



Justice Programme & Rights, Equality and Citizenship Programme

Progress Report

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EUROPEAN COMMISSION
Directorate-General Justice and Consumers

JUST O.4 – Programme and financial management

Justice Programme & Rights, Equality and Citizenship Programme

PROGRESS REPORT

COVER PAGE

PROJECT	
Project number:	881648
Title:	STOp intimate partner violence in Pregnancy
Acronym:	STOP
Coordinator contact:	Vibeke RASCH, Region of Southern Denmark (RSD)
Starting date:	01/09/2020
Duration:	24
Amendments:	AMD-881648-1
Project website:	www.stop-ipv.eu

PERIOD COVERED	
Period (from last periodic report):	from 01/09/2020 to 31/08/2021

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1. DELIVERABLES, MILESTONES & CRITICAL RISKS

Deliverables, milestones & critical risks	YES/NO
We confirm that we updated the following PP/SyGMA Continuous Reporting screens: <ul style="list-style-type: none"> • Deliverables • Milestones • Critical risks 	YES

2. OVERVIEW OF THE PROGRESS & ACTIVITIES

WORK PACKAGES

Work package 1

Work package 1: Project management and coordination, and evaluation and dissemination of project results			
Activities			
<i>Report on the implementation status of the activities that were to be implemented during the period and explain deviations from the description of the action (DoA) in Annex 1 GA.</i>			
Task number (numbering Annex 1 GA)	Task name	Implemented? (Yes/No/Partially)	Justification (explain what was done and by whom; explain what was not done and why not; indicate how you intend to handle the situation and new timing; indicate if it was a one-off issue or how you intend to avoid similar issues in the future)
T1.1	Financial and administrative coordination	Yes	Financial and administrative coordination is an ongoing task managed by the coordination team (RSD). The coordination team follows and supports the consortium in financial and administrative aspects of the project. Administrative changes in the Region of Southern Denmark requires an amendment for the coordinator contact as OUH and CTP now act under the same PIC number. This change is under implementation in the GA.
T1.2	Operational cooperation	Yes	Operational cooperation is an ongoing task managed by the coordination team (RSD). This task covers the day-to-day management of the project and support to WP leaders and consortium members. This is ensured in e.g. monthly status meetings in the consortium and steering committee as well as bilateral meetings between the partners. This ensures valuable synergies among the project activities and partners. As it has not yet been possible to meet in person, the consortium has had great focus on having virtual meetings to keep the momentum of the joint activities of the project.

T1.3	Communication management	Yes	<p>The communication management is an ongoing task that is covered by the coordination team (RSD) and the main focus has been on the development and implementation of the STOP visual identity and website. The website is updated on an ongoing basis with news, deliverables, publications, etc.</p> <p>Each of the sites are conducting some local communication activities to create awareness of the project e.g. posters, note pads, and media coverage such as newspaper interviews in the Region of Southern Denmark.</p> <p>Other communication activities await the re-opening of the European society and the possibility of attending conferences, etc. where communication management will have bigger impact.</p>
T1.4	Quality assurance	Yes	<p>Quality assurance is an ongoing task and covered by the coordination team (RSD).</p> <p>A project plan/project protocol has been developed and implemented in line with the GA and CA. The plan is followed closely and updated on an ongoing basis in collaboration with the consortium.</p> <p>Quality assurance has also been implemented in the quality assurance of deliverables submitted by the project to ensure high quality content and alignment of deliverables.</p>
T1.5	Consortium meetings	Yes	<p>Consortium meetings are organised and chaired by the coordination team (RSD).</p> <p>In 2020, the consortium met for the kick-off meeting in September and for a consortium meeting in December. It was decided to meet for an unofficial consortium meeting in June 2021 to keep the momentum of the collaboration.</p> <p>The consortium meetings were intended to be physical meetings but the COVID-19 lockdowns in both Denmark and Spain only allowed for virtual meetings. Thus, the consortium has only met online. The next consortium meeting in November 2021 is planned as a physical meeting but the physical attendance will depend on the development of the COVID-19 situation at the time.</p>
T1.6	Dissemination	No	This task is scheduled for months 20-24.
T1.7	Project evaluation	No	This task is scheduled for months 20-24.
T1.8	Child protection policies	Partially	<p>Initial, separate child protection policies for UGR and RSD were submitted, but were not approved in the original format. The partners have requested the assistance of relevant legal departments and await their advice. RSD and UGR follow national legislation in the area of child protection and both UGR and RSD have developed a child protection policy for the people involved in the STOP project.</p> <p>For large and broad public organisations like RSD and UGR, Child Protection Policies of the requested scope are very challenging to establish due to the size of the organisations and the scope of the policies as the policies would cover thousands of employees who are not involved in</p>

			the project and overall management being far removed from the project. Therefore, the task takes significantly longer than anticipated.
Other issues <i>Mention and explain unforeseen events and adjustments that had to be made. Explain impact on other tasks, available resources and planning.</i>		The STOP project was originally planned to start in May 2020 but due to COVID-19, it was postponed to September 2020 via an amendment to the Grant Agreement.	
Milestones & deliverables <i>Report on the implementation status of the milestones and deliverables that were due during the period and explain deviations from the description of the action (DoA) in Annex 1 GA. Ensure consistency with the SyGMa Milestones and Deliverables screens.</i>			
Milestone number (numbering SygMa)	Milestone name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)
MS1	Kick-off meeting	Yes	The Kick-off meeting was organised by the coordination team (RSD) and it was held 28 th – 29 th of September. Both partner sites were represented. The meeting was held as a virtual conference. The agenda focused on a presentation of the partners, work packages, tasks ahead, and planning of project activities. Furthermore, the coordination team had planned a virtual team building session to create a sense of partnership in the project.
MS2	Second consortium meeting	Yes	The second consortium meeting was held 17 th – 18 th of December 2021 and it was also held as a virtual meeting. The agenda focused on the progress of the activities, the development of the screening tool and data collection process, and the implementation of the intervention. This meeting also involved the Advisory Board of the project and allowed them to provide feedback on the project activities. It was decided to have an unofficial consortium meeting in June 2021 to ensure the momentum of the implementation and the collaboration as spring and summer 2021 are key periods of the implementation of the intervention in STOP.
MS3	Third consortium meeting	No	This milestone is scheduled for month 15.
MS4	Final consortium meeting	No	This milestone is scheduled for month 24.
MS5	Final report	No	This milestone is scheduled for month 24.
Deliverable number (numbering SyGMa)	Deliverable name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)

D1.1	Detailed project protocol	Yes	The coordination team (RSD) developed a detailed project protocol to address work packages, milestones, tasks and deliverables as well as project management, communication, dissemination and evaluation strategies, and sustainability efforts.
D1.2	Dissemination and communication report	No	This deliverable is scheduled for month 24.
D1.3	Communication platforms	Yes	This deliverable was made by RSD and provides an overall introduction and description of the communication platforms and a detailed description of the STOP visual identity (logo, colours etc.) and website www.stop-ipv.eu .
D1.4	Submission of progress report to the EC	Yes	The deliverable will be fulfilled with the submission of the present document. This report is compiled by the coordination team in collaboration with key project members from both RSD and UGR.
D1.5	Consortium meetings	Yes	The submitted deliverable (D1.5) contains the agenda and minutes of the kick-off meeting (the first consortium meeting) in the STOP project. Due to the structure of the IT management system, it has not been possible to submit further deliverables for other consortium meetings, but minutes are available if needed.
D1.6	Final conference	No	This deliverable is scheduled for month 24.
D1.7	Project evaluation report	No	This deliverable is scheduled for month 24.
D1.8	Network + memorandum of cooperation	No	This deliverable is scheduled for month 24.
D1.9	Meetings with NGOs + authorities for dissemination	No	This deliverable is scheduled for month 24. However, a number of meetings with NGOs have already been carried out in relation to the development process of the intervention. These will be reported in month 24.
Other issues		None	

Work package 2

Work package 2: Validation and implementation of an IPV screening instrument			
Activities			
<i>Report on the implementation status of the activities that were to be implemented during the period and explain deviations from the description of the action (DoA) in Annex 1 GA.</i>			
Task number (numbering Annex 1 GA)	Task name	Implemented? (Yes/No/Partially)	Justification (explain what was done and by whom; explain what was not done and why not; indicate how you intend to handle the situation and new timing; indicate if it was a one-off issue or how you intend to avoid similar issues in the future)
T2.1	ISA score cut off or threshold for abnormality	Yes	The ISA score cut off has been established by UGR as part of the development of the screening tools and screening processes in both Denmark and Spain. The cut off used in Spain is based on experiences and scientific work carried out by UGR. In Denmark, a cut-off based on the original screening tool developed by Hudson and McIntosh is used.
T2.2	The development of an application based on AAS and ISA for screening women	Yes	<p>UGR has been responsible for the overall development of the screening tools in the two sites.</p> <p>In Spain, a screening tool application was developed specifically for the STOP project in collaboration with an app company (R5D5). The screening questionnaire is filled out by the pregnant woman during the first consultation with the midwife in the primary care centres through an electronic device with the application preinstalled. Several updates were implemented during the screening process to add Quality of Life features and bug fixes.</p> <p>In Denmark, the screening process is based on a PRO questionnaire already implemented as part of antenatal care for all pregnant women in the Region of Southern Denmark. The PRO questionnaire includes questions on health conditions and pregnancy related life-style measures. The questionnaire is sent out in the first trimester through the app 'My Hospital', which is used at all hospitals in the Region of Southern Denmark. Reminders are automatically sent out after seven and fourteen days. Immediately after completing the questionnaire, a summary is generated and added to the woman's journal. The summary is used to inform the first midwife consultation.</p> <p>In both Spain and Denmark, ISA and AAS were originally used as screening questionnaires, but due to low detection rates of IPV it was decided to include two additional screening questions from the Woman Abuse Screening Tool (WAST).</p>
T2.3	Selection and training of midwives	Yes	The selection and training of midwives were extended by two months (in agreement with the PO) to ensure that the training sessions were conducted close to the actual implementation of the intervention. This extension ensured a smoother transition from training to actual implementation in both UGR and RSD. Additional selection and training of midwives have been and will be carried

			out along the screening process to ensure sustainability and a consistent capacity level if e.g. a midwife leaves the project.
T2.4	Incorporation of AAS and ISA in the electronic PRO data questionnaire for screening women in Denmark	Yes	The five AAS and 30 ISA questions have been incorporated in the Danish PRO questionnaire and are now fully implemented in the Danish screening process. This also applies for the two WAST questions. The incorporation of the questions is based on a pilot test of the questionnaire with 20 women carried out by RSD.
Other issues <i>Mention and explain unforeseen events and adjustments that had to be made. Explain impact on other tasks, available resources and planning.</i>		Training sessions for the midwives were originally planned in November 2020 but due to COVID-19, they were postponed to January 2021. Any impact it may have had on other tasks has been of a positive nature, as the training was fresh in the memory of midwives for the implementation phase.	
Milestones & deliverables <i>Report on the implementation status of the milestones and deliverables that were due during the period and explain deviations from the description of the action (DoA) in Annex 1 GA. Ensure consistency with the SyGMa Milestones and Deliverables screens.</i>			
Milestone number (numbering SyGMa)	Milestone name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)
MS6	ISA cut off established	Yes	The ISA cut off was established by UGR in collaboration with RSD. In Spain, the cut off was established according to the Spanish validation of the ISA screening tool (Plazaola et al. 2008) and, in Denmark, according to the Hudson and McIntosh original ISA validation study (Hudson and McIntosh, 1981).
MS7	Application developed in Spain	Yes	The application has been developed in Spain in collaboration with an app development company (R5D5). The development was carried out by UGR.
MS8	Training of midwives	Yes	Training workshops for the midwives have been carried out in Denmark and Spain. The training was based on the screening tool and processes of each site preparing the midwives for the implementation of the screening processes in Andalucía, Spain and Region of Southern Denmark, Denmark.
MS9	Incorporation of AAS and ISA in the electronic PRO data questionnaire for screening women in Denmark	Yes	The AAS and ISA questions have been pilot tested and implemented in the PRO questionnaire in the Region of Southern Denmark. The RSD team collaborated closely with the people managing the PRO questionnaire to accomplish the incorporation in the whole region.

Deliverable number (numbering SyGMA)	Deliverable name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)
D2.1	Spanish screening application	Yes	<p>This deliverable was made by UGR and presents the Spanish screening application. This application includes the WAST, AAS, and ISA questionnaires. The application is provided through an electronic device in which the application is already installed for the midwives to use it. Through the application, women can provide their consent to participate in the screening and answer the questionnaires. The application is designed to protect the data and privacy of both women and midwives.</p>
D2.2	Danish electronic Pro data	Yes	<p>This deliverable was made by RSD and presents the Danish electronic PRO questionnaire and screening process.</p> <p>A total of five AAS questions and 30 ISA questions were added to the existing PRO questionnaire, which is sent out to all pregnant women attending antenatal care. Subsequently the two WAST questions were added. It is voluntary to answer the questionnaire. Immediately after completing the questionnaire, a summary is generated and added to the woman's journal and is made available to the health care providers.</p>
D2.3	Spanish midwives training	Yes	<p>UGR carried out training workshops with the Spanish midwives to prepare for the implementation of the intervention. The deliverable contains an overview of the agenda for the training sessions, the target group, and a description of the content of training sessions including the aim of the project, and guidance on the use of the app. The deliverable also presents feedback from the midwives participating in the training.</p> <p>Twenty midwives of the primary care centres of Granada, Jaén, Córdoba and Almería (Andalusia, Spain) participated in the training. Five midwives could not attend the initial training, they were instead given personal training in the screening process and use of the tablet a few days before the screening started.</p> <p>Due to the COVID-19 situation, it was not possible to conduct a physical training workshop and therefore, the training sessions were shorter and more focused. The project team has ensured that it is possible to conduct follow up training sessions if needed throughout the project duration and there is a great focus on following up on the midwives' experience and engagement in the project.</p>
D2.4	Danish midwives training	Yes	<p>RSD carried out training workshops with the Danish midwives to prepare for the implementation of the intervention. The deliverable contains an overview of the agenda for the training sessions, the target group, and a description of the content of the training sessions. The deliverable also presents feedback from the midwives participating in the training.</p> <p>Due to COVID-19 situation, it was not possible to conduct physical training workshops, instead virtual training workshops were held. The training sessions were shorter and more focused. In the</p>

			<p>case of RSD, the training sessions were conducted over a longer period of time than originally planned.</p> <p>In Denmark, the basis consultation midwives introduce the women to the STOP-project. The uptake area for the project is the whole Region of Southern Denmark and covers four antenatal care units (Odense University Hospital, Hospital Lillebaelt, Hospital Southern Jutland, and Hospital South-Western Jutland). More than 85 basis consultation midwives from the four locations have participated in the training.</p> <p>The project team has ensured that it is possible to conduct follow up training sessions if needed throughout the project duration and there is a great focus on following up on the midwives' experience and engagement in the project.</p> <p>In RSD, the virtual format has ensured that the midwives are able to re-watch the training sessions if needed. Furthermore, the midwives received written material providing additional information on how to address the target group.</p>
D2.5	Screening tool ready for use	Yes	<p>This deliverable was made by UGR with input from RSD and presents the screening tools and the preparedness of the screening tools at both sites. UGR completed the development of an eHealth screening tool and database. This tool is used by the midwives in the first antenatal visit when women are invited to participate in the screening process. Women who screen positive are offered to participate in the video counselling sessions.</p> <p>RSD included the screening tool in the Danish electronic PRO questionnaire, and it is offered to all pregnant women before twelve weeks of gestation. The midwives conducting the first antenatal visit in gestational week sixteen, invite pregnant women screened IPV-positive to participate in the video counselling if eligible according to the inclusion criteria.</p>
Other issues		None	

Work package 3

Work package 3: The development of video counselling and app-based safety planning for pregnant women exposed to IPV			
Activities			
<i>Report on the implementation status of the activities that were to be implemented during the period and explain deviations from the description of the action (DoA) in Annex 1 GA.</i>			
Task number	Task name	Implemented?	Justification

(numbering Annex 1 GA)		(Yes/No/Partially)	(explain what was done and by whom; explain what was not done and why not; indicate how you intend to handle the situation and new timing; indicate if it was a one-off issue or how you intend to avoid similar issues in the future)
T3.1	End-user needs assessment and co-development process	Yes	<p>This task was covered by RSD in collaboration with UGR. The end user needs assessment included a number of workshops with end users, experts, and NGO's working in the area of IPV. Furthermore, target group representatives were interviewed to provide input for the intervention and digital tools.</p> <p>The co-development process was also based on workshops and the experts and end-users gave input to the development of the content in the safety planning app and the themes to be covered in the video counselling sessions. It was possible to conduct some workshops in physical meetings but some participants joined via video due to COVID-19 restrictions.</p> <p>The workshops in Spain were carried out by UGR as the Danish WP leader was not able to travel to Spain due to COVID-19. The WP leader was however, present via video to ensure alignment of the collection of input.</p>
T3.2	Development of video-based counselling service targeting pregnant women at risk of IPV	Yes	<p>This task was covered by RSD. The task developed the video-based counselling service in both Denmark and in Spain.</p> <p>In Denmark, the technical solution was an existing solution already being implemented at the hospitals in the region.</p> <p>In Spain, a new technical video solution for the video counselling was selected in collaboration with technical experts at UGR. The selected platform was Linkello Medical, which is a secure video conference used by medical professionals.</p> <p>Furthermore, the task focused on developing the video counselling sessions and the themes to be covered in the sessions, and the training of personnel in conducting video counselling sessions with a vulnerable target group.</p>
T3.3	Implementation of safety planning app	Yes	<p>This task was covered by RSD. The safety planning app (MyPlan) has been implemented in both Denmark and in Spain and is available for download in both Google Play store and App store. The app is developed to resemble a general information app for pregnant women but includes a "hidden" link to the safety planning elements.</p>
T3.4	Support of video counselling solution	Yes	<p>This task is ongoing throughout the implementation phase and RSD supports the video counselling solution and also the use of the safety planning app.</p>
<p>Other issues</p> <p><i>Mention and explain unforeseen events and adjustments that had to be made. Explain impact on other tasks, available resources and planning.</i></p>		None	

Milestones & deliverables			
<p><i>Report on the implementation status of the milestones and deliverables that were due during the period and explain deviations from the description of the action (DoA) in Annex 1 GA. Ensure consistency with the SyGMa Milestones and Deliverables screens.</i></p>			
Milestone number (numbering SyGMa)	Milestone name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)
MS10	Needs assessment and co-development process completed	Yes	The needs assessment and co-development process was completed by RSD and covers both the Danish and the Spanish site.
MS11	Training of counsellors	Yes	Training of counsellors has been completed by RSD supported by UGR. The training sessions were held as a combination of physical and virtual training workshops.
MS12	Adaptation of mHealth tool	Yes	An existing Danish safety planning app were selected and adjusted to fit the purpose of the STOP project. The content of the app has been tailored to the specific site to allow for e.g. local resources to be available based on geographical location.
Deliverable number (numbering SyGMa)	Deliverable name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)
D3.1	Report on end-user needs including the technical specification for video-based counselling service and app-based support	Yes	This deliverable was completed by RSD. It is based on the input from workshops with end-users, experts and NGO's in both Denmark and in Spain and it compiles their input to the development of the video counselling service and the safety planning app. The input has been crucial for the development of the services.
D3.2	Development of training manual for conducting video counselling	Yes	This deliverable was completed by RSD. It provides an overview of the training manual related to the video counselling. The manual was used in the training sessions but also serves as a valuable tool for the counsellors after the training sessions. The manual was developed to support the counsellors and it provides information including workflow, basic guidance and methods related to the different sessions in the intervention. The manuals include guidelines and information for the situations where the counsellor is in contact with the women exposed to IPV: pre-session, video counselling and post-intervention evaluation.
D3.3	Development of training manual for introducing the safety planning app in antenatal care in Spain and Denmark	Yes	This deliverable was completed by RSD. It provides an overview of the training manual related to the safety planning app. The manual was used in the training sessions but also serves as a valuable tool for the counsellors after the training sessions.

			The manual was developed to support the counsellors and it provides information including how to introduce the app to the women included in the project, basic guidance and feature description.
D3.4	Training of counsellors	Yes	<p>This deliverable was completed by RSD. It describes the training sessions with the counsellors in the STOP project.</p> <p>The counsellors in both sites had to cover the same themes however, some adjustments were made as the midwives in Denmark had a different starting point than the psychologist in Spain. The training sessions were primarily done virtually but some hands on training was conducted with the midwives in Denmark.</p> <p>The training of the ten Danish midwives has included:</p> <ul style="list-style-type: none"> • Three days of training from 11th-13th of January 2021 • Two hands-on training sessions end of February and in the beginning of March 2021 • Follow up sessions (planned for when the intervention has been launched). <p>The training of the Spanish psychologist has included:</p> <ul style="list-style-type: none"> • Two days of training from 21st-22nd of January 2021 • Hands-on training sessions in February 2021 • Follow up sessions (planned for when the intervention has been launched).
D3.5	Focus group interviews	Yes	<p>This deliverable was completed by RSD. It provides an overview of the focus group interviews carried out in the project.</p> <p>It contains the findings from the Spanish and Danish focus group interviews with the NGOs and the women exposed to IPV. The purpose of the focus group interviews was to gather information and input from relevant stakeholders (NGOs) in both Spain and Denmark in order to develop the STOP intervention covering both the Video Counselling and Safety Planning app.</p> <p>The interviews were conducted in September and October 2020.</p> <p>The focus group interview with the Spanish NGOs was completed September 30, 2020 with six professionals who work with women exposed to IPV (psychologists and midwives). The focus group interview with the Spanish women exposed to IPV was completed October 6, 2020, with six participants. The focus group interview with the Danish NGOs was completed September 8, 2020, with three participants. This was followed by three additional interviews with NGOs October 2, 2020, October 5, 2020 and November 2, 2020. The interview with the Danish woman exposed to IPV was completed November 24, 2020.</p>
D3.6	Participatory workshop	Yes	This deliverable was completed by RSD. It provides an overview of the participatory workshop carried out in the project in September 2020.

			<p>The purpose of the participatory workshops was to gather information and input from relevant stakeholders in both Spain and Denmark in order to develop the STOP intervention covering both the Video Counselling and Safety Planning app.</p> <p>The deliverable provides a short description of the Spanish and Danish participatory workshops, the agenda for the participatory workshops, and a short description of the participants including a signed attendance sheet.</p> <p>The Spanish workshop was completed on September 30 2020, with six participants from different Spanish NGOs.</p> <p>The Danish workshop was completed on September 17 2020, with six participants from different Danish NGOs.</p>
D3.7	Joint training workshop	Yes	<p>This deliverable was completed by RSD. It presents the virtual joint training workshop held by RSD in February 2021.</p> <p>The joint training workshop was part of the counsellors' training and the preparation for the STOP intervention. The purpose was to provide training and an inspirational session to the counsellors , the Danish midwives and Spanish psychologist, who are responsible for carrying out the counselling sessions with women exposed to IPV. Several members of the consortium participated in the workshop with high level external speakers from the US.</p> <p>The keynote speakers invited to the workshop were Professor Jacquelyn Campbell and Professor Nancy E. Glass. Both are from Johns Hopkins University School of Nursing (US) and are experts in the field of implementing online interventions for women exposed to IPV.</p>
Other issues		None	

Work package 4

Work package 4: Multidisciplinary assessment of eHealth intervention for risk screening and counseling			
Activities			
<i>Report on the implementation status of the activities that were to be implemented during the period and explain deviations from the description of the action (DoA) in Annex 1 GA.</i>			
Task number (numbering Annex 1 GA)	Task name	Implemented? (Yes/No/Partially)	Justification

			(explain what was done and by whom; explain what was not done and why not; indicate how you intend to handle the situation and new timing; indicate if it was a one-off issue or how you intend to avoid similar issues in the future)
T4.1	Evaluation of the established ISA scope	Yes	This task was carried out by UGR in relation to the work in WP2. UGR and RSD analysed the sensitivity and specificity of the ISA score.
T4.2	Protocol for ethical clearance	Yes	UGR and RSD both completed applications for ethical approval in the respective ethical committees. The approvals have been obtained for both sites and allows for the intervention to be implemented.
T4.3	Implementation of screening tool	Yes	The implementation of screening tool is an ongoing process. The implementation has been launched in both sites and is running. Women are currently being screened in both countries. Due to COVID-19 and its pressure on the health care systems, the project has experienced some challenges in including women in the project. The inclusion rate is expected to improve and the project has been extended by six months.
T4.4	Implementation of video counselling tool	Yes	The implementation of the video counselling tool is an ongoing process. The implementation has been launched in both sites and are running. Women are currently being counselled in both countries. Due to COVID-19 and its pressure on the health care systems, the project has experienced some challenges in including women in the project. The inclusion rate is expected to improve and the project has been extended by six months.
T4.5	Assessment of empowerment, depression signs and IPV exposure pre-/post eHealth interventions	Yes	The structure and frame for the assessment has been developed and the actual assessment will be done on an ongoing basis as the women in both countries finalise the video counselling sessions.
T4.6	Acceptability and feasibility of video counselling and app	No	This task is scheduled for months 14-20.
T4.7	Recruitment of women for pilot RCT	No	This task is scheduled for months 18-24.
Other issues <i>Mention and explain unforeseen events and adjustments that had to be made. Explain impact on other tasks, available resources and planning.</i>		None	
Milestones & deliverables			

<i>Report on the implementation status of the milestones and deliverables that were due during the period and explain deviations from the description of the action (DoA) in Annex 1 GA. Ensure consistency with the SyGMA Milestones and Deliverables screens.</i>			
Milestone number (numbering SyGMA)	Milestone name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)
MS13	Ethics approval	Yes	Ethical approvals by ethical review boards have been obtained for both UGR and RSD.
MS14	Protocol	Yes	The written protocol for the data collection has been developed by RSD and according to SPIRIT guidelines.
MS15	Inclusion of women	Yes	The inclusion of women has been initiated in both RSD and UGR. Women who screen positive for IPV have been invited to participate in the project. Their participation is based on an informed consent and the consent has been entered in a participant database.
MS16	Follow up	No	<p>The follow up naturally follows the inclusion of women and therefore, it has not been possible to carry out follow up at this point.</p> <p>It is an error that this milestone was set for month 6 in the original GA and therefore, it has been changed in an amendment to the GA (in agreement with the PO). The new deadline for MS16 is February 2022 (Month 18).</p>
MS17	Analysis of pre-post intervention	No	This milestone is scheduled for month 22.
MS18	MAST analysis	No	This milestone is scheduled for month 23.
MS19	Invite women for WP5	No	This milestone is scheduled for month 20.
Deliverable number (numbering SyGMA)	Deliverable name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)
D4.1	Ethical approval	Yes	This deliverable was completed by RSD with input from UGR and it contains an overall description of the ethical approvals in UGR and RSD. This includes a description of the background of the project, its aims, methodology, needs assessments, anticipated risks, access to patient information, informed consent, impact, funding, ethics, safety, and security of the project. The ethical approvals were obtained by both sites.
D4.2	Protocol for data collection	Yes	This deliverable was completed by RSD and it contains a description of the overall data collection in the STOP project. The protocol includes background and rationale, objectives, study design,

			study settings, participants, intervention, outcome, participant timeline, sample size, data collection, management and data analyses, monitoring, and ethics.
D4.3	Scientific papers	No	This deliverable is scheduled for month 24.
D4.4	Acceptability and feasibility of video counselling and app	No	This deliverable is scheduled for month 20.
D4.5	Follow-up interviews	No	This deliverable is scheduled for month 22.
D4.6	MAST analysis	No	This deliverable is scheduled for month 23.
Other issues		None	

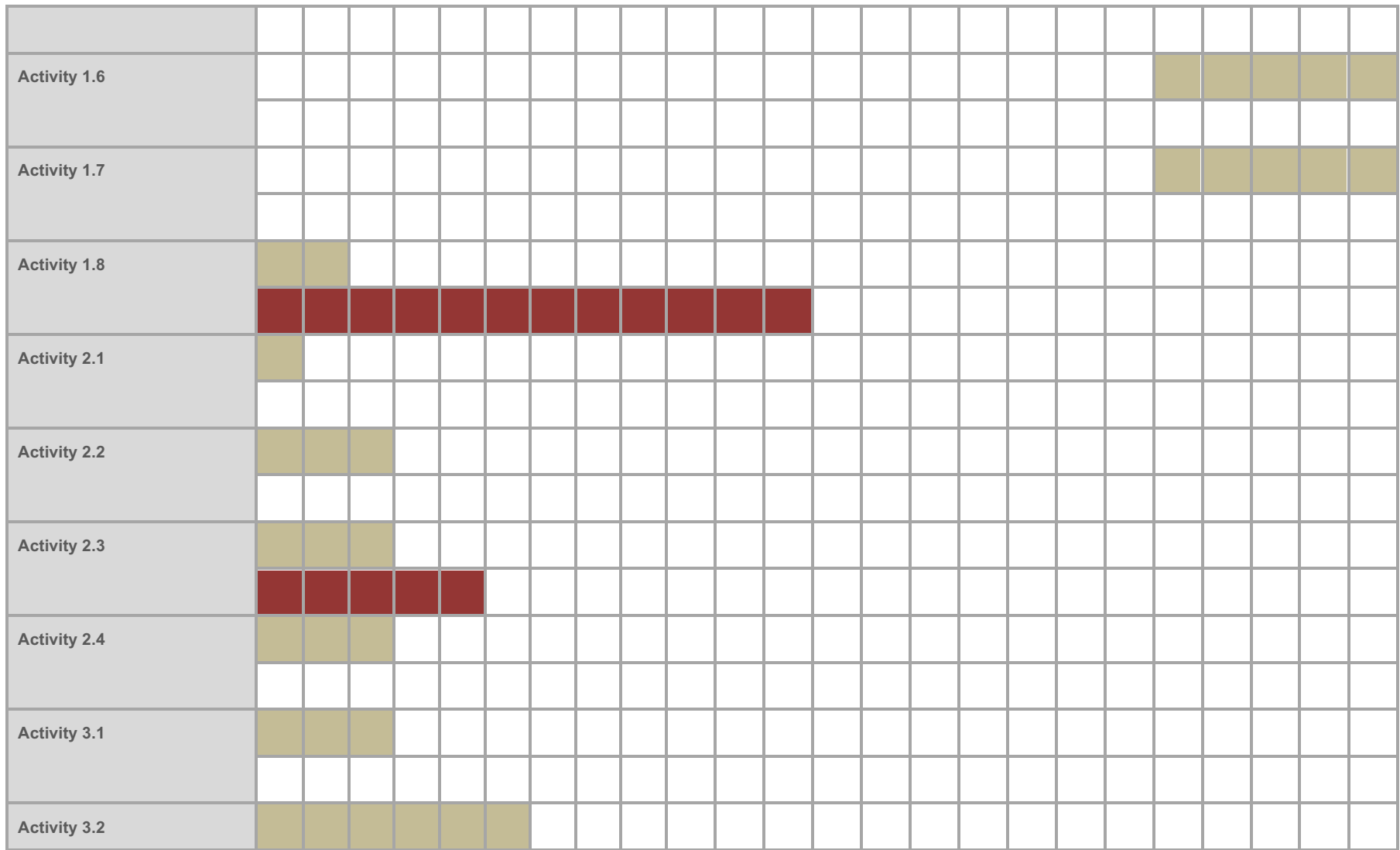
Work package 5

Work package 5: Feasibility of continuation and upscaling			
Activities			
Report on the implementation status of the activities that were to be implemented during the period and explain deviations from the description of the action (DoA) in Annex 1 GA.			
Task number (numbering Annex 1 GA)	Task name	Implemented? (Yes/No/Partially)	Justification (explain what was done and by whom; explain what was not done and why not; indicate how you intend to handle the situation and new timing; indicate if it was a one-off issue or how you intend to avoid similar issues in the future)
T5.1	Submission of ethics approval	Yes	<p>This task has been carried out by UGR. The task has focused on the development of an application for ethical approval for the pilot RCT. The ethical approval has been obtained in both countries. In Spain, the Andalusian Research Ethics Committee (202167133116). In Denmark, the Regional Committees on Health Research Ethics for Southern Denmark (20212000-80).</p> <p>The protocol has been submitted for registration in https://clinicaltrials.gov. A paper based on the protocol has been submitted to a scientific journal as a collaboration between both countries</p>

T5.2	Randomization/recruitment of 20 women	No	This task is scheduled for months 18-20.
T5.3	Determination of feasibility	No	This task is scheduled for months 20-24.
Other issues <i>Mention and explain unforeseen events and adjustments that had to be made. Explain impact on other tasks, available resources and planning.</i>		None	
Milestones & deliverables <i>Report on the implementation status of the milestones and deliverables that were due during the period and explain deviations from the description of the action (DoA) in Annex 1 GA. Ensure consistency with the SyGMA Milestones and Deliverables screens.</i>			
Milestone number (numbering SyGMA)	Milestone name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)
MS20	Ethics submission	No	This milestone is due in month 16. However, the ethical approval has already been obtained.
MS21	Recruitment completion	No	This milestone is due in month 20.
Deliverable number (numbering SyGMA)	Deliverable name	Achieved? (Yes/No)	Justification (explain what was done and by whom; explain what was not done and why not; indicate new timing)
D5.1	Protocol for pilot RCT	No	This deliverable is due in month 16.
D5.2	Protocol for a full scale RCT	No	This deliverable is due in month 24.
D5.3	Pilot RCT's study + feasibility analysis	No	This deliverable is due in month 16. It is an error that this deliverable is due in Month 16 as it naturally follows the development of the protocol (D5.1) which, according to the GA, is due in the same month. Therefore, D5.3 has been extended in an amendment and the new deadline is in July 2022 (Month 23). This still allows time to compile the pilot RCT's study and feasibility analysis to feed into D5.2 and D5.4.
D5.4	Policy recommendations	No	This deliverable is due in month 24.

Other issues	None
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Timetable																									
<i>Report on deviations from the description of the action (DoA) in Annex 1 GA. Fill in the planned implementation in beige and the deviations in red. Repeat lines/columns as necessary.</i>																									
ACTIVITY	MONTHS																								
	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10	M 11	M 12	M 13	M 14	M 15	M 16	M 17	M 18	M 19	M 20	M 21	M 22	M 23	M 24	
Activity 1.1																									
Activity 1.2																									
Activity 1.3																									
Activity 1.4																									
Activity 1.5																									



Activity 5.1																				
Activity 5.2																				
Activity 5.3																				

3. BUDGET IMPLEMENTATION

Budget implementation — Use of resources		YES/NO
We confirm that the overall budget consumption is in line with the advancement of the activities. <i>If there are major deviations, identify them and explain the reasons why.</i>		YES
Travel costs for the first twelve months are low due to COVID-19 travel restrictions in Europe.		
Indicate the amounts spent by the consortium on each budget category since the beginning of the project.		
Budget category	Total amount (EUR)	
A. Direct personnel costs	367.562	
B.1 Direct travel costs	1.825	
B.2 Direct subsistence costs	594	
C. Direct subcontracting costs	16.625	
D. Direct costs of financial support to third parties	Not applicable	
E. Other direct costs	19.905	

ANNEXES**LIST OF ANNEXES****NA**

HISTORY OF CHANGES		
VERSION	PUBLICATION DATE	CHANGE
1.0	30.09.2021	Initial version