

---

# UK AID DIRECT

---

Community Partnership Application BGS6-UVUR-7A

**DeafKidz International**  
Signing Safe Futures Pakistan!

---

Concept Note

# Introduction

## 1.1 What title have you given your proposed project?

Signing Safe Futures Pakistan!

## 1.2 Please describe your proposed project.

Signing Safe Futures Pakistan! will work to challenge the discrimination experienced by D/deaf children and young people by developing and testing an integrated screening programme and associated pathway of care, which will ensure the early detection of Deafness at primary care level and facilitate onward referral to secondary & tertiary safeguarding, communication, hearing care and parenting support. All of which will ensure that the child concerned is able to maximise their residual hearing and life-chances, thereby reducing their susceptibility to abuse and discrimination, whilst establishing robust, sustainable, pathways and clinical skillsets for ear & hearing care.

## 1.3 What is the proposed duration of your project (in months)?

24

## 1.4 Do you hold any other funding from DFID?

No

## 1.5 Have you ever held any funding from DFID?

## 1.6 Please provide details of a secondary contact for this application.

### First Name

Jaz

### Second Name

Mann

### Email

jaz.mann@deafkidzinternational.org

### Phone Number

07740 346129

### Skype ID

## Organisational details

### 2.1 Please enter the details of your organisation.

#### **DeafKidz International**

Grant Holder - GB-CHC-1151219

Registered Address: Chestnut Field House, Chestnut Field Way, Rugby, Warwickshire, CV21 2PD, United Kingdom (Great Britain)

Postal Address: (As above)

#### **Abraaj Group**

Implementing Partner

Registered Address: 16 Abdullah Haroon Road, Lahore, Punjab, Pakistan

Postal Address: (As above)

#### **Bashir Trust**

Implementing Partner - PK-VSWA-123

Registered Address: Cleft Hospital, GT Road, Julyani, Gujrat, Punjab, Pakistan

Postal Address: (As above)

#### **ENT Dept. King Edward Medical University**

Implementing Partner - PK-PCP-123

Registered Address: Nelagumbad, Anarkali, Lahore, Punjab, 54000, Pakistan

Postal Address: (As above)

### 2.2 Which regions do you work in?

- Europe
- Latin America and the Carribean
- South Asia
- Sub-Saharan Africa
- West Asia

### 2.3 Which countries do you work in?

#### **Europe**

- Greece

## Latin America and the Caribbean

- Jamaica

## South Asia

- Pakistan

## Sub-Saharan Africa

- South Africa
- Zimbabwe

## West Asia

- Iraq
- Occupied Palestinian Territories

### 2.4 Are you applying on behalf of a consortium?

No

#### 2.4.1 What are the names of the other organisations in your consortium?

### 2.5 Whether in a consortium or not please provide a list of your proposed implementation partners.

Ayesha Bashir Trust - Gujrat Audiology Department - King Edward Medical University - Lahore

### 2.6 Which Global Goal is your primary focus?

10. Reduced inequalities

### 2.7 Which Global Goal is your secondary focus?

1. No poverty

### 2.8 Please provide details of the primary contact for this application.

#### First Name

Steve

#### Second Name

Crump

**Email**

steve.crump@deafkidzinternational.org

**Phone Number**

07921 709307

**Skype ID**

## Proposed project

### 3.1 Please tick all the DFID strategic objectives that your project addresses

- Tackling extreme poverty and helping the world's most vulnerable

### 3.2 What district or region(s) will your project be implemented in within the country or countries?

The intervention will take place in the Kot Bela and Chaechian Union Council areas of the Gujrat District in Punjab Province, Pakistan. The EHDI screening will take place in BHCs with reporting to respective RHCs and the District Office. In-depth assessments and Care Plans will be determined by clinicians at the tertiary ABT hospital in Gujrat City. Complicated ENT cases will be managed at the ABT hospital and at KEMU in Lahore.

### 3.3 What challenge have you identified that you want to address through the proposed project?

### 3.4 What is the evidence that this project is needed at this time, in this location?

### 3.5 How will the proposed project address this challenge?

### 3.6 Please provide any acronyms you have used in this concept note.

DKI DeafKidz International D/deaf Deaf, hard of hearing, deafened and DeafBlind EHDI Early Hearing Detection Intervention ABT Ayesha Bashir Trust KEMU King Edward Medical University CYP Children & Young People HRH Human Resources for Health LHW Lady Health Workers BHU Basic Health Unit RHC Rural Health Centre

### 3.7 Please detail a recent example that demonstrates your organisation's track record and/or contributing to bringing about a similar type of change in the past five years.

Funded by Comic Relief, DKI worked in partnership with the Jamaica Association for the Deaf, the Office of the Children's Advocate and the Jamaican Criminal Justice System to develop and deliver an integrated safeguarding programme aimed at empowering parents to engage and communicate with their D/deaf child. This saw specific and dedicated work on rights, safeguarding and protection which sought to mitigate the high levels of abuse being experienced by D/deaf CYP in Jamaica. Significant change was effected; negative attitudes to disability and D/deafness were addressed, parents learnt they could communicate with their children, that language can be acquired and that D/deaf CYP can, both, achieve and succeed.

3.8 **Which of the following UK Aid Direct approaches will your proposed project contribute to?**

- Develop and use partnerships to promote greater accountability
- Show positive behaviour change in targeted groups as a result of the interventions

3.9 **What sector does your project fit in?**

## Gender and Social Inclusion

### 4.1 **Please demonstrate how you are identifying and including the most vulnerable and marginalised groups of beneficiaries.**

The project is clearly aimed at responding to the needs of highly vulnerable, marginalised and hard to reach group. D/deaf newborns, infants and children. In addition, those further marginalised by their disability and gender, D/deaf girls and young women. Our extensive consultation and preparatory work has seen us identify and map the D/deaf community in Gujrat District. These are the people we know and this includes D/deaf CYP present at the Government School for Disabled children in Gurjat city. A population of approximately 500. However, the challenge is identifying those we don't know and this forms the rationale for this project. A population of some 15% in rural areas, experiencing a level of D/deafness which has not been assessed and whose safeguarding, ear & hearing care needs are not being met. This project, in association with the work being undertaken at CEMB, will, for the first time ever, identify and empirically record the incidence of D/deafness in Pakistan. The data accrued across all sites will afford a national baseline like never before. In addition, both KEMU and CEMB will record data on levels of D/deafness that occur as a result of consanguinity. In effect, a national study will result. Through this means we will identify the D/deaf population and thereby be positioned to respond to their needs. This project places great store on being truly inclusive and so all participant HRHs will receive D/deaf and Disability awareness training and regular refresher sessions from the project Parenting / Sign Language lead. This will be a D/deaf person who through their presence, working with the wider project team, will tangibly demonstrate the positive integration of D/deaf & hearing. Project champions will also be recruited from the D/deaf community. Parents of D/deaf CYP who will act as advocates for the project itself and as a point of reference for other parents. Demonstrating visibly that both D/deaf adults and D/deaf CYP CAN achieve. These champions will also support the work of the Sign Language lead in teaching finger spelling and sign language skills so that its use becomes widespread and its adoption by HRHs and parents, indicative of behavioural change at community level. The project will screen all CYP in the two Union Council areas, regardless of gender, religion, ethnicity and economic status. If a disability over and above D/deafness is identified - i.e blindness, Cerebral Palsy, Downs Syndrome etc. - then these children will also be referred straight to the ABT hospital for an in-depth assessment of need. Respective and specific advice will be given with onward referral to the specialist expertise required, with the support of the Punjab Welfare Association for the Disabled.

### 4.2 **Please describe the stakeholders who have been involved in designing the proposed project so far.**

### 4.3 **Please demonstrate how you are addressing gender equality in your project.**

Section 4.14 refers. As noted, DKI's approach to empowerment is expansive. The organisation was established by D/deaf professionals in order to address the abuse of D/deaf CYP and the lack of access to ear & hearing care that the global health, development and humanitarian community seemed unwilling or unable to provide. It is an organisation which seeks to foster the integration of D/deaf and hearing through a total communication approach, which demonstrates Disabled and 'able-bodied' people working together for all. Our approach to gender equality is inclusive.



All project, programmatic and bespoke interventions are sensitive to the needs of D/deaf girls and young women. Much of our work is aimed at addressing the violence this specific constituency is forced to endure. Women comprise half the DKI Board and Advisory Team; all our field staff are women. The currently deployed ABT audiologist and speech & language therapist are women. Purposely so as they act as powerful champions for both parents and D/deaf girls and young women alike. All of which is echoed by the support of the Madam Minister of Health, Mrs Saira Afzal Tarar, who is keen to see a nationwide EHDI programme result. This project is aimed at enabling and empowering; D/deaf children to access quality & hearing care D/deaf girls and young women to live safely and without fear Parents to communicate with and support their D/deaf children HRHs to respond to the ear & hearing care needs of D/deaf CYP Attitudinal change towards D/deafness and Disability DKI's linkages to DFID's 'Leave No One Behind' agenda are extensive and proven. Our three year strategy and all our operational work draws reference from the statement made at the UN General Assembly in 2015, 'Leave No One Behind' and from DFID's published policy document, 'Leaving No One Behind: Our Promise', revised in January 2017 to explicitly reference and include disability. DKI's annual conference is titled 'Leave No D/deaf Child Behind'. The first was conducted in London at the Royal College of Paediatrics and Child Health in September 2017 and the 2017 meeting is planned for Jamaica. DKI contributes to the BOND Disability and Development Group where it is one of the few member agencies present to be truly Disability led and representative. In addition, it communicates and liaises with the DFID Disability team. DKI regularly inputs to the DFID agenda through meetings at Ministerial level brokered by its chair, Lord Bruce of Bennachie. Recently briefing the Minister of State, Lord Bates, on the intricacies of its safeguarding work in Jamaica. Few development / donor agencies choose to invest in D/deafness because it is a complicated and expensive Disability to address.

#### 4.4 **Please demonstrate how you are addressing disability in your project.**

## Results

- 5.1 **What specific change to improve the lives of vulnerable and marginalised populations is this initiative intended to achieve?**
- 5.2 **How will this change be achieved? Describe briefly the main activities which the project will undertake and how these will lead to the anticipated change.**

## VfM and Sustainability

### 6.1 **Please demonstrate how you have considered sustainability in the design and development of your project so far.**

The project is a test aimed at evidencing through screening activity, the true incidence of D/deafness in Pakistan and thereby the need for a cost-effective response - an approach that demonstrates economies of scale and impact; that through EHDI, the long term cost of managing the effects of discrimination and abuse - healthcare, social welfare and criminal justice - can be reduced. Consequently, DKI, ABT and KEMU will agree metrics for assessing the health economic impact of the test and will present the collated and analysed outcome data to the Ministry of Health and to the wider donor community so as to evidence the need for replication at scale, incorporated within the Ministry's National Programme for Primary Health Care.

## Financial details

### 7.1 Please provide details of your annual income over the last three years.

Income for 2018 (£)

Income for 2017 (£)

Income for 2016 (£)

75464

### 7.2 Please provide your last three sets of audited accounts.

#### Current Account Files

- JPG
- Audited Accounts 2014 Deafkidz International January 30, 2017 750 Kb
- PDF
- Audited Accounts 2015 Deafkidz International January 21, 2017 200 Kb
- PDF
- Audited Accounts 2016 Deafkidz International January 21, 2017 220 Kb

### 7.3 Please provide the total budget for your project (including match funding amount).

190800

### 7.4 Please provide the total budget that you are requesting from DFID.

### 7.5 Please upload your project budget

#### Current Budget Files

- XLSX
- Community Partnership Budget January 30, 2017 17 Kb