Mediterranean Digital Media Observatory

# D 1.1

# Data Management Plan and Quality Assurance

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| **Reviewer(s)** | Danae Tsabouraki (ATC), Theodora Maniou (UCY) |
| **EC Project Officer** | Kyriaki Tragouda |


| | |
|---|---|
| **Abstract** | This deliverable is setting out the project, quality and knowledge management practices for the MedDMO project, and is meant as a reference document for the coordinator and the partners with the goal of running the project smoothly and ensuring that the project outcomes meet high quality standards. Furthermore, this deliverable documents the data management plan of the project in accordance with the H2020 data management requirements. |


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|---|---|
| **Keywords** | Quality plan, Project management, Data Management Plan, Data Protection. |


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# Glossary

| ABBREVIATION | MEANING |
|---|---|
| AP | Action Points |
| CM | Communication Manager |
| COM | Community Manager |
| DCM | Dissemination & Communication Manager |
| DMP | Data Management Plan |
| DoA | Description of Action |
| DRC | Disinformation Research Coordinator |
| EC | European Commission |
| FAIR | Findable, accessible, interoperable and re-usable |
| GA | General Assembly |
| GDPR | General Data Protection Regulation |
| KPI | Key Performance Indicator |
| MLC | Media Literacy Coordinator |
| MMC | Media Monitor Coordinator |
| NAL | National Authorities Link |
| PC | Project Coordinator |
| PI | Principal Investigator |
| PM | Project Manager |
| QAM | Quality Assurance Manager |
| TBD | To be determined |
| TC | Technical Coordinator |
| WP | Work Package |

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# Executive Summary

This deliverable has a dual purpose. Initially, it provides the necessary documentation and guidelines for the partners of the project about the general project organisation, information management, reporting and quality assessment procedures as well as innovation and risk management. From that aspect, its goal is to clarify the project management organisation and processes to ensure high-quality implementation and innovation.

For that purpose, the document details all the practical aspects of the management of the project, such as the management structure, allocation of responsibilities, collaboration and communication tools, quality assurance processes, risk monitoring, project reporting, and organization of various types of project meetings.

Furthermore, this deliverable includes a detailed description of the MedDMO Data Management Plan (DMP), which will guide the MedDMO partners in the process of recording and managing the project-related data assets and activities, while identifying and addressing potential emerging security, resource and ethical issues.

The DMP is based on the *Horizon Europe Data Management Plan,* as described in the Annotated Grant Agreement (article 17), which describes the data management life cycle for the data to be collected, processed and/or generated by the project and follows the pattern of Data Management Plan Template (Grants: Data Management Template (HE):V1.0 – 05.05.2021). Following these guidelines for making research data findable, accessible, interoperable and re-usable (FAIR), this deliverable includes information on:

- The handling of data (during and after the end of the project)
- The types and formats of data collected (processed and/or generated)
- Methodologies and standards applied
- Data accessibility and restrictions
- How data will be curated and preserved (during and after the end of the project)

As this deliverable is being composed already in M3 of the project, when many of the activities are at an early stage or have not even started, it is not possible to include comprehensive and definitive details concerning all of the data management activities in the project. Therefore, from that aspect the main objective for this part of the deliverable is to set the framework and an initial listing of data management activities for the project, reflecting the status on the information currently available. The document will be revisited and updated as the implementation of the project progresses and when significant changes occur. Consequently, future versions of the DMP will be more detailed.

# 1. Introduction

The project management organisation and quality assurance processes represent a reference point for the coordinator and the partners with the goal of operating the project smoothly and ensuring that the project outcomes meet high quality standards. Project and innovation management structures and processes are documented providing a reference document for the whole consortium.

From that aspect in this document all the activities that will be implemented are specified, including their sequence, in order to ensure that the project and its deliverables conform to high quality standards. Furthermore, those who are responsible to ensure that required activities are carried out and the resources available are properly managed, are also identified. The process for identifying and monitoring action points, Key Performance Indicators (KPIs) and risks is also documented. This is crucial for the successful completion of the project and its specific objectives, without major deviations.

Furthermore, the project Data Management Plan (DMP), which is included in this deliverable, aims at defining the management strategy of all data within the MedDMO framework, and describes all activities and procedures to ensure that all data is FAIR, following the template and approach recommended by the EC. While the project is in favour of making key data assets produced within the project openly available and accessible, data sharing may also be restricted in several cases, taking into account the need to balance openness and protection of scientific information, and privacy concerns, security as well as data management and preservation questions.

In order to define this DMP, the baseline proposed by the EC was discussed with the Data Protection Officer of CERTH. Following this discussion, a template was composed to gather information from all partners regarding the datasets they can foresee being necessary for their work in the project. The gathered information has been consolidated in a tabular structure that provides a summarized but complete view for every dataset. The template will continue to be used during the course of the project for any new datasets that are found to be necessary. After, any substantial changes on the current document will also be updated.

This deliverable is structured in the following way: in section 2, we outline the project management structure, based on what has been contractually agreed and recorded in the Grant Agreement and the Consortium Agreement. All Consortium Bodies are listed with their responsibilities explained and all roles outlined. Decision making procedures, as well as the preparation and aftermath of project meetings, are also addressed. In section 3, we present the Communication and Knowledge management tools implemented within the Project. These tools ensure direct and unhindered communication and information exchange among partners. In section 4, the Quality Assurance Plan is documented, including the Deliverables preparation and reviewing procedure and the Project reporting methods. Section 5 includes the Risk Management methodology and analysis. In Section 6, we present the general data management methodology of MedDMO - according to Horizon Europe Guidelines and FAIR data- along with the FAIR data financing plan, data security measures and ethical aspects. In Section 7, we present and explain the MedDMO dataset template, and then, using this template, we document the MedDMO datasets – up to the composition date of this deliverable.

# 2. Project Management

In this section we outline the main structural elements and procedures for the management of the project, which are largely based on two contracts: a) the MedDMO Grant Agreement (Number 101083756) and b) the Consortium Agreement. Adaptations, refinements and extensions have been included when needed.

## 2.1 Management Structure

Clearly structured project management and communication is a prerequisite for an efficient and effective collaboration. Simple and accurate documented roles and processes, along with transparent and continuous communication ensure that partners are kept fully informed about any development during the project, and receive guidance and support on how to meet project requirements. Effective project communication stimulates the integration of work processes so that tasks complement rather than detract from each other.

As illustrated in Figure 1, project responsibilities are distributed to 6 Work Packages, each comprising different sets of tasks. More precisely, WP1 carries out the Project Coordination which horizontally supports all project activities, WP2 deals with the setup of MedDMO and also caters for the continuous collaboration with EDMO. MedDMO will be developed through three pillars which are specified in WP3, WP4, and WP5. WP3 covers the first pillar, which refers to Disinformation Research providing the continuous flow of fact-checks and in-depth investigations. WP4 represents the second pillar that points out the Media Literacy activities towards citizens and professionals, while WP5 as third pillar deals with the Monitoring of the Media Ecosystem providing foundational support to the relevant regulatory authorities of each one of the three countries. WP6, which also runs horizontally throughout the entire project, is responsible for planning and executing all activities related to communication and future sustainability of MedDMO.

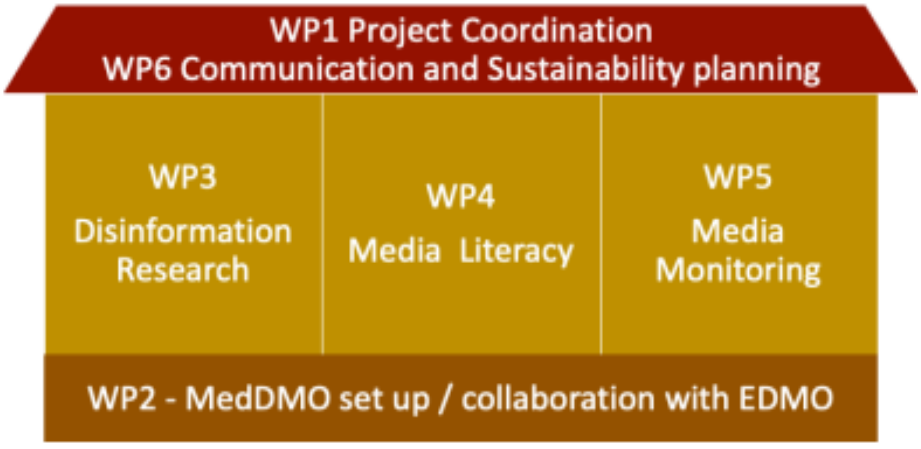



*Figure 1: Work Package Interaction Diagram*

### 2.1.1 Consortium Bodies and Organization Roles

The organisational structure of the project shall comprise the following **Consortium Bodies,** as depicted in Figure 2.

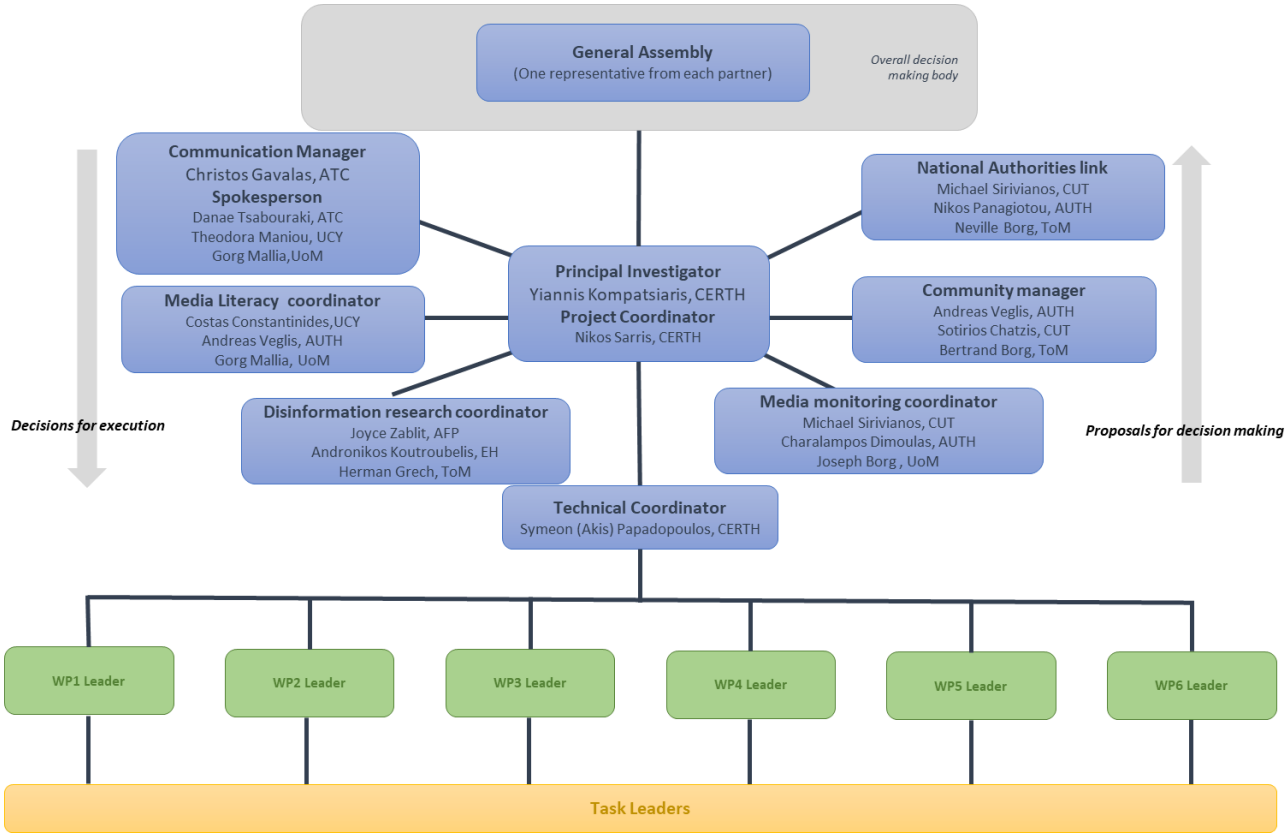



*Figure 2: Management Structure*

- The **General Assembly (GA)** is the ultimate decision-making body of the consortium. Representatives from all partners form the GA, which is the highest decision-making board for the project. It will have the overall responsibility for all administrative, technical, financial, legal, ethical IP management and dissemination issues of MedDMO. The GA will convene at least every six months and will be chaired by the Project Coordinator. In the GA, each partner will have one vote. The GA has the overall management responsibility on behalf of the partners, takes decisions and approves changes in the work plan, resource allocation, deliverables, the Consortium Agreement, etc., and reviews the project as a whole. The full list of the issues to be handled by the GA and the detailed procedures to be followed for decision-making and voting are listed in section 2.1.2 of this document. The following are the members in the GA as declared by each partner:

    - CERTH: Nikos Sarris
    - AUTH: Andreas Veglis
    - UCY: Theodora Maniou
    - ATC: Danae Tsabouraki
    - CUT: Michalis Sirivianos
    - EH: Stamos Archontis

- AFP: Joyce Zablit
- ToM: Neville Borg
- UoM: Gorg Mallia

- The **Project Coordinator (PC)** or **Coordinator** is acting as the intermediary between the Parties and the Funding Authority. The *Coordinator* shall, in addition to its responsibilities as a Party, perform the tasks assigned to him as described in the Grant Agreement and Consortium Agreement, and also listed in section 2.1.2 of this document.

In addition, the following **roles** are defined:

- The **Principal Investigator (PI)** is the person responsible for the work of the coordinating party CERTH, monitoring all actions at higher level and approving them as necessary. The PI also has the role of the financial signatory for CERTH.

- The **Technical Coordinator (TC)** will work closely with the PC and will be responsible for the overall project scientific and technical implementation as well as the management of project data. The TC will ensure the scientific and technical cohesion of the project, while overseeing the integration of the technological tools in a coherent environment offered to the MedDMO community.

- The **Media Literacy Coordinator (MLC)** is responsible for monitoring all activities related to Media Literacy events in each of the three countries.

- The **Disinformation Research Coordinator (DRC)** is responsible for monitoring all activities related to setting up the appropriate technological infrastructure and carrying out the detection and analysis of disinformation campaigns in each of the three countries. The DRC will cooperate closely with the Community Managers. The DRC will liaise with EDMO and other regional hubs to coordinate these activities across Europe, when found appropriate.

- The **Community Manager (COM)**: The COM is responsible for enlarging and engaging the community of MedDMO members who will be cooperating for carrying out continuous disinformation investigations in each of the three countries. They will cooperate closely with the DRCs.

- The **Media Monitor Coordinator (MMC)**: The MMC is responsible for monitoring and assessing the plurality and diversity of news media in Greece, Cyprus, and Malta. This will happen with the help of the community members, so MMCs will cooperate closely with the Community Managers.

- The **National Authorities Link (NAL)**: The NAL is responsible for liaising with National Authorities in order to offer the support of MedDMO in relevant activities. Careful attention will be needed to maintain the independence of the hub from any governmental influences.

- The **Communication Manager (CM)**: The CM will be responsible for the Dissemination and Communication activities described in the respective section and will liaise with the appointed Spokesperson in each country. CM will coordinate the dissemination and communication activities

during the project lifecycle. The policies for the communication and dissemination of knowledge from the project, e.g. press releases and joint publications will be set out in the Consortium Agreement.

- The **Work Package Leader (WP) / Task Leader**: Each WP/Task Leader is responsible for implementing the plan and for the integrity of the respective contractual deliverables. They coordinate, monitor, and assess the progress to ensure that performance, budget, and timelines are met. They propose the agenda in the respective meetings and approve deliverables produced. In cooperation with the PC they are responsible for the integration of their results into other WPs or Tasks. All WP leaders and task leaders are listed in Table 1.

*Table 1: WP/Task Leaders List*

| WP/ TASK NO | LEADER | WP/ TASK NO | LEADER |
|---|---|---|---|
| **WP1** | **Nikos Sarris (CERTH)** | **WP4** | **Theodora Maniou (UCY)** |
| T1.1 | Nikos Sarris (CERTH) | T4.1 | Costas Costandinides (UCY) |
| T1.2 | Efthimios Hamilos (CERTH) | T4.2 | Charalampos Dimoulas (AUTH) |
| **WP2** | **Nikos Sarris (CERTH)** | T4.3 | Joyce Zablit (AFP) |
| T2.1 | Andreas Veglis (AUTH) | **WP5** | **Michalis Sirivianos (CUT)** |
| T2.2 | Nikos Sarris (CERTH) | T5.1 | Michalis Sirivianos (CUT) |
| T2.3 | Nikos Papapolizos (ATC) | T5.2 | Michalis Sirivianos (CUT) |
| **WP3** | **Joyce Zablit (AFP)** | T5.3 | Theodora Maniou (UCY) |
| T3.1 | Joyce Zablit (AFP) | **WP6** | **Danae Tsabouraki (ATC)** |
| T3.2 | Neville Borg (ToM) | T6.1 | Christos Gavalas (ATC) |
| T3.3 | Andreas Veglis (AUTH) | T6.2 | Danae Tsabouraki (ATC) |

### 2.1.2 Decision Making Processes, Tasks and Obligations

As far as decision making is concerned, the GA shall be free to act on its own initiative to formulate proposals and take decisions in accordance with the procedures set out herein.

The following decisions shall be taken by the **General Assembly**:

a) Content, finances and intellectual property rights:
- Proposals for changes to Annexes 1 and 2 of the Grant Agreement to be agreed by the Granting Authority
- Changes to the Consortium Plan
- Modifications to the Consortium Agreement Attachment 1 (Background Included), as far as they concern deletions, additions or limitations of Background
- Additions to Consortium Agreement Attachment 3 (List of Third Parties for simplified transfer according to the Consortium Agreement, Section 8.3.2)
- Additions to Consortium Agreement Attachment 4 (Identified entities under the same control)

b) Evolution of the consortium:
- Entry of a new Party to the consortium and approval of the settlement on the conditions of the accession of such a new Party
- Withdrawal of a Party from the Project and the approval of the conditions of the withdrawal

- Identification of a breach by a Party of its obligations under the Consortium Agreement or the Grant Agreement
- Declaration of a Party to be a Defaulting Party
- Remedies to be performed by a Defaulting Party
- Termination of a Defaulting Party's participation in the consortium and measures relating thereto
- Proposal to the Funding Authority for a change of the Coordinator
- Proposal to the Funding Authority for suspension of all or part of the Project
- Proposal to the Funding Authority for termination of the Project and the Consortium Agreement

In the case of abolished tasks as a result of a decision of the General Assembly, Members shall rearrange the tasks of the Parties concerned. Such rearrangement shall take into consideration any prior legitimate commitments which cannot be cancelled.

The **Coordinator** shall be the intermediary between the Parties and the Granting Authority and shall perform all tasks assigned to it as described in the Grant Agreement and in the Consortium Agreement:

- Monitoring compliance by the Parties with their obligations under the Consortium Agreement and the Grant Agreement.
- Keeping the address list of Members and other contact persons updated and available.
- Collecting, reviewing to verify consistency and submitting reports, other deliverables (including financial statements and related certification) and specific requested documents to the Granting Authority.
- Preparing the meetings, proposing decisions and preparing the agenda of General Assembly meetings, chairing the meetings, preparing the minutes of the meetings and monitoring the implementation of decisions taken at meetings.
- Transmitting promptly documents and information connected with the Project to any other Party concerned.
- Administering the financial contribution of the Granting Authority and fulfilling the financial tasks described in Section 7.2 of the Consortium Agreement.
- Providing, upon request, the Parties with official copies or originals of documents that are in the sole possession of the Coordinator when such copies or originals are necessary for the Parties to present claims.

Furthermore, the **Project Coordinator (PC):**

- Formulates and adjusts strategic objectives in coordination with the GA.
- Resolves conflicts between partners, according to the established rules, extending them if necessary.
- Liaises with and reports to the EC on all matters concerning the project.
- Liaises with EDMO and other regional hubs.
- Agrees with all WP plans.
- Communicates with the Project Officer in case of changes in a deliverable or a submission date.
- Informs the Project Officer in case of changes in the project work-plan.
- Submits progress reports to the EC services.
- Undertakes quality control of contractual deliverables, following the official Peer Review outcome.
- Has the overall responsibility for submitting the deliverables to the EC.

If one or more of the Parties is late in submission of any Project deliverable, the Coordinator may nevertheless submit the other Parties' Project deliverables and all other documents required by the Grant Agreement to the Granting Authority in time.

## 2.2 Meetings and Voting

Every partner of the consortium should be present or be represented at any plenary meeting. Every partner may appoint a substitute or a proxy to attend and vote at any plenary meeting and shall participate in a cooperative manner in the meetings.

### 2.2.1 Preparation and Organisation of Meetings

The chairperson shall convene meetings according to the following frequency:

*Table 2: GA Meetings and Status Calls Frequency*

| | ORDINARY MEETING | EXTRAORDINARY MEETING |
|---|---|---|
| General Assembly | At least once every six months | At any time upon written request of any Member |
| Status Call | At least once every month, usually every two weeks | At any time upon written request of any Member |

The chairperson shall give notice in writing of a meeting to each member as soon as possible and no later than the minimum number of days preceding the meeting as indicated below.

*Table 3: GA Meetings Notice*

| | ORDINARY MEETING | EXTRAORDINARY MEETING |
|---|---|---|
| General Assembly | 14 calendar days | 7 calendar days |

The chairperson shall prepare and send each member a written agenda no later than the minimum number of days preceding the meeting as indicated below.

*Table 4: GA Agenda Preparation*

| | ORDINARY MEETING | EXTRAORDINARY MEETING |
|---|---|---|
| General Assembly | 14 calendar days | 7 calendar days |

Any agenda item requiring a decision by the members must be identified as such on the agenda. Any member may add an item to the original agenda by written notification to all of the other Members up to the minimum number of days preceding the meeting as indicated below.

*Table 5: GA Meetings Agenda Suggestions and Approval*

| | ORDINARY MEETING | EXTRAORDINARY MEETING |
|---|---|---|
| General Assembly | 7 calendar days | 2 calendar days |

However, during a meeting of the General Assembly the members present or represented can unanimously agree to add a new item to the original agenda. Meetings may also be held by tele- or videoconference or other telecommunication means. Decisions will only be binding once the relevant part of the Minutes has been accepted according to section 2.2.3 of this document.

Any decision may also be taken without a meeting if the Coordinator circulates to all Members of the General Assembly a suggested decision with a deadline for responses of at least 10 calendar days after receipt by a Party and the decision is agreed by 2/3 of all Parties. A veto according to section 2.2.2 of this document may be submitted up to 15 calendar days after receipt of this information. The decision will be binding after the Coordinator sends a notification to all Members and none of the Members has objected within 15 days of receipt of the notification. The Coordinator will keep records of the votes and make them available to the Parties on request.

### 2.2.2 Voting Rules, Quorum and Veto Rights

The General Assembly shall not deliberate and decide validly in meetings unless two-thirds (2/3) of its Members are present or represented (quorum). If the quorum is not reached, the chairperson of the General Assembly shall convene another ordinary meeting within 15 calendar days. If in this meeting the quorum is not reached once more, the chairperson shall convene an extraordinary meeting which shall be entitled to decide even if less than the quorum of Members is present or represented.

During the voting procedure, each Member of a Consortium Body present or represented in the meeting shall have one vote. A Party which the General Assembly has declared according to Section 4.2 of the Consortium Agreement to be a Defaulting Party may not vote or participate in any further Consortium Body decision-making following the declaration of default nor their presence shall account for the relevant quorum. Decisions shall be taken by a majority of two-thirds (2/3) of the votes cast.

A Party which can show that its own work, time for performance, costs, liabilities, intellectual property rights or other legitimate interests would be severely affected by a decision of the General Assembly may exercise a veto with respect to the corresponding decision or relevant part of the decision. Such a veto shall be reasonably and duly justified. When the decision is foreseen on the original agenda, a Party may only veto such a decision during the meeting. When a decision has been taken on a new item added to the agenda before or during the meeting, a Party may veto such a decision.

When a decision has been taken without a meeting, a Party may veto such decision within 15 calendar days after receipt of the written notice by the chairperson of the outcome of the vote. In case of exercise of veto, the Parties shall make every effort to resolve the matter which occasioned the veto to the general satisfaction of all Parties. A Party may neither veto decisions relating to its identification to be in breach of its obligations nor to its identification as a Defaulting Party. The Defaulting Party may not veto decisions relating to its participation and termination in the consortium or the consequences thereof. A Party requesting to leave the consortium may not veto decisions relating thereto.

### 2.2.3 Minutes of Meetings

Monitoring of the project meetings is divided in two phases. Before the meeting, the Agenda will be circulated to the participating partners and will be up for suggestions and modifications for 3 days. During and after the meeting, the chairperson of a Consortium Body shall produce written minutes which shall be the formal record of all decisions taken. He/she shall send draft minutes to all Members within 10 calendar days of the meeting.

The minutes shall be considered as accepted if, within 15 calendar days from receipt, no Party has sent an objection to the chairperson with respect to the accuracy of the draft minutes by written notice. The chairperson shall send the accepted minutes to all the Members, and to the Coordinator, who shall retain copies thereof.

After the minutes are approved, the content will be transferred to the Project's file repository (subsection 3.2) under where we store all the necessary data files such as the 'MedDMO Workplan.xlsx' which contains important information about the Project. All Official Documents and Templates are also maintained in the corresponding folders. Project meeting information as agenda, minutes and presentations are maintained under a respective folder for every meeting. All partners can store and exchange data on the Google Drive platform, as long as it relates to the activities of the Project.

## 2.3 Management of Action Points

Once the minutes of a meeting have been approved, the Quality Assurance Manager (QAM), in collaboration with all participating partners, extracts the necessary actions that need to be taken. When actions refer to project-wide obligations of an organization/partner they are monitored by the QAM. These actions are documented in the MedDMO Workplan file, available for all partners to access in the Project's file repository (subsection 3.3). The QAM then informs the involved partners of the Action Points (AP) that need to be delivered and sets deadlines for their completion.

In a similar way, WP leaders have the responsibility to manage WP related actions and report to the QAM for any unresolved matters that need to be discussed in a wider project level. Any action point that is not resolved and is considered critical to the project shall be brought to the following Status call meeting to be discussed.

# 3. Knowledge Management and Communication Tools

A set of tools have been provided to all partners, to facilitate communication and knowledge management. In the course of the Project, the QAM will be responsible for handling and troubleshooting any emerging issues.

## 3.1 Mailing lists

MedDMO uses the following mailing list as the primary means of information exchange among partners. No need has occurred in order to create more mailing lists.

- The 'Main mailing list' meddmo@iti.gr contains representatives from all partners.
- The 'GA mailing list' meddmo-ga@iti.gr contains at least one GA representative from each partner.

## 3.2 File Repository

The MedDMO Project utilizes a file repository based on a Google Drive Platform for storing all necessary data files (link) in compliance with the General Data Protection Regulation (GDPR).

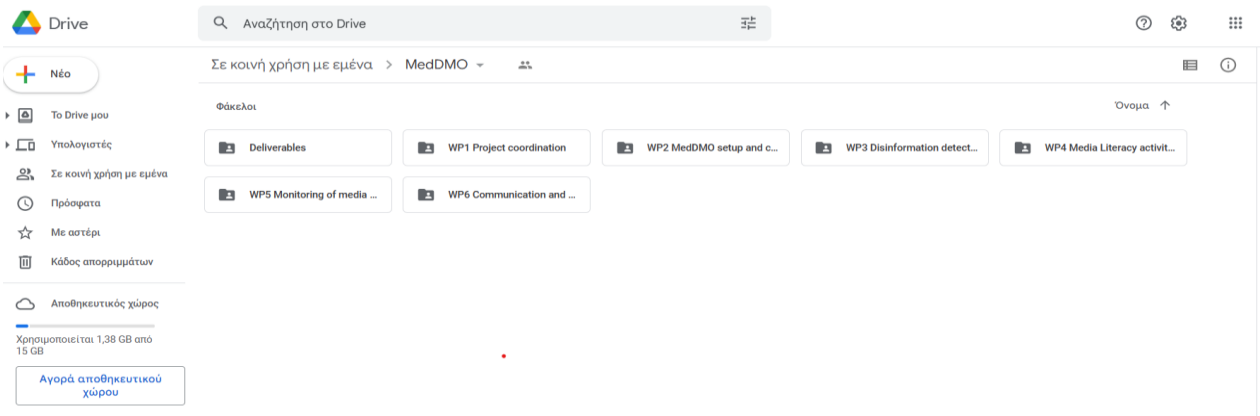



*Figure 3: Snapshot of the MedDMO Google Drive Repository*

An important file maintained up to date by the QAM in the folder ''WP1 Project coordination'' of the repository is the 'MedDMO Workplan.xlsx'. This contains important information about the Project as Action Points, KPIs, Deliverables, Milestones, Risks, Gantt chart, WP & Task leaders, Management structures, Mailing Lists and allocated effort. All Official Documents and Templates are also maintained in the corresponding folders. Project meeting information, such as agenda, minutes and presentations are maintained under a respective folder for every meeting. All partners can store and exchange data on the Google Drive platform, as long as it relates to the activities of the Project.

## 3.3 Teleconferencing Tools

To accommodate plenary teleconferences, the Zoom communication and collaboration platform has been selected by the coordinator to chair at least all GA meetings. This is the way all plenary meetings are hosted, although every WP leader is free to also use alternative teleconferencing applications.

# 4. Quality Assurance Plan

The Quality Assurance Plan ensures that all activities of the MedDMO project are followed through orderly and within the scheduled timelines, maintaining the agreed quality standards. In order to achieve this, constant reporting and monitoring of all activities over time is essential.

## 4.1 Deliverables Timeline

All deliverables follow a specific process, implemented to ensure that the quality standards are met. Upon preparing the deliverables, every consortium partner must be aware of the procedure and comply with the timeline presented below:

*Table 6: Timeline of Deliverables*

| 6 WEEKS BEFORE THE DEADLINE | 3 WEEKS BEFORE THE DEADLINE | 2 WEEKS BEFORE THE DEADLINE | 1 WEEK BEFORE THE DEADLINE | WEEK OF DEADLINE |
|---|---|---|---|---|
| ToC is sent to QAM to circulate within the consortium | First draft is sent to QAM to send to two peer reviewers | Peer reviewers complete quality review form and return comments to QAM | Deliverable owners implement changes and return it to QAM | QAM does the final check and uploads the deliverable |

For the procedure of Deliverables' Reviewing, Peer Reviewers have to edit the deliverable file with track changes enabled, propose changes and insert comments, as and if necessary.

The list of peer reviewers is maintained in the Workplan worksheet maintained in the project file repository.

## 4.2 Project Reporting and Monitoring

In addition to the formal project deliverables, the PC with contributions from all partners will submit periodic reports and a final report to the EC within 60 calendar days from the end of each reporting period. According to the Grant Agreement, the PC should submit the following reports to the EC on behalf of the Consortium:

- a periodic report including:
    - a 'periodic technical report' containing: (i) an explanation of the work carried out by the beneficiaries; (ii) an overview of the progress towards the objectives of the action, including milestones and deliverables identified in Annex 1 of the Grant Agreement; (iii) a summary for publication by the EC; (iv) the answers to the 'questionnaire', covering issues related to the action implementation and the economic and societal impact, notably in the context of the Horizon Europe key performance indicators and the Horizon Europe monitoring requirements.
    - a 'periodic financial report' containing: (i) an 'individual financial statement' from each beneficiary and from each linked third party, for the reporting period concerned; (ii) an explanation of the use of resources and the information on subcontracting and in-kind contributions provided by third parties from each beneficiary and from each linked third party, for the reporting period concerned; a 'periodic summary financial statement', created automatically by the electronic exchange system, consolidating the individual financial

statements for the reporting period concerned and including — except for the last reporting period — the request for interim payment.

- The final report including:
  - a 'final technical report' with a summary for publication containing: (i) an overview of the results and their exploitation and dissemination; (ii) the conclusions on the action, and (iii) the socio-economic impact of the action;
  - a 'final financial report' containing: (i) a 'final summary financial statement', created automatically by the electronic exchange system, consolidating the individual financial statements for all reporting periods and including the request for payment of the balance.

The periodic report will be submitted at M12, while the final report will be submitted after the end of the project at M30.

Internal progress reports will be sent by each partner to the PC on M6 and M21, i.e. between official reporting periods, and will be requested two weeks before the end of each period. These will summarize the progress and effort consumption of every partner so that any issue can be detected and dealt with before the end of the official reporting period. The level of detail of internal reports will be kept to the minimum necessary to monitor potential issues and misalignments to the project Workplan. No financial information will be necessary in these reports, even though estimates of consumed effort will be requested.

In accordance to the relevant EU standards, project partners are required to maintain monthly project time records (also known as **timesheets**) that describe their project-related activities during each month. These records should follow the practices each partner has in place for keeping track of time, but should at minimum include the hours of work each project team member devoted during each day on the project and should be signed by both the team member and the partner project leader. Partners are responsible for maintaining copies of the signed time records in their offices as they may be required at any time for auditing purposes. The expected reports are summarised in Table 7.

*Table 7: Project Reporting*

| REPORT | FREQUENCY | SENT BY | DELIVERED TO |
|---|---|---|---|
| Internal progress report | M6 and M18 | Each partner | Coordinator |
| Time sheets | In line with partner's internal procedures | Each partner | Kept by partners for possible audit |
| Periodic report | After the end of the first reporting period M12 | Coordinator with partner contributions | European Commission |
| Final report | After the completion of the project M30 | Coordinator with partner contributions | European Commission |

## 4.3 Key Performance Indicator Monitoring

A detailed list of Key Performance Indicators (KPIs) for the project has been compiled based on the DoA and is maintained by the coordinator in the MedDMO repository and more specifically in 'MedDMO Workplan.xlsx'. The list includes 37 KPIs structured according to the specific key results that MedDMO project is expected to deliver and are presented in detail in the Grant Agreement. Key results are listed in the Figure 4 below:

| Key Results | Description |
|---|---|
| KR1 | Create a multinational EDMO hub for Greece, Cyprus and Malta. (web collaboration environment for the members of the hub, a public informational website and a communication campaign at multinational level) |
| KR2 | Create a multinational and multidisciplinary community (at least 40 members) |
| KR3 | Integrate the hub with the central EDMO project, in cooperation with EDMO's Executive Board (MedDMO will be operating on the same collaboration platform (Truly Media) |
| KR4 | Ensure the production of a continuous flow of fact-checks to be contributed to the EDMO's repository. At least 30 fact-checks per month are expected. AFP will provide around 10 in Greek covering Greece and Cyprus and 2 in English. The English ones would cover Cyprus-related stories (migrations from Lebanon for instance) and the most important stories of the month in English for the Maltese readers). EH will provide around 10 per month in Greek, and the Times of Malta will provide around 8 per month in English |
| KR5 | Provide at least 30 analytical reports on specific disinformation campaigns and/or studies linked to relevant disinformation phenomena also assessing their impact in Greece, Cyprus, and Malta |
| KR6 | Provide at least 15 media literacy campaigns or events at national/multi-national level to increase citizens' awareness and societal resilience |
| KR7 | Empower the fact checkers and establish ground rules and common fact-checking methodology, through training sessions. Among these, a thorough Fact-checking training session for professionals in Malta and several webinars on the usage of advanced verification tools |
| KR8 | Support provided to national authorities in their efforts to monitor the policies put in place by online platforms to limit the impact of disinformation. |
| KR9 | Monitor platform practices affecting Greece, Cyprus, and Malta |
| KR10 | Monitor media plurality in Greece, Cyprus, and Malta. |
| KR11 | Cooperate with and contribute to EDMO and other national/multinational hubs |
| KR12 | Promote actions to secure additional funds and support to preserve the independence of the hub |

*Figure 4: Key Results of MedDMO Project*

Each KPI has a relevant key result, a relative objective, a target value and a current value. One partner is assigned as responsible to monitor every KPI and Key Result and inform the coordinator for any change, whenever this happens. The KPIs will be reviewed before every plenary meeting and any issues that may arise will be discussed in the relevant WP meetings or in plenary meetings of the consortium. During each annual review the progress against the KPIs will be reported explaining the general status and any deviations from the originally planned targets.

An extract of the KPI table is shown in Figure 5.

| Key Results | Description | Associated deliverables | KR Leader | Performance Indicator | Target | Target Value | Current value | KPI leader |
|---|---|---|---|---|---|---|---|---|
| KR1 | Create a multinational EDMO hub for Greece, Cyprus and Malta. (web collaboration environment for the members of the hub, a public informational website and a communication campaign at multinational level) | D1.2 Project Progress report<br>D2.1 MedDMO set up report<br>D6.1 MedDMO communication plan and activities report | CERTH | Develop a public informational website | Website delivered | TRUE | | ATC |
| | | | | Develop a web collaboration platform | Web collaboration platform delivered | TRUE | | |
| | | | | KPIs for MedDMO website | 10.000 or more page views per month | 10.000/month | | |
| | | | | | 2.000 or more visits per month | 2000/month | | |
| | | | | | 2 min or more average visit duration | 2min/visit | | |
| | | | | | 30% or more returning visits | >= 600/month | | |
| | | | | | 500 Number of reads for fact-checks per month | 500/month | | |
| | | | | | 500 Number of reads for media literacy material per month | 500/month | | |
| | | | | KPIs for Facebook channel | 20 or more posts per month | 20/month | | |
| | | | | | 300 or more followers in year 1 | 300 | | |
| | | | | | min 100% Follower growth (year on year) | 100%/year | | |
| | | | | | 80% or more Shares | 16/month | | |
| | | | | | At least 50 Likes in average per post | 50/post | | |
| | | | | KPIs for Twitter channel | 20 or more Tweets per month | 20/month | | |
| | | | | | 500 or more followers in year 1 | 500 | | |
| | | | | | min 100% Follower growth (year on year) | 100%/year | | |
| | | | | | 50% or more Retweets | 10/month | | |
| | | | | | 15 or more Mentions per month | 15/month | | |
| | | | | | 40% or more liked tweets | 8/month | | |
| | | | | Other KPIs include the following: we plan for a minimum of | 10 presentations to be submitted to SlideShare | 10 | | |
| | | | | | 10 presentations at events (conferences, workshops, industry gatherings) | 10 | | |
| | | | | | 5 publications in scientific journals | 5 | | |
| | | | | | 2 workshops, (co)organised by MedDMO | 2 | | |

*Figure 5: Extract of the KPIs table maintained under the Workplan spreadsheet*

# 5. Risk Management

The risk management plan has been produced on the basis of existing risk management practices and more specifically the Continuous Risk Management (CRM) paradigm developed by the Software Engineering Institute (SEI) of Carnegie Mellon University[1]. It aims at reporting risk identification, analysis and mitigation strategies for the project.

A set of potential risks has already been presented, along with their corresponding risk-mitigation measures (Description of the Action, part A, pages 19-21). As we are still at an early stage in project's activities, there is no update in that set of risks.

During the GA meetings held in the course of the project, new potential risks may be proposed by any partner and emerging risks may need to be monitored and addressed, following approval of the GA. The QAM is responsible for monitoring the risks assigning respective responsibilities to the relevant partners as necessary.

Risk Management incorporates the following activities:

- Assessing continuously what could go wrong (risks)
- Determining which risks are important to deal with
- Defining strategies to deal with those risks

The elements of this iterative roadmap are described below:

**Identify**: makes all known project risks explicit before they become problems

**Analyze**: transforms risk data into decision-making information

**Plan**: translates risk information into decisions and mitigating actions (both present and future) and implements those actions

**Track**: monitors risk indicators and mitigation actions

**Control**: corrects for deviations from the risk mitigation plans

**Communicate**: enables the sharing of all information throughout the project and is the cornerstone of effective risk management

The following table describes the Risk Management Plan as have already been presented (Description of the Action, part A, pages 19-21), and kept up to date within the Workplan excel worksheet maintained in the file repository.

[1] http://www.sei.cmu.edu/

*Table 8: Risk Table*

| | RISK | WP(S) | PROPOSED MITIGATION MEASURES | ORIGIN |
|---|---|---|---|---|
| 1 | Hard to attract a large number of members to the MedDMO community. | WP2 | All partners will mobilise their networks and particularly the ones that are listed in section 2.1. ATC will attract the relevant Members from the SOMA community. Communication will be intensified to promote the prestige of accepted members. The media organizations will use their twitter accounts on a regular basis to promote the website. Times of Malta will create a fact-checking section on its website and promote it through its social media channels. | DoA |
| 2 | Hard to engage the community in investigations. | WP3 | The Community manager will focus on most willing members to attract the attention of the rest. We will try to organise reward schemes by public recognition of higher engagement. Communication will be intensified to promote investigations more effectively | DoA |
| 3 | Difficult to connect results to EDMO | WP2 | ATC will ensure technical integration, being technical manager of EDMO. | |
| 4 | Difficult to carry out convincing fact-checks. | WP3 | AFP has a very strong workflow with investigators and editors making sure that everything published is of the highest journalistic quality. AFP usually has one editor for two fact-checkers, which basically means that the investigation process is done twice, by two different people, before publication. Once the editor has checked the fact-check, it is again checked by the bureau chief of the related country to make sure the elements of context are fully accurate. ToM operates Malta's largest newsroom, with articles all meticulously checked by editors before publication. A staff member will focus exclusively on fact-checking activities, working with academics at UoM to confirm and verify data. Work will be overseen by three of the news organisation's editors. Internal webinars for transfer of knowledge will help all partners to improve their relevant workflows. | DoA |
| 5 | Media monitoring reports are accused of being biased. | WP5 | Efforts will be intensified to enhance the multi-perspective and inclusive character of the community. Involve the community in media monitoring so that reports are widely endorsed. It will be key also, to display credible sources for the fact-checks reports that explain very openly how the investigation work has been carried out in order to enhance the credibility of the content. FCs will work with academics to ensure data in fact-checking reports is correctly sourced, with sources linked and displayed. | DoA |
| 6 | Disinformation analysis reports are accused of being partisan. | WP3 | Efforts will be intensified to enhance multi perspective character and inclusiveness of the community. Involve the community in disinformation analysis so that reports are widely endorsed | DoA |
| 7 | Media Literacy campaigns lack effective material. | WP4 | Partners will intensify their effort to improve material involving references from EDMO and engaging more community members. | DoA |
| 8 | Rapid technology advancements alter the scope of media literacy and render the training | WP4 | Media literacy campaigns will only partially focus on particular tools and technologies, mostly targeting the development of soft skills and critical thinking of the audiences. | DoA |

| | | | | |
|---|---|---|---|---|
| | material quickly obsolete. | | | |
| 9 | Media literacy campaigns fail to reach a wide audience. | WP4 | Partners will intensify their efforts to attract audiences by using their own and the community members' contacts including our connections to media partners, while also intensifying communication activities | DoA |
| 10 | National authorities do not respond to calls for cooperation. | WP5 | Partners will intensify their effort to liaise with the national authorities using their own and the community members' contacts. Alternative means will be sought to attract the interest of national authorities, offering to combine communication activities as public events | DoA |
| 11 | MedDMO is not perceived as an important authority in disinformation research in the three countries | WP6 | Partners will intensify their efforts for more effective activities, reaching out to the partners' networks. Communication will be intensified to make the results of the activities better perceived. | DoA |

# 6. Data Management Methodology

The methodological approach that has been used to compile this deliverable follows the pattern of Data Management Plan Template[2] (Grants: Data Management Template (HE):V1.0 – 05.05.2021). The MedDMO DMP presented in this deliverable addresses the following aspects of MedDMO data:

- Data summary;
- FAIR data
    - Making data findable, including provisions for metadata;
    - Making data openly accessible;
    - Making data interoperable;
    - Increase data re-use.
- Allocation of resources;
- Data security;
- Ethical aspects;

In this section, we briefly present the kind of questions associated with each of these aspects. For each question we also provide a summary of the general strategy adopted by the project consortium for handling different dataset categories. Detailed answers for each dataset are provided in Section 7.

**Updating Methodology and future versions of the MedDMO DMP**

Generally, as no modifications are expected on the DMP methodology during the project's lifetime, future versions will mainly include updates in Section 7 of this deliverable and will be maintained in the form of a live document. In this document, each dataset owner will add new or update – when necessary – the dataset entries for which he/she is responsible for, in close cooperation with the QAM. The document will be stored in the file repository (MedDMO Google Drive) of the project and will follow the Data Security measures described in Section 6.7.

## 6.1 Data Summary

The Data Summary addresses the following issues:

- Purpose of the collected/generated data and its relation to the objectives of MedDMO;
- Types and formats of data already collected/generated and/or foreseen for collection/generation at this stage of the project;
- Reusability of existing data;
- Origin of the data;
- Expected size of the data;
- Data utility

This field describes the data that will be generated or collected, including references to their origin (in cases where data is collected), nature, scale, to whom it could be useful, and whether it underpins a scientific

[2] programme-guide_horizon_en.pdf (europa.eu)

publication. With regard to the individual questions, our generic DMP approach is summarized below (detailed answers for each dataset are given in Section 7).

- **Purpose of data collection/generation and relation to the objectives of the project**

The main goal of MedDMO is to set up a technological platform directly connected to the EDMO infrastructure and a daily operation of investigative research that will feed the central and other national hubs with valuable information on a daily basis. In the course of the project we aim to detect, analyse and expose emerging harmful disinformation campaigns and address their impact on society and democracy. Furthermore, Media literacy activities are foreseen in the core of MedDMO which aim to raise awareness and build resilience among citizens and media to combat disinformation. MedDMO partners will include training material in the curricula of the leading departments related to journalism, but also organise campaigns addressing all relevant audiences.

For this vision to unfold, the following **types of datasets** are expected to be used, collected or generated.

  - **Data related to the fact-checking process and disinformation campaigns**
  - **Data related to the setup and functionalities of the Truly Media Collaborative Platform**
  - **Contact Data related to the MedDMO community building and consortium members**
  - **Data related to Media Literacy needs and activities**
  - **Data related to fact-checkers' training**
  - **Data related to support of National authorities**
  - **Data related to monitoring Media plurality**
  - **Data related to MedDMO dissemination and communication activities**

- **Types and formats of data collected/generated**

The project will use different types of data (video, images, text, etc.), both personal and non-personal, from a variety of sources (web, partners, fact-checkers, etc.).

- **Reusability of existing data**

There will be reuse of existing datasets, for instance part of the training material that we are going to use for Media literacy activities is already available.

- **The origin of the data**

The data comes from various origins, including the following:

  - Research and academic organisations that openly share data in open or institutional repositories;
  - Social media platforms;
  - Web pages;
  - Participants in the Community or project partners;
  - Questionnaires and surveys filled in by participants (e.g., journalists, journalism students, fact-checkers, citizens) for research or evaluation purposes;

- **Expected size of the data**

Dataset sizes are discussed on a dataset basis in Section 7.

- **Data utility**

The datasets listed in this DMP are necessary in order to create a MedDMO community, deal with the operational collaboration with EDMO, detect, fact-check and disclose disinformation content, analyse and expose emerging harmful disinformation campaigns, assess and address their impacts in society and democracy identifying Media Literacy needs, conduct Media literacy activities raising awareness among citizens and media to combat disinformation, create the appropriate training material to support Media Literacy activities, train the fact-checkers, support national authorities and monitor media plurality.

The following subsections about making data FAIR refer to the datasets that are produced by the project and not those that already exist and are being used by the project.

## 6.2 Making Data Findable

This point addresses the following issues:

- Are the data produced in the project discoverable and identifiable?
- What naming conventions are followed?
- Will search keywords be provided that optimize possibilities for re-use?
- Are clear version numbers provided?
- What metadata will be created?

In general, the data collected and generated by the project will be identifiable and discoverable. With regard to the individual questions, our DMP approach is summarised below.

- **Is the data produced in the project discoverable and identifiable?**

Datasets that will be made publicly available will be uploaded to open repositories like MedDMO's website, thus making them both easily discoverable and identifiable externally. With regard to datasets that will only be used internally in the project, either because of confidentiality reasons or due to limited value to external parties, they will only be discoverable and identifiable by consortium partners or selected institutional users involved in the processing of this data. Consequently, these datasets are not subject to the FAIR data principles.

- **What naming conventions are followed?**

A specific naming convention is suggested to identify the various MedDMO datasets:

*Med_<serial number of dataset>_<data type>_<dataset title>*

*Table 9: Naming conventions for MedDMO main data types*

| ACRONYM | DESCRIPTION |
|---|---|
| DFC | Data related to the fact-checking process and disinformation campaigns |
| DTM | Data related to the setup and functionalities of the Truly Media Collaborative Platform |
| CDM | Contact Data related to the MedDMO community building and consortium members |
| DML | Data related to Media Literacy needs and activities |

| | |
|---|---|
| DFCT | Data related to fact-checkers' training |
| DNA | Data related to policy support of National authorities |
| DMMP | Data related to monitoring Media plurality |
| DDCA | Data related to MedDMO dissemination and communication activities |

- **Will search keywords be provided that optimize possibilities for re-use?**

Keywords will be provided in the cases where this is applicable.

- **Are clear version numbers provided?**

For datasets that will be made publicly available in open repositories, versioning will be supported by appropriate naming conventions, where this is applicable.

- **What metadata will be created?**

Depending on the nature of data and its characteristics, one or more of the following types of **metadata** may be used:

- **Descriptive**: defining key properties of data and its resources (author, title, identifier, creation or publication date, etc.).
- **Administrative**: presenting information that facilitates data management (location of the data or resource, how data was collected/generated, etc.).
- **Structural**: facilitating proper navigation through data and resources.

Data discoverability will be further enhanced by associating search keywords along with the data, as well as promoting the datasets through the project's communication activities (e.g., blog posts, tweets, etc.). As a part of metadata provision, keywording must comply with the following **principles**:

- Who, what, when, where and why: these questions should be covered.
- Consistency among the different keyword tags needs to be ensured.
- Keywording should be relevant, understandable and clear.

## 6.3 Making Data Openly Accessible

This point addresses the following issues:

- Which data produced in the project will be made openly available as the default?
- How will the data be made accessible (e.g. by deposition in a repository)?
- What methods or software tools are needed to access the data?
- Is documentation about the software needed to access the data included? Is it possible to include the relevant software?
- Where will the data and associated metadata, documentation and code be deposited?
- If there are restrictions on use, how will access be provided?

- Is there a need for a data access committee?
- Are there well-described conditions for access (i.e. a machine-readable licence)?
- How will the identity of the person accessing the data be ascertained?

With regard to the individual questions about data accessibility, our generic DMP approach is summarized below.

- **Which data produced in the project will be made openly available as the default?**

Some of the datasets to be used in this project is open data already, made openly available by third parties. Since this data is already open, as a general policy, MedDMO will not re-share it. Sharing such data will only be pursued in cases where the data licence allows it and when MedDMO researchers estimate that re-sharing of the data (in some new form) provides additional benefit to third parties (e.g. fact-checks).

In addition to open data, there are also privately owned datasets. These are owned by the organisations involved in MedDMO, as well as some technical and academic partners, and have been collected and created over a period of years or in the context of other projects or internal processes, independently from MedDMO. Such data may be provided to the project for research purposes, but will not be shared openly. However, effort will be made to make this (or part of this) data openly available in cooperation with the data owners, wherever this is possible.

Data that will be collected by the project in the form of questionnaires or forms addressed (for research and evaluation purposes) will not be made openly accessible, since they may contain personal or confidential information. Wherever possible and in case there is added value from their sharing, such data will be anonymized before being shared (mainly with regard to the evaluation data).

In any case, the aforementioned data (whether public, private, or personal) will be used exclusively for achieving the project objectives. Where appropriate, the analysis results will be made open as part of public project deliverables and publications available in open repositories.

- **How will the data be made accessible? (e.g., by deposition in a repository)**

The open datasets will be available to access through the MedDMO website.

- **What methods or software tools are needed to access the data?**

Different methods and software tools will be required to access the data depending on the dataset. More details are provided in section 7.

- **Is documentation about the software needed to access the data included? Is it possible to include the relevant software?**

The relevant software and its documentation will be included, where applicable.

- **Where will the data and associated metadata, documentation and code be deposited?**

Open data will be deposited on the website. There we adopt standard and simple procedures to allow data sharing.

- **If there are restrictions on use, how will access be provided?**

If such cases are identified, access could be granted by regulating (e.g., through a signed agreement) and restricting access to specific users.

- **Is there a need for a data access committee?**

No such need has emerged yet.

- **Are there well-described conditions for access (i.e., a machine-readable licence)?**

Such licences will be used for the data destined to be openly available.

- **How will the identity of the person accessing the data be ascertained?**

This will be dealt with on a case-by-case basis. For the open datasets, no identification of the person accessing the data will take place. For the data that will be used only internally by project partners (which is stored on the project file repository or partners' servers), access control procedures are in place that define access rights and provide secure access with username/password credentials.

## 6.4 Making Data Interoperable

This point specifies what data and metadata vocabularies, standards or methodologies are followed in order to facilitate interoperability. It also addresses whether a standard vocabulary is used for all data types within the dataset, in order to allow interoperability. The specific issues covered are the following:

- Are the data produced in the project interoperable?
- What data and metadata vocabularies, standards or methodologies will you follow to make your data interoperable?
- Will you be using standard vocabularies for all data types present in your dataset, to allow inter-disciplinary interoperability?
- In case it is unavoidable that you use uncommon or generate project specific ontologies or vocabularies, will you provide mappings to more commonly used ontologies?

- **Are the data produced in the project interoperable?**

Effort will be made to achieve interoperability on most of the data produced in MedDMO. More information will be provided as the project unfolds.

- **What data and metadata vocabularies, standards or methodologies will you follow to make your data interoperable?**

In order to ensure interoperability and maximum re-use of MedDMO data, project partners will try to collect existing and new data in standardized formats, following well-known data representation models and metadata vocabularies.

Standard and simple data vocabularies will be adopted for different types of datasets (fact-checks, Media literacy data, etc.). As the project progresses and data is identified and collected, further information on making data interoperable will be outlined in subsequent versions of the DMP.

- **Will you be using standard vocabularies for all data types present in your dataset, to allow inter-disciplinary interoperability?**

Whenever possible, standardised vocabularies will be used to encourage the wide exchange of information and sharing of data.

- **In case it is unavoidable that you use uncommon or generate project specific ontologies or vocabularies, will you provide mappings to more commonly used ontologies?**

This will be defined on a per case basis. In general, effort will be made towards providing such mappings.

Further actions on making data interoperable will be outlined in subsequent versions of the DMP, as the project progresses. These actions refer to revisiting data and metadata vocabularies, imposing additional standards or methodologies and optimizing interoperability overall.

## 6.5 Making Data Re-use

This point addresses the following issues:

- How will the data be licenced to permit the widest re-use possible?
- When will the data be made available for re-use? If an embargo is sought to give time to publish or seek patents, specify why and how long this will apply, bearing in mind that research data should be made available as soon as possible.
- Are the data produced and/or used in the project usable by third parties, in particular after the end of the project? If the re-use of some data is restricted, explain why.
- How long is it intended that the data remains re-usable?
- Are data quality assurance processes described?

Individual questions are addressed below:

- **How will the data be licenced to permit the widest re-use possible?**

This matter will be dealt with on a per case basis, depending on the features of the dataset examined. Generally, a CC-BY 4.0 (Creative Commons Attribution 4.0 International Licence) licence will be considered, which allows open sharing but also allows keeping some control over the data (e.g., requires attribution).

Most common CC –BY 4.0 licensing types are the following:

- **Creative commons Attribution-Share Alike 4.0** (CC BY-SA 4.0): any third party can freely copy, distribute, display and modify the datasets for any purpose. Remix, transform, or built upon data, must be distributed under the same licence as the original. Third parties must give appropriate credit, provide a link to the licence, and indicate if changes were made.
- **Creative Commons Attribution 4.0 International** (CC BY 4.0): any third party can freely copy, distribute, display and modify the datasets for any purpose. Third parties must give appropriate credit, provide a link to the licence, and indicate if changes were made.
- **Creative Commons Attribution-NoDerivatives 4.0 International** (CC BY-ND 4.0): any third party can freely copy, distribute, display and modify the datasets for any purpose. Remix, transform, or built upon data, however, must not be distributed. Third parties must give appropriate credit, provide a link to the licence, and indicate if changes were made.

- **Creative Commons Attribution-NonCommercial 4.0 International** (CC BY-NC 4.0): third parties can copy, distribute, display and modify the datasets for any purpose other than commercial unless they get a permission by project partners first. Third parties must give appropriate credit, provide a link to the licence, and indicate if changes were made.
- **Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International** (CC BY-NC-ND 4.0): third parties can copy, distribute, display and modify the datasets for any purpose other than commercial unless they get a permission by project partners first. Remix, transform, or built upon data, however, must not be distributed. Third parties must give appropriate credit, provide a link to the licence, and indicate if changes were made.

Licencing will be discussed in later stages of the project with all involved parties. Alternative licence schemes may also be adopted at the discretion of the dataset owner.

- **When will the data be made available for re-use? If an embargo is sought to give time to publish or seek patents, specify why and how long this will apply, bearing in mind that research data should be made available as soon as possible.**

This will be examined on a per case basis. In general, effort will be made for the data to be made available as soon as possible.

- **Are the data produced and/or used in the project usable by third parties, in particular after the end of the project? If the re-use of some data is restricted, explain why.**

The openly shared datasets will be reusable after the end of the project on the website.

Restrictions in re-use of some data will be discussed in later stages of the project.

- **How long is it intended that the data remains re-usable?**

The openly shared datasets will in general be perpetually reusable.

- **Are data quality assurance processes described?**

Automatic *data cleaning* techniques will be employed to improve data quality. Data cleaning consists of identifying incomplete, incorrect, inaccurate, or inconsistent parts of the data and then replacing, modifying or deleting such data. For datasets including questionnaire data, a manual quality control will be performed by partners to ensure data quality.

## 6.6 Financing of FAIR Data Implementation

Since the beginning of the design of the project, data management was taken into consideration and every partner has been allocated effort for this purpose. This is embedded into the tasks dealing with data management activities, either collecting, processing, or creating datasets. Hence, all related costs for data management are already covered by the project and no additional resources will be needed.

## 6.7 Data Security

This addresses secure storage and transfer of sensitive data as well as data recovery, including the following questions:

- Is the data safely stored in certified repositories for long-term preservation and curation?
- What provisions are in place for data security?

All software tools and data storage mechanisms used within MedDMO are designed to safeguard collected data against unauthorized use and to comply with all national and EU regulations. Engineering best practices and state-of-the-art data security measures along with GDPR compliance mechanisms will all be incorporated following their respective guidelines and principles.

As explained in section 2.3, MedDMO datasets will either be openly shared (by uploading them in open repositories) or shared internally among specific partners (stored in the project file repository or partners' servers). Below, we examine the data security strategy for these options.

**Open repositories**

Datasets to be openly shared will be deposited in the website, for which we will adopt strong mechanisms and protocols for data recovery and long-term data preservation.

**MedDMO file repository**

CERTH is hosting all data related to project management and selected research and innovation activities in their premises, utilising a file repository based on Google Drive Platform. All partners have access to this repository and store content that needs to be shared among the consortium and it is expected that this infrastructure will be used for most project datasets.

To ensure the security and confidentiality of these datasets, the following measures have been taken:

- The servers hosting the said services are securely located and monitored in CERTH-ITI's main building. The local network is firewall protected from all external traffic and access to CERTH's servers is granted through password protected SSH with only selected trusted employees maintaining privileged accounts.

The aforementioned structure guarantees data security as well as data recovery: stored instances can be used to restore and access data in case of systems failure or human errors.

**Partners' servers**

MedDMO partners have significant experience in data handling and protection both in the context of their institutional operation as well as in the context of their participation in other Horizon Europe projects. As a result, the beneficiaries already have in place operational policies regarding potential ethics issues as well as privacy and security guidelines for data protection, adhering to national and EU regulations. Ultimately, each partner is responsible for the data protection and security mechanisms in their own servers.

## 6.8 Ethical Aspects

MedDMO research will comply with ethical principles and applicable law, guaranteeing that the rights of research participants are ensured and that research methodologies do not result in discriminatory practices or unfair treatment. Special attention will also be paid to the privacy, data protection, data management, and health and safety of participants. Every project team needs to plan in advance every action involving users that needs to be performed in order to develop an ethically sound and integral research in all aspects of its process.

A detailed description with guidelines for the project and complete report on requirements to obtain Ethical Certification will be made when necessary.

**Confidentiality and archiving**

The MedDMO project expects the development of a set of qualitative information collecting activities. In particular, surveys, interviews and questionnaires are planned, most of them in WP3. The importance of consent arises as both personal data and potentially confidential information might be collected. Therefore, two issues become crucial from an ethical perspective: the confidentiality of the information and the anonymisation of personal data. General rules that partners must apply when designing and conducting their research in relation to data management are:

- Information gathered from the participants should be kept confidential.
- Information gathered should be anonymised and used only for the purpose for which it was collected.

Participants must be given, in a clear and transparent manner, the opportunity to withdraw from the activity at any time, or to modify or delete the information provided.

CERTH, as data server host and responsible for Project Management, maintains reporting documents on data handling and structure, according to national law. Consequently, each organization of the Consortium will be responsible for managing any type of dataset to adhere to their respective national legal framework.

# 7. MedDMO Datasets

This section includes information on all datasets that can be foreseen as necessary, at the time of writing this deliverable. Every table provides information on the dataset, along with explanation on whether and how this dataset will be FAIR and secure, as far as the datasets produced by the project are concerned. In Table *10* we present the structure of the table along with explanations for every field contained. This table template also includes the partner responsible for data collecting and maintaining the dataset, along with an indication on whether these data will be based on existing datasets.

*Table* 10*: Template for documenting a dataset used in MedDMO*

| Med_<serial number of dataset>_<data type>_<dataset title> | |
|---|---|
| Dataset summary | Responsible partner: Partner responsible for producing and/or using the specific dataset<br><br>Purpose: Short description of data. Also, what is the purpose of data collection/generation (and its relation to project objectives) in the context of MedDMO?<br><br>Type/format: What is the type/format of the data?<br><br>Re-use of existing data: Are existing datasets reused and how?<br><br>Data origin: What is the origin/source of the data?<br><br>Expected size: What is the expected data/dataset size?<br><br>Data utility: To whom will this data be useful and how? (inside the project and also to third parties, if applicable) |
| Findability | Is data discoverable: Are the data produced in the project discoverable with metadata, identifiable and locatable by means of a standard identification mechanism (e.g. persistent and unique identifiers such as Digital Object Identifiers)?<br><br>Search keywords: Will search keywords be provided that optimize possibilities for re-use?<br><br>Versioning: Will clear version numbers be provided?<br><br>Metadata creation: Specify standards for metadata creation (if any). If there are no standards in your discipline, describe what type of metadata will be created and how. |
| Accessibility | Data openly accessible: Will data produced in the project be made openly available as the default? If certain datasets cannot be shared (or need to be shared under restrictions), explain why, clearly separating legal and contractual reasons from voluntary restrictions.<br><br>How it will be accessible: How will the data be made accessible (e.g. by deposition in an open repository)?<br><br>Methods/software tools to access data: What methods or software tools are needed to access the data? Also, is documentation about the software needed to access the data included? Is it possible to include the relevant software (e.g. in open source code)? |

| | |
|---|---|
| | Repository: Where will the data and associated metadata, documentation and code be deposited? Preference should be given to certified repositories which support open access where possible.<br><br>Restrictions on access: If there are restrictions on use, how will access be provided? |
| Inter-operability | Interoperability: Are the data produced in the project interoperable, that is allowing data exchange and re-use between researchers, institutions, organisations, countries, etc. (i.e. adhering to standards for formats, as much as possible compliant with available (open) software applications, and in particular facilitating re-combinations with different datasets from different origins)?<br><br>Data and metadata vocabularies: Specify what data and metadata vocabularies, standards or methodologies you will follow to facilitate interoperability<br><br>Use of standard vocabularies: Specify whether you will be using standard vocabulary for all data types present in your data set, to allow inter-disciplinary interoperability?<br><br>Mappings to commonly used vocabularies: In case it is unavoidable that you use uncommon or generate project specific ontologies or vocabularies, will you provide mappings to more commonly used ontologies? |
| Reusability | Licence: Specify how the data will be licenced to permit the widest reuse possible. E.g. Open Data Licence (Creative Commons CC0 Licence, Creative Common Attribution Licence-CC-BY v4.0, etc.).<br><br>Availability for re-use: When will data be made available for re-use. If applicable, specify why and for what period a data embargo is needed<br><br>Usable by third parties after end of project: Specify whether the data produced and/or used in the project is usable by third parties, in particular after the end of the project? If the re-use of some data is restricted, explain why.<br><br>Re-use timeframe: Specify the length of time for which the data will remain re-usable<br><br>Data quality assurance process: Describe data quality assurance processes |
| Security | Security measures: Security measures implemented for data protection (incl. controlled access, user authentication, firewalls, VPNs, encryption, back-ups, etc.) |
| Ethical aspects | Possible ethical and legal aspects preventing sharing: Are there any ethical or legal issues that can have an impact on data sharing?<br><br>Is informed consent for data sharing and long term preservation given: Is informed consent for data sharing and long term preservation included in questionnaires dealing with personal data? |
| Other issues | Refer to other national/funder/sectorial/departmental procedures for data management that you may be using (if any) |

*Table 11: Med_01_CDM_Contacts for Community Building*

| Med_01_CDM_Contacts for Community Building | |
|---|---|
| Dataset summary | Responsible partner: AUTH<br>Purpose: Data for community building of organizations and individuals in Greece, Cyprus and Malta will be gathered by all project's partners. All types of relevant stakeholders will be involved, including academic researchers, fact-checkers, media organizations, practitioners and policy makers.<br>Type/format: excel file.<br>Re-use of existing data: No<br>Data origin: Data provided by network.<br>Expected size: A few KBs in total.<br>Data utility: This data will be used in the context of WP2 for providing a pool of experts to contact depending on the subject that needs to be investigated. |
| Findability | Is data discoverable: No<br>Search keywords: N/A<br>Versioning: N/A<br>Metadata creation: TBD |
| Accessibility | Data openly accessible: No, only internally for consortium partners<br>How it will be accessible: N/A<br>Methods/software tools to access data: N/A<br>Repository: N/A<br>Restrictions on access: N/A |
| Inter-operability | Interoperability: N/A<br>Data and metadata vocabularies: N/A<br>Use of standard vocabularies: N/A<br>Mappings to commonly used vocabularies: N/A |
| Reusability | Licence: N/A<br>Availability for re-use: N/A<br>Usable by third parties after end of project: N/A<br>Re-use timeframe: N/A<br>Data quality assurance process: N/A |
| Security | Security measures: The datasets will be stored in the premises of the respective task leader protected as described in section 2.7. |

| | |
|---|---|
| Ethical aspects | Possible ethical and legal aspects preventing sharing: These datasets contain information of individuals and organizations, contact persons etc.<br><br>Is informed consent for data sharing and long term preservation given: N/A |
| Other issues | No |

*Table 12: Med_02_DTM_Access Truly Media*

| Med_02_DTM_Access Truly Media | |
|---|---|
| Dataset summary | Responsible partner: ATC<br><br>Purpose: In order to support collaboration among the MedDMO partners, Truly Media, a web-based platform for collaborative verification co-owned by ATC and DW, will be used. In order for project partners to access Truly Media, ATC will collect and store personal data. The data will be used for registration and login purposes by ATC. ATC uses Twitter login that enables users to register and login to the platform with their Twitter credentials. Collected data include: Name; Email; Organization; Department; Role; Expertise; Twitter profile image; and Twitter handle.<br><br>Type/format: Data stored in JSON format.<br><br>Re-use of existing data: No.<br><br>Data origin: Truly Media users registering and logging in the platform.<br><br>Expected size: A few MBs.<br><br>Data utility: This data will be used to allow project partners to access Truly Media |
| Findability | Is data discoverable: No.<br><br>Search keywords: N/A<br><br>Versioning: N/A<br><br>Metadata creation: N/A |
| Accessibility | Data openly accessible: The data will not be openly accessible since it contains personal information.<br><br>How it will be accessible: The data will only be accessible by project partner ATC.<br><br>Methods/software tools to access data: N/A<br><br>Repository: N/A<br><br>Restrictions on access: N/A |
| Inter-operability | Interoperability: N/A<br><br>Data and metadata vocabularies: N/A |

| | |
|---|---|
| | Use of standard vocabularies: N/A<br><br>Mappings to commonly used vocabularies: N/A |
| Reusability | Licence: The data will not be licensed since it will only be used internally.<br><br>Availability for re-use: N/A<br><br>Usable by third parties after end of project: N/A<br><br>Re-use timeframe: N/A<br><br>Data quality assurance process: N/A |
| Security | Security measures: The dataset described will be stored by ATC on third-party cloud servers. Appropriate and detailed security policies, rules, and technical measures are implemented to protect data are used by the Truly Media platform and stored on the platform from improper or unauthorized access, including use of firewalls where appropriate. Security measures also include 2FA (2 Factor Authentication) with OTP (One Time Password) for extra security during login, as well as Auth2.0 and JWT for authentication and authorisation. End-to-end encryption protects from man-in-the-middle attacks and data theft. All ATC employees and data processors, who have access to and are associated with the processing of personal data, are obliged to respect the confidentiality of the stored personal data. Moreover, ATC's development team has received training from external auditors for security awareness and security best practices to avoid vulnerabilities in source code. External auditors have performed black-box penetration testing to ensure that the platform is fully secure. ATC's Data Protection Officer ensures that all processes followed are fully compliant with the GDPR provisions. |
| Ethical aspects | Possible ethical and legal aspects preventing sharing: The data will not be shared since it contains personal information of end users.<br><br>Is informed consent for data sharing and long term preservation given: Informed consent is given implicitly by users when completing the relevant information on the registration form and when authorising Truly Media to use their Twitter account for login purposes. |
| Other issues | No |

*Table 13: Med_03_DFC_Fact-checks*

| Med_03_DFC_Fact-checks | |
|---|---|
| Dataset summary | Responsible partner: AFP<br><br>Purpose: We will provide a total of 900 fact-checks, out of which 360 will be from AFP. ToM will provide 240 fact-checks over the course of the project, and EH 300 in total.<br><br>Type/format: RSS feeds.<br><br>Re-use of existing data: No<br><br>Data origin: Data provided by network partners<br><br>Expected size: hundreds of Mb<br><br>Data utility: This data will be used in the context of WP3 for publishing fact-checks on the project website. |
| Findability | Is data discoverable: Yes<br><br>Search keywords: Yes<br><br>Versioning: Yes<br><br>Metadata creation: FC standard including title, sources, date, author… |
| Accessibility | Data openly accessible: Yes (FC published on the project website)<br><br>How it will be accessible: Through the project website<br><br>Methods/software tools to access data: N/A<br><br>Repository: Backoffice of the project website (FC published)<br><br>Restrictions on access: FC published on the website will be visible on the project website. If FC are sent to the back office but are not published by an editor, they won't be visible on the project website and will be accessible through the back office only. |
| Inter-operability | Interoperability: N/A<br><br>Data and metadata vocabularies: N/A<br><br>Use of standard vocabularies: N/A<br><br>Mappings to commonly used vocabularies: N/A |
| Reusability | Licence: N/A<br><br>Availability for re-use: N/A<br><br>Usable by third parties after end of project: N/A<br><br>Re-use timeframe: N/A<br><br>Data quality assurance process: N/A |

| | |
|---|---|
| Security | Security measures: The datasets will be stored in the premises of the partners protected as described in section 2.7. |
| Ethical aspects | Possible ethical and legal aspects preventing sharing: N/A<br>Is informed consent for data sharing and long term preservation given: N/A |
| Other issues | No |

*Table 14: Med_04_DML_ Media Literacy Needs*

| Med_04_DML_ Media Literacy Needs | |
|---|---|
| Dataset summary | Responsible partner: AUTH<br><br>Purpose: The data will be used in order to identify media literacy needs and specific disinformation impact in Greece, Cyprus, and Malta.<br><br>Type/format: excel file.<br><br>Re-use of existing data: No<br><br>Data origin: Data will be gathered via online-questionnaires and interviews by network partners<br><br>Expected size: A few MBs in total.<br><br>Data utility: This data will be used in the context of WP3 in order to access the impact disinformation campaigns on society and democratic processes |
| Findability | Is data discoverable: No<br><br>Search keywords: N/A<br><br>Versioning: N/A<br><br>Metadata creation: N/A |
| Accessibility | Data openly accessible: No, only for MedDMO partners<br><br>How it will be accessible: N/A<br><br>Methods/software tools to access data: N/A<br><br>Repository: N/A<br><br>Restrictions on access: N/A |
| Inter-operability | Interoperability: N/A<br><br>Data and metadata vocabularies: N/A |

| | |
|---|---|
| | Use of standard vocabularies: N/A<br><br>Mappings to commonly used vocabularies: N/A |
| Reusability | Licence: N/A<br><br>Availability for re-use: N/A<br><br>Usable by third parties after end of project: N/A<br><br>Re-use timeframe: N/A<br><br>Data quality assurance process: N/A |
| Security | Security measures: The datasets will be stored in the premises of the partners protected as described in section 2.7. |
| Ethical aspects | Possible ethical and legal aspects preventing sharing: These datasets contain views of people on various issues. In data will be anonymous.<br><br>Is informed consent for data sharing and long term preservation given: An Informed Consent Form will be prepared for the participation in the interviews. Also, the questionnaires will include a Privacy Notice that specifies that the treatment of the data is confidential, complies with GDPR and is carried out exclusively for analysis and statistical purposes. |
| Other issues | No |

*Table 15: Med_05_DFCT: Training material for FC training*

| Med_05_DFCT_ Training material for FC training | |
|---|---|
| Dataset summary | Responsible partner: AFP<br><br>Purpose: The data will be used in order to organise a FC training for journalists.<br><br>Type/format: personal data (names, company, email addresses…) + possibly questionnaires filled by the trainees during and/or at the end of the training (Word) + material for the training (pdf)<br><br>Re-use of existing data: Partially (the material for the training might include elements from previous trainings organised by AFP)<br><br>Data origin: Data provided by AFP and network partners<br><br>Expected size: A few MBs in total.<br><br>Data utility: This data will be used in the context of WP4 in order to list and register participants to a training organised for journalists, to send them material for the training and to test them and/or ask them questions about the training. |

| | |
|---|---|
| Findability | Is data discoverable: No<br>Search keywords: N/A<br>Versioning: N/A<br>Metadata creation: TBD |
| Accessibility | Data openly accessible: No<br>How it will be accessible: N/A<br>Methods/software tools to access data: N/A<br>Repository: N/A<br>Restrictions on access: N/A |
| Inter-operability | Interoperability: N/A<br>Data and metadata vocabularies: N/A<br>Use of standard vocabularies: N/A<br>Mappings to commonly used vocabularies: N/A |
| Reusability | Licence: N/A<br>Availability for re-use: N/A<br>Usable by third parties after end of project: N/A<br>Re-use timeframe: N/A<br>Data quality assurance process: N/A |
| Security | Security measures: The datasets will be stored in the premises of the partners protected as described in section 2.7. |
| Ethical aspects | Possible ethical and legal aspects preventing sharing: These datasets contain information of individuals and organizations, contact persons etc.<br>Is informed consent for data sharing and long term preservation given: N/A |
| Other issues | No |

# Annex I: Agenda and Minutes Template

**<type of meeting (e.g. plenary, WP3, etc)>, <date>**

**Connect to: (link) [in case of teleconference]**

**Venue and location [in case of physical meeting]**

| Time (CET) | Topic | Chair |
|---|---|---|
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**Attendants:**

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|---|---|
| **CERTH** | |
| **AUTH** | |
| **UCY** | |
| **ATC** | |
| **CUT** | |
| **EH** | |
| **AFP** | |
| **ToM** | |
| **UoM** | |

**Minutes**

(Bulleted list of main issues discussed, decisions taken and action points set)



# Mediterranean Digital Media Observatory

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