

Ref. Ares(2024)3626796 - 21/05/2024

[101095375]

Generation H Project (Management) Handbook



This document is the *Generation H Project (Management) Handbook*, Version 1, published in May 2024. The handbook was authored by Pam Kingma, Frank Groen, Charles Agyemang, and Erik Beune. It serves as a guiding document for the management and implementation of the Generation H project.

Disclaimer: This handbook describes relevant project management information for the [Horizon Europe call] based on the Horizon Europe Grant Agreement [101095375] (signed by the coordinator on 8 October 2023 and by the European Commission on 9 October 2023) and the Consortium Agreement (version 4, 14 November 2023) with the purpose to assist beneficiaries in their management of the project. This handbook is provided for information purposes only to the project Generation H beneficiaries and its content is not intended to replace consultation of any applicable legal sources or the necessary advice of a legal expert, when appropriate. The author cannot be held responsible for the use made of this handbook.

List of contents

1. Consortium partners	3
2. Management.....	4
2.1. Advisory Board (AB)	4
2.2. Steering Committee (SC).....	5
3. Work Packages.....	8
3.1. List of deliverables	11
3.2. List of milestones	16
4. Financial aspects and agreements	17
5. Checks and audits	18
6. Communication.....	19
6.1. Internal communication.....	19
6.2. External communication	19
7. Reporting	22
8. Publications and acknowledgements.....	23
9. Data Management Plan (DMP)	25

1. Consortium partners

Short name	Organisation	PI or representative	Type of organisation	Country
IRD	INSTITUT DE RECHERCHE POUR LE DEVELOPPEMENT	Michelle Holdsworth	Research institute	France
LU	LOUGHBOROUGH UNIVERSITY	Lauren Sherar Paula Griffiths	University	United Kingdom
APHRC	AFRICAN POPULATION & HEALTH RESEARCH CENTRE KENYA	Gershim Asiki	Research institute	Kenya
VU	STICHTING VU	Judith Bosmans	University	The Netherlands
UG	UNIVERSITY OF GHANA	Amos Laar	University	Ghana
S CIENSANO	SCIENSANO	Stefanie Vandevijvere	Research institute	Belgium
AMC	ACADEMISCH MEDISCH CENTRUM BIJ DE UNIVERSITEIT VAN AMSTERDAM	Charles Agyemang	University	The Netherlands

2. Management

2.1. Advisory Board (AB)

Members (preliminary, some need to confirm)

Name and Surname (s)	Organisation
Eric O. Nehemiah	Mathare Foundation- Youth group Nairobi, Kenya
Canon Chris Kinyanjui Kamau	National Council of Churches of Kenya
Nyovani Madese	African Institute for Development Policy, Malawi
Samuel Oji Oti	International Development Research Centre, France
Gareth Haysom	University of Cape Town, South Africa
Kyle Ferguson	New York University Grossman School of Medicine, USA
Natalie Evans	Amsterdam University Medical Center, the Netherlands
Femke van Nassau	Amsterdam University Medical Center, the Netherlands

Roles and Responsibilities

Role	Responsibilities
Eric O. Nehemiah; Expertise in the lives of children,youth and women in slums (Nairobi)	Advice from Stakeholders perspective (charitable organizations)
Rev. Canon Chris Kinyanjui Kamau; expertise in Law and Church Politics (National Council of Churches Kenya)	Advice from Stakeholders perspective (FBO)
Nyovani Madese; expertise in research on nutrition and nutritional security, nutrition, food security maternal and child health, and population dynamics and Sustainable Development Policies	Advice from Policy and Nutrition Research perspective
Samuel Oji Oti; expertise in developing and implementing IDRC's food, environment and health programming for Sub Saharan Africa	Advice from NCD prevention among poor Africa's slum population and implementation Research perspective
Gareth Haysom; expertise in urbanization and the intersection between the urban system and the food system in African cities.	Advice from Nutrition environment in urban SSA perspective
Kyle Ferguson; expertise in ethical and philosophical issues that arise when we design and conduct scientific research on health and the environment and the	Advice from Ethical perspective in Research and innovation

evaluation of ways to use new knowledge and technologies to improve our lives and world	
Natalie Evans; expertise in Law, Ethics and Research Integrity	Advice from Ethical and Law perspective in Research
Femke van Nassau; expertise in school-based obesity prevention and in Implementation research.	Advice from Physical Activity and implementation Research perspective

Meetings

Meeting	When	Location
To be determined		

2.2. Steering Committee (SC)

Members –

Name and Surname (s)	Organisation	WP
Charles Agyemang	AMC	1 & 5
Erik Beune	AMC	1 & 5
Frank Groen	AMC	1 & 5
Pam Kingma	AMC	1 & 5
Michelle Holdsworth	IRD	2
Mathilde Savy	IRD	2
Edwige Landais	IRD	2
Stefanie Vandevijvere	Siensano	2
Lauren Sherar	LU	3
Paula Griffiths	LU	3
Natalie Pearson	LU	3
Hibba Osei-Kwasi	LU	3
Gershim Asiki	APHRC	4
Richard Senja	APHRC	4
Samuel Iddi	APHRC	4
Judith Bosmans	VU	6
Amos Laar	UG	7
Efua Commey	UG	7
James Duah	UG	7

Roles and responsibilities

Name and Surname (s)	Role	Responsibilities
Michelle Holdsworth	PI	Optimisation of the WHO Best Buys and other recommended interventions
Gideon Amevinya	PhD student	Various studies within WP
Mathilde Savy	Research Associate	Various studies within WP
Edwige Landais	Research Associate	Various studies within WP
Lauren Sherar	PI	Implementation strategy development for the intervention delivery
Paula Griffiths	PI	Implementation strategy development for the intervention delivery
Natalie Pearson	Research Associate	Various studies within WP
Hibba Osei-Kwasi	Research Associate	Various studies within WP
Gershim Asiki	PI	Recruitment, intervention delivery and follow-up in Ghana & Kenya Supporting by monitoring and evaluation of implementation research & intervention outcomes
Richard Senja	Research Associate	Supervising role within WP
Samuel Iddi	Research Associate	Recruitment, intervention delivery and follow-up in Ghana & Kenya
Judith Bosmans	PI	Health economic evaluation
Amos Laar	PI	Dissemination, exploitation and stakeholder engagement Supporting by monitoring and evaluation of implementation research & intervention outcomes
Efua Commey	Research Associate	Statistical Support
James Duah	Research Associate	Stakeholders FBO
Stefanie Vandevijvere	PI	Optimisation of the WHO Best Buys and other recommended interventions
Charles Agyemang	PI	Monitoring and evaluation of implementation research & intervention outcomes
Erik Beune	Project coordinator & Research Associate	Project coordination and scientific management Monitoring and evaluation of implementation research & intervention outcomes
Frank Groen	Project coordinator	Project coordination and scientific management
Pam Kingma	Research assistant	Project support various tasks

Meetings

Meeting	When	Location
Consortium meetings	Once a year	will be held in each of the four European countries (Belgium, France, Netherlands, and UK) and 2 SSA countries (Ghana and Kenya)
Steering Group meeting	Every three months	Online
Ad hoc meetings	When needed	Online

3. Work Packages

WP	WP name	Lead Beneficiary	Person-Months	Start Month	End Month	Deliverables
WP1	Project coordination and scientific management	AMC	28.00	1	60	D1.1 – Kick-off meeting D1.2 – Annual meeting 1 D1.3 – Annual meeting 2 D1.4 – Annual meeting 3 & 4 D1.5 – Data Management Plan D1.6 – Updated Data Management Plan 1 D1.7 – Updated Data Management Plan 2 D1.8 – Institutional Ethics Approval for project D1.9 – Project Management Handbook
WP2	Optimisation of the WHO Best Buys and other recommended interventions	IRD	58.00	1	30	D2.1 – Report on adapted/optimised intervention manual D2.2 – Report on adaptations of the WHO best buys & recommended intervention
WP3	Implementation strategy development for the intervention delivery	LU	55.00	1	30	D3.1 – Report on the adoption and implementation outcomes, a matrices of change objectives D3.2 – Implementation materials/resources D3.3 – Implementation evaluation protocol & logic model
WP4	Recruitment, intervention delivery and follow-up in Ghana & Kenya	APHRC	200.00	1	60	D4.1 – Report on mapping & recruitment of study participants D4.2 – Report on community engagement D4.3 – Report on Study initiation package D4.4 – Report on Midterm recruitment report D4.5 – Report on baseline health assessments D4.6 – Report on follow-up recruitment at M6 D4.7 – Report on follow-up recruitment at M18

WP5	Monitoring and evaluation of implementation research & intervention outcomes	AMC	56.00	1	60	D5.1 – Data Analysis Plan D5.2 – Final reports on implementation outcomes D5.3 – Final reports on behaviour outcomes data D5.4 – Final reports on secondary outcomes data D5.5 – Final reports on subgroup analyses D5.6 – Report on the status of posting results D5.7 – Report on the status of posting results nr.2 D5.8 – Report on the status of posting results nr.3
WP6	Health economic evaluation	VU	32.50	7	60	D6.1 – Data management & analysis plan for cost-effectiveness D6.2 – Report on short-term cost-effectiveness D6.3 – Report on long-term cost-effectiveness D6.4 – Updated report on short-term cost-effectiveness D6.5 – Report on potential cost implications
WP7	Dissemination, exploitation and stakeholder engagement	UG	23.00	1	60	D7.1 – Communication, dissemination, exploitation plan D7.2 – Fully functioned project website D7.3 – Report on the closing symposium D7.4 – Report on roadmap toward largescale implementation D7.5 – Policy recommendations/ White paper D7.6 – E-Newsletter - period 1 D7.7 – E-news letter - period 2 D7.8 – E-news letter - period 3 D7.9 – E-news letter - period 4 D7.10 – Periodic communication and dissemination report P1 D7.11 – Communication, Dissemination and Exploitation Plan and Report D7.12 – Periodic communication and dissemination report P3 D7.13 – Communication, Dissemination and Exploitation Plan and Report 2 D7.14 – Event for scientific stakeholder interaction 1

						D7.15 – Event for scientific stakeholder interaction 2 D7.16 – Event for scientific stakeholder interaction 3
WP8	Ethics requirements	AMC	0.00	1	60	D8.1 – POPD - Requirement No. 1 D8.2 – NEC - Requirement No. 2 D8.3 – OEI - Requirement No. 3 D8.4 – OEI - Requirement No. 4 D8.5 – OEI - Requirement No. 5 D8.6 – OEI - Requirement No. 6 D8.7 – OEI - Requirement No. 7

3.1. List of deliverables

Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D1.1	Kick off meeting	WP1	1 - AMC	OTHER	PU - Public	1
D1.2	Annual meeting 1	WP1	1 - AMC	OTHER	PU - Public	13
D1.3	Annual meeting 2	WP1	1 - AMC	OTHER	PU - Public	25
D1.4	Annual meeting 3 & 4	WP1	1 - AMC	OTHER	PU - Public	49
D1.5	Data Management Plan	WP1	1 - AMC	R — Document, report	SEN - Sensitive	6
D1.6	Updated Data Management Plan 1	WP1	1 - AMC	R — Document, report	SEN - Sensitive	36
D1.7	Updated Data Management Plan 2	WP1	1 - AMC	R — Document, report	SEN - Sensitive	60
D1.8	Institutional Ethics Approval for project	WP1	1 - AMC	R — Document, report	SEN - Sensitive	6
D1.9	Project Management Handbook	WP1	1 - AMC	R — Document, report	PU - Public	1
D2.1	Report on adapted/optimised intervention manual	WP2	2 - IRD	R — Document, report	SEN - Sensitive	24
D2.2	Report on adaptations of the WHO best buys & recommended intervention	WP2	2 - IRD	R — Document, report	SEN - Sensitive	30
D3.1	Report on the adoption and implementation outcomes, a matrices of change objectives	WP3	7 - LU	R — Document, report	PU - Public	18
D3.2	Implementation materials/resources	WP3	7 - LU	R — Document, report	SEN - Sensitive	28

Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D3.3	Implementation evaluation protocol & logic model	WP3	7 - LU	R — Document, report	SEN - Sensitive	30
D4.1	Report on mapping & recruitment of study participants	WP4	5 - APHRC	R — Document, report	SEN - Sensitive	7
D4.2	Report on community engagement	WP4	5 - APHRC	OTHER	SEN - Sensitive	7
D4.3	Report on Study initiation package	WP4	5 - APHRC	R — Document, report	SEN - Sensitive	14
D4.4	Report on Midterm recruitment report	WP4	5 - APHRC	R — Document, report	SEN - Sensitive	16
D4.5	Report on baseline health assessments	WP4	5 - APHRC	R — Document, report	SEN - Sensitive	24
D4.6	Report on follow-up recruitment at M6	WP4	5 - APHRC	R — Document, report	SEN - Sensitive	43
D4.7	Report on follow-up recruitment at M18	WP4	5 - APHRC	R — Document, report	SEN - Sensitive	50
D5.1	Data Analysis Plan	WP5	1 - AMC	R — Document, report	SEN - Sensitive	6
D5.2	Final reports on implementation outcomes	WP5	1 - AMC	R — Document, report	PU - Public	60
D5.3	Final reports on behaviour outcomes data	WP5	1 - AMC	R — Document, report	PU - Public	60
D5.4	Final reports on secondary outcomes data	WP5	1 - AMC	R — Document, report	PU - Public	60
D5.5	Final reports on subgroup analyses	WP5	1 - AMC	R — Document, report	PU - Public	60
D5.6	Report on the status of posting results	WP5	1 - AMC	R — Document, report	PU - Public	36
D5.7	Report on the status of posting results nr.2	WP5	1 - AMC	R — Document, report	PU - Public	50

Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D5.8	Report on the status of posting results nr.3	WP5	1 - AMC	R — Document, report	PU - Public	60
D6.1	Data management & analysis plan for costeffectiveness	WP6	6 - STICHTING VU	OTHER	SEN - Sensitive	16
D6.2	Report on short-term cost-effectiveness	WP6	6 - STICHTING VU	R — Document, report	PU - Public	36
D6.3	Report on long-term cost-effectiveness	WP6	6 - STICHTING VU	R — Document, report	PU - Public	57
D6.4	Updated report on short-term cost-effectiveness	WP6	6 - STICHTING VU	R — Document, report	PU - Public	57
D6.5	Report on potential cost implications	WP6	6 - STICHTING VU	R — Document, report	PU - Public	57
D7.1	Communication, dissemination, exploitation plan	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	6
D7.2	Fully functioned project website	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	1
D7.3	Report on the closing symposium	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	60
D7.4	Report on roadmap toward large-scale implementation	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	60
D7.5	Policy recommendations/ White paper	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	60

Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D7.6	E-Newsletter - period 1	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	18
D7.7	E-news letter - period 2	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	36
D7.8	E-news letter - period 3	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	48
D7.9	E-news letter - period 4	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	60
D7.10	Periodic communication and dissemination report P1	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	18
D7.11	Communication, Dissemination and Exploitation Plan and Report	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	30
D7.12	Periodic communication and dissemination report P3	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	48
D7.13	Communication, Dissemination and Exploitation Plan and Report 2	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	60
D7.14	Event for scientific stakeholder interaction 1	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	6
D7.15	Event for scientific stakeholder interaction 2	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	32

Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D7.16	Event for scientific stakeholder interaction 3	WP7	4 - UG	DEC —Websites, patent filings, videos, etc	PU - Public	57
D8.1	POPD - Requirement No. 1	WP8	1 - AMC	ETHICS	SEN - Sensitive	4
D8.2	NEC - Requirement No. 2	WP8	1 - AMC	ETHICS	SEN - Sensitive	4
D8.3	OEI - Requirement No. 3	WP8	1 - AMC	ETHICS	SEN - Sensitive	1
D8.4	OEI - Requirement No. 4	WP8	1 - AMC	ETHICS	SEN - Sensitive	12
D8.5	OEI - Requirement No. 5	WP8	1 - AMC	ETHICS	SEN - Sensitive	18
D8.6	OEI - Requirement No. 6	WP8	1 - AMC	ETHICS	SEN - Sensitive	36
D8.7	OEI - Requirement No. 7	WP8	1 - AMC	ETHICS	SEN - Sensitive	54

3.2. List of milestones

Milestone No	Milestone Name	Work Package No	Lead Beneficiary	Means of Verification	Due Date (month)
1	Consortium agreement	WP1	1-AMC	Document with the agreement	1
2	Kick-off meeting	WP1	1-AMC	Meeting took place	1
3	Adapted intervention manual completed	WP2	2-IRD	Manual with adapted interventions available	28
4	Implementation Steering Group formed	WP3	7-LU	Group meetings initiated	6
5	Implementation strategies & materials produced	WP3	7-LU	Implementation materials available	24
6	Field sites identified	WP4	5-APHRC	Report on mapping of study sites	7
7	Recruitment of the schools & FBOs	WP4	5-APHRC	First participants	7
8	Recruitment completed	WP4	5-APHRC	Database with participants	17
9	Intervention starts	WP4	5-APHRC	Intervention delivery ongoing in sites	24
10	Intervention completed	WP4	5-APHRC	Database with participants	38
11	Follow-up starts	WP4	5-APHRC	First dataset with participant for follow-up concluded	30
12	Complete M6 follow-up	WP4	5-APHRC	Dataset M6 available in database	43
13	Complete M18 follow-up	WP4	5-APHRC	Dataset M18 available in database	56
14	Data analysis plan completed	WP5	1-AMC	Document with the plan available	6
15	Outcomes analysis completed	WP5	1-AMC	Report	57
16	Health economic analysis completed	WP6	6-STICHTING VU	Report	60
17	Fully functioned project website	WP7	4-UG	Generation-H website accessible	1
18	Final report on implementation, behaviour,	WP1	1-AMC	Report	60
	and secondary outcomes and cost-effectiveness outcomes.				
19	Dissemination	WP7	4-UG	Website, reports, presentations	60

4. Financial aspects and agreements

As laid down in the consortium agreement and in the Grant Agreement the following applies:

The transfer of the initial pre-financing, the additional pre-financings (if any) and interim payments to Beneficiaries will be handled in accordance with Article 22.1. and Article 7 of the Grant Agreement following this payment schedule:

Funding of costs included in the Consortium Plan will be paid by the Coordinator to the Beneficiaries after receipt of payments from the Granting Authority in separate instalments as agreed below:

- 17,5 % on receipt of Pre-financing
- 17,5 % 9 months after start of the Project

Funding for costs accepted by the Granting Authority will be paid by the Coordinator to the Beneficiary concerned.

The Coordinator is entitled to withhold any payments due to a Beneficiary identified by the General Assembly to be in breach of its obligations under this Consortium Agreement or the Grant Agreement or to a Beneficiary which has not yet signed this Consortium Agreement.

The Coordinator is entitled to recover any payments already paid to a Beneficiary declared as a Defaulting Party except the costs already claimed by the Defaulting Party and accepted by the Granting Authority.

The Coordinator is equally entitled to withhold payments to a Beneficiary when this is suggested by or agreed with the Granting Authority.

5. Checks and audits

The Granting authority (HADEA, Health and Digital Executive Agency) may carry out internal checks, reviews or audits on the proper implementation of the action and compliance with the obligations under the Grant Agreement (GA). To be prepared for these checks, the beneficiaries must keep records and other supporting documents to prove the proper implementation of the action for **up to 5 years** after the end of the project. Beneficiaries are responsible to keep their own records. If a beneficiary breaches any of its obligations listed in the GA, the grant may be reduced.

Records to be kept by the beneficiaries:

- Evidence of open, fair, transparent recruitment processes;
- Employment contract/agreement with the hired researchers with all provisions from the Grant Agreement;
- Records and other supporting documentation on scientific and technical implementation of the action;
- Records and supporting documents to justify the actual costs declared.
- A reliable time-record system to declare the time worked by the personnel for the beneficiary under the action, or a declaration signed monthly by the person and their supervisor

6. Communication

6.1. Internal communication

For internal communication inside the consortium, we are using the following channels:

- E-mail
- MS Teams
- Sharepoint

6.2. External communication

- Generation H Project logo

It should be included on all the presentation and communication materials.



- Acknowledgement of Funding

Communication activities of the beneficiaries related to the action (including media relations, conferences, seminars, information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, via traditional or social media, etc.), dissemination activities and any infrastructure, equipment, vehicles, supplies or major result funded by the grant must acknowledge EU support and display the European flag (emblem) and funding statement (translated into local languages, where appropriate).



Any communication or dissemination activity related to the action must indicate the following disclaimer (translated into local languages where appropriate):

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

- Generation H website

Website link

[Generation-H Project – Reducing unhealthy diets and physical inactivity among sub-Saharan African youth \(generationh.org\)](https://generationh.org)

Website purpose

The project website will provide details of the rationale, design, methods and results of the implementation trial in an open access format. The protocols and materials used for Generation-H, including the culturally adapted versions will be fully accessible to the general public. In addition, the full results of the implementation trial will be made available as an open access report, which will be freely available on the study website. We will use lay language where possible to ensure that the general public will understand and be engaged with the potential positive impact of multifaceted intervention on NCDs prevention. The website will also serve as a platform for engaging the scientific community, healthy policymakers and adolescents and youth alike.

Audience

The audience of the website are adolescents, researchers, colleagues of the consortium, press, stakeholders of the project, students and interested people.

Development & maintenance

Work Package 7 has created the website and will maintain it. In cooperation with Work Package 1, Work Package 7 will publish news updates and blogs on the website.

- Social media

Describe the different social media channel's purpose, audience and development (who created it, who will maintain it...)

See table below

Social media channel	Purpose	Audience	Development	Maintenance
YouTube	Edutainment campaigns via dedicated project channels	Adolescents	WP3/WP4/WP7	WP7 (communicating the project results)
	Promoting healthier diets and physical activity across the life course (web series and storytelling)	Adolescents		
	Publish, and publicize content and mount social media campaign	Adolescents		
		Adolescents		

	<p>Spread counter marketing campaigns and community events</p> <p>Sharing project results</p>	<p>Adolescents, press and citizens</p>		
Instagram	<p>Sharing project results</p> <p>To reach the target population and their social network such as youth clubs, families, FBOs who can play a role in motivating them into a healthy lifestyle to prevent NCDs.</p>	<p>Adolescents, press and citizens</p> <p>Adolescents</p>	WP3/WP4/WP7	WP7 (communicating the project results)
Facebook	<p>Edutainment campaigns via dedicated project channels</p> <p>Promoting healthier diets and physical activity across the life course (web series and storytelling)</p> <p>Publish, and publicize content and mount social media campaign</p> <p>Spread counter marketing campaigns and community events</p> <p>Sharing project results</p> <p>Engagement for project input</p> <p>Commitment to post-project implementation</p> <p>Uptake of project results</p>	<p>Adolescents</p> <p>Adolescents</p> <p>Adolescents</p> <p>Adolescents</p> <p>Adolescents, stakeholders, researchers and citizens</p> <p>Adolescents, stakeholders and citizens</p>	WP3/WP4/WP7	WP7 (communicating the project results)
X (Twitter)	<p>Engagement for project input</p> <p>Sharing project results</p> <p>Uptake of project results</p>	<p>Adolescents, stakeholders and citizens</p> <p>Adolescents, press, researchers and citizens</p>	WP3/WP4/WP7	WP7 (communicating the project results)
LinkedIn	<p>Sharing project results</p> <p>Leveraging output to other NCD research fields</p> <p>Uptake of project results</p> <p>Commitment to post-project implementation</p>	<p>Press and researchers</p> <p>Researchers and stakeholders</p>	WP3/WP4/WP7	WP7 (communicating the project results)

7. Reporting

The beneficiaries must continuously report on the progress of the action (e.g. deliverables, milestones, outputs/outcomes, critical risks, indicators, etc; if any), in the Portal Continuous Reporting tool and in accordance with the timing and conditions it set out in the Grant Agreement (as agreed with the granting authority).

In addition, the beneficiaries must provide reports to request interim payments, in accordance with the schedule and modalities set out in the Data Sheet of the Grant Agreement (see below).

Type of report	Deadline
Periodic report	Month 18
Periodic report	Month 36
Periodic report	Month 54
Periodic report	Month 60
Final reports on implementation outcomes	Month 60
Final reports on behaviour outcomes data	Month 60
Final reports on secondary outcomes data	Month 60
Final reports on subgroup analyses	Month 60

The periodic reports include a technical and financial part:

- The **technical part** includes an overview of the action implementation. It must be prepared using the [template](#) that will become available in the Portal Periodic Reporting tool towards the end of the reporting period.
- The **financial part** of the periodic report includes:
 - the financial statements (individual and consolidated; for all beneficiaries/affiliated entities);
 - the explanation on the use of resources (or detailed cost reporting table, if required);
 - the certificates on the financial statements (CFS) (only at final payment, if threshold of €430k is reached).

8. Publications and acknowledgements

Prior notice of any planned publication shall be given to the other Parties at least 30 calendar days before the publication. Any objection to the planned publication shall be made in accordance with the Grant Agreement by written notice to the Coordinator and to the Party or Parties proposing the dissemination within 30 calendar days after receipt of the notice. If no objection is made within the time limit stated above, the publication is permitted (Article 8.4.2 of the Consortium Agreement).

Each publication will include “[Generation H acronym]” in the title. Each publication, presentation or other outreach activity should acknowledge the European Commission.

The EU emblem and reference to EU funding must be displayed in a way that is easily visible for the public and with sufficient prominence (taking also into account the nature of the activity or object). Examples: for equipment and major results a sticker or poster, for an infrastructure a plaque or billboard.

Mandatory acknowledgement text for publications:

“This project has received funding from the European Union’s Horizon Europe research and innovation programme under grant agreement No. 101095375.”

Publication procedures:

One of the major instruments in our dissemination policy is to publish our advances in high-impact peer reviewed scientific journals. The participants of Generation-H will disseminate the results owned by them as swiftly as possible, but after its protection is ensured and all other partners have been informed about the intention to disseminate, as well as the content of the dissemination, and have been given a reasonable timeframe in which they can object to (elements of) the intended dissemination. The CA will include further details on the number of days prior to the intended publication to inform all partners; procedures on the methods and content of informing the other partners; procedures on the methods and content of written objections by other partners to the intended publication and procedures on co-authoring in scientific journals.

The beneficiaries must ensure open access to peer-reviewed scientific publications relating to their results. In particular, they must ensure that:

- at the latest at the time of publication, a machine-readable electronic copy of the published version or the final peer-reviewed manuscript accepted for publication, is deposited in a trusted repository for scientific publications
- immediate open access is provided to the deposited publication via the repository, under the latest available version of the Creative Commons Attribution International Public Licence (CC BY) or a licence with equivalent rights; for monographs and other long-text formats, the licence may exclude commercial uses and derivative works (e.g. CC BY-NC, CC BY-ND) and
- information is given via the repository about any research output or any other tools and instruments needed to validate the conclusions of the scientific publication.

Beneficiaries (or authors) must retain sufficient intellectual property rights to comply with the open access requirements. Metadata of deposited publications must be open under a Creative Commons Public Domain Dedication (CC 0) or equivalent, in line with the FAIR principles (in particular machineactionable) and provide information at least about the following: publication (author(s), title, date of publication, publication venue); Horizon Europe or Euratom funding; grant project name, acronym and number; licensing terms; persistent identifiers for the publication, the authors involved in the action and, if possible, for their organisations and the grant. Where applicable, the metadata must include persistent identifiers for any research output or any other tools and instruments needed to validate the conclusions of the publication. Only publication fees in full open access venues for peer-reviewed scientific publications are eligible for reimbursement.

In line with the principles for publication and access to clinical trial data recently proposed by the EMA (2013) and other international regulatory bodies, a fully anonymised copy of the research data will be made available for use by other investigators at the end of the project.

Metadata of deposited publications must be open under a Creative Commons Public Domain Dedication (CC 0) or equivalent, in line with the FAIR principles (in particular machine actionable) and provide information at least about the following: publication (author(s), title, date of publication, publication venue); Horizon Europe or Euratom funding; grant project name, acronym and number; licensing terms; persistent identifiers for the publication, the authors involved in the action and, if possible, for their organisations and the grant. Where applicable, the metadata must include persistent identifiers for any research output or any other tools and instruments needed to validate the conclusions of the publication.

Distribution to the public (in particular, publication as hard copies and in electronic or digital format, publication on the internet, as a downloadable or non-downloadable file, broadcasting by any channel, public display or presentation, communicating through press information services, or inclusion in widely accessible databases or indexes)

Because our aim is to also make the outcomes of the study available to other SSA countries and beyond, and to promote dissemination beyond the duration of the project, we will publish in detail the implementation strategies and outcomes in relevant journals and make the draft paper openly available to national and international health care practitioners and providers through Medline, ResearchGate, and other relevant websites e.g., WHO-Afro.

For the scientific researchers and clinicians, e.g. we will identify and publish our findings in relevant open access scientific journals to reach the target audience.

9. Data Management Plan (DMP)

- In accordance with the appropriate EU templates a data management plan will be developed.
- In line with promoting open science, we will engage in research data sharing by default, as stipulated under the Grant Agreement, concerning the preparation of a Data Management Plan and FAIR data sharing. Research data management aims to control the entire data management process along the research lifecycle; from study preparation, data acquisition, data processing and statistical analysis, writing and publishing, to archiving and open data, e.g.: Standard operating procedure (generic AMC online DMP template) FAIR-principles (Findable, Accessible, Interoperable, Reusable) General Data Protection Regulation (GDPR)
- Data management plan will use the 'generic AMC DMP template': [SOP 001 Research Data Management - RDM - Amsterdam UMC \(versie 3\) \(iprova.nl\)](#)
- The data management plan will provide an analysis of the main elements of the data management policy that will be used by the applicants with regard to all datasets that will be generated in the Generation-H project. The following points will be addressed: 1.2.6.1. Data set description: The project involves the collection of personal data of healthy volunteers (Part A, Ethics self-assessment). Some of these data are sensitive, including data on ethnicity, family, SES and medical history. 1.2.6.2. Standards: Throughout the project we will take account of ethical and legal aspects by compliance with the European Legal Framework and application of its ethical standards and guidelines.
- Data sharing: The Generation-H consortium will take measures to allow third parties to access, mine, exploit, reproduce and disseminate data. The data will be made discoverable through the Data Archiving and Network Services (DANS) archive. The Data Documentation Initiative Alliance (DDI) meta-data standard will be used to describe the data and make it searchable and identifiable through the DANS digital repository. The data can be requested by a standardised form, which will be evaluated by the EMB on scientific quality and suitability of Generation-H data to address the question. Upon approval, data will be provided securely in .csv format.
- Archiving and preservation: Generation-H will ensure long-term data preservation according to the GDPR guidelines. Data are continuously backed-up using both the OH and PVH servers and stored securely. OH and PVH will make arrangements with a certified hosting provider about secure and state-of-the-art back-up methods. Data from the platform are additionally stored on the secure AMC's networked file servers. The costs for data management during the project are in our budget. Long-term data preservation is covered by AMC.
- Detailed statistical analysis will be developed and will be part of the Data management plan.