Community Based Inclusive Development Organization - Kagera (CBIDO-Kagera)

Strategic Plan 2020-2024

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LIST OF ACRONYMS AND ABBREVIATIONS

CBR	Community Based Rehabilitation
CBIDO	Community Based Inclusive Development Organization
CWD	Children with Disability
CYWDs	Children and Youngsters with Disabilities
DPOs	Disabled Persons' Organizations
ES	Executive Secretary
GDP	Gross Domestic Product
KCBRP	Karagwe Community Based Rehabilitation Programme
MEL	Monitoring, Evaluation and Learning
NGO	Non-Governmental Organization
NSA	Non-State Actors
PWD	Persons with Disabilities
TASAF	Tanzania Social Action Fund
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VRWs	Village Rehabilitation Workers
YWD	Youth with Disability

PREFACE

Tanzania, like the rest of the world, has in the last few years experienced a growing attention to the plight of Persons with Disability (PWDs) and concerns over safeguarding of especially Children and Youngsters with Disabilities (CYWDs). Different studies put the population of PWDs in Tanzania at between 6% and 9% of the national population. The prevalence was slightly higher in rural areas (8.3%) than in urban areas (6.36%).

The most prevalent forms of disability are seeing (3.7%), mobility (3.1%), hearing (1.9%), and cognition (1.5%). On the other hand, the major causes of disability are prenatal exposures, mainly malnutrition and unsafe maternal behaviors, as well as post-natal exposures such as diseases, trauma, accidents, violence, epidemics and wrong drugs administration.

Despite existence of legal and institutional frameworks that seek to promote the wellbeing of PWDs, PWDs still face serious discrimination, social exclusion and economic alienation. As an example, only 2.7% of PWDs have access to paid employment, while 48% of Tanzanian PWDs are illiterate compared to 25% for those without any disability. PWDs and their caregivers are thus among the most poor and marginalized groups of people in Tanzania due to inequalities in access to socio-economic opportunities and productive resources, social exclusion, and individual capacity limitations.

The above situations are exacerbated by shortage of suitably qualified medical and education personnel; low financing; physical access challenges and retrogressive cultural norms; as well as general service denial. These situations combine to violate the rights, constrain access to basic needs and negatively affect the ability of PWDs to successfully live.

In order to contribute to addressing these situations, CBIDO seeks to facilitate increased access to essential services for PWDs in the areas of inclusive education and healthcare and rehabilitation, besides enhancement of socio-economic resilience. To realize these, we will continue to invest in capacity development of PWDs, their caregivers and institutions; linking and networking; as well as advocacy for improved regulatory, institutional and cultural environments. We believe that such support will have the greatest impact on the well-being of PWDs, their caregivers and communities.

This strategic plan presents CBIDO with an opportunity to apply its longstanding experiences in the thematic areas of CBR: inclusive healthcare, education, and socio-economic empowerment (social inclusion, empowerment and livelihoods development) for PWDs. The plan outlines our overall vision and mission as well as the specific strategies for reaching the same. We have made deliberate efforts to align our priorities with the Government of Tanzania' disability focused frameworks, global Human Rights Instruments and international development agenda as contained for instance in the Sustainable Development Goals.

CBIDO acknowledges that successful realization of our goals requires that we leverage the efforts of complementary actors. We will thus work with multiple actors to realize our goals. We therefore, thank in advance our partners and peers who will continue to subscribe to and invest in our vision. We call upon such valued partners to join hands with us as we venture into this exiting, ambitious and equally challenging phase of our journey. We believe that with your support, we shall attain our goals, and make meaningful difference in the quality of life of PWDs, their caregivers and communities.

1.0 BACKGROUND AND INTRODUCTION

1.1 Organizational Background

The Community Based Inclusive Development Organization - Kagera (CBIDO-Kagera) is a not-for-profit Non-Governmental Organization (NGO) based in Karagwe District of Kagera Region, Tanzania. CBIDO-Kagera was registered in 2019 with a legal mandate to operate nationally. The organization works under the Trusteeship of the Anglican Church of Tanzania, Diocese of Kagera.

CBIDO-Kagera's main preoccupation is enhancing the quality of life, dignity and inclusion of Persons with Disabilities - particularly, Children and Youngsters with Disabilities. Since it became operational in January 2019, CBIDO-Kagera has been implementing programmes in the areas of healthcare, inclusive education and socio-economic empowerment of PWDs and their caregivers/families.

The major strategies explored by CBIDO-Kagera to arrive at its mission include offering rehabilitation and care services, advocacy for inclusion and improved conditions for CYWDs and capacity development of CYWDs and their caregivers. Two other equally important strategies are networking with other service providers/referral systems as well as documentation/evidence building.

CBIDO-Kagera pursues participatory programme approaches that entail working closely with PWDs, their families and complementary multi-level stakeholders, both State and Non-State-Actors (NSAs). At community level, CBIDO-Kagera works with Village Rehabilitation Workers (VRWs), who make weekly home visits to supported CYWDs. These are besides regular mobile village health clinics, often attended by doctors from local hospitals. Further, CBIDO-Kagera has full access to a central rehabilitation center where CYWD receive intensive physiotherapy. The rehabilitation center is also used to train parents/caregivers of the CYWDs and volunteers.

1.2 Organisational Identity

Vision Statement: An inclusive society where persons with disabilities attain full potential and live in dignity.

Mission Statement: To enhance the resilience and quality of life of children and youngsters with disabilities.

Core Values:

1. **Integrity:** We hold ourselves to the highest standards of honesty, ethical, transparency, accountability and moral uprightness.
2. **Innovation:** We are committed to learning as a basis for continuous improvement of self and others.
3. **Teamwork:** We leverage others' competencies to attain greater efficiency and scale impact.
4. **Solidarity:** We stand with and passionately support PWDs to attain their full potential and dignity.
5. **Inclusion:** Driven by compassion and love for humanity; we champion equitable access to rights, resources and opportunities for PWDs, their families and society at large.

1.3 Value Proposition

#	Stakeholder	Proposed Value Addition
1	PWDs, CYWDs & caregivers	1. Facilitate access to or offer rehabilitative and other relevant healthcare support. 2. Removal of regulatory, physical, institutional & socio-cultural barriers to inclusion. 3. Enable access to knowledge, skills & information via inclusive lifelong education. 4. Empowerment towards socio-economic self-reliance and resilience.
2	Peers and other NGOs	1. Opportunities to share technical, financial and human resources for greater reach. 2. Complementary capabilities/ services or referrals towards holistic service delivery. 3. (New) knowledge, technologies, models or best practices in disability programming. 4. Champion local regulatory and institutional reforms (to be disability progressive). 5. Access to our other local networks and outreach structures.
3	Donors, Other supporters	1. Use of our community-based structures to positively impact PWDs/caregivers' lives. 2. Access to grassroots generated/researched data, evidence and knowledge. 3. Ability to link grassroots issues with (inter)national level conversations. 4. Contributions to achievement of global development goals e.g. SDGs and UNCRPD. 5. Delivery of value for money, open accountability & demonstration of impact.
4	Government	1. Complementing government goals in health, education & poverty eradication. 2. Possibilities for establishing service level agreements with local Governments. 3. Technical contributions to disability conversations (say for strategy, policy etc.). 4. Supporting (re)formulation and or implementation of disability policies and laws.

1.4 Organisational Track Record

Although having started operating as an independent legal entity only in 2019, it is noteworthy that CBIDO-Kagera was crafted out of the KCBRP that has been working in Karagwe since 2004[1]. Thus, although legally young, CBIDO-Kagera inherits 15 years of experience of CBR/CBID programming in Karagwe. This includes a legacy of community structures, relationships and human resources.

More specifically, in the area of *access to healthcare*, through the VRWs, outreach clinics, access to the KCBRP managed rehabilitation centre and other referral networks, more so, public hospitals, CBIDO-Kagera in the last one year facilitated access to health-related services for at least 602 CYWDs.

As regards *inclusive education*, CBIDO-Kagera support has in the last one year enabled a total of 268 CYWDs to access, be retained or transit to higher education levels. The support included provision of education materials, arranging transport, elimination of physical barriers and community sensitization.

Concerning *socio-economic empowerment*, CBIDO-Kagera has been involved in skills development/ training of Youngsters with Disabilities (YWDs) and their caregivers to broaden their income base, besides community sensitization for greater inclusion of PWDs. A total of 8,113 community members were reached, and 460 YWDs supported.

[1] The crafting of CBIDO-Kagera out of KCBRP was to enable the latter focus on its facilitatory roles of leveraging resources, capacity development, advocacy and managing partners, while ceding community-based program work to CBIDO-Kagera.

CBIDO-Kagera has established good partnerships with local authorities such as District Councils and Social Welfare Offices as well as complementary Non-State pro-disability Civil Society Organizations (CSOs) in the Lake region.

2.0 ANALYSIS OF THE OPERATING CONTEXT

2.1 Overview of Tanzania

Situated in East Africa, Tanzania is the 13th largest country in Africa. The country has a constitutional democracy led by an elected President and a parliament comprising 393 members. Administratively, Tanzania is divided into 31 regions. The 2019 estimated population of Tanzania is 58.01 million[2].

Tanzania has sustained relatively high economic growth averaging between 5% and 7% since the year 2000[3]. The estimated Gross Domestic Product (GDP) growth rate in 2018 was 5.2%[4]. The economy is primarily fueled by agriculture which employs about 75% of the work force. It is however notable that the effects of the impressive economic growths have failed to 'trickle down' to all groups of society. About 26.4% of Tanzanians are estimated to live below the poverty line of US$1.90 a day[5].

2.2 Analysis of the Disability Landscape In Tanzania

2.2.1 General Status of Disability in Tanzania

There are significant variations in disability data in Tanzania. The 2012 National Census in Tanzania identified 2.6 million (5.9%) PWDs[6], while the Comprehensive Community Based Rehabilitation in Tanzania on its parts estimates that there are 4.2 million Tanzanians living with disability[7].

The most prevalent forms of disability are seeing (3.7%), mobility (3.1%), hearing (1.9%), and cognition (1.5%). The major causes of disability in Tanzania include prenatal exposures e.g. malnutrition and other unsafe maternal behaviors; and post-natal exposures such as diseases, trauma, accidents, violence, epidemics and wrong drugs administration[8].

Despite the efforts by the Government of Tanzania and CSOs to promote a more inclusive society, PWDs in Tanzania still face challenges such as discriminations, unemployment and general economic marginalization; limited access to information and basic social services; as well as stigmatization and other retrogressive cultural norms and biases.

2.2.2 Disability Focused Regulatory and Institutional Frameworks in Tanzania

The constitution of Tanzania prohibits all forms of discrimination and recognizes rights of PWDs. There also exists a various laws and policies that advance the rights of PWDs. As an example, the Persons with Disabilities Act, 2010 provides for healthcare, social support, accessibility, rehabilitation, education and vocational training, employment and promotion of basic rights of PWDs. The Employment and Labor Relations Act, 2004 on its part forbids termination of employment on the basis of disability, while Children's Act 2009 discourages discrimination of children based on disability.

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[2] http://worldpopulationreview.com/countries/tanzania-population/
[3] https://www.tanzaniainvest.com/economy/gdp-2018-afdb
[4] http://povertydata.worldbank.org/poverty/country/TZA
[5] https://www.thecitizen.co.tz/news/1840340-5179616-format-xhtml-j48utez/index.html
[6] Republic of Tanzania. National Bureau of Statistics. 2012 Population and Housing Census.
[7] See CCBRT website http://www.ccbrt.or.tz/programmes/disability/disability-in-tanzania/ referenced August 2019
[8] International Journal of Special Education Vol 27, No: 2, 2012 217

Other examples of regulatory frameworks that directly protect the rights of PWDs are the National Education Act 1978; the Disabled Persons Employment Act 1982; the Disabled Persons Act 1982; the National Disability Policy 2004; the Mental Health Act 2008; and National Disability Mainstreaming Strategy, 2010–2015. Further, Tanzania ratified several instruments that touch on protection of the rights of PWDs. These include the UNCRPD[9], the UN Convention on the Rights of the Child, the African Charter on Human and People's Rights, and the East African Policy on Persons with Disabilities 2012[10].

The Prime Minister's Office is the main institution concerned with disability. Others are the Ministries of Health, Community Development Gender, Elderly and Children; Education, Science, Technology and Vocational Training; and the President's office. Separately, Tanzania Social Action Fund (TASAF) and the Community Health Fund offer social security support to disadvantaged groups.

Operationalization of the above regulatory and institutional frameworks is however challenged due to poor resourcing, weak institutional capacities, political interference, corruption, insufficient civic engagement and gaps in translating political commitments into rights-based policies and practice.

2.2.3 Socio-Economic Status of PWD in Tanzania

Though Tanzania has designed programs/allocated resources towards vulnerable groups like PWDs, e.g. free medical, loans, TASAF etc., access to the same is challanged by difficulities in information access, lack of skills, physical access and health related challanges for PWDs. Implementation of these frameworks is also challenged by lack of detailed operational guidelines. Only about 2.7% of PWDs access paid employment. The exclusion of PWDS from the workplace costs Tanzania $480 million every year, approximately 3.8% of the country's GDP[11].

While the capacity to work and lead an independent life is an expression of ones' dignity, disability is often incorrectly interpreted as 'lack of ability'. This leads to extreme difficulty for PWDs to access gainful employment. Women and girls with a disability face triple discrimination on the basis of their age, gender and impairment. Other major socio-cultural challenges include limited access to information, negative believes and attitudes of people towards people with disability and stigma.

Promoting a more inclusive society and employment opportunities for PWDs ordinarily require improved access to basic education, vocational training relevant to labor market needs and jobs suited to their skills, interests and abilities, with adaptations as needed. There is in this regard a need for continued efforts at breaking barriers – pushing for implementation of existing disability progressive frameworks; making the physical environment more accessible; facilitating appropriate and equitable access to opportunities, resources and information; as well as challenging or confronting retrogressive attitudes and misconceptions about disability.

[9] https://www.un.org/disabilities/documents/maps/enablemap.jpg
[10] http://meac.go.ke/wp-content/uploads/2017/03/adopted_eac_disability_policy_march_2012.pdf
[11] http://www.ccbrt.or.tz/programmes/disability/disability-in-tanzania/

2.2.4 Status of Inclusive Education in Tanzania

The National Education Act 1978 makes education compulsory for all children, according to their abilities. However, this notwithstanding, the system in Tanzania does not yet adequately provide for equal access for Children with Disabilities (CWDs)[12]. As an example, illiteracy among Tanzanian PWDs is 48%, compared to 25% among people without disabilities. Further, while estimates of PWDs range between 6-9%, less than 1% of children in pre-primary, primary and secondary have a disability[13].

The common barriers to education for CYWD are inaccessibility of physical facilities; inadequately trained teachers on special needs education; rigid curriculum; and communication barriers. Other challenges are reluctance by parents of CYWDs to enroll them in school due to poverty and negative norms; and insufficient disability friendly teaching and learning facilities/materials. The biggest challenge however remains the fact that not much efforts are being taken to break these barriers[14].

It is further notable that while Tanzania established various inclusive schools, early efforts at providing education to CWDs is still largely through special schools that target specific impairments[15]. Such institutions however often tend to isolate such children from their families and communities.

2.2.5 Status of Access to Quality Health by PWD

PWDs are more likely to have poorer health than the general population[16]. It is a known fact that most disabilities result from, among others, poor living conditions, lack of immunization and inadequate care of expecting mothers[17]. This notwithstanding, very few PWDs do have access to comprehensive health services. A 2013 GIZ study in Tanzania showed that about 33% PWDs had never sought routine medical care, with the situation being worse in rural areas. The fact that many parents still hide their CWDs pushes them further away from accessing appropriate services.

While the Government of Tanzania healthcare policy allows PWDs free access to treatment in government facilities, the latter often lack medical supplies and adequate numbers of appropriately qualified personnel. Other barriers are high costs of medical care; poor health seeking behaviour among PWDs; and inadequate access to social protection mechanisms. These challenges are also faced by health facilities run by NSAs, more so NGOs and Faith Based Organizations.

While early identification followed by appropriate intervention could reduce occurrence of a disability or minimize its impact later in life, Tanzania does not yet have a well-defined programme for such[18]. Further, most of the health initiatives tend to be more responsive (reactive), rather than preventive, hence not adequately addressing the systemic issues that perpetuate or drive disability. These situations call for continued advocacy for enhanced service delivery and complementing State service delivery systems for PWDs.

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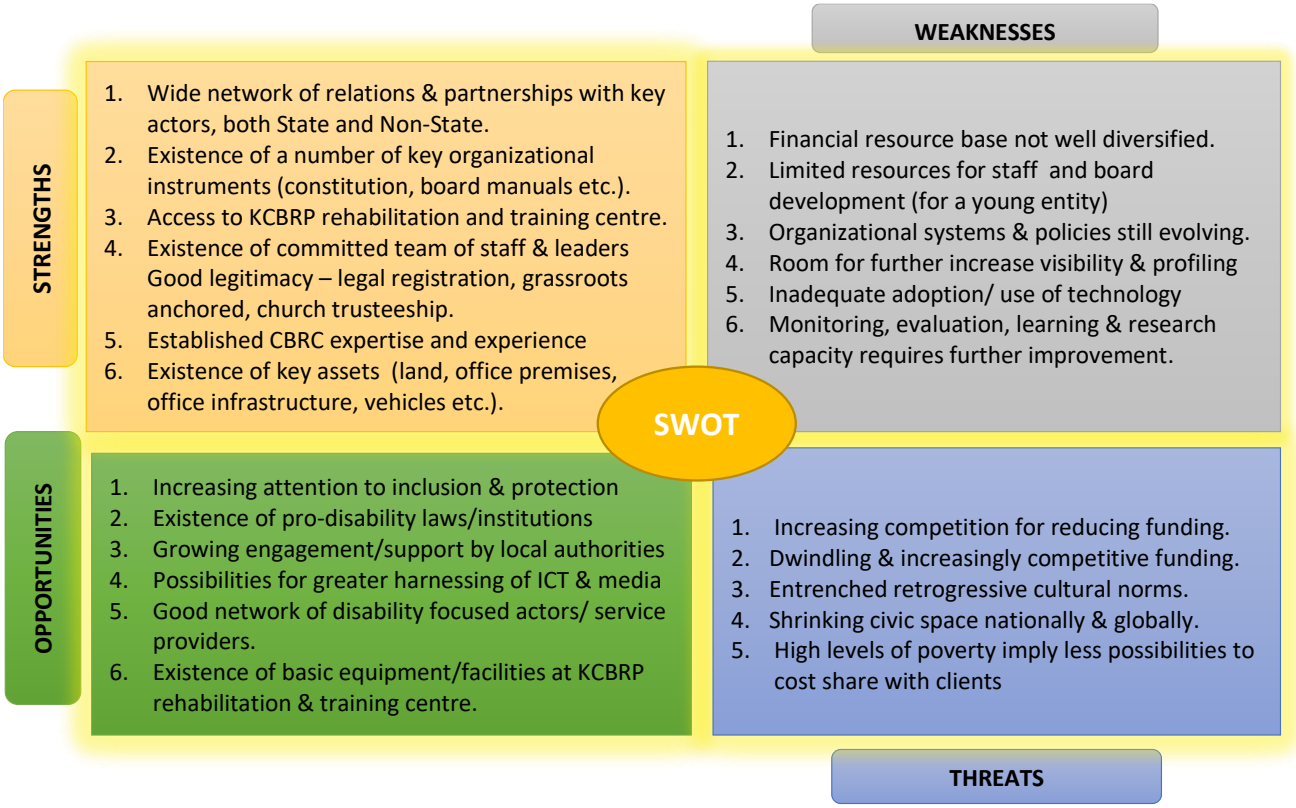
[12] http://www.youthmetro.org/uploads/4/7/6/5/47654969/national_policy_on_disability_tanzania.pdf
[13] https://www.awid.org/sites/default/files/atoms/files/170605_africaninitiatives_tor.pdf
[14] http://hakielimu.org/files/publications/document131children_disabilities.pdf(december 2008)
[15] https://www.unicef.org/protection/World_report_on_disability_eng.pdf
[16] https://www.ohchr.org/documents/isues/disability/standardhealth/background
[17] https://www.worldbank.org/en/topic/disability
[18] http://www.youthmetro.org/uploads/4/7/6/5/47654969/national_policy_on_disability_tanzania.pdf

2.3 Summary of Strengths, Weaknesses, Opportunities and Threats



2.4 Stakeholders Analysis/Mapping

Stakeholder	What They Do	Possible Areas of Collaboration
CYWD/PWD caregivers, community	1. Provide for their socio-economic wellbeing 2. Offer support and care to PWDs/ CWYD 3. Mobilize local resources to support PWDs 4. Engage in poverty eradication initiatives 5. Advocate for inclusion & rights of PWDs	1. Training on better support/care for PWDs 2. Local resource mobilization 3. Empowerment towards better claim making
Peers (other NGOs, DPOs & Networks)	1. Offer education, health & other services 2. Champion rights of PWDs & caregivers 3. Capacity development of communities 4. Research/ evidence generation & sharing	1. Knowledge/evidence generation/sharing 2. Networking towards lobby & advocacy 3. Complementary programming towards comprehensive service delivery
Government	1. Develop & enforce laws and policies 2. National/local development programmes 3. Oversight & regulatory enforcement 4. knowledge generation & sharing 5. Coordination of actors	1. Dialogue to promote wellbeing of PWDs 2. Advocacy engagements on laws/policies and disability friendly physical access 3. Sharing of knowledge & best practices 4. Cost sharing, training and referrals
Donors/ Benefactors	1. Fund social development work 2. Capacity building & technical support 3. Networking and linking different actors 4. Oversight & accountability over NGOs.	1. Leveraging resources & competencies 2. Knowledge & information sharing 3. Capacity development of self & others 4. Program development & implementation
Private Sector,	1. Engage in business or trade initiatives 2. Provide Corporate Social Responsibility	1. Knowledge & technology transfer 2. Advocacy for employment for PWDs

media	3. Research and products development	3. Marketing & visibility

3.0 STRATEGIC ANALYSIS

3.1 Analysis of Strategic Options

From the context analysis, it is apparent that CYWDs and their caregivers are often more vulnerable to poverty because of inequalities in access to productive resources; limited voice; and socio-economic exclusions. These are exacerbated by knowledge and skills gaps among CYWDS and their caregivers, as well as policy, legal, institutional and cultural barriers.

Improving the wellbeing and quality of life of PWDs and their caregivers thus require that the main barriers to PWDs' inclusion, often in the areas of norms, perceptions, regulatory and institutional frameworks be dismantled. For this to happen, development efforts must entail deliberate support to empower PWDs, their caregivers, Disabled Persons' Organizations/Associations (DPOs, DPAs) and the community at large, besides addressing PWD's immediate need of essential services such as health, education and socio-economic empowerment.

Further, it is imperative that duty bearers fulfil their obligations to protect, respect and promote the needs, rights and well-being of PWDs if such inclusion is to be achieved. In this sense PWDs must be regarded as entitled to dignified and quality life. Their individual and collective capacities must also be strengthened to enable them to fully tap on existing opportunities and or resources.

Separately, CBIDO-Kagera is conscious of the need to invest in its own capacity development for more robust institutional systems' integrity as well as greater efficiency, effectiveness and sustainability.

3.2 Theory of Change

CBIDO-Kagera believes that exclusion, exploitation and dehumanization of CYWDs and their caregivers violates their human rights; constrains their choices and voices; lowers their dignity and impedes their ability to participate to full potential in all spheres of life.

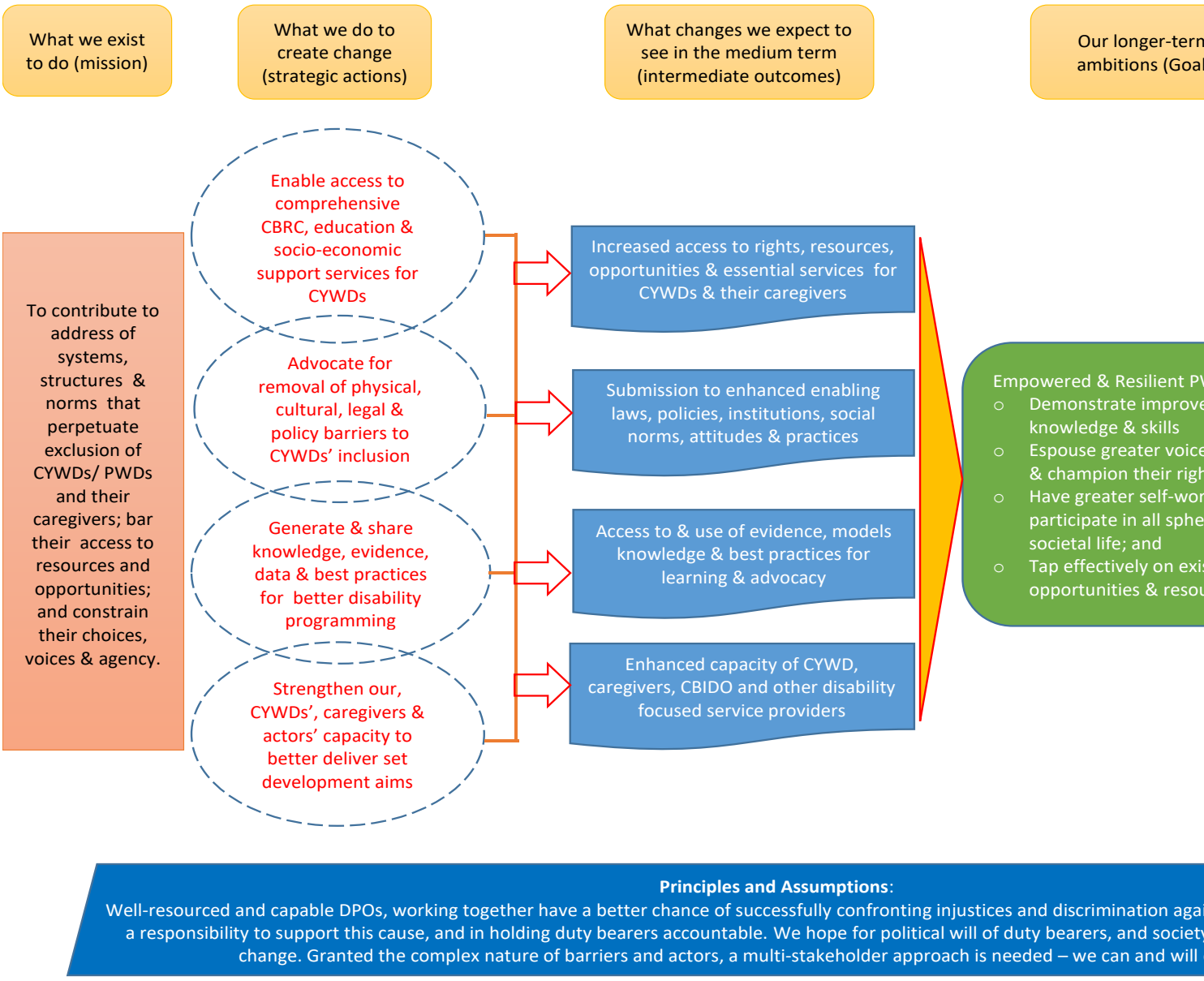
CBIDO-Kagera believes that facilitating access to essential health, education services and other applicable socio-economic support services; investments in the capacity development; as well as assuring enabling policy, legal, institutional and cultural environment have the greatest impact on the well-being of CYWDs, their caregivers and communities.

We will thus invest in:

1) Facilitating access to high impact services in health, education and livelihood development;
2) Building capacity of CYWDs and their caregivers for greater resilience inclusion & claim making;
3) Advocating for removal of physical, legal, policy, institutional and cultural barriers;
4) Generating, packaging and sharing data and evidence to influence policy and practice; and
5) Strengthening CBIDO-Kagera's and other service providers' capacities.

A diagrammatic representation of this Theory of Change is presented in figure 1 below

Figure 1: Schematic Representation CBIDO Theory of Change



Replace CBRC with Health

4.0 IMPLEMENTATION STRATEGIES AND BROAD INTERVENTIONS

4.1 Strategic Areas of Focus

This section presents the strategic focus areas and broad strategic interventions of CBIDO-Kagera over this strategic plan period. The section does not go into the detailed activities as these will be elaborated within the detailed implementation plans that are developed annually.

Guided by the analysis of the prevailing operational context, the organization's track record, and theory of change, CBIDO-Kagera will over the coming six (6) years focus on the following four areas:

1. Comprehensive Healthcare Services
2. Inclusive Education;
3. Socio-Economic Empowerment/Livelihoods Development; and
4. Institutional Development.

The objectives and interventions for each of these focus areas are elaborated in the sections below.

4.2 Strategic Objectives and Interventions

4.2.1 Comprehensive Healthcare Services

Overview: This strategic focus area will mainly be concerned with enhancing access to comprehensive specialized preventive, curative and rehabilitative services for CYWDs. The overall aim of the pillar is to support CYWDs to attain the highest level of health that is possible.

The strategic focus area will mainly focus on addressing the prevailing challenges related to access to quality healthcare and rehabilitation services to PWDs; capacity gaps of health service providers; PWDs and caregivers health knowledge gaps; weak data; and discrimination of PWDs within local health facilities. As a strategy, CBIDO-Kagera will mainly work with CYWDs granted the greater opportunity to impact their life for a longer period. Deliberate efforts will also be made to pay sufficient attention to preventive strategies, rather than just responding to existing disability related challenges.

CBIDO-Kagera will continue working with VRWs to provide CBR services to CYWDs, offer specialized rehabilitation services at the KCBRP Rehabilitation and Training Centre, and collaborate with local health facilities to access referral services. Further, CBIDO-Kagera will advocate for specialized skilled personnel to be brought to grassroots heath facilities.

Strategic Objective: To contribute to improved health indicators and functionality of CYWDs by facilitating access to quality healthcare services.

Expected Outcomes

1. At least 700 CYWDs receive comprehensive quality health & rehabilitation services annually with CBIDO support.
2. At least 400 (57% of the above) of supported CYWDs demonstrate improved health, wellness & functionality.

Strategic Interventions

Influencing/Advocacy:

1. Undertake 9 advocacy actions towards improved quality of service delivery for CYWDs at local public/ private health facilities. This will include advocating for deployment of more skilled health personnel; access to prevention, treatment and rehabilitation services at the district hospitals; and gradual increase in government resource allocation to/ involvement in healthcare & rehabilitation services for CYWDs/ PWDs.

2. Carry out 6 advocacy campaigns towards increased access to and responsiveness of applicable social protection systems (NHIF, TASAF etc.) to the needs or situations of CYWD/ PWDs.
3. Strengthen capacity of 500 PWDs/ CYWDs and caregivers to effectively demand equitable access to healthcare.
4. Facilitate 6 safe spaces/ forums where CYWDs/PWDs and DPAs can engage with duty bearers to claim their rights.
5. Undertake 6 researches/ documentation exercises to build evidence for use in advocacy, awareness creation, learning and improved programming.

Linking/ Networking

1. Establish at least 6 partnerships with applicable actors (local government/ private hospitals, NGOs that offer complementary services, referral networks etc.) to ensure holistic support to CYWDs.
2. Be active member of at least 5 relevant national/ regional networks implementing CBR – have clear MoUs, including clarity on roles and value add of the respective networks.
3. Partner with 6 volunteers/ other service providers as a basis of availing skilled personnel, supplies and or equipment to disability focused grassroots health facilities.

Capacity Development

1. Partner with KCBRP/other relevant actors to strengthen at least 18 healthcare and rehabilitation service delivery facilities. This will include capacity/ technical support towards increased access to medical supplies, equipment, qualified personnel, health management information systems and better health facility administration among others.
2. Undertake disability focused awareness raising, information sharing and education programs targeting at least 18,300 persons. These will focus mainly on effective preventive, curative and rehabilitative strategies.
3. Strengthen capacity of 7,064 people in mental health identification, care, support and engagement

Direct Service Provision

1. Offer quality preventive, curative and rehabilitative services – mainly physiotherapy, medical care and mental health services, psychosocial support etc. - to at least 41,220 CYWDs in focus villages. This support will include strengthening caregivers to provide lifelong care to CYWDs with cognitive impairments; transport to at least 720 CYWDs & assistive devices for at least 6,000 needy CYWDs.
2. Establish CBIDO-Kagera as a demonstration/role model centre for CBR services provision

4.2.2 Inclusive Education

Overview: This strategic focus area will be concerned with facilitating access to inclusive education for CYWDs in line with SDG 4 and Universal Primary Education commitments. The overall ambition will be to increase the enrolment, retention and transition of CYWDs, as far as possible, within inclusive school set ups. Efforts will also be made to ensure that the education system responds effectively to the needs of learners depending on their individual abilities. As a principle, CBIDO-Kagera will endeavour to ensure inclusion of as many CYWDs as much as possible in local schools so that they learn with other children from their communities.

The pillar will especially address concerns around levels of enrolment of CYWDs; access to education resource and assessment centers; adequacy of special education teachers; as well as the degree of disability friendliness of infrastructure, teaching and learning materials.

Strategic Objective: To support increased enrollment, retention and transition of CYWDs by facilitating access to inclusive age appropriate quality education.

Expected Outcomes

1. At least 1,740 CYWDs access inclusive quality education.
2. 2% increase in CYWD who transition to higher levels of education with support of CBIDO-Kagera.

Strategic Interventions:

Influencing/Advocacy:

1. Advocate for adaptation of physical and other education infrastructure in 18 schools; also claim for increased budget allocation towards disability friendly infrastructure.
2. Advocate for actualization of 6 existing disability progressive policies and laws.
3. Advocate for adaptation of the education curriculum to allow CWDs who can't follow the formal education to explore vocational education/ be educated according to their abilities.
4. Undertake 6 documentation/research/ evidence building/analysis on key education shortcomings and how to tackle the same for use in advocacy, learning and improved practice.

Direct Service Provision

1. Facilitate access to appropriate equipment as well as teaching or learning materials in 12 supported inclusive schools or educational institutions.
2. Facilitate school transport and or boarding facilities/ possibilities for 360 deserving CYWDs.
3. Support zone, village or sub-village based non-formal education for 360 CYWDs who can't follow the formal education system (due to disabilities).

Capacity Development

1. Train 180 teachers/schools administrators on inclusive and or special needs education.
2. Undertake community sensitization for increased enrolment and retention of CYWDs in inclusive school, and greater CYWDs parents' engagement in their education targeting 12,000 people; Also raise awareness on disability/ education progressive policies, laws, circulars, curriculum etc.
3. Undertake initiatives to build self-esteem and confidence of 1,272 CYWDs, including mentorship programmes supported by other YWDs.

4.2.3 Socio-Economic Empowerment/Livelihoods Development

Overview: This strategic focus area aims to facilitate YWDs and their caregivers to increase their socio-economic resilience, attain better quality of life and increase effective inclusion or participation in all spheres of societal life. Such support will also seek to enable beneficiaries accept themselves, be accepted by society and be involved in all decisions that affect their lives.

To realize these aims, CBIDO will invest in eliminating barriers that deprive PWDs/YWDs of basic rights, and to position them to better access and utilize existing resources and opportunities. CBIDO-Kagera will in this regard build YWD's capacities to facilitate access to decent productive work for YWDs, based on the principles of freedom, equity, security and human dignity. Finally, CBIDO will invest in increased community awareness on disability as a basis of eliminating associated stigma and related retrogressive norms and perceptions.

Interventions under this focus area will be concentrated among YWDs below 25 years, while paying adequate attention to smooth transition and sustainability of the initiatives into their adult life.

Strategic Objective: To enhance the economic resilience, self-reliance and social inclusion of YWDs and/or their caregivers through capacity development and linking.

Expected Outcomes

1. At least 600 YWDs have higher disposable incomes
2. At least 360 YWDs have expanded livelihood options
3. 10% (96) of supported YWDs actively participate in key social, political & economic processes
4. 72 cases demonstrating positive changes in cultural norms & attitudes towards CYWDs

Interventions:

Influencing/Advocacy:

1. Together with others, advocate for improvement and or full implementation of policies and laws that favor equal access to productive resources and (employment) opportunities for YWDs.
2. Campaign for complete elimination of harmful cultural practices, norms and perceptions a swell as de-stigmatization of disability through media, community meetings and religious gatherings.
3. Strengthening the claim making capacities, more so, improved voice and agency, of YWDs/PWDs and their caregivers.

Capacity Development

1. Facilitate talent identification/nurturing and or skills development for YWDs/PWDs and/or their care givers through vocational trainings, business mentoring, work exposures, internships, job placements, apprenticeships etc. CBIDO-Kagera will concentrate this intervention on caregivers for cases of children with severe disabilities or mental disorders.
2. Support (out of school) YWDs and or caregivers to initiate and or scale existing economic/social enterprise initiatives for improved resilience and self-reliance.
3. Support development and or scaling of appropriate business solutions (models, products, services etc.) for trained YWDs/PWDs.

4. Facilitate establishment and or strengthening of social and or economic support groups (e.g. peer support groups, self-help groups, savings and loaning groups etc.) for supported YWD/PWDs and or their caregivers.

Linking/Networking

1. Facilitate access to/linkages with business networks, markets, business information, financial and other business development support services to trained YWDs/PWDs and their caregivers.
2. Facilitate acquisition of business startup kits (tools, financing) for trained YWDs to implement their business initiatives and prepare them for the job market.

4.2.4 Institutional Development

Overview: This strategic focus area will mainly be focused on the organizational wellbeing of CBIDO-Kagera. It seeks to build on existing organizational strengths while addressing the capacity gaps that emerged from the SWOT analysis undertaken during the strategic planning process.

Strategic Objective: CBIDO-Kagera establishes itself as a sustainable, efficient and effective organization.

1. Extent of realization of strategy targets (at least 80%)
2. 15% increase in CBIDO-Kagera financial resource base annually.
3. Improved systems, structures & staff/ board capacity

Interventions:

Human Resources and Leadership Development

1. Establish and implement a human resources development plan to address emerging staff capacity gaps and improve staff retention and productivity.
2. Undertake regular capacity development of CBIDO-Kagera board as well governance structures and tools (including those for performance appraisals).

Organizational Sustainability

1. Develop and implement resource mobilization/fundraising strategy, policy and plan for CBIDO-Kagera; Set aside resources (time, budgets, staff time) for fundraising; set clear targets and responsibilities for these; explore pooled/joint resource mobilization; and regularly monitor progress and take corrective actions if needed. Also, invest in local resources mobilization (cost sharing, community contributions, local fundraising, State resources, referral to government etc.) and possibilities for own generated resources.
2. Strengthen CBIDO-Kagera brand and visibility (marketing, profiling, media engagement, public relations).

Organizational Strategy, Systems and Structures

1. Develop/ regularly update organizational policy and procedure documents to ensure that they are current, relevant and complete; ensure complete adherence to these.
2. Establish Monitoring, Evaluation & Learning (MEL) system - develop logframes, establish M&E framework, tools, applications/database; set aside resources for M&E; assign MEL responsibilities

to specific staff; undertake regular MEL trainings for staff. Also, further strengthen MEL practice – documentation & research capacity; evidence building; and outcome/ impact level reporting.

3. Establish standard financial control systems/packages; ensure complete adherence to these for adequate transparency and accountability purposes. Also, ensure compliance with the all applicable statutory and regulatory requirements.
4. Invest in requisite organizational/office infrastructure (equipment/assets, buildings, vehicles or bikes, ICT facilities and other amenities such as water etc.)

SECTION 5: OPERATIONAL MODALITIES

5.1 Monitoring, Evaluation and Reporting

In order to facilitate operationalization and effective monitoring of this strategic plan, CBIDO-Kagera has developed various implementation/ Monitoring and Evaluation (M&E) instruments amongst these:

1. Institutional level logical framework with defined result indicators
2. Strategic plan budget and financing scheme
3. Annual operational/ work plans and budgets

The above instruments among others define the indicators and targets for interventions and activities under the respective strategic objectives. The instruments will be used to track progress of interventions, with a view to determining whether the interventions and or activities defined in the Strategic Plan are being undertaken as planned and that targets and results are being achieved.

Specifically, CBIDO-Kagera will undertake baseline study to determine the zero situation on prioritized result indicators defined in the institutional logframe, against performance will be periodically measured.

Furthermore, CBIDO-Kagera will strengthen performance data management mechanisms to ensure that indicator data is systematically collected, analyzed, documented and used for learning and accountability.

This strategic plan will be reviewed mid-stream, while work plans and budgets will be reviewed on a quarterly and annual basis. Periodic participatory staff performance evaluation/appraisals will be conducted annually against the planned activities and targets.

Finally, CBIDO-Kagera will regularly reflect on its practice with a view to improving the same. The organization will in this regard ensure that regular learning and reflection moments are held. Mid-term and end of project evaluations will be undertaken, subject to agreements with respective donors.

5.2 Governance and Management

5.2.1 Governance and Management Set up

Governance: CBIDO-Kagera is currently governed by a 10-member board, even though the constitution allows for up to 13 board members. The board is headed by a chairperson supported by a vice chair and a treasurer, all of whom are independent of the secretariat. The board is competitively

recruited. Board membership is voluntary. The members were noted to have diverse professional backgrounds that are essential for the governance of CBIDO-Kagera. The board offers strategy, policy and oversight support. The board operations are guided by terms and conditions set out in the CBIDO-Kagera constitution.

Management: CBIDO-Kagera is headed by an Executive Secretary (ES) who oversees its operational management. The ES who is in charge of the secretariat is an ex-officio member of the board. CBIDO-Kagera has a management team comprising the ES, Programmes Coordinator and Head of Finance and Administration. The management team is jointly responsible to running the day-to-day affairs of CBIDO-Kagera, including institutional administration, programmes implementation and relations management.

5.2.2 Organizational Structure

The figure below presents the organizational structure of CBIDO-Kagera.

Figure 2: CBIDO Organisational Structure