



Strategic plan
Eardrop Foundation
2008 – 2013

Table of contents.

1	Summary	3
2	Introduction	4
3	Historical overview	5
4	The Eardrop environment	7
4.1	General	7
4.2	Financial Donors	7
4.3	Material donors	7
4.4	ENT surgeons	7
4.5	Audiologists/speech therapists/technicians	7
4.6	Eardrop Kenya	7
4.7	Kenyan hospitals	7
4.8	Kenyan ENT Society (KENTS)	8
4.9	Kenyan authorities	8
4.10	Audiologic Eardrop centres	8
4.11	Kenyan Society for Deaf Children (KSDC)	8
4.12	Kenyan Institute for Special Education (KISE)	8
4.13	Education Assessment and Resource Centres (EARC's)	8
4.14	Schools for the Deaf	8
4.15	Other NGO's	8
5	The Eardrop organisation	9
6	SWOT	11
6.1	Strengths	11
6.2	Weaknesses	11
6.3	Opportunities	11
6.4	Threats	11
6.5	Conclusion	11
7	Strategy	12
7.1	Mission statement	12
7.2	Core activities	12
7.2.1	Otology	12
7.2.2	Audiology	12
7.2.3	Expansion	12
8	Finances	14
9	Goals / action plans	15
9.1	General	15
9.2	Secretariat	15
9.3	Composition of the board	15
9.4	Otology	15
9.5	Audiology	15
9.6	Public Relations and Fund Raising	16
9.7	New organisation	16
9.8	Improving internal cooperation	16
9.9	Improving external communication	17
9.10	Improving financial resources	17
10	In conclusion	18
	Attachment 1. Otology	19
	Attachment 2. Audiology	22
	Attachment 3 Public Relations and Fund Raising	24
	Eardrop Contact details	25

1 Summary

Eardrop was established in 1983 after four Kenyan boys with hearing problems were treated at the local hospital in Zutphen. That same year Dutch ENT surgeons started operating hearing impaired children in Kenya. By now many thousands of ears have been operated on. However, surgery can not solve all hearing problems. Therefore Eardrop has also been supporting Kenyan schools for the deaf since the late eighties.

Eardrop's philosophy is providing direct, tangible aid linked to the transfer of skills and knowledge. Equipment, tools and other materials are donated to hospitals, hearing centres and schools for the deaf. Simultaneously Eardrop trains Kenyan ENT surgeons as well as staff members of schools for the deaf on how to use the donated material properly and efficiently.

After 25 years Eardrop Kenya is to a large extent self sufficient. The Eardrop board in the Netherlands is convinced that the experience and expertise gained during the past quarter of a century must be utilized elsewhere, to start with in other countries in East Africa. The organisation also believes that the target group should in future not only be children, but all underprivileged people that are deaf or hard of hearing. Finally the board has come to the conclusion that the entire Eardrop organisation must become more professional. To realise these goals the organisation's income needs to double to at least € 300,000.—in the next few years.

The Eardrop board provides the arguments for these major policy changes in this Strategic Plan 2008-2013.

Much effort will be required from all concerned. The target group deserves this. By – at least partially – restoring their hearing capacities they will be given a much brighter future.

For the past ten to twelve years the Eardrop organisational structure has been characterised by a board and three working groups: otology, audiology and public relations and fund raising. Each working group has written an action plan to be implemented in the years ahead. This plan also outlines the steps that need to be taken to reach the new, ambitious goals, as well as action plans to be executed by Eardrop's three working groups.

Otology:

The goal is the improvement of medical care for the hearing impaired children and adolescents in Kenya and in other East African countries by providing training courses and, where appropriate, technical support of health workers and health-care/training institutions. The working group will provide four programmes (actions): temporal bone course, hands on surgical course, post graduate surgical training and supporting otologic medical care in provincial hospitals.

Audiology:

In the years to come this Eardrop branch will intensify its activities in Kenya and will also expand its work to other East African countries. Plans need to be developed in the first half of 2008 to improve cooperation with all parties concerned. It is essential to involve the Eardrop clinical officer more closely in the working group's activities. This Strategic Plan contains a detailed chapter describing the working group's proposed actions.

In general otology and audiology will in future cooperate much closer, especially when developing new activities.

Public Relations and Fund raising:

This working group will continue to inform the public about the work of Eardrop and its aims, and also about the need for otologic and audiologic care in East Africa. Simultaneously the working group has for the next few years as one of its goals to substantially increase Eardrop's income. The aim is to raise € 300,000 at least each year. It will develop new promotional material.

2 Introduction

The Dutch *Stichting Operation Eardrop Foundation*, to be referred to as Eardrop in the rest of this document, has during the 25 years of its existence in many ways been able to achieve major improvements in the lives of thousands of Kenyan children that are – or rather: were - deaf or hard of hearing. The tremendous efforts by scores of volunteers, both in Kenya and in the Netherlands, and the unremitting support, financially and otherwise, from many individuals, organisations and commercial enterprises made it possible for Eardrop to realise vast improvements in the otologic and audiologic care for Kenyan children. In fact, the Kenyans themselves are in many aspects now capable of maintaining the present level of otologic and audiologic care in their country and they can also realize several improvements themselves.

Without neglecting Kenya, the Dutch Eardrop board is keenly aware that similar needs exist in other countries in East Africa. Requests from other countries to broaden its scope have been reaching Eardrop regularly during the past years. Occasionally surgeons from East African countries other than Kenya participated in Eardrop training courses in Nairobi or in Eldoret.

Kenya participates with Tanzania, Uganda, Rwanda and Malawi in an Eastern-Africa (knowledge)network on deafness and deaf education. Each country is involved through representatives from several governmental and non-governmental organisations concerned with deafness and deaf education. In October 2007 an international conference held in Machakos, Kenya was organised by Viataal International and the Kenyan Society for Deaf Children (KSDC). Ms Agnes Kisila, member of the board of Eardrop Kenya, and two members of the audiological rehabilitation committee from Mombasa and Kitui represented Eardrop Kenya..

One activity that resulted from this network conference is that the two members of the Eardrop audiological rehabilitation committee, on behalf of Viataal International, partly financed through the Liliane Foundation, deliver a training in the basics of audiology: audiometry, ear mould making and hearing aid fitting, in Rwanda. So the expertise available through Eardrop will already be used to train people in a neighbouring country. The organisation Viataal International will put in an official request for this activity to the Eardrop board in Kenya and the Ministry of Education.

All over Kenya and in other East African countries it is estimated that many hundreds of thousands of (young) children are suffering from hearing problems that seriously hamper their normal development into adolescents and grown ups.

It is very beneficial for any organisation – and therefore also for Eardrop – to fundamentally reassess its position, its policies, its aims, its procedures and its modes of operation every now and again. The Eardrop board is convinced that the time has come for such a broad reevaluation and for clearly redefining strategies, ambitions and aims.

Eardrop is run by volunteers. The growth in activities in response to a growing demand confronts Eardrop with the question whether or not it should at least partly be supported by a professional secretariat. In general, the board is of the opinion that the time has come to transform Eardrop into a more professional organisation.

Finally, bodies such as legal reporting regulation bureaus and the Centraal Bureau Fondsenwerving (CBF), that are essential for Eardrop's fundraising activities, as well as major financial supporters, require a long term planning of policies and activities. They request such documents to be used in their decision making processes whether or not to support Eardrop.

All these reasons made the Eardrop board decide to develop this Strategic Plan 2008-2013.

The board's objectives are to sketch the organisation's present situation, to formulate goals for the next few years as well as the reasons and motives for defining these goals, and to describe the ways and means to achieve them.

3 Historical overview

Eardrop was established in 1983 after the Round Table had arranged for four Kenyan boys to be treated for hearing problems by ENT surgeons attached to the local hospital in Zutphen in the Netherlands. This initiative was the start of an extensive medical programme from which thousands of Kenyan children – and not only they – have thus far benefited. The two Dutch ENT surgeons concerned, Chris Sepmeijer and the late Marnix Bierens de Haan, concluded that at the same costs they would have been able to treat far more children if they had travelled to Kenya rather than bringing four youngsters to Zutphen. The Operation Eardrop Foundation was established. That same year they flew to Kenya and performed their first operations in the Aga Khan Hospital in Nairobi. After a number of years Eardrop moved from the private Aga Khan Hospital to the public Kenyatta National Hospital. In 2000 Eardrop expanded its activities to the Moi Referral and Teaching Hospital in Eldoret. Three years ago Eardrop embarked on supporting provincial hospitals.

Not all hearing problems can be solved with surgery. Many deaf children – in fact several thousands of them – that can not benefit from an operation are pupils at one of the many Schools for the Deaf in Kenya. In the late eighties Eardrop started a programme to help these boys and girls also. Eardrop donated tools and equipment (audiometers, solar panels, hearing aids and so on) to many of these schools and trained staff members how to use these efficiently.

The numbers of Kenyan children with hearing problems was – and still is – very large. Trustworthy figures are not available. Reliable information from remote areas of the country is scarce. However, The International Deaf Children's Society (IDCS, based in London) conducted a fact finding mission early in 2006. In its report, dated March of that year, the IDCS puts the number of deaf children in Kenya at 230.000. In most cases the cause is a neglected ear infection.

Total deafness and other forms of serious hearing impairment are invisible. In underdeveloped societies grown ups often do not recognise these defects. Hearing impaired children are incapable of communicating properly and their surroundings wrongly regard them as mentally backward. Developing countries do not provide the best circumstances for growing up. As a consequence, these kids are faced with a double handicap: they can not hear properly or not at all and they are treated as mentally retarded.

After approximately fifteen years the board concluded that the workload had become too heavy and too diverse. It decided to create working groups for the main Eardrop activities: otology, audiology, and Public Relations and Fundraising. For ten years now Eardrop has been consisting of two sections that are of equal importance: otologic care (i.e. performing ear surgery and training ENT surgeons) and audiologic care (i.e. supporting Schools for the Deaf with hearing rehabilitation and training school staff and technicians).

In both areas Eardrop's philosophy is based on providing direct, tangible aid and simultaneously transferring knowledge and skills. Teaching local ENT surgeons concentrates on four aspects: a temporal bone course; a post graduate course; some Kenyan ENT surgeons attend special training courses at Dutch universities; Eardrop representatives act as teachers in Kenya.

Eardrop has been officially recognised by the Centraal Bureau Fondsenwerving – the official Dutch agency controlling non-profit organisations that ask the public for financial support. Eardrop is a registered non-governmental organisation (NGO).

After passing on knowledge and skills for almost twenty-five years Eardrop has now started to convey more and more responsibilities to Kenyans. Proof of this is the increasingly important role that the NGO Eardrop Kenya is playing. Eardrop Kenya is run by its own board, is trying to collect its own revenues and is rapidly strengthening its own organisation.

Eardrop's track record in Kenya over the past 25 years can be summarised as follows:

Eardrop sent eighty teams, consisting of Dutch Ear, Nose and Throat (ENT) surgeons and anaesthesiologists to Kenyan hospitals to perform ear surgery on children with hearing problems and to train Kenyan ENT surgeons. Approximately four thousand children underwent ear surgery by an Eardrop team. Approximately five thousand ears were operated on (many children have defects in both ears). Approximately 75-80% of all operations are successful: the ears are (partly) functioning in a normal way again. Eardrop developed its own training courses for Kenyan ENT surgeons.

Kenya in 2007 numbered fifty fully qualified ENT surgeons, most of them (partly) trained by Eardrop (1983: five ENT surgeons). The present ratio is one ENT surgeon for 700.000 citizens. The norm of the World Health Organisation is one ENT surgeon for 500.000 citizens.

Eardrop donated ENT surgical equipment to a number of Kenyan hospitals and/or to Kenyan ENT surgeons. Eardrop has its own storerooms at the Kenyatta National Hospital in Nairobi and at the Moi Referral and Teaching Hospital in Eldoret for safekeeping surgical equipment, medicines, medical supplies (and small toys for the little patients).

Eardrop employs its own ENT clinical officer based at the Kenyatta National Hospital in Nairobi. He is responsible for research projects, for screening patients that need surgery and for assisting Eardrop teams active in Kenya.

Eardrop has been supporting thirty Schools for the Deaf in Kenya with equipment such as audiometers, solar panels and 2.500 hearing aids as well as other tools.

Eardrop trained teachers at these schools to work efficiently with this equipment, to perform hearing tests, to make ear moulds, to fit hearing aids and to repair hearing aids.

Eardrop has established a network of five centres, manned by highly qualified Kenyans trained by Eardrop, that each support a number of Schools for the Deaf in their regions.

The managers of these centres are capable to train staff members of Schools for the Deaf themselves.

Eardrop Kenya, a Non Governmental Organisation, has during the past years established itself as an independent self-supporting organisation with which Eardrop Netherlands closely cooperates.

For the past years the organisation has managed to collect on average € 150,000.- to € 200,000.— each year as well as large quantities of equipment and other goods and services free of charge or at greatly reduced prices.

Until now Eardrop has mainly cared for children with hearing problems in Kenya. Limited resources, lack of experience and poor local ENT conditions were the main reasons to limit the target group geographically to one country, and to children, because they could be provided with a better future.

By now Eardrop has firmly established itself in Kenya. Much has been achieved in Kenya. For the foreseeable future the organisation's ambition is twofold. Eardrop will strive to consolidate and moderately expand otologic AND audiologic care inside Kenya. Secondly Eardrop will develop plans to extend its activities to other countries in Eastern Africa that are experiencing similar problems: deafness and serious hearing impairment. Dependable data on these countries are not existing. However, two facts show that the problems in these countries are as big as in Kenya. The International Deaf Children's Society quotes American figures stating that Tanzania numbers at least 48,000 deaf children. In Somalia the first School for the Deaf was opened in the capital Mogadishu only in 2006.

Eardrop regards it as its duty to remain as committed as ever to improving the fate of underprivileged people with severe hearing problems in East Africa. By – at least partly – returning their hearing abilities Eardrop is convinced it provides these youngsters with the prospects of a much brighter future.

4 The Eardrop environment

4.1 General

Eardrop has become firmly embedded in the ENT communities in the Netherlands and in Kenya. To a large extent this is also true for the audiology sectors in both countries. Other parties such as national, regional and local government institutions are also of great importance to Eardrop.

4.2 Financial Donors

Like most charitable organisations Eardrop depends mainly on third parties for financial support. 1: Hundreds of supporters form a stable though limited base of income. 2: Service clubs regularly organise fund raising activities. 3: Companies, individuals or other foundations donate money. 4: A number of persons have signed annuities with five year terms. 5: Occasionally organisations like De Wilde Ganzen or the Nederlandse Commissie voor Duurzame Ontwikkelingssamenwerking are willing to donate sums of money to finance Eardrop projects.

4.3 Material donors

Eardrop receives goods and services from various sources, private individuals as well as manufacturers, either free of charge or at greatly reduced prices. These include surgical equipment (scissors, medicine and dressing material and so on), hearing aids, audiometers, solar panels etcetera. Other companies provide services free of charge. For instance, the biannual Eardrop newsletter is entirely produced (prepress, printing) without any costs. A number of newspapers published Eardrop advertisements free of charge. Eardrop's aim is to spend as much money as possible on its target group and as little as possible on supporting activities. These material donations are extremely important in view of the limited means of the organisation.

4.4 ENT surgeons

More than one hundred Dutch ENT surgeons and anaesthesiologists have thus far worked in Kenya for periods lasting a fortnight under the Eardrop umbrella. Several participated in more than one team. They operated more than five thousand ears. They trained Kenyan colleagues. Their efforts dedicated to improving otology in Kenya, in particular the well being of Kenyan youth, are vital for the continuation of Eardrop medical activities. In addition some of them help raise funds in various ways and/or donate equipment. Without the generous support of Dutch ENT surgeons, and anaesthesiologists, Eardrop would not have been able to perform in Kenya as it has done during the past 25 years in the field of otologic care.

4.5 Audiologists/speech therapists/technicians

The same goes for audiologists and co-workers although their numbers are smaller. Their dedication and hard work have been crucial for raising audiologic standards in Kenya, more in particular for improving hearing rehabilitation at schools for the deaf. They have done so by installing equipment and by teaching staff members to use equipment and material donated by Eardrop effectively, efficiently and economically. The same can be said that was stated with regard to the Dutch ENT surgeons in the previous paragraph: Without their efforts and support Eardrop would not be able to perform in the field of hearing rehabilitation as it is presently doing.

4.6 Eardrop Kenya

Eardrop Kenya is an officially recognised Non Governmental Organisation (NGO). Its board consists of Kenyans. It administers its own budget. Eardrop Kenya is organised along the same lines as Eardrop in the Netherlands. Its board consists of a chairman, a secretary and a treasurer complemented with members responsible for specific fields of activities: medical-technical (otology) and hearing rehabilitation (audiology). Eardrop Kenya is responsible for all work performed by the Eardrop clinical officer.

4.7 Kenyan hospitals

Eardrop closely co-operates with the two teaching hospitals associated with the medical faculties of two universities: the Kenyatta National Hospital (Nairobi) and the Moi Referral and Teaching Hospital (Eldoret). These two hospitals regularly host Eardrop surgical and teaching teams, providing operating theatres at reduced costs including all necessary staff, equipment and other facilities. The KNH is the base of the ENT clinical officer who spends almost all of his time working for Eardrop that pays his monthly salaries and other costs. Provincial hospitals are a second group of hospitals Eardrop co-operates with. ENT specialists at these local hospitals take part in Eardrop training courses. They receive all necessary basic equipment to be able to perform ear surgery on their own. The aim is to make otologic medical care more easily accessible for needy people in rural areas that have great difficulty to cover long distances to either Nairobi or Eldoret.

4.8 Kenyan ENT Society (KENTS)

Most, if not all, Kenyan ENT surgeons and ENT clinical officers are members of the Kenyan Ear Nose and Throat Society (KENTS). The majority of Kenyan ENT surgeons have been partly trained by Eardrop. KENTS, too, is an important partner providing know-how and manpower as well as all kinds of practical assistance. Its congresses are an ideal platform for the exchange of ideas and expertise.

4.9 Kenyan authorities

Naturally Eardrop would not be able to function as it does without permission of, and co-operation with Kenyan authorities. These include the national government, more in particular the Ministry of Health and the Ministry of Education, regional bodies and local authorities as well as governing bodies of schools for the deaf. Eardrop representatives regularly meet with representatives of these governing bodies.

4.10 Audiologic Eardrop centres

Eardrop operates five centres situated across the country: Mombasa, Kitui, Karen (a suburb of Nairobi), Nakuru and Kisumu. Each centre is responsible for supporting a number of schools for the deaf. The managers of these centres play an important role in carrying out hearing rehabilitation programmes. All managers were trained by Eardrop and are now capable of training fellow Kenyans themselves in basic hearing assessments, making ear moulds, fitting hearing aids and repairing hearing aids.

4.11 Kenyan Society for Deaf Children (KSDC)

KSDC is an important partner. KSDC is a Kenyan NGO that supports several initiatives to assist hearing impaired children to develop their potential and to facilitate their active participation in Kenyan society. Besides this KSDC educates society to better appreciate the plight of such children and to accept them as responsible members of society. KSDC operates within a national network from primary school level to government level. Eardrop uses their expertise and their network and works together with KSDC on the basis of a Memorandum of Understanding (MOU).

4.12 Kenyan Institute for Special Education (KISE)

KISE trains teachers specifically on how to work with different categories of children with special needs. For instance, the institute trains teachers for the schools for the deaf. Therefore the institute is potentially an important Eardrop partner.

4.13 Education Assessment and Resource Centres (EARC's)

Kenya numbers 73 of such centres all across the country. However, several have great difficulty in maintaining a minimum level of service due to lack of funds. For the same reason a few have ceased to function. Nevertheless the remaining centres play an important role in tracing and identifying deaf children in their communities. Ideally each EARC employs four special education teachers: hearing, visual, physical and learning.

4.14 Schools for the Deaf

The same goes for Schools for the Deaf. According to the inventory produced by The International Deaf Children's Society in 2006 Kenya numbers 41 residential Schools for the Deaf and 75 units for the deaf, attached to mainstream primary schools. Although the number of pupils vary from school to school and from unit to unit, the total number of boys and girls at these institutions is estimated at 13.000.

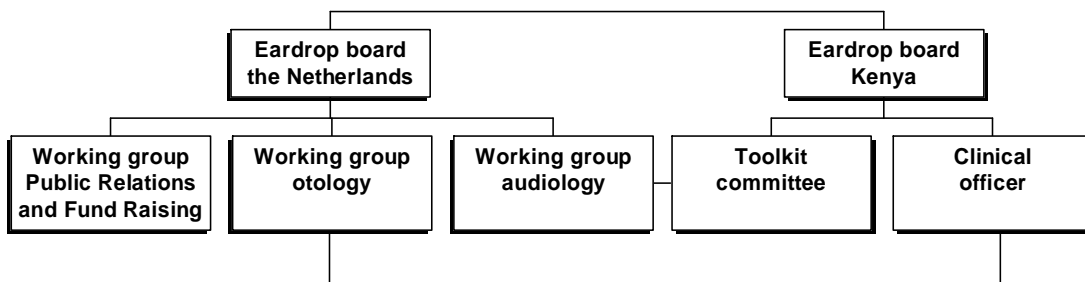
4.15 Other NGO's

Both in the Netherlands and in Kenya Eardrop co-operates with several NGO's that serve hearing impaired children or children with a disability in general in Kenya or in the region. For example the Liliane Foudation (a Dutch based foundation for children with a disability in the developing world), Viataal International (international resource centre for people with sensory and communicative disabilities), Shubi Foundation (foundation for deaf children in Tanzania) etc.

5 The Eardrop organisation

Presently the board of Eardrop the Netherlands consists of a chairman (ENT surgeon), a secretary (lawyer), a treasurer (entrepreneur), the chairman of the working group otology (ENT surgeon), the chairman of the working group audiology (programme manager Viataal International) and the chairman of the working group public relations and fund raising (banker). All are Dutch citizens. The board meets four to six times each year. It discusses general policy matters, it approves annual plans and budgets, it approves the annual reports including annual accounts, it appraises the activities of Eardrop Kenya and it deals with any other subject related to Eardrop requiring the board's attention.

Present Eardrop organisation chart:



The composition of the board guarantees strong ties with the Dutch ENT community, makes communication with the Kenyan ENT world easier (peer to peer) and generally secures that the board has sufficient members with ENT expertise in its ranks. In the long term, should Eardrop grow and become a much more professional organisation, it may be advisable to reconsider this principle. It may then become desirable to centralise otologic knowledge elsewhere within Eardrop. The organisation's statutes stipulate the number of years a person may remain a member of the board as well as the maximum age of any board member.

The basic structure of working groups was institutionalised ten years ago. It formalised what had been practice for some time:

On the one hand Eardrop concentrated on otologic care by sending surgical and training teams. The activities of these teams are the responsibility of the working group otology.

Similarly audiologic care (or hearing rehabilitation) has grown into Eardrop's second core business.

Understandably a separate working group, consisting of specialists, coordinates all activities in this field.

A third working group is responsible for fund raising and PR activities.

The board oversees all activities, is responsible for general policies and for allocating annual budgets to each working group.

Each working group consists of a chairman (who is also a member of the Eardrop board) and a number of expert members. Within policy rules laid down by the board, based on the statutes, and within the framework of the budgets allocated to them, each working group autonomously prepares and executes plans. For the otologic and the audiologic working groups this means sending teams of Dutch experts to Kenya several times each year. ENT surgeons perform ear surgery and conduct training courses for Kenyan counterparts. The clinical officer reports to the board of Eardrop Kenya, but performs many duties for the otology working group (selecting and screening patients and generally preparing visits by Dutch surgical ENT teams). Audiologists provide hearing aids and equipment and run training sessions for staff members of schools for the deaf.

All Eardrop teams that have been active in Kenya are required to submit written reports specifying activities, problems and solutions as well as recommendations after their return to the Netherlands.

The working group PR/FR endeavours to create bigger public awareness and to raise sufficient funds. It produces a newsletter twice a year. It is responsible for keeping the content of the website up-to-date. Press releases are sent to media a few weeks prior to teams flying to Kenya. Other activities include: giving radio-interviews; conducting lectures; giving assistance (advice, texts, photographs) to organisations holding fund

raising activities; manning stalls at manifestations; answering requests for information; producing the annual report etcetera.

All members of the board, all members of the working groups, all persons active in Kenya as members of Eardrop teams (ENT surgeons, anaesthesiologists, audiologists, speech therapists, technicians and others) perform their Eardrop duties without receiving any payment or any other kind of reward. When visiting Kenya they are entitled to a travelling allowance and to a daily sustenance allowance.

The clinical officer in Kenya receives a monthly salary. An administrative office in the Netherlands receives normal payment for services rendered.

Members of different working groups hardly know each other. Communication with Eardrop Kenya is often cumbersome and time consuming. It can be safely assumed that many of the Kenyans connected with Eardrop have limited knowledge of the activities – and the problems! – of the Eardrop bodies in the Netherlands – and vice versa. Incidentally the Eardrop board meets with one of the working parties.

6 SWOT

On the basis of the internal and external analyses presented above, we come to the following internal strengths and weaknesses and external opportunities and threats:

6.1 Strengths

Accent on transfer of otologic and audiological knowledge and skills by training Kenyan ENT surgeons and training staff members at hearing centres and at Schools for the Deaf.

Strong commitment by volunteers that have always been available in sufficient numbers.

Trustworthiness and continuity of the entire Eardrop organisation. Eardrop has proven it has been fulfilling a meaningful mission. All signs indicate that it is capable to carry on for another 25 years.

Extensive and reliable network in Kenya consisting of a wide variety of organisations and individuals (see chapter 4 The Eardrop environment). Eardrop has been officially recognised as a non governmental organisation (NGO).

Focus on one country: Kenya. When the means were limited we did not allow us to be distracted by problems elsewhere. All Eardrop efforts (time, energy, expertise, funds) were directed at Kenya.

Considerable 'in-house' otologic and audiological expertise, both in the Netherlands and in Kenya.

Existing national infrastructure of Education Assessment and Resource Centres (EARC's).

Eardrop has been achieving much with the financial means at its disposal (see our track record in chapter 3).

6.2 Weaknesses

Poor internal communication.

No contractual obligations – signed Memorandums of Understanding - for Kenyans.

Too much 'one-way traffic' from the Netherlands to Kenya.

Eardrop relies entirely on volunteers.

Lack of (professional) secretariat / office.

Inadequate fundraising skills.

Small group of audiology experts in Kenya.

Poor representation of audiology experts in board of Eardrop Kenya.

6.3 Opportunities

Make better use of infrastructure and developments in Kenya. Eardrop should more exploit the fact that it is a registered NGO.

Intensify cooperation with Kenya.

Expand activities to other East African countries

Seek closer cooperation with other (professional) organisations and NGO's (Medic, Viataal, Lilianefonds).

Benefit more from global awareness. People around the globe know faster, and better, what is happening elsewhere.

Expand fundraising (deafness is becoming a major health issue especially among the elderly in Dutch society).

6.4 Threats

Unstable income.

Competition with other NGO's (especially with regard to fund raising).

Limited implementation of acquired otologic and audiological know-how in Kenya.

Size and extensiveness of the country (geographically).

Instable political situation in Kenya.

6.5 Conclusion

Eardrop has sufficient strengths to overcome its weaknesses. There are ample opportunities for the organisation to successfully tackle the threats. There is more than sufficient ground for the conclusion that Eardrop can continue to contribute towards improving otologic and audiological care in East Africa in general and in Kenya in particular.

In the next chapters the Eardrop strategy for the next few years will be outlined.

7 Strategy

7.1 Mission statement

This Eardrop strategic plan covers the period 2008 – 2013. All *Eardrop* activities will be based on the following mission statement:

Eardrop's prime goal is to help improve audiologic and otologic health care in Kenya and in other East African countries to such quality levels that eventually proper audiologic and otologic health care will be permanently available to all underprivileged population groups in this part of Africa.

This mission statement is based on Eardrop's strengths and on the opportunities the organisation has recognised:

Covers all aspects of audiologic and otologic health care: medical treatment (i.e. surgery), hearing rehabilitation, infrastructure, finances, medical personnel, audiologists, training and so on.

Means that Eardrop will no longer exclusively concentrate its efforts and activities on children, but on all underprivileged people, regardless their ages, that are deaf or suffering from serious hearing impairments.

Means also that Eardrop will no longer exclusively concentrate its efforts and activities on Kenya, but also plans to become active in other countries in East Africa such as Tanzania, Uganda, Somalia and Ethiopia.

7.2 Core activities

7.2.1 Otology

The level of otology of Kenyan ENT doctors is nowadays that high that some of them are able to teach new ENT doctors themselves. They are also able to support existing ENT departments to commence otologic surgery. For both activities Eardrop will remain available to provide knowledge, experience, materials and funding. Special attention is still needed to create good facilities to perform proper audiometry in ENT departments where ear surgery is performed. This means that generally speaking the working group's role will evolve more and more into providing support and facilities. More than before, Kenyans must take over as surgeons and trainers and must increasingly purchase surgical instruments and other necessary equipment inside Kenya. The working group will re-evaluate its policy of sending four teams to Kenya each year (two surgical teams and two education teams). The programme aimed at substantially improving otology in provincial hospitals needs to be continued vigorously in close co-operation with our Kenyan counterparts.

Memorandums of Understanding, clearly specifying tasks, duties, obligations and goals will be signed by all parties concerned to ensure the best possible results. These MOU's will cover all three otology areas: Surgical teams; training courses; equipping and supporting provincial hospitals.

7.2.2 Audiology

To be able to reach the goals formulated above, it makes sense for the audiologic rehabilitation part of Eardrop, to make use of the existing national infrastructure of the Education Assessment Resource Centres, implemented and financed by the Kenyan government. For a part this has already been implemented. In the past few years Eardrop centres in Kitui and Mombasa have been functioning quite well. In these regions the audiologic activities can be expanded. The first goals to be reached are reliable audiometry with younger children (from the age of 3 years), adequate hearing aid fitting and good logistics for hearing aids and materials of earmoulds. It is desirable to look for an EARC in Nairobi that should be able to provide the same audiologic care. This might be realised with the help of the Eardrop centre in Karen Technical Training Institute and the Kenyan Society for Deaf Children (KSDC). In the Eardrop centres in Nakuru and Kisumu the basic activities should be performed at a higher level before new activities can be started. Hearing rehabilitation and training courses will remain equally important. In addition, together with Kenyans that are suited for it, Eardrop will embark on an early intervention programme. In general closer cooperation with EARC's will be sought.

Here, too, MOU's will be used to define each party's obligations and responsibilities.

7.2.3 Expansion

The new strategy widens the Eardrop scope substantially, from Kenya to the whole Eastern African region, notably to Tanzania, Uganda, Somalia and Ethiopia. There are two reasons for this. First, increasingly Eardrop receives requests to become active in other countries; occasionally ENT surgeons from other countries are already allowed to attend Eardrop training courses. Secondly, Kenyans are taking over more and more activities and responsibilities. It would be wasteful not to let other people in need of proper audiologic or otologic health care benefit from the expertise and experience that Eardrop built up in the past twenty-five years. To expand otologic knowledge to surrounding countries suitable hospitals have to be selected where Eardrop may start training programs for local ENT doctors. The Kenyan ENT doctors should guide and support Eardrop.

Audiologic activities in these new countries should simultaneously start in the same location where otology is started, securing interaction between the two from the beginning. It will be beneficial for the patients in these countries if both Eardrop sections cooperate closely from the onset. This will be achieved by asking ad hoc working groups, comprised of representatives from the Eardrop otology and audiologic working groups, to prepare plans and proposals.

8 Finances

For two reasons Eardrop's financial situation worsened dramatically during 2005 and 2006 (see table). The first reason is that income from donations declined. The second is that expenses grew substantially due to expanding activities. In 2007 the financial situation showed improvement.

	2004	2005	2006	2007
Income (€)	143,000	175,000	75,000	230,000
Expenditures (€)	122,000	245,000	149,000	130,000
Net result (€)	+ 21,000	- 70,000	- 74,000	+100,000

The deficits in 2005 and in 2006 were compensated from the financial reserves.

In any event there is an urgent need to improve Eardrop's financial position.

To guarantee continued support for Kenya AND to embark on much needed otologic and audiology activities in other East African countries AND to start some form of professionalization, i.e. setting up a secretariat, income needs to go up to at least € 300,000.— per year. Also, to secure continuation of present and new activities it is essential that ways will be found to ensure that this amount is in some way collected annually for several years in a row. The only way to achieve the ambitious goals described in this plan is to increase income substantially through extensive fundraising.

9 Goals / action plans

9.1 General

Eardrop plans to execute the following policy changes:

Growth of activities and improvements of services in Kenya.

Expansion to other East African countries.

Offering help to the underprivileged impaired of hearing of all ages – no longer exclusively to children.

Professionalization of the Eardrop organisation.

Strengthening the ties with Eardrop Kenya.

Improving internal communication.

Realizing closer cooperation between the otologic and the audiologic sections.

Entering into more MOU's with its partners.

Doubling the budget in three years' time.

This chapter of the strategic plan details the actions necessary in each field to reach the formulated goals.

9.2 Secretariat

In view of the intended growth, in view of the ambitions as described above and in view of the increase in workload in the near future the conclusion is inevitable that Eardrop must slowly but surely change its organisational structure. For some, if not all daily activities it should become less dependent on volunteers and on the goodwill of third parties. Establishing a professional secretariat is inevitable. The board needs to decide on its activities, on the time needed, on available funds, on how it will be set up, on how it will be manned, on how it will be financed, where it will be located and on how it will be embedded within the organisation. The secretariat should be operational by January 1 2009 at the latest.

9.3 Composition of the board

As explained above (Internal analysis) the composition of the board will not be changed fundamentally in the short and medium term. In the long term as Eardrop grows and becomes more and more of a professional organisation including a stable and well performing secretariat, it may be necessary to reduce the number of ENT surgeons to one who should preferably be the chairman of the working group otology in order to make room for board members representing other disciplines. This may be the case towards the end of the period covered by this plan. The chairman, the secretary and the treasurer form the 'DB' or executive committee. It is desirable that there is up to date knowledge in the DB about legislation and government policies regarding developmental co-operation. Knowledge and experience about ENT, audiology, fundraising and public relations must be available in the board.

9.4 Otology

A consequence of intensifying activities in Kenya and expansion to other countries is that the working group needs to be strengthened. Five major actions have to be undertaken: 1) More Kenyan ENT surgeons must actively participate as trainers in Eardrop education programmes. 2) More provincial hospitals need to be selected for Eardrop support to improve otology on the spot. 3) With our Kenyan counterparts research is necessary on how substantial quantities of equipment can reliably be purchased in Kenya. 4) The Eardrop policy for sending surgical and teaching teams needs reassessment. 5) A plan must be drawn up describing expansion of Eardrop activities to other countries (resources, timetable, priority countries etc.) in co-operation with all concerned. For more details, see attachment 1.

9.5 Audiology

The same is applicable: a consequence of intensifying activities in Kenya and expansion to other countries is that the working group needs to be strengthened. Several practical issues need to be settled in Kenya before progress in the field of audiology is possible. At least the following must be arranged: 1) There should be memorandums of understanding (MOU's) with the Ministry of Education, with KSDC and possibly with KISE. 2)

Arrangements must be made to make it possible for members of the toolkit committee to obtain certain materials without prior consent of the Dutch working group. 3) Regular meetings need to be held to be attended by all involved in Eardrop's audiologic activities. The Dutch working group notes that there are differences between the centres in Kitui and Mombasa on the one hand and the centres in Nakuru and Kisumu on the other. The Dutch working group will discuss this with the toolkit committee and the audiologic committee of Eardrop Kenya at a meeting to be held before the end of 2007.

Additionally, in the first half of 2008 plans must be drawn up in co-operation with all parties concerned for the establishment of a new Eardrop centre in Nairobi. Similarly, plans must be worked out for the clinical officer to become more actively involved in the Eardrop audiologic activities. Finally, before the end of 2008 decisions

must be taken on how to expand Eardrop activities to neighbouring countries. Naturally these decisions can only be arrived at in close consultation with both Eardrop boards and with the working group otology. For more details, see attachment 2.

9.6 Public Relations and Fund Raising

The working group needs more expertise in the fields of media, marketing, lecturing, producing newsletters, brochures, websites, press releases etcetera. Presently the working group is also short of expertise in building and maintaining financial networks, in approaching potential sponsors, in arranging fund raising activities by service clubs etcetera. In short, the group needs an experienced fundraiser, a second journalist, administrative help and a skilful IT expert.

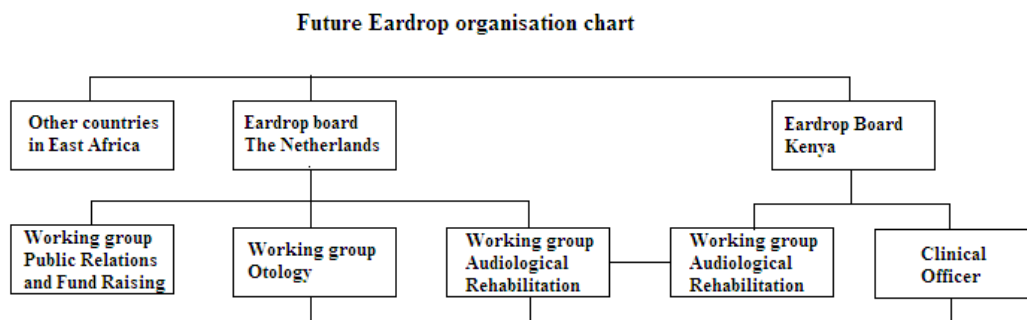
Objectives:

- to make the Eardrop brand more widely known
- to inform the general public about the Eardrop organisation, its mode of operation and its aims
- to inform the general public about the need for otologic and audiological care in East Africa
- to raise funds

For more details, see attachment 3.

9.7 New organisation

After the proposed changes will have been implemented the Eardrop organisation chart will look as follows:



Note 1: Secretariat will report directly to the board, i.e. the secretary.

Note 2: Much closer co-operation between working group audiology in the Netherlands and the clinical officer in Kenya.

9.8 Improving internal cooperation

- Each working group and individual members of working groups will benefit from an increase in information, from regular meetings and from closer co-operation. Their knowledge will enhance and their involvement will be positively influenced. The same goes for more information about, and closer co-operation with Eardrop Kenya.
The board will initiate and execute plans to improve team building.
- Establishing an intranet site will greatly help improve internal communication, provided all people associated with Eardrop are allowed and enabled to access the intranet. It is also important that the content is regularly updated. This could become one of the duties of a secretariat (see paragraph 7.1). The intranet could contain an internal newsletter, minutes of meetings of the board and of working groups etcetera.
- Eardrop Kenya should be encouraged to actively use the intranet site. In doing so Kenyans associated with Eardrop will be kept informed of activities in the Netherlands on the one hand and they have an easy and quick means at their disposal to inform their Dutch counterparts on the other.
- Thus it is inevitable that in future all Eardrop communication will have to be conducted in English.
- The computer is not the only means of improving internal communication. Members of one working groups should be encouraged to attend meetings of other working groups.

- At least once a year the board should organise a meeting for all members of the entire Eardrop family. The board of Eardrop Kenya should be invited to send a representative to such gatherings.
- There must be a annual schedule to specify interaction between the boards and the working groups: 1) Proposals for activities (including costs and priorities) by each working group for the year to come is presented to the board before October 1; 2) Before November 1 the board determines budgets and defines goals for each working group; 3) Each working group draws up a plan of activities for the year to come before January 1 after consulting Kenya; 4) Each working group reports twice a year (June 1 and December 31) to the board (more often if goals are unlikely to be achieved); 5) The documents mentioned under 3 and 4 are posted on the intranet to inform all about all activities of the working parties.

9.9 Improving external communication

The working group public relations should be asked to develop plans to improve the external communication. Examples could be production of a new poster for display in waiting rooms; production of a new video / dvd; production of a new (full colour) brochure; production of a new series of promotional advertisements.

9.10 Improving financial resources

The working group PR/FR should be asked to develop plans to improve the financial basis of Eardrop. Examples could be again approaching De Wilde Ganzen plus the Nederlandse Commissie voor Duurzame Ontwikkelingssamenwerking; approaching service clubs; approaching schools; approaching companies.

10 In conclusion

During the past decades many people, both in Kenya and in the Netherlands, have worked hard to improve the fate of thousands of hearing impaired children in Kenya. Financial and other forms of support by individuals, companies, service clubs and other organisations (De Wilde Ganzen, NCDO) made this possible. On behalf of these hearing impaired children in Kenya Eardrop is very grateful to all.

During that period Eardrop has established itself as a solid organisation and as a trustworthy partner. Together with its Kenyan associates it gained extensive knowledge and expertise and valuable experience. The Eardrop board regards this as an excellent basis for intensifying activities in Kenya and simultaneously expanding to other East African countries that experience similar problems. It would be wasteful not to allow the hearing impaired people in these countries to benefit from this knowledge, expertise and experience.

The Eardrop board is convinced it can keep relying on all the (financial) donors and supporters and sympathisers, and also on otologic and audiologic experts to continue to do voluntary shifts in East Africa.

Expansion of activities and professionalization of the organisation were the most important motives for writing this Strategic Plan.

The board sees it as its duty to monitor and control the implementation of this Strategic Plan. Similarly, the board will regularly evaluate this Strategic Plan and adapt it whenever developments make this necessary.

The board of Eardrop Foundation,

Drs J.B. Antvelink, chairman,
Mr B.J.H.L. Brouwer, secretary
Ing D.H. van Hof, treasurer
Prof dr G.J. Hordijk, otology
Drs N.M. Mostert, audiology
Drs P. Spanhaak, PR and Fundraising, r.a.

Amersfoort, April 4, 2008

Eardrop is grateful to KPMG Audit♦Tax♦Advisory for its free support in developing this plan.

Attachment 1. Otology

The detailed action plan comprises the following:

Goals and actions working group otology.

1. Introduction

The goal is the improvement of medical care for the hearing impaired children and adolescents in Kenya and in other East African countries by providing training courses and, where appropriate, technical support of health workers and health-care/training institutions. The working group will provide four programmes (actions).

These four levels of transmitting knowledge and skills are:

- A. Temporal bone course (level of training: residents; frequency: once a year, duration: two weeks).
- B. Hands on surgical course (level of training: residents; frequency: twice yearly; duration: two weeks).
- C. Post graduate surgical training (level of training: ENT surgeons; frequency: twice yearly; duration two weeks).
- D. Supporting otologic medical care in provincial hospitals by training local specialists and supplying medical/technical support to these hospitals (level of training: ENT specialist; frequency: one hospital per year; duration: one week).

All the above mentioned actions will be monitored and evaluated annually. The results of these evaluations will be presented to both Eardrop boards of. Based on these evaluations the boards can make decisions for further steps in the future (like expansion of our efforts to other East-African countries).

Tools for monitoring will be: logbooks, reports compiled by teams, evaluation of surgery in Phocus-data base, reports by the clinical officer, site visits to the provincial hospitals.

Prerequisite: Eardrop and the NGO should be acknowledged as official partners by MOU's to be signed by Eardrop, by the NGO and by the partners involved: the Kenyatta National Hospital, the Moi Referral and Teaching Hospital, the Provincial Hospitals as well as the Kenyan Ministry of Health.

2. Actions

2.1. Temporal bone course.

2.1.1. Introduction.

The temporal bone course started in 1988. Since then major achievements have been established: expansion of training positions from two to six at present, acquisition of temporal bones by the KNH organisation, participation by KNH staff members as teachers of the course.

2.1.2. Actions for further improvement.

- Monitoring of developments of surgical skills of the trainees. The resident will be presented logbooks in which they have to register their performances during the courses. All steps have to be countersigned by the teacher. This logbook is an essential document to monitor the development of surgical skills during the further period of (post) graduate training. Without a well kept logbook the resident will be excluded from further access to Eardrop training programmes.
- Participation of residents from outside Kenya. The level of otologic care in Kenya is strikingly different from that in surrounding countries. At least one, and preferably two positions should be allocated to residents from outside Kenya. The KNH and the NGO should facilitate the participation of these residents from other East African or Southern African countries.
- Expansion of participation of KNH teachers in the temporal bone course. From 2009 on at least two Kenyan teachers should participate.
- Gradual replacement of the equipment of the temporal bone lab. Until now all equipment was bought in the Netherlands. To secure after sales services it is essential that all replacements should be purchased in Kenya. ¹⁾

2.2. Hands on surgical course.

2.2.1. Introduction.

The hands on surgical course consists of two weeks intensive training in a one-to-one situation between teacher and resident. The patients are selected by the Eardrop clinical officer during his weekly clinic in the KNH. Patients are selected according to the Eardrop criteria, i.e. that the children and adolescents are unable to afford surgery unless they are supported by Eardrop or another charity organisation.

2.2.2. Actions for further improvement.

- Since training is the major goal, numbers of patients to be treated are essential. To assure meaningful, maximum exposure surgery has to be limited to the range of 6-8 ears to be operated per day. The NGO and the clinical officer should schedule in advance the patients so no waste of resources is guaranteed.
- Experiences from the past have shown that two trainees per week are optimal. Since there are two hands on courses per year there is ample opportunity for all residents to participate at least once. Presentation of a well kept logbook is an essential prerequisite to participate. Participation by residents from outside Kenya should be encouraged and facilitated, participation in an earlier Eardrop (or equivalent) temporal bone course is a prerequisite.
- Until now all medical equipment was bought in the Netherlands. This makes maintenance hazardous. To secure services in case of breakdowns replacement of the equipment by instruments bought in Kenya is an essential step.¹⁾

2.3. Post graduate training.

2.3.1. Introduction.

It was noticed that the elementary training (temporal bone course, hands-on surgical course) could be upgraded by giving ENT specialists, especially those who want to work outside the major teaching institutes, an opportunity to improve their surgical skills.

2.3.2. Actions for further improvement.

- Since the course is twice yearly, there are four positions of two weeks. Since it is our goal that ENT surgeons should be trained here before they can participate in our programme for the provincial hospitals, we have to realise that only one or two hospitals can be equipped each year. This means that there are more positions available. These should be used by other ENT surgeons if they want an additional training or by residents of the KNH. ENT surgeons as well as residents should present a well kept logbook. For ENT surgeons willing to join the provincial hospital programme (see 2.4.) participation for at least two weeks is mandatory.
- Until now all medical equipment was bought in the Netherlands. This makes maintenance hazardous. To secure services in case of breakdowns replacement of the equipment by instruments purchased in Kenya is an essential step.¹⁾

2.4. Supporting otologic medical care in provincial hospitals.

2.4.1. Introduction.

Young ENT specialists, trained in otologic care, are posted in provincial hospitals lacking the essential facilities to perform otologic care according to the ENT specialist's level of training. Eardrop was, and still is, willing to support the otologic care in these hospitals by making it our duty to facilitate the care by delivering the essential medical/surgical tools. The ENT surgeon will be trained in his/her own clinic to use this equipment.

2.4.2. Actions for further improvement.

- Monitoring and evaluation of the previously equipped provincial hospitals (Kisumu, Nyeri, Nakuru, Garissa) by the med/tech group and a delegate from the NGO.
- There has to be an MOU between the NGO and the Ministry of Health regarding the project at the provincial hospitals. This makes Eardrop an official partner recognised by the provincial hospitals.
- An MOU between the NGO, EARDROP and the selected provincial hospitals. The provincial hospitals have to take care of the maintenance of the donated equipment, also replacements should be guaranteed by the institution in case of break-down or loss. The hospital should provide sufficient access to the facilities to treat patients with ear diseases.
- The ENT specialist that will be supported should have followed all Eardrop teaching courses. He/she should present a well kept logbook.
- Site visits to the provincial hospitals should be accepted, both by the ENT surgeon and by the hospital administration (part of the MOU), reports of the activities should be presented in a standard format.
- To assure after sales service the medical equipment should be bought in Kenya.

It is essential that all four prerequisites are fulfilled before participation by a provincial hospital can be decided on.

3. Budget

3.1. Temporal bone course

- 3.1.1. Human resources: 1 ENT surgeon, 0-1 member working group. ²⁾³⁾
- 3.1.2. Medical equipment: Replacement of the medical equipment, yearly 10% of the stock. ¹⁾
- 3.1.3. Additional costs (printing certificates, learning books, logbooks, catering) ¹⁾

- 3.2. Hands on surgical course.
- 3.2.1. Human resources: 4 ENT surgeons, 2 anaesthetists, 1-2 members of working group. ²⁾³⁾
- 3.2.2. Medical equipment: Replacement of the medical equipment, yearly 10% of the stock. ¹⁾
- 3.2.3. Additional costs (medication, disposables, HIV protection, certificates, catering). ¹⁾

- 3.3. Post graduate training.
- 3.3.1. Human resources: 4 ENT surgeons, 2 anaesthetists, 2 members of working group. ²⁾³⁾
- 3.3.2. Medical equipment: Replacement of the medical equipment, yearly 10% of the stock. ¹⁾
- 3.3.3. Additional costs (medication, disposables, certificates, catering). ¹⁾
- 3.3.4. Additional travel costs

- 3.4. Provincial hospital
- 3.4.1. Human resources: 1 ENT resident, 1 member of working group. ²⁾
- 3.4.2. Medical equipment: Essential instruments for surgery and out-patient care. ¹⁾
- 3.4.3. Additional travel costs.

General remark: Donated instruments of which the intrinsic value exceeds the costs of transport by far will be shipped to Kenya, especially if the goods are serviceable (microscopes) or hardly need any service (surgical instruments). The working group will be very critical to ship instruments for which a high frequency of servicing is necessary, like burrs and suction machines, if maintenance can not be guaranteed by the local technical staff. Preferably these goods should be bought in Kenya. After sales is a prerequisite.

¹⁾ Eardrop, the NGO and the healthcare/training institute involved should agree on sharing the costs for supplying medical equipment and additional costs. The agreement should be enclosed in the (renewed) MOU 's.

²⁾ It is essential that all activities should be closely monitored by the working group, by combining monitoring of several activities. The number of members needed may vary from year to year. In the new situation, however, close observation together with the NGO is mandatory.

³⁾ Kenyan ENT-surgeons should be encouraged to participate in the training sessions as teachers. This should lead to a considerable reduction in the number of Dutch ENT surgeons in the several training programmes.

Attachment 2. Audiology.

Year plan 2008 audiologic committee		
Activities / processes	Who	When
1. Speech audiometry		
CD + players calibrated available for all centres and hospitals	Serah	August
Training to perform speech audiometry (with Serah)		September
2. Assessment centre Nairobi (St Anns seems to be best option)		
Decision	Board	May
Use of audiometer		
Meeting with KTTI about support from Stephen Thuo	Agnes Kisila	May
Training for assessment teacher	Stephen+teammember	June
3. Early intervention project		
Proposal ready	Nicoline	April
Activities: Paediatric audiometry, parent counselling, speech and language development, acoustic treatment classroom, audiologic rehabilitation		From September for 2-3 years
4. Audiometric training Eardrop ENT clinics		
Support for clinical officers in clinics where Eardrop performs surgery	AR team members	From now
5. Support Lodwar		
Local training through AR team members (Lilian Foundation already approved financial support)	Bakari Yeri + David Mbengeli	August
6. Training technician KSDC		
According to proposal Repair shop (with spare parts)	Nicholas	July/August
7. Training / education KISE		
Contact directorate KISE	Nicoline	September
8. Logistics ear mould materials and hearing aids		
Distribution in Kenya through KSDC (MOU)	AR team + Dutch team	Ongoing
Godissa and others supply hearing aids		
Use more 2 nd hand hearing aids		
Availability batteries		
9. Support Eardrop Centres		
Printing audiogram	AR team+Dutch team	From now
Task description team members (SMART?)	AR team	June
Contracts with Eardrop Centres + budget for AR team	Board	April
Use of hearing aid analysers		2010
NOAH upgrade		2009
New developments hearing aids (noise reduction, acoustic feedback, compression)	Dutch expert	Annually
Communication tympanometry / ABR after consultation clinical officer in hospital	AR team	From now
Tinnitus counselling		2009
Portable audiometers (220V or battery)	Separate project	
Soundproof room	Separate project	
Training for 2 nd person at Eardrop Centres		2009
10. Monitoring activities		
UU-Net for sponsoring	Board	Ongoing
Notebook for Kisila	Board	
Update current activities NL to Kenya twice a year	Audiologic committee	
Clinical officer visits every 2 weeks one of the team members	Maurice Odhiambo	
MOU with Ministry of Education	Board	
MOU with Ministry of Health	Board	
AR team meets three times per year	AR team	

Clinical officer joins AR team meetings	Maurice Odhiambo	
Serah joins AR team meetings	Serah	
Rinne and Weber through Serah	Serah	
Medical issues including otoscopy, vertigo etc. through clinical officer	Maurice Odhiambo	
Ask government to provide diagnostic tools to schools	Board	
Reply from NGO board within 3 months on requests from AR team	Board	
Decision by NGO board within 6 months on requests from AR team	Board	

Planning visits by Dutch team members: Summer 2008: Fred and Christine
Autumn 2008: Annelies and Nicoline

Attachment 3 Public Relations and Fund Raising

Objective 1. To make the Eardrop brand more widely known will be achieved by:

- a new, modern styled logo
- up to date leaflets in different sizes
- website that can be updated easily and quickly
- flyer with Eardrop mission statement
- newsletter
- annual report
- press releases
- free advertising (format: testimonials)
- visits
- power point presentations
- promotional film
- events

At this moment much energy is being devoted to renewing and developing the above mentioned activities, without, of course, losing sight of the many achievements of the past.

Eardrop was, still is and should remain firmly embedded in the Dutch ENT community. For Eardrop this is of vital importance. This continued involvement of the Dutch ENT community with Eardrop, also in the field of fund raising, is of very great importance.

Objective 2 and 3. With regard to the general public the working group considers the following segments:

- those that actively participate in Eardrop activities (members of the board, members of the Eardrop working groups, ENT surgeons participating in Eardrop medical teams, audiologists, technicians and others)
- suppliers
- individual citizens (financial contributors)
- companies
- institutions
- organisations (like NCDO; Cordaid; De Wilde Ganzen, etc.)

Each time that one of these segments will be approached, a choice must be made which promotional means can be used most effectively.

Paying visits, giving presentations and attending events will be taken care of by members of the working group, members of the board and those that had been sent to Kenya by Eardrop.

Objective 4. Fund raising is presently being characterised by a relatively limited sum donated by a group of supporters. In addition a few foundations regularly donate substantial sums of money. However, an additional sum of money amounting to at least € 200.000,-- is needed annually. Each year sponsors need to be found for this sum.

In the past years Eardrop managed to achieve this financial goal through the generous and persistent support of a number of service clubs and/or special projects (with in some cases the proceeds having been doubled. Also specially organised events like a golf tournament produced substantial benefits. Organising events as well as approaching service clubs will be continued. In addition activities will be undertaken to convince more companies to support Eardrop financially. This will be done on a person-to-person basis. However, good promotional material is essential. If possible an enduring relationship should be the result. Eardrop needs to consider whether or not it is prepared to arrange for donors contributing large sums of money to visit Eardrop activities.

Subject	Ready
New logo (see Amazing proposal)	April 2008
New leaflets (Amazing; printing company)	July 2008
New power point presentations	April 2008
Adapting website	July 2008
New 15 min. promotional film	May 2009
New testimonial advertisements	March 2009
Adjusting newsletter to new corporate identity	September 2008

Eardrop Contact details

Eardrop Stichting

Postbus 114
3840 AC HARDERWIJK
Tel. +31 (0)6-20639930
Fax +31 (0)341-425528
web: www.eardrop.nl
Email: info@eardrop.nl

Giro 372
Rabobank 376755962
KvK Amsterdam 41039567

Board:

Drs J.B. Antvelink, chairman,
Mr B.J.H.L. Brouwer, secretary
Ing D.H. van Hof, treasurer
Prof dr G.J. Hordijk, otology
Drs N.M. Mostert, audiology
Drs P. Spanhaak, PR and Fundraising, r.a.

Local Board Eardrop Foundation Kenya:

dr. C. Omamo-Olende, chairman
mrs. L. Waweru, secretary
I. Ndirangu, treasurer
ms. A. Kisila, member
I. Macharia, member
A. Gathegi, member
Head ENT department Kenyatta National Hospital, member