

SPECIAL
EDUCATION
PROFESSIONALS

STRATEGIC PLAN
2018–2022



Special Education Professionals (SEP)



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Foreword

The board members and I are proud to present the new strategic plan of Special Education Professionals (SEP). It is the result of a one year process of interaction, exchange, debate and professional follow-up that involved all members of our organization.

SEP, now 28 years old, has gone through a remarkable transformation, especially within the last ten years. Our activities have expanded at an astonishing rhythm. From a small group of therapists and special needs teachers willing to give back some of their knowledge to the communities, SEP has grown into a professional body, offering excellent transdisciplinary services. Nevertheless the organization's commitment remains unchanged: be a place of knowledge sharing in the field of children with disabilities and make our skills available for these children and their social environment.

In the light of its dynamic operational context, SEP recognises the need for a strategic positioning in order to assure continued relevance and effectiveness. While sticking to its established values, we expect a moderate growth over the next five years, mainly to consolidate the quality of activities that are already in the making. It involves the improvement of our existing relationships, the establishment of new partnerships as well as organizational strengthening.

The achievement of our past, present and ongoing activities would not be possible without the spirited participation of our members and the strong commitment of our partners. We sincerely and whole heartedly thank them for their efforts.



*Dr John Onala
Chairperson (April 2016—April 2018)*



SEP staff members Emmi Gielen, a special needs teacher, and Irene Owino, an occupational therapist, stimulating Susan, a child living with autism, through play (Wezesha training, Kikuyu, October 2016).

Executive Summary

This second consolidated strategic plan will guide Special Education Professionals (SEP's) programmes and operations over the five years period 2018–2022.¹ It provides a framework and a guide for SEP's work in improving the life of children with disabilities. SEP advocates for a holistic approach and for effective therapy and educational intervention through a transdisciplinary approach. SEP's strategy is inclusive as it aspires to transform the lives of the children, their families, caregivers, community health volunteers (CHV) and professionals.

The development process of the strategic plan was participatory, entailing critical reflections by SEP's staff and members. A strategic analysis focusing on both the internal and external context has been undertaken in this regard. The outcomes of these reflections and deliberations have been used as an input for developing the strategic direction. The strategic plan defines frameworks, focus areas, goals and activities for realizing mandate and ambitions of SEP. Furthermore, SEP's organizational identity – vision, mission, and values – has been reviewed in the process to ensure greater focus, ownership and application.

SEP has made a conscious choice to continue and promote a transdisciplinary approach in working with children with disabilities. To ensure greater effectiveness, SEP, based on various analyses, has prioritized five strategic focus areas with specific goals:

Capacity building and intervention



Goal 1: Capacities are built within families, caregivers, community health volunteers, teachers and institutions to ensure quality intervention on children with disability is provided.

A key pillar of SEP's approach is capacity building for community based groups, schools, children's homes, and centres. SEP organises training and technical assistance for families, caregivers, community health volunteers (CHV), and teachers. It trains peer educators in order to increase the access to basic therapy and educational intervention for children and families in rural and disadvantaged communities. The transdisciplinary approach helps to minimise professional gaps and enhances a child centred intervention. This is eminent for children with disabilities to develop their fullest potential.

Training



Goal 2: Professionals acquire specialized skills through high-quality transdisciplinary training.

SEP proposes training for professionals in the field of children with disabilities. It thereby promotes a transdisciplinary approach (occupational therapy, physiotherapy, speech and language therapy, special needs education, psychology). Training is dedicated to young professionals who join SEP as intern members, SEP members for continuous professional development (CPD) and a public audience.

¹ This strategic plan follows the one for the period 2012–2017, published by SEP in June 2012.

Inclusive Education



Goal 3: Children with disabilities are integrated in regular school settings whenever possible.

Every child in Kenya who has a disability — no matter his/her nature/condition — has the right to go to school. SEP ensures teachers, parents and caregivers receive information and training that helps them to better understand their child with disabilities, how to integrate him/her in school and support him/her in their individual learning processes. Furthermore, SEP is raising awareness on inclusive education. It aims at reducing stigma, discrimination and prejudice that prevent children with disabilities from accessing education on equal terms to others.

Structure



Goal 4: SEP's formal and operational structure is suitable to support its present and future activities.

SEP is determined to be an effective and sustainable organization in order to meet the social, economic and civic needs of our target groups and members. Therefore, we concentrate on building the capacity of the organization to effectively implement our mission and to respond to local demand for quality services.

Partnering and networking



Goal 5: SEP maintains existing and establishes new relations in a dynamic professional environment in order to carry out its activities.

Collaboration, partnerships, and networks are powerful mechanisms for supporting the changes needed in achieving SEP's goals. Partnering with other organizations and being part of a common forum for dialogue and exchange of information, adds value and unlocks potential to achieve common goals. SEP wants to expand its relations and partnerships to achieve its objectives. In addition, increased networks and partnerships will support SEP in realizing financial and programmatic sustainability.

This strategic plan seeks to build on SEP's strengths and track record, while addressing identified challenges. The plan will also guide further institutional strengthening of SEP, especially in areas such as sustainability, effectiveness, governance, organization and performance measurement and improvement.

The strategic plan will be subjected to a mid-term review.



SPECIAL EDUCATION PROFESSIONALS

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Acronyms

ACD	Action for Children with Disabilities
AGM	Annual general meeting
CBO	Community based organization
CHV	Community health volunteer
CPD	Continuous professional development
CSR	Corporate social responsibility
CWD	Children with disabilities
DPO	Disabled people's organization
FBO	Faith based organization
GBV	Gender based violence
GDP	Gross domestic product
HR	Human resources
HRM	Human resource management system
ICT	Information and communications technology
KICD	Kenya Institute of Curriculum Development
KISE	Kenya Institute of Special Education
KMTC	Kenya Medical Training College
KSh.	Kenyan Shilling
MDG	Millennium development goals
ME	Monitoring and evaluation
NGO	Non-governmental organization
NCPWD	National Council for Persons with Disabilities
NDF	National Development Fund for Persons with Disabilities
NYS	National Youth Service
PEST	Political, economic, socio-cultural and technological analysis
PR	Public relations
PWD	Persons with disabilities
SDG	Sustainable development goals
SEP	Special Education Professionals
SNT	Special needs teacher
SWOT	Strengths, weaknesses, opportunities and threads analysis
ToT	Training of trainers
VSO	Voluntary Services Overseas
WHO	World Health Organization



Fathers of children with disabilities, who are members of the SEP fathers group, feeding their children (Fathers Fun Day, International Day of Persons with Disabilities, Songa Mbele Na Masomo School, Nairobi Mukuru/South B, December 2016).

1 Introduction

1.1 About Special Education Professionals (SEP)

Special Education Professionals (SEP) is an organization of therapists and special needs teachers who work in a multidisciplinary team, applying a transdisciplinary approach. SEP focuses on the family, with parents becoming key partners for the intervention for their child. SEP operates in Nairobi and selected rural areas.

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SEP is a non-profitable body. It was founded in 1990 and registered as a society in Kenya in 2001. At 1st of January 2018, SEP has 31 full members, 27 intern members and a staff of seven employees and two volunteers from overseas. It is piloted by a part-time volunteer director and a board composed by twelve members. Its 2017 turnover was 11.6 Millions KSh. (= 97'000.- €).

SEP is unique, as its members work with education and healthcare professionals from all over the world, learning from other views and approaches, while striving for a common goal.

SEP's core competencies are:

- transdisciplinary approach practiced by a multidisciplinary team to provide a holistic service
- high quality performance and initiative to improve the lives of children with disabilities and their families
- empowerment of communities
- tailoring and delivering high-level training to diverse audiences
- deep commitment to work across organizational boundaries
- emphasis on teamwork and encouragement of cooperation, collaboration and partnership
- existing trust and shared values among staff and volunteers
- dynamism and flexibility to adjust to changing environments

SEP's programmes and activities are run in collaboration with various actors. Such stakeholders include amongst others beneficiaries, non-governmental organizations (NGO's), faith based organizations (FBO's), community based organizations (CBO's), peer institutions, the Government of Kenya, as well as various development partners.



1.2 SEP's Identity

SEP is driven by the aspiration of a holistic approach in improving the life of children with disabilities and their families. The main thrust of SEP's work in this regard concerns ongoing capacity building of families, caregivers, community health volunteers (CHV) and professionals, using a transdisciplinary approach.

The vision, mission and values of SEP have been reviewed and adapted with the elaboration of the strategic plan. Although embedded in an ongoing commitment, SEP's identity reviewed identity embraces social inclusion and inclusive education.

Vision Statement

An inclusive society where children with disabilities are actively participating in their families and communities, providing them equal opportunities to reach their fullest potential and live a quality life.

Mission Statement

SEP promotes early intervention and inclusion through transdisciplinary approach and skills development. Using the diverse expertise, SEP provides sustainable intervention that supports children with disabilities, empowers their families, caregivers, and professionals in collaboration with other stakeholders.

Values statement

Integrity: *We value truthfulness, fairness, honesty and transparency in our internal and external relationships and communications.*

Excellence: *We pursue professionalism and timeliness and seek credibility in all we do. We are committed to the highest professional standards.*

Collaboration: *We value the combined wisdom that emerges when individuals work together as a team.*

Equity: *We believe everyone deserves a dignified life, and fair access to social justice, health services, schools and opportunities.*

Innovation: *We embrace and support innovation that holds the promises of enhancing organizational learning.*

1.3 Scope of Work

According to vision, mission and values, SEP carries out activities that benefit children with disabilities, their social environment and professionals:

Capacity Building in Community Groups and Institutions

- SEP undertakes visits to community based groups, children's homes, and centres in Nairobi's low-income neighbourhoods and in rural areas. It organises training and technical assistance for families, caregivers, community health volunteers (CHV) and teachers and monitors the implementation of the taught skills. Topics include handling and positioning, activities of daily living, communication, play, and cognitive stimulation. SEP also holds toy making workshops where family members, caregivers and CHV's learn how to create toys out of recycled materials.
- SEP provides furniture and therapy equipment that is adapted to the specific needs of the children.
- SEP provides therapeutic toys that help children to acquire skills. These educational resources are made from locally available, affordable and recycled materials whenever possible.
- SEP publishes educational materials for parents, caregivers and CHV's, such as manuals, information brochures about disabilities and hand-outs on intervention.

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Intervention

- SEP provides therapeutic and educational intervention for children with disabilities in Nairobi's low-income neighbourhoods and in rural areas with scarce therapy and intervention services. As the early childhood years lay the foundation for all future development, SEP promotes early intervention.
- Together with its community based partners, SEP creates awareness for the potential of intervention with events and information.

Training

- SEP holds regular workshops on specific topics related to the needs of its members. SEP believes in developing and strengthening the skills, abilities, processes and resources that are a requisite when working with children with disabilities.
- SEP holds regular workshops facilitated by its members on different topics linked to its work. SEP therefore targets a broader professional and public audience, willing to improve their knowledge, skills and abilities, emphasising equal partnership with parents, and building on a child-centred approach.
- SEP publishes curricula and manuals presenting its core competencies in order to improve its credibility as a provider of excellent learning.

Inclusive Education

- SEP trains teachers in regular schools for the integration of students with disabilities so that teachers know how to support them. SEP believes that all children should have equal access to a quality education. Whenever possible, inclusive systems provide a better quality education both for children with and without disabilities, hence are instrumental in changing discriminatory attitudes.
- SEP helps families to find places in regular schools for their children with disabilities.
- SEP ensures parents, caregivers and CHV's receive information and training on how to support children with disabilities in their individual learning processes.
- SEP publishes manuals for teachers.
- SEP publishes books on inclusive education as supportive literature for regular children.

Awareness Creation on Disability and Inclusion

- SEP publishes and widely distributes brochures on specific conditions, informing a broad audience about the state of the art and countering wrong beliefs.
- SEP holds stalls at public events in order to inform the public about disabilities and the potential of intervention.
- SEP collaborates with partners for awareness campaigns.
- SEP partners with other stakeholders for advocacy in favour of children with disabilities.

1.4 Strategy Rationale Process and Organization

The elaboration process of the strategic plan lasted one year, starting from May 2017. It was piloted and facilitated by SEP's internal management adviser, with the technical collaboration of the director and staff members.

The development was deeply participatory and entailed two workshops that drew participants from across the whole organization. The first workshop, held at the beginning of the elaboration process, enabled joint deliberations on SEP's context and future direction, followed by a series of strategic reviews and consultations. The results allowed the detailed research for the context analysis and the conception of the strategy, including the theory of change and the logical framework. The second workshop was dedicated to the detailed elaboration of the logical framework, defining the range of SEP's future activities.

The elaboration process provided opportunities for self-reflection and learning, besides being a basis for a further refinement of SEP's identity and focus. The outcomes of the reviews, reflections and analysis have been used to deepen this strategic plan.

SEP staff member Isaac Makori, a physiotherapist, assessing a child during a consultation day (Olorroito, Narok County, September 2017).



2 Context Analysis

2.1 Country profile

Since independence, Kenya has undergone rapid population growth. The first national census in 1969 reported only 10.9 million². Currently, the diverse population of Kenya is approximately 46 million and although most of the population, 74.4%, is still living in rural areas, urbanization is expanding rapidly, with a current growth ratio of 4.34%³ per year, resulting in informal settlements, increased poverty and inequality in regards to access to healthcare services and education.

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In 2015, the median age for the total population was 19.3 years with approximately 41% (18.86 million) of the total population below 14 years and a life expectancy of 63.77 years. Therefore, a large population group (<14 years) is dependent on the economically active population, which increases the requirements on social services, such as education and health services. Estimates for the percentage of the population that live below the poverty line accounted for 43.4%, which suggests that the economic output of the population is low and access to education and health services are limited.

In 2015 the labour force was estimated to be 18.21 million with 75% of the national workforce employed in the formal and informal agriculture sector which accounts for approximately 29.9% of the Gross Domestic Product (GDP).

The rate of infant mortality is 39 deaths per 1,000 live births and the mortality rate of under-five still stands at 52 per 1000 live births⁴.

2.2 Disability and Poverty

The links between poverty and disability are complex: disability is both a cause and a consequence of poverty. People with disabilities often lack adequate education and employment opportunities; they are socially more disadvantaged than others, and often excluded from social processes hence increases their risk of falling into poverty. On the other hand, poor people are more affected by disability because they are often not able to provide for themselves and their families adequately, cannot pay for treatment in case of illness, and cannot hedge against social risks or natural disasters.

The Ottawa Charter for Health regards health as a positive concept and a resource for everyday life. Defined as such, health is contingent on a range of social, political and economic determinants which exist outside of the health care sector and which have serious implication for physical, mental, emotional and spiritual wellness⁵.

Existing health inequalities can be traced to those social determinants and it is significant not only to concentrate on poverty in the process of improving health equality, but also to consider factors such as empowerment, security and dignity that disadvantaged people all over the world desire.

² Kenya National Bureau of Statistics, 2010.

³ CIA, 2016, World Factbook (for all figures in this and the following sections).

⁴ Kenya Demographic and Health Survey, 2014.

⁵ WHO, 1986, Ottawa Charter for Health.



In regards to disability, it is evident that disability is not just a medical or individual issue, but also one with many social determinants⁶. Different factors have an impact on children with disabilities and their possibility to access health services. As these factors relate to each other and have a significant impact on the development of a child with disability, it is paramount to look at them.

2.3 External Situational Analysis (PEST)

2.3.1 Political, Legal and Policy Context

Kenya's governance model is anchored in a devolved structure, comprising 47 counties and a national government, established in the new Constitution from 2010⁷. This resulted in the re-organization of leadership and structures, though both distinct and independent, they are to undertake their functions mutually through consultations and cooperation. Various functions of the national government were devolved to the counties to provide strategic direction in all spheres of development such as poverty reduction, investment and employment creation to accelerate development. This process is supported through a number of legal, policy and institutional frameworks, anchored in the Constitution of Kenya 2010. Besides various reforms it brings a new focus to disability issues, with a commitment to the full inclusion of people with disabilities at every level of governance and a clause in the Bill of Rights that protects and promotes the rights of people with disabilities.

The special education policy enables training of special needs professionals in Kenyan colleges and universities which provide a road map for the education of children with disabilities.

In the context of SEP, opportunities exist to partner with the Government and County Governments on health service delivery and inclusion. These are the key areas of SEP, with many years of professional experiences, aiming to close a health professional gap by promoting a transdisciplinary approach. Furthermore, the vision 2030 is the national development blueprint that seeks to transform the country into an industrialized middle income country providing high quality life for its citizens by the year 2030⁸. Another function of the vision 2030 was to compliment efforts towards the achievement of the eight Millennium Development Goals (MDG's) by 2015: elimination of hunger and poverty, universal primary education, gender equity, reduced child mortality, improved maternal health, lower HIV/AIDS and other diseases prevalence, and environmental sustainability and better partnerships. The MDGs have since September 2015 been revised to 17 Sustainable Development Goals (SDG's).⁹

SEP strengthens the following SDG's with its goals and objectives:

- SDG 3: Ensure healthy lives and promote well-being for all at all ages
- SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning

⁶ WHO, 2011, Social Determinants of Health

⁷ Constitution, <http://www.kenyalaw.org/lex/actview.xhtml?actid=Const2010> (download 2018/02/09)

⁸ Vision 2030, www.vision2030.go.ke (download 2018/02/09)

⁹ MDG, <http://www.un.org/millenniumgoals>, download 2018/02/00); SDG, <https://sustainabledevelopment.un.org> (download 2018/02/09)



Some of the Kenyan initiatives for achieving the SDG's are the Social Protection Programmes. One of these programmes is the Empowerment Fund, targeting vulnerable groups. According to this programme, 30% of all public procurement is reserved for vulnerable groups¹⁰. These vulnerable groups include persons with disability amongst others.

The Government of Kenya has adopted a number of laws and policies pertaining to people with disabilities, including their right to productive and decent work and basic service. The Persons with Disabilities Act, 2003, is a comprehensive law covering rights, rehabilitation and equal opportunities for people with disabilities.¹¹ The Government created the National Council of Persons with Disabilities (NCPWD) as a statutory organ to oversee the welfare of persons with disabilities. The Law also requires that both the public and private sector employers reserve 5% of all jobs for persons with disabilities.

Additionally in an effort to promote inclusion, the Government of Kenya has set up a specific fund for disability, the National Development Fund (NDF) for PWD's, which is aimed at promoting business entrepreneurship for persons with disabilities, access to assistive devices, and training.¹²

Separately, Kenya faces a number of governance challenges, key amongst these being high levels of corruption, insecurity, inequality and marginalization of some regions.

2.3.2 Economic Context

Kenya's growing economy is driven by its advanced human capital, diversified economy, developing private sector, relative political stability in the areas of business growth and accompanying measures as well as the progress in the Information, Communication and Technology (ICT) sector. The endorsement of the constitution of Kenya in 2010 and the establishment of 47 county governments brought funds to the grassroots sector. Kenya's economy is estimated to have grown by 5.9% in 2016 and is projected to dip to 5.5% in 2017 due to the drought which has led to crop failure, dying herds of livestock and increased food insecurity. The rise of food and energy prices drove inflation to a five-year high of 10.3% in March 2017¹³. Unemployment averaged at 40% over the last 10 years. On its part, land speculation has resulted to increased land prices and conflicts. Additionally, challenges of terrorism, climatic change and increasing food insecurity contain Kenya's growth ambitions. Agriculture is the largest sector, employing 75% of the working population, and accounting for 50% of all exports and 32.7% of the GDP.¹⁴

With regard to SEP's operational areas in the low income neighbourhoods in Nairobi County as well as in the rural areas in Narok County, Machakos County, Nakuru County and Muranga County, the main economic activities of its beneficiaries include trade in livestock and livestock products, agriculture, tourism, service industry as well as petty trades. Challenges in those areas include continuous urbanization, privatization of land, climate change, high unemployment, poor infrastructure, limited value addition to local products, high inflation that reduces people's purchasing power at the moment, land based conflicts, low literacy level, high cost of business, and inaccessibility of financial institutions.

¹⁰ Vision 2030, www.vision2030.go.ke (download 2018/02/09)

¹¹ Persons with Disabilities Act, 2003, <http://www.kenyalaw.org/> (download 2018/02/09)

¹² National Development Fund for persons with disabilities, ndfpwd.co.ke (download 2018/02/09)

¹³ <http://www.worldbank.org/en/news/press-release/2017/04/12/kenyas-economic-outlook-to-dip-in-2017>

¹⁴ <https://www.cia.gov/library/publications/the-world-factbook/geos/ke.html>

On a positive note, the Kenyan government is trying to create more work opportunities for people with disabilities. It has introduced recruitment of persons with disabilities into National Youth Services (NYS) for various disciplines and skills training, which is an area that has been reserved for those seen to be physically fit in the past. Furthermore, the National Development Plan focuses also on strengthening vocational rehabilitation centres for persons with disabilities. This is an important development, especially for all the youth with disabilities in rural areas. SEP, as a provider of health services in rural areas, could support referrals to such centres.

2.3.3 Sociocultural Context

Kenya's population is currently at 46.8 Million and continues to rise at an average rate of 1.81% per annum. 60% of Kenya's population is below 25 years old, with a dependency ratio of 81%. About 43.4% live below the poverty line. A growing middle class in Kenya has on its part increased spending power, whilst the growing rural urban migration presents a risk to food security and strains on available water resources. These changing demographics have far more reaching implications. There is urgent need for better infrastructure essential services, new employment opportunities, and new markets.

The proximity of a County to the Export Processing Zone (EPZ) offers opportunities for employment and income to mobile workers who reside in the different counties. This has given rise to an emergent special group of migrant workers being a vulnerable population. The prevailing population pressure has also seen a mushrooming of informal settlements (slums) where the social and living conditions predispose women and children to rampant gender based violence and rise of moonlight markets.

The WHO stated a worldwide prevalence of a moderate disability for children aged 0–14 years with 5.1% (93 million) and 0.7% (13 million) for cases with severe disabilities¹⁵. Taking the estimates from WHO into account, the prevalence for Kenya would translate into 960'000 children with a moderate disability and 130'000 children with a severe disability. Existing data on the prevalence of children with disabilities in Kenya is scarce and therefore difficult to compare. However, the National Survey for persons with disabilities estimated the overall prevalence of children with disability with 7.1% in children aged 0–14 years¹⁶.

Vision 2030 has outlined its foundations as macroeconomic stability, continued governance reforms, enhanced equity and wealth creation for the poor, infrastructure development, energy availability, embracing science, technology and innovation, land reform, human resource development, security, and public service. On outlining these foundations there is a recognition that certain challenges stand in the way of achieving the desired goals and these include:

- **Poverty:** 43.4% of the population still lives in poverty and this affects social cohesion. The effects of poverty are manifested by increase in crime rate, engagement in commercial sex work, high dependency rate and child delinquency. The situation affects mainly the unemployed youth, women, and the vulnerable population hence the need for special attention.
- **Illiteracy:** 11.2% of the population remains illiterate while others do not transit from primary to secondary and further to tertiary or university level.

¹⁵ http://www.who.int/disabilities/world_report/2011/report.pdf

¹⁶ World Bank, NBS, N., 2008. Kenya National Survey for Persons with Disabilities: preliminary report.

- **Health Care:** The distribution of health facilities is unequal throughout Kenya with the most sophisticated services available in the major cities or only at the national level. The Ministry of Health described the lack of health facilities in some regions with one facility covering 50–200 km. As the average population in Kenya is still living in rural areas, this significantly influences their possibility to access needed health services. For children with disabilities in remote and rural areas it is even worse, as the provision of sustainable services is usually found only in urban areas. Since disabilities are more widespread in rural areas than in cities, families have to travel long distances with their children to see a therapist. Especially for children with a physical disability, it can be very cumbersome, as public transport – if available – is mostly not accessible with a wheelchair. The situation gets worse due to inadequate staffing and supplies provision and lack of working tools and equipment in health facilities.¹⁷
- **Nutrition:** One in three Kenyan children suffers from chronic malnutrition and it remains a neglected issue despite the fact that effects of malnutrition go beyond decreased survival. The stunting of cognitive development associated with under nutrition causes poorer educational attainment and perpetuates the cycle of poverty in Kenya.
- **Gender inequality:** Women in Kenya are underrepresented in decision-making positions. They also have less access to education, land, and employment. Women living in rural areas spend long hours collecting water and firewood; interfering with school attendance and leaving them with little time to earn money or engage in other productive activities¹⁸. Gender based violence (GBV) remains an area of significant concern in Kenya. Between 39% and 47% of Kenyan women experience GBV in their lifetime – among the highest rates in the world. 38% of ever-married women have experienced domestic physical violence, 14% of ever-married women have experienced domestic sexual violence and 41% of ever-married women have experienced domestic physical or sexual violence, while 11% of ever-married men have ever experience either forms of violence from a partner.¹⁹
- **Orphans and vulnerable children:** There are an estimated 3.6 million children (under 18 years) who have been orphaned or who are vulnerable. The major cause of children being orphaned is HIV/AIDS. Poverty has escalated to child abandonment and neglect.²⁰

2.3.4 Technological Context

Kenya has experienced major growth in technology. This includes increased availability of affordable mobile phones, more internet connections as well as a higher speed of connectivity, and expanded network coverage, allowing an increased access to mainstream and social media. It has led to improved communication and trade as well as more efficient money transfer processes (e. g. M-Pesa, a system operated with mobile phones). A saving culture is also being nurtured with software for easy banking such as M-shwari being availed. Agent banking, internet banking and money transfer and mobile banking have also contributed to improvement in finance services. Business opportunities have been opened up due to increased connectivity, reduced cost of business as a result of online and internet trading and money transfer. These developments have led to more efficient transport, potential for the use of alternative energy, and possibilities for increased agriculture production.

¹⁷ Ministry of Medical Services; Ministry of Public Health and Sanitation, 2012. Kenya Health Policy., pp.1–43.

¹⁸ <https://www.usaid.gov/kenya/gender-equality-and-womens-empowerment-kenya>

¹⁹ <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>

²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4794990/>





Nahashon Omondi, a child living with cerebral palsy, enjoying the running session at Madaraka nursery school. Nashon, who is not able to walk, is carried by his teacher, Laura (Nairobi Langata, May 2016).

3 Internal Analysis and Positioning

3.1 SEP's History

A strong strategic plan also allows the organization to look backwards and understand where it comes from, and what it has learnt along the way. With this in mind, here is a brief history of SEP.

1990	<ul style="list-style-type: none">• A small group of special needs teachers and therapists form a support group.• The founding members are Theresa, Karolien, Eva, Stella and Christel.
1991–92	<ul style="list-style-type: none">• Cathy Guillou, a French psychologist, becomes the first Chairperson. The group begins formally meeting at Hillcrest Primary School.• Soon the group grows to more than 40 members.
1994	<ul style="list-style-type: none">• Daniel Juma takes over as Chairperson.• The group discontinues partially due to lack of funds.
1996	<ul style="list-style-type: none">• The group revives, and begins meeting at Acorn School.• The group decides to establish a legal entity with a framework and policies.• The name Special Education Professionals is chosen.• SEP's designs a logo and publishes a first brochure.
1998	<ul style="list-style-type: none">• SEP begins its monthly early intervention consultations.• Support groups for parents are initiated.• The first one-week teacher training takes place.• Acorn School moves to Lavington, where SEP has an office and a secretary.• Eva Nyoike becomes Chairperson of SEP.
2001	<ul style="list-style-type: none">• In January, SEP officially becomes a registered society in Kenya.• In April, SEP's office moves to Gertrude's Children's Hospital in Muthaiga.
2002	<ul style="list-style-type: none">• Nishad Lalani becomes Chairperson of SEP.
2004	<ul style="list-style-type: none">• SEP is now recruiting occupational therapists, physiotherapists, speech and language therapists, low vision therapists, psychologists, and special needs teachers.• SEP starts visiting schools, day-care centres and orphanages, providing adapted furniture, therapy materials, equipment, toys and training staff.
2006	<ul style="list-style-type: none">• Karolien Remmerie becomes Chairperson of SEP.

2007	<ul style="list-style-type: none"> • The Dutch organization Wereldkinderen begins funding SEP to work on capacity building in 7 homes and schools over 3 years.
2008	<ul style="list-style-type: none"> • The SEP website www.sepkenya.com is launched.
2009	<ul style="list-style-type: none"> • SEP's first strategic planning retreat is held, clarifying the organization's mission and building the team. • A film is produced about SEP's work.
2010	<ul style="list-style-type: none"> • SEP begins new partnerships with organizations that provide it with volunteer staff: COMUNDO (Switzerland) – in May and Voluntary Services Overseas (VSO/UK) – in November.
2011	<ul style="list-style-type: none"> • SEP begins providing formalised training to its intern members. • SEP launches on Facebook and Youtube. • SEP opts for a major focus on organizational development.
2012	<ul style="list-style-type: none"> • SEP begins monthly consultations in Korogocho and Kibera slums. • A first strategic plan is produced, along with a member handbook. • SEP expands its paid and volunteer staff. • Major networking efforts with other organizations. • 32 intern members receive training. • SEP has 5 more trainers to facilitate professional workshops. • Workshops on rights for children with disabilities are added.
2013	<ul style="list-style-type: none"> • The training team consists of fulltime physiotherapist, speech and language therapist and occupational therapist thanks to a new collaboration with the Slovakian NGO eRko. • SEP begins providing professional training for income generating activities. • SEP organises joined disability events with other organizations working in the field of disability.
2014	<ul style="list-style-type: none"> • SEP recruits more physiotherapists to join the organization. • Workshops on acceptance are added. • SEP provides more consultations in different rural places. • Major networking efforts with other organizations, creating more awareness on disability. • SEP prepared two policy documents on child protection and community engagement. • SEP offers a platform for youth with disabilities to socialize through dance.
2015	<ul style="list-style-type: none"> • SEP has 9 more trainers to facilitate professional workshops. • The Wezesha programme takes off with a first group of 20 parents from rural areas.

2016

- The Wezesha manual is produced.
 - SEP hires a special needs teacher for inclusive education.
 - A volunteer policy is added.
 - SEP launches a new branding: logo, brochures, developmental wheel.
 - A father's support group is launched.
 - SEP participates in wheelchair training for its physiotherapist and occupational therapist.
- A physiotherapist group is started for continuous professional development.
 - The siblings workshops (for siblings of children with disabilities) are launched.
 - SEP starts training workshops for regular teachers towards inclusion.
 - 3 more Wezesha groups are formed through a new partnership with the German organization Misereor.
 - SEP organises a father's fun day at the occasion of the UN Disabilities Day.
 - SEP partners with Walking Autism for a 4 weeks awareness walk on autism around Mount Kenya.
 - SEP expands further to another fulltime occupational therapist, physiotherapist, and communication advisor.
 - SEP develops therapeutic toys.
 - A change within the management takes place: a new position as a director is created, the former chairperson Karolien Remmerie becomes the director and Dr John Onala is elected as the new chairperson.

2017

- One more physiotherapist is hired.
- A part time occupational therapist is hired.
- Hope for Children (UK) supports the first Wezesha group.
- Books on inclusion are launched.
- Physiotherapy handouts are launched.
- Streamlining of all handouts SEP has produced.
- 2 disability awareness events involving children in different parts of Nairobi.
- 4 theatre performances with the Italian NGO Terre solidali and The Theatre Company of Kenya on raising awareness on inclusion.

3.2 Achievements from the Strategic Plan 2012 – 2017

The strategic plan 2012–2017 did not just “sit on the shelf;” but guided SEP’s thinking and actions. As such, it served as a directive tool over the past five years. The implementation of the last plan has strengthened SEP in a number of key areas, and has helped bring about many accomplishments.

The review of the defined goals and objectives (cf. below) shows that SEP has been able to achieve most of them, although some of them partly. Only one (out of six) goals, the creation of a regional training centre, was abandoned, as it exceeded SEP’s resources. The abandon of this goal was a deliberate decision, formally acknowledged by the mid-term review. The only outcome SEP must appreciate with a critical glance concerns its objective of defining and implementing a sustainable resource mobilisation strategy.

Goal 1:

SEP’s membership includes qualified and experienced individuals from a range of disability disciplines, ensuring that SEP can deliver high quality, professional, transdisciplinary services.

Objective	Target value	Result (2017)	Achievement			
			fully	partly	none	abandoned
At least 30 new intern members are recruited per year (total 150) from at least three different professional groups (occupational therapists, special needs teachers, physiotherapists).	150 3	125 3		x		
From the SEP intern members recruited, at least 4 interns each year are retained through to full SEP membership (total 20).	20	34	x			
At least 5 more full SEP members (total 25) are recruited per year from at least three different professional groups (e. g. occupational therapists, special needs teachers, physiotherapists) that have the skills and experience to provide training and supervision to the intern members.	25	13		x		
At least 3 more full members (total 15) are recruited per year in the areas of shortfall, e. g. speech and language therapists and psychologists.	15	6		x		
Our recruitment process for all new members is improved to ensure we recruit high quality new members who are clear about SEP’s expectations and the level of commitment required, and who have the relevant skills and experience.	medium	good		x		

Goal 2:

Disability professionals in Kenya are confident in applying a transdisciplinary approach.

Objective	Target value	Result (2017)	Achievement			
			fully	partly	none	abandoned
All SEP intern members have attended at least one training course in the transdisciplinary approach by the end of their first year with SEP.	125	139	x			
Each SEP member has the continuing professional development to improve knowledge of the transdisciplinary approach by engaging in skill sharing activities at least quarterly.		162				

Goal 3:

Quality services are provided to children with disability, their parents, teachers and caregivers in low income areas.

Objective	Target value	Result (2017)	Achievement			
			fully	partly	none	abandoned
Each year, at least 500 parents, teachers and caregivers (total 2500) of children with disability become confident in applying appropriate early interventions to ensure their child can reach his/her maximum potential.	2500	7734	x			
Each year, high quality services are provided to at least 200 children with disability (total 1000) and at least 200 parents and caregivers (total 1000) through at least 6 successful collaborative partnerships.	1000	1661				
	1000	3957	x			
	6	12				

Goal 4:

SEP becomes a regional training centre of excellence for promoting a transdisciplinary approach to disability care.

This goal was abandoned.

Goal 5:

SEP has the funding and profile to maintain and expand its services.

Objective	Target value	Result (2017)	Achievement			
			fully	partly	none	abandoned
A resource mobilisation strategy is developed by the end of 2012 and implemented by the end of the strategy period (2017).	1	0			x	
SEP becomes well-known throughout Kenya and the wider East African region (in terms of potential beneficiaries, donors, partners and other stakeholders) thanks to awareness-raising activities delivered at least quarterly.	n/a	42 proposals 27 partners		x		

Goal 6:

SEP becomes a fully-functioning, professional organization with a lasting strategy, structure and staff.

Objective	Target value (2011)	Result (2017)	Achievement			
			fully	partly	none	abandoned
A clear, agreed strategic plan is in place by July 2012 to guide the organization over the next five years.	0	1	x			
By November 2011, written policies and procedures are in place to guide the organization and members in areas (code of conduct, child protection policy, community engagement policy, volunteer policy, mentorship guidelines, and reassessment form).	4	6	x			
By 2013, SEP has clear leadership and structures which meet the expectations of members, donors, Government and other stakeholders.				x		
By the end of the strategy period (2017), SEP has significantly expanded its internal capacity by recruiting at least 3 paid staff to manage the organization.	3	6.5	x			
By 2014, SEP will have gained credibility as a national organization in Kenya through networking and registration with the appropriate authorities (registration with NCPWD, member of ACD).	0/0	1/1	x			

3.3 Stakeholder Analysis

SEP recognises its members, staff and volunteers as significant stakeholders to deliver its work. In addition, children with disabilities, their families and the communities are the core recipients of SEP's services and are therefore substantial for the existence of SEP. Besides the previously mentioned groups, SEP has identified noteworthy stakeholders through a stakeholder mapping to clarify the significance and importance for SEP in delivering SEP's objectives. SEP will collaborate with the following categories of stakeholders over the period of this strategic plan:



Technical Support Institutions

Stakeholder Category	What they do	Possible areas of Collaboration
<ul style="list-style-type: none"> University institutions and learning centres (e. g. KMTC, Maseno) Microfinance Training centres 	<ul style="list-style-type: none"> Technical support Research and innovation Capacity development Social entrepreneurship 	<ul style="list-style-type: none"> Knowledge sharing/learning Innovation Capacity development

Government/Authorities

Stakeholder Category	What they do	Possible areas of Collaboration
<ul style="list-style-type: none"> Ministry of Education (e.g. EARC's) Ministry of Health County Government Parastatals (KICD, KISE, NCPWD) 	<ul style="list-style-type: none"> Regulation and oversight Public service delivery Project implementation Policy (re)formulation 	<ul style="list-style-type: none"> Joint coordination and planning of programmes Influence on the distribution of local resources Capacity development Policy development

Civil Society Organizations

Stakeholder Category	What they do	Possible areas of Collaboration
<ul style="list-style-type: none"> Diocesan church structures Faith-based organizations Non-governmental organizations Community based organizations Societies 	<ul style="list-style-type: none"> Public service delivery Project implementation Capacity building Funding 	<ul style="list-style-type: none"> Joint coordination and planning of programmes Joint project implementation Shared learning Financing Networking

Private Sector

Stakeholder Category	What they do	Possible areas of Collaboration
<ul style="list-style-type: none"> Health institutions Educational institutions Private companies Philanthropists Foundations Individuals 	<ul style="list-style-type: none"> Private service delivery Project implementation Financial support Technical support Capacity building 	<ul style="list-style-type: none"> Joint coordination and planning of programmes Joint project implementation Funding of joint projects Corporate social responsibility Development of materials Marketing

Funding Agencies

Stakeholder Category	What they do	Possible areas of Collaboration
<ul style="list-style-type: none"> Institutional donors Grant makers and foundations Community resources 	<ul style="list-style-type: none"> Provide funding (financial and HR) Offer project publicity Technical and financial backstopping Networking 	<ul style="list-style-type: none"> Project implementation Learning and knowledge sharing Product development Joint fundraising

3.4 Internal Organizational Analysis

3.4.1 Institutional Capacity Assessment

As part of the strategic development process, SEP undertook an in-depth review of the organizations capacity through a strength, weakness, opportunity and threat (SWOT) analysis. The findings are summarized as follows:

Internal factors	<p><i>Strengths</i></p> <ul style="list-style-type: none"> • Longstanding and credible reputation among stakeholders • Locally embedded and a large volunteer base • Qualified and committed staff of different nationalities, ethnic groups, economic, social backgrounds working as a team with a clear common purpose. • A multidisciplinary team, working with a transdisciplinary approach • Unique approach to have paramedical and education professionals together, working family centred • Appropriate strategies and approach e.g. mentoring of young professionals, implementing home programmes, follow up on programmes, involvement of beneficiaries and hands-on approach, practical implementation of therapy and educational intervention, 24 hrs management, holistic approach including parents • Key organizational policies, structures and systems in place • Good collaboration with other stakeholders/actors • Monitoring and evaluation systems in place • Excellent awareness and training materials for therapeutic and educational intervention 	<p><i>Weaknesses</i></p> <ul style="list-style-type: none"> • Insufficient manpower to match the workload and poor retaining of volunteers • Lack of defined roles and responsibilities of staff • Need for better data collection and dissemination • Weak implementation of and compliance to policies and structures • Inadequate fundraising structures and capacity leading to insufficient financial sustainability • No HR for resource mobilisation • Insufficient PR and marketing • Weak collaboration with major stakeholders such as the Government • Limited transport facilities to reach rural project areas
External factors	<p><i>Opportunities</i></p> <ul style="list-style-type: none"> • Partnering with organizations on ground level • Partnering with organizations that don't provide therapy service but are involved in community empowerment • Increased attention by media towards the area of disability • Increased awareness on inclusion • Growing ICT, infrastructural development and technologies • Use of social media • Collaboration with other organizations e. g. companies, international NGO's, philanthropists • Investment opportunity such as devolved funds, external trainings, developed peer-to-peer books, locally made toys, growth of middle class • Growing interest by parents leads to better involvement and collaboration with parents • New curriculum enables SEP to be more involved in training on inclusion 	<p><i>Threats</i></p> <ul style="list-style-type: none"> • Reduced funding in the development sector • Change in government laws, regulations, constitutions and policies • Political instability, corruption, impunity and injustice • Ethnic conflicts • Change of management in projects or unhealthy competition in similar programmes • Institutional level, e. g. corporation people with disabilities facing barriers • High inflation rate increasing level of poverty • Difficulty to correct SEP's reputation as a non-profit organization when proposing paid services • Lack of objectivity and open minded people within the communities and institutions

3.4.2 Identifying the Gaps and Crucial Success Factors

The identification of needs and gaps is paramount to a successful implementation of SEP's programme areas. The following is not an exhaustive list but represents consensus from the review of the old strategic plan, as well as possible strategies to use in order to fill gaps in the achievement of SEP's goals. Each identified gap represents an area for improvement within the existing objectives and activities.

Factors that will influence the performance of SEP are:

- Resource mobilisation: SEP needs to invest in diversifying and stabilizing its resources base, including looking into investment opportunities and taking advantage of local resources.
- Human resource (HR) management: the increase of professional staff within an organization, that traditionally was built up by volunteers, in the last years asks for specific structures and the professionalization of SEP's HR activities. SEP needs to formalize its follow-up with the staff and pay attention to the volunteer's retention within the body.
- Policies, systems and structures: in order to enhance internal transparency and coordination across the programmes, policies and procedures must be reviewed and applied. The same applies to management and governance structures.
- Monitoring and evaluation (ME): SEP is aware of the need to strengthen its ability to plan, measure and evaluate results.
- Relation management: this is a significant area both for SEP's internal structure and external partners. Effective collaboration with other stakeholders and actors has also to be carefully invested in.



Children, families, professionals and campaigners gather in South B for a disability awareness walk. Parents who observe developmental delays with their child are encouraged to bring them for assessment at one of SEP partner institutions, Songa Mbele Na Masomo or Imarika Initiative, where SEP professionals operate once a week (Nairobi South B, December 2017).

4 Strategic Direction

In developing this strategic plan, the following steps were undertaken:

- a review of the previous strategic plan achievements and challenges
- an analysis of the current situation
- a discussion on the gaps and needs that this revised strategic plan should address.

In developing this strategic plan the following areas were considered having relevance in providing strategic options and directions:

Capacity building and intervention



Building of capacities of families, caregivers, CHV's, teachers and institutions to ensure quality intervention for children with disabilities is provided

SEP continues empowering families of children with disabilities, caregivers, community health volunteers (CHV), peer educators and teachers in order to promote and provide a comprehensive and transdisciplinary approach and improve the quality of inclusion, health, and well-being of children with disabilities in the communities. This strategic plan helps to identify and implement appropriate, evidence-based, and cost effective activities that maximize improvement in the life of children with disabilities and their social environment.

Training



Delivering of high-quality transdisciplinary training amongst professionals

Continuous professional development (CPD) is a core aspect for the progression of SEP's mission. SEP's uniqueness, founded by its transdisciplinary approach, makes it an excellent stakeholder for skills improvement of professionals. SEP continues offering first work experiences for young professionals, organising internal CPD events and training professionals in innovative topics.

Inclusive Education



Promotion of inclusion of children with disabilities in regular schools

SEP believes in an inclusive and equitable society and continues to create awareness on the latter. SEP empowers parents of children with disabilities, teachers, schools and institutions through training and education. This strategic plan provides guidelines on designing programmes that support inclusive education and aligns with best practice as well as with the potential of cooperative innovation.

Structure



Availability of a sustainable structure and human resources

This focus area seeks to ensure that SEP establishes and adheres to standard policies, systems and structures. These are part of SEP's commitment to the improvement of its internal working environment in order to safeguard the integrity and efficiency of processes. Furthermore, SEP seeks to be an employer that ensures the wellbeing and productivity of its staff. SEP strives for being an employer able to attract and retain quality personnel. This strategic plan provides an approach to ensure that SEP is adequately staffed within a conducive working environment.

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Partnering and networking

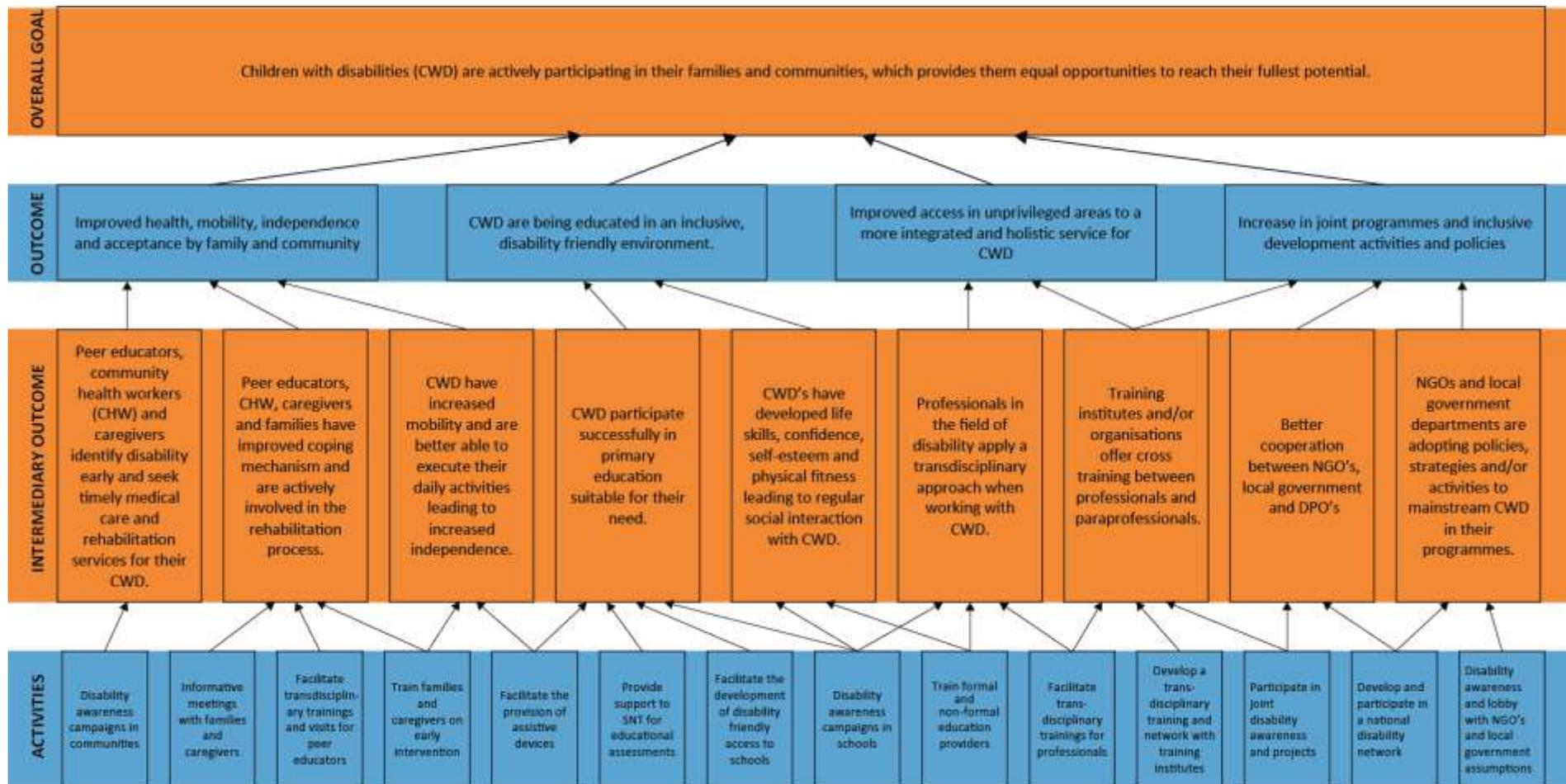


Fostering of existing relations and creation of new partnerships

The strength of a system depends on its ability to carry out its functions which, in turn, is influenced by the capacity and interaction among actors across system levels and across its formal and informal components. SEP is also aware of its present dependence on external funding, which is challenging due to a constantly changing funding context. SEP plans to diversify funding sources and develop its own financial assets in order to improve self-sustainability.

4.1 Theory of Change

This theory of change describes the bigger approach and different pathways on how SEP's programmes will lead to the targeted results.





SEP staff member Kelvin Kahianyu, an occupational therapist, demonstrating positioning at a Wezesha training (Kikuyu, July 2016).

4.2 Logical Framework

Strategic Area 1: Capacity Building and Intervention

Goal 1: Capacities are built within families, caregivers, community health volunteers (CHV), teachers and institutions to ensure quality intervention on children with disability (CWD) is provided.



Objective 1.1.:

Capacities are built within families of CWD's, caregivers, CHV's and teachers for enhanced knowledge and skills on early intervention.

Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Provide quality transdisciplinary and family-centred services in selected areas	<ul style="list-style-type: none"> Improved transdisciplinary services Improved development of CWD's Quality child and family centred services to our beneficiaries Improved relationships between child and family 	# of children supported	Periodic reports, service statistics	421	440	460	485	510	535
		# of families supported	Periodic reports, service statistics	421	440	460	485	510	535
		# of parents, caregivers, CHV and teachers trained	Periodic reports, service statistics	950	1000	1050	1100	1150	1200
		# of one week training	Periodic reports, service statistics	4	4	4	4	4	
Increase knowledge and practical skills of professionals, parents and caregivers on intervention techniques for different disabilities	<ul style="list-style-type: none"> Acceptable standards of transdisciplinary skills among professionals trained by SEP Acceptable standards of basic intervention skills among parents and caregivers who are trained by SEP Improved knowledge on different disabilities 	# of parents, professional staff and caregivers of partner organizations	Workshop report	164	200	250	300	300	300
		% of trained people applying quality skills	Observation, skills evaluation, feedback	80%	85%	(Start of new group) 50%	65%	75%	85%

Assumptions: children, family members, caregivers, CHV and teachers attend the projects and workshops, are open to learning and willing to apply their skills; partners continue collaboration; collaborations with new partner organizations are established.



Objective 1.2.:

Individual intervention to CWD's to improve their functional abilities in selected informal urban communities is delivered.



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Provide assessments and therapy on a regular basis	<ul style="list-style-type: none"> Functional level of child known Progress in child Individualised intervention plans in place 	# of assessments	Assessment forms, progress reports	217	250	280	325	370	430
		# of children attending	Assessment forms, progress reports	217	250	250	250	250	250
		#of children discharged from the programme	Assessment forms, progress reports	22	24	26	29	32	35
Monitor intervention and the progress of individual CWD	<ul style="list-style-type: none"> Progress in child Good quality standards maintained throughout 	# of re-assessments	Re-assessment forms, progress notes, periodic evaluation reports, referral notes, discharge notes	217	500	500	500	500	500
Monitor intervention and home programmes by parents towards their CWD's	<ul style="list-style-type: none"> Parents actively involved in the intervention process in children Parents taught new skills depending on the current needs of the child 	#of home programmes	Evaluation	217	250	250	250	250	250
		% of children improved	Observation, oral feedback from parents concerning home programmes, home visit feedback forms	60%	70%	70%	75%	75%	75%

Assumptions: enough staff and interns are working in the projects; children are coming for therapy on a regular basis; SEP maintain their partnerships or finding new partners; good records are kept; parents are implementing the home programmes; social workers are doing home visits; therapists adapt home programmes according to the development; staff is given implementing advise; children have conditions that can improve.

Objective 1.3.:

Families of CWD's in rural areas are aware of the potential of therapeutic and educational intervention and have acquired specific skills.²¹



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Provide monthly consultations for families with CWD	<ul style="list-style-type: none"> Families informed on disabilities and basic intervention Identification and referral of children with medical needs to health institutions 	# of consultations	Reports, attendance lists	11	11	11	11	11	11
		# of families attending	Reports, attendance lists	265	400	450	500	550	600
		% of children which have improved health conditions and/or their functional abilities	Progress reports	90%	90%	90%	90%	90%	90%
Monitor use of interventions by parents towards their children	<ul style="list-style-type: none"> Progress in children Better life conditions Parents with skills that meet the needs of their CWD's Appropriate intervention methods maintained by parents 	# of children seen during follow up visit	Attendance lists	265	400	450	500	550	600
		% of parents correctly applying therapy and/or educational intervention	Adapted home programmes	60%	70%	75%	80%	80%	80%
Recommend appropriate services and referrals	<ul style="list-style-type: none"> Appropriate referrals made Children receive appropriate services 	# of children referred	Data of children referred	30	35	13	18	24	30

Assumptions: families bring their children with disability to the monthly consultations; parents are willing to learn therapy skills and implement at home; parents follow up with the referrals; communities partner with SEP to help reach families of children with disabilities; families continue living in the selected geographical areas where follow up is done.

²¹ This and the next objective are related to the Wezesha programme, launched by SEP in 2015, that aims at empowering families and peer educators in rural areas.

Objective 1.4.:

Knowledgeable peer educators in rural areas are identified and trained in order to raise awareness on disabilities, basic therapy and educational intervention in their community.



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Recruit an increased number of potential peer educators in rural areas	<ul style="list-style-type: none"> More peer educators reaching out to their communities 	# of peer educators	List of peer educators per area	65	65	110	110	110	130
		# of partnerships	Data on stakeholders	5	5	6	7	8	9
		# of formed community groups	Data on stakeholders	17	17	25	25	30	35
Hold one week residential training for peer educators	<ul style="list-style-type: none"> Peer educators trained on basic intervention techniques Peer educators develop and increase confidence in working with children with disabilities 	# of trainings	Training reports	4	4	4	4	4	4
		# of peer educators attending	Attendance lists	65	110	110	110	110	130
		Increased confidence of participants	Evaluation reports, observations	n/a	>65%	>70%	>70%	>70%	>70%
Make fieldtrips to the peer educators in rural areas to supervise and train them further on site	<ul style="list-style-type: none"> Acceptable standards of skills is maintained among peer educators Further improvement of practical skills of the peer educators Families of CWD in the sub-counties of the peer educators are trained in basic intervention and advised on formation of parents' advocacy groups 	# of field trips	Reports	34	34	40	50	50	50
		# of peer educators participating	Attendance lists	65	65	110	110	130	130
		# of families reached	Attendance lists	204	350 +hope families	450	550	650	750
		# of institutions that go through capacity building by SEP	Reports	3	3	3	3	3	3
		Quality of intervention skills of the peer educators (good understanding of the types of disability and appropriate intervention technique constitutes good quality intervention)	Reports	good	good	good	good	good	Good
		Feedback from the peer educators, feedback from families, institutions/community groups	Progress reports of the performance of the peer educators						

Assumptions: peer educators are willing to be volunteers and to join for training; trained people will become peer educators; peer educators will remain in the same locations that have been selected; the selected peer educators will not drop out of the programme due to family issues or loss of a CWD; partners assist in the selection process; donors for the programmes are pulling out.

Objective 1.5.:

CWD's enjoy an improved living and learning environment thanks to adapted furniture, educational and therapy materials, adaptations to the environment, and toys made in specific workshops.



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Contribute to adapted furniture and materials as required	• Children have adapted furniture	# of adapted furniture	List of adapted furniture and materials	3	20	30	35	40	45
	• Children are better positioned	#of children who received adapted furniture	List of adapted furniture and materials	12	20	30	35	40	45
	• Children have adapted materials	Improved function of the children receiving adapted furniture	Reports	100%	100%	100%	100%	100%	100%
Make adaptations to the environment	• Improved accessibility	# of adapted locations	List of adaptations and type of adaptations, feedback on increased independence from parents/caregivers/teachers	1	3	3	3	3	3
	• Disability friendly environment in schools and other learning centres	# of locations with adaptations to improve therapeutic and educational environment	Feedback on increased independence from parents/caregivers/teachers	1	3	3	3	3	3
Contribute to educational and therapy material		% of children in need of adapted furniture receiving them	Database of delivered equipment	80%	80%	80%	80%	80%	80%
	• Children have adapted equipment and assistive devices	% of children in need of assistive devices receiving them	Database of delivered equipment	100%	100%	100%	100%	100%	100%
	• Children have access to educational materials	% of children in need of therapy equipment receiving them	Database of delivered equipment	80%	80%	80%	80%	80%	100%
	• Parents/caregivers have hand-outs	# schools and centres that receive learning materials	Database of delivered equipment	6	7	8	9	10	11
		improved positioning and functionality in the child	Progress reports	80%	80%	80%	80%	80%	80%
Organize toy making workshops to engage beneficiaries	• Parents and caregivers have skills to make functional toys adapted to the needs of the child	# of workshops	List of made toys, attendance lists, workshop report	12	15	15	15	15	15

Assumptions: resources are available to contribute; parents and institutions use adapted furniture, materials, locations as prescribed; parents attend the toy making workshops; artisans with required expertise are available; partners are willing to have structural adaptations in their compounds; schools and centres are open to new learning materials; less bureaucracy for introducing new learning materials.





Participants of a toy making workshop showing a self made tube with coloured fill that rustles when moved. The toy is a support for cognitive stimulation exercises for children. (Wezesha workshop, Kikuyu, June 2016)

Strategic Area 2: Training

Goal 2: Professionals acquire specialised skills through high-quality transdisciplinary services.



Objective 2.1.:

Young professionals from different professions (occupational therapists, special needs teachers, physiotherapists, speech and language therapists) join SEP as new intern members.

Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Organize and facilitate intern training for new intern members at least once a year	<ul style="list-style-type: none"> Interns gain skills and experience in transdisciplinary approach and are able to apply them adequately Appropriate mentorship 	# of interns taking part in the training	Intern assessment report	20	20	20	20	20	20
		# of transdisciplinary topics trained	Intern assessment report	21	22	24	25	27	29
		% of interns applying transdisciplinary method	Intern observation	80%	80%	80%	80%	80%	80%
Network with training and educational institutions to become a partner of interest	<ul style="list-style-type: none"> More members recruited 	# of MOU's	MOU's	0	1	1	2	2	3
		# of meetings	Report on meetings	3	3	4	4	5	5
		# of talks/presentations	Report on meetings and talks	2	3	4	4	5	5
Monitor and evaluate new intern members for one year through supervisions, written and practical evaluations	<ul style="list-style-type: none"> Interns successfully demonstrate their gained transdisciplinary knowledge and skills 	# of Interns passing probation	Assessment records, evaluations, probation/ Review records	11	14	14	14	14	14
		# of Interns graduating to Full members	Membership list	6	6	6	6	6	6
Provide a two year mentorship programme for intern members	<ul style="list-style-type: none"> Well rounded professionals who use transdisciplinary approach 	# of mentors	Mentor feedback	12	14	16	18	20	22
		% of interns receiving mentorship	Mentorship list	75%	80%	80%	85%	85%	85%

Assumptions: interns stay with SEP for the whole internship period; educational and training institutions interested in partner with SEP; institutions are open to have SEP staff come for presentation; professionals are willing to apply to join; mentees will follow up with mentors; mentors will willingly guide the mentees.



Objective 2.2.:

SEP members improve their specialized and general skills thanks to continuous professional development (CPD) and related activities.



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Develop, organise and execute training plans for CPD for SEP members	<ul style="list-style-type: none"> Enhance knowledge Professional development of staff Improved confidence among the members 	# of training conducted throughout the year	List of trainings	14	26	27	27	27	27
		% of SEP members participating in training	List of participants, feedback form, training report	n/a	60%	60%	70%	70%	75%
Provide psychosocial support for staff members	<ul style="list-style-type: none"> SEP members are driven by interest and enjoyment in the job itself Functional team Reduce conflicts Overall wellbeing of members SEP members have opportunities to share their challenges 	% of staff members are motivated to execute their assignments	Feedback, observation	n/a	>90%	>90%	>90%	>90%	>90%
		# of team meetings for psychosocial support	HR documentation	n/a	6	6	6	6	6
		# of teambuilding activities	Minutes, reports	n/a	2	2	2	2	2
Organize and facilitate training of trainers (ToT) to prepare interns and incoming members to become workshop facilitators	<ul style="list-style-type: none"> More SEP members become experienced and confident in facilitating workshops, meaning that we can deliver more workshops and spread the workload more widely 	# of ToT workshops held	ToT attendance records	1	2	2	2	2	2
		# of SEP members attending ToT	ToT attendance records, feedback from participants	8	10	10	10	10	10
		# of members facilitating workshops after TOT	Minutes of meetings	10	12	14	16	18	20

Assumptions: availability of members for training; Interest of members for further training; funding for the training; staff members open up on challenges and frustrations; SEP experienced members have the time and skills to facilitate ToT workshops; SEP members and interns successfully develop confidence and skills to become facilitators.

Objective 2.3.:

Professionals acquire new skills thanks to SEP's promotion of its qualifications.



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Develop, organise and execute training for CPD for non-members	<ul style="list-style-type: none"> Participants improve their skills SEP improves its reputation as a professional stakeholder in the field of CWD 	# of training	List of trainings	1	10	10	12	14	16
		# of participants	Attendance list	12	200	200	240	280	320
		Satisfaction of participants	Feedback form	n/a	85%	85%	85%	85%	85%
Develop and provide professional training materials (e.g. curricula, manuals)	<ul style="list-style-type: none"> Uniformity of knowledge provided across professional backgrounds SEP's skills are presented in a standardised way. Materials and learning resources are available 	# of training materials	Published training materials	12 (available)					
				1 produced in 2017	+3	+3	+3	+3	+3

Assumptions: professionals are interested and willing to pay the registration fee; funds available for activities, suppliers and printing



SEP member Lilian Agesa, a special needs teacher, facilitating a training on innovative teaching and learning strategies. (Nairobi, February 2018)



Strategic Area 3: Inclusive Education

Goal 3: Children with disabilities (CWD's) are integrated in regular school settings whenever possible.

Objective 3.1.:

Access to inclusive settings in schools for CWD's is supported.

Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Raise awareness about the importance of inclusion in schools, strengthen and encourage inclusion through partnerships and active collaborative efforts	<ul style="list-style-type: none"> Reduction of stigma within the community Increase in the number of children being integrated in regular classroom 	# of awareness events that have taken place	Awareness reports	7	7	7	8	8	8
		# of meetings with existing and/or potential partners	Minutes of meetings	10	10	10	10	10	10
Create and distribute adapted educational material for children (e. g. children books)	<ul style="list-style-type: none"> More understanding of CWD More acceptance of children with disabilities in families, schools and communities 	# materials distributed	Report on distribution	0	3	3	5	5	5
		# of schools receiving materials	Feedback from schools	0	5	5	5	5	5
Conduct follow-ups of the students integrated in the schools	<ul style="list-style-type: none"> Teachers and students have support Identified challenges Adaptation of the learning situation if necessary 	# of children transiting to schools	Attendance list	45	45	45	45	45	45
Organize workshops for peers and siblings of CWD	<ul style="list-style-type: none"> Siblings learning and understanding better their siblings with disabilities CWD are better included in families and communities a safe space where siblings can open up Siblings can meet and share their experiences 	# of workshops	Report on workshop	6	8	8	8	8	8
		# of siblings participate	Attendance list, feedback form	127	130	135	140	145	150



Initiate inclusive and evidence based training for teaching staff	<ul style="list-style-type: none"> Enhanced knowledge and technical skills among teachers The skills gained by teachers are applied 	# of teachers trained	Attendance list	100	100	100	100	100	100
		% of teachers that are more confident in working with CWD	Training reports, observation	50%	50%	65%	65%	65%	70%
Create adapted educational material for schools and teachers (e.g. manual and curriculum)	<ul style="list-style-type: none"> High quality education is provided Learning materials and resources are available 	Curriculum created	Curriculum document	0	1	0	0	0	0
		Manual created	Manual document	0	1	0	0	0	0

Assumptions: funding to conduct awareness creation and related activities; communities participate in the awareness events; local authorities allow awareness events in their areas; interest of the partners to use what they get from SEP; teachers are using the support materials; schools are interested in follow ups; parents are taking the children to the recommended school; social workers do follow ups on the children; families are open to let siblings attend the workshops; transport possibilities for siblings to attend; teachers are interested in the training; teachers are well equipped with skills to teach students with disabilities; schools are allowing teachers to attend the trainings; government allow to facilitate training in schools; teachers are using assessment form, manuals, handouts.

Objective 3.2.:

Inclusion is promoted thanks to advocacy with relevant stakeholders.



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Build partnership with relevant advocacy agencies	<ul style="list-style-type: none"> Strong long lasting relationship Once voice to advocate for inclusion 	# of meetings	Minutes of meetings	5	5	5	5	5	5
		# of activities planned and executed together	Report on activities and events	5	6	6	6	7	7
Provide materials that offer information regarding disability e. g. posters, brochures etc.	<ul style="list-style-type: none"> More CWD attending school Higher awareness on different conditions and disabilities Materials and resources are available. 	# of produced and provided materials	Feedback from teachers, parents	30	30	40	45	50	50
		Level of awareness in schools	Observation	Good	Good	Good	Good	Good	Good

Assumptions: having enough financial and human resources to implement activities and to attend meetings; financial means to produce appropriate materials; human resources to draft and design materials.

Students with and without disabilities from Mwiki Primary School performing a theatre play on inclusive education (Githurai, Kiambu County, June 2017)





Strategic Area 4: Structure

Goal 4: SEP's formal and operational structure is suitable to support its present and future activities.

Objective 4.1.:

SEP adopts a legal form that fits with the organization's needs and ambitions.

Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Accomplish a research about new legal forms and identify the most suitable one to be endorsed	<ul style="list-style-type: none"> Identified legal form 	Approved suitability research	Research report, minutes of board meeting	0	1	n/a	n/a	n/a	n/a
Implement the new legal form	<ul style="list-style-type: none"> Completed registration 	Legal form definition	Registration certificate	0	0	1	n/a	n/a	n/a

Assumption: SEP has the funds for the research and the registration process.

Objective 4.2.:

The recruitment procedure for staff and members follows standards; SEP maintains a low turnover of its staff and keeps its members.



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Establish an appropriate human resource management (HRM) system	<ul style="list-style-type: none"> Standard operating procedures for HR 	Approved and implemented HRM system	HRM system report	0	0	1	n/a	n/a	n/a
	<ul style="list-style-type: none"> Improved HR planning, recruiting, learning management and performance record 	# employed staff	Employment contracts	7	7	9	9	10	10
		Activity level	Employment contracts	680%	700%	800%	900%	1000%	1000%
	<ul style="list-style-type: none"> All positions are filled with competent staff 	# resigning staff	Resignation letter	0	0	1	0	1	0
	<ul style="list-style-type: none"> Low turn-over Satisfaction of staff 	Satisfaction of HR direction	HRM follow-up	n/a	70%	80%	80%	80%	80%
		Satisfaction of staff	Appraisal interviews	n/a	80%	80%	80%	80%	80%



Update and provide policy manuals to staff	<ul style="list-style-type: none"> SEP has established standard policies 	# of policies reviewed	Policy documents	3	1	2	on demand	on demand	on demand
	<ul style="list-style-type: none"> Staff, management, board and members are informed and adhere to standard policies 	# of policies shared	Minutes team and SEP meetings	3	5	5	5	5	5
Offer staff the possibility to attend external continuous professional development (CPD)	<ul style="list-style-type: none"> SEP staff acquires new skills. 	# of CPDs attended by staff member	Certificates	1.5	2	2	2	2	2
	<ul style="list-style-type: none"> SEP staff is up to date with new approaches and methods. SEP staff is motivated to contribute. 	# talks and trainings by staff for members	Minutes of SEP meetings	27	27	27	30	30	30
Organise team building activities	<ul style="list-style-type: none"> SEP's team spirit is increased. 	# of annual team-building events	SEP calendar	0	1	1	1	1	1
	<ul style="list-style-type: none"> The identification and loyalty with SEP by staff and members is higher. 	# of participants	Attendance list	n/a	25	35	40	40	40
	<ul style="list-style-type: none"> SEP's staff and member, turn-over is low. Loosely affiliated members increase their free contribution to SEP 	# of attendance of SEP meetings	Minutes of SEP meetings	166	200	200	200	200	200
Implement a performance reward system	<ul style="list-style-type: none"> The satisfaction of SEP staff and members is high. 	Implemented reward systems	HRM report	1	1	2	2	2	2
	<ul style="list-style-type: none"> Increased identification with the organization 	# of rewarded staff and volunteers	Appraisal interviews	4	5	8	8	8	8

Assumptions: board, management and staff at all levels are willing to cooperate; open communication between board, management and staff; enough funding to keep all staff on board; SEP is able to mobilise loosely affiliated members; SEP has the funds to organise team building events.



Objective 4.3.:

SEP has an operational office that supports its activities.

Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Have an affordable office that is big enough to host SEP staff for administrative duties	<ul style="list-style-type: none"> The office need of SEP staff is clarified. The SEP office fulfils the needs of work space for the administrative duties of SEP members. 	Size of office	Plan	30m"	30m"	30m"	30m"	30m"	30m"
		# of workplaces	Administrative products	8	8	8	9	9	10
	<ul style="list-style-type: none"> Improved working conditions for SEP staff and members SEP has moved to a new office if necessary 	Satisfaction of staff	Appraisal interviews	n/a	85%	85%	85%	85%	85%
Add new and replace obsolete IT workstations	<ul style="list-style-type: none"> SEP has a sufficient number of IT workstations for its staff. New hardware and software increases productivity of SEP staff. 	# working stations in the SEP office	Operational workstations	3	3	4	4	5	5
		# new hardware	Invoices	0	0	1	1	1	0
	# new software installed on devices	Invoices	0	0	1	1	1	0	

Assumptions: lack of funds for a bigger office; high number of requirements such as central location, low rent, storage space; number of staff can change; necessary funds for IT renewal.

Objective 4.4.:

SEP implements an internal communication structure that ensures the information flow between staff and members.

Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Elaborate and implement a communication strategy containing a concept for internal communication	<ul style="list-style-type: none"> SEP uses up-to-date channels that are adapted to its widespread structure. SEP improves its internal information flow. 	# of channels	Communication strategy	5	5	4	4	4	4
		# information gaps	Minutes	3	3	2	2	1	1

Assumptions: every staff member and SEP member is aware on the communication strategy and his/her professional communication duties; every staff member and SEP member is using the communication channels provided.





Ruth, a peer educator trained in the Wezesha programme, demonstrating an exercise together with SEP staff member Areba Nyang'acha, a physiotherapist, while the mother of the boy observes therapy intervention for the first time (Mangu, Nakuru County, November 2017).

Strategic Area 5: Partnering and Networking

Goal 5: SEP maintains existing and establishes new relations in a dynamic professional environment in order to carry out its activities.



Objective 5.1.:

SEP has increased its visibility as a professional stakeholder and an attractive project partner in the field of CWD.

Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Elaborate and implement a communication strategy defining SEP's external communication and public relations activities	<ul style="list-style-type: none"> SEP's communication strategy is elaborated. SEP has improved its visibility, external communication and public relations. 	Communication strategy	Communication strategy report	n/a	1	n/a	n/a	n/a	n/a
		# of communication activities (# print, #web, # social media, # events, # campaigns)	Channel statistics, Product list	45 (5, 5, 30, 5, 0.5)	61 (5, 10, 50, 5, 1)	100 (5, 10, 80, 5, 0)	101 (5, 10, 80, 5, 1)	100 (5, 10, 80, 5, 0)	101 (5, 10, 80, 5, 1)
		# of staff and members being trained on the communication strategy and activities	Minutes	0	25	35	40	45	50
Evaluate the feasibility of a long-term communication position, create the position and recruit skilled staff	<ul style="list-style-type: none"> The feasibility of an in-house communication position is evaluated. SEP has created a communication position and recruited competent staff. SEP has raised the volume of its communication activities and improved the quality of the products. 	Feasibility study	Report, minutes of board meeting	0	1	n/a	n/a	n/a	n/a
		Recruitment of a communication specialist	Position description, job contract	0	0	1	1	1	1

Assumptions: board, director, staff and members are available to collaborate for communication purposes; SEP has the funds for the creation of a long term communication position.



Objective 5.2.:

SEP has increased its funds and diversified its funding sources in order to maintain and expand its activities.



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Write detailed funding strategy	<ul style="list-style-type: none"> Improved coordination of fundraising activities Gather funds for SEP's activities 	Funding strategy	Strategy report	0	0	1	n/a	n/a	n/a
Hold innovative fundraising events	<ul style="list-style-type: none"> SEP has increased its unrestricted funds 	# of events held	Annual report	3	5	5	6	6	6
Network with local companies, develop Cooperate Social Responsibility (CSR) partnerships	<ul style="list-style-type: none"> SEP accesses funds for its activities 	# CSR partnerships	MoU, allowance letters	1	1	2	2	3	3
Write funding proposals to third parties such as foundations, cooperating NGO's or government institutions	<ul style="list-style-type: none"> SEP has funds to implement its activities. 	# proposals written	Proposal files	5	4	3	3	3	3
		# of successful proposals	Allowance letters	5	4	3	3	3	3
Market SEP's products and services (e.g. toys, training)	<ul style="list-style-type: none"> SEP has increased its unrestricted funds. 	# marketing actions	Annual reports	4	6	8	10	10	10
		# of sold toys	Toys statistics	37	60	90	120	120	120
		# training participants	Attendance lists	12	200	200	240	280	320

Evaluate the feasibility of a long-term fundraising and marketing position, create the position and recruit skilled staff	<ul style="list-style-type: none"> The feasibility of an in-house fundraising and marketing position is evaluated. SEP has created a fundraising and marketing position and recruited competent staff. SEP has raised the income of its diverse funding activities. 	Feasibility study	Minutes of Board Meeting	0	1	n/a	n/a	n/a	n/a
		Recruitment of a fundraising and marketing specialist	Position description, job contract	0	0	1	n/a	n/a	n/a

Assumptions: SEP has the human resources and time to write and approve a funding strategy; SEP has start capital to produce fundraising materials; SEP fulfils the conditions for CSR; staff is capable of writing professional fundraising proposals and cultivating relationships with major donors; companies willing to partner with SEP; availability of people interested in the work of SEP and/or willing to attend the fundraising activities; SEP has professional staff who can deliver a high quality training for outside professionals; developed toys are marketable; funds to hire a specialist; SEP staff not able to deliver expected materials needed by the specialist.

Objective 5.3.:

SEP's collaborates with organizations that intersect with its activities and meets new allies in order to develop synergetic partnerships.



Activities	Expected outcome	Performance indicators	Means of verification	Baseline 2017	2018	2019	2020	2021	2022
Network and partner with other organizations	<ul style="list-style-type: none"> SEP has improved existing partnerships and encountered new opportunities for its activities 	# partnerships	Minutes team meeting	20	25	28	30	32	34
		# new partnerships	MoU, correspondence	4	5	4	4	4	4
Join forums and umbrella organizations	<ul style="list-style-type: none"> More organizations become aware of SEP and consider working with or support SEP 	# of joined networks	Annual report	2	2	3	3	3	3
		# of forums attended	Annual report	7	7	9	11	13	15

Assumptions: partners commitments; gain knowledge and visibility through new collaborations; improved observation of trends and project developments in the area of CWD.





SEP staff Kelvin Kahianyu attending a workshop for storytelling through theatre play, together with Kevin Omondi from SEP partner organization Sarakasi Trust

5 Institutional Strengthening

5.1 Leadership and Coordination

Strong leadership across board members combined with effective coordination and demand for performance accountability from all sectors of SEP operations is vital to the achievement of the intended results.

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The SEP management (director, chairperson, vice-chairperson, project coordinator) meets regularly and takes the key decisions for the organization. This improves leadership, continuity and transparency. The SEP management makes a deliberate effort to evaluate the environment in which the organization operates. The SEP management undertakes continuous engagement of its staff members and other stakeholders to ensure sustained commitment towards the implementation of this strategic plan and strengthen its network and partnerships.

The SEP board guides the policy and implementation of programmes. It meets quarterly unless otherwise an ad-hoc meeting is convened. Through these meetings the board receives status reports on implementation of operational plans drawn from this strategic plan as well as the financial status of the organization to ensure available resources can sustain the implementation of the strategic plan.

By holding annual general meetings (AGM) and electing members to leadership positions such as office-bearers and board members, SEP fulfils some of the core expectations of an organization.

5.2 Communication

A communication strategy shall support SEP to communicate effectively and meet core organizational objectives. It helps to achieve the overall organizational objectives as defined in this strategic plan and engage effectively with stakeholders. It also enables SEP to demonstrate the success of its work. Moreover, it defines SEP's activities for awareness creation for children with disabilities. Internally, it ensures that all staff knows and understands the standards of the organization, by providing a framework for a regular flow of information.

5.3 Funding

The successful delivery of this strategic plan requires a regular flow of resources in order to allow effective and sustainable programming of the actions set out within this strategic plan. SEP is conscious of its present reliance on external funding against a backdrop of a constantly changing funding context.

SEP will continue to generate most of its funding from donors that made up to about 85% of the total annual income in 2017. Traditionally, donor funding is assigned for programme activities that leave the operational development and personnel related costs largely underfunded. Reliance on grants from donors often exposes SEP to severe financial limitations. Thus, over the plan period, SEP will seek to increase its annual income by scaling up resource mobilisation activities both within and without the traditional funding sources. The focus is to increase unrestricted funding up to 35% of the total revenue.

SEP reviews all traditional sources of funding to analyse their proportion contribution to the annual budgets. To improve its financial sustainability, SEP will:

- develop and implement a detailed resource mobilisation strategy (fundraising and marketing)
- diversify its resource base and secure alternative income sources, such as fundraising events (cultural performances and sponsored activities), workshops for professionals and public audience (organised by SEP and on demand), sales and marketing of reading materials and educational toys, as well as diverse income through investments
- look into partnerships with private companies for corporate social responsibility (CSR) projects
- look into new potential project partners (donor NGO's from overseas)
- build a strong network with donors, funding agencies and other stakeholders

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This approach will be consecutively followed over the whole period of the strategic plan. The measures on how to diversify the funds are defined in the logframe.

SEP has developed a budget covering the entire strategic plan period. However, because of uncertainty of funding as well as the changing development and health priorities, the budget will be reviewed after two years to ensure it reflects the changing realities. This budget is expected to mainly finance initial setup activities to a large extent, strengthening internal management and operational systems, and enhance and upgrade infrastructure. With availability of resources, SEP will set aside resources to be allocated for staff capacity development.

5.4 Monitoring and Evaluation

Monitoring and evaluation (ME) helps in measuring the progress made in the planned interventions and consequently guide staff and management in making informed decision towards achieving the goals of the strategic plan and future programming. ME helps to determine to what extent the specific objectives of the strategic plan have been met or will be. ME supports the design of SEP's intervention and service delivery to the target populations by providing a thorough analysis of data available and produces evidence of improvement as a result of interventions outlined in the strategic plan.

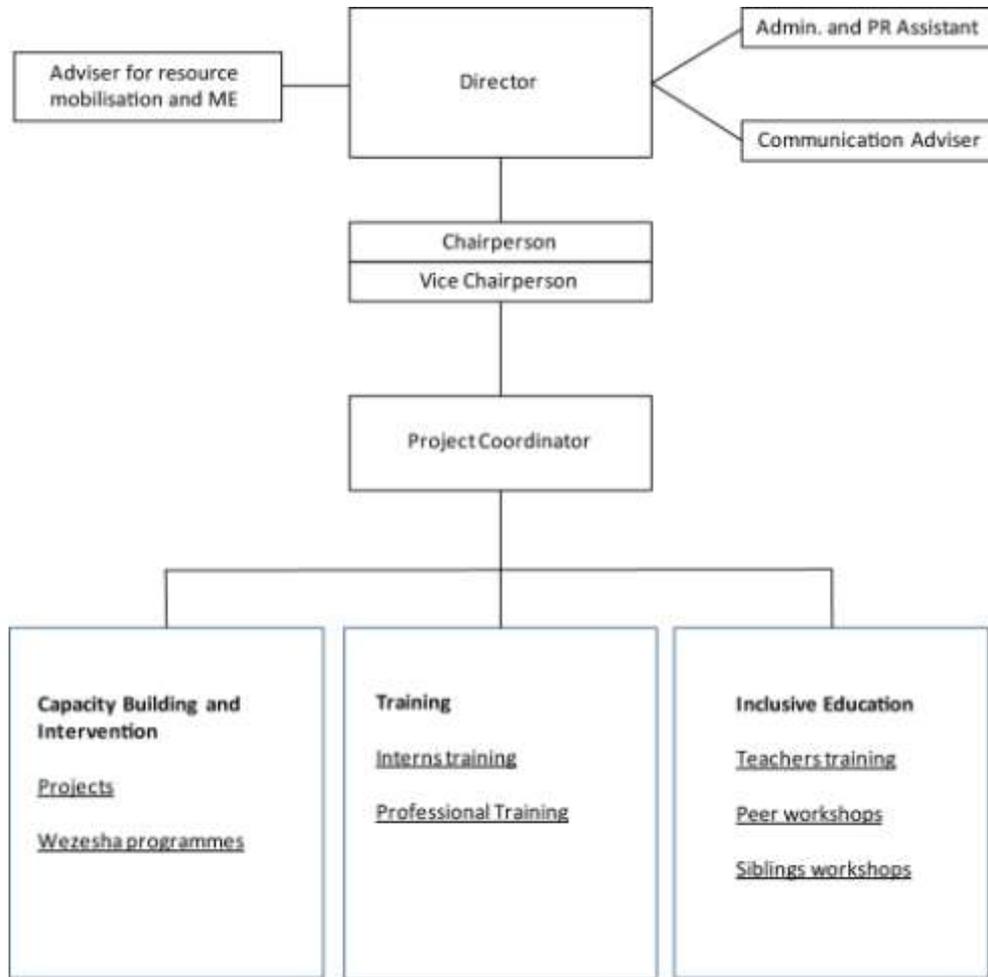
SEP's ME framework outlines a number of mechanisms through which the progress in the strategic plan's implementation will be measured. These include:

- Programme reviews: each implementation year, a participatory review will be held with all stakeholders to assess progress against the strategic plan target framework, revisit the operational plan, assess and address implementation challenges and identify priorities for the coming year.
- Mid-term review: SEP schedules a mid-term evaluation of the strategic plan. This mid-term review will examine accomplishments over the first two and a half years against expected results. It will facilitate a review of the strategies and indicators and allow evidence-based adjustments to the plan where applicable.
- End-term review: a comprehensive evaluation will be conducted at the end of the term of this strategic plan (2022) to determine the overall impacts and outcomes

against set goals. This evaluation will inform priorities and content for the next strategic plan.

- Project review reporting and review meetings: in addition to the reviews, SEP will continue to conduct project specific evaluation, reporting and review meetings; these will be along the respective donor's and partner's requirements.

6 Annex: Organization Chart (as of 1st Jan. 2018)



(SEP/1st Jan. 2018)

SEP member and former chairperson Eva Nyoike, a special needs consultant, dancing with a child (Narok County, September 2017)

