STRATEGIC PLAN
2021-2025
THE KENYA SOCIETY FOR THE BLIND

STRATEGIC PLAN
2021 – 2025
KSB VISION:
A society in which no one is needlessly blind and rights of the visually impaired are ensured.

KSB Mission:
We exist to promote an enabling environment for persons with visual impairments and those at risk of visual impairment through prevention, education, rehabilitation and habilitation initiatives by working with persons with visual impairments, partners and government agencies at all levels.

KSB Core Values:

- Compassion
- Integrity
- Professionalism
- Respect for Persons with Visual Impairment
- Equality and equity
- Team spirit
Foreword

Our strategic plan is ambitious. It defines how we will be successful within a challenging and changing environment. The plan has been devised to enrich the experience of our staff, clients, and stakeholders, and has been developed with their involvement and support through an extensive consultation programme that has also engaged with external partners and influencers.

The Society has exciting aspirations as it moves into a new era of development. This plan, which will guide the Society’s work over the next few years, captures five key priorities that will enhance our reputation and position the Society on a national and international platform. We will be Kenya-centric but globally connected, and the experience of KSBs initiatives will be distinctive.

Our aims and objectives sit within a structure that integrates strategies in eye health, advocacy, rehabilitation and research, in increasing collaboration with industry to positively impact the visually impaired of Kenya by driving innovation and boosting competitiveness.

Felista Wakina
Ag Executive Director
Preface

As the Kenya Society for the Blind 65th anniversary approaches, we focus on strategic steps towards the next level of inclusive excellence. The plan honours our founding commitment to serve persons with visually impairment and welcome people of all backgrounds into the life of the Society. The plan is directional and broad, providing a focused, complementary set of goals, strategies, and recommendations to guide Council and Committee members, staff, Clientele and the KSB Membership in Committee members, staff, Clientele and the KSB Membership in general as we further evolve as a nationally and internationally recognized Society. The plan addresses five focus areas selected by the KSB community as fundamental elements of excellence:

(i) KFA 1: Health Services
(ii) KFA 2: Advocacy, Awareness creation, and Public Relations
(iii) KFA 3: Education and Rehabilitation
(iv) KFA 4: Institutional Strengthening
(v) KFA 5: Sustainability Programme

Wide participation across the KSB’s fraternity characterized each major phase of planning activity, from the “planning to plan” design stage, to stakeholder engagement stage and best practices research, to strategic recommendations. Council, staff, life members, partners, and KSB Fraternity were represented and there were several opportunities for members of the KSB community, including representatives of each of the shared governance groups, to provide feedback via surveys, face-to-face gatherings, and online.

The plan’s recommendations are supported by extensive institutional and external research conducted by the consultant. This document provides full narratives that discuss the background research and reasoning that informed each conclusion.

The strategic plan implementation is the responsibility of the KSBs Council and Management team, working in consultation with the shared governance groups or what we refer to as Council Committees. The Council will develop multi-year operational plans, link
planning to budget, and provide a transparent process for periodic progress reports and tracking. It is important to note that while this report stops short of recommending particular operational action items, it does include measures of success that can be utilized for monitoring progress toward objectives and for continuous assessment. By design, the plan does not use current or anticipated resources to limit KSB’s vigorous pursuit of inclusive excellence. At the same time, those who worked on the plan were mindful that both people and financial resources are critical to achieving goals. Forward momentum in the focus areas depends upon strong, continued improvement in KSBs services and growth in research funding, strategic partnerships, and stakeholder engagement.

Finally, consistent with a culture that emphasizes innovation and broad engagement in our rapidly changing environment, the plan’s goals and objectives do not preclude pursuit of other opportunities that emerge.

Samson Waweru
KSB Chairman
Acknowledgement

On behalf of the Kenya Society for the Blind, I wish to express my deep gratitude and appreciation to the Council for providing oversight and strategic direction in the development of this organizational blueprint. Your commitment to the process ensured we got the document ready in good time. We are very indebted to the management and staff for making their contributions to the process ensuring that the document speaks to the focus areas of the organization. We also wish to express our gratitude to the Strategic Plan Steering team that worked closely with our consultants to ensure that the process remained focused to the key result areas as well as ensuring that they provided the much-needed link between the consultants and the organization.

Lastly, we are very grateful to our consultants Mr. James Kago and Samuel Macharia for providing the expert knowledge to develop a document for posterity. We appreciate their high level of professionalism. I am confident that this Plan provides the KSB’s roadmap for strategic decision-making, resource mobilization and utilization, performance monitoring and evaluation in order to achieve the set targets. I wish to thank our staff and other stakeholders who have continued to serve diligently making us a great organization. I look forward to their continued support as we implement this strategic plan.
Table of Contents

Foreword .......................................................................................................................... 3
Preface .............................................................................................................................. 4
Acknowledgement .......................................................................................................... 6
Abbreviations and Acronyms ...................................................................................... 10
Executive Summary ...................................................................................................... 12
CHAPTER 1 ..................................................................................................................... 15
HISTORICAL, LEGAL, AND INSTITUTIONAL FRAMEWORK .................................. 15
  1.1 Introduction ............................................................................................................. 15
  1.2 Background and Institutional Framework .............................................................. 15
      1.2.1 KSB Functions ............................................................................................... 15
      1.2.2 KSB Governance ......................................................................................... 16
      1.2.3 KSB Programmes .......................................................................................... 16
      1.2.4 KSB Partnerships ......................................................................................... 17
  1.3 Rationale for Developing the Strategic Plan ........................................................... 18
  1.4 Methodology of Developing the Strategic Plan ...................................................... 18
  1.5 Organization of the Strategic Plan ......................................................................... 19
CHAPTER 2 ..................................................................................................................... 21
SITUATIONAL ANALYSIS ................................................................................................. 21
  2.1 Introduction ............................................................................................................. 21
  2.2 International, Regional, National and County Contexts ........................................ 21
      2.2.1 International Context .................................................................................... 21
      2.2.2 Regional Context .......................................................................................... 23
      2.2.3 National Context .......................................................................................... 23
      2.2.4 COVID -19 Pandemic and Persons with Visual Impairment (VI).................. 27
      2.2.5 Mental Health amongst Persons with Visual Impairment ............................... 27
      2.2.6 County Context ............................................................................................ 28
  2.3 KSB’s Key Achievements ....................................................................................... 30
  2.4 Challenges over the past 5 years .......................................................................... 30
  2.5 Environmental Analysis ....................................................................................... 31
      2.5.1 SWOT Analysis ............................................................................................. 31
      2.5.2 PESTLE Analysis .......................................................................................... 34
2.6 Stakeholder analysis ........................................................................................................... 35
2.7 Theory of change for KSB ................................................................................................. 37

CHAPTER THREE ................................................................................................................ 39

STRATEGIC FOCUS ............................................................................................................ 39
3.1 Introduction ...................................................................................................................... 39
3.2 Corporate Statements ...................................................................................................... 39
3.2.1 Vision .......................................................................................................................... 39
3.2.2 Mission ....................................................................................................................... 39
3.2.3 Core Values (PITREC) ............................................................................................... 39
3.2.4 Motto ........................................................................................................................ 39
3.3 Key Focus Areas ............................................................................................................. 40
3.4 Key Focus Areas and Strategic Objectives ..................................................................... 40
3.5 Critical Success Factors .................................................................................................. 51

CHAPTER 4 ........................................................................................................................ 53

IMPLEMENTATION STRUCTURE, COORDINATION AND RESOURCE REQUIREMENTS .... 53
4.1 Introduction ...................................................................................................................... 53
4.2 Governance and Staffing ................................................................................................. 53
4.3 Human Resource Development Strategy ....................................................................... 53
4.4 Performance Based Management and Accountability Plan ........................................ 54
4.5 Organizational Structure ............................................................................................... 55
4.6 Resource Mobilization and Annual Targets .................................................................. 56
4.7 Accountability Framework ............................................................................................. 58
4.8 Communicating the Strategic Plan ................................................................................ 59
4.9 Risk Management .......................................................................................................... 59

CHAPTER 5 ........................................................................................................................ 62

MONITORING, REVIEW, EVALUATION, LEARNING AND REPORTING ....................... 62
5.1 Introduction ...................................................................................................................... 62
5.2 Monitoring and Evaluation Framework ........................................................................ 62
5.3 Evaluation Mechanisms ................................................................................................. 62
5.4 Linking M & E to Performance Management ............................................................... 63
5.5 Reporting Progress Reports ......................................................................................... 63
5.6 Communication and Dissemination of Reports ............................................................. 63

Appendix 1: Implementation Matrix ..................................................................................... 64
Table of Figures

Table 1: LEVELS OF CARE IN THE KENYA HEALTH SYSTEM ................................................................. 29
Table 2: KSB SWOT ANALYSIS.............................................................................................................. 31
Table 3: KSB PESTEL ANALYSIS ........................................................................................................... 34
Table 4: Staffing Levels .......................................................................................................................... 53
Table 5: Risk Analysis .............................................................................................................................. 60
### Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ABC</td>
<td>African Braille Centre</td>
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<tr>
<td>AMD</td>
<td>Age-related Macular Degeneration.</td>
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<td>AMREF</td>
<td>African Medical Research Foundation</td>
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<td>ASK</td>
<td>Albinism Society of Kenya</td>
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<td>AUB</td>
<td>African Union for the Blind</td>
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<tr>
<td>CAT</td>
<td>Centre for Adaptive Technology</td>
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<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<td>CES</td>
<td>Comprehensive Eye Services</td>
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<td>CECT</td>
<td>County Eye Care Team</td>
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<td>CHMT</td>
<td>County Health Management Team</td>
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<td>CHPS</td>
<td>Community Based Health Planning and Service</td>
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<tr>
<td>CHV</td>
<td>Community Health Volunteer</td>
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<tr>
<td>CIRET</td>
<td>Compassion Integrity Respect Equality and Teamwork</td>
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<tr>
<td>CRA</td>
<td>Commission on Revenue Allocation</td>
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<tr>
<td>DEA</td>
<td>District Education Assessment</td>
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<td>DOS</td>
<td>Division of Ophthalmologists</td>
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<td>ERS</td>
<td>Economic Recovery Strategy</td>
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<td>HFMCs</td>
<td>Health Facility Management Committees</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>HSSF</td>
<td>Health Sector Services Fund</td>
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<tr>
<td>IGAs</td>
<td>Income Generating Activities</td>
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<td>KIEP</td>
<td>Kenya Integrated Education Programme</td>
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<td>KOP</td>
<td>Kenya Ophthalmic Programme</td>
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<td>KSB</td>
<td>Kenya Society for the Blind</td>
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<td>KIB</td>
<td>Kenya Institute for the Blind</td>
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<td>KU</td>
<td>Kenyatta University</td>
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<td>KUB</td>
<td>Kenya Union for the Blind</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>LPED</td>
<td>Local Production of Eye Drops</td>
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<td>LV</td>
<td>Low Vision</td>
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<td>LWVI</td>
<td>Learners With Visual Impairment</td>
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<tr>
<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoLSP</td>
<td>Ministry of Labour and Social Protection</td>
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<td>MTIB</td>
<td>Machakos Technical Institute for the Blind</td>
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<td>NCPWD</td>
<td>National Council for Persons With Disabilities</td>
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<td>NEPU</td>
<td>National Eye production Unit</td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<td>OCO</td>
<td>Ophthalmic Clinical Officers</td>
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<td>OE</td>
<td>Operation Eyesight</td>
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<td>ONs</td>
<td>Ophthalmic nurses</td>
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<td>OSU</td>
<td>Ophthalmic Services Unit</td>
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<td>PEC</td>
<td>Primary Eye Care</td>
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<td>PWDs</td>
<td>Persons With Disabilities</td>
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<td>PWVI</td>
<td>Persons With Visual Impairment</td>
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<td>RM</td>
<td>Resource Mobilization</td>
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<td>SNE</td>
<td>Special Needs Education</td>
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<td>UN</td>
<td>United Nations</td>
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<tr>
<td>VI</td>
<td>Visual Impairment</td>
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<tr>
<td>VIO</td>
<td>Visual Impairment Officers</td>
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<tr>
<td>VIPs</td>
<td>Visually Impaired Persons</td>
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<tr>
<td>WECC</td>
<td>Ward Eye Care Committee</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

This Strategic Plan presents the strategic direction for KSB for the period between 2021-2025. This corporate plan identifies the key strategic objectives and activities to be undertaken so that the Society can realize the outcomes it has set out to achieve in the five-year period. This Plan is the outcome of a consultative process whereby key stakeholders of the Society were consulted at all stages. Notably, the development of this document took place during a very challenging environment due to COVID-19 pandemic restrictions. This called for innovative approaches, including the use of technology to reach the target population, who included the KSB Council Members, staff members, partners, government bodies and other key stakeholders.

In developing the strategic plan, a situational analysis was undertaken to understand the dynamic environment in which KSB was operating. The achievements and challenges over the past few years provided a good basis of determining the strategic direction as did the SWOT and PESTLE analyses. In addition, the key stakeholders were analyzed to understand their roles and obligations in relation to KSB. This strategic plan will play a critical role determining the vision, mission and the key focus areas of the organization over the next five years. The plan also outlines the resources required to achieve the planned targets including a resource mobilization strategy. In addition, the plan provides a monitoring, evaluation, and reporting framework.

The plan consists of 5 chapters. Chapter one presents a background of KSB, its historical formation, and its institutional framework. Chapter two provides the situational analysis including the milestones achieved by the organization over the years as well as the environmental analyses through SWOT and PESTLE. Chapter 3 presents the strategic direction of the organization. It presents the vision, mission, core values and the key focus areas as well as the strategic objectives. Chapter 4 looks at the implementation structure, coordination and resource requirements while chapter 5 looks at the monitoring, review, evaluation, learning and reporting.

The vision, mission and core values that will guide the KSB are as follows:

**Vision:** A society in which no one is needlessly blind and rights of the visually impaired are ensured.

**Mission:** We exist to promote an enabling environment for persons with visual impairments and those at risk of visual impairment through prevention, education, rehabilitation and habilitation initiatives by working with persons with visual impairments, partners and government agencies at all levels.

**Core Values:**

Compassion; integrity; professionalism; respect for persons with visual Impairment; equality and equity; and team spirit.
During the 2021 - 2025 Strategic Plan period, KSB will focus on the following key focus area and strategic objectives:

**KFA 1: Health Services**

Strategic Objective 1: To enhance access to eye care and improve the well-being of people living with vision impairment.

**KFA 2: Advocacy, Awareness creation, and Public Relations**

Strategic objective 2: To enhance inclusion and integration of people living with visual impairment through advocacy and awareness creation.

**KFA 3: Education and Rehabilitation**

Strategic Objective 3: To enhance access to education and rehabilitation services by people living with vision impairment.

**KFA 4: Institutional Strengthening**

Strategic Objective 4: To enhance the efficiency and effectiveness of the organization to improve service delivery.

**KFA 5: Sustainability Program**

Objective 1: To ensure sustainability of organizational programmes through membership services, partnerships, and resource mobilization.

Finally, this strategic plan has put in place a robust monitoring and evaluation (M&E) system to help track progress over time. The implementation matrix identifies the activities to be undertaken and the results expected, the cost of those activities, and the officers responsible for implementation. A midterm review as well as a final review will be undertaken during the life of this plan.
CHAPTER 1
HISTORICAL, LEGAL, AND INSTITUTIONAL FRAMEWORK

1.1 Introduction

This chapter presents a background of the Kenya Society for the Blind (KSB) historical formation and its institutional framework. It also provides the rationale for developing this Strategic Plan and the methodology adopted in its development.

1.2 Background and Institutional Framework

The Kenya Society for the Blind (KSB) was established in 1956 through an Act of Parliament Cap 251 of the laws of Kenya (Revised 2012). KSB is charged with the responsibility of serving all Kenyan citizens who are at a risk of going blind as well as people living with visual impairment (PWVI). The organizational objective is the creation of an environment that encourages the inclusion of the visually impaired persons in society and promotes the prevention of avoidable blindness.

According to the KSB Act, the organization is headed by a Council consisting of three public officers who shall be deputed in writing from time to time by the Permanent Secretaries in the Ministries for the time being responsible for matters relating to health, social services and basic education respectively and six elected members. The elected members shall be elected at a meeting of members of the Society and shall hold office for a period of two years and are eligible for re-election.

1.2.1 KSB Functions

The functions of KSB as provided in Cap 251 of the laws of Kenya are:

(i) To promote the welfare, education, training, and employment of the blind and to assist in the prevention and alleviation of blindness,
(ii) To assist the government, societies, any institution, organizations or society or person in all matters related to blind,
(iii) To awaken public interest in the welfare of the blind and in all matters relating to blindness,
(iv) To advise on all things necessary or required in any matter to or connected with the blind The Society’s objective is the creation of an environment that encourages the inclusion of the visually impaired persons in the society and promotes the prevention of avoidable blindness.
1.2.2 KSB Governance

The KSB governance is stipulated in the governance policy dated July 2011. The objective of the policy is to define the principles and values that underpin corporate governance practices in KSB, the council roles and responsibilities, the framework of authority, responsibility, and accountability to fulfil the KSB mandate vision and mission. The specific objectives of the Council include:

(i) To be legally responsible and to provide corporate identity to the organization.
(ii) To provide security and continuity to the organization.
(iii) To hold the management accountable for their decisions and actions.
(iv) To provide objectivity, guidance, wisdom, and good judgment is “outsiders” to day-today operations.
(v) To ensure that KSB maintains clear mandate, focus and direction and that it is well-managed.
(vi) To take responsibility for the organization’s overall performance.
(vii) To represent ownership, pursue and speak for the interest of the stakeholders that KSB exists for.
(viii) To hold authority in trust over KSB and to soundly delegate the necessary authority to the management to enable them to effectively pursue the set goals and objectives.

KSB reaches out to PWVI in communities and works to create a conducive environment for the empowerment of the visually impaired by promoting their welfare, education, training, and employment, so that they may become self-sufficient and self-reliant.

1.2.3 KSB Programmes

KSB has been implementing various projects through the following programs that cover three sectors;

(a) **The Eye Care Programme**: The Kenya Society for the Blind has been carrying out eye care activities in Kenya in collaboration with MOH and other donor partners. KSB has been achieving this through its main units i.e. The Eye Clinic, the National Eye Drops Production Unit and the Optical Services.

(b) **The Education Programme**: KSB is mandated by the government to champion and coordinate educational matters of the visually impaired children. KSB supports in the following areas:

- Assistive devices for totally blind and Low vision
- Eyes screening for school going children
- Coordination of Sponsorship program
- Empowerment training and of Braille technicians and teachers
- Empowerment of parents and care givers of the visually impaired children
• Coordination and facilitation of learning for the education institutions be they special schools, integrated and inclusive schools and colleges.

(c) The Rehabilitation Programme: KSB’s programmes have a rehabilitation component designed to ensure the totally blind are supported psychosocially, economically, physically to continue with their activities of daily living with minimal dependency in accordance with the WHO’s definition of health. Persons who are irreversibly blind are trained to be economically productive by being provided with skills towards orientation and mobility, activities of daily living, basic agriculture and business skills training and placement for ICT trainees. This programme is also mandated to ensure the rights and dignity of the visually impaired are guaranteed through lobbying and advocacy work.

KSB established a resource center that provides devises which include: pre-Braille materials, Braille equipment, talking watches and calculators, Braille transcription, Braille watches, and mobility canes. The resource centre is a one stop-shop where all assistive devices and other disability tools are such as Brilliant Braille display, Braille note taker, wireless keyboard for use with IPhone or IPad, Eye Pal Solo reader, and embossers among others. Moreover, there is a talking book library within a resource centre that aims to fight against illiteracy among the visually impaired in Kenya.

1.2.4 KSB Partnerships

KSB has a partnership with the Ministry of Education and other development partners to implement the Kenya Integrated Education Programme (KIEP). KIEP has been sponsoring learners with visual impairment, facilitating them with assistive devices (white canes, scientific calculators, Braille machines, pep kits, and Braille papers), support training of teachers in Braille and facilitating coordination work in all the targeted counties.

KSB works with the Kenya Ophthalmic Programme (KOP) under the Ministry of Health and in partnership with other stakeholders to reduce incidences of preventable blindness in Kenya by providing preventive and curative of eye care services through integration of primary eye care into the existing primary health care system in the Country. Through these initiatives, uptake of eye care services has improved and taken closer to the people. The delivery of optical services in all public hospitals is on-going and productivity of eye care workers is guaranteed. Kenya so far has a total of 61 ophthalmologists, 54 cataract surgeons, 48 ophthalmic clinical nurses, 16 ophthalmic nurses against a total population of 48 million. This is the biggest national challenge in pursuance to vision 2020 on elimination of avoidable blindness.

KSB is mandated by KSB Act 251 to provide rehabilitation services for the irreversibly blind in Kenya. To do this, KSB works closely with registered civil services organizations (CSOs) in the disability sector and the Ministry of Gender, Children, and Social Development which is represented in KSB Council by an appointee of the Permanent Secretary.

KSB is implementing community-based rehabilitation (CBR) programme and is working in partnership with several partners depending on areas of specialty including the Kenyatta
National Hospital (KNH), Kenya Medical Training College (KMTC), Kenya Institute for the Blind (KIB), Kenya Union of the Blind (KUB), Kenya Institute of Special Education (KISE), African Braille Center (ABC), as well as the Daisy Eye Cancer Fund.

1.3 Rationale for Developing the Strategic Plan

Since its establishment in 1956, KSB has continued to play a critical role in the creation of an environment that encourages the inclusion of the visually impaired persons in society and promoting the prevention of avoidable blindness in Kenya. Like any other organization, KSB operates in a dynamic environment, hence the need to continuously scan its environment and make the necessary strategic adjustments and decisions to remain competitive and responsive to the needs of its membership. This strategic plan will assist the organization define its roadmap for the next five years.

This Strategic Plan will enable KSB to examine the existing and operating environment, explore the factors and trends that affect the way it does business, seek to meet its mandate and fulfil its strategic vision and mission, frame strategic issues and flag priorities which must be addressed and find innovative ways to address them. Ultimately, this Strategic Plan 2021-2025 will provide the institution with a framework of long-term goals and outcomes to guide its institutional development, reporting and monitoring framework and resource mobilization strategy. It will also on an ongoing basis inform the systematic way of developing and managing KSB’s annual work plan and budgeting.

1.4 Methodology of Developing the Strategic Plan

This strategic plan (2021-2025) was developed in an inclusive and participatory manner. Stakeholders involved included Persons with Visual Impairment (PWVI), Programme staff, key partners and stakeholders, Line Ministry partners at County and National level as well as members of the KSB Council.

Notably, this strategic plan was developed during a challenging time of the COVID-19 pandemic which broke out in the country in March 2020, and which has disrupted social life, business, and livelihoods in a most unprecedented manner. Consequently, the Government of Kenya introduced a raft of strict general and specific public health protocols as a response to COVID-19 epidemic, protocols that have changed the way of life, business engagements and interactions in both the public and private sectors. These public health protocols also introduced legislative and strict rule of law consequences and daily briefings that were unprecedented.

Despite this life-threatening challenge, the strategic planning process was undertaken in a highly participatory manner that ensured that many critical stakeholders were reached despite the individual, institutional and environmental limitations.

To inform this strategy, information was generated from secondary data and was gathered through the review of relevant documents. Key documents reviewed included KSB past strategic plan 2012-2016, KSB program implementation Plans (2021), annual reports, partner
strategic plans, key Ministry of Health (Ophthalmic department) documents, KSB activity-based reports, various KSB concept documents as well as proposals among others.

To facilitate the collection of relevant data the consulting team developed tools that were used to guide all the discussions. These tools were shared with KSB management to ensure that all the issues are well captured. These tools facilitated primary data collection through key informant interviews, guided interviews, and focused group discussions with identified KSB members and relevant stakeholders in both state and non-state institutions. On 30th March 2021, an online stakeholder validation workshop was held. It was attended by members of the Governing Council, members of various Board Committees, KSB staff members as well as representatives of various stakeholders. The feedback provided by the delegates was used to finalize the document.

1.5 Organization of the Strategic Plan

This Strategic Plan is organized into five chapters in a simple, coherent, precise and easily translatable into other languages. The strategy is written and sequenced in a manner to ensure that KSB membership, beneficiaries, current and potential partners, strategic donors and implementers of the Strategic Plan are clear, understand and follow the KSB’s strategic vision and focus areas.

Chapter One sets out the historical, legal, and institutional framework. It provides a justification for developing the strategy, the prevailing environment, and the methodology.

Chapter Two outlines the KSB’s role to the county, national, regional, and global development agenda including the situational analysis.

Chapter Three presents the strategic detail framework which includes the Key Result Areas and the Strategic Objectives that KSB plans to undertake in the next five years. This is the critical section in this strategy which details the vision and mission of KSB through specific activities.

Chapter Four provides the institutional capacity and resource mobilization required in animating the desired results. It also includes information on resources required to implement the plan and how those resources may be obtained.

Finally, Chapter Five summarizes the Strategic Plan’s monitoring, evaluation and reporting mechanism which is crucial in the continuous annual planning, monitoring and review of the strategies’ implementation. This provides KSB an opportunity to remain focused, relevant to the prevailing and unfolding environment and results oriented.
CHAPTER 2

SITUATIONAL ANALYSIS

2.1 Introduction

The operational environment of the Kenya Society for the Blind (KSB) is determined by both internal and external dynamics, both of which have an impact on the current and future programmes and their implementation modalities. An assessment of this environment is therefore critical in first understanding KSB’s strategic positioning, and secondly, in charting out its immediate and medium-term strategies for improved institutional performance and relevance. This Chapter on the situational analysis first presents the milestones achieved by the organization over the years in addition to the gaps, challenges, emerging issues, best practices, and key lessons learnt during the implementation process.

In addition, an analysis of the KSB’s Strengths, Weaknesses, Opportunities and Threats (SWOT) has been undertaken to assess its most immediate operational environment. Further the Political, Economic, Social, Technological, Environmental and Legal (PESTEL) factors that also impact KSB work and operations have also been analyzed to develop a view of the external environment in which it operates. Lastly, a mapping of the KSB’s stakeholders has been done to inform how KSB will engage with these critical stakeholders during the implementation of this Strategic Plan.

2.2 International, Regional, National and County Contexts

2.2.1 International Context

The growing and ageing of populations have led to increasing numbers of individuals with moderate or worse vision impairment globally. These trends triggered the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB) to create an initiative in 1999 called “Vision 2020: The Right to Sight”. This initiative set a goal to eliminate avoidable blindness.

On 8th October 2019, WHO released its first ever report on vision. According to the report, at least 2.2 billion people around the world currently have a visual impairment, of whom at least 1 billion have a visual impairment that could have been prevented or is yet to be addressed. Globally, over 65 million people are blind or have impaired sight, yet their vision could have been corrected overnight with a cataract operation. In addition, over 800 million struggle people in everyday activities because they lack access to a pair of glasses.

The world faces considerable challenges in terms of eye care, including inequalities in the coverage and quality of prevention, treatment and rehabilitation services; a shortage of trained eye care service providers; and poor integration of eye care services into health systems, among others. The research found that ageing populations, changing lifestyles and limited access to eye care, particularly in low- and middle-income countries, are among the main drivers of the rising numbers of people living with visual impairment.

The report provides evidence on the magnitude of eye conditions and visual impairment globally, draws attention to effective strategies to address eye care, and offers
recommendations for action to improve eye care services worldwide. The key proposal of the report is for all countries to provide integrated people-centred eye care services which will ensure that people receive a continuum of eye care based on their individual needs throughout their lives.

WHO’s work is guided by the recommendations of the WHO World report on vision (2019) and the resolution on “integrated, people-centred eye care, including preventable blindness and visual impairment” that was adopted at the 73rd World Health Assembly in 2020. The key proposal of the report and resolution is to make integrated people-centred eye care (IPEC) the care model of choice and to ensure its widespread implementation. It is hoped that by shaping the global agenda on vision, the report will assist Member States and their partners in their efforts to reduce the burden of eye conditions and vision loss and achieve the Sustainable Development Goals (SDGs), particularly SDG target 3.8 on universal health coverage. It is important to have eye care built into UHC as part of comprehensive health care. Part of this of course includes the provision of near correction for those with presbyopia to give all people the best quality of vision for the whole of their lives.

According to Tedros Ghebreyesus, WHO Director-General, people who need eye care must be able to receive quality interventions without suffering financial hardship. Including eye care in national health plans and essential packages of care is an important part of every country’s journey towards universal health coverage.

Vision impairment severely impacts quality of life among adult populations. Adults with vision impairment often have lower rates of workforce participation and productivity and higher rates of depression and anxiety. In the case of older adults, vision impairment can contribute to social isolation, difficulty walking, a higher risk of falls and fractures, and a greater likelihood of early entry into nursing or care homes.

The International Council of Ophthalmology (ICO) collaborates with ophthalmologic organizations, governments and non-governmental organizations to increase support for eye care and prevention of vision loss worldwide. ICO Advocacy seeks to position ophthalmology in a leadership role in prevention of blindness activities to help achieve the goal of the right to sight for all, provide support for the VISION 2020 global initiative specifically and for prevention of avoidable blindness and visual impairment in general, and support adoption by the WHO Executive Board and the World Health Assembly of resolutions and an action plan that will stimulate increased support for eye care and prevention of vision loss.

According to the Lancet Global Health, cataract and undercorrected refractive error were among the three leading causes of blindness and MSVI in 2020. Worldwide, there are over 15 million adults aged 50 years and older who are blind due to cataract, and more than 86 million who have MSVI due to under corrected refractive error. In 2020, blindness due to cataract and under corrected refractive error composed 50% of all global blindness, and MSVI due to cataract and under corrected refractive error composed 75% of all global MSVI. The other main causes - glaucoma, age-related macular degeneration,
and diabetic retinopathy - collectively contributed to over 6 million blind adults aged 50 years and older and over 13 million adults aged 50 years and older with MSVI in 2020. Given that the vast majority of visual impairment and blindness caused by cataract, under corrected refractive error, diabetic retinopathy, and glaucoma can be avoided with early detection and timely intervention.

2.2.2 Regional Context

Africa carries a disproportionate responsibility in terms of blindness and visual impairment. The state of eye care in Africa stands in alarming contrast to that in the rest of the world. Blindness, disabling visual impairment and the overall lack of eye-care services are too often the result of social, economic and developmental challenges of the developing world. Poor practitioner-to-patient ratios, absence of eye-care personnel, inadequate facilities, poor state funding and a lack of educational programs are the hallmarks of eye care in Africa, with preventable and treatable conditions being the leading cause of blindness. Eye diseases causing preventable blindness are often the result of a combination of factors such as poverty, lack of education and inadequate health-care services.

Studies indicate that the most common cause of permanent blindness in Africa is primary open angle glaucoma (POAG), which is the dominant type of glaucoma in Sub Saharan Africa (SSA). Multiple studies have found that glaucoma disproportionately affects people of African versus European ancestry. As a disease, POAG constitutes the single greatest cause of permanent blindness in Africa.

The WHO report adds that the global goal to reduce eye impairment by 25 per cent by 2019 has been constrained by challenges such as uneven quality of eye care services and inequalities in coverage, with blindness in both eyes for people in South Asia, West Africa and East Africa being eight times that in high-income countries. The WHO Africa region estimates that 26.3 million people have a form of visual impairment on the continent, with 20.4 million having low vision and 5.9 million being blind. Africa is estimated to have 15.3 per cent of the world's blind population.

The lack of eye specialists in sub-Saharan Africa is causing a very large number of people to become or remain blind unnecessarily. Experts decry the terrible situation regarding the number of medical specialists compared with the population. In Europe, one ophthalmologist, cares for ten thousand people. In sub-Saharan Africa, it is one ophthalmologist for every one million people, and in remote areas, it is one to every five million persons.

2.2.3 National Context

According to the WHO, almost a quarter of a million Kenyans suffer from blindness; 43% of these cases are caused by cataracts, an avoidable and often treatable condition. The presence of high rates of blindness in a community implies a significant loss of its productivity, not only because the blind often cannot be productively engaged, but also because others must care for them and generate the resources needed for their survival. Currently, an estimated 350,000 people are blind while another 750,000 are visually impaired.
impaired. The major causes of blindness in Kenya include cataract, trachoma, and glaucoma. The bulk of blindness in the country is preventable or curable. KSB continues to put a lot of efforts in awareness activities, screening and treatment and production of quality and affordable eye drops, provision of quality eye checkup and provision of quality optical services. With less than one ophthalmologist for every half a million residents, the country is unable to reach all patients in need of eye care. Rural areas, which account for 80% of the population, are particularly underserved.

Kenya Health Policy 2014-2030 is the primary policy document providing long-term direction for health in Kenya. The policy outlines the intent of the country towards attaining the overall health aspirations of the people of Kenya through supporting provision of equitable, affordable, and quality health and related services at the highest attainable standards. Eye health receives government support at the national level and National Strategy for Eye Health are annexed to the national health sector strategic plan. The Ophthalmic Services Unit at the Ministry of Health develops annual operating plans and budgets based on the National Strategy for Eye Health.

According to the National Eye Health Strategic plan (2020-2025), there is no timely and accurate data on eye conditions in Kenya due to challenges within the health information system. This is because the indicators in eye health are not integrated into the community-based tools, and not coded, making it difficult to enter them on the Kenya Health Information System.

Eye care services (prevention and treatment) in Kenya are coordinated through the Ophthalmic Services Unit (OSU), headed by a Deputy Director of Medical Services. At the national level, OSU oversees provision of public eye health services, which is a delegated function of the Ministry of Health. The unit has a mandate to reduce avoidable blindness by providing preventive and curative eye care services and integration of primary eye care (PEC) into the existing primary health care (PHC) system. The head of the Ophthalmic Services Unit plays a key role as the chief advisor to the government on strategic directions with respect to eye health and blindness prevention. The unit oversees, coordinates, and assures quality of eye care services at the national level and facilitates the training, deployment and distribution of resources and eye care workers in the country. OSU has a number of sections: community services, preventive services, clinical services and eye health information/epidemiology.

The National Prevention of Blindness Technical Working Group, which brings together eye care service providers within the government, mission, and NGO sectors, has been mandated with the critical task of developing eye health policies and ensuring its implementation. Eye care service coordination reflects a partnership between the national government and international and local NGOs.

**Vision 2030**

Vision 2030 is the long-term development blueprint for the country, aiming to transform Kenya into a “globally competitive and prosperous and newly industrialised middle-income country providing a high quality of life to all its citizens in a clean and secure
environment by 2030”. Health is one of the components of delivering the Vision’s Social Pillar, given the key role it plays in maintaining the healthy and skilled workforce necessary to drive the economy.

The Kenya Health Policy, 2014–2030 gives directions to ensure significant improvement in overall status of health in Kenya in line with the Constitution of Kenya, the country’s long-term development agenda, Vision 2030 and global commitments. The policy outlines the intent of the country towards attaining the overall health aspirations of the people of Kenya through supporting provision of equitable, affordable, and quality health and related services at the highest attainable standards. It demonstrates the health sector’s commitment, under the government’s stewardship, to ensuring that the country attains the highest possible standards of health, in a manner responsive to the needs of the population. It further states that a person shall not be denied emergency medical treatment and that the State shall provide appropriate social security to persons who are unable to support themselves and their dependents.

KSB plays a critical role in the realisation of the Kenya Vision 2030. Eye health receives government support at the national level and National Strategy for eye Health are annexed to the national health sector strategic plan. The Ophthalmic Services Unit at the Ministry of Health develops annual operating plans and budgets based on the National Strategy for eye Health. KSB remains a key stakeholder in the rolling out of the National Strategy for Eye Health in Kenya.

Major Causes of Blindness in Kenya

(i) Cataract

Cataracts are the leading cause of visual impairment in Kenya, as in all developing countries with about 43% of blindness in Kenya being caused by cataracts. There are approximately 14,500 new cases each year in addition to the 107,000 citizens already suffering from cataract blindness. In Kenya, the estimated cataract surgical rate (CSR) in 2019 was 80016. This is low compared to WHO recommended CSR target of 3000 by 2020. Cataract Surgical Coverage (CSC) is also used to measure delivery of cataract services and is a more accurate measure of access to services, and an indicator for monitoring progress towards Universal Health Coverage. With the increasing prevalence of cataract and number of cataract surgeries, there is need to promote high-quality surgery with a good visual outcome (visual acuity of 6/18 or better) from the current 65% to 70% by 2023 and 80% by 2025.

(ii) Trachoma

Trachoma is the leading cause of preventable blindness and second leading cause of avoidable blindness in Kenya accounting for 19% of the blindness cases. The International Trachoma Initiative estimates that nearly 6,000,000 people in Kenya are at risk of being infected with Trachoma especially in Rift Valley Province. Women are three times more likely to be blinded by trachoma as the infection is passed easily between family members through close contact.
In 2013, twelve counties were identified where blinding trachoma was a public health problem, putting over 7.3 million people at risk of infection and even blindness: Turkana, West Pokot, Baringo, Narok, Samburu, Kajiado, Laikipia, Marsabit, Isiolo and parts of Meru, Kitui and Embu. Trichiasis (blinding trachoma) was found in 41,501 people across all the endemic counties. The WHO SAFE18 strategy was integrated into primary healthcare in all targeted communities. All sub-counties where blinding trachoma was a public health problem had been identified and all components of the SAFE strategy were rolled out using an outreach approach. It is anticipated that the remaining trachomatous trichiasis backlog will be cleared by end of 2021 and that the last antibiotic treatments will be done in 2022 unless subsequent surveys inform the need for further treatments. Relevant impact and surveillance surveys will continue to be undertaken to inform further interventions.

(iii) Diabetic Retinopathy (DR)

The country is experiencing a rise in diabetes owing to demographic, nutritional and social changes such as urbanization. The Kenya National STEPwise survey on non-communicable diseases 2015 found the prevalence of diabetes to be 2% for the age group between 18-69 years and over 50% of cases are undiagnosed.

(iv) Glaucoma

In Kenya it is estimated that Glaucoma affects 2% of patients attending eye clinics and accounts for 6% of blindness in the country. A population-based study in Nakuru found the prevalence of glaucoma to be 4.3% in people aged 50 years and above.

(v) Childhood blindness

The main causes of childhood blindness include: congenital cataract, retinopathy of prematurity, corneal diseases (including those associated with nutritional deficiencies), congenital glaucoma, trauma, cortical blindness, tumors like Retinoblastoma and hereditary retinal diseases. With the persistently high poverty level and lack of access to pediatric eye care services, childhood blindness is expected to increase.

(vi) Retinopathy of prematurity (RoP)

An eye disease that can happen in premature and low birth weight babies, is one of the leading causes of blindness in children. As neonatal services continue to improve, more premature and low birth weight babies are surviving, therefore the babies at risk of ROP is on the rise. The Ministry of Health developed guidelines on screening and management of ROP in 2018 and started an ROP screening program to help prevent loss of vision among the premature babies. The program has been rolled out in 5 counties, with a target to gradually roll it out to all level 5 hospitals by 2025.
(vii) Refractive error and Low vision

In Kenya magnitude and pattern of refractive errors is hampered by lack of data from locally done population-based studies. It is estimated that there are about 840,000 people with low vision from different causes. Almost 60 % of persons with visual impairment are due to refractive errors (short sight or long sight). The magnitude and impact of uncorrected refractive error is much more felt in children, which may be associated with lost education opportunities, while in adults there’s exclusion from productive working life, all with far reaching negative economic impacts. Low vision services are only accessible to a small portion of the population.

(viii) Allergic conjunctivitis

According to the Ministry of Health District Health Information Systems data, allergic conjunctivitis is the leading cause of presentation to eye care services and accounts for 27% of all outpatient visits in the eye clinics across the country. It is important to ensure quality of care for patients with ocular allergy.

2.2.4 COVID -19 Pandemic and Persons with Visual Impairment (VI)

Persons with visual impairment face tremendous challenges in the Covid 19 epidemic. Some of the challenges putting people with visual impairment at danger is implementation of basic hygiene measures like handwashing which is a critical requirement to reduce infection. In addition, persons living with visual impairment need assistance to do certain tasks, sometimes being held by hands, making it a challenge to maintain social distance, or to avoid touching things to obtain necessary information. The onset of Covid made many facilities to reduce eye care to only critical cases leaving out the essential continuous support that other patients were getting from the facilities. Moreover, most of those facilities were converted to Covid 19 isolation wards.

2.2.5 Mental Health amongst Persons with Visual Impairment

KSB has noted with great concern that the rates of depression and anxiety are elevated among people with visual impairments. Moreover, based on community assessments conducted in various regions in Kenya, KSB established that individuals from lower socioeconomic status or backgrounds have an increased risk of visual impairment and subsequent mental health problems. Existing psychosocial interventions for improving mental health in people with visual impairment show some promise, but are limited due to inadequate professionals and also due to by low adherence by the beneficiaries.

KSB will continue to partner with other stakeholders to improve outcomes and create a better understanding of the mechanisms linking visual impairment and poor mental health. Through such partnerships, it will be essential to develop more
effective interventions and expand access to services to improve the detection and treatment of mental health problems amongst the PWVI population.

2.2.6 County Context

The Constitution of Kenya provides a legal framework that guarantees an all-inclusive rights-based approach to health service delivery to Kenyans. Article 43 of the Kenya Constitution provides that Kenyans are entitled to the highest attainable standards of health, which includes the right to healthcare services including reproductive health care. The health sector was the largest service sector to be devolved under this new governance arrangement.

The Fourth Schedule of the constitution provides specific guidance on which services the county or national governments are to provide. At the national level, the Ministry of Health (MoH) is responsible for providing stewardship and guidance which include health policy, technical assistance to counties, and management of national referral health facilities while at the county level, county departments of health are responsible for coordinating and managing the delivery of health services.

Eye care in the country is a critical part of the national health system provided in all counties though at different levels. At the community level, or level 1, eye health services include treatment of minor eye conditions, disease prevention and referrals of critical cases. Community Health Volunteers (CHVs) are the key drivers of service at this level. CHVs channel referrals through Community Health Extension Workers (CHEWs). Level 2 and 3 services are offered in Dispensaries and Health Centres. In these levels, eye care services are provided by Primary Health Care Workers (PHCWs). At level 4 and 5 facilities (Sub-county, County referral hospitals and Regional hospitals), services are provided by eye specialists that include Ophthalmologists, Ophthalmic Clinical Officer/Cataract Surgeons, Ophthalmic Clinical Officers and Ophthalmic Nurses. Services at level 6 (National Teaching and referral hospitals), are provided by Sub-specialty Ophthalmologists, Ophthalmologists, OCO/Cataract Surgeons, Ophthalmic Clinical Officers and Ophthalmic Nurses.

The table below illustrates the various cadre of staff available in each level. KSB can take advantage of the devolved health services to engage directly with the County Health Management Team (CHMT) who have responsibility for the delivery of all health services, public and private, including eye health services. The CHMT have been mandated to implement their own eye care plans with the assistance from partners and donors. At the county level, the Ophthalmic Services Unit advocates for inclusion of eye care plans in national and county annual operational plans and development of creative approaches to mobilize resources for eye health. These include promoting multi-sectoral collaboration and involving other relevant ministries and programmes, such as water and sanitation, community development,
education, and the National Health Insurance Fund (NHIF). KSB can advocate for the formation of County prevention of blindness committees to oversee coordination of all matters related to blindness.

**Table 1: LEVELS OF CARE IN THE KENYA HEALTH SYSTEM**

<table>
<thead>
<tr>
<th>Level of Health</th>
<th>Human Resources</th>
<th>Function/ Responsibility</th>
</tr>
</thead>
</table>
| Level 1 (Community Health Services) | • Community Health Volunteers  
• Community Health Assistants | • Awareness creation on matters relating blindness  
• Identification of potential eye care patients  
• Referral to primary health facilities  
• Rehabilitative post-treatment |
| Level 2-3 (Primary Facility) | Nurses and clinical officers, Lab technicians/ technologists | • Awareness creation  
• Basic eye care like infusion of factor for known haemophilia patients  
• Referral for potential eye care conditions to secondary and tertiary facilities  
• Rehabilitative post-treatment |
| Level 4-5 (Secondary Facility) | • Specialists (County ophthalmologist, ophthalmic nurses, Physicians, paediatricians, surgeons, gynaecologists, family physicians, ENT surgeons, psychiatrists, orthopaedic surgeons etc.)  
• Dentists  
• Medical Officers  
• Clinical Officers  
• Nurses  
• Physiotherapist | Serve as Eye Care Clinics  
• Diagnostic services  
• Eye surgeries such as Cataract should be done at this level  
• Refraction corrections  
• Rehabilitation services  
• Psychosocial support  
• Ongoing eye patient/family caregiver education and support  
• Refer severe eye conditions/cases for management to tertiary level |
| Level 6 (Tertiary Facilities) | Human resources in level 5 plus:  
• Sub-specialists e.g. Ophthalmologists, ophthalmic nurses and optometrists, | Serve as the Comprehensive Eye Care Clinics/ Centres (CECCs) with the following Capabilities:  
• Advanced diagnostic capability available  
• The CECCs should have a multi-disciplinary team that meets regularly  
• Prevention of blindness and loss of vision |
<table>
<thead>
<tr>
<th>Level of Health</th>
<th>Human Resources</th>
<th>Function/ Responsibility</th>
</tr>
</thead>
</table>
|                | neurosurgeons, vascular surgeons etc. | • Rehabilitation after joint bleeds  
• Pain management  
• Quality-of-life assessments and psychosocial support  
• Ongoing patient/family caregiver education and support  
• Complex eye surgical procedures and refraction corrections should be done at this level |

KSB Eye Care Department has continued to provide accessible, quality and affordable eye services to thousands of Kenyans. People need to be educated and sensitized on how to reduce exposure to risk factors such as systemic diseases and those with genetic predisposition to perform regular eye examinations to allow early detections and diagnosis of eye diseases, and early treatment to avoid blindness and loss of vision.

### 2.3 KSB’s Key Achievements

Globally, 89% of visually impaired people live in low and middle-income countries including Kenya. The major causes of blindness are uncorrected refractive errors, cataracts, Age-related Macular Degeneration (AMD) and glaucoma. KSB has carried community screening events to reach and identify more eye patients and intervene appropriately to reduce visual impairment. KSB has achieved significant milestones such as:

- **i)** KSB jointly with Sightsavers and MOE implemented the Kenya Integrated Education Program (KIEP) that to increase the capacity of government education systems to identify and integrate learners with visual impairment in regular public schools.
- **ii)** Partnerships with local institutions (Safaricom Foundation, UAP, IRA and MOH).
- **iii)** Introduction of new technology for the blind.
- **iv)** Enhanced ownership of the society by persons with PWVI.
- **v)** Winning awards as the best private sector actor.
- **vi)** Production of Eye Drops.
- **vii)** Installation of an elaborate Finance System.
- **viii)** Establishment of Rehabilitation classes.
- **ix)** Sale of assistive devices and new technology to PWVI such as white canes, JAWS, Magnifying glass for persons with low vision.
- **x)** Participation in disability policy development.

### 2.4 Challenges over the past 5 years

- **i)** Inability to reach all parts of Kenya
(ii) Unstable Funding due to over-dependency on donor funding
(iii) Lack of Braille production unit
(iv) Inadequate marketing strategies
(v) Lack of a well-stocked resource centre
(vi) Inadequate staff capacity and high staff turnover
(vii) Poor teamwork amongst staff
(viii) Weak monitoring and evaluation system
(ix) Weak corporate governance

2.5 Environmental Analysis

In an effort to understand the capacities and context within which KSB was operating, an assessment of the operating environment as well as the analysis of KSB capacities and capabilities were undertaken. The operating environment were analyzed using PESTEL framework where the operating context in relation to political, economic, social/cultural, technological, environmental, and legal aspects. The capacities of KSB were undertaken through SWOT analysis where strengths were analyzed and compared with its weaknesses while in relation to the external environment the opportunities available for KSB were also documented. Also analyzed were the threats the organization was exposed to.

2.5.1 SWOT Analysis

Table 2: KSB SWOT Analysis

<table>
<thead>
<tr>
<th>KSB Strengths</th>
<th>KSB Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Derives mandate from the KSB Act</td>
<td>• Inadequate staff capacity especially on resource mobilization</td>
</tr>
<tr>
<td>• Recognition of KSB as a quasi-government institution</td>
<td>• Weak synergy among development partners in eye health</td>
</tr>
<tr>
<td>• Education and Rehabilitation trainings programmes</td>
<td>• Inadequate research</td>
</tr>
<tr>
<td>• Sale of brailling services and assistive devices</td>
<td>• Weak voice and visibility of eye health at decision making level leading to low prioritization and resourcing</td>
</tr>
<tr>
<td>• Adequate land</td>
<td>• Poor marketing of services and devices</td>
</tr>
<tr>
<td>• Provision of affordable eye care services</td>
<td>• Disunity amongst the leadership</td>
</tr>
<tr>
<td>• Good/long history and service</td>
<td>• Lack of proper HR Strategy</td>
</tr>
<tr>
<td>• Availability of some corporate members</td>
<td>• Lack of an organizational strategy and plan</td>
</tr>
<tr>
<td>• Recognized and respected by partners and beneficiaries.</td>
<td>• Poor asset management methods</td>
</tr>
<tr>
<td>• Recognition by the main government actors (MOLSP, MOH, MOE and County Governments) as a key player in support of PWVI.</td>
<td>Lack of strong teamwork and collaboration</td>
</tr>
<tr>
<td></td>
<td>• Lack of priority to boost important projects</td>
</tr>
</tbody>
</table>
- Good rapport with sister organizations including the Kenya Blind Union, Kenya Institute for the Blind etc.
- Model IGA programs in KSB that have shown great potential in sustaining the Society financially
- Inability to reach all parts of the country especially on eye care and rehabilitation attributed to reliance on service delivery approach albeit inadequate resources.
- Low membership by PWVI
- Inadequate opportunities for staff training
- Weak monitoring and evaluation systems
- Weak policy frameworks to guide KSB in its functions as well as resource mobilization
- Unavailability of critical baseline data on issues affecting the blind in Kenya.

### KSB Opportunities

- Presence of key facilities including the eye drop production centre and the resource centre that have potential for future growth
- Availability of assets with good value in some parts of the country e.g. own land and offices
- Integration of eye care in UHC
- Digitalization of eye health (internet telemedicine)
- Global events like World Sight Day to magnify the need for eye health
- Devolution of eye care services
- Available and approved plans for the national rehabilitation centre.
- Continued support by some of the corporate entities.
- Experience of working with some of the County Governments.
- Availability of experienced staff with long history of working for KSB especially in eye care and rehabilitation of PWVI.

### KSB Threats

- Inadequate funds for renovation of eye drop production centre to be able to adhere to “Good Manufacturing Practice" may make the facility irrelevant.
- Inadequate funding may cripple critical KSB services
- Shifting donor priorities in funding
- Emerging chronic diseases/ conditions e.g. diabetes
- Lack of harmonized structure for eye health from National level across all Counties
- Epidemics such as Covid-19 Pandemic-Overwhelming to the Health system
- Emergence of well-funded organizations undertaking the same interventions as KSB’s mandate may make KSB irrelevant.
- Prolonged delay in reviewing KSB Act could hamper operations of KSB.
- Limitation of adopting advocacy approach fully while being a quasi-government agency.
- Weak KSB M&E system could present a challenge in providing timely and adequate information to the stakeholders.

**Strategies that KSB should use to utilize the strengths in future:**
• Seek for government funding
• Restructure and make use of the experienced staff
• Forge to partner with the Government ministries to mainstream disability matters
• Setting of a braille production unit and revamp the resource centre
• Marketing the services of the society
• Building hostels for the rehabilitation services
• Allow the PWVI to take lead in leadership
• Publicize progress in social media/ mainstream media
• Revise the act/ use the act to re-establish its footing

Strategies to overcome the weaknesses
• Enhance resource base by making use of its land in Nairobi west
• Lobby for funding by the government
• Enhance eye drop production
• Marketing strategy for advertising and selling services and resource centre
• Source for financing to build hostels
• Engage able donors
• Technical proposals development for funding
• Develop a HR strategy
• Engage a management agent for its land use
• Engage a professional fund raiser
• Annual salary reviews and to be at par with other NGOs
• Intensify donor funding projects
• Create a strong and clear fundraising strategy
• Develop a motivation strategy for staff with biasness
• Create a strong link to enhance teamwork
• Consider benchmarking to learn from other partners
### 2.5.2 PESTLE Analysis

**Table 3: KSB PESTEL ANALYSIS**

<table>
<thead>
<tr>
<th>Element</th>
<th>Analysis</th>
</tr>
</thead>
</table>
| **Political**    | • New constitution that is supportive to KSB programmes  
• Changing policies and laws in Kenya  
• Organizations competing to provide services to the PWVI.  
• Devolution and acts of decentralization that pushes KSB to respond differently  
• Heightened succession politics in the country.  
• Lack of funding for KSB by the Government |
| **Economic**     | • Availability of devolved funds e.g. County Governments, NGCDF etc.  
• High interest rates  
• High unemployment especially for PWVI.  
• Ready presence of target clientele nationally  
• Friendly micro economic environment Poor access to economic opportunities for PWVI.  
• Overwhelming PWVI demands which cannot be met by the current resource base  
• High cost of drugs and assistive devices |
| **Social cultural** | • Supportive and willing public e.g. the Standard Chartered Bank marathon  
• Presence of target development partners and corporate institutions  
• Traditional and cultural beliefs and practices that stigmatize and discriminate PWVIs |
| **Technological** | • Access to information from the national level  
• Access to modern assistive devices by KSB  
• Availability of technology, social networks, telephones, computers  
• Low access to modern technology and assistive devices for PWVI  
• Failure to cope with fast changing technology especially in the rural areas |
| **Environmental** | • Poor enforcement of environmental policies  
• Disruption of weather patterns resulting to disasters e.g. floods and drought.  
• PWVI affected by adversities of weather e.g. floods, drought etc. |
| **Legal**        | • Existence of friendly policies e.g. disability act, SNE policy etc.,  
• Delay in review of the KSB Act  
• Poor enforcement of existing policies e.g. on allocation of resources to disabled persons  
• Weak legal structures at the local level  
• Proliferation of eye care institutions and organizations |
2.6 Stakeholder analysis

Stakeholder analysis was undertaken to identify the various stakeholders of KSB: International NGOs, Local NGOs, National Government, County Governments, Governmental agencies, Foundations, Media and Beneficiaries and their families and the critical role each stakeholder plays in supporting eye care in Kenya. The analysis was meant to determine actions that KSB can undertake to improve its engagement and relationships between with its stakeholders. The findings are summarized in the table below:

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Level of Influence on KSB Mandate</th>
<th>Stakeholder Expectation from KSB</th>
<th>Stakeholder Obligation to KSB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Labor &amp; Social Protection</td>
<td>High</td>
<td>• Upholding the guidelines that ensure conducive working and social environment for PWVI</td>
<td>• Provision of policy guidelines on labour and social protection issues</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>High</td>
<td>• Following the guidelines provided for ensuring access to quality health care for PWVI</td>
<td>• Provision of policy guidelines on the health and wellbeing of PWVI</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>High</td>
<td>• Following the rules and guidelines set by the ministry on education matters for PWVI</td>
<td>• Provision of policy guidelines on education of PWVI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Involving in decision making</td>
<td>• Providing human and material support to institutions for the visually impaired</td>
</tr>
<tr>
<td>County Governments</td>
<td>High</td>
<td>• Following the rules and regulations for operating</td>
<td>• Ensuring PWVI access quality health care and rehabilitation at the local level</td>
</tr>
<tr>
<td>National Council for Persons With Disabilities</td>
<td>High</td>
<td>• To work collaboratively on improving the welfare of PWVI</td>
<td>• Providing support to KSB to provide better care to PWVI</td>
</tr>
<tr>
<td>National Gender &amp; Equality Commission</td>
<td>High</td>
<td>• To collaborate on issues regarding to gender and equality issues affecting PWVI</td>
<td>• Provision of policy guidelines on matters relating to gender, and equality for PWVI</td>
</tr>
<tr>
<td>Schools for the blind</td>
<td>Medium</td>
<td>• KSB to pool resources and institutions to support the schools</td>
<td>• Providing quality education to PWVI</td>
</tr>
<tr>
<td>Insurance Companies</td>
<td>High</td>
<td>• KSB to work closely with companies for effective insurance cover</td>
<td>• Provide affordable quality services to PWVI</td>
</tr>
<tr>
<td>Universities e.g. Kenyatta University,</td>
<td>Medium</td>
<td>• KSB to seek better educational packages for its members</td>
<td>• Supporting research work on issues affecting PWVI</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>Level of Influence on KSB Mandate</td>
<td>Stakeholder Expectation from KSB</td>
<td>Stakeholder Obligation to KSB</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>University of Nairobi</td>
<td>• High</td>
<td>• To work closely with KEMSA to provide quality service to members</td>
<td>• Provide quality and affordable education to members</td>
</tr>
<tr>
<td>KEMSA</td>
<td>• Medium</td>
<td>• To be engaged actively in eye care and rehabilitation</td>
<td>• Distribution of eye drops and assistive devices</td>
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<tr>
<td>Private hospitals</td>
<td>• Medium</td>
<td>• Welfare of PWVI</td>
<td>• Supporting efforts for PWVI access to quality education, eye care and rehabilitation at local level.</td>
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<tr>
<td>Sister organizations</td>
<td>• Medium</td>
<td>• Access to education and rehabilitation for PWVI</td>
<td>• Provide finance, technical and materials support</td>
</tr>
<tr>
<td>e.g. KUB, AUB, KIB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborating partners^1</td>
<td>• Medium</td>
<td>• Effective utilisation of resources</td>
<td>• Provide finance, technical and materials support</td>
</tr>
<tr>
<td>Donors and supporters</td>
<td>• High</td>
<td>• Effective utilisation of resources</td>
<td>• Provide finance, technical and materials support</td>
</tr>
</tbody>
</table>

**Strategies of gaining more support from the stakeholders**

- Collaborations and partnerships
- Grants and donations
- Private public partnerships
- Concepts and proposals
- Design programs that involve communities as well as create projects that address current issues
- Showcasing KSB Activities
- Creating awareness
- Add more involving charity events
- Collaborations and partnerships
- Grants and donations
- Private public partnerships
2.7 Theory of change for KSB

The KSB’s theory of change provides a comprehensive description and illustration of how and why the desired change is expected to happen in the current and future context. The diagram below maps out the results chain from the issues facing the organization, the interventions proposed, and the desired impact.
CHAPTER THREE
STRATEGIC FOCUS

3.1 Introduction

Kenya Society for the Blind intends to strategically focus on its core functions and operations as stipulated in the Vision, Mission, Motto and Core Values to realize its objectives. The Vision is the mental desired picture of the organization. The Mission is the overriding reason that gives KSB its identity and unique purpose. The Motto is an expression of the guiding principle. The Core Values reflects the Society’s culture and common belief to which all members subscribe.

3.2 Corporate Statements

3.2.1 Vision

The Champion for a society in which no-one is needlessly blind and the needs, rights and participation of the visually impaired is ensured.

3.2.2 Mission

To enhance the prevention of blindness, increase access to services and equalization of opportunities for visually impaired persons, through enabling programmes, capacity building, networking, partnership and influencing change.

3.2.3 Core Values (PITREC)

- Professionalism – we shall be committed to develop standards, ethics, and continuous development.
- Integrity – we shall endeavour to promote confidentiality, honesty, transparency, objectivity, and accountability.
- Team spirit – We shall encourage teamwork, synergy, collaboration, complementarity, and coordination in all endeavours at KSB.
- Respect for Persons with Visual Impairment
- Equality and equity – we shall protect dignity, diversity, access, and inclusion for all.
- Compassion – our services shall be driven by empathy, understanding, kindness and benevolence to all.

3.2.4 Motto

KSB works to prevent blindness and ensure that the irreversibly blind have the ability to live normal and complete lives.
3.2.5 KSB Safeguarding Commitment

KSB safeguarding commitment strives to implement an environment that seeks to promote and protect PWVI’s health, well-being and human rights and enabling them to live free of harm, exploitation and abuse. A safeguarding approach means identifying and minimizing the risk of harm to children and adults with Visual Impairment, from staff, representatives and partners. In addition, safeguarding is about protecting everyone in our organization at all times, including protecting staff members from inappropriate behavior such as bullying and harassment. Safeguarding entails a wide potential range of policies, procedures and activities seeking to address the welfare of staff, partner organizations and those we come into contact with such as children and (vulnerable) adults. It focuses on developing standards and mitigation measures to target and reduce residual risk.

3.3 Key Focus Areas

(i) KFA 1: Health Services
(ii) KFA 2: Advocacy, Awareness creation, and Public Relations
(iii) KFA 3: Education and Rehabilitation
(iv) KFA 4: Institutional Strengthening
(v) KFA 5: Sustainability Programme

3.4 Key Focus Areas and Strategic Objectives

KFA 1: Health Services

Strategic Objective 1: To enhance access to eye care and improve the well-being of people living with vision impairment.

Eye health and vision have widespread and profound implications for many aspects of life, health, sustainable development, and the economy. Yet many people, families, and populations continue to suffer the consequences of poor access to high-quality, affordable eye care, leading to vision impairment and blindness. KSB shall develop a structure that facilitates access to eye care management and prevention of blindness to the lowest level in the country.

a) Eye Care Health

KSB will continue to operate the eye clinic at the Headquarters in order to ensure timely eye care interventions and management across the country. KSB will play a facilitative role and work with county governments to:

i. Establish 8 centres of excellence (Comprehensive Eye Care Clinics): These comprehensive eye care clinics will be established in the 8 provincial hospitals with capacity to provide multidisciplinary eye services: Ophthalmologist, Optician, Rehabilitation Services Officers, Counselling etc
ii. Establish 37 Eye Clinics in all County Referral Hospitals with capacity to undertake 
Rehabilitation of PWVI and provide optical services.
iii. Undertake capacity building of eye care specialists in all eye clinics at the county 
referral hospitals
iv. Develop the diagnostic capability of all eye care clinics at the county referral 
hospital

b) Sexual Reproductive health and Rights

Sexual and Reproductive Health (SRH) is a state of complete physical, mental and social 
well-being in all matters relating to the reproductive system. This implies that PWVI are able 
to have a satisfying and safe sex life, the capability to reproduce, and the freedom to 
decide if, when, and how often to do so.

Reproductive health has been defined as “physical and mental health as well as social 
well-being” consisting in all aspects associated with reproductive system, process and 
performance. People with disabilities need reproductive and sexual health services at all 
stages of life as all other persons. Different age groups face several challenges, and in 
adolescence they need information regarding changes in body and feelings, self-care 
and necessary training to prevent sexual abuse and violence. Health care providers must 
provide people with disabilities the same support as non-disabled persons. It is critical to 
consider sexual and reproductive health care for people living with visual impairment 
especially women. KSB shall strengthen communication to the blind especially on matters 
related to reproductive health and HIV.

To maintain one’s sexual and reproductive health, PWVI need access to accurate 
information and the safe, effective, affordable and acceptable contraception and family 
planning method of their choice. They must be informed and empowered to protect 
themselves from sexually transmitted infections.

i) HIV/AIDS programming amongst PWVI

KSB seeks to implement this project with the aim of reaching the PWVI who have 
contracted HIV/ AIDS with the aim of:

- Promoting knowledge and understanding on HIV/AIDS both for the general 
population and for PWVI who are a vulnerable population.
- Ensuring that PWVI with HIV/AIDS have access to efficient and effective prevention 
services such as blood safety, and prevention of mother-to-child transmission.
- Ensuring that PWVI living with HIV/AIDS have access to a range of care services in an 
atmosphere of tolerance and respect for human rights.
- Strengthening health information systems and conducting research on HIV/AIDs 
amongst PWVI.
KFA 2: Advocacy, Awareness creation, and Public Relations

Strategic objective 2: To enhance inclusion and integration of people living with visual impairment through advocacy and awareness creation.

a) Advocacy

KSB will advocate and lobby the government to ensure that PWVI are able to fully participate in everyday life. KSB will advocate for people who are blind or have low vision to be treated equally by campaigning for lasting social change to ensure that Kenya implements the Vision 2020 and becomes truly accessible and fully inclusive. To achieve this, KSB will work with international and national blindness organizations and other stakeholders.

The objectives for advocacy are:

(i) KSB will increase the understanding of the need for accessibility of eye care services to PWVI.
(ii) KSB will create the conditions where PWVI have the choice to participate in society through access to the democratic process, the built environment and community spaces, information, communications and services, technology and equipment, training, higher education and employment.
(iii) KSB will influence technology design for PWVI so that it is accessible and easy to use.
(iv) KSB will advocate for access to braille prints for PWVI whenever critical national dialogues are happening like constitutional amendments and political activities like elections.
(v) That KSB will empower the PWVI and their families, to be effective self-advocates and campaigners.
(vi) That KSB will be a trusted advisor with ability to influence decision makers to take action on matters relating blindness.

b) Awareness Creation

Increasing public awareness about visual impairment, rights of visually impaired people, responsibilities of ordinary people and governments in this issue, and importance of integrating them into different levels of society is critical to achieve an inclusive society. In an inclusive society, visual impairment does not prevent one from pursuing high goals of his/her life and provides necessary opportunities.

Print, video, and audio media are very effective and efficient tools for increasing public awareness. Experience has shown that trainings, workshops, seminars, and conferences are also helpful. KSB will educate the public and policymakers about blindness and the capabilities of blind people and advocate for educational opportunities, health care services, social security benefits, vocational training, and other health and social services.
In order to create awareness about the various eye conditions and diseases that are affecting people in our communities, it is essential that KSB maintains regular communication and outreach activities in communities throughout Kenya. This will increase community awareness about the capabilities of PWVI and ensure that people know about the services available through the Society.

KSB will address the wider impact of the increasing numbers of PWVI to better reach people who need eye care health services. KSB will coordinate all activities relating to the World Sight Day to raise awareness on matters relating to PWVI and blindness.

The objectives of awareness creation are:

(i) To create awareness about our enhanced and decentralized eye care service centres.
(ii) To increase awareness of the KSB’s activities and services with the aim of extending our presence and connections in the community so PWVI can get advice, support and services.
(iii) To provide eye care education to the general public to reduce avoidable vision loss.
(iv) To respond to the needs of people with low vision currently unable to access services.
(v) To accelerate the use of technology to reach more PWVI.
(vi) To be recognized as a trusted advisor contributing to evidence-based research.

Public Relations and Branding

KSB will engage its key audiences who affect business results, such as media analysts, policymakers and policy influencers, beneficiaries, and other stakeholders with the aim of supporting the power and value of the Society’s brands to all stakeholders.

The aim of improving on the PR and Branding of KSB is to support the Society in sustaining and raising standards of performance and credibility. The Society will review all the elements of a corporate brand.

KFA 3: Education and Rehabilitation

Strategic Objective 3: To enhance access to education and rehabilitation services by people living with vision impairment.

Education for blind and low vision children provides the traditional academic experience with the addition of specialized services to aid in the development of critical life skills for adulthood. Blind and low vision children can attend school in inclusive or integrated classrooms, with trained teachers and modest equipment and materials, or in specialized schools or centers. There is need to develop innovative education, technology, and training programs to provide the blind and those who are losing vision with the tools they need to become independent and successful.
Education

Participation on Education Matters with MOE

(i) Participation and involvement in policy development with MOE on matters related to blindness.
(ii) Capacity Building of Teachers of PWVI.
(iii) Facilitate the acquisition of appropriate technology to aid in Learning and distribute it to PWVI in collaboration with MOE.
(iv) Be an advisor to the ministry on emerging trends on trainings of PWVI.
(v) Provide accurate and reliable data to MOE on PWVI.
(vi) KSB will also seek to identify, assess and place PWVI in the right learning institutions.
(vii) Work with learning institutions to provide guiding, orientation and mobility services for PWVI. Orientation and Mobility (O&M) is a critical area for students with visual impairments as it is essential for the student to learn to move safely and efficiently and as independently as possible through all environments.

Centre of Adaptive Technology (CAT) - KSB has been running the Centre of Adaptive Technology where the visually impaired and the sighted gain another universal language that helps to enhance their employability. This is a great initiative that KSB can scale up and generate resources from by replicating in its regional offices to support PWVI gain the much needed technology skills. KSB will invest in assessment capabilities for the newly PWVI to determine the level of support required.

KSB will continue to sale and ensure adequate supply of other electronic gadgets such as Brilliant Braille display, Braille Note taker, Wireless Keyboard for use with IPhone or IPad, Eye pal solo reader, and embossers among others.

Civic Education of PWVi's - Since 2010 after the promulgation of the Constitution of Kenya, new elective positions and decentralization of government through the counties took place. In 2020, a new journey to amend the 2010 constitution began and every five (5) year's elections are held. With a Population of over 7 million Kenyans with vision impairment, it is the role of KSB to ensure that PWVI are included in policy issues such as electoral law reforms by ensuring that they obtain civic education and have access to documents in braille form for ease of reading and decision making. This will allow PWVI to participate in making leadership choices in the country, and to compete for elective positions like other PWDs.

a) Rehabilitation

Rehabilitation is a wide range of clinical therapy and non-clinical training to provide blind and low vision persons with the skills and tools to maintain a safe, active and independent lifestyle. While rehabilitation cannot restore lost sight, it can help individuals maximize any remaining vision so that they, as well as those who are blind, can travel safely, take care of their needs, meet their career goals, participate in education and enjoy leisure activities. Employment-related rehabilitation services may include training with assistive technology,
Braille literacy and business English skills as well as customized vocational preparatory training, secondary-level education courses, mentorship and provision of entrepreneurial opportunities.

KSB rehabilitation program was developed after it emerged that PWVI believe and expect that their career opportunities should not be limited by their vision loss. KSB invests in the potential and independence of PWVI by providing rehabilitation services at the earliest opportunity so that people can get help when they need it most as well as make them self-reliant and live the life they choose. KSB equips PWVI with skills to help foster the independence and self-reliance that last a lifetime. The PWVI believe that with the right training and tools, blindness is not a barrier to working and participating in economic activities to better their lives. The KSB rehabilitation program is designed to empower PWVI to strive for greater access to training opportunities that allow them to build on their skills and prepare for tomorrow’s careers and high-wage jobs with advancement potential whether in white-collar jobs or in their business.

KSB provides specialized rehabilitation services to people who experience vision loss and it recognizes the critical role it plays in ensuring that Kenyans from all walks of life who are PWVI have access to the services and resources necessary for them to lead fully integrated and productive lives.

**Fanikisha Jamii Programme**

This program seeks to empower the lives of Persons living with visual impairment to plan and prepare to have their own families and when Persons with Visual Impairment decide to have children, they must have access to services that can help them have a fit pregnancy, safe delivery and healthy baby. The main objectives of this program are to:

- Train and mentor women and men on homekeeping and family matter.
- Personal hygiene and grooming.
- Good parenting practices.

**Job Re-Integration and Placements for PWVI** - KSB will sensitize employers on the capabilities of PWVI to ensure inclusive recruitment and retention practices within their workplace. Businesses who understand the capabilities of individuals who are Visually impaired are best positioned to hire the most qualified candidate for the job, irrespective of whether that candidate is visually impaired or not. Hiring individuals who are visually impaired is, quite simply, good for business. On Job Retention, keeping a valued employee who experiences vision loss while working for a company saves resources and keeps an individual from experiencing unemployment. Organizations with active diversity and inclusion policies make a direct connection between their diversity initiatives and such things as lower turnover rates and higher staff satisfaction.

The objectives of the rehabilitation programme are:

(a) That PWVI acquire the necessary skills to adapt to the impact of blindness and low vision.
(b) That Children and young people with visual impairment are equipped with skills to become successful adults.
(c) That PWVI lives are enriched by social and recreation activities, peer support and connections within the community.
(d) That PWVI are able to adjust to vision loss by receiving counselling and rehabilitation support.
(e) That more PWVI will get appropriate technology and literacy skills to be connected and informed.
(f) That more PWVI can access information they need whenever they need it.
(g) That more PWVI get employed or re-integrated into their careers.

KFA 4: Institutional Strengthening

Strategic Objective 4: To enhance the efficiency and effectiveness of the organization to improve service delivery.

There is increasing engagement in policy dialogue for scaling up institutional and organizational innovations. Institutional strengthening encompasses the deliberate actions taken to strengthen internal organizational structures, systems and processes, management, leadership, governance and overall staff capacity to enhance organizational, team and individual performance.

Organisations should have institutional and technical capacities in order to deliver their mandates most effectively. They must have robust technical capacities, efficient management systems, and focused leadership structures if development is to be sustainable and centred on people. Organisations that demonstrate transparency and accountability are more likely to enhance donors’ confidence, improve community engagement, and gain support from volunteers and other stakeholders.

For organizations to deliver their mandates effectively and sustainably, capacity strengthening initiatives must address organization-wide systems for leadership, management and governance. They must adopt an integrated approach that addresses knowledge, skills and attitudes of individuals; the systems, structures and processes within organizations; and institutional culture and environment in order to generate sustainable results. A well-governed organization makes decisions that promote program excellence and sustainability through transparent and accountable transactions. The combination of financial stability and high-quality programming is likely to result in the achievement of the desired impacts among the population served.

Efficient operations are vital to enable organizations to provide quality services at the best value and are an important part of being an effective implementer. Compliance management means conforming to stated requirements. It is achieved through management processes which identify the applicable requirements. The human resources management function ensures that the organization has the right number of staff with the appropriate skills mix, competence, and motivation, to align their performance with the
achievement of the organization’s strategic objectives. A strong monitoring, evaluation, reporting and learning (MERL) function supports learning from both successes and failures, and can give clear signals about what is valued and how it can be achieved.

a) Coordination

KSB will improve coordination between partners and stakeholders implementing various projects and programs both at national and county levels for the prevention of blindness and visual impairment.

b) Corporate Governance

(i) Develop an elaborate organizational structure.
(ii) Recruit critical roles such as Executive Director, Programs Coordinator, M&E, HR and Internal Audit.
(iii) Develop a performance management system for the society.
(iv) Capacity building of the leadership team.
(v) Continuous capacity building of staff members.

c) Internal Process and Controls

KSB will strengthen its internal processes and controls by identifying new ways of working to respond to change by being innovative, mobile, agile, and collaborative. KSB will build on our reputation of being a trusted provider of services that make a difference in people’s lives.

Objectives of internal process and Controls:

(i) To ensure KSB builds a culture of innovation, excellence and continuous improvement.
(ii) To continue to develop the capability and culture of our workforce and volunteers.
(iii) To increase capability to engage and connect with the wider community.
(iv) To increase our performance by making the most of technology.
(v) To ensure best practice guardianship of long-term assets.
(vi) To grow social sector leadership with Government, national and international partners.
(vii) To embed partnerships to leverage future opportunities.
(viii) To be a socially responsible organization.

d) Online National register

To develop an online data management system that will be integrated to the Kenya Health Information System. This will enable KSB to have real-time data on PWVI that can be analyzed and disseminated to the various stakeholders.
KFA 5: Sustainability Program

Objective 1: To ensure sustainability of organizational programmes through membership services, partnerships, and resource mobilisation.

Sustainability is a business approach to creating long-term value by taking into consideration how a given organization operates in the ecological, social, and economic environment. Sustainability is built on the assumption that developing such strategies foster company longevity. KSB shall ensure sustainability of organizational programmes through membership services, partnerships, and resource mobilisation.

a) Membership

KSB will endeavor to strengthen revenue collection from its various membership categories. The Four (4) types/ Categories of Membership will be:

(i) Lifetime Member

KSB’s Lifetime memberships are one way in which members can make a significant investment in the work of the Society, while also supporting the unique community we serve.

A lifetime membership is the perfect way for our members to lend support to a Society that they have benefited from in the past or a Society whose mission inspires them. A lifetime member shall be exempted from paying annual membership fees, protected against future increases in membership fees, invitation to a private reception at the annual general meeting, recognition in the Lifetime Member Honor Roll and automatic access to services/benefits provided by the Society such as eye screening etc. An individual will be enrolled into this category of membership upon paying a non-refundable membership fees of Ksh. 30,000.

(ii) Ordinary Individual Membership

Individual Membership will have voting rights and is entitled to hold office and contest election for the office bearers of the Society and committees. As members, individual can submit ideas, participate in all initiative reviews and participate fully in all Membership Meetings and Initiatives. Apart from unique advantage to network with the other stakeholders of the Society and eligible for special offers and benefits offered by the Society or partnering organizations as per the category of Individual Membership.

Individual membership will be divided into four (4) categories:

(a) Bronze - This category will be for individual who will have paid annual membership fees of Ksh. 1,000

(b) Silver - This category will be for individual who will have paid annual membership fees of Ksh. 2,500
(c) Gold – This category will be for individual who will have paid annual membership fees of Ksh. 5,000

(d) Platinum - This category will be the highest and it will be for individuals who will have paid annual membership fees of Ksh. 10,000

(iii) Honorary Membership:

KSB will award Eminent persons/ individual recognized by the Society to have made a truly significant contribution to the Society and its aims and objectives. An Honorary member must be nominated by other members. Members desirous of proposing such members must send details of the person with contact information to the Executive Director. The total number of honorary membership in the Society shall not exceed three (3) at any time. An honorary member will not be entitled to hold office or vote at any meeting. This Membership is strictly by invitation only.

(iv) Corporate Membership

Corporate Members are Public Institutions (Parastatals and government agencies) or Private Companies and Not for Profit Entities that subscribe for membership with Society and commit to work towards the achievement of the Societies objectives.

Nominees of Corporate Members have voting rights and are entitled to hold office and contest election for the office bearers of the Society and committees. As members, representatives can submit ideas & participate in all initiative reviews and participate fully in all Membership Meetings and Initiatives. Apart from unique advantage to network with the other stakeholders of the Society and eligible for special offers and benefits offered by the Society or partnering organizations.

Corporate members will be allowed to participate in projects and working groups relevant to their industries with a goal to improve productivity of the Society.

b) Partnerships with Corporates, County governments and High Net Worth Individuals

KSB will strive to form partnerships with Kenya’s leading companies, parastatals, county governments, corporate foundations and private organizations to harness our collective strengths to achieve our shared goals and help PWVI thrive and fulfil their potential. KSB will seek to:

(i) Improve the education and upskilling of PWVI by partnering with County Governments to introduce courses for PWVI in the Technical and Vocational Education and Training Institution.
(ii) Improve employment opportunities for blind and partially sighted persons.
(iii) Mobilize resources in kind or financial to assist in undertaking KSBs activities,
(iv) Leveraging a company’s core expertise and networks to the benefit of KSB,
(v) By working with industries to promote the rights of PWVI in responsible business practices.
c) Income Generating Activities

KSB will engage technically competent organizations that have the capacity to commercially manage The National Eye Drop Production Unit, the Eye Clinic and the Optical Shop at the Head Office. The two organizations will sign an MOU to allow for Profit share model where KSB will provide space and facilities and the Managing organization will provide the technical know-how, resources and skills required to produce, package, distribute and sell the products and services offered and share in the profits made on an agreed structure.

(i) The National Eye Drop Production Unit

KSB has two options in the management of the National Eye Drop Production Unit:

First, For KSB to carry on with Manufacturing of Eye Drops it will need to seek approval and obtain a manufacturing license from the Pharmacy and Poisons Board. This will require KSB to address the Critical gaps that had been raised by PPB in 2015. Upon Certification, KSB will be able to sell its eye drops to Kenya Medical Suppliers Agency (KEMSA) and make it a viable business enterprise with capacity to generate income for the society. However, a detailed business plan and feasibility study needs to be conducted to determine the viability of the business enterprise. KSB will also be required to have a competent production team comprising of (Quality Assurance, Quality Control, Production manager and Business/ Sales Manager) to manage the facility.

Secondly, if option one does not work, KSB should consider obtaining a sub-manufacturing certificate where KSB can contract another qualified organization to produce its eye drops on its behalf and KSB focuses on the distribution and selling of the products.

Eye clinic and Optical Shop - The Eye Clinic provides accessible, quality and affordable eye check to thousands of Kenyans with eye problems. The Optical shop has continued to provide high quality spectacles to Kenyans and school going children. The Optical Shop is equipped with the latest technology in optical industries to support the project in fitting of spectacles. Among the equipment purchased and installed include auto edger, lens blocker, lensometer, frame heater and tinting unit.

The Braille Production Unit - The Braille production unit is a potentially viable business undertaking that KSB should consider venturing into due to demand for brailed documents that presents an opportunity for KSB. KSB will commission a comprehensive feasibility study and develop a detailed business plan with elaborate Human resource flows indicating its viability.

Lease of properties and assets - KSB is endowed with various strategic and high value assets that will be leased and rented to generate unrestricted funding for the Society on a monthly, quarterly and yearly basis.
**Resource Mobilization** - KSB will mobilize resources by submitting grant applications to local and international NGOs, Foundations and Trusts with the aim of raising funds to advance its objectives and implement its programme activities.

Objectives of resource mobilization:

(i) To grow financial sustainability through diversification that provides social benefits.
(ii) To evolve service and business models that extend reach into the community.
(iii) To actively work to increase funding through current and new revenue streams.
(iv) Sustained positive relations and engagement with key stakeholders.

3.5 **Critical Success Factors**

The achievement of the strategic objectives shall be hitched on the following factors:

(i) Existence of an effective Council
(ii) Good governance and accountability
(iii) Adequate funding and resource mobilization
(iv) Supportive regulations and legislative environment
(v) Sustained culture of high performance and quality improvement.
CHAPTER 4

IMPLEMENTATION STRUCTURE, COORDINATION AND RESOURCE REQUIREMENTS

4.1 Introduction

The KSB Strategic Plan 2021-2025 requires sound governance framework, which specifies roles, responsibilities and accountabilities that will facilitate its successful implementation. In addition, an ideal institutional framework ensures proper coordination and efficient use of resources to meet the expectations of both the internal and external stakeholders.

4.2 Governance and Staffing

The establishment of a functional Governing Council with active membership is integral to developing the brand and oomph of KSB governance infrastructure. The Governing Council is responsible for the oversight, policy development and compliance, providing and monitoring the strategic direction, and supervising the management who provide the day-to-day services at the Secretariat. The function of the Secretariat is providing the day-to-day services of KSB through the implementation of the Strategic Plan in conjunction with the Governing Council. To implement this strategy, KSB will need to review the capacity of its Governing Council and staff levels.

Table 4: Staffing Levels

<table>
<thead>
<tr>
<th>Designation</th>
<th>Current staff</th>
<th>Proposed Staff levels</th>
<th>To be established/recruited</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Governing Council Members</td>
<td>9</td>
<td>9</td>
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<tr>
<td>2 Executive Director</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5 Programme/Technical Managers</td>
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<td>7</td>
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</tr>
<tr>
<td>5 Project Officers</td>
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<td>6 Support Function Heads</td>
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</table>

4.3 Human Resource Development Strategy

The successful implementation of any program depends on the quality of the human resource. The Society requires adequate, competent, innovative, highly motivated and engaged workforce. Continuous capacity development, training and regular appraisal of
the governing council and staff members is key to making an organization remain relevant in a competitive environment. There is, therefore, need to develop a comprehensive capacity training and development plan which will include the continuous upgrading of staff competencies, KSB facilities and infrastructure.

KSB will also endeavor to accomplish its key result areas by enhancing the knowledge, skills, and competencies of its staff. In close consultation with the KSB Executive Director the respective HODs and the Human Resources Department KSB shall be required to continuously undertake capacity needs assessment among all its staff members as well as the council members for the purpose of identifying the capacity gaps among the staff and council members, and plan for quality and relevant capacity building programmes to bridge the gaps identified. This exercise shall be undertaken continuously throughout the strategic plan period. Individual staff members shall also be motivated to pursue relevant short and long term trainings to enable them to fit within the new strategic plan.

4.4 Performance Based Management and Accountability Plan

This strategic plan places greater emphasis on measuring results which will be pegged directly to the performance of staff members at all levels. At the beginning of each year, the Management of the Society will develop annual work plans that will be cascaded down from the Executive Director to individual staff members and will be monitored and appraised quarterly.

The adoption of a performance-based approach will require that all staff regardless of position to be responsive to the strategic plan and accountable during the implementation of the agreed work plans. The Governance Council will play a critical role at the beginning and end of the year to ensure that the annual key result areas have been achieved including reviewing the individual performance especially of the Executive Director.
4.5 Organizational Structure

- Manager - Health Services
  - Eye Health Officer
  - Sexual Reproduction Officer
  - Education Officer
  - Rehabilitation Officer
  - CAT and Placement Officer

- Manager – Education & Rehabilitation
  - Rehabilitation Officer

- Manager – Advocacy
  - Community Mobilization Officer
  - Enforcement Officer
  - PR and Communications Officer
  - Resource Mobilization Officer

- Manager - Finance
  - Finance Officer

- Manager - Operations
  - ICT Officer & Data Analytics
  - HR & Admin Officer

- Internal Audit
  - Commercial Venture Officer
  - M&E, Reporting and Research Officer

- KSB Council
  - KSB Executive Director
4.6 Resource Mobilization and Annual Targets

KSB will require additional financial and technical resources to fully actualize this Strategic Plan 2021-2025. Several strategies will be deployed to mobilize additional funds for the implementation of the programmes outlined in this Strategic Plan. These will include:

(i) Membership fees
(ii) Annual subscriptions
(iii) Government Funding
(iv) Rent and leases
(v) Sale of merchandise
(vi) Support from private sector and development partners
(vii) Tax exemption.

Over the next five years, KSB will require to develop strategies to raise adequate funds and technical support to fully operationalize the programmes. Table 5 below shows the source of the projected funds and the deployment.

Table 5: Resource Requirements and Mobilization
<table>
<thead>
<tr>
<th>Revenue/Expenditure Items</th>
<th>Category</th>
<th>No of Members</th>
<th>Cost of Membership</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td>2021</td>
<td>2022</td>
<td>2023</td>
<td>2024</td>
<td>2025</td>
<td></td>
</tr>
<tr>
<td>Individual Membership fees</td>
<td>Bronze</td>
<td>1500</td>
<td>1,000.00</td>
<td>1,500,000.00</td>
<td>1,800,000.00</td>
<td>2,160,000.00</td>
<td>2,592,000.00</td>
<td>3,110,400.00</td>
<td>11,162,400.00</td>
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<tr>
<td></td>
<td>Silver</td>
<td>500</td>
<td>2,500.00</td>
<td>1,250,000.00</td>
<td>1,500,000.00</td>
<td>1,800,000.00</td>
<td>2,160,000.00</td>
<td>2,592,000.00</td>
<td>9,302,000.00</td>
</tr>
<tr>
<td></td>
<td>Gold</td>
<td>250</td>
<td>5,000.00</td>
<td>1,250,000.00</td>
<td>1,500,000.00</td>
<td>1,800,000.00</td>
<td>2,160,000.00</td>
<td>2,592,000.00</td>
<td>9,302,000.00</td>
</tr>
<tr>
<td></td>
<td>Platinum</td>
<td>100</td>
<td>10,000.00</td>
<td>1,000,000.00</td>
<td>1,200,000.00</td>
<td>1,440,000.00</td>
<td>1,728,000.00</td>
<td>2,073,600.00</td>
<td>7,441,600.00</td>
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<tr>
<td></td>
<td>Life</td>
<td>10</td>
<td>20,000.00</td>
<td>200,000.00</td>
<td>240,000.00</td>
<td>288,000.00</td>
<td>345,600.00</td>
<td>414,720.00</td>
<td>1,488,320.00</td>
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<tr>
<td>Corporate: Membership fees and Certification</td>
<td>15</td>
<td>50000</td>
<td>750,000.00</td>
<td>900,000.00</td>
<td>1,080,000.00</td>
<td>1,296,000.00</td>
<td>1,555,200.00</td>
<td>5,581,200.00</td>
<td></td>
</tr>
<tr>
<td>Government Funding</td>
<td></td>
<td></td>
<td></td>
<td>22,183,000.00</td>
<td>22,376,000.00</td>
<td>23,497,200.00</td>
<td>25,541,720.00</td>
<td>29,035,692.00</td>
<td>148,832,000.00</td>
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<tr>
<td>Development Partners</td>
<td></td>
<td></td>
<td></td>
<td>77,640,500.00</td>
<td>78,316,000.00</td>
<td>82,240,200.00</td>
<td>89,396,020.00</td>
<td>101,624,922.00</td>
<td>429,217,642.00</td>
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<tr>
<td>Rent and Leases</td>
<td></td>
<td></td>
<td></td>
<td>14,000,000.00</td>
<td>15,400,000.00</td>
<td>15,400,000.00</td>
<td>16,940,000.00</td>
<td>16,940,000.00</td>
<td>78,680,000.00</td>
</tr>
<tr>
<td>Sale of KSB merchandise</td>
<td></td>
<td></td>
<td></td>
<td>12,000,000.00</td>
<td>15,000,000.00</td>
<td>18,750,000.00</td>
<td>23,437,500.00</td>
<td>29,296,875.00</td>
<td>98,484,375.00</td>
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<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>131,773,500.00</td>
<td>138,232,000.00</td>
<td>148,455,400.00</td>
<td>165,596,840.00</td>
<td>189,235,409.00</td>
<td>799,491,537.00</td>
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<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme Management</td>
<td></td>
<td></td>
<td></td>
<td>88,732,000.00</td>
<td>89,504,000.00</td>
<td>93,988,800.00</td>
<td>102,166,880.00</td>
<td>116,142,768.00</td>
<td>490,534,448.00</td>
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<tr>
<td>Administration and Governance</td>
<td></td>
<td></td>
<td></td>
<td>26,619,600.00</td>
<td>26,851,200.00</td>
<td>28,196,640.00</td>
<td>30,650,064.00</td>
<td>34,842,830.40</td>
<td>147,160,334.40</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>115,351,600.00</td>
<td>116,355,200.00</td>
<td>122,185,440.00</td>
<td>132,816,944.00</td>
<td>150,985,598.40</td>
<td>637,694,782.40</td>
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<tr>
<td><strong>SURPLUS</strong></td>
<td></td>
<td></td>
<td></td>
<td>16,421,900.00</td>
<td>21,876,800.00</td>
<td>26,269,960.00</td>
<td>32,779,896.00</td>
<td>38,249,810.60</td>
<td>161,796,754.60</td>
</tr>
</tbody>
</table>
4.7 Accountability Framework

The overall role of implementing this Strategic Plan rests with the Governing Council (GC) which will provide annual feedback to the Annual General Meeting (AGM) or members forum. The office bearers will be charged with overseeing the actual implementation of the Plan to fulfil each of the Strategic Objectives and the targets outlined in the Results Matrix below. The Governing Council will oversee and provide overall policy direction in the implementation of all activities outlined in the strategic framework, including the allocation and re-allocation of resources and staffing.

KSB is mandated and formed by an Act of Parliament. However, the government does not finance its programmes and activities and the Society raises funds by charity work, donations, grants, gifts and subscription as per Session 14 of its Act. This situation has exposed the society to frequent cash flow challenges given its national outlook and focus and the vulnerability of the targeted beneficiaries. KSB has faced significant financial constraints and has been unable to run programmes targeting the visually impaired all over the country. This scenario has challenged KSB to seriously think about sustainability and stability in funding.

KSB shall put a lot of emphasis on the implementation of KSB Resource Mobilization Strategy. In line with this the Society shall support the Resource Mobilization Team in its efforts towards resource mobilization. The HOD Advocacy shall spearhead resource mobilization through KSB engagement in social enterprises as well as external resource mobilization. Resource mobilization shall be based on agreed targets for the purpose of ensuring that KSB secures adequate resource for the implementation of this strategy. The key sources of resources for KSB shall include the following:

(i) **Government grants and funding:** KSB shall lobby the government to commit budgetary allocations to finance its programmes and activities.

(ii) **Grants and donations:** KSB shall undertake resource mobilization efforts targeting Non-Governmental Organizations (both local and international) as well as corporates. However, care shall be taken to ensure that KSB diversifies its source of support to target many NGOs to avoid being dependent on a single source.

(iii) **Commercial ventures:** KSB shall design products and services to meet the needs of the existing markets especially in eye care and rehabilitation. KSB shall strive to generate resources from key KSB income generating projects that include: the Eye Drop Production Centre, the Resource Centre and the proposed Rehabilitation Centre.

(iv) **Lease of properties and assets:** KSB is endowed with various strategic and high value assets that will generate income if leased and rented. These include its land, buildings and other strategic assets.
4.8 Communicating the Strategic Plan

KSB will use various communication methods including digital communication which is a key driver to the success and implementation of any strategic plan. KSB will develop a solid communication plan and strategy that will ensure information is being disseminated effectively and efficiently at all levels of KSB and its partners.

This Strategic Plan 2021-2025 will be communicated to the staff, relevant stakeholders and other member of the KSB at all levels. Since employees and the general public absorb and retain information differently, various methods for disseminating the Strategic Plan will be used to ensure every group is reached and no one is left out in the process. The various methods of disseminating this Strategic Plan include video, audio and written communication strategy such as:

(i) The use of short videos demonstrating the content of the Strategic Plan. This will include sign language translation to reach a wider population including persons with hearing disabilities.

(ii) The use of brochures with a short, abridged version of the Strategic Plan translated into various languages including Kiswahili and Braille. This will ensure that a wider audience is reached especially at the grassroots.

(iii) The use of social media platforms and links including the KSB website, Twitter, Facebook, various WhatsApp platforms, among others. This will ensure county, national, regional and international access to the KSB Strategic Plan and related activities.

(iv) Disseminating and sharing hard copies of the Strategic Plan with various state and non-state stakeholders to build understanding and the aspirations of KSB.

4.9 Risk Management

The Kenya Society for the Blind (KSB) is responsible for setting and monitoring the risk management and internal controls. This includes setting the institution’s appetite for risk in pursuit of its strategic objectives. The organization will develop and implement a risk management policy framework in which all principal risks will be mapped to performance reporting and the strategic objectives. Five (5) types of risks have been identified:

(i) Strategic risks are the prospective adverse impacts on the business arising from poor strategic decisions, improper or slow implementation of decisions; or lack of responsiveness to changes in the operational environment,

(ii) Organizational risks are those risks that threaten the implementation of the Strategic Plan due to inadequate internal capacity or structural issues,

(iii) Operational risks are those risks that arise from the capacity inadequacies during implementation of the planned programmes and specific activities,

(iv) Financial risks emanate from the failure to either mobilize adequate funds or the lack of prudence use and management of the available finances mobilized, and
Technological risks are those risks associated with deficiencies in the information, communication and technology infrastructure or use or capacity related thereto.

Table below presents the risk analysis for KSB.

Table 5: Risk Analysis

<table>
<thead>
<tr>
<th>Type of Risk</th>
<th>Description of risk</th>
<th>Measures to mitigate the effect of the risk on KSB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Risks</strong></td>
<td>• Competition from other organizations invading KSB’s space</td>
<td>• Develop and implement a Communication and marketing strategy</td>
</tr>
<tr>
<td></td>
<td>• Delays in decision-making</td>
<td>• Regular staff and management meetings</td>
</tr>
<tr>
<td></td>
<td>• Weak internal and external communication structures</td>
<td>• Automate processes to facilitate efficiency and effectiveness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Regular Governing Council meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Strengthen communication and structures within the organization</td>
</tr>
<tr>
<td><strong>Organizational Risks</strong></td>
<td>• Inadequate awareness on the Strategic Plan</td>
<td>• Communicate the Strategic Plan to all staff and members including staff and target communities</td>
</tr>
<tr>
<td></td>
<td>• Weak follow up of the Governing Council</td>
<td>• Enforce accountability framework throughout the organization</td>
</tr>
<tr>
<td></td>
<td>• Poor Management decisions</td>
<td>• Establish Management Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Establish Standing Agenda in the Governing Council on quarterly progress reports</td>
</tr>
<tr>
<td></td>
<td>• Resistance to change</td>
<td>• Continuously train staff on change management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Workshop on change management</td>
</tr>
<tr>
<td><strong>Operational Risks</strong></td>
<td>• Poor implementation of the Strategic Plan</td>
<td>• Strengthen monitoring of the implementation process</td>
</tr>
<tr>
<td></td>
<td>• Weak Monitoring and Evaluation (M&amp;E)</td>
<td>• Develop and implement a robust and digital M&amp;E Framework</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Build staff capacity on M&amp;E</td>
</tr>
<tr>
<td><strong>Financial Risks</strong></td>
<td>• Inadequate resources</td>
<td>• Preparation and implementation of a Resource Mobilization and Sustainability Strategy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Strengthening linkages with development and state partners</td>
</tr>
<tr>
<td></td>
<td>• Poor resource accountability mechanism</td>
<td>• Identify non-financial technical support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Establish and strengthen the internal and risk audit function, and board Audit and Risk Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure quarterly programmatic and financial updates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure membership accountability forums are held</td>
</tr>
<tr>
<td><strong>Technological Risks</strong></td>
<td>• Rapid changes in technology</td>
<td>• Regular upgrading of technology infrastructure and skills</td>
</tr>
<tr>
<td></td>
<td>• Cybercrime and data manipulation</td>
<td>• Familiarize with appropriate legislation on digital protection</td>
</tr>
</tbody>
</table>
CHAPTER 5
MONITORING, REVIEW, EVALUATION, LEARNING AND REPORTING

5.1 Introduction

The effective implementation of the strategic goals and objectives will depend on successful Monitoring, Evaluation and Reporting mechanism. Realization of the planned objectives will also depend on how well risks are mitigated. The Society will track inputs, activities, and outputs to assess whether the plan implementations are on course and expected outcomes are being achieved. In this respect, KSB has developed a detailed implementation matrix (See Annex 1) that clearly outlines the set activities, outputs, targets, expected timelines and resource allocation.

5.2 Monitoring and Evaluation Framework

Monitoring and Evaluation is instrumental in tracking the implementation of programs, assessing the extent of achievements, and providing critical information regarding the implementation of activities and programs. It is the basis of an evidence-based system for initiating corrective actions where variances between what is planned and what is implemented are noted. It also provides the feedback necessary to arrest any deviations from the plan. This enables management to make informed decisions based on evidence. Monitoring, follow up, and control systems will be set up comprising of progress reports, review meetings, programme and financial reports. The strategic plan proposes to set up a digital M & E platform including other systems. On the onset, baselines will be conducted to held check against results achieved.

The Strategic Plan Committee (SPC) comprising senior officers from KSB will provide leadership in ensuring effective monitoring and evaluation of the Plan. The SPC committee will provide day-today coordination in ensuring monitoring and evaluation activities are carried out in the most efficient and effective manner. The committee will hold meetings once every quarter to evaluate progress of implementation of various strategic objectives.

5.3 Evaluation Mechanisms

Evaluation is the assessment of the effects or impacts of a program based on the initial objectives. It is also the systematic and objective assessment concerning the relevance, effectiveness, efficiency, and impact of activities in the light of specified objectives. The process seeks to examine the extent to which the objectives of a program or objective have been met. Evaluation of this Strategic Plan will be carried out for selected programs annually. However, ad hoc evaluation may be conducted to inform decisions on intervention where significant unexplained variation in performance occurs, especially on a critical program.
A mid-term and a terminal evaluation of the Strategic Plan are foreseen during the plan period. The evaluation will entail the following:

- Measuring actual performance against target levels
- Establishing variances, if any, and identifying the causal factors
- Identifying and recommending appropriate remedial measures.

5.4 Linking M & E to Performance Management

The M&E will be an integral part of the KSB performance management system. The report from M&E department will inform the performance contract reporting on quarterly and annual basis.

5.5 Reporting Progress Reports

Monitoring will be continuous and three different reports will be prepared as follows:

**Quarterly Progress Report (QPR):** Quarterly progress reports shall include information on key process and output indicators against set targets for that quarter. The reports shall be used for reviewing progress and forward planning.

**Annual Review Report (ARR):** At the end of every financial year, an annual progress report will be prepared that objectively highlights key achievements against set targets, comprising both physical progress and financial status, constraining factors, lessons learned and recommendations on the way forward.

**Terminal Review (TR):** At the end of the strategic plan period, there will be an external evaluation to get a summative report on the extent to which the strategic plan achieved its planned activities and to provide direction for the next strategic plan.

5.6 Communication and Dissemination of Reports

To enhance data collection, analysis and reporting, KSB will use the appropriate technology that will enhance the effectiveness of the M&E system. A suitable online based software that is user friendly and one that can be utilized via mobile phones will ensure that data can be captured and shared with ease. Once the data has been collected, analysed and report produced, the relevant reports and other documentations shall be uploaded into the KSB website.

KSB will put in place an aggressive dissemination strategy to ensure that reports are widely disseminated to influence effective program management and policy making. Forums like meetings, review workshops, retreats, and seminars will be organized annually for the secretariat and stakeholders to share the findings and recommendations of the reports. Other channels such as newsletters, news releases, press conferences, public debates and electronic (e-mail, social media, websites) transmission will also be used.
# Appendix 1: Implementation Matrix

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Activities</th>
<th>Output</th>
<th>Output Indicators</th>
<th>Performance Targets</th>
<th>Implementation Responsibility</th>
<th>Possible Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| To enhance access to eye care and improve the well-being of people living with vision impairment | Establish Eight 8 Centres of Excellence | 8 Centres of Excellence established | No. of centres of excellence established | 2021: 1,000,000  
2022: 800,000  
2023: 1,500,000  
2024: 1,500,000  
2025: 3,000,000  
2026: 3,000,000  
2027: 12,000,000 | Executive Director | Donor Partners (Sight Savers, Fred Hollows etc) |
|                     | Establish 38 Eye Care Clinics at the County Referral Hospitals | 38 Eye Care Clinics established at the County Referral Hospitals | No. of Eye Care Clinics established at the County Referral Hospitals | 2021: 500,000  
2022: 200,000  
2023: 1,400,000  
2024: 6,300,000  
2025: 6,300,000  
2026: 6,300,000  
2027: 26,600,000 | Executive Director | Donor Partners (Sight Savers, Fred Hollows etc) |
|                     | In collaboration with the MOH and HODP develop partnerships and linkages with KEMSA and other suppliers for the distribution of eye drops to the counties | Partnerships and linkages developed with KEMSA and other suppliers for the distribution of eye drops to the counties | No. of partnerships and linkages established with KEMSA and other suppliers | 2021: 150,000  
2022: 50,000  
2023: 400,000  
2024: 400,000  
2025: 400,000  
2026: 400,000  
2027: 2,800,000 | Executive Director | Donor Partners (Sight Savers, Fred Hollows etc) |
|                     | Build capacity of the Eye Care Health Workers | Capacity of Eye Care health workers built | No. of Eye Care health workers trained | 2021: 250,000  
2022: 100,000  
2023: 8,750,000  
2024: 7,700,000  
2025: 8,750,000  
2026: 7,700,000  
2027: 16,450,000  
2028: 49,350,000 | Executive Director | Donor Partners (Sight Savers, Fred Hollows etc) |
|                     | Build the diagnostic capability of the Eye Clinics | Improved diagnostic capability of the Eye Clinics | Types of machines procured and installed | 2021: 585,000  
2022: 685,000  
2023: 685,000  
2024: 1,370,000  
2025: 1,370,000  
2026: 1,370,000  
2027: 5,480,000 | Executive Director | Donor Partners (Sight Savers, Fred Hollows etc) |
|                     | Establish regional HIV/AIDS support groups | Regional sexual reproductive support groups established | No. of regional HIV/AIDS Support groups established | 2021: 250,000  
2022: 400,000  
2023: 4,000,000  
2024: 4,000,000  
2025: 4,000,000  
2026: 4,000,000  
2027: 20,000,000 | Executive Director | Donor Partners (Sight Savers, Fred Hollows etc) |
|                     | Conduct Fanikisha Jamii trainings | Fanikisha Jamii trainings conducted | No. of Fanikisha Jamii trainings conducted | 2021: 250,000  
2022: 100,000  
2023: 350,000  
2024: 350,000  
2025: 350,000  
2026: 350,000  
2027: 1,750,000 | Executive Director | Donor Partners (Sight Savers, Fred Hollows etc) |
| Activities                                                                 | Team of Advocates drawn from various regions | No. of teams of advocates trained | Trainings | This will be one day sessions conducted every Yearly organized regionally: Transport and Accommodation, Media Coverage | No. of meetings held with MOE to advocate for funding of the Society’s activities | No. of meetings held with MOE to advocate for funding of the Society’s activities | Meetings | The Costs are: | Tea and Snacks Lunch | Cost of Venue | Cost of data clerks | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWVI | No of PWV
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<th>Education and Rehabilitation Services by People Living with Vision Impairment</th>
<th>Involvement in policy formulation</th>
<th>Involvement in policy formulation</th>
<th>Cost of Assistive Devices and Transportation</th>
<th>MOE on new trends</th>
<th>Mobilization of Assistive Devices to Support MOE</th>
<th>Policy Briefs Prepared to Advise MOE on New Trends</th>
<th>Establish CAT in Regional Offices</th>
<th>Identify, Assess, and Place Learners in Appropriate Learning Institutions</th>
<th>Train Regional Rehabilitation Officers for the Centres of Excellence</th>
<th>Establish a Placement Office to Assist in Job Placements</th>
<th>Conduct Civic Education</th>
<th>Establish an Enforcement Unit Within the Society</th>
<th>Develop an Online Register</th>
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<td>Cost of Assistive Devices and Transportation</td>
<td>MOE on new trends</td>
<td>Mobilization of Assistive Devices to Support MOE</td>
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<td>Establish an Enforcement Unit Within the Society</td>
<td>Develop an Online Register</td>
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<td>75,000</td>
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<td>900,000</td>
<td>4,500,000</td>
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</tbody>
</table>
| 1,200,000 | 200,000 | 1,400,000 | 200,000 | 200,000 | 2,200,000 | 66
<table>
<thead>
<tr>
<th>Develop organizational structure</th>
<th>Organizational structure developed</th>
<th>Organizational structure in place</th>
<th>Human Resource</th>
<th>100,000</th>
<th>100,000</th>
<th>100,000</th>
<th>100,000</th>
<th>100,000</th>
<th>100,000</th>
<th>Executive Director</th>
<th>Donor Partners (Sight Savers, Fred Hollows etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct capacity building for the Excomm and Council conducted</td>
<td>Capacity building for the Excomm and Council conducted</td>
<td>No of trainings conducted for Excomm and Council</td>
<td>Trainings</td>
<td>Accommodation, Transport, Conference, Facilitation, Allowances</td>
<td>750,000</td>
<td>250,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Conduct staff trainings</td>
<td>Staff trainings conducted</td>
<td>No of staff trainings conducted</td>
<td>Trainings</td>
<td>Accommodation, Transport, Conference, Facilitation, Allowances</td>
<td>*Increases by 10%</td>
<td>250,000</td>
<td>100,000</td>
<td>350,000</td>
<td>365,000</td>
<td>423,500</td>
<td>465,850</td>
</tr>
<tr>
<td>Strengthen internal controls to enhance accountability</td>
<td>Internal controls strengthened</td>
<td>Level of accountability</td>
<td>Meetings</td>
<td>Quarterly Reporting, meetings, Trainings sessions</td>
<td>200,000</td>
<td>-</td>
<td>800,000</td>
<td>800,000</td>
<td>800,000</td>
<td>800,000</td>
<td>800,000</td>
</tr>
<tr>
<td>Develop annual work plans and budgets</td>
<td>Improved operational efficiency</td>
<td>Work plans and budgets</td>
<td>Meetings</td>
<td>Meeting Costs</td>
<td>250,000</td>
<td>-</td>
<td>250,000</td>
<td>275,000</td>
<td>302,500</td>
<td>332,750</td>
<td>344,025</td>
</tr>
<tr>
<td>Develop robust and digital PMLER (Planning, Monitoring, Learning, Evaluation and Reporting) Framework and Digital System</td>
<td>Improved organizational feedback and reporting mechanisms</td>
<td>No of systems developed</td>
<td>Facility</td>
<td>Cost of developing the PMLER</td>
<td>500,000</td>
<td>100,000</td>
<td>400,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Engage potential Partners for the NEPU, Eye Clinic and Optical Shop</td>
<td>Partners for the NEPU, Eye Clinic and Optical Shop engaged</td>
<td>No of partners engaged for the NEPU, Eye Clinic and Optical Shop</td>
<td>Meetings</td>
<td>The Costs are: Bank and Snack, Lunch Transport</td>
<td>150,000</td>
<td>-</td>
<td>300,000</td>
<td>300,000</td>
<td>300,000</td>
<td>300,000</td>
<td>300,000</td>
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<tr>
<td>Establish the Braille Production Unit</td>
<td>Operational Braille Production Unit in place</td>
<td>Braille Production Unit established</td>
<td>Facility</td>
<td>Cost of Renovating the Braille Workshop, Cost of Machinery, Cost of furniture and fittings, Cost of maintenance</td>
<td>5,000,000</td>
<td>1,000,000</td>
<td>6,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Develop and adopt the KIB Governance Charter for the Society, Members, Partners, Stakeholders and Clients</td>
<td>KIB Governance Charter developed and adopted</td>
<td>KIB Governance Charter operationalized</td>
<td>Meetings</td>
<td>Cost of meetings, facilitator cost, Cost of Disseminating the charter</td>
<td>200,000</td>
<td>-</td>
<td>200,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
| Develop an online Asset Registry | Online Asset Registry in place | Facility | Cost of Developing the Asset Register | 250,000 | 100,000 | 350,000 | 100,000 | 100,000 | 100,000 | 100,000 | 750,000 | Executive Director | Donor Partners (Sight Savers, Fred Hollows etc) | 67
<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>Cost of meetings</th>
<th>Cost of facilitator cost</th>
<th>Cost of printing</th>
<th>Executive Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the Organogram to establish HR and Internal Department</td>
<td>HR Department established and operationalised</td>
<td>100,000</td>
<td>-</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Review KSB policies – Finance, HR, Asset Management, Rent management, and Resource mobilization policies</td>
<td>KSB policies reviewed</td>
<td>300,000</td>
<td>300,000</td>
<td>-</td>
<td>300,000</td>
</tr>
<tr>
<td>Develop and publish Standard Operating Procedures Manual</td>
<td>Meetings</td>
<td>250,000</td>
<td>-</td>
<td>250,000</td>
<td>250,000</td>
</tr>
<tr>
<td>Implement a comprehensive ERP to manage KSB Finance, Budgeting, Operations, Projects, Manufacturing and Approvals</td>
<td>Facility</td>
<td>1,000,000</td>
<td>200,000</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Build capacity of the Resource Mobilization Team</td>
<td>Resource Mobilization team trained</td>
<td>250,000</td>
<td>100,000</td>
<td>350,000</td>
<td>350,000</td>
</tr>
<tr>
<td>Consultation with the relevant ministries, lobby for the funding of KSB by the Exchequer or government grants to enable it execute its mandate</td>
<td>20% of the budget sourced from the Exchequer</td>
<td>20,000,000</td>
<td>24,000,000</td>
<td>28,800,000</td>
<td>34,560,000</td>
</tr>
<tr>
<td>Collaboration with other partners and stakeholders, identify viable funding options for the development of KSB land</td>
<td>Viable funding options for the development of KSB land</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>1,500,000</td>
<td>1,500,000</td>
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<tr>
<td>Facilitate the undertaking of feasibility assessments of all KSB lands and assets proposing their viability for development</td>
<td>Flexibility assessments of all KSB lands and assets undertaken</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
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</tr>
<tr>
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<tr>
<td>Facilitate the undertaking of feasibility assessments of all KSB lands and assets proposing their viability for development</td>
<td>Flexibility assessments of all KSB lands and assets undertaken</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Strategy and an Enrollment Campaign</td>
<td>Enrollment Campaign</td>
<td></td>
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<td>-----------------------------------</td>
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<tr>
<td>To undertake county-based membership recruitment drives and sensitizations</td>
<td>Increased number of members of KSB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of sensitization forums held per region</td>
<td>Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of Transport</td>
<td>Cost of Accommodation</td>
<td>Hire of Venues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500,000</td>
<td>4,900,000</td>
<td>4,900,000</td>
<td></td>
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<tr>
<td>4,900,000</td>
<td>4,500,000</td>
<td>5,000,000</td>
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</tr>
<tr>
<td>5,000,000</td>
<td>5,000,000</td>
<td>25,500,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director</td>
<td>Donor Partners (Sight Savers, Fred Hollows etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | | Cost of Transport | Cost of Accommodation | Hire of Venues |
| | | 500,000 | 4,500,000 | 4,500,000 | 5,000,000 | 5,000,000 | 25,500,000 |
| | | 110,915,000 | 111,880,000 | 117,486,000 | 127,708,600 | 146,178,460 | 613,168,060 |

| | | 4,500,000 | 4,500,000 | 5,000,000 |
| | | 23,500,000 | 23,500,000 | 23,500,000 | 23,500,000 | 23,500,000 |

| | | 110,915,000 | 111,880,000 | 117,486,000 | 127,708,600 | 146,178,460 | 613,168,060 |