

Fondation Eagle

Report Form

Interim Report

Donor name: Fondation Eagle

Fondation Eagle reference: FF

Name of Charity: All Ears Cambodia /All Ears International

Note: All Ears International (AEI) is a small UK-based charity – a registered charity of England and Wales (Reg. No: 1142782) – and is serving as the overseer of this project. It promotes activities for the prevention, mitigation and treatment of ear disease and hearing loss with emphasis on developing countries. It partners with local NGOs providing ear health care and audiology services for disadvantaged groups unable to access them. All Ears Cambodia (AEC), a local charitable NGO based in Phnom Penh, is federated with AEI and is serving as the implementing partner for this project. AEC has been operational for over 20 years and has an MOU with the Cambodian Ministry of Health.

Introduction: Please explain type of project and reason for request.

This project concerns building capacity towards the prevention, mitigation and treatment of ear disease and deafness in high-at-risk Khmer children. It is a hearing healthcare project with focus on disadvantaged, disabled children, parents, families and caregivers, health education and professional training. The project is based in Phnom Penh. Dedicated free clinics are used to provide ear health care as well as audiology services within the primary setting. Clinics are available daily and cases are being derived from current partner organizations including ones working with disadvantaged children or from referrals from public hospitals and new partner NGOs particularly ones focusing on high-at-risk children. The monetary request from Fondation Eagle was for very specific items of essential medical equipment. This equipment is making a massive contribution to the success of the programme and, in time, to the quality of life, health and psychological well-being of seriously disadvantaged Cambodian children.

Date of grant accepted: 27.06.23

Amount: US\$ 5,623.00

Conversion rate, date & amount in local currency:

GBP 4,157.03 was received in the All Ears International account on 13.07.23. This figure calculates an exchange rate of US\$:£ = 0.73929 although in doing so assumes there being no bank transfer fees.

Name and exact location of the project:

Title: Project Little Ears

Location: All Ears Cambodia Phnom Penh Clinic Site 1, 109z St. 228, Khan Daun Penh, Phnom Penh 120207, Cambodia

Period of Project: 1 year

Although a one-year timeframe was set for the purposes of evaluation, it remains the intention to continue service provision for these children after the project is completed.

Project beneficiaries: How many, who they are, comparison with projected number on FF

The project beneficiaries are disadvantaged children and AEC staff members benefiting from vocational training and opportunities for career advancement through the inhouse continuing professional

development program. Some of the children met at clinical level have special needs and include ones living with conditions such as Down's syndrome, congenital rubella, post-meningitis sequelae, cerebral palsy, achondroplasia/other forms of skeletal dysplasia, attention-deficit/hyperactivity disorder, congenital hypothyroidism, dyspraxia, auditory neuropathy, autism spectrum disorder, foetal alcohol disorder and traumatic brain injury and children living with HIV. These children may be high-at-risk of communication difficulties through the effects of the primary disorder on hearing and speech development.

It was estimated that the clinical reach of targeted children over the full 1-year period would be around 2,500 children. The number of consultations at clinical level within the first 6-month period was 1,219. A total of 1,714 children were involved in the parallel ear and hearing health education program in the last 6-month period (Target (1 year): 540). All these children had their ears screened.

Details of the project: What was carried out and why, how it was carried out, how long it took, variances with the original proposal (the File Form), challenges, successes, impact ... with pictures showing before, during and completion of the project.

The project concerns the provision of specialist free health clinics which are being used for offering ear health care as well as audiology services within the primary setting. Clinics are available daily and cases are being derived from current partner organizations including ones working with disadvantaged children or from referrals from public hospitals and new partner NGOs particularly ones focusing on high-at-risk children. In the first 6-month period, the following outputs have been achieved:

Children's Clinics

1,219 consultations in 6 months (Target (1 year): 2,500)

Activities within daily clinics include: medical histories and examination; prevention, mitigation and treatment of diseases of the ear; audio-diagnostic tests (hearing tests); aural rehabilitation – fitting of hearing aids; and ear and hearing health education.

Primary Ear Health Care

879 children were treated for underlying outer and/or middle ear infective diseases or disorders in the 6-month period (~72% of cases) (Target (1 year): ~80% of caseload)

Conditions of the ear encountered in children's ear clinics in the 6-month period included: Dermatological conditions of the pinna, foreign body of the ear canal, excessive or impacted earwax, acute diffuse otitis externa, acute circumscribed otitis externa (furunculosis), sub-acute and chronic otitis externa, otomycosis, bullous and granular variants of myringitis, traumatic perforation, Eustachian tube dysfunction, glue ear (or otitis media with effusion), acute otitis media, active mucoid chronic otitis media, inactive retraction pockets and active squamous epithelial chronic otitis media. Most of the outer and middle ear conditions were managed within the primary ear care units although a small number were advised regarding onward referral for surgery.

Children's Ear Health Education

1,714 children were involved in the parallel ear and hearing health education program in the last 6-month period (Target (1 year): 540). All of these children had their ears screened.

Health education is a key feature of this project and this is achieved through regular children's show. The aim of each show is to provide a platform for informal, contagious learning (about sound and ear/hearing health) through an educational, fun and interactive performance for children. Preventative strategies through health education enables children (and adults) to become more aware of how their ears work, how to prevent problems, how to recognize initial signs of problems, and what to do if things go wrong. The show also teaches the importance of ear healthcare, safe listening and the protection and conservation of hearing.

Hearing Aids

71 children received hearing aids in the 6-month period (Target (1 year): ~5% of caseload); Outcome to measuring auditory/oral performance showed positive responses in 83% of users

Early intervention in children with cerebral, auto-immune and/or motor disabilities that are unable to hear normally is vital for development of speech and language, and these have huge influences on

cognition, learning and social and psychological wellbeing. Hearing aids to improve hearing can have a lasting, positive impact on the quality of life of children. And here, parents, families and caregivers play an essential role in supporting children, not least, in the stimulation of speech and language development.

Parent Groups

1 parent group created with 3 meetings held in the last 6 months (Target: ≥ 1 and 6 respectively (1 year)).

6 family education sessions in the 6-month period (Target: 12 in 1 year).

There were 16 families involved in the parent groups and meetings.

The parent group continues to play a special role especially for families of newly-diagnosed children. From full group support to simple one-to-one support, it helps with acceptance, adjustment, motivation and offers hope for the future. It helps engagement and improves parent-child interactions, encouraging responsive parenting to support the child's communication development. It also allows parents to share anecdotes and life stories. And on a practical level, it offers scope for learning more about taking care of hearing aids, tips for maintenance of ear moulds or advice about stimulating speech in their children. Even the sharing of a telephone number provides a helpline for a parent in need of advice should the meetings not be practical.

Overseas Volunteer Program

So far, there has been in-country and remote support from otolaryngologists from Belgium, Wales and Germany and audiology specialists from South Africa, England and Australia.

Staff Training

There has been continuing professional development training for AEC staff in the fields of paediatric diagnostics and aural rehabilitation, and advanced otology classes and live clinics with focus on management of chronic middle ear disease. To date, 16 clinical staff have received training.

Detailed budgets and actual expenditure summary and comparison: A table showing the budget, funds received in local currency, exchange rate, the expenditure and the differences (both in the local currency and the currency of the grant application) for all the items that were on the table you included under the heading "**Budget:**" on the File Form. Please also show the over/underspend of the whole project and explain why. For large items please also send copies of the invoices separately. Any underspend has to be returned to Fondation Eagle, unless authorized in writing by the board of the foundation.

As stipulated in the Contract of Acceptance, a detailed financial report including a breakdown of the expenditure, the exchange rate achieved and any resulting under/over spend will be provided in the final report.

Results: A table showing the situation pre-project and post project. Impact of the project.

Activities	Key Performance Indicator Actual: 6 months	Key Performance Indicator Target: 1 year	Outcomes/Impact
Children's clinics	1,219 consultations in 6 months	2,500 in 1 year	Clinical reach of targeted children is providing accessibility for families to specialist sensory healthcare who otherwise would have no opportunity of proper help.
Primary ear health care	879 children were treated for underlying outer and/or middle ear infective diseases or disorders in the 6-month period (~72% of cases)	~80% of caseload	Decrease in prevalence of ear disorders through prevention, mitigation and treatment of diseases at the community level (Note: There was mitigation and/or treatment of otological diseases and anomalies of

			the ear in 72% of the patient caseload.)
Children's ear health education	1,714 children were involved in the parallel ear and hearing health education program in the last 6-month period. All of these children had their ears screened.	540 in 1 year	Increased knowledge and awareness of ear and hearing health in children promoting a decrease in related problems and diseases.
Hearing aid fittings	71 children received hearing aids in the 6-month period	~5% of caseload in 1 year	Improved hearing in children with sensory and communication disabilities through comprehensive rehabilitation services. The knock-on effects are greater parity in education, psychological well-being and better quality of life for children with auditory disorders Subject benefit assessment by families/caregivers indicated outcomes to measuring auditory/oral performance of children using hearing aids showing positive responses in 83% of users (estimated at 85%).
Parent groups	1 parent group created with 3 meetings held in the last 6 months	≥1 parent group and 6 parent meetings respectively in 1 year	Parents, families and caregivers helped with acceptance, adjustment, motivation and hope for the future. Caregivers better engaged and with improved parent-child interactions to support each child's communication development.
Family health education	6 family education sessions in the 6-month period There were 16 families involved in the parent groups and meetings.	12 family education sessions in 1 year	Increased knowledge and awareness of ear and hearing health in children promoting a decrease in related problems and diseases.
Staff training	16 clinical staff have received training in the last 6-month period.	≥10 staff members in 1 year	Increased professional acumen of clinical staff and increased opportunities for career advancement through access to further vocational and technical training. The further knock-effect is increased quality and quantity of ear and hearing health service provision including screening and diagnostic testing for schoolchildren. And so, in turn, a decrease in prevalence of ear disorders through prevention, mitigation and treatment of diseases at the community level.

Follow up: what follow up measures have been taken to ensure the continuity of the project.

Project Little Ears is embracing the need for aural rehabilitation to be family-interactive and solution-focused. Family therapy services are helping with the psychological and emotional effects of hearing

loss in children through parental counseling for newly-diagnosed children. These services are better embracing listening and coping strategies for children with hearing aids by providing advice on practical solutions for families. The development of speech advisory and auditory verbal therapy services is helping to reinforce these therapy sessions. All parents of children indicated for hearing aids now receive parental counseling at the pre-fitting stage and beyond if indicated.

On the subject of those with infective ear diseases, inadequate provision of primary ear health care services not only exposes patients to the potentially life-threatening complications of ear disease but results in the common problems of chronic ear disease and disabling deafness. Some of the most effective and cost-effective interventions against ear and hearing disorders can be implemented at the primary level by trained primary ear and hearing care (PEHC) workers or primary health care (PHC) workers or their equivalent. One of the most effective interventions is health education which is a key aspect of this Fondation Eagle-funded program - creating increased awareness about ear and hearing health through a parallel health education program.

Preventative strategies through health education aim to enable children (and adults) to become more aware of how their ears work, how to prevent problems, how to recognize initial signs of problems, and what to do if things go wrong. Protection and conservation of hearing and support of the long-term aim of reducing the incidence of preventable ear disease and/or deafness is being achieved by:

- Disseminating ear health and hygiene information to target groups
- Improving recognition of hearing disorders by educational/NGO staff and caregivers
- Reducing complication rates from ear disease through early recognition and referral
- Improving target group recognition of: (i) the link between unsafe ear practices, ear disorders and deafness and (ii) the need to seek medical attention

The 2021 WHO World Hearing Report states that definitive action is required to ensure that ear and hearing care services are accessible as part of universal health coverage, delivered through national health systems and to deliver the relevant Sustainable Development Goals (SDGs): SDG3 (good health and well-being); SDG4 (quality education); SDG8 (decent work and economic growth); and SDG10 (equality). The AEC health education program continues to highlight the need for, and means of, promoting ear and hearing care to serve the SDG agenda and its relevance for everyone irrespective of age, gender or hearing status.

Conclusion: Did you achieve the objectives as stated on the File Form? If not, please explain. Please include any additional photos, thank you letters from the beneficiaries, local authorities etc.

Yes, at the half-way point, Project Little Ears can be said to be meeting its objectives and in some respects is exceeding initial estimations. The project is showing a significant reduction in avoidable and costly ill-health caused by ear disease and that it can be achieved with modest investments – demonstrating that wise investment in health is investment in the quality of life of families, the communities in which they live and the productive capacity of the economy. Moreover, hearing impairment can have marked effects on child development. Speech and language acquisition, cognitive development and educational progress may all be adversely affected – not least psychological well-being and quality of life. The socio-economic impact is that by providing specialist sensory and communication health services, there will be opportunities for greater parity in education and the integration of children living with such disorders into mainstream schools. And that there will be knock-on effects in adulthood by way of improved social, vocational and economic opportunities.

On a local level, the aim is that our clinics are regarded as community clinics, with services well used and respected, and that there is a sense of ownership by the local community – and with diverse populations served having an active voice in decision making. On a wider level, that an increasing number of ordinary Cambodians are no longer excluded from vital sensory and communication health services.

It is said that 'children are the world's most valuable resource and its best hope for the future'. It is also said that prevention is better (and less costly) than cure. And looking to the future, for children *are* the

future, one may envisage that those bright minds will have the mindfulness and awareness of better healthcare and that there might be a tangible decline in incidence of ear disease, as well as hearing impairment in Cambodia.

Signature and date:

Signed on 22nd January 2024



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A selection of images for Fondation Eagle...







