



DISABILITY ACTION NETWORK (DAN) - SOMALILAND.

5-YEAR STRATEGIC PLAN 2015 TO 2019



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1.0 EXECUTIVE SUMMARY

This document contains the outcomes of a strategic review and planning workshop for Disability Action Network (DAN), a Non-Governmental Organization (NGO) operating within Somaliland with the head office in Hargeisa. The review and planning workshop was conducted between 23rd July and 3rd August 2014. DAN was established in 2002, with the support of Handicap International, out of the aspirations of local people to address issues of disabilities amongst children and adults. From its humble beginnings this organization has grown over time and established an orthopedic and physiotherapy structure within the capital city known as Hargeisa Rehabilitation Centre. In the process of its growth, it also established outreach activities in three major regional towns; namely Erigavo, Burao and Boroma where physiotherapy and orthopedic services as well as referral mechanisms for cases that do not require advanced care-giver facility are in place.

Additions to the above portfolio of service delivery include reaching out to the villages and camps of Internally Displaced Persons (IDPs) within Hargeisa and on the periphery. Besides, the organization runs a Community Based Rehabilitation (CBR) using a home based service delivery and referral system. DAN's core business involves an exclusive focus on service which addresses the needs of the most vulnerable of People With Disabilities (PWD). Its priority services include serving War Victims with Disabilities, Refugees and Internally Displaced Persons (IDPs) with disabilities, Children with Disabilities and Child Protection. The review and planning workshop was attended by all staff members and management. Those in attendance included 11 men and 2 women. The venue of the planning workshop was at the DAN training hall in Hargeisa.

Purpose and objectives

The main purpose of this assignment was to undertake an inclusive review and systematic re-planning process, whose outcomes would define and shape the direction of DAN for the next five years starting 2015. Specific objectives for this exercise included the following.

- To share relevant experiences, approaches and guidelines for reviewing organizational strategic plans.
- To review and redefine the operating landscape (context) of the organization by taking stock of fundamental changes that have taken place over the years.
- To determine whether or not the present mandate (vision, vision and guiding principles or core values) of DAN required refining or fine-tuning and do the necessary.
- To develop relevant strategies, which are in tandem with the revised mandate of the organization.
- To define or redefine strategic themes and strategic objectives upon which specific activities can be anchored.
- To develop appropriate timelines for activities on the basis of priority, existing resources and infrastructural capacity of DAN.

Methods and techniques

Generally participatory, interactive, inclusive and adult-friendly methodologies and techniques, which have been proven to be effective are devised and used. With a specific focus on planning, adult-friendly methods and interactive techniques that promote participants' involvement in the process and tap diverse

experiences and information sharing were devised and used. In this regard, case stories, case studies, group discussion processes (buzzing and discussions) and plenary inputs were used. Other methods involved the use of practical project-related sessions/assignments followed by presentations in the plenary. Specifically, the Strategic Planning (SP) planning process utilized the Workshop Walkthrough Method (WWM). In this regard, individual and buzz groups are used for purposes of generating ideas, followed by organizing those ideas, grouping the ideas into clusters and naming the clusters. Once trends emerged, implementation frameworks or charts were prepared and whatever was left essentially entailed putting activities in place depending on certain selection criteria.

The choice of methodology and techniques to be applied was influenced by various factors which included the nature of the assignment, the people targeted or involved in the planning process and their levels of literacy, the obtaining planning environment and duration of the assignment. The bottom-line, however, was that whichever methods and techniques were selected and used, promoted and maximized upon staff participation in the process in order to guarantee ownership of outcomes. This workshop went according to plan and the following deliverables or outcomes were realized.

- Through the use of important tools of analysis, the workshop analysed and documented outcomes of DAN's Strengths, Weaknesses, Opportunities and Limitations (SWOL). This was followed by the analysis of Political, Economic, Socio-cultural, Technological, Environmental and Legal (PESTEL) operating contexts. Besides, stakeholder analysis was carried out and critical issues which had a bearing on the operations of the organization were identified.
- The core mandate i.e. the Vision, Mission Statement, operating principles and strategies driving the process of change were reviewed and crafted a fresh.
- Undertook a re-definition of the strategic objectives and core activities that will guide the implementation process.
- Production of a detailed strategic plan document.

2.0 LIST OF ACRONYMS USED

ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
AU	African Union
CBR	Community Based Rehabilitation
CESVI	Italian for Cooperazione E Sviluppo (Cooperation and Development)
CRPD	Convention on the Rights of People with Disabilities
CTN	Continuous
CWD	Children with Disabilities
DAN	Disability Action Network
DPO	Disabled People's Organization
EU	European Union
HBC	Home Based Care
HI	Handicap International
HRC	Hargeisa Rehabilitation Centre
IDD	International Disability Day
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IM	Immediate Term
KAP	Knowledge, Attitudes and Practice
KMTC	Kenya Medical Training College
L&A	Lobbying and Advocacy
LT	Long Term
MOE	Ministry of Education
MOH	Ministry of Health
MRE	Mine Risk Education
MT	Medium Term
NGO	Non-Governmental Organization
PESTEL	Political, Economic, Socio-cultural, Technological, Environmental and Legal
PWD	Persons with Disability
SOLLA	Somaliland Lawyers Association
SP	Strategic Planning
ST	Short Term
SWLA	Somaliland Women Lawyers Association
SWOL	Strengths, Weaknesses, Opportunities and Limitations
TV	Television
WWM	Workshop Walkthrough Method

3.0 ACKNOWLEDGEMENTS

This strategic review and planning workshop was made possible through the support of a number of constituencies. Foremost, DAN would like to thank the financial support from the donor (EU). This support made it possible for the workshop to see the light of day. The Strategic Plan of DAN 2015-2019 for its clients will enable the organization to have a clear picture of where it wants to go and what it wants to do to reach its destination.

In similar vein, DAN wishes to thank its development partners. Representatives from these partners who include Handicap International and CESVI had an opportunity to visit and interact with the participants during the workshop. DAN cannot forget the efforts and role played by Mr. Ryan Duly, the Operations Coordinator at Handicap International in Nairobi. We thank him so much for his support in identifying and organizing the travel and related formalities of the external consultant Mr. Asman Makokha from Participatory Development Centre (PDC) based in Nairobi. To the donor and these partners, DAN have this to say, that their unflinching support and commitment has made a real difference in enabling the organization to forge ahead with its operations and touch the lives of so many PWDs.

Special appreciation too goes to all staff of DAN and its clients who participated in this workshop. They were unlimited in their enthusiasm to partake in the proceedings. Their incisive comments, questions, contributions and insights were exemplary. Collectively, they shared real commitment, which made the review and planning workshop a success; particularly taking into consideration the fact that part of the workshop was done during the holy month of *Ramadan* when they were fasting.

4.0. MANDATE OF DAN

4.1. Vision

A Somaliland society in which all persons with disabilities realize their full potential, enjoy equal rights and opportunities.

4.2. Mission Statement

DAN exists to empower persons with disabilities and their families/care-givers through disability mainstreaming, improved and equitable access to quality rehabilitation services.

4.3. Operating Principles

- a) *Equality and Equity*: DAN is an equal opportunity employer, which provides services to all persons with disabilities from all communities based on their needs without discrimination.
- b) *Respect and Protection of Human Rights*: We observe and promote adherence to human rights and dignity of each individual person regardless of their status in society.
- c) *Transparency and accountability*: We are accountable and transparent in dealings with ourselves and those we serve. In this regard, we are good stewards of other resources entrusted to us by our partners and stakeholders.
- d) *Empowerment*: We seek to empower the vulnerable especially persons with disabilities as well as care-givers. We believe in building the capacities of stakeholders who are also duty bearers i.e. teachers, medical staff, police officers, and government officers from various line ministries.
- e) *Networking and Linkages*: We seek to create mutually beneficial networks and linkages at various levels namely:
 - Horizontal level – with other like-minded organizations
 - Vertical level – with national and international organizations and agencies.
- f) *Gender Sensitivity*: We promote genuine concerns for men, women, girls, boys and elderly people.
- g) *Participation*: Promote genuine participation of our clients, stakeholders and partners.
- h) *Spirit of Teamwork*: We inspire teamwork and team efforts in getting work done.
- i) *Ethical Conduct*: we strictly observe and adhere to ethical values of confidentiality in dealing with our clients and stakeholders.
- j) *Innovation and creativity*: We continuously seek to be innovative and creative in what we do as a way of adding value to our development processes and outcomes.
- k) *Quality Standards*: We strive to adhere to acceptable national and international quality standards and best practices in our service delivery.

4.4. Organizational Strategies

1. Provide comprehensive quality rehabilitation services, which are commensurate with the needs of clients.
2. Strengthen and sustain diversified capacities for DAN, her clients and stakeholders.
3. Lobby and advocate for mainstreaming of disability issues in policies, legal statutes and development programs.

4.5. Strategic Objectives

- a) To facilitate the provision of comprehensive quality rehabilitation services to enhance the participation and empowerment of clients.

- b) To facilitate the mainstreaming and human rights approach of disabilities in all strategic areas of development by ensuring authentic participation of persons with disabilities.
- c) To facilitate continuous staff capacity, competencies and motivation in order to respond to work related limitations.
- d) To explore creative and innovative ways of mobilizing resources for sustainable operations of DAN.



A section of DAN staff who participated in the review and planning workshop

5.0 NOTABLE ACHIEVEMENTS VERSUS CHALLENGES

In a review of the operations of DAN over the years, a number of achievements were identified in juxtaposition with challenges that negatively impacted on service delivery. Essentially, the review of these two issues informed the subsequent analysis as building blocks which were critical in understanding the operating background of the organization. Table below shows the achievements and challenges that have been realized during the implementation of the previous strategic plan.

	Achievements	Challenges
1.	Essential tools and equipment for the orthopedic and physiotherapy units at the Hargeisa Resource Centre (HRC) were purchased. Moreover, there was skill upgrading of staff through local and external training as well as exposure (in Kenya, Tanzania and Ethiopia) which resulted in improvement in the quality of service delivery. Over 15,000 People with Disabilities (PWD) over the last 10 years have been supported through improved mobility and body function. The problem of people with disabilities and children with disabilities is a real felt need within the areas and communities targeted by DAN.	Staff capacity within DAN is limited largely due to inadequate funds for hiring additional staff. At the HRC in Hargeisa, the staff some to be overwhelmed by the work. They however seem to cope due to their strong ethic of team work, resilience and management support. There is a challenge in procurement of prosthesis components for artificial feet as they are only found in Switzerland and France. Even from these sources, the components are only supplied on order through a rehabilitation facility in Burkina Faso and have a short expiry period of only one year.
2.	Outreach activities have been conducted within 5 camps for Internally Displaced Persons (IDPs) within the peri-urban areas of Hargeisa and in 3 regional areas of Somaliland, namely Boroma, Erigavo and Burao. Fledgling orthopedic and physiotherapy units are being established in these facilities and some staff members have been trained.	Visits to regional hospitals have been largely infrequent, with staff only managing 2 visits every year. In addition, the organization has only one vehicle, which further complicates transport to regional facilities.
3.	An effective Community Based Rehabilitation (CBR) initiative was implemented through identification and training of selected facility staff and volunteer workers. The latter were facilitated to undertake Home Based Care (HBC) for PWDs. Similarly, CBR volunteers were identified from villages within Hargeisa area and trained to provide CBR in their areas and where necessary make referrals. Moreover, a new CBR initiative has been set up for Children with Disabilities (CWD) in Sanaag and Togedheer regions. Over 2,000 CWD have been supported through this initiative.	Reliance on volunteers only tries to assuage the challenge of staff shortages, but does not certainly solve the problem. However, the fact that volunteers are trained, provide a necessary stop gap measure to keep the CBR initiative running, with referrals being made to the HRC. Staff members are also unable to reach out to the PWD within the greater Hargeisa, due to their capacity and transport challenges. Note this cadre of PWD is amongst the <i>poorest of the poor</i> and cannot afford cost-sharing.
4.	The visibility and corporate image of DAN has improved notably due to the development and extensive use of multi-media initiatives. These include the use Information, Education and Communication (IEC) materials such as	There are some occasional problematic issues in procurement. Some external suppliers provide wrong components of wheel chairs as has been the case with supplies from Dubai and Ethiopia.

	newsletters, flyers, brochures, website, TV appearances and participation in radio talk shows. A logistics network is also in place and has made it possible to improve remarkably on supplies management and procurement. Linkages have also been established with like-minded institutions in neighbouring countries such as the Kenya Medical Training Centre (KMTTC) in Nairobi, Taatco in Tanzania and the Black Lion Hospital in Ethiopia.	
5.	DAN has enjoyed a relatively stable funding base with its partners and intermediary stakeholders. The major funding partner is the European Union (EU), with Handicap International and CESVI, an Italian NGO as development organization.	The organization has tended to rely on its “traditional” donor partners without diversifying funding options and avenues. This means that other funding partners and options have not been considered.
6.	Administrative, human resource and financial policies and procedures were developed and are in use. The resultant effect that staff conflicts can now be easily addressed through the responsive use of these policies and procedures. In addition, there are improvements in governance and management of the operations of DAN to the extent of ensuring greater transparency and accountability.	Clients who are perceived to be extremely poor and pledge incapable of paying (through a cost-sharing mechanism) are served for free. There means that there are no strict measures for cost recovery especially with this category of clients, because pledging poverty is not necessary demonstrable evidence of inability share modest costs.



The photo above shows one of the stand-up sessions during the workshop.

6.0. LESSONS LEARNT

After a review of the above achievements and challenges, some lessons learned were distilled from program operations undertaken by DAN. These lessons are actually crosscutting within the operations of the organization.

- Staff upgrading (through training and exposure) is very important in improving upon service delivery if it is matched by the availability of tools and equipment that are necessary for getting work done. Another critical dimension to this postulation is enabling leadership and motivated teams.
- Networking and linkages are critical facets in the procurement of resources as well as the sharing and experience sharing. However, the extent of mutual benefits from networks and linkages is tied to the extent to which best practices are distilled and there are deliberate efforts to inspire an uptake by staff of such best practices.
- Effective centre or institutional based orthopedic and physiotherapy services on the one hand, and outreach work specifically through community based rehabilitation reinforce or complement each other in reaching those in extreme need.
- When staff are motivated and passionate about the work they do, they are always willing and ready to go an extra mile even when there are delays in releasing donor funds and hence delays in payment of salaries.
- Due to limited means of transport (with only one vehicle), it is very important to plan thoroughly and prioritize what needs to be done so that nothing suffers in the absence of vehicular transport.
- It is easier to mobilize resources when targeted clients are clearly identified (rather than generalized). For DAN, children and adults with disabilities in IDP camps are specifically targeted; a factor that underlines a clear need that easily justifies intervention and support from partners.
- Supporting people with disabilities requires using two-pronged approaches. First, there is need for service delivery to PWDs. Secondly, there is need to undertake mainstreaming of disabilities in development programs with clear policies and affirmative action that includes integrating the needs of PWD into general community development rather than concentrating on service delivery alone. What PWD need beyond the service is empowering them to start taking charge of their own lives i.e. that disability is not necessarily tantamount to inability. These complementary methods constitute the twin track approach to disability.
- The use of IEC materials including media exposure of DAN's products and services makes actual and potential clients understand not only the existence of DAN, but also the benefits associated with the organization's services.



The external environment of DAN is characterized by poor roads network as depicted in the photo above.

7.0. SWOL ANALYSIS OF DAN'S OPERATING ENVIRONMENT

Strengths	Weaknesses
<p>A strong and resilient spirit of teamwork, as exemplified in the fact that staff demonstrably work with minimum or no supervision at all. Even during tough times when there are some delays in remitting donor funds and there are salary delays, staff members are willing to go an extra mile.</p>	<p>There is evidently limited staff capacity in terms of numbers to the extent that staff visit the three regional health facilities only twice in a year (which far less than adequate) and mainly utilize volunteer workers to carry out the CBR including making referrals. At the main facility in Hargeisa i.e. the HRC, staff indicated that sometimes they feel 'overwhelmed' by the volume of work.</p>
<p>Ability of the DAN team to effectively mobilize resources to sustain operations over the previous strategic plan period. During this period, the organization was supported by the European Union (EU) as the main donor; while Handicap International (HI) and CESVI were trusted development partners.</p>	<p>There is a serious problem of transport. The organization has only one vehicle for all its field and HRC operations in Hargeisa and the villages as well as camps of Internally Displaced Persons (IDPs) within the city and its periphery. Due to this problem, the organization is sometimes incapable of handling all referral cases especially the PWDs who are too poor to afford transport to and from the HRC and regional units. In addition, even non-referral individual PWDs within Hargeisa who are too poor to afford transport to HRC cannot be supported since the only vehicle available at DAN is mainly used on the core operations of the organization.</p>
<p>Most staff members have the requisite training and competencies in the core areas of the organization's operations, mainly delivery of physiotherapy, orthopedic services to PWDs and protection of children. For instance, staff members are not able to use orthopedic and physiotherapy machines well, but are also able to carry out basic repairs.</p>	<p>To a large extent, DAN has not been able to diversify its resource base other than depending on its traditionally dependable donor and development partners. As a result creative, innovative and diversified strategies and avenues have not broached to mobilize and secure additional resources.</p>
<p>Effective and 'hands-on' management of the organization, which has largely facilitated proper work ethics, motivating staff, getting the work done and having a clear eye not just on getting the work done and registering the desired outcomes.</p>	<p>In Boroma, one of the three regional outreach health facilities, there is no orthopedic workshop. This means that when need arises, staff from HRC have to literally travel there to take measurements of the orthopedic appliances and mobility aids required, then back to Hargeisa in order to get the same done and travel back to deliver.</p>
<p>Existence of operating infrastructure, basic facilities and equipment both at the HRC and the regional medical facilities in Boroma, Burao and Erigavo. Besides, there is a workable referral system that has been put in place by clients of DAN.</p>	<p>DAN has no environmental-friendly policies of solid waste management or recycling processes at the HRC in Hargeisa.</p>
<p>The management and staff have inspired their clients, stakeholders and development partners and donor that they are a</p>	

professional organization that has carved a <i>niche</i> over the years in handling to issues of disabilities	
Opportunities	Limitations
Increase outreach visits to the three regional health facilities in order to improve service delivery.	Poor and dilapidated roads network between Hargeisa and the three regional health facilities, makes transport by road not only punitive, but physically exhausting. Note that the furthest regional health facility (Erigavo) is 700 kilometres from Hargeisa, a trip that takes two days one way.
Establish an orthopedic workshop in Boroma and strengthen physiotherapy and orthopedic units through the provision of the much needed equipment.	As much as there are staff shortages in professional/technical areas including orthopedic, physiotherapy and CBR; there are however extremely few available trained, qualified and experienced personnel in those fields within Hargeisa in particular and the rest of the country in general.
Source for funds to construct an accommodation facility for clients with severe needs that are referred from far afield to HRC, and have nowhere to stay as they received rehabilitation services. Set up an accommodation facility for clients referred from distant regions in Hargeisa.	Presence of socio-cultural practices which inhibit PWDs from accessing physiotherapy and orthopedic services from professional personnel and institutions. Such practices include reliance on witchcraft, quacks and opportunistic traditional healers.
To enhance the current levels of service, DAN needs to employ additional staff in areas experiencing acute shortages. Essentially, a strengthened staff force will respond to service needs of the regional health facilities and CBR much better than the current situation.	There is a growing tendency amongst donors to shift resources to South/Central Somalia. This shift in donor resources came after the last democratic election resulted in international diplomatic recognition of the government in South/central Somalia, followed by re-opening of some Western embassies, the distinct presence of African Union (AU) to maintain peace and restore law and order.
There is a United Nations Convention on the Rights of Persons with Disabilities, also known CRPD. This reinforces international commitment on disability issues. It also obligates states to domesticate and enforce rights, which ought to be enjoyed by PWDs	There is a draft policy on disability in Somaliland, but it has not yet been legislated into law.

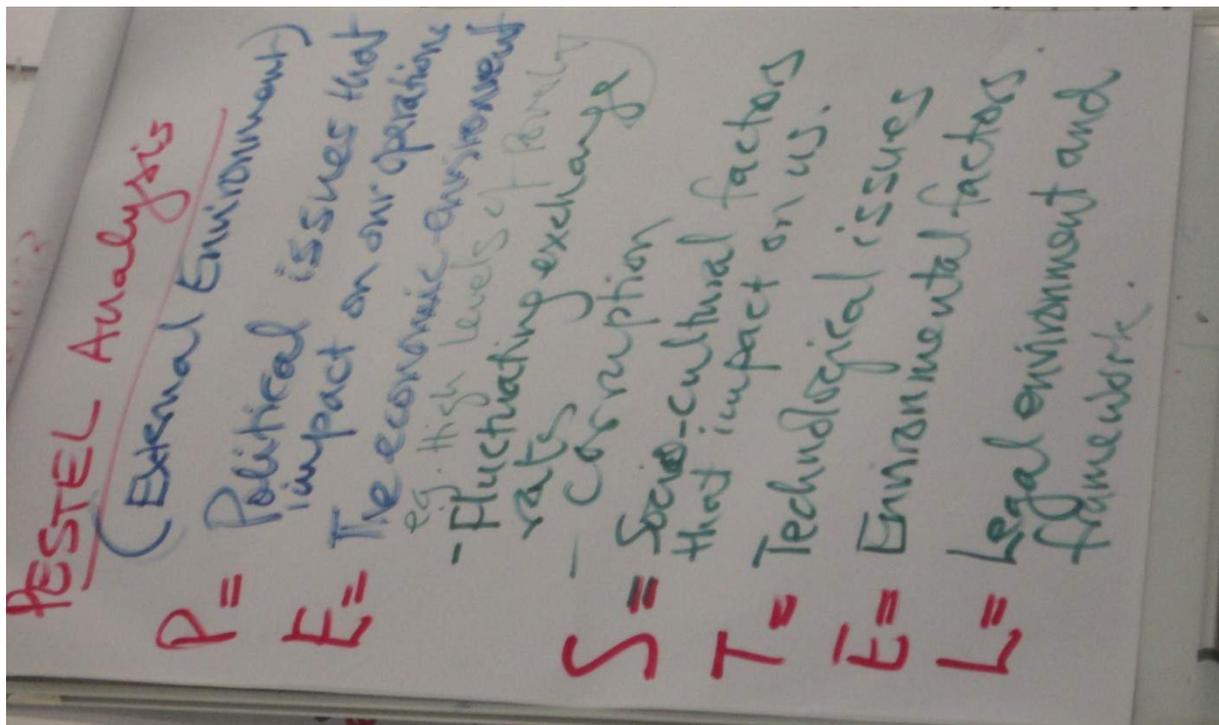
The photo below shows one of the plenary sessions during the review and planning workshop



8.0. PESTEL ANALYSIS OF THE EXTERNAL ENVIRONMENT

Variable	Obtaining issues
Political Context	<ul style="list-style-type: none"> ▪ There is lack of diplomatic recognition of Somaliland by the international community of nations. This means that donor resources from bilateral and multilateral sources as well as charities cannot easily provide development funding to the government and local Non-Governmental Organizations (NGOs). ▪ In effect government line ministries such as Health and Education are poorly resourced to provide financial support to some components of DAN, which is doing a lot to supplement the efforts of the government. ▪ PWDs are not represented in any political decision making organizations of the government. This is mainly due to the fact that there is neither legislation nor affirmative action that guarantees their participation. ▪ There are pockets of political instability and insecurity in parts of the country such as Sool, which do not augur well for the freedom, peace and tranquility which are important preconditions for public and private sector development initiatives. ▪ There is however, recognizable political good will from the government through the Ministry of the Presidency, which gave financial support to DAN to make 150 tricycle wheel chairs for extremely needy clients. In addition, the government has also been instrumental in recognizing the International Disability Day (IDD). In fact during celebrations to mark this day in 2013, the President attended in person.
Economic Context	<ul style="list-style-type: none"> ▪ Through the Ministry of Finance, the government has exempted taxation of goods brought into the country by local NGOs such as DAN. ▪ But the flipside of this situation is that the same government seems to unwitting allow for discrimination of PWDs in assigning job opportunities. For instance, government advertisement for personnel recruitment expressly specify that those applying must be individuals “who are mentally and physically fit.” On the other hand, a majority of the clients of DAN are amongst the poorest of poor within their communities. ▪ Last, but not least, there is widespread perception that to get government service such as the renewal of operating licenses, one has to pay unofficial fees in order to speed up the service.
Socio-cultural Context	<ul style="list-style-type: none"> ▪ There exist some strong negative socio-cultural practices within some Somaliland communities which regard children with disabilities as a taboo. Such children are perceived negatively and they are even confined at home (sometimes tied up) and given derogatory nick names. As a result of such perceptions, disabled children and adults have inordinately low self-esteem because of discrimination and lack of role models. ▪ Besides, traditional healers also extort money from PWDs purporting that to provide healing powers for disability. The net effect of the above scenarios is that care-givers of PWDs are not given unconditional support from their communities.
Technological Context	<ul style="list-style-type: none"> ▪ Public buildings in Hargeisa and Somaliland in general are not user-friendly to PWDs as they don't have access ramps, handrails and wide doors. ▪ Taking cognizance of this situation, DAN has been using multimedia channels of communication to raise public awareness on this disregard for PWDs. The organization has been using radio Television, newspapers, Website messages, flyers, posters and brochures as well as role plays to create awareness on disabilities.

Environmental Context	<ul style="list-style-type: none"> ▪ The existence of land mines especially in places Burao poses a danger to the local communities. Since there are currently no efforts to undertake de-mining, cases of the creation of physical disability through mine action have always remained an imminent danger. ▪ Except for urban areas like Hargeisa, the physical terrains in most areas where our clients come from are not suitable for wheel chairs and tricycles. In addition, persistent drought due to extremely low and erratic rainfall has a devastating effect on the environment. Furthermore, poor environmental hygiene breeds diseases such as Polio and Meningitis.
Legal Context	<ul style="list-style-type: none"> ▪ The furthest the government has gone is to develop draft policies on disabilities, which have however not been finalized and legislated to become law. Legally, people with disabilities are not allowed to drive motor vehicles. Besides, therefore there is no regulatory enforcement mechanism for parents and care-givers not to hide the disabled children at home and stigmatize them, but take them to school. ▪ According to the current Somaliland constitution, the state is responsible for the care of the handicapped, but in practice, the government does nothing. The only ray of hope is that there is a special needs education policy – which awaits cabinet discussion and approval. Once approved and legislated, children with special needs and disabilities will access schooling, subject to resource allocation.



The illustration above captures the meaning of PESTEL analysis

9.0. STAKEHOLDER ANALYSIS

The table below indicates the range of DAN's stakeholders and their actual stakes in relation to the organization's operations in the furtherance of service delivery.

Stakeholder	Interest	Role	Requirement to be more supportive
Donor i.e. European Union	Prudent management of funds	Provide financial resources	Increased accountability and transparency Quality service
Development Partners (Handicap International & CESVI)	Play an oversight role in the implementation of plans	Regularized reporting and sharing of information and experiences	Involve their representatives in planning, monitoring and evaluation.
Government of Somaliland & Ministries such as MOH and MOE	Ensure that physiotherapy and orthopedics waste	Formulate regulatory policies and laws that safeguard the wellbeing of PWD.	Reach out to the government through lobbying and advocacy.
Clients of DAN such as PWD and CWD	Quality, timely and affordable service delivery	Complain about low levels of income	Participate through cost-sharing and cost-recovery so that the service is available to all those in need. PWDs pay \$ 1 Dollar for first consultation, while CWD pay \$ 0.5. For 2 weeks of physiotherapy PWDs pay \$2 Dollars, while for 1 month of physiotherapy, CWD pay only \$ 2 Dollars. But for extremely needy cases who cannot afford these modest charges, they receive a waiver.
Private clinics and Hospitals such as Hargeisa Group Hospital, Mohamed Sheikh children's hospital, Edna Hospital, Hargeisa mental hospital,	Receive referrals from DAN and vice versa.	Complement service delivery offered by DAN	Demonstrate more serious commitment by offering mutual quality service coordination and strengthen coordination
International NGOs such as ANPPCAN, Doses of Hope Foundation, HAVOYOCO	These have the same interest as donors,	They seek to share information, experiences and best practices	They are interested in reliable and stable partnerships. They raise funds from donors and recover administrative costs on funds disbursed through them.
DPOs as specified below	Provide varied services to the	They seek to help build solidarity and	Engage with them more actively to strengthen their commitment to joint

	disabled	advocacy.	visioning and action.
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One of the participants making a presentation during the plenary session in the photo below



10.0. CORE ACTIVITIES FOR 2015 TO 2019

Note that there are various categories of activities in the thematic areas that appear in the frameworks below. These are Continuous (CTN), which run throughout the plan period. Immediate (IM) or launch activities start from the 1st to the 8th month of the implementation process. Short Term (ST) activities are implemented between 9 and 12 months, while Medium Term (MT) activities happen between year 1 and 2. Lastly, the Long Term (LT) activities take place between 3 and 5 years.

10.1. Disability Mainstreaming

Strategic Objective: <i>To facilitate the mainstreaming of disabilities in all strategic areas of development by ensuring authentic participation and inclusion of persons with disabilities.</i>			
Strategic Activities	S T	MT	LT
Develop a lobbying and advocacy strategy and map out key institutions and individuals including policy makers and duty bearers with legal, quasi-legal and legislative powers.			
Prepare and source for relevant audio-visual materials (on best practices) on disability mainstreaming for use during training, awareness raising sessions and lobbying.			
Facilitate training/consultancy on disability mainstreaming for DAN Staff including some key stakeholders			
Organize Mine Risk Education (MRE) campaigns targeted to primary schools and community at large, including communities at risk (i.e. IDPs and refugees)			
Organize awareness raising/sensitization on inclusive development, disability rights and disability mainstreaming through media messages (Radio messages, TV programs, brochures, pamphlets, banners etc).			
Build alliances and linkages with like-minded organizations for collective voice and solidarity on disability rights, disability mainstreaming and advocacy as well as protection of PWD			
Organize forums on mainstreaming of disabilities in development programs for various stakeholders by drawing in key players including the Office of the Presidency, with the option of inviting the president for official opening.			
Develop disability rights and disability mainstreaming publications: Booklets, manuals, and guidelines for development actors.			
Review existing policies and pieces of legislation, if any, with a view to identifying any gaps and discriminatory areas for redress.			
Advocate and Lobby for the inclusion of disability in mainstream development programs			
Make substantive contributions through advocacy for the development of disability mainstreaming policies and legislation for Somaliland			
Lobby other like-minded partners, the judicature and Parliament through the Somaliland National Disability Forum for the approval of the National Disability Policy			
Facilitate the development and strengthening of Disabled People's Organizations (DPOs) as part of many disability-inclusive development efforts.			
Hold review meetings to reflect on the entire process of Lobbying and Advocacy (L&A) to determine the gains made and re-plan accordingly.			
Revisit some institutions and individuals such as relevant Parliamentary sub committees to recommit them for affirmative action and push for legislation			
To facilitate the mainstreaming of disabilities in all strategic areas of human rights and			

development by ensuring authentic participation of persons with disabilities.			
Create awareness on CRPD among all stakeholders and facilitate its dissemination and lobby for its domestication.			
Evaluate the gains and challenges of the entire lobbying and advocacy intervention and re-plan accordingly			

10.2. Rehabilitation Services

Strategic Objective: <i>To facilitate the provision of comprehensive quality rehabilitation service to clients of DAN</i>					
Strategic Activities	CTN	I M	S T	MT	LT
Facility Based Service Delivery					
Identify clients with disabilities through house-to-house surveys and provide them home-based care,					
Train clients and their families/care-givers on skills and competence transfer in basic physiotherapy and orthopedic appliances.					
Conduct one-on-one psychosocial sessions for clients to address stigma, isolation, anxiety, depression and other disability-related emotional challenges					
Facilitate the provision of physiotherapy and orthopedic services at the HRC and regional units to clients					
Procure relevant and unavailable Orthopedic and physiotherapy equipment, tools and materials both at HRC and within regional facilities.					
Organize forums for physiotherapy and orthopedic clients on the availability and benefits of the services offered at the HRC and the regional units.					
Establish a referral network of institutions for clients and continuously review and enhance the referral mechanism for improved service delivery.					
Lobby for a coordination forum, which brings together other like-minded organizations within the PWD rehabilitation sector to share information, experiences and resources					
Extend physiotherapy and orthopedic services to the regions where they are not yet available i.e. Boroma (orthopedic) and Sool (orthopedic and Physiotherapy).					
Community Based service Delivery					
Carry out an assessment or audit to determine the actual and potential number of families/care-givers who require training on the use of physiotherapy and orthopedic appliances					
Develop training curricula and guidelines					
Identify and train additional CBR volunteer workers in effective provision of Home Based Care and referral mechanisms					
Train clients and their families/care-givers on skills and competence e transfer in basic physiotherapy and orthopedic appliances.					
Facilitate referrals of clients to other appropriate service providers.					
Review the referral mechanism to determine its effectiveness and challenges					

Outreach Service Delivery					
Facilitate the provision of outreach services to IDPs camps in Hargeisa and other regions.					
Extend physiotherapy and orthopedic services to the regions where they are not yet available i.e. Boroma (Orthopedic) and Sool regions.					
Procure a vehicle for monitoring CBR and outreach activities within the remote regions of Somaliland.					
Undertake quarterly support and monitoring visits to the regional rehabilitation activities.					
Set up services a user feedback framework and mechanism for rehabilitation services which will yield information for continuous improvement in services delivery					
Organize and conduct refresher training for regional rehabilitation teams					
Provide psychosocial support to clients and care-givers by offering group discussions and counseling sessions during field based workshops.					
Conduct one-on-one psychosocial sessions for clients to address stigma, isolation, anxiety, depression and other disability-related emotional challenges.					
Set up an accommodation facility for clients referred from distant regions in Hargeisa.					
Review the quality, access (geographic coverage) and affordability of rehabilitation services					

10.3.Capacity Building and Strengthening

Strategic Objective: <i>To facilitate continuous staff capacity, competence and motivation in order to respond to work related limitations.</i>			
Strategic Activities	ST	MT	LT
Recruit additional staff for under staffed sectors			
Conduct a staff training needs assessment			
Develop a staff capacity development plan based on outcomes of the assessment			
Conduct phased training for staff based on the recommendations of the staff development plan.			
Carry out periodic monitoring and evaluation of training interventions to determine their effectiveness especially in improvement of KAP levels and service delivery.			
Conduct selective exposure tours for information and experience sharing for staff			
Develop linkages with regional training institutions which are specialized in Orthopaedic and physiotherapy in order to upgrade competencies for some of our staff.			

10.4. Resource Mobilization for Sustainable Operations

Strategic Objective: <i>To explore creative and innovative ways of mobilizing resources for sustainable operations of DAN</i>			
Strategic Activities	ST	MT	LT
Carry out resource mapping to identify potential partners locally and externally who can support the operations of DAN.			
Leverage the support of HI and CESVI to create and sustain networks for effective reach in external fundraising for DAN.			
Undertake creative fundraising campaigns within and amongst local and external partners identified including the government and the potential partners in the diaspora.			
Conduct a viability assessment of some IGAs and ISA (Income Saving Activities) which can supplement resources for the operations of DAN.			
Develop diversified modalities for a sustainable funding base.			
Tap alternative funding sources such as local Islamic charities, business Institutions (through corporate social responsibility) and philanthropic business people.			
Write and submit letters of request, concept papers and funding proposals			
Purchase an X-ray machine and Photocopy for the clients as an IGA for clients from Hargeisa.			
Prepare a biannual internal audit and submit report.			
Prepare an annual external audit and submit report.			

The photo below shows participants in a wrap up or concluding session of the workshop



11.0. CONCLUSION OF THE PLANNING PROCESS AND OUTCOMES

It is expected that this strategic plan will build on the gains and milestones realized by DAN over the years. Some of the key areas, whose focus has been remarkably sharpened, compared to the previous plan are the vision, mission, core values and strategies of the organization. In addition, the major gains and critical operating challenges were defined. Besides, it is expected that the operationalization of this plan will, to a large extent, involve a clear understanding and uptake of the lessons learnt. This will ensure that positive aspects realized in the production of this plan document are not lost.

The organization will continue with the provision of much more improved and efficient quality orthopedic and physiotherapy services at the HRC in Hargeisa and within regional outreach health facilities. However, there will be increased focus and emphasis on lobbying and advocacy aimed at mainstreaming of disabilities in all sectors of development within Somaliland. This will mark a paradigm shift, which constitutes a benchmark that guarantees sustainable enjoyment of equal rights, opportunities and empowerment of persons with disabilities and their parents and care-givers.

Moreover, DAN will have a lot of leeway in deciding from a list of probable stakeholders to work with. It will be important to utilize specific criteria for determining which stakeholders to engage closely. Amongst other things, the issues to consider should include like-minded organizations with a *niche* in their areas of operation, mutuality of information and experience sharing as well as learning. The bottom line for those criteria will be the extent to which selected stakeholder organizations or institutions cumulatively add value to the work of DAN.

Last but not least, the planning process not only involved all members of staff of DAN, but also sought to promote effective participation and ownership of the process and outcome. These are important prerequisites for implementation of actions contained in this plan. The fact that the planning process was participatory, inclusive and interactive meant that it lived up to the true spirit and philosophy of strategic planning.