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## Executive summary

The SafeMa project was initiated with the objective of developing a post-graduate course for midwifery education in Cambodia and Vietnam. The project involved European and Southeast Asian partners collaborating to define international excellence standards for midwifery education and customize the course to the local context of Cambodia and Vietnam. This report presents the challenges faced and overcome during the project period.

The project faced several challenges throughout its implementation. One of the biggest setbacks was a six-month delay in startup, which had a significant impact on the project's overall timeline. Additionally, language barriers, bureaucratic challenges, differences in culture regarding education and teaching, adherence to deadlines, and the COVID-19 pandemic also presented significant obstacles that needed to be overcome in order to achieve the project's goals.

The initial phase of the project aimed at defining international standards for midwifery education, faced challenges such as language barriers and low engagement by partners. However, partners made efforts to overcome these challenges. A gap analysis was conducted to identify skill shortages in midwifery practice in Cambodia and Vietnam. The study faced challenges in collecting sufficient data due to language barriers and lack of midwifery programs in some Asian partner universities. Nonetheless, the European and Southeast Asian partners worked together to overcome these challenges and develop a SafeMa model that was tailored, to the extent it was possible, to the needs of the local communities.

Challenges were encountered during the implementation stage of the SafeMa post-graduate course, such as severe delays in development of plans for implementation and cultural challenges in implementing the learning approach of the SafeMa course in the cultural context of Cambodia and Vietnam. The delays resulted in Southeast-Asian partners having to remove some elements of the SafeMa course material rather than

customizing it to the local context, which led to a significant reduction of the curriculum of the SafeMa course in some institutions.

Moreover, bureaucratic challenges with implementing the planned cooperation with local hospitals and health clinics were realized at a late stage in the project period resulting in a significant reduction in the timeframe for the internships without a customization of the learning outcomes.

The SafeMa project also faced challenges in acquiring equipment, obtaining accreditation for the course and challenges in staff training due to language barriers and travel restrictions, due to the COVID-19 pandemic. Asian partners made efforts to overcome these challenges and execute the project to the best of their abilities.

Despite the challenges encountered, the Southeast Asian partners provided supportive services for students, including counseling and assistance in finding affordable accommodation. The curriculum was challenging for some Southeast-Asian faculty, and the Asian partners made efforts to support the faculty in teaching subjects that they were unfamiliar with.

The delayed finalization of the Dissemination Plan and Guide on Fundraising affected the Southeast Asian partners' ability to effectively disseminate the project's objectives and outcomes and secure funding for the project's sustainability. To overcome these challenges alternative dissemination activities were conducted, but language barriers and academic differences continued to challenge the dissemination process.

The SafeMa project aimed to establish and exploit strong synergies to enhance midwifery in Vietnam and Cambodia. Challenges and barriers, such as language, cultural, systemic, and force majeure were identified, and measures were taken to overcome them.

In conclusion, the SafeMa project faced various challenges during its implementation, but efforts were made to overcome these challenges and customize the course to the local context of Cambodia and Vietnam. The commitment of the Southeast Asian partners was instrumental in the success of the project, and their support for students and faculty was commendable.

The project's delays and challenges with dissemination highlight the need for effective project management and planning. Nonetheless, the SafeMa project has the potential to significantly enhance midwifery education and improve midwifery practice in Vietnam and Cambodia.

## **Introduction**

This publication titled 'Excellence in Midwifery' will present the SafeMa model for excellence to Higher Education Institutions in Southeast Asia and beyond that wish to upgrade their midwifery education.

Due to the challenges faced by the project partners during the development of the SafeMa post-graduate midwifery course, the project was extended 12 months. Despite the efforts made to overcome these challenges, the project required additional time to meet its objectives. This report presents the knowledge gained by the partners during the project period and offers perspectives on the development of quality midwifery teaching, creating a supportive environment for midwifery students, researchers, and academics, building strong synergies at all levels, and fundraising. The report also discusses the challenges related to the project's six milestones and performance indicators, and the partners' efforts to overcome them.

The SafeMa project developed a midwifery professional training course on 'Advanced Midwifery Practice', comprising of eight modules that are taught as short courses, facilitated internship and MOOCs. It fully aligns with ICM Global Standards for Midwifery Education and focuses on specific learning objectives that respond to identified skills shortages in the local context of Vietnam and Cambodia. The project's methodology promotes clinical- and research skills and experiential, hands-on learning. The course is at the core of the established SafeMa Hubs.

The SafeMa Hubs are model teaching, research and pedagogic resource centers of midwifery, established in each partner university in Vietnam and Cambodia. The SafeMa Hubs also support midwifery at the local and regional levels, with particular emphasis to remote rural areas, partnering with hospitals and health centers, for improving youth awareness, attitudes and behavior about reproductive health and women rights. The SafeMa Hubs

support a Research Cluster aiming to produce interdisciplinary research of rigor and relevance both locally and globally in a diverse range of areas relevant to midwifery.

The SafeMa project is expected, in the long term to act as an incubator for larger research projects and funding. SafeMa supports strong synergies with UN and other projects that work towards the empowerment of midwifery and the cooperation with local, regional and national authorities and health services, the national associations of midwives and other key stakeholders. SafeMa acts as a 'policy entrepreneur spreading knowledge and skills, fostering quality midwifery education and research in southeast Asia and beyond.

*The SafeMa project had set the following milestones within 6 work packages (WP):*

- SafeMa Model for Excellence in Midwifery (WP1)
- SafeMa Course Material and Hubs for Excellence in Midwifery (WP2)
- SafeMa Evaluation Report on Course Delivery and Sustainability (WP3)
- Quality assurance and evaluation plan and Evaluation Report (WP4)
- Dissemination and exploitation plan (WP4)
- Interim and Final reports (WP5)

*And the following performance indicators:*

*Capacity-building:*

- ≥100 academic/research staff trained on delivering the SafeMa course
- ≥100 administrative staff trained on managing the course and the SafeMa Hubs
- 5 SafeMa Hubs established
- ≥500 students/ researchers/ academics assisting the SafeMa Hubs
- ≥60 administrative staff trained on networking and fundraising

*Quality midwifery education and research:*

- 8 modules/short courses prepared and delivered in 5 different universities in 2 languages

- ≥300 midwifery, nursing and medical graduates or in-service midwives who wish to develop their skills further subscribe to the course/short courses
- 100% of training material developed upon specific learning objectives matching skills shortages
- 100% of training material respecting the ICM Global Standards for Midwifery Education
- 100% adoption of best international practices in midwifery education
- 100% of SafeMa course methodologies promote clinical and research skills and experiential, hands-on learning
- ≥60 researchers involved in the SafeMa research cluster
- ≥2 publications in academic journals

*Synergies/advocacy:*

- synergies with the national associations of midwives
- synergies with ≥100 community/local hospitals/health centres
- synergies with ≥100 NGOs, International organizations working in the field.
- awareness raising reaching ≥400 women/youth.
- 50% of awareness raising to take place in rural/remote/underprivileged areas.
- ≥50 policymakers involved-policy recommendations sent to ≥100 politicians at all levels.

In the following we will present the challenges related to the project's six milestones and performance indicators, that partners faced during the project period and our efforts to overcome them. Chapters on creating a supportive environment for SafeMa students, researchers and academics as well as perspectives on how to build strong synergies at all levels and fundraising are included as well.



Each section of the report will conclude with reflective questions intended for those who wish to initiate projects with the objective to develop and/or upgrade Midwifery education in Southeast-Asia.

To simplify the text, individual project partners are not named. Instead, we refer to the partners as European partners, representing the Greek and Danish partners, and Southeast-Asian partners or Asian for short, representing the two Cambodian partner higher education institutions and three Vietnamese partner higher education institutions.

**Disclaimer:** The author of this report, UCN, would like to inform readers that the report may not meet our usual academic standards due to circumstances outside our control. Specifically, the “Evaluation Report” for the SafeMa project was not finalized by the project partner responsible for the task and was therefore not made available to UCN by the agreed-upon deadline. Despite our efforts to obtain access to the necessary information from the project partner, we were unable to do so. As a result, some details and insights may be missing from this report. We apologize for any shortcomings in the report resulting from this issue.

## **1 Milestone: SafeMa Model for Excellence in Midwifery**

SafeMa follows a waterfall methodology for the design and customization (WP1), set-up (WP2) and mainstreaming (WP3) of the project. Therefore, the milestone in WP1, the “SafeMa Model for Excellence in Midwifery” which entails the design and customization of the SafeMa course, was a prerequisite for the *set-up* and *mainstreaming* of the SafeMa course in the following workpackages. Customization in WP1 presented a challenge that would contribute to, and further aggravate, the challenges faced in the following workpackages which we will present in further detail in the following.

## Defining international excellence standards for midwifery education

In the initial stage of reaching Milestone 1, a European partner was tasked to define best practices, standard and methodologies in midwifery education. The aim of this task was to confirm the project team's commitment to excellence and set the standards for project delivery. The aim was to take into consideration national and international best practices and standards in midwifery education and research, and particular attention was to be paid to human rights and on how academic and research excellence can feed into fieldwork in the local context of Cambodia and Vietnam. It proved easy to include international standards from United Nations (UN), International confederation of Midwifery (ICM) and the World Health Organization (WHO) in the final report on best practices, standards, and methodologies in midwifery education, as these documents was readily available online and presented in English.

A systematic literary search was conducted to better comprehend how midwifery education is conducted in a Vietnamese and Cambodian context. This presented a challenge as most of these documents were in the native languages of Vietnamese and Khmer and would therefore need to be translated to English to be included. Attempts were made to address this at virtual project meetings, but as these where few, and there was a substantial language barrier as well as technical difficulties, the challenge was difficult to overcome and resulted in a very limited inclusion of documents that described midwifery education in the local context of Cambodia and Vietnam, therefore limiting the customization of the SafeMa course to the local context of Cambodia and Vietnam.

Through at comprehensive review of international standards, best practices and methodologies within midwifery education and research, a comparative analysis was conducted. Based on this comparative analysis, international excellence standards in best practices, standards and methodologies were deduced and included in a report that was distributed to all project partners. Bullet points from the report were presented to the project partners during a design meeting parallel to the project kick-off meeting in Vietnam in August 2019. The meeting was supposed to have taken place in month two of the

project, however, due to delays in signing of the partnership agreement of one of the project partners, this was not possible. Instead, the meeting took place as late as month 9 of the project.

It was an assumed risk, presented in the project description, that there could be low engagement by project partners and stakeholders in the preparation for excellence. Engagement by SafeMa partners and stakeholders did present a challenge, as it demanded some endurance to retrieve feedback on the report to begin the customization to the local context of Cambodia and Vietnam.

Several changes in project coordinator and a substantial language barrier further challenged the engagement of especially Southeast-Asian partners. Despite the language barrier and limited availability of documents describing midwifery education in the local context of Cambodia and Vietnam, the Southeast-Asian partners of the SafeMa project made great efforts to overcome this challenge. They made efforts to provide translations and contextualize the international standards and best practices to the local context of their respective countries. Through their dedication and hard work, the SafeMa project was able to achieve a higher level of customization to the local context of Cambodia and Vietnam, ensuring that SafeMa project was addressing the unique challenges faced by these countries. This is a testament to the strong commitment of the Asian partners to the success of the project and their determination to deliver high-quality midwifery education to their communities.

#### ***Reflective questions:***

- As a project manager, what challenges do you anticipate arising when attempting to customize a project to suit your local context?
- How will you identify these challenges and what strategies will you implement to overcome them and ensure that the project is tailored effectively to the local community's needs and requirements?

#### **Challenges in identifying skill shortages in partners countries.**

A European partner was tasked with conducting a Gap analyses with the purpose of identifying specific clinical skills shortages in midwifery practice

in the local context of Cambodia and Vietnam. The overall aim of this task was to evaluate the 'gap' between the previously described excellence standards and the current situation in partner countries of Cambodia and Vietnam. Specifically, the gap analysis report was to include the following:

- reveal the skill shortages in midwifery in partner countries,
- discuss shortages in learning methodologies,
- make specific recommendations on linking learning outcomes with competences that match the needs in the field,
- identify potential systematic barriers within partner countries higher educational institutions that could hinder the development and implementation of a quality curriculum. Responsive interventions to such barriers were to be addressed by the SafeMa plans for excellence Data was collected through both primary and secondary research.

#### *Questionnaires*

The specific clinical skills shortages in midwifery in partner countries were investigated through a questionnaire that was distributed to midwifery, nursing and medical academic staff and students, hospitals and health centres. Due to the efforts of local Cambodian and Vietnamese partners who actively promoted the questionnaires it was possible to overcome the challenge of getting sufficient data on which to base a gap analysis.

#### *Focus group meetings.*

Focus group meetings were held in each partner university for midwifery academic staff and students to define midwives skills gaps from their perspective, and to explore learning objectives and methodologies. This presented a significant challenge as it was discovered, late in the process, possibly due to a delayed start and language barriers, that not all Asian partners had a midwifery education programme at their higher educational institution. It was therefore not possible to include the desired number of participants in the focus group meetings to sufficiently map the skill shortages and collect the data needed for the gap analyses.

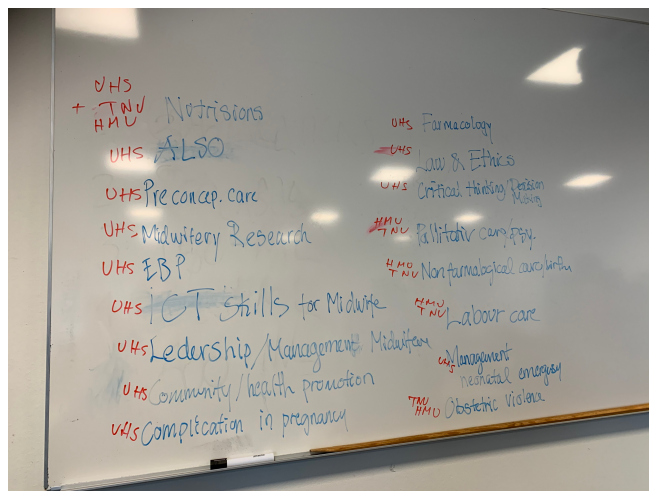
The European partner attempted to overcome these challenges by including more data from the local context of Cambodia and Vietnam through a literary review, but as the literature was exclusively available in Khmer and Vietnamese, this challenge was difficult to overcome. Presumably an increased cooperation between the European and South-east Asian partners could have helped overcome this challenge, but several changes in project coordinator made it difficult to facilitate this cooperation.

As the gap analysis report was based on limited data regarding the local context of Cambodia and Vietnam, the challenge to gain sufficient knowledge to provide the basis for the development of the SafeMa model and training material, was overcome by establishing informal focus groups during a study visit in Aalborg (Denmark) in November 2019, where representatives from the Asian partner universities were present. A framework for a qualitative data-collection was developed to ensure that relevant information, regarding midwifery skill shortages in the local context of Cambodia and Vietnam was collected. The framework was based on a didactic relational model developed by Norwegian authors Hilde Hiim and Else Hippe that serves as framework and tool for development of educational courses. The didactic relational model consists of six interconnected elements: learning prerequisites, institutional framework, target, the process of learning and evaluation. These six elements guided the qualitative data collection at the study visit and helped to overcome the challenges faced with limited data informing the gap analysis.

The Southeast-Asian partners of the SafeMa project played a crucial role in supporting the collection of data. Despite facing language and cultural barriers, they worked closely with the European partners to ensure that the data collected was relevant and informative. They provided valuable insights into the local context of midwifery education and skill shortages in Cambodia and Vietnam, sharing their experiences and knowledge to help inform the development of the SafeMa model and training materials. Their contribution was essential in ensuring that the SafeMa model was tailored to the needs of their local communities and effective in addressing the challenges faced.

Through their collaboration and dedication, the SafeMa project was able to develop a understanding of the midwifery education landscape in Cambodia and Vietnam, providing the foundation for the development of a successful SafeMa model.

The data collected proved useful in the customization of the SafeMa course to the local context of Cambodia and Vietnam and facilitated partners in overcoming some of the cultural- and language barriers that was limiting the Asian partners' opportunity for influence during the developmental stages of the SafeMa course. An example of this is a session during the study visit in Aalborg where Asian partners were asked to present their thought on what the 8 modules of the SafeMa course should entail. Through a democratic process the titles and overall content was decided upon as pictured below:



### The Challenge of building capacity

During the study visits, five academic professionals from each partner university traveled to Aalborg (Denmark) and Athens (Greece) to witness first-hand the teaching process, courses and services setup and other operational issues. The purpose of the study visits was to lay down the foundations of SafeMa course and its pedagogical thematic, and the visits would introduce participants to the theory-practice integration in clinical learning and familiarize participants with experiential learning principles and techniques in midwifery training.

The study visits presented an important step for the development of the SafeMa curriculum as Asian partners were asked to exchange ideas, discuss

their vision of what the SafeMa course should include, and agree on a broad structure. The opportunity to discuss ideas and visions was challenged by a significant language barrier. This was, despite of support from project coordinator, due to a lack of structured procedures to secure that all participants meet the requirements of English proficiency, knowledge of midwifery education and affiliation with the SafeMa project. This caused a significant challenge for the further development of the SafeMa course, as the pedagogy and methodology presented to Asian partners by European partners, was to be evaluated and selected based on transferability and added value to their regional and national academic environments, and thereby an agreement on a broad structure for the SafeMa course could be made. In addition, it was in the project description suggested that Asian partners could also take part as guest lecturers providing an Asian perspective. However, this did not occur due to language barriers.

Therefore, it was a challenge to define the learning prerequisites of future SafeMa students, and the institutional framework of the Asian educational system. Consequently, planning didactics for the SafeMa course that could meet local needs was severely limited. Efforts to overcome this challenge was continuously made during the rest of the project period and an increase in communications proved, despite several changes in project coordinator, to help face some of the challenges.

It should be noted that the Southeast Asian partners made great efforts to overcome the language barrier and engage in discussions regarding the SafeMa curriculum. Despite the challenges, they actively participated in the study visits, provided feedback, and contributed to the development of the SafeMa course. Their contributions were crucial in ensuring that the SafeMa curriculum reflected the local context and met the needs of midwifery education in Cambodia and Vietnam.

***Reflective question:***

- What challenges do you anticipate facing if your team conducted a gap analysis for midwifery practice in your local context? How would you develop strategies to overcome these challenges and ensure that

the gap analysis is conducted effectively and efficiently, leading to improved midwifery practices?

### **Making the SafeMa model for excellence in midwifery**

A European partner was tasked to formulate the SafeMa Model for excellence in midwifery, describing the general principles of the SafeMa course that provides a road map for the project's implementation, with particular respect to national/regional/local context and settings. The SafeMa model for excellence in midwifery comprised of the following:

- 1) SafeMa course, that will include a thorough description of SafeMa course learning objectives, methodology and tools,
- 2) SafeMa research: how midwifery research can be collected and appropriately translated to be useful in practice and policy settings.
- 3) career guidance, with an emphasis to remote communities and ethnic/other minorities and
- 4) fundraising and building strong synergies at all levels, so as to develop continuous feedback mechanisms with organizations working on the ground and ensure project sustainability.

The SafeMa model for excellence in midwifery was to be based on the previous described tasks of the formulated international standards for excellence, the gap analyses and the feedback from the study visits. As previously described, the European partners gained limited knowledge of skill shortages and local institutional context of Cambodia and Vietnam by the completion of these tasks, so the objective of customization to the local context faced significant challenges.

It was attempted to overcome this challenge by raising awareness with the coordinating institution about the significance of this challenge. Communication about the matter was complicated, and the difficulties was attempted commonly resolved by the leadership of the respective higher educational institutions, so cooperation could continue.

Asian partners were encouraged to be aware of the necessity to be proactive and thorough when drafting the strategic implementation plans based upon the SafeMa model for excellence in the following task (see the following), so



plans would be tailored to their specific needs and strengths. Despite the challenges faced, the southeast Asian partners made great efforts to develop strategic implementation plans based on the SafeMa model for excellence in midwifery. However, the task was complex due to the need to consider both the SafeMa model and the complex bureaucratic context in their respective countries. The Asian partners needed to align the SafeMa course with the national curricula and educational systems, obtain approval from the relevant ministries, and ensure the availability of qualified educators, appropriate infrastructure, and necessary equipment. Efforts to reduce the complexity of the task and provide more support to the Southeast-Asian partners could have been beneficial at this stage of the project period.

Despite these challenges, the southeast Asian partners continued to make efforts towards successful implementation of the SafeMa course in their respective countries. Despite their great effort this sadly did not overcome this challenge, as significant language barrier persisted, exacerbated by a lack of opportunity to meet in person due to the travel restrictions caused by the Covid-19 pandemic. Presumably meeting in person, throughout the project period, as it was originally planned in the project description, would have helped align the partners' common understanding of the processes and steps needed for a successful development, customization and implementation of the SafeMa course.

### *Reflective questions*

- What steps would you take to ensure successful implementation of your educational model and establish effective communication channels among project partners, taking into account potential language barriers and differences in bureaucratic context?
- What are some tailored strategies that you can employ to offer increased support to your project partners in their quest to create strategic implementation plans, and how can these strategies be adjusted to accommodate your project unique needs and strengths?

### Customizing the SafeMa plans for excellence.

As described above, Asian partners were tasked with finalizing strategic implementation plans tailor-made to the specific needs and strengths of the higher educational institutions in Vietnam and Cambodia. These plans were to be based upon the SafeMa model for excellence as described above.

Finalizing this important task related to implementation, faced severe delays. The plans were not finalized until the last month of the prolonged project period, even though it was supposed to be finalized by month 8 of the initial 3-year project period, according to the project description.

This presented a significant challenge to the implementation of the SafeMa course in the local context of Cambodia and Vietnam, as several cultural and bureaucratic challenges occurred later in the implementation process. These could most likely have been overcome, had these plans been finalized as planned.

The SafeMa plans for excellence should have been prepared with the support of each university's leadership in cooperation with all relevant university stakeholders, and with active participation of teaching, administrative and technical staff and students. The severe challenges in implementation that occurred later in the project period showed that this had not been done to the extent needed to facilitate the implementation of the project.

It is important to recognize the great effort put in by the Southeast-Asian partners in making the implementation plans, despite the complex bureaucratic context and challenges they faced. However, the complexity of making implementation plans that could take both the SafeMa model and the local context into account presented significant difficulties. Furthermore, delays in finalizing the plans made it even more challenging. As a result, the severe bureaucratic challenges that arose at a later stage in the project period could not completely be overcome, and the implementation of the SafeMa course was limited because of this. Although the Southeast-Asian partners had the opportunity to ask the Expert Advisory Board members to review their plans, the severe delay in finalizing the task made it difficult to take advantage of this. Despite the challenges faced, it is important to

recognize the effort made by the Southeast-Asian partners in attempting to implement the SafeMa model in their local context.

In the following we will present the most severe consequences to the SafeMa project's implementation caused by the delay:

### **Challenges with implementation of the chosen learning approach**

Due to the severe delay in finalizing the plans for excellence, the significant challenges with implementing the chosen learning approach in the SafeMa course, was realized at a late stage in the project period.

The foundation of the SafeMa project's learning approach is Reflective practice-based learning. This was developed by UCN (Danish partner) in a European context. It encourages students to reflect through an experimental approach to theory and practice, facilitated by the teacher's pedagogic and didactic approach. In the developing stages of the SafeMa course this approach was presented to Asian partners on several occasions, both in writing and in person by example, and it was met with approval and enthusiasm by all partners. Yet, the learning approach proved difficult to implement in the cultural context of learning in Cambodia and Vietnam. This presented a significant challenge, as all teaching material had already been developed when the learning approach met resistance from both teachers and students. A need to customize the learning approach to better meet local needs became apparent in relation to the implementation process. This challenge would most likely have been greatly reduced and maybe possible to address, if plans for excellence had been finalized as planned, before the module descriptions, learning material and teacher's facilitator guides had all been developed and published within the project's framework and time plan. Despite the approval and enthusiasm shown by Asian partners during the development stage of the SafeMa course, the result was that Asian partners ended up removing many aspects of the SafeMa course material, rather than customizing it to the local context. This caused a significant reduction of the SafeMa course; in some institutions as a reduction in the length of the individual SafeMa modules, from 1 month to one week, even though the learning objectives were not changed. It caused great concern, that primarily learning exercises that were intended to encourage reflection and critical

thinking, were removed from the course schedule and curriculum, as this was not in line with the objectives and aims of the SafeMa project.

It is understandable that this learning approach, with an emphasis on critical thinking, would present a challenge to implement in the Southeast-Asian context and it is commendable that Southeast Asian partners made a valiant effort to overcome these challenges.

#### **Challenges in translation of the literature**

Due to the delays in finalizing the plans for excellence and executing the course delivery, implementing the English language curriculum to the local context of Cambodia and Vietnam proved to be challenging. Despite the efforts of the Southeast-Asian partners, it was realized late in the project period that teachers as well as students of the SafeMa course were not proficient in English, and translation services were needed for both the course material and the entire curriculum. However, the cost of translation services was not included in the budget, and efforts to find equivalent literature in Vietnamese and Khmer were met with resistance for unknown reasons.

A European partner suggested reallocating a sum allocated for subcontracts to their university to the Asian partners for translation services. Although the Southeast-Asian partners made great efforts to utilize the available resources, it was still not enough to meet the translation needs. As a result, free online sources for translation were utilized, which significantly reduced the academic standard of the curriculum. Nonetheless, Southeast-Asian partners should be recognized for their dedication to making the SafeMa course accessible to their students, even with the obstacles they faced.

#### **Challenges with securing internships**

Due to the severe delay in finalizing the plans for excellence, the significant bureaucratic challenges with implementing the planned cooperation with local hospitals and health clinics was realized at a too late stage in the project period.

Finalizing agreements with local hospitals and health clinics proved to be a significant bureaucratic challenge for most of the Asian partners. This

resulted in a great reduction in the timeframe for the SafeMa students' internships, even though learning objectives had not been customized to this late-stage reduction.

It is important to recognize the complexity of the bureaucratic challenge of securing internships in the Southeast-Asia local context. The process of finalizing agreements with local hospitals and health clinics proved to be a daunting and time-consuming task, and the Southeast-Asian partners encountered significant obstacles in this regard. Despite the challenges faced, the Southeast-Asian partners of the SafeMa project demonstrated great effort and commitment to securing internships for their students.

#### **Severe delays acquiring equipment for the SafeMa Hubs**

Due to the severe delay in finalizing the plans for excellence, the significant challenges with delayed local bureaucratic procedures when acquiring equipment for the SafeMa course, were realized at a late stage in the project period. This resulted in equipment not being available at the beginning of the execution of the SafeMa courses. Some Asian partners did not manage to acquire the equipment by the end of the project period and an equipment sharing agreement with another partner was established to alleviate the consequences of this challenge. The Covid-19 pandemic did most likely exacerbate this challenge as there were worldwide disruptions in international trade.

A European partner attempted to alleviate this challenge by looking through the lists for planned purchases and by encouraging Asian partners to buy less technically advanced equipment available nationally, as the SafeMa course material was developed to primarily require simple low-tech equipment such as simple obstetric mannequins for simulation practice, anatomic pelvises, online licenses etc. The proposition was met with resistance from the Asian partners, possible due lack of customization of the curriculum to local needs.

It is important to recognize the great effort made by the Southeast-Asian partners to overcome these difficulties. The bureaucratic process of acquiring equipment was a complex task and the partners worked tirelessly to ensure that the necessary equipment was available for the execution of the SafeMa

courses. Despite the challenges faced, the partners were able to acquire the equipment by the end of the project period or establish equipment sharing agreements to ensure that the SafeMa students had access to the required equipment.

### **Challenges in getting accreditation for the SafeMa course**

Due to the severe delay in finalizing the plans for excellence, the significant challenges with getting institutional and national accreditation to implement the SafeMa course in the local context of Vietnam and Cambodia was realized at a too late stage in the project period. Some Asian partners expressed that the late accreditation resulted in difficulties in recruitment of students for the SafeMa course.

Southeast-Asian partners should be recognized for their effort in obtaining institutional and national accreditation to implement the SafeMa course in Vietnam and Cambodia. The process of obtaining accreditation proved to be complex and time-consuming, and they made great effort to navigate the local regulations and requirements to ensure the course met the necessary standards.

### ***Reflective questions:***

- What steps can you take to ensure optimal integration of a learning approach in a cultural context different from the one it was originally developed in?
- What measures could your project team take to anticipate the potential obstacles involved in translating the curriculum into local languages in your country?
- What are some of the main bureaucratic obstacles you would expect to face when trying to secure internships for your students, and what strategies would you use to overcome these challenges?
- what steps can you team take to implement effective strategies that ensure early initiation of institutional and national accreditation processes in the local context of your project?

## 2 Milestone: SafeMa Course Material and Hubs for Excellence

To achieve this milestone, the SafeMa course material was developed by a European partner with contribution of some teaching material in two of the eight modules from another European partner.

As previously stated, the course comprised of eight modules and MOOCs that could be taught as short courses and facilitated internship. Specific learning objectives were developed to respond to identified skills shortages and the local context of Cambodia and Vietnam. The challenges related to this can be seen in the previous chapters.

In the following the challenges related to staff training and setting up the SafeMa Hubs for Excellence will be presented.

### Challenges in staff training

To ensure quality in the execution of the Safema course, academic and administrative staff from Asian partner universities were to be trained for the optimal delivery of project objectives. The objectives of the workshops were:

- to present to a wide intra-University audience the SafeMa project objectives and activities, the SafeMa model for excellence and the specific SafeMa university strategy
- to present and receive academic feedback on the SafeMa curriculum and training and evaluation material.
- to present and receive feedback from academics, administrative staff, technicians, and students of the SafeMa MOOC.
- to create a sustainable network of individuals that will support the intra-university SafeMa activities,
- to explore possibilities for the development of a strong SafeMa extra-university network (with society and experts) and for fundraising in order to ensure project sustainability.

As per the project description, the training was to be facilitated by the people that attended the previously mentioned study visits in Greece and Denmark,

as well as European partners. As a significant number of the Asian participants at study visits were not proficient in English, and/or affiliated with the SafeMa project as lecturers or staff, this presented a challenge for the execution of the staff training.

Due to time-constraint and the travel restrictions imposed by the Covid-19 pandemic, it was not possible for European partners to participate in person. To overcome this challenge, recorded presentations of key subjects related to the SafeMa courses' approach to learning among others etc., was prepared and shared with Asian partners, although this did not follow a collaborative, peer learning strategy that encouraged active participation, reflection and ideas-sharing, as was intended. It is appropriate to recognize the resourcefulness of the Southeast-Asian partners in organizing and executing the staff training workshops despite the challenges posed by the language barrier and the absence of European partners due to the pandemic-related travel restrictions. The Asian partners demonstrated their commitment to the SafeMa project objectives by utilizing available resources to ensure that the training was delivered to the best of their abilities. Although the recorded presentations did not follow the intended peer-learning strategy, the Asian partners made the most of the situation.

Upon the completion of the training workshops, procedures for evaluation of the workshop's effectiveness were outlined in the project description. Due to the project coordination challenges with adherence to deadlines, the report that should form the basis for this evaluation and further customization of the SafeMa course material was not delivered until after the completion of the project period. The report shows Asian partners' relevant feedback on some of the course material that they find too difficult to teach and implement in the local context of Cambodia and Vietnam, such as ethics in midwifery, critical thinking, methods in health research and evidence-based medicine. As the knowledge was not available until after the end of the project period this limited the opportunity to customize the SafeMa course to fit the local setting of Cambodia and Vietnam.



### *Reflective questions:*

- How would you, as a project manager, go about building effective collaboration and teamwork among project partners who come from diverse backgrounds and cultures? What specific approaches would you employ to ensure that the team functions harmoniously and achieves its goals efficiently?
- As a project manager, what steps would you take to ensure prompt delivery of evaluation reports, especially in cases where the feedback is crucial for tailoring project materials to suit the local context? What specific measures would you implement to ensure that the process is efficient and effective in meeting project goals?

### **Challenges in setting up the SafeMa Hubs**

The SafeMa Hubs represent centers of teaching, research, and pedagogic resources in midwifery, supported by the SafeMa MOOC, developed by a European partner. As previously mentioned, Asian partners faced significant bureaucratic challenges when acquiring the equipment for the SafeMa Hubs.

The purpose of the SafeMa Hubs was to create a sustainable network of individuals that could support the intra-university SafeMa activities, as well as create a horizontal, interdisciplinary network of individuals engaged in them. The networks were challenged by lack of engagement both in the virtual forums, such as the SafeMa Forum as well as a reduced participation at info-days etc. The restrictions imposed by the Covid-19 pandemic greatly limited the opportunity to create in-person engagement and effort was made by Asian partners to increase participation via virtual gatherings. European partners contributed by participating and doing presentations in SafeMa related webinars at the initiative of the project coordinator.

By the end of the project period some Asian partners reported that these challenges could potentially affect the sustainability of the SafeMa course after the completion of the project period. See more on this in the chapters below regarding the Milestone 5 Dissemination and exploitation plan and the following chapters on Sustainability.

*Reflective question:*

- As a project manager, what strategies will you implement to address the issue of low participation in activities such as info-days and virtual forums? How will you ensure that these strategies are effective in increasing engagement among your target audience?

### **3 Milestone: SafeMa Evaluation Report on Course Delivery and Sustainability**

The SafeMa course delivery was strongly affected by the administrative delays in the beginning of the project, as well as the challenges presented by the Covid-19 pandemic. In the following the challenges faced due to this delay will be described, as well as the difficulties faced in engaging professionals and networking. See also chapter 8: Building strong synergies and fundraising.

#### **Delay in course delivery**

Initially the SafeMa course was to be delivered in two periods of four-months-long course delivery in each Asian partner university followed by two-month internships. The first cycle of delivery was planned to function as a pilot cycle to be assessed and updated before the delivery of the second cycle. Monitoring and evaluation results of the first 'pilot' round should improve the second round of course delivery. As previously described, the SafeMa course and internships were significantly shortened by the Asian partners and this significant reduction was not followed by the planned evaluation and update before the delivery of the second cycle of SafeMa course delivery. The milestone report "SafeMa evaluation report on course delivery and sustainability" was not finalized as planned before the second round of course delivery. By the end of the prolonged project period, the report has yet to be finalized and delivered. This significantly limited Asian partners' opportunity to customize the SafeMa course to the local context of Cambodia and Vietnam and to improve the quality of the course delivery.

All partners were limited in getting a clear perception on the progress of course delivery, as each Asian partner's timeline for course delivery was asynchronised. This might have contributed to the difficulties of delivering the milestone report. Probably, a larger number of project meetings and meetings in Quality Management Board would have contributed to a better sustainability and progression in the project. Covid-19 has impaired this to an extent as well. Furthermore, collecting advice from the expert advisory board could have been helpful.

### **Challenges in engaging professionals**

Due to severe delays in course delivery and a lack of clear perspective on the timeline for course delivery, partners were limited in the ability to time and plan activities that could engage stakeholders and professionals within the field of health research.

This also limited the development of a research cluster that was to promote interdisciplinary research and contribute to the SafeMa project results' exploitation and possibilities for future funding.

This also applies for the challenges in creating strong synergies and twinning opportunities at all levels for the sustainable midwifery evidence-based research, sharing and knowledge transfer and quality and effective practice, through the intended SafeMa Forum.

### **Reflective questions:**

- What actions could you take to address the obstacles that hinder effective engagement with fellow professionals and expand your network? What specific measures would you implement to overcome these challenges and create opportunities for networking?

## **4 Milestone The quality assurance and evaluation plan and Evaluation Report**

The quality control processes were challenged by late implementation of the quality procedures, a lack of coordination and limited follow-up, as well as low adherence to deadlines. The Covid-19 pandemic had a significant impact

on the quality assurance processes. With the implementation of social distancing measures and travel restrictions, it became more challenging to conduct face-to-face meetings, site visits etc., which were essential components of the quality assurance procedures. This made it difficult for the Quality Assurance Committee to carry out their responsibilities as outlined in the project description. Additionally, the pandemic disrupted the project timeline and caused delays in the implementation of various activities, including quality assurance processes. The lack of coordination and follow-up in the quality assurance processes made it challenging to ensure that project objectives were being met and that the SafeMa course was being delivered with the highest quality standards. Despite these challenges, the Southeast Asian partners demonstrated resourcefulness in adapting to the pandemic's constraints and were able to carry out quality assurance processes to the best of their abilities.

The consortium organized the quality control processes to ensure continuous quality control and evaluation through the “Project Evaluation Compendium” and “Quality Assurance Plan”. However, the plan was delayed. As per the project description the quality assurance compendium and plan should be shared with all partners so their input and interest could be accounted for, but this unfortunately did not happen, and caused some difficulty in following the plan.

A Quality Assurance Committee was established, and met once during the project period, combined with a Management Board Meeting during a period highly influenced by the Covid-19 pandemic. As per the project description the Quality Assurance Committee was to assist the Board by:

- a) approving the quality of the project's results before their publication and
- b) preparing the questionnaires used for the evaluation of each WP activities and collecting their results. In addition a Quality Control Process model will ensure monitoring of data, resources and milestones in each project phase so as to continually review and

implement corrective actions. It will also monitor partner activities regarding:

- Document control: management of printed and electronic documents through the use of the SafeMa project internal platform.
- Reporting: harmonisation with the reporting procedures of EACEA, gathering information from all the partners for reporting (both technical and financial).
- Deliverables: instructions about the form and the way of writing the deliverables, creation of a common deliverable template that will make deliverables homogenous and easy to read, review of deliverables by all partners through e-mails and/or the SafeMa internal website.
- Control of the timetable: the Coordinator will regularly inform via e-mail all partners for the project results that need to be delivered at least four months before the deadline.

The lack of utilization of the Quality Assurance Committee most likely contributed to the previously described lack of control of timetables, and thus lack of adherence to deadlines. This may have also contributed to some of the challenges previously mentioned in this report.

#### *Reflective questions:*

- As a member of a consortium, what steps would you recommend to adapt quality control procedures to address the difficulties presented by external factors such as the Covid-19 pandemic? What specific strategies would you implement to ensure that quality control is maintained despite these challenges?

## **5 Milestone: Dissemination and exploitation plan**

The project's implementation faced significant challenges due to the influence of the outbreak of the Covid-19 pandemic in the spring of 2020. Along with governmental restrictions for public health during the first wave of Covid-19, all universities met challenges due to restricted mobility and an

increased workload. This disorganised the management and the implementation of project activities. The second in-person project meeting, planned for April 2020, was cancelled due to the Covid-19 travel restrictions. To overcome this challenge the project meeting, and the meetings following this, were implemented virtually. This exacerbated the previously faced challenges with languages barriers, and efforts were made to increase the frequencies of bilateral meetings as they proved even more important.

Implementation was strongly affected by the administrative delays in the beginning of the project, language barriers and the lack of adherence to deadlines throughout the project period.

The Dissemination Plan, which was meant to provide guidance for the project's dissemination activities, was finalized more than 18 months past the initial project description's deadline. The delay in finalizing the Dissemination Plan greatly affected the Southeast-Asian partners' ability to disseminate the SafeMa project. Despite their great efforts, the partners did not have a clear and defined strategy until late in the project period. This made it difficult for them to effectively communicate the project's objectives and outcomes to their local communities, stakeholders, and potential beneficiaries. It also limited their capacity to create awareness and generate interest in the SafeMa course, leading to challenges in recruitment and implementation of the project activities.

The delayed finalization of the SafeMa Guide on Fundraising also impacted the ability of the Southeast Asian partners to secure funding and resources for the sustainability of the SafeMa course. Without a clear and defined guide, the partners were limited in their ability to target their efforts towards securing the necessary funding and resources for the long-term sustainability of the project. Despite this challenge, the Southeast Asian partners made great efforts to disseminate and promote the SafeMa project in their respective countries.

Despite the delay in finalizing the Dissemination Plan, the project coordinator made efforts to conduct alternative dissemination activities such as webinars

and virtual information days. However, the dissemination process was still hindered by language barriers and differences in academic traditions and approach, which necessitated a need for substantial proofreading and literature reference checks by European partners to ensure that the dissemination material adhered to international standards.

In hindsight, it would have been beneficial to redesign the delayed dissemination plan to better accommodate these challenges and ensure effective dissemination of project outcomes.

#### **Reflective questions:**

- As a project manager, what measures will you put in place to anticipate and prepare for unforeseen challenges like the Covid-19 pandemic, especially in relation to constraints on mobility and workload? How will you ensure that the project team is equipped to handle such challenges and remain productive in the face of adversity?

## **6 Milestone: Interim and Final reports**

The SafeMa project faced several changes in project coordination during the project period. This challenged the efforts to bridge the gap in communication and keeping track of processes. Consequently, cooperation was at times challenged.

#### **Challenge in keeping track of processes and adapting:**

Changes in project coordinator during the project period exacerbated the challenges caused by the initial 6-month delay of the project. European partners communicated about attempts to reduce the effect of this challenge, and some proposals for this were:

- Continuously update of the Gantt Chart to better reflect the actual progress of the SafeMa project, thus hopefully increasing partners' awareness of the need for cooperation and adherence to deadlines. Increase the frequency of virtual meetings with planning well in advance with a known, clearly defined, agenda involving all partners to increase the likelihood that all partners had the opportunity to attend

and to increase the commitment to the project and keep track of progress.

- The need for immediate sharing of minutes from virtual project meetings to bridge the language barrier and increase partners' commitment to agreements made during the meeting. Adherence to the deadlines for publication of scheduled Interim reports to better keep track of the progressions of the project.

Project coordination was severely challenged by language barriers and cultural barriers in academic tradition, especially culture regarding adherence to deadlines and academic approach. The project coordinator did commendable efforts to overcome this challenge by having bilateral meetings with especially the Asian partners, resulting in progress, although with severe delays.

#### *Reflective questions:*

- As a project coordinator, what strategies will you employ to effectively manage challenges that emerge from changes in personnel over the course of a project's lifecycle? How will you ensure that the team remains cohesive and productive despite the disruptions caused by personnel changes?
- As a project manager, how will you account for cultural differences in academic traditions and approaches in project management, particularly with respect to meeting deadlines? What specific steps will you take to ensure that the project team is able to navigate these differences effectively and achieve project goals within the given timeframe?

## **7 Creating supportive environments**

The Southeast Asian partners showed great dedication to creating supportive environments for the students and faculty involved in the SafeMa project. They provided services such as student counselling and assistance in finding suitable and affordable accommodation for students who lived in rural areas at a great distance from the SafeMa hub.



During bilateral meetings, the Southeast Asian partners were asked if they provided career counseling for the SafeMa students. The response was that there was no need for this service, even though it was included in the project description. Most students participated in the SafeMa course as part of their employment at local hospitals, and it was expected that they return to their place of employment and further their careers in this setting after completing the SafeMa course.

According to feedback received at the bilateral meetings, some Southeast-Asian partners expressed that the curriculum was challenging for the faculty. They reported that the faculty did not feel completely qualified to teach subjects related to health research, ethics, and evidence-based medicine, as these were not typically a part of the curriculum in their local context. Despite these challenges, the Southeast-Asian partners made efforts to support the faculty in overcoming these difficulties. However, it is not entirely clear how they did this. The efforts made by the Southeast-Asian partners in supporting the faculty in their teaching roles demonstrate their commitment to the success of the SafeMa project.

*Reflective questions:*

- What steps will you take to address the challenges faced by faculty when teaching subjects, they are not familiar with? How will you ensure that they receive adequate support and training to successfully teach in these areas?
- How will you create a supportive environment for both students and faculty? What specific actions will you take to foster a culture of inclusivity, respect, and collaboration that enables all members of the academic community to thrive?

## **8 Building of strong synergies at all levels and fundraising**

This content is authored by the SafeMa partner: NKUA and has been added to the report without any changes/adaptions.

The development, establishment and exploitation of strong synergies was one of the fundamental goals of the SafeMa project, even from the stage of its design. It is widely accepted that effective models of synergies in education are significant to face the major challenges of contemporary societies. Development, research, knowledge, and social change is inextricably linked with the cooperation of different stakeholders in the field of midwifery and mother-child health. More specifically, the synergies between higher education institutions, hospitals, health centres, research hubs, NGOs, etc. aimed to encourage spread of knowledge and midwifery techniques, encouraging a safer space for mothers and children. Therefore 'synergies' became a strong part of SafeMa project, since they perform as the key to sustain, explore, and enhance midwifery in the countries of Vietnam and Cambodia.

Throughout the implementation of our project, the aim of SafeMa synergies was to encourage a bottom-up initiative with another top-down approach aiming to connect a global, multidisciplinary research agenda fostering local initiatives to transform into research teaching practices.

#### Challenges and Barriers

During all the years of SafeMa project's lifespan, several challenges and barriers were identified that complicate and prevented the implementation of its tasks and activities. Throughout the preparation and establishment of synergies in partner countries (Cambodia and Vietnam) the identified obstacles were separated into four categories: language, cultural and systemic barriers, and force majeure. More specifically:

- Language Barriers: the communication and the transfer of knowledge between European and Asian partners had been underpinned by breakdowns in communication, and misunderstandings.
- Cultural Barriers: the development of synergies among variant stakeholders is a widely known approach in Western countries (such as European countries) but less known in Asian countries (such as Vietnam and Cambodia). Therefore, the transfer of cultural knowledge to Asian countries needed a greater effort than it was estimated during the design of the project,

especially for a field such as midwifery, which is not widely recognized in Cambodia and Vietnam.

- Systemic Barriers: here have been detected barriers associated with bureaucratic practices and procedures related with the operation of Asian Universities (i.e., Cambodian Universities should pay fees to hospitals in order to send students for their internships)

- Force Majeure: the establishment of synergies in both Asian countries have been strongly affected and disturbed by the outbreak of Covid-19 pandemic along with the governmental measures implemented by governments worldwide in response to the Coronavirus pandemic. The measures include social distancing, movement restrictions, public health, social and economic measures, as well as lockdowns, which restricted and hampered the establishment of synergies.

Measures to overcome

During the four years of SafeMa implementation several strategies have been undertaken to overcome the different levels and categories of challenges raised. More specifically regarding the language barriers. European partners used a variety of measures to bridge the gap, such as bilateral meetings with Asian partners, use of clear and slow tone, avoid idioms and acronyms, and frequently check for clarifications. At the same time European partners prepared multiple grids and templates in order to facilitate the work of Asian partners.

The cultural barriers needed a different approach and therefore an anthropological perspective was used based on observation, and multiple discussions with Partner HEIs. Partners exchanged experiences, examples and best practices to understand the approach that each country uses for the development of synergies. On the other hand, the consortium tried to minimize the gaps in systemic barriers through suggestions and propositions of alternative solutions (i.e., the utilization of University Hospitals in Cambodia).

Finally, the overcoming of force majeure developed by Covid-19 pandemic was the biggest and unexpected challenge not only for the sustainability and fundraising part, but also for the whole project's implementation. After the

first months of the pandemic's outbreak the consortium tried to surpass it through multiple virtual meetings as a whole or bilateral with each partner, while Asian partners implemented most of the dissemination events online or blended. However, the International Conference that was held at the end of the project face to face with the participation of all SafeMa partners was the biggest success of the project, with the participation of representatives from governmental organizations (Ministry of Health), academia (European and Asian Universities), civil society (Midwifery associations) and international organizations (World Bank, WHO, UNFPA, European Union Embassy to the Kingdom of Cambodia)

Midwifery and mother–child healthcare remain among the fundamental elements of 2030 Sustainable Development Goals implementation. While the broader social context of Vietnam and Cambodia along with deep-rooted disbeliefs and limitations affect the field of midwifery, education represents the pillar of sustainability. The establishment of global partnerships between academia, hospitals, international organizations, governmental institutions and civil society would encourage and sustain the developed model and transfer the knowledge, supporting also rural areas in Vietnam and Cambodia. Fragmented health care systems, such the ones in Vietnam and Cambodia can largely benefit from synergizing and may significantly be improved by collecting funds from different donors.