



Policy Plan 2019 – 2023

Eardrop Foundation



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Preface

John D. Rockefeller (1839-1937):

‘Charity is injurious unless it helps the recipient to become independent of it.’

The Eardrop Foundation has been active in Kenya and Ethiopia for many years. Gradually we began to ask ourselves: ‘Are we still doing the right thing in the right way?’ Therefore, in the past few years we have reviewed our activities.

The objective stated in the Eardrop Foundation’s articles of association is:

Providing education and training to ENT residents, clinical officers, audiologists and teachers in schools for the deaf, so as to realize better care for the deaf and hearing impaired in Kenya and surrounding countries, plus everything that directly or indirectly relates to this or may help to promote it.

From within our own organization, questions were raised about the lasting effect of our work. This was one of the reasons for the Eardrop Foundation to organize a symposium with professional and experienced experts on the 22nd of September 2017. The experiences and ideas discussed at this symposium have contributed to this policy plan.

The plan describes our renewed ambitions for the operational activities and the (financial) accountability. We have formulated four central principles:

- 1) Every project must fit within the Eardrop Foundation’s objective.
- 2) Every project must have a pre-defined starting and finishing point and a budget plan.
- 3) During the course of each project, its operational and financial state of affairs must be readily comprehensible at any point in time.
- 4) We are shifting the Eardrop Foundation’s focus from operations and treatment to the upscaling of education and (skills) training.

Starting from these principles, each working group has formulated its own objectives in this plan. The implementation of these objectives is to be described in project plans.

The choices, which have now been made, require a different deployment of the Eardrop Foundation volunteers. In choosing and organizing projects, the Eardrop Foundation takes into consideration its local stakeholders; they help to determine how our orientation is to be implemented.

The board is aware that all this cannot be achieved at once. In consultation with the working groups, we will see how entrenched the current practices prove to be.



1.

Introduction

In this document we will share with you the considerations underlying the Eardrop Foundation's policy for the next few years.

The Eardrop Foundation was established in 1983. In that year, four Kenyan boys with ear and hearing problems had surgery at the Gelre Hospital in Zutphen (NL). The surgeons concluded that operations performed in the homeland would be more effective. Since then, Dutch ENT surgeons have performed surgery on children with ear problems at hospitals in Kenya. Frequently, these children suffer from (congenital) deafness or hearing impairment. Some children can benefit from surgery, but in many cases surgery alone does not suffice. After the operation, they still need hearing aids. In its activities, the Foundation therefore not only involves ENT surgeons, but also clinical physicists, audiologists, hearing care professionals and other experts in hearing examination and rehabilitation. Since the start of the Eardrop Foundation, thousands of children have been operated on. Also, hundreds of professionals have been trained, such as ENT surgeons and residents, clinical officers, audiologists and hearing care professionals. Furthermore, we have expanded our activities to Ethiopia.

With the Eardrop Foundation we now want to achieve our goals by focusing more on education and sharing knowledge. Consequently, we will move away from being an organization, which dispatches professionals to provide direct medical care locally.

We also pay attention to the social component. For example, it is important that the child's environment - like parents and school - learn how to communicate and deal with a severely hearing-impaired child. The Eardrop Foun



ation supports local organizations with this topic. This support is part of the training programmes.

In order to be able to properly implement the various programmes, we will intensify our internal cooperation in the fields of ENT and audiology. We - the board of the Eardrop Foundation - are aware that it is, to a significant degree, the local demand and needs that determine which programmes we are going to implement.

Over the years the Eardrop Foundation has developed into a non-governmental organization (NGO), which consists of three working groups:

- Medical technical affairs,
- Audiological rehabilitation and early intervention,
- Public relations and fundraising.

In this plan the board and the three working groups state their intended policies and activities.



2.

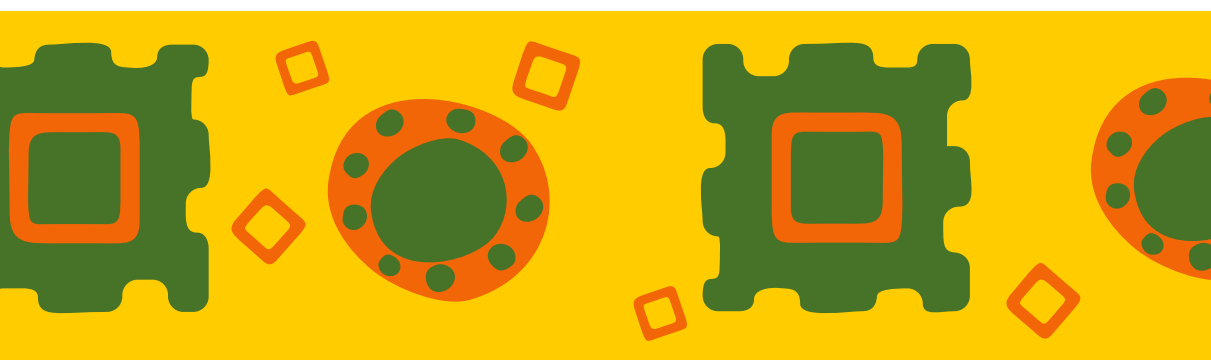
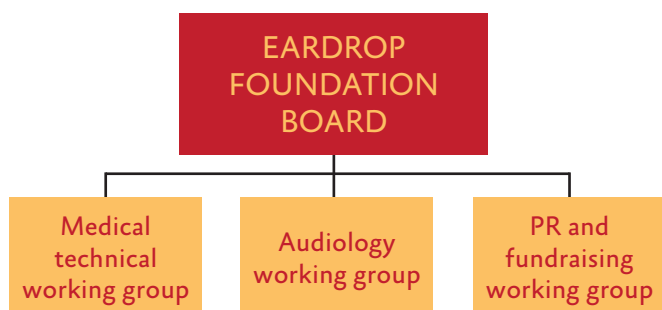
The Eardrop Foundation's mission and vision

The Eardrop Foundation's mission is described in the articles of association, as quoted in the preface. Our vision is to work in close cooperation with local parties while taking into account their needs, within the bounds of reason.

We are now active in Kenya and Ethiopia. The geographical vastness of these two countries makes it impossible for us to completely cover them. In Kenya we have opted to develop good and reliable relations with a number of the EARCs (Education Assessment and Resource Centres). In most cases these centres are situated close to the mission hospitals we cooperate with. In Ethiopia we are intensifying our cooperation with local hospitals in Addis and with peripheral hospitals in Wolisso, Attat and Gambo.

2.1 Composition of Eardrop Foundation's board

- The Eardrop Foundation's board consists of the three working group chairs, plus a chair, a treasurer and a secretary. The latter three form the foundation's executive board. The executive board has a supervisory and coordinating role with regard to the activities of the working groups.
- The board meets four to five times per year, to discuss and approve the working groups' budgets, determine the strategy and establish priorities.
- The working groups meet three to four times per year. Reports are made of the meetings and of all deployments.
- All efforts for the Eardrop Foundation are unpaid for.
- The Eardrop Foundation has been granted the Dutch CBF quality mark for charities and ANBI public benefit organization status. Every year, the foundation therefore tests all of its policy intentions for compliance with the CBF and ANBI admission criteria.
- The Eardrop Foundation can acknowledge volunteers' exceptional efforts for the development of the Eardrop Foundation by awarding them a medal of merit or, in very exceptional cases, the title of Honorary Chairman.



3.

Parties involved in the Netherlands, Kenya and Ethiopia

3.1 Eardrop Kenya and the Netherlands.

Eardrop Kenya is an officially recognized NGO. The board consists solely of Kenyans and its composition is the same as the board of Eardrop Foundation Netherlands.

3.2 ENT surgeons.

In Kenya most 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 Dutch ENT surgeons. KENTS is an important partner for our Foundation; the conventions they organize serve as platforms for the exchange of knowledge, experience and new ideas.

In Ethiopia, Eardrop cooperates with the trainer of the ENT training programme of the Black Lion Hospital in Addis Ababa (a nationally organized ENT training is still lacking in Ethiopia).

3.3 Clinical physicits, audiologists, hearing care professionals and speech therapists.

In audiology, the situation is similar to that of ENT surgeons: Eardrop Foundation staff provides training with regard knowledge and skills. This also applies to the provision and maintenance of equipment.

3.4 Kenyan authorities.

The Eardrop Foundation is able to do its work because it has gained permission and cooperation from national and regional bodies in Kenya, such as the Ministries of Health and Education, local authorities and boards of schools for the deaf. There is frequent consultation by e-mail and during deployments.

3.5 Education Assessment and Resource Centres (EARCs).

Throughout Kenya there are 72 EARCs. A properly functioning EARC can assess children's development in four areas: hearing, eyesight, physical and cognitive development. Therefore, they play an important role in detecting and identifying deaf and severe hearing-impaired children. The Eardrop Foundation cooperates with six of these EARCs (Kisumu, Kitui, Mombasa, Mumias, Nairobi and Nakuru) and has trained the staff of these centres so as to ensure rehabilitation for hearing impaired and deaf children. Furthermore, the foundation has provided the centres with equipment, hearing aids and materials to make ear moulds.

3.6 Kenyan Society of Deaf Children (KSDC).

The Kenyan Society of Deaf Children (KSDC) is a non-governmental organization. It supports initiatives aimed at allowing hearing impaired and deaf children to optimally develop themselves. The objective is for them to be viewed by society as able human beings. To confirm the collaboration between the Eardrop Foundation and KSDC, a Memorandum of Understanding has been signed. In it, agreements have been made for KSDC to support the Eardrop Foundation in logistic matters and for the Eardrop Foundation to provide KSDC with material support and with training of KSDC staff.

3.7 Kenyan Institute for Special Education (KISE).

The Eardrop Foundation has trained teachers working with children with special needs with regard to hearing, speech and language.



4.

Policy and activities of the Medical technical affairs working group

We carry out some ten missions every year. The missions' treatment focus is on ear and hearing pathology, because this is the biggest handicap for patients and has the greatest impact socially. A local ENT resident joins us in each of these missions. The purpose of the mission is to train the local ENT residents, but at the same time, of course, we want to improve patients' ear and hearing conditions.

The local care structure does not adequately include follow-up consultations. This means that we have insufficient insight into the actual results of the care provided. We are aiming to set up the best possible follow-up system, together with the local surgeons.

In addition to training the local professionals through Ear Camps, we give two ear surgery training courses in Kenya using cadavers. The first course is intended for ENT residents, the second is an international East African course for established ENT surgeons.

Finally, in addition to ENT residents and surgeons, we also train clinical officers. In Africa they fulfil the role of general practitioner and therefore form the backbone of African healthcare. Since 2010 we train clinical officers in both Kenya and Ethiopia. In Ethiopia, we train clinical officers at two locations. In Kenya we give two-week training courses within the framework of their education at St. Mary's School for Clinical Medicine in Mumias. In addition to the training – both theoretical and practical – the clinical officers are provided with a set of instruments to be able to perform ENT examination. Dutch ENT residents give these training courses.

For Kenya and Ethiopia, the working group has the following policy intentions:

- In Kenya the working group wants to place more responsibility with the local ENT surgeons. Whereas a few years ago each ENT resident still received training at Ear Camps, local ENT surgeons now give this training. The Eardrop Foundation has begun to further train ENT surgeons by

giving an international ear course. It is the intention that local ENT surgeons specializing in ear surgery take part in the course.

- Likewise, responsibilities should be transferred to clinical officers. In the training of clinical officers, we will review how we can shift responsibilities to local professionals. A good aim to strive for, but also a challenge to find good, reliable professionals. Furthermore, in Africa it always remains to be seen how long a person will work at the same location.
- Further education of ENT surgeons specializing in ear surgery. For this purpose a fellowship might be set up, in conjunction with Eardrop Kenya.
- In five years' time, the work in Kenya will, in all probability, consist of giving two courses for ENT surgeons or residents and possibly some form of fellowship. In addition, we will continue to provide and, if possible, extend education to clinical officers.
- In Ethiopia it is still too early to discuss a transfer of responsibilities. In the future we will keep a close eye on this topic, and aim to discuss this matter with local professionals in due time. The Eardrop Foundation tries to get potential candidates with sufficient expertise and sense of responsibility to commit themselves to the Eardrop project and its educational tasks.
- Besides taking responsibility for educational tasks, the Eardrop Foundation wants local professionals to become more independent and take more responsibility for equipment and instruments. The Foundation wants to investigate if it is possible to ask participating parties in Ethiopia and Kenya for a financial contribution for equipment and instruments supplied, rather than simply donate these items. This also means that these parties are going to demand better quality, which will benefit the sustainability of the project. The equipment will be of better quality and will last longer. Moreover, the recipient will feel more responsible for the equipment's maintenance.

5.

Policy and activities of the Audiological rehabilitation and early intervention working group

If a child is found to be hearing impaired or deaf, audiological rehabilitation is necessary. This requires knowledge and education of staff. The audiological staff will have to learn how to perform hearing tests and interpretation of the latter. They need to have the know-how to adequately supervise the rehabilitation of a hearing-impaired child, in close cooperation with parents and teachers.

After having been active in Kenya for nearly 35 years, the time has come for us to analyse what is still needed at this point to establish all this, and then fully transfer the responsibility for rehabilitation.

For Kenya, the working group has the following policy intentions:

- Together with the Kenyan authorities, we will secure the know-how by initiating a technical audiologist's training programme. This has to be embedded in an existing educational institution and the qualification obtained through this course has to be recognized in Kenya.
- The Eardrop Foundation currently pays for the purchase of audiological equipment and ancillary materials, such as batteries. It is our intention to phase out this arrangement over time. The objective is for organizations in Kenya, to become responsible for the costs of purchase and replacement.
- For the current audiology training given to a group of new EARC staff, we aim to ensure that after completion of this training they will be competent to provide good audiological care.
- Developing one or more courses for hearing/communication training and psycho-social care, aiming to make accessible the necessary knowledge and skills to larger groups.

For Ethiopia, the working group has the following policy intentions:

- Investigate whether it is possible, in cooperation with the ENT surgeons, to diagnose hearing problems and, if a problem cannot be remedied by surgery, to start a rehabilitation programme.
- Exploring the existing arrangements for the provision of hearing aids, special education and parental counselling.
- Exploring what knowledge and expertise are available in the field of audiology, and responding accordingly.



6.

Policy and activities of the Public relations and fundraising working group

The Eardrop Foundation cannot do its work without the support of a great many donors. These are individual persons and private institutions such as family trusts, service clubs and companies. The Foundation is also funded by private individuals' annuities and by sponsor activities.

The Eardrop Foundation often receives ENT and audiology equipment when hospitals or audiological centres undergo refurbishment. In many of these cases, new equipment and materials are offered to the Eardrop Foundation at reduced prices.

Priorities for the PR and fundraising-working group are: generating sufficient financial means and increasing awareness of the Eardrop Foundation's work among a wider audience. As the Foundation's income fluctuates, it is important to generate fixed income in addition to non-recurring income.

The working group has the following policy intentions:

- Looking for additional sponsors who are willing to support the Eardrop Foundation for several years.
- Using social media to raise the Eardrop Foundation's public profile.
- Raising funds, a continuous effort.
- Enhancing public knowledge of the Foundation by ensuring that the website is easy to find, up to date and attractive.
- Improving the website's accessibility so that members of the working groups can add and remove information themselves.
- Setting up an internet site which is accessible only to Eardrop Foundation members in the Netherlands, Kenya and Ethiopia. Information and data regarding activities can then be updated, commented on and added to and from Kenya and Ethiopia. We can also use this information to report to third parties about our work.



7.

The board's policy intentions

The Eardrop Foundation board is aware that it is facing major challenges. To be able to realize its policy, intensive cooperation is necessary, both internally and externally. Internally with the members of the various working groups, externally with government agencies, which assess the Eardrop Foundation's objectives, and with other professional stakeholders in Kenya and Ethiopia.

The commitment of the Eardrop Foundation's volunteers has always been heart-warming, but the longer-term output of this commitment is not always clear. Due to local restrictions and conditions in these two countries, we do not have a system to adequately monitor the results of the operations. This was one of the subjects on the agenda of the aforementioned symposium. Within the board and the working groups, we discussed the question whether we are doing the right thing and are doing them in the right way. This policy plan is the outcome of this discussion.

The policy plan calls for a follow-up in the form of structured and concrete plans. We need to develop a practical format for these plans, with clear descriptions of the plan, objectives, implementation, time frame and resources. The working groups are first to submit their plans to the board for approval.

This implies a different cooperation, for the board as well as for the working groups and their members. Working with (sub-)project plans may demand more time from the volunteers. The size and composition of the working groups are critical factors for success. The board will act proactively and provide support wherever necessary.

Concretely, this means:

- Managing the new policy.
- Promoting cooperation between the working groups.
- Securing a financial reserve from which we can finance the activities for at least two years without needing funding from major sponsors.
- Supervising, from this financial framework, that expenditure and budgets are balanced.
- Developing a transparent way of reporting, in close consultation with the working groups and external contacts.
- Soliciting feedback from the professionals about wishes, expectations and challenges.
- Approving and prioritizing the contents of projects powering the PR and Fundraising working group.
- Enhancing the transparency of our external communications, particularly in reporting to interested parties, such as medical associations, professional groups, donors and other persons interested.
- Facilitating and promoting communications within the foundation and with the countries in which the Eardrop Foundation is active. For instance, we are thinking of a website which is accessible only to members (in Kenya, Ethiopia and the Netherlands). Through this website, data of activities organized in these countries can be updated, commented on and added to and from Kenya and Ethiopia. The information thus collected can also be used as a basis for our reports to external stakeholders.
- To see that we retain our ANBI public benefit organization status and the CBF quality mark for charities.



8.

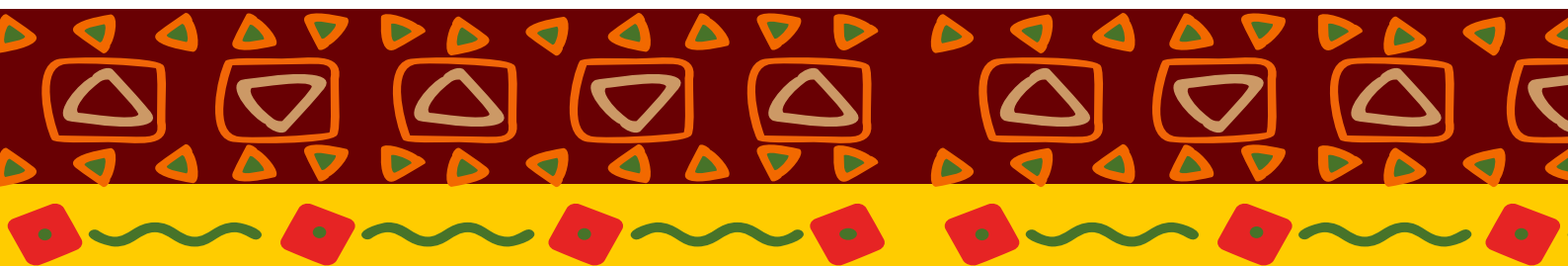
Environmental factors

It is now up to everyone involved, to convert the intentions from this policy plan into concrete actions.

There are various factors that may slow down their implementation, though. Some of them are outside 'our' sphere of influence. For instance:

- The unstable political situations in Kenya and Ethiopia.
- The sheer vastness of the two countries.
- Our dependence on donors and sponsors.
- The availability of sufficient volunteers, who after all are the basis of the Eardrop Foundation.
- Kenya's position in relation to East Africa.
- To which extent trained Kenyans and Ethiopians are able to continue the Eardrop Foundation's work without direct involvement from the Netherlands. To support this as much as we can, we will create collaborative partnerships.

**Give
hearing
to each
child**





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