

**HESE Angel Aid**  
**Executive Summary**  
**12-14-15**

**Problem Macro/Micro**

Sierra Leone is a small country in Western Africa with a population of around 6 million people. It is one of the poorest countries in the world and has one of the highest prevalence of disabilities, with little to nothing being done to combat the issues. The country has experienced a civil war that left thousands of amputees, many ravaged with untreated polio, and more recently, Ebola. These issues have pushed disabilities down the list of priorities.

When looking even closer at these communities you find many children suffering from disabilities. For example, Amara is a 3 year old girl who suffers from hydrocephalus, meaning she has an enlarged head due to a buildup of fluid in her brain. Because of the disproportionality, Amara's body isn't strong enough to support itself- and since her parents don't know how to help her, she's left laying on the floor for 10 hours a day with little to no stimulation.

There are many of children who are experiencing similar problems like Amara. Mainly, this is due to the family's inability to understand what their child has and ways to aid for the disability.

**Our Solution**

Here is our solution. We are AngelAid: an organization whose mission is to educate families and organizations about the disabilities prevalent in their communities, recognize that these disabilities can be largely improved, and connect these entities with one another. Three years from now we aim to be working countrywide in Sierra Leone, connecting even the most remote disabled children with the health care that they need.

Our mission is to educate, recognize, and connect both families and the aiding organizations with one another. We are mapping out the ecosystem of NGOs and local volunteers working within the scope of disabilities in Sierra Leone, an effort that will be continued by our Director- more on their role later. Families and community members will be educated by the figureheads they trust most: their health care workers.

The CHWs will attend trainings, where they will learn about various disabilities that are common in Sierra Leone, how to identify and make a prediction of what a patient may have, and what steps can be taken to best help them moving forward. The community members will be educated through dialogues hosted by the CHW upon their return from training. The CHWs will be given a binder that contains all of the information about disabilities as reference that they can use whenever they need.

The recognition component of our system is two-fold. The child's family is able to recognize the actionable steps to improve the child's quality of life, and the community members

will begin to understand what a disability actually is and what life looks like for that family because of the disability.

After educating the family and recognizing that there are steps that can be taken to improve quality of life, the CHWs will then connect the disabled child and their families to the resources they need. Using our education, recognize, and connect approach, we strive to combat stigmas associated with disabilities in its earliest phase.

## **Business Model**

Right now, our venture is looking to sustain operations through government grants and partnerships with NGOs in Sierra Leone. We are looking to receive grants from various funding sources that are working to provide support and increased aid for people suffering from disabilities. There are a few we are targeting listed below. As for partnerships, we are trying to leverage organizations that have been working around helping people with disabilities in communities around Sierra Leone already. Through these partnerships we hope to receive funds, access to resources, or further connections to help increase their reach as well as our reach into these communities. There is a list below of potential partnerships to expand our network and impact. Lastly, our long term hope is to be able to receive government funding from the government of Sierra Leone. After we have proven that our process and training works to combat stigma and provide aid to communities and families suffering from disabilities.

### Potential Partners:

- One Family People
- Handicap International
- Children in Crisis
- Disabled People's Organizations
- Dorothy Springer Trust

### Potential Funding Sources:

- Comic Relief
- Global Innovation
- Humanitarian Innovation Fund
- UNICEF Innovation Fund

## **Implementation Strategy**

Our newly educated CHWs enter the field with a binder full of the new content they just learned - but it isn't alive or engaging. So, how do we make this content cheaper to update, easier to access, more effective and engaging?

We are developing an app that can convey the exact same information, but in a more effective and interactive manner. This app will come preloaded on a Kindle Fire, ten of which will be distributed to a group of ten CHWs who live near Makeni.

Here is an early version of the app. If we click on “List of Disabilities,” we are taken to the next view which has a list of the top ten most common disabilities in children under the age of five in Sierra Leone. If we were to press Cerebral Palsy, we are taken to an interactive page that contains clear, simplistic information on the disability, with visuals to complement the content. If we click on the screening tool, the CHW is able to evaluate the child for potential disabilities. Based on their results, a list of resources will be generated that the family can contact for additional support. This removes the critical decision making away from the CHW who, like the rest of us, is only human and makes mistakes.

We have researched other instances where this approach works, thus confirming our validity: CommCare, a health app that tracks patients information and other health records, found a 33% greater training satisfaction among CHWs than a training session that does not utilize an application. In another instance, the “Safe Pregnancy and Birth” app was downloaded over 133,000 times in 126 countries - again giving validity to this approach.

So, how exactly are we going to go about executing our mission, which is to educate, recognize, and connect both the families and the aiding organizations with one another? In the next 6 months, CHWs from across Sierra Leone will be coming to Makeni for a 10 day training session conducted by our partner, World Hope International. World Hope International not only conducts the sessions but actually develops the materials as well. CHWs go through a handful of different modules, ranging from Maternal Health to Water Sanitation. Our team is currently working on the Disabilities module that will be the first aspect of the educational component of our mission: teaching the CHWs what disabilities are, how to approach families with a disabled child, and how to appropriately disseminate this information.

After the training session is complete, the CHWs will go back to their villages armed with their new knowledge, the CHWs will carry out the second phase of the educational component of our mission, which is to disseminate this information to their fellow community members. As is often the case, when CHWs, or really any other respected community member, comes back from a trip the community gathers together to hear all about it.

These CHWs are now trained on how to recognize the potential for quality of life improvement for both the parents and their child, and can connect them with the appropriate resources to make this improvement a reality - which is our third component. As the CHW moves into the role of the connector, they can reference the different resources that are available and listed in their binder or on the application.