

Attachment 1: Project application

The project application may be submitted in **English** or **German**.



HOSPITAL
PARTNERSHIPS

Application ID	2110069
1 Institutions (Who?)	
1.1 Brief description of the organisation in Germany	
<i>Please provide a brief description of your organisation. This should include details of its purpose, structure and human resources [max. 1.000 characters].</i>	
<p>Lehnhardt Foundation (https://lehnhardt-stiftung.org) was founded jointly by Dr.Dr.h.c. Monika Lehnhardt and Prof.Dr.Dr.h.c.mult.Ernst Lehnhardt in 1994.The mission: facilitate early diagnosis and intervention for hearing impaired children;psychological and technical long-term follow-up for children with hearing aids/cochlear implants.So far support of>200 children (52 Kyrgyz) to get a CI.Focus was on CIS countries where the treatment was not funded by healthcare systems.Continuous sponsoring of Open Educational Resources accessible via Internet and Telepractice to optimize healthcare processes around hearing.The Board of Directors-leading experts offering training and counseling of specialists and parents on a voluntary basis.The team - professional freelancers from Germany,Russia,Ukraine,Georgia,Armenia and Kyrgyzstan.Partners in the project are KMG Güstrow and the CIC Rhein-Main.This project is aimed to shift from today's case-by-case CI to a sustainable program in Kyrgyzstan</p>	

1.2 Brief description of the partner organisation

*Please provide a brief description of the partner organisation. This should include details of its **purpose**, **structure** and **human resources**. Please include details here about how the **organisation links into the public health system** [max. 1.500 characters].*

The National Center of Maternity and Childhood Care (NCMCC) is subordinate to the Ministry of Health of the Republic of Kyrgyzstan and is located in Bishkek. The Center is the central tertiary institution providing medical services to the most severe cases for pregnant women and children. It conducts scientific and methodological work, participates in the development of state programs in the field of maternal and child health. The Center comprises 38 specialized inpatient departments and 600 beds, including its own maternity hospital with 100 beds. Total medical staff at NCMCC is 1400 persons. Along with other departments, the hospital has an ENT department, which carries out surgeries on children with ear, nose and throat pathologies. This department with 18 patient beds receives the most complicated ENT cases from across the country. Neonatal hearing screening is carried out at the obstetric department. Once hearing loss is identified, further tests and treatments are provided at the ENT department. CI surgeries, organized by the Lehnhardt Foundation and other donors, have been performed by surgeons and medical staff from abroad. Based on intensive training within the GIZ ID1906085 project local ENT doctors are gradually enabled to perform surgeries independently.

Recently two rooms with adequate equipment were made available for (re)habilitation and counseling of parents.

1.3 Brief description of the partnership

*Please give a short introduction to your partnership. Explain the **structure of the cooperation** by describing the **fields of action and responsibilities** of the involved groups. Furthermore, describe the established channels and ways of cooperative communication. If applicable, provide information about any projects you have already jointly implemented. [max. 1.500 characters]*

Cooperation since 2016 between NCMCC and Lehnhardt Foundation resulted in first funding for CI for Kyrgyz children 2018 joint seminar at NCMCC, offering presentations of renowned experts (some speaking online). Topic was the fundamentals for comprehensive CI program in Kyrgyzstan, e.g. neonatal hearing screening, early intervention etc. Since 8/2020, within the framework of projects "CI and rehabilitation" ID1906085 & "NHS and early intervention" ID2007039 intensive training locally, online and internship in Germany & Austria takes place. Training targeted at medical doctors, audiologists, therapists and parents. 12/2020 Prof. Just from KMG Güstrow performed 10 CI surgeries at NCMCC. Local ENT doctors attended and a series of presentations was given to local staff as well as consultations for parents. 2020-21 Dr. Al-Qahtani performed 26 operations at NCMCC, all funded by the Qatari government.

Big step forward is the elaboration of a protocol for NHS, which is intended to be implemented mandatorily.

Establishment of CI commission will ensure fair selection of candidates.

Cooperation with key decision-makers (GIZ Bishkek, Ministry of Health, Ministry of Education, UNICEF, Embassies of Germany & Qatar, Parents organization, IAHRs):

Round Table planned in 12/2021, where the progress in the two GIZ projects will be presented and a joint action plan will be developed.

Structure: cooperation agreement NCMCC & Lehnhardt Foundation

Communication: email, skype, Weblog, Live Online Video Conferencing & local

2 Project (What?)

2.1 Country context

Please describe how the project fits into the national/regional context of the partner country.

*Most countries have a **national/local health strategy**, which should be consulted when identifying needs. Please explain how your **project will contribute to the national objectives**. Many countries' health strategies are available on the World Health Organization's Country Planning Cycle Database.*

*Please specify the **local and international stakeholders** (ministries, NGOs and other donors) you are already cooperating with or would like to collaborate. Explain in which fields of action (health structures) these actors are working and how a network can contribute to your project. [max. 1,500 characters]*

1.Strategic sector development plan for healthcare in Kyrgyzstan: adopted 11/2018.Project is fully compliant with its priorities:prophylaxis-promotion of eHealth/Telecare-own capacities
2.Kyrgyzstan partner country for German int.cooperation(<https://www.giz.de/de/weltweit/356.html>).Strong GIZ/KfW footprint in Kyrgyzstan with regard to perinatal medicine evident in the specialist clinic (<https://www.giz.de/en/worldwide/14399.html>)Increased awareness of quality/management in healthcare
3.Strong WHO influence in Kyrgyzstan.In 2017 WHO instituted the "Healthcare as an Investment"program, mentioning feasibility of CI, awareness program for prevention of hearing loss and minimization of damage to hearing
4.NationDevelopmentProgram to 2026/"Development of measures for prevention of diseases from the moment of birth"
5.Supported by Lehnhardt Foundation, in 2018 Kyrgyz parents created association(180 members)
6.Joint work within ID1906085 and ID2007039 contributes on a national level:Development of a protocol for aud screening with Ministry of Health(MH). Working group of the MH on CI/Telemedicine.
7.Establishment of CI commission.Development of rehab services after CI. Until recently-only small private services.Project ID1906085 & Lehnhardt Found. facilitated set up of the Int.Association of Hearing Reha Specialists in Kyrg in 7/2021. German Embassy in Bishkek granted to IAHRs in 9/2021 to equip 2 rehab rooms at NCMCC.First intensive rehab course for 22 children successfully completed

2.2 The project's relevance (Why?)

*Please describe the **needs** associated with your proposed project and **how they were determined**. The two project partners – in Germany and the partner country – must define the needs **jointly**. [max. 2.000 characters]*

Worldwide deafness is the most common disability affecting newborns. Stat say 1 in 1000 is born hearing-impaired. With approx. 160.000 livebirths in Kyrgyzstan annually, 160 should be born deaf. CI is the only possibility for a deaf child to acquire hearing and speech. With adequate (re)hab chances for full inclusion in mainstream kindergarten, school, higher education and professional life are excellent. Cochlear devices are technically complex and much more expensive than hearing aids. To date no public funding, most families unable to carry the cost. Decision makers need to understand the cost:benefit ratio so that they will provide funding in the future. Supporting parents and experts in lobbying and creating awareness is our way to achieve this. Early intervention to be introduced in the first year of life. As a progress and success of the joint hard work and negotiations with the government following events happened already: Supported by As-Safa Foundation in Kuwait, new building for the ENT department of NCMCC will open in 9/2022. Main reason for the extension is growing awareness of comprehensive care incl. rehab. Within the GIZ CI and NHS projects and support of the Qatar and Lehnhardt Foundation, the first intensive rehab course for 22 children was implemented. The therapy model enables parents to effectively support development of their child at home (Self-determination theory). It is planned to carry out a comprehensive rehab session 7-14 days/once a year in NCMCC following the models of Germany/CIC Rhein-Main and Russia/Rehab Center in St. Petersburg. Active participation and monitoring by highly qualified international specialists is expected. Introducing of missing staffing for speech therapists and surdo therapists is being discussed. With NCMCC our projects are coming to a national level-trained specialists train others, basic documents are being developed, changes are to be introduced into state programs

2.3 Target group (Who will benefit?)

Please describe the project's **target group**. Give an outline **of who** the project's activities address (**direct target group**), how, for example, trained medical personnel benefit and who, in turn – such as patients treated – benefits from the results (**indirect target group**).

Please show, if it is possible within the project/ country context to take **gender equality** into account. Please describe what activities particularly support this. You may also describe here whether the project reaches **vulnerable groups**, such as people with disabilities, refugees and children, and, if so, how. [max. 1.000 characters]

The direct target group are hearing rehab therapists, teachers for the deaf, audiologists, ENT medical doctors as well as parents and teachers at mainstream schools

A CI recipient doesn't need special education but "more of the normal", a higher level of awareness and empathy. We aim at self-determination (relatedness, competence and autonomy). In this way inclusion into the mainstream can be achieved

Indirect target groups are congenitally deaf (approx. 160 p.a.) and deafened children and their family members

CI-focused online courses will be openly accessible

Another indirect target group are politicians and representatives of mass media

They need to be convinced that providing a child with a CI has a positive domino effect: on the one hand, it minimizes the risk of life-long dependency on state support; on the other, it enhances the person's employability and, consequently, their ability to pay taxes and sustain themselves – and this additionally to the perceived benefit of their social engagement

2.4 Project plan (What aims the project to achieve and how?)

Please illustrate in the following project plan the impact of your planned project.

In the **project objective**, you describe the impact of your activities at an institutional and / or social level.

Please write in the field „**indicator**“, how you recognize if you are on the right track to achieve your target. Depending on the project, you may choose either one or two indicators. Determine a **baseline value and target value** for each indicator and choose appropriate **measuring instruments** to document the project's progress (evidence). Name the **main activities** you intend to implement in your project. Clarify, which groups of persons carry out the planned activities.

Note on reporting: Based on the project plan, an interim report must be submitted annual and a final report must be submitted at the latest two months after the end of the project.

2.4 Project plan (What aims the project to achieve and how?)

Objective

The objective is to facilitate the inclusion of children with HA/CI from urban and rural areas into mainstream educational institutions by providing adequate intervention and long-term care through local experts and available facilities in Kyrgyzstan

Indicator 1

40 professionals, i.e. hearing rehabilitation therapists, teachers for the deaf, audiologists, ENT medical doctors are trained

Baseline value

0

Target value

16 internships (hospitationen) in Germany, Austria, Russia with certificate of completion

Evidence

syllabus, protocols, certificates, fotos, videos

Indicator 2

10 local professionals organize their own training events being mentored by medical/pedagogical staff in rural educational institutions

Baseline value

0

Target value

10 events p.a. with a minimum of 10 participants each

Evidence

programme of events agreed with mentors, certificates, fotos, videos

Main activities		Implemented until / by whom
1.	Purchase of missing equipment for audiological examination (free field and play audiometry) and useful toys for therapy sessions (e.g. singing bowls)	September - November 2022 DE/ KG project leader
2.	Intensive rehabilitation training - mainly Online - for the core group: speech therapists, music therapists, psychologists	August 2022 - July 2023 DE/KG project leader/ ENT Clinic Güstrow/CIC Rhein-Main/RU
3.	Intensive rehabilitation training - mainly Online - for surdo therapists/ teachers for the deaf and teachers in mainstream schools	September 2022 - May 2023 DE/KG project leader/ ENT Clinic Güstrow/CIC Rhein-Main/RU
4.	Training for ENT-doctors (selection criteria for CI indication)	August 2022 - May 2023 DE/KG project leader/ ENT Clinic Güstrow
5.	20 x LiveOnline Trainings (Tele-training) / lectures of 2hours each based on digital training material, online lectures for self-study, with translation into Russian / Kyrgyz	August 2022 - July 2023 DE/KG project leader/ ENT Clinic Güstrow/CIC Rhein-Main/RU
6.	Development of a standardized documentation package in Russian and Kyrgyz for an intensive rehabilitation course for children to measure progress over time Adaptation of the diagnostic program in Kyrgyz	August - October 2022 DE/KG project leader

2.5 Description of the project

*Please describe your **project plan in a continuous text**. Justify why and how your planned activities contribute to the project objective. [max. 1.000 characters]*

The main goal to facilitate the inclusion of as many children as possible with HA/CI from urban/rural areas into mainstream educational institutions is achieved by providing early diagnosis, intervention and long-term care through local well trained professionals

The focus of ID1906085 is training ENTdoctors to acquire surgical skills to perform CI and a profound audiological knowledge

The new project will focus on the decisive factor in the process of inclusion,i.e.rehab,offered locally for all ethnic groups. Intensive training to be provided to a broad range of professionals-mainly speech therapists,teachers for deaf,defectologists,music therapists,audiologists and ENTdoctors.We will offer online sessions,additionally local seminars and internships in Germany,Austria,Russia

The latter will make it feasible to pursue a train the trainer concept and result in increasing awareness on a political level

The project requires preparation of a syllabus in the local languages

2.6 Sustainability

*Please describe briefly how the project could be continued, i.e. funded, after this funding ends. Describe how the successes achieved **can be safeguarded in the long term**, both within and beyond the institution. [max. 1.500 characters]*

Development of local expertise in the sphere of treatment for children with hearing loss is expected to have long-term sustainable results. Information about enhanced educational and professional opportunities for deaf children will spread rapidly among parents and experts. Pressure on officials to provide funding will increase significantly over time. Since recently NCMCC has 2 rooms for rehab and by 09/22 planned to commission another 6 rooms for ENT, audiologists and teachers in a new building, where trained audiologists, ENT doctors and rehab teachers will conduct examinations and training sessions with children.

Development and approval of the concept for a rehab department for children with hearing impairments, adding specialized staff for rehab at NCMCC will allow all children to receive this support long-term (until 18 years).

Together with the Ministry of Health, documents are developed to regulate the activities of the rehab department of NCMCC.

Through active participation of the local parents organisation "Hear Together" and Association of Specialists "IAHRS" this project, together with its complement ID2007039, is changing fundamental awareness and knowledge about the opportunities for early intervention, CI and post-CI rehab.

Training and other activities are shaped in a way as to enable a sustainable dialogue between all the parties involved - key policy players, specialists, parents. We also intend to continue providing local seminars twice p.a., as we have during the past 5 years.

2.7 Possible risks and challenges

Please describe possible **risks and challenges** that could threaten implementation of the project. Explain how these risks can be **minimised**. [max. 1.000 characters]

The language barriers could be considered as a challenge. Some ethnic groups in Kyrgyzstan do not speak any second language. However, many employees of the partner clinic NCMCC are fluent in English, Russian and Kyrgyz, some also in German. Therefore, it should not be a barrier when studying in Friedberg, Güstrow, St. Pölten, Russia and in online meetings. An increasing number of members of the Lehnhardt Foundation speak Russian and can translate if needed. The Russian-speaking ENT doctor at the Güstrow Clinic significantly improves the quality of the partnership.

The opportunity to study in Russia significantly widens the group of candidates for internship.

The poor quality of broadband Internet in Kyrgyzstan (specifically in the rural areas) might pose a problem. Also the lack of appropriate equipment. This could limit the simultaneous presence Online.

However, we do not foresee that these problems could jeopardize the implementation of the project.

2.8 Contribution of the organisation applying for funding

Please describe the **non-monetary contributions** (hours of work, secondment, voluntary work) and **monetary contributions** in the form of the organisation's own funds or donations [max. 1.000 characters].

KMG Klinikum Güstrow and CIC Rhein-Main (Prof. T. Just and Y. Seebens are board members in the Lehnhardt Foundation) are providing knowledge and experience of their professionals for training Online as well as local training in Bishkek free of charge. Volunteers of the Lehnhardt Foundation and volunteer team members will make a personal contribution through parent's and expert's advice, online lectures and translation services, which means around 15 hours per week of documentation and preparation. The Lehnhardt Foundation will support a new program to create an international consortium to analyze modern Telepractice processes that are easily accessible and ready to use. Expenses for travel (about 2 x annually in conjunctions with implantations) of members of the Lehnhardt Foundation, fees for lecturers, for online rooms and fees for some local staff will be self-financed.

<h3>3 Follow-up funding</h3> <p>(Only to be filled out if you are applying for a follow-up funding)</p>	
3.1 Previous project ID	1906085
<h3>3.2 Impact of the previous project</h3> <p>Please present the results of your previous project. Show how the intended project objective has been achieved and refer to your submitted final report.</p> <p>Explain why the project should be continued in the frame of a follow-up funding. Demonstrate how your planned activities and the previous project are connected.</p> <p>Please report in this context about your work experience within the project. Describe which conclusions you draw from the previous project and what findings you can use for the planning and implementation of your follow-up project. [max. 1.000 characters]</p>	
<p>ID1906085 achieved:</p> <ul style="list-style-type: none"> -Online training and supervision of ENT doctors,audiologists and surdo therapists resulted in full-fledged diagnostics and customized rehab in NCMCC - Surgeries and local training in Bishkek for specialists and therapists. Online fittings of SP by ENT doctors of NCMCC (supported by foreign specialists) -2 ENTdoctors trained in Germany and Austria. More trainings in '22 in Germany -Equipment for audiological examinations and a drilling machine for CI operations donated to NCMCC -Online and offline counseling parents of hearing impaired children to empower them -Shifting the focus from medical/surgical to therapeutic/rehab planned as this is the decisive factor to achieve positive outcomes and include children into mainstream educational institutions.Based on these outcomes decision makers should be convinced over time to provide adequate funding for treatment of hearing impairmentThe enthusiasm of the local people encourages us to apply for this follow-up project 	