

# Fondation Eagle

## Report Form

### Final Report

**Donor name:** Fondation Eagle

**Fondation Eagle reference:** FF 666

**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) – served 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 served 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 concerned building capacity towards the prevention, mitigation and treatment of ear disease and deafness in high-at-risk Khmer children. It was a hearing healthcare project with focus on disadvantaged, disabled children, parents, families and caregivers, health education and professional training. The project was based in Phnom Penh. Dedicated free clinics were used to provide ear health care as well as audiology services within the primary setting. Clinics were available daily and cases were 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 made an enormous contribution to the success of the programme and 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:**

£4,157.03 was received in the All Ears International account on 13.07.23. This figure indicates a US\$:£ exchange rate of 1:0.73929 although in doing so assumes there were 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 were 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 had special needs and included 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 actual number of consultations at clinical level within the project timeframe was 2,472. A staggering total of 7,527 children were involved in the parallel ear and hearing health education program across the 1-year 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 focused on the provision of specialist free health clinics which were used for offering ear health care as well as audiology services within the primary setting. Clinics were available week-daily and cases were 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 full 1-year project period, the following outputs were achieved:

#### Children's Clinics

[2,472 consultations in 1 year \(Target \(1 year\): 2,500\)](#)

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

#### Hearing Aids

[132 children \(5.3%\) received hearing aids in the 1-year project period \(Target \(1 year\): ~5% of caseload\); Outcome to measuring auditory/oral performance showed positive responses in 82% of users](#)  
Rehabilitation involved restoring hearing by wearing hearing aids. Evidence-based fitting guidelines and protocols were used to support accurate and safe hearing aid fittings. The process involved assessment, candidacy and family support and selection of aids and ear moulds. Outcome was measured for each child using speech mapping to ensure speech audibility was maximized, noise minimized and recommended maximum output not exceeded.

#### Children's Ear Health Education

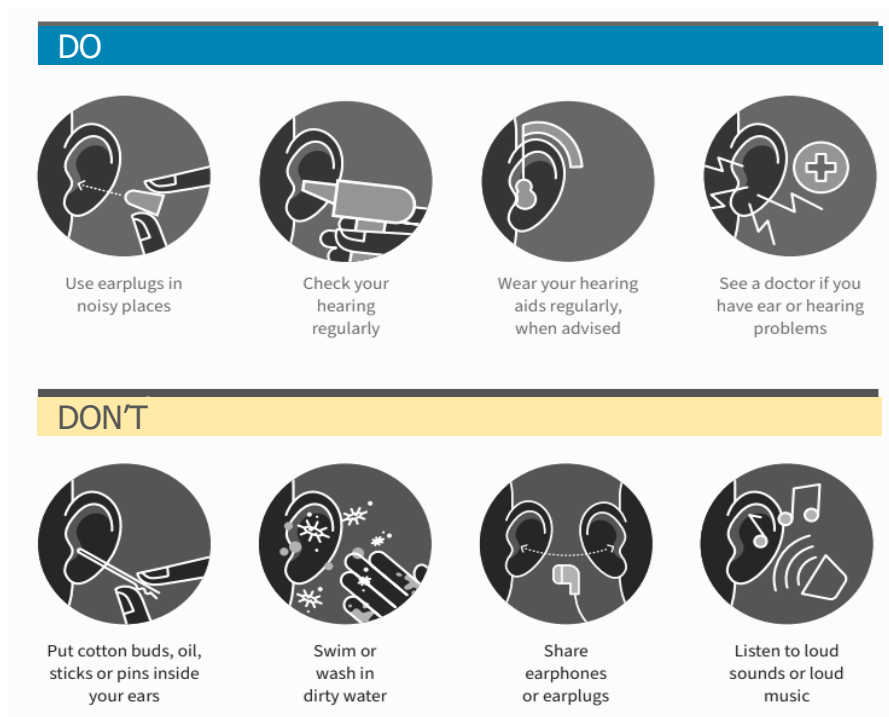
[7,527 children were involved in the parallel ear and hearing health education program across the 1-year project timeframe \(Target \(1 year\): 540\). All of these children had their ears screened.](#)

Thousands of children continued to be provided with ear and hearing health education at local schools, in villages and at NGO partner sites. The final figure exceeded the original estimate massively. The public health education remained a key component of Project Little Ears across the project period. The aim of the ear and hearing health shows was to provide a platform for informal, contagious learning (about sound and ear and hearing health) through educational, fun and interactive performances for children. Disease prevention strategies through health education enabled 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 shows taught the importance of ear healthcare, safe listening and the protection and conservation of hearing.

It should be noted that many cases of hearing loss can be prevented. Health workers and doctors have a responsibility to raise awareness and educate communities about the prevalence of hearing loss. They can encourage community members to take the following steps for prevention:

- Ensure that they are vaccinated against rubella, measles, mumps, and meningitis.
- Ensure that mothers and babies receive good care before, during and after the birth.
- Protect their ears from loud sounds at work and in the environment.
- Practice safe listening to protect the ears when listening to loud music.

- Know that some medicines can affect hearing. People should ask their doctor if the medicines they are prescribed can affect their hearing and, if so, how this can be avoided.
- Take good care of their ears by practicing the 'Dos' and 'Don'ts' outlined below:



#### Parent Groups and Family Health Education

1 parent group created with 6 meetings held in 1 year (Target:  $\geq 1$  and 6 respectively (1 year)).

11 family education sessions in the 1-year timeframe (Target: 12 in 1 year).

There were 35 families involved in the parent groups and meetings.

Parent and family support groups bring together people who are going through or have gone through similar experiences. A support group provides an opportunity for people to share personal experiences and feelings, coping strategies, or first-hand information about diseases or treatments. For many people, a health-related support group may fill a gap between medical treatment and the need for emotional support. A person's relationship with a doctor or another health professional may not provide adequate emotional support, and a person's family and friends may not understand the impact of a disease or treatment. A support group among people with shared experiences may function as a bridge between medical and emotional needs.

In the Project Little Ears' support group, it was found that the common experience among members of the group often meant they had similar feelings, worries and everyday problems. Participating in the group provided them with an opportunity to be with people who had a common purpose and more likely to understand one another. Anecdotal benefits of participating in the support group included:

- Feeling less lonely, isolated or judged
- Reducing distress, depression, anxiety or fatigue
- Talking openly and honestly about feelings
- Improving skills to cope with challenges
- Staying motivated to cope and adhere to treatment plans
- Gaining a sense of empowerment, control or hope
- Improving understanding of a given disease or condition
- Getting practical feedback about treatment options
- Learning about health, education or social resources

#### Primary Ear Health Care

A total of 1,778 children were treated for underlying outer and/or middle ear infective diseases or disorders in the 1-year project timeframe (~71% of cases) (Target (1 year): ~80% of caseload)

A number of pathological conditions of the ear were met in the primary ear care clinics across the full project timeframe. Broadly, these can largely be divided into two groups: outer and middle ear diseases. Examples of conditions within each group are shown below:

#### Outer ear pathology

Physical trauma to the pinna, acquired dermatological conditions of the pinna, excessive or impacted cerumen, foreign body of the ear canal, acute diffuse otitis externa, acute circumscribed otitis externa (furunculosis), otomycosis, sub-acute and chronic otitis externa, and bullous and granular variants of myringitis

#### Middle ear pathology

Acute and sub-acute otitis media, traumatic perforation, Eustachian tube dysfunction, otitis media with effusion (or glue ear), inactive and active forms of mucoid chronic otitis media, inactive squamous epithelial chronic otitis (retraction pocket) and active squamous epithelial chronic otitis media (middle ear cholesteatoma)

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. Surgery cases were either myringotomy and ventilation tube insertion (for glue ear), tympanoplasty (reconstruction of the eardrum) or mastoidectomy (for treatment of life-threatening middle ear cholesteatoma)



Figs. 1, 2 and 3: Inactive mucosal chronic otitis media; foreign body; traumatic perforation



Figs. 4, 5 and 6: Aural polyp; bullous myringitis; and middle ear atelectasis

#### Staff Training and the Overseas Volunteer Program

The Continuing Professional Development (CPD) program was run in union with the AEC overseas volunteers' program. Experts from Belgium, South Africa, United Kingdom, Germany, Australia, the USA and Switzerland helped Project Little Ears. Staff tuition may be in the form of classroom-based theory, practical workshops, remote seminars, self-study or within live clinics. It included a range of themes of otology and audiology across the project period. A total of 16 AEC staff members received training in the 1-year timeframe.

**Budget 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.

Item	Description of Goods	Budget /US\$	Actual Cost / US\$
1.1	Rigid oto-endoscope – 2.7/3.0 mm – 60 mm length - Chammed (or equivalent) for use with XVS5 (Qty: 1)	822	800.00
1.2	Primary ear care instrument set – including cupped and alligator forceps, suction needles, angled suction tubes, micro-ear scissors, St Bart’s wax hooks, Jobson Horne probes and 90-degree ear picks (or equivalent) (Qty: 1 set)*	942	1,003.93
1.3	Children’s hearing aid fitting room refurbishment (with sound proofing for aided threshold testing) (Qty: 1)	1,380	1,384.57
1.4	Hearing aid programming system with real ear measurement and speech mapping capability (Qty: 1)	659	715.00
1.5	Paediatric patient database system with printer (Qty: 1)	870	830.50
1.6	Ear health education audio-visuals and teaching materials for children’s traveling show (Qty: 1)	950	964.80
Total (US\$):		5,623	5,727.80

Note: Exchange rate for \* items set at £1: \$1.226371599

Note: a more detailed tabulation of financial expenditure has also been enclosed with this final report

**Project Overspend = US\$104.80**

All Ears Cambodia met all overspends on materials and equipment items.

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

Activities	Key Performance Indicator Actual: 1 year	Key Performance Indicator Target: 1 year	Outcomes/Impact
Children’s clinics	2,472 consultations in 1 year	2,500 in 1 year	Project Little Ears provided a clinical reach of targeted children offering accessibility for families to specialist sensory healthcare who otherwise would have had no opportunity of proper help.
Primary ear health care	1,778 children were treated for underlying outer and/or middle ear infective diseases or disorders in the 1-year period (~71.9% of cases)	~80% of caseload	Mitigation or treatment of otological diseases and disorders of the ear in over 71% of the patient caseload, there has countered prevalence level of ear disorders through primary health care services administered at the community level.
Children’s ear health education	7,527 children were involved in the parallel ear and hearing health education program in the 1-year period. All of these children had their ears screened.	540 in 1 year	Increased knowledge and awareness of ear and hearing health in children has promoted a decrease in related problems and diseases.



Hearing aid fittings	132 children received hearing aids in the 1-year period	~5% of caseload in 1 year	Subject benefit assessment by parents / families / caregivers indicated outcomes to measuring auditory/oral performance of children using hearing aids and demonstrated positive responses in 82% of users (original estimated at 85%). The project has resulted in improved hearing in children with sensory and communication disabilities through the rehabilitation services of Project Little Ears. The knock-on effects are greater parity in education, psychological well-being and better quality of life for children with auditory disorders
Parent groups	1 parent group created with 6 meetings held across 1 year	≥1 parent group and 6 parent meetings respectively in 1 year	Support groups provided healthy parenting skills, an increased sense of empowerment and feeling of belonging. Group sessions have improved parent-child interactions and encouraged responsive parenting to support their child's communication development. They have played a unique, valuable role especially for families of newly-diagnosed children.
Family health education	11 family education sessions in the 1-year timeframe There were 35 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, parents and families promoted a decrease in related problems and diseases.
Staff training	16 clinical staff received training in the project period	≥10 staff members in 1 year	Increased professional acumen of clinical staff and increased opportunities for career advancement through access to further vocational training. Overall, this has helped increase 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.

The support of Fondation Eagle provided considerable scope for the development of paediatric services including advanced aural rehabilitation. AEC knows, however, that projects need to endure over the long term - to be resilient and able to adapt creatively to changing conditions. AEC has a sound track record and has demonstrated its strategies for sustainable development. These strategies include our focus on local capacity-building and developing broad-based relationships that foster collaboration – we involve stakeholders, nurture community involvement and have a strong core of supporters. We don't work in isolation. We work in cooperation with over 80 local/international NGOs and 2 leading public hospitals. We've become increasingly visible within the community and in the network of service providers. We provide accountability and we scale-up appropriately. And we're flexible - modifying projects based on evaluation and feedback (which means effective communication (internal and external) at all levels) and sharing resources, expertise and successes.

And the backbone of it all is the team. The team members at AEC keep everything running smoothly. Their collective skills and knowledge play a vital role in achieving AEC's goals, which is why investing in their career growth and development is so important. Continuing Professional Development (or CPD) at AEC is the ongoing process of learning, training, and development for staff members. It helps our clinicians and non-clinical staff members keep their knowledge, skills, and abilities up-to-date with the ever-changing industry trends, technologies and best practices.

It is our intention to secure multiple volunteer placements in the coming months. Assistance from overseas specialists has been vital for our development and helps AEC to: (a) Develop professional acumen of clinical staff; (b) Build local capacity through training/skills transfer to improve current service provision; (c) Develop a sustainable service delivery model that can be replicated and scaled up; and (d) Further the global network in the specialist fields of otology/audiology. Key to achieving this is continued networking within the relevant professional fields and creating increased awareness of the work of AEC and the overseas volunteer program that exists for health professionals. We will continue to advertise opportunities for volunteerism and welcome volunteer professionals to come and join us so that we might benefit from their expertise. This can be done, for example, through guest presentations, short courses, teaching within live clinics, workshops, etc.

**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.

Undiagnosed or late-diagnosed hearing loss in young children can have substantial negative consequences: not only in terms of its impact on a child’s language and communication development, but also on social and emotional development and mental health, family relationships, educational opportunity and achievement and later economic contribution to society. Many high-income countries have implemented early hearing detection and intervention. There is now compelling evidence from established programmes that when hearing screening in early life is followed up by appropriate assessment, management and support for both child and family, the developmental outcomes for a child with hearing impairment can be radically improved. Unfortunately, around 90% of the world’s hearing-impaired children live in countries where limited resources are likely to present a significant challenge to the implementation of newborn hearing screening. There is no universal screening program for babies in Cambodia and school-age hearing loss is given little attention. Hearing screening and early intervention are key to curbing infective disease and successful auditory rehabilitation. Hearing loss, particularly in babies, is invisible leading to delayed identification. And chronic middle ear disease in Cambodia is a major public health problem requiring urgent action. Systematic screening can ensure early identification and facilitate timely intervention with the treatment of ear infections in school children and fitting hearing aids on babies with hearing loss.

Project Little Ears has, in a short space of time, made a measured drive to fight ear disease and to prevent, mitigate and treat hearing loss in disadvantaged children in Cambodia. This Fondation Eagle-funded project has actively engaged with local communities to curb the impact of unaddressed hearing loss. It has helped develop and improve family-orientated communication therapy services for children with hearing loss and develop professional acumen of AEC staff through its continuing professional development program. Indeed, the project has shown that significant reduction in avoidable and costly ill-health can be achieved with modest investments. And 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. And for such investment, AEC would like to take this opportunity to express its utmost appreciation to Fondation Eagle and its own dedicated team, who have been supremely professional throughout, and for the unflinching support they have given. A huge thank you!

Signed on 21<sup>st</sup> August 2024



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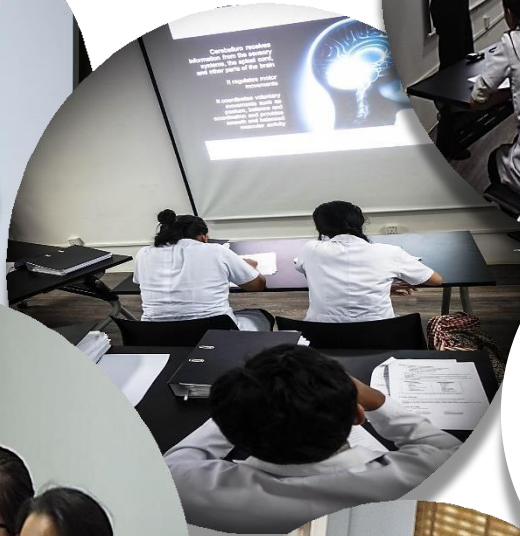
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all ears cambodia

# images

from  
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staff  
training





primary  
ear care



screening  
and  
diagnostics







public  
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aural  
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