

QUALITY OF COOPERATION	
	<p>Involvement of partners and stakeholders : how each partner cooperated with other partners and external stakeholders for the project goals</p> <p>The ICARE project fostered robust cooperation among BAU, project partners, and external stakeholders, ensuring the achievement of its goals. Collaboration was at the core of the project, leveraging the diverse expertise, resources, and networks of all participants to create a meaningful impact on healthcare education and community engagement. BAU worked closely with academic institutions, healthcare organizations, and industry leaders from Lebanon, Egypt, and the EU for knowledge exchange and curricula modernization. External healthcare stakeholders supported the establishment of the ICARE clinic, which became a hub for practical training and community healthcare services. NGOs and local organizations were engaged to identify community health needs, particularly for underserved populations such as refugees and socioeconomically disadvantaged groups. BAU participated in training and training replication sessions, enhancing the skills of faculty and students in inter-professional healthcare practices.</p>
	<p>Sustainability / exploitation of results (how will the project outcomes and results be used after the end of the project.</p> <p>In the line with the mission of BAU and BAUFM, the university will sustain the BAU ICARE center and Clinics. BAU ICARE center will continue the training activities through using the BAUHC clinics for the enhancement of the ICARE project. At the same time, the training materials will be disseminated and repeated by the trainees to the medical community at BAU. Materials of Diplomas and Master studies will be used as a continuous medical education process</p>
	<p>Unexpected outcomes/ spin-off effects</p> <p>The unexpected outcomes and spin-off effects of the ICARE project have far exceeded initial expectations, leading to positive changes in multiple areas such as interdisciplinary collaboration, e-health development, student leadership, and regional influence. These results have extended the impact of ICARE beyond its original scope, creating new opportunities for the project partners, students, and the broader community.</p>
	<p>Innovation of projects results and impact:</p> <p>The ICARE project introduced a groundbreaking model for inter-professional education by integrating multiple healthcare disciplines into student-led clinics. This model allowed students from different healthcare fields to work together in real-world healthcare settings, fostering collaboration and communication skills early in their careers. The ICARE project introduced professional development programs for faculty, including joint in-service training and inter-professional teaching workshops. These programs focused on improving teaching methodologies and integrating innovative healthcare practices into the curricula.</p>

STATISTICS FOR TRAINING/MOBILITY ACTIVITIES	
	Number of partner country "HEIs' students" trained (BAU) 120
5.2	Number of partner country "HEIs' academic staff" trained (BAU) 12
5.3	Number of partner country "HEIs' administrative staff" trained (BAU) 5
5.4	Number of partner country "non-HEI individuals" trained (priv. sector, NGOs, civil servants, etc.) 5
6	STATISTICS FOR IMPACT AND SUSTAINABILITY.
	IMPACT AT INDIVIDUAL LEVEL
6.1	Number of direct beneficiaries in the Partner country(ies) per year: academic staff from HEIs (BAU) 20
6.2	Number of direct beneficiaries in the PCs (/year): administrative staff from HEIs 8
6.3	Number of direct beneficiaries in the PCs (/year): HE students 200
6.4	Number of direct beneficiaries in the PCs (/year): non HE individuals 5