaction instead on improvements of the general backend platform.

- End-user services developed during the course of the project
YouDo delivers specific self-produced e-learning content, and aggregated content inclusion from external sources. The self-produced content is didactically built up around the scope of dementia as an example. User interaction design is adapted especially to the end user group of technical non versatile persons with an average age of 75+. YouDo is available on the YouDo android box on TV sets, on android tablets and on chrome browser on PC or iOS devices. The service is personalized to the specific end user and allows educational media consumption, search, tagging and recommending services. The content can easily be chosen for each specific user. Communication with the individual caring community is eased by texting, making appointments and sending information in very low-threshold manner. Further AALuis is integrated into the platform and allows barrier free representation of the content.

- [1] M. Sili, C. Mayer, D. Pahr: "Wireframe Mockups to ConcurTaskTrees"; in: The Tenth International Conference on Mobile Ubiquitous Computing, Systems, Services and Technologies, IARIA, 2016, ISBN: 978-1-61208-505-0, Paper-Nr. /, 6 S.
- [2] M. Sili, M. Garschall, M. Morandell, S. Hanke, C. Mayer: "Personalization in the User Interaction Design"; in: "Human-Computer Interaction. Theory, Design, Development and Practice, vol 9731 2016; Pringer, 2016, ISBN: 978-3-319-39510-4
- [3] M. Sili, E. Broneder, M. Morandell, C. Mayer: "Avatars 4 All - An Avatar Generation Toolchain"; in: Pervasive Health Workshop on Affective Interaction with Virtual Assistants within the Healthcare Context, ACM, 2016, ISBN: 978-1-63190-050-1
- [4] M. Sili, D. Bolliger, J. Morak, M. Gira, K. Wessig, D. Brunmeir, H. Tellioğlu, "YouDo-we help! - An Open Information and Training Platform for Informal Caregivers" in: Studies in health technology and informatics, vol. 217, pp. 873-877, 2014, doi: 10.3233/978-1-61499-566-1-873
- [5] *https://moodle.org/?lang=de*

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3 B. PROJECT RESULTS – BUSINESS MODELS & INDICATORS

YouDo needs to be positioned as a player in an ecosystem, NOT as a stand-alone service.
Market research and experience have shown that EMEA customers are much more critical when it comes to the usefulness of a service and the readiness to engage in a service "just to try it".
People typically will expect a use case based information approach that allows them to compare their own life, health, care and emotional requirements with the answers and solutions presented.
Therefore, YouDo needs to be positioned very strong as a leading **solution element** for the value proposition it can support. It cannot act as a breakthrough solution in itself.

Commercially, YouDo will need to focus on licensing the service and the platform rather than marketing it to consumers as discussed above.
This will require a 3-tier model to address
- Satisfaction of YouDo IPRs in the form of annual platform usage fee for a given exploitation partner
- Service pricing scheme to be able to share any additional developments either from the YouDo team or from the exploitation partner
- Cost of implementation and coordination of roadmap to the exploitation partner.

YouDo shall not engage in any consumer focused pricing as this will have to be at the discretion of the exploitation partner and its customers in the various countries in EMEA.

Please answer the questions below, if possible:

What is the targeted range of manufacturing/service costs per product/service unit (€, € per month etc.)?	This depends on the product development (to be completed after project) As a rule of thumb, the service and operations cost should not exceed 20% of the chargeable fee (i.e. 4.99 Euro per month). This can only be achieved by designing top down and adapting technology, distribution, service and support to this cost requirement.
What is the estimated size of the targeted market in Europe for your product/service (in €)?	Assuming a subscription fee of 4.99 Euro per month and a penetration rate of 0.1% over 3 years (based on 4 Mio potential users needing care at home) this amounts to approximately 4k users or an annual revenue of

	appr. 240k Euro

In your business model, **who will pay** for the product/service (you can tick more than one box): ☐ End user (older person)   x Informal carers   ☐ Formal care providers   ☐ Public subsidies ☐ Insurance   ☐Other (add if necessary)   ☐ not yet decided
In your business model, **who will take the decision about purchase** of the product/service (you can tick more than one box): x End user (older person)   x Informal carers/family ☐ Formal care providers ☐ Public subsidies ☐ Insurance   ☐Other (add if necessary)   ☐ not yet decided

At what **stage of development** are you with your product/service (e.g. research, pilot, real life trial etc.)?	......
When will your product/service be **ready for market**?	12-18 months This is largely due to the fact that the key benefit, the content, is yet to be produced and potentially also localized.
What type of **further research/development** is necessary to finalize the product (technical, adoption, market research etc.)?	• Development of generic "branding" module • Development of "near-by" functionality • Integration of "near-by" services and contact points
What **further investments** are necessary to launch product on the market?	Appr. 250k Euro

The product is intended for the D-A-CH market and is currently only available in one language. It is also not a mass market product as the user needs to have certain prerequisites in place in order to use the product.
As the product is not intended to be a medical tool or a medical or health advisory tool, no certifications are foreseen. If a future utilization intends to target insurances, this will pose the need to comply with insurance standards and branding requirements.
The product has been tested for technical viability and usability, however, a broader load test with augmented content Is required prior to any attempt at go to market.

3 C. PROJECT RESULTS – END USER INDICATORS

Exit of end user institution: The end user tests were planned, organized and executed under the condition of changes in the consortium and a completely new situation including the challenge, that the responsible partner for the field trials left the consortium after detailed planning of the trials under the condition of the responsible partner but before the field trials started.

Originally the field trials with end users were planned to take place in Germany but the respected partner left and the consortium could not serve the plan anymore so the consortium had to rethink and replan the complete field trial methodology.

Therefore methodology of guided interviews and new timelines were developed and applied. The consortium managed the testing with reduced resources implementing the trials in three countries and tried its best to involve informal caregivers testing the YOUDO system in their home environment. During the recruitment of people it turned out that the recruited older persons were not all in a caring situation but faced one in the early future. The tests reflected different results of those. Therefore we divided the end-user-group into two groups to reflect this situation best. So, the requirements for the usability at the end user`s site for those facing a future care situation were already noted and recognized.

Outcome: As a result of the tests it turned out the 20 older end users found as aspect of the usability the handling of the system very easy, they did not need much effort to learn the handling. The end user trials demonstrated the smooth functionality of all implemented technologies.

By the use of the TV the system acted persuasive, so it seemed to be the right medium to interact. Some of the users, especially men, found, the system not very innovative and they prefer to use it on the phone or a tablet – what is possible since prototype version 2. All found the content very helpful, informative and educative. Some proposed the content to become tailor-made to their current situation. Especially those, who were in a caregiver role found the easy contact and messaging to the formal caregiver extremely helpful and supportive.

Compliance: The user trials were carried out in compliance with all fundamental ethical principles. These included, inter alia, principles reflected in the Charter of fundamental rights of the European Union, protection of human dignity and human life, protection of personal data and privacy as well as the environment in accordance with Community law and, where relevant, international conventions, such as the Declaration of Helsinki, the Council of Europe Convention on Human Rights and Biomedicine signed in Oviedo on 4 April 1997 and the Additional Protocol on the Prohibition of Cloning Human Beings signed in Paris on 12 January 1998, the UN Convention on the Rights of the Child, the Universal Declaration on the Human Genome and Human Rights adopted by UNESCO, and the relevant World Health Organisation (WHO) resolutions.

In the **first project half** the users involved where recruited by the carer organisation in Germany. The statistical key figures on end users are not collected systematically and listed therefore per event, if vailable:

Staff Interview: 2 tertiary end users from Diakonie Munich

Focus group Diakonie: 12 seniors with care level 1-3 and their informal carer

Seniorenclub Diakonie: 58 persons, most of them female, age 36 up to 92, 24 with own internet access at home

Customer Insight Workshop Diakonie executed by BMOB: 22 persons, 2 men, average age 75

Customer Concern Workshop Diakonie executed by BMOB: 17 woman, 1 man, average age 75

Klickable Mock-up Workshop Diakonie executed by BMOB: mainly females with average age 65+

Professionals Interviews Diakonie: 5 professional females with age from 20 to 50

Focus Group Meeting Diakonie: 3 male, 4 femal professionals, age from 34 to 63

In the **second project half** the users involved where recruited after exit of the carer organisation by all other project partners in Austria, Germany and Switzerland. The users were involved in a tri stage end user testing process three times each. The key figures are the following:
Total number of end users involved: 20 end users performed each three rounds of the end user tests. There are 13 woman and 7 men involved.
Caring situation: 11 of them are in a caring situation and are therefore secondary users. 9 of them are not in an actual caring situation and are therefore primary end users.
Average age and distribution of end users: the average age is 78 with a range from 64 up to 93
Location of end users: 7 Swiss, 6 Austrian, 7 German end users
Situation of end users: 14 retired, 5 working full time, 1 working part time
Health Status: all involved end users have a good physical condition and are able to play the role as informal carers very well.
Status of the cared persons:
    5 persons live allone, 13 with the spouse, 2 with other
    6 persons have a diagnosted care level, 5 not
    8 are mobile by themselves, 3 are bedridden
    6 are confused (at least mild dementia)
    average nursing duration: 3.6 years, ranging from 1 to 8 years
    3 are cared by spouse, 6 by son/daugther, 2 other

3 D. PROJECT RESULTS – OTHER INDICATORS

Patents, which are the direct result of the project work	Whilst a number of proprietary software IPR have been created, no patents have been filed in conjunction with the project.
Contribution to **standards**, which are the direct result from the project work	n/a
Publications (scientific or other), which are the direct result from the project work (please provide details)	During the project, regular publications have been made by the consortium members: Article in context of SenAktiv - Seniorenmesse Tirol, November 2014 Christin Weigel, Thomas Bugal: „YouDo – we help! – Ein TV-basiertes Lernsystem für pflegende Angehörige" and Alexander Smekal, Patricia Köll:

	„Ein TV-basiertes Lernsystem für pflegende AngehörigeYouDo – we help!"
	Vorträge: Usability Day XII, FH Vorarlberg; 16.05.2014; in: "Beiträge zum Usability Day XII - Assistenztechnik für betreutes Wohnen", Kempter, G. & Ritter, W. (Hrsg.), Lengerich : Pabst Science Publ., (2014), ISBN: 978-3-89967-943-4; S. 212 – 215 und S. 216 - 220. https://dccdn.de/doccheckshop.com/out/media/load_le seproben/PSP/PSP-0414-0003_LP.pdf
	Fachhochschule St Gallen – Smart Health annual conference May 2014: Participation
	Trendtage Gesundheit Luzern,Switzerland, March 2014: Booth with YouDo project and activity presentation
	U-DAY, Dornbirn, Austria May 2014: Booth with YouDo project and activity presentation
	AAL Forum Bucharest, September 2014:iHome Lab booth on the 6th AAL Forum with YouDo presentation
	AAL-Project CarerSuport meeting, Horw, Switzerland January 2015: Presentation and mutual exchange on YouDo
	SwissReHealthCare, Febrary 2015: Transforming Health Care, Participation
	Dr. Martin Denz, President of European Association of Telemedicine: Presentation of YouDo and discussion with potential partners
	Electrosuiess convention on smart home, March 2015: Presentation of YouDo
	Convention "Vernetzte Gesundheit" , Kantonsspital Luzern, March 2015: Invited Presentation including YouDo project
	ICOST Geneva – 13th international conference on smart

	homes, assistive technology and health telematics, June 2015, participation
	MipCom Cannes 2015 – International content sourcing conference, October 2015, presentation and participation
	AAL Frankfurt, April 2015 -- 8.AAL Kongresss – Participation and presentation
	AAL-Forum September 2015, Gent – Presentation of YouDo at booth
	Wissenschaftstage München, November 2015: Presentation of YouDo within "Städte der Zukunft"
	Köll, Patricia; Smekal, Alexander v.: "Zielgruppenorientiertes eLearning Design – YouDo - eine multimediale Wissens- und Informationsplattform für pflegende Angehörige", Vortrag, 8. AAL-Kongress 2015
	Article in derStandard.at, 23.10.2015: „Hilfe bei der Pflege daheim kommt über den Bildschirm"http://derstandard.at/2000024200125/Hilfe-bei-der-Pflege-daheim-kommt-ueber-den-Bildschirm
	M. Sili, D. Bolliger, J. Morak, M. Gira, K. Wessig, D. Brunmeier, J. Kropf, H. Telioglu: "YouDo - we help! - An Open Information and Training Platform for Informal Caregivers"; Vortrag: 13th AAATE Converence, Budapest, Hungary; 09.09.2015 - 12.09.2015; in: "Studies in Health Technology and Informatics", I. IOS Press (Hrg.); 217: Assistive Technology, (2015), S. 873 – 877.
	Various newsletters of iHomeLab, e.g. 5/2016, 11/2016
	P. Köll, MediTrainment Consulting GmbH, Austria: "Den Pflegealltag erleichtern – YouDo – eine multimediale Wissens- und Informationsplattform für pflegende

	Angehörige", Vortrag uDay XIII, 12. Juni 2015, FH Vorarlberg, Dornbirn, http://wwwold.fhv.at/media/pdf/veranstaltungen-vortraege/uday/uday-13/programm-uday-13
	Miroslav Sili, AIT: "Elderly Carers, Technologies, Privacy and Data Protection, Challenges in Matching User Needs and Ethics Issues", Vortrag AAL Forum 2016, http://www.aalforum.eu/wp-content/uploads/2016/11/Workshop-10-e.pdf
	Daniel Bolliger, iHomeLab, Lucerne University of Applied Sciences and Arts: "youdo - we help! - an open information platform for informal caregivers", Vortrag AAL Forum 2016
	M. Sili, C. Mayer, D. Pahr: "Wireframe Mockups to ConcurTaskTrees"; in: The Tenth International Conference on Mobile Ubiquitous Computing, Systems, Services and Technologies, IARIA, 2016, ISBN: 978-1-61208-505-0, Paper-Nr. /, 6 S.
	M. Sili, M. Garschall, M. Morandell, S. Hanke, C. Mayer: "Personalization in the User Interaction Design"; in: "Human-Computer Interaction. Theory, Design, Development and Practice, vol 9731 2016; Pringer, 2016, ISBN: 978-3-319-39510-4
	M. Sili, E. Broneder, M. Morandell, C. Mayer: "Avatars 4 All - An Avatar Generation Toolchain"; in: Pervasive Health Workshop on Affective Interaction with Virtual Assistants within the Healthcare Context, ACM, 2016, ISBN: 978-1-63190-050-1
	M. Sili, D. Bolliger, J. Morak, M. Gira, K. Wessig, D. Brunmeir, H. Tellioğlu, "YouDo-we help! - An Open Information and Training Platform for Informal Caregivers" in: Studies in health technology and informatics, vol. 217, pp. 873-877, 2014, doi: 10.3233/978-1-61499-566-1-873
Other **dissemination activities**	Direct approaches to potential commercialization partners (B2B, B2I):

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	AOK, Germany B2B approach with a insurance using the brand image value in Germany Diakonie München, Germany B2I approach with a care giver organization as extension of their offering in Germany SRG, Switzerland B2B approach with a media and broadcast company as extension of Swiss content offering MeineWelt AG, Switzerland B2B approach with a media and broadcast company as extension of international offering content offering SwissTXT, the SRG/SFR competence center for Swiss Mulimedia B2B approach through multimedia distribution, contact with CEO Swisscom Health AG, Switzerland B2B approach with a operator/e-health provider as extension of the offering and potential market place for services and products BlueCon IoT Solutions GmbH, Bruckmühl, Deutschland Solution Aggregator with focus on a human centered digital world for health and care, assisted living, security, building automation and supply chain operations. BlueCon provides marketeable solutions predominantly to SMB customers based on a proven technology stack, highly developed use cases and a vetted ecosystem of infrastructure, devices and partners. lebe!zeit, Düren and Koblenz, Germany lebe!zeit is a recently formed German service for a multi-faceted homecare support. We presented YouDo to members of the management. Pro7Sat.1 Media SE, Munich, Germany Germany's largest private TV broadcaster with a vivid

	landscape of digital media activities. We could speak to several members of the management. Sky Deutschland GmbH, Munich, Germany Germany's largest pay-TV operator. We could talk to members of the management, particularly in the area of new product development and innovation.
Type and size of audience reached by dissemination activities	Scientific community (through publications, conference presentations) – size in the 10.000s Business community (through direct approach, conference presentations, trade fair exhibitions) – size in the 10s Care community (through conference presentations, trade fair exhibitions, direct approach) – size in the 1.000s

4. FINANCIAL INFORMATION - OTHER COMMENTS

Please check appropriate box:
The financial part of the project (x) is in line with (or) ☐ deviates from the partner's Grant Agreements & Work Packages plans (personal efforts, other costs, etc.)**?**
In case of deviation, please give a short explanation:

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5. AAL JP PROGRAMME

Please comment, using your AAL project experience, on the main advantages and disadvantages of AALJP projects.

The main advantages of AAL JP projects is the fact that there are just little overheads concerning the overall project management. Nevertheless, a disadvantage of the program is the fact that each partner has its own Grant agreement with its NCP leading to reporting on National level

and European level and for the project coordinator more effort to keep an overview over spent resources, efforts, etc. Another advantage of the AAL JP is the AAL Forum as a platform for all AAL JP projects to present the achievements and to stimulate an exchange between the projects.

No.	PARTNER ORGANISATION NAME	CONTACT PERSON		EMAIL ADDRESS	TELEPHONE NUMBER
		NAME	LAST NAME		
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8	Meditrainment GmbH	Alexander	Von Smekal	verwaltung@meditrainment.com	+49 172 863 86 83

6. UPDATED PROJECT PARTNERS' CONTACT DETAILS[1]