

## Attachment 1: Project application

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

<b>Application ID</b>	1906085
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### 1 Institutions (Who?)

#### 1.1 Brief description of the organisation in Germany

Please provide a brief **description of your organisation**. This should include details of its **purpose, structure and human resources** [max. 1.000 characters].

The 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 of the Foundation is to facilitate early diagnostics and long-term care of hearing impaired children; psychological and technical long-term follow-up care of deaf and profoundly hearing-impaired children using hearing aids and/or cochlear implants.

Until now we have supported more than 200 children, including >40 since 2016 in Kyrgyzstan to get a CI. We placed the most focus on Russian-speaking countries where the treatment was not funded by the national healthcare systems.

We are continuously sponsoring Open Educational Resources accessible via the Internet and drafting Telepractice Scenarios to optimize healthcare processes around hearing.

The Board of Directors is comprised of leading experts who volunteer their time and effort towards teaching and counseling of specialists and parents. Our team includes proficient and linguistically competent freelancers from Germany, Russia, Ukraine, Armenia and Kyrgyzstan.

This project is part of our activities to shift the situation in Kyrgyzstan from today's case-by-case implantations to a sustainable nationwide CI program.

For this project the ENT Clinics Frankfurt/Main and [KMG Klinikum Güstrow](#), Germany agreed to host the experts of the Kyrgyzs Partner Clinic and send surgeons for local Implantation and training.

## 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 (NZOMID) is subordinated to the Healthcare Ministry of Health of the Republic of Kyrgyzstan and, with its location in Bishkek, is the central institution providing medical services to pregnant women and pediatric patients. It comprises 37 departments and 580 wards, as well as one hundred birthing rooms. The NZOMID carries out surgeries on children with ear, nose and throat pathologies. One department with 25 patient beds receives the most complicated ENT cases from across the country. There is a neonatal hearing screening procedure instated at the obstetric department, enabling early recognition of hearing loss in children. Once hearing loss is identified, further tests and treatments are provided at the ENT department. CI surgeries, organized by the Lehnhardt Foundation, have been implemented by international surgeons and medical staff until now Supported by India and the "Aga Khan" Fund, in November 2015 a Telemedicine department was established in the Partner Organization. Weekly teleconsultations and teleconferences are organized with 11 medical institutions in the regions.

### 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]*

Ongoing cooperation of the NZOMID with the Lehnardt Foundation (since 2016) has resulted in the provision and funding of cochlear implants for Kyrgyzstan's children. Due to lacking local surgeons and infrastructure for CI treatment, a surgeon from Moscow has been invited for the operations.

Following the request of GIZ in Bishkek (Mrs. Cholpon Azambaeva) for a local clinic, we came upon the NZOMID, where 24 surgeries have been carried out until now. In November 2018 a joint seminar was held at NZOMID, offering presentations of renowned experts (some speaking online via a teleconferencing link). The subject matter of the seminar revolved around the foundations for a comprehensive CI program in Kyrgyzstan, especially its first phase: neonatal hearing screening and early intervention; as well as enhanced use of internet solutions in providing telepractice / eHealth.

The aforementioned processes laid groundwork for the decision to elaborate a comprehensive strategy on cochlear implantation in Kyrgyzstan.

Structure: Cooperation agreement NZOMID - Lehnardt Foundation /

Communication: continuous, via email, skype, Weblog, Live Online Videoconferencing and local meetings

## 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 in November 2018. Our project is fully compliant with its priorities: prophylaxis - promotion of eHealth/Telecare - own capacities.

There is currently no publicly supported - and, respectively, financed - program for the therapy of deafness.

2. Kyrgyzstan is a partner country for German international cooperation (<https://www.giz.de/de/weltweit/356.html>) The strong GIZ/KfW footprint in Kyrgyzstan with regard to perinatal medicine is evident in the specialist clinic with ca. 160 employees (<https://www.giz.de/en/worldwide/14399.html> - ). It has contributed to increased awareness of quality and a sharpened focus on management in healthcare.

3. Strong WHO influence in Kyrgyzstan. In 2017 the WHO instituted the "Healthcare as an Investment" program, mentioning the feasibility of cochlear implantation, as well as an awareness program for the prevention of hearing loss and minimization of damage to hearing (currently pledges support to our plan).

4. Impressively, in the course of our work we have got to know Kyrgyz parents, both mothers and fathers, a large number of whom are engaged, open, cooperative and eager to learn. With support of the Lehnhardt Foundation, these parents have joined forced to create and officially register a parent association numbering around 100 members today.

5. Example of a donation platform <http://diesel.elcat.kg/index.php?showforum=391> with effective calls for action and fundraising.

## 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]

### **The need:**

Worldwide deafness is the most common disability affecting newborns. Statistics points to an average ratio of 1 in 1000 babies being born severely hearing-impaired. With 145.000 to 161.000 live births in Kyrgyzstan annually, we make a calculated estimate of around 160 deaf children being born each year.

### **The relevance of cochlear implantation (CI):**

CI is the only feasible and potentially highly effective possibility for a deaf child to acquire hearing, speech and spoken language. With appropriate measures, the chances for a full inclusion in a mainstream kindergarten, school, higher education and professional life are excellent. Sufficient post-implantation rehabilitation is a very significant factor of success.

Due to the technology involved in the implant itself, cochlear devices are significantly more expensive than hearing aids. To date there is no public funding for CI, and most families are unable to carry the cost.

### **Contribution of public moneys**

The pertinence of the project relies on the certainty that the creation of possibilities for surgery and relevant infrastructure in the country will open the eyes of state decisionmakers, who will seize upon this opportunity to give a higher priority to the respective investment of public moneys. We are also providing support to parents and experts in lobbying and awareness creation.

### **Neonatal hearing screening (NHS) and Early Intervention**

Generally, deafness in a newborn can only be identified via neonatal hearing screening, which must be implemented nationwide. Early intervention measures must be introduced in the first year of life. From the fifth year of age the effectiveness of the CI is questionable due to the sensory deprivation of the brain.

See simultaneously submitted complementary project ID 1906121 - Neonatal hearing screening and early intervention

### 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 surgeons and audiologists at the National Centre of Maternity and Childhood Care (NZOMID).

The indirect target groups are congenitally deaf children (annually around 160) and their families; education professionals, since a CI recipient needs not special education but rather a higher level awareness and empathy; other involved specialists and parents in the country, since the CI-focused online course in development will be openly accessible. Another target group is the state actors, since providing a child with a CI has a positive domino effect: on the one hand, it minimizes risks of a 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.

### 2.4.1. Objectives / Indicators

#### Objective

The objective is the provision of service and long-term care to severely hearing-impaired children through local experts and available facilities in the Kyrgyzstan partner clinic 'National Centre of Maternity and Childhood Care' (NZOMID), Bishkek.

Indicator 1		Indicator 2	
To be performed by the clinic's staff: 10 implantations in 20/21, increasing until full self-sufficiency of 160 children annually (dependent on funding)		Equipment for audiological testing (4 devices) and online / videostreaming telepractice applications (2 devices)	
Baseline value	Target value	Baseline value	Target value
0	10 in 2020/21	1 screening device	7 (5 screening devices, 2 streaming devices)
Evidence		Evidence	
OP protocols		Transfer reports, application protocols	

2.4.2. Main activities		Implemented until / by whom
1.	2 ENT doctors, 2 engineers, 2 therapists - 3-week host training at the ENT Clinic	August 2020/ DE project leader and KG project leader ENT Clinics Güstrow / Frankfurt am Main
2.	1 ENT surgeon doing implantations and providing training in Bishkek, 5 days	September/Oct. 2020 Prof. Laszig
3.	Purchase of equipment for audiological testing (4 devices)	August 2020 / / DE/KG project leader
4.	20 x LiveOnline Trainings (Tele-training) / lectures of 2 hours each Digital training material, online lectures for self-study, translations	August20 - Mai 21 DE/KG project leader
5.	Purchase of videostreaming equipment for telesupervision, remote fitting and teletrainings (2 devices)	September 2020 / KG project leader
6.		



## 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 goal of the project is to institute early identification, provision for and long-term care of deaf children through local experts and necessary equipment in the partner clinic in Kyrgyzstan.

Worldwide deafness is the most common disability affecting newborns. The only way into the world of hearing is provision of hearing devices (cochlear implants), performed after an early diagnosis. This can only be effectively implemented by a multidisciplinary team (neonatologists, ENT doctors, audiologists and engineers, therapists). Selected professionals must receive training for their roles. Such training should be provided in the course of a three weeks stay at the [KMG Klinikum Güstrow](#) and/or in the HNO - University Clinic Frankfurt/Main (see Document "Information about involved German Clinics") The two surgeons, two engineers and two therapists will get training on audiological diagnostics, CI surgical intervention, technical and therapeutic follow-up care.

The local practical trainings will be combined with telepractice support, such as LiveOnline learning, remote training, remote coaching, online supervision etc. The supporting platform (to be launched before the Project start in 1st half of 2020) will serve as an Early Intervention Online Center as well and will provide for sustainable telepractice support for Kyrgyzstan and in other Russian speaking countries.



## 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]

The 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 opportunities for deaf children will spread rapidly among parents and experts. The Head of the Kyrgyz partner clinic is a public influencer with his own PR assistant. Our team also includes Nadyra Mamyrova from Bishkek, the founder and head of a dynamic association of parents. They have sent an appeal with 60 signatures to the Ministry of Healthcare.

This project, together with its complement ID 1906121 - will change fundamental awareness and knowledge about the opportunities and chances of early intervention and CI.

The trainings and internet rooms are shaped in such a way as to enable a sustainable dialogue between all the parties involved - specialists as well as parents. The use of Russian as the lingua franca enables potential communication links with other Russian-speaking countries.

We also intend to continue providing local seminars twice per annum, as we have during the past two 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]

One challenge could be the language barrier. However, we have made acquaintance with many employees of the Kyrgyzstan partner clinic who are fluent in English; therefore, this should be no barrier during the training in Frankfurt and Güstrow and live online meetings before. The fact of a russian speaking Surgeon working in the Clinic Güstrow will significantly improve the quality of partnering.

Another challenge could be constituted by the quality of the broadband Internet in Bishkek and the availability of appropriate equipment. This could limit simultaneous online presence. However, the Lehnhardt Academy team has acquired relevant experience in managing these challenges. We do not foresee that these challenges could endanger the realization 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].

The [KMG Klinikum Güstrow](#) will provide the expertise and experience of their professionals for trainings, as well as for the local training in Bishkek, free of charge.

Volunteers of the Lehnhardt Foundation and voluntarily involved team members will provide significant own contributions through counseling of parents and experts, online lectures and translation capacities.

The Lehnhardt Foundation will support a new program setting up an international consortium to analyze the state-of-the-art of Telepractice processes which are easy accessible and ready to be implemented

Fundraising work for implantations will continue (until now we have managed to fund >40 implantations in Kyrgyzstan with a funding volume of around 480.000.- €) See [report of the latest implantations in Bishkek](#).

Travel and all other expenditures of Lehnhardt Foundation volunteers and employees (around 2x annually, timed with implantations) will also be self-funded.

Anlage 1: Finanzplan

**Verwendung der beantragten Fördermittel**

Bitte schlüsseln Sie die Kosten des Projektes (Förderumfang) nach den wichtigsten Ausgabenposten auf.  
 Bitte geben Sie dabei die Gesamtsumme der beantragten Förderung und NICHT die des gesamten Projektes an. Je nach Bedarf, Zielen, Aktivitäten und den jeweiligen Umsetzungskapazitäten der Organisation ist eine maximale Förderung von 50.000 EUR möglich.  
 Hinweis: Im Rahmen der Förderung können keine Personalkosten finanziert werden. Einzige Ausnahme bilden in begrenztem Umfang Honorarkosten für externe Trainer.  
 Ebenfalls werden keine grundständigen Baumaßnahmen gefördert. Renovierungskosten und kleinere Reparaturkosten sind unter "Sachmittel" zu budgetieren.  
 Bitte beachten Sie, dass die Obergrenze für die Förderung von Sachkosten bei max. 30 % der beantragten Fördersumme liegt.  
 Verwaltungskosten können als Pauschale von bis zu 5% der übrigen Kosten abgerechnet werden

**Bewerbungs-ID**

1906085

Kostenart	Anzahl Personen (bis zu)	Anzahl Einheit (bis zu)	Einheit	Einzelpreis (bis zu)	Summe (bis zu)
<b>1. Reisekosten</b>					
Flüge von Bishkek nach Berlin <i>retour</i>	6	1	Hin- u. Rückflug	1.000,00 €	6.000,00 €
Freiburg nach Bishkek <i>retour</i>	1	1	Hin- u. Rückflug	1.000,00 €	1.000,00 €
weitere Flüge			Hin- u. Rückflug		- €
Übernachtungen in Deutschland	6	20	Übernachtung	100,00 €	12.000,00 €
Übernachtungen im Partnerland	1	5	Übernachtung	91,00 €	455,00 €
Verpflegung* in Deutschland	6	20	Tagessatz	24,00 €	2.880,00 €
Verpflegung* im Partnerland	1	5	Tagessatz	24,00 €	120,00 €
Teilnahme ausl. Partner an Fachtagungen			Tagungsgebühr		- €
Sonstige Reisekosten (z. B. Visa, Versicherung,	7		Versich., Diverse	280,00 €	1.960,00 €
					- €
<b>Summe Reisekosten</b>					<b>24.415,00 €</b>
<b>2. Trainingskosten</b>					
					<b>Summe (bis zu)</b>
Raummiete					800,00 €
Trainingsmaterial					
Verpflegung während Trainings					
Honorar externer Trainer					4.800,00 €
Übersetzung Trainingsmaterial					4.000,00 €
Sonstiges (bitte spezifizieren)					
<b>Summe Trainingskosten</b>					<b>9.600,00 €</b>
<b>3. Sachmittel</b> (bis max. 30 % der Antragssumme)					
		<b>Anzahl Einheit</b>	<b>Einheit</b>	<b>Einzelpreis</b>	<b>Summe</b>
Medizinische Geräte für audilogische Diagnose		4	Gerät	2.800,00 €	11.200,00 €
weitere Geräte für Video streaming-Tele Supervision		2	Gerät	1.250,00 €	2.500,00 €
weitere Geräte			Gerät		- €
Verbrauchsmaterial (bitte spezifizieren)			bitte benennen		- €
Medikamente (bitte spezifizieren)			bitte benennen		- €
Sonstiges (bitte in separaten Zeilen spezifizieren)			bitte benennen		- €
					- €
					- €
					- €
<b>Summe Sachmittel</b>					<b>13.700,00 €</b>
<b>4. Verwaltungskosten</b> (bis max. 5 % der Budgetpositionen 1 - 3)					
					<b>Summe</b>
					1.500,00 €
<b>Summe Verwaltungskosten</b>					<b>1.500,00 €</b>
<b>Summe beantragter Fördermittel</b> (bis max. 50.000 EUR)					<b>49.215,00 €</b>

\*Verpflegungspauschalen werden nach den aktuell gültigen Reisekostenrichtlinien des BMF abgerechnet  
 Budgetpositionen sind gegen Nachweis abzurechnen (siehe Vertrag, außer Verwaltungsgemeinkosten)