



Cheshire disAbility Services Papua New Guinea

STRATEGIC PLAN 2016-2020



Inclusive Education– Accessible transport: school pick up and drop off for students especially on wheel chair.



Inclusive Early Childhood Care & Development: teacher providing individualised support.



Community Based Rehabilitation: 3 days a week in the project sites; rehab skills transfer to parents.



Physiotherapy Services: Thursday clinics; transfer of rehab skills to parents.



Residential Care and Protection: Social participation. PWDs enrolled at SOCAP part take in the school's anniversary celebrations-July 2016.



Young Voices: International Youth Day- August 2016 celebrations, stage performance. The YV members performed a disability song that got everyone all teary!

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ACRONYMS AND ABBREVIATIONS

ACRONYM	ABBREVIATION
AROB	AUTONOMOUS REGION OF BOUGAINVILLE
AVI	AUSTRALIAN VOLUNTEERS INTERNATIONAL
BOM	BOARD OF MANAGEMENT
CBM	CHRISTOFFEL BLINDEN MISSION
CBR	COMMUNITY BASED REHABILITATION
CBRFW	COMMUNITY BASED REHABILITATION FIELD WORKER
CWDs	CHILDREN WITH DISABILITIES
CWSNs	CHILDREN WITH SPECIAL NEEDS
CSO	CIVIL SOCIETY ORGANISATION
CTCS	CERTIFIED TRADE COMPLIANCE SPECIALIST
DF	DIGICEL (PNG) FOUNDATION
DoE	DEPARTMENT OF EDUCATION
DPO	DISABLE PERSONS ORGANISATION
ECCE	EARLY CHILDHOOD CARE EDUCATION
FBO	FAITH BASED ORGANISATION
ICT	INFORMATION AND COMMUNICATION TECHNOLOGY
IE	INCLUSIVE EDUCATION
IEC	INFORMATION EDUCATION COMMUNICATION
IECCD	INCLUSIVE EARLY CHILDHOOD CARE & DEVELOPMENT
IEP	INDIVIDUAL EDUCATION PLAN
IRP	INDIVIDUAL REHABILITATION PLAN
JICA	JAPAN INTERNATIONAL COOPERATION AGENCY
KPIs	KEY PERFORMANCE INDICATORS
LLG	LOCAL LEVEL GOVERNMENT
MoA	MEMORANDUM OF AGREEMENT
NCD	NATIONAL CAPITAL DISTRICT
NGO	NON-GOVERNMENTAL ORGANISATION
NTC	NATIONAL TRAINING COUNCIL
NZAID	NEW ZEALAND AID
OT	OCCUPATIONAL THERAPIST
PAFODA	PARENTS AND FRIENDS OF THE DISABLE ASSOCIATION
PWDs	PERSONS WITH DISABILITIES
SERO	SENIOR EDUCATION RESOURCE OFFICER
SERC	SPECIAL EDUCATION RESOURCE CENTRE
TFOs	TECHNICAL AND FIELD OFFICERS
TOTS	TRAINERS OF TRAINEES
TVET	TECHNICAL VOCATIONAL EDUCATION AND TRAINING
UN	UNITED NATIONS
UNICEF	UNITED NATIONS INTERNATIONAL CHILDREN'S EDUCATION FUND
VSO	VOLUNTARY SERVICE OVERSEAS

Introduction

From the Chairman, Cheshire disAbility Services PNG -

It is my pleasure to unveil the new strategic direction that Cheshire disAbility Services will take in the next five years, 2016-2020. Over the years, we have received significant support from partners which has contributed to the expansion of our services from NCD, to three other provinces and regions of Papua New Guinea, namely; Central Province, Milne Bay Province, and Autonomous Region of Bougainville.

Driven by our Vision, Mission and Values, Cheshire is desirous to see a society where persons with disabilities are supported and seen as equal partners in development and not objects of pity or sympathy. To date, our range of programs have worked with and directly supported over 5,000 people with disabilities in many different ways within PNG.

In the next five years, we expect to have even increased momentum in building networks, and with lessons we have learnt, strive to achieve the results with minimal barriers.

I would like to implore upon all partners to be part of this process by supporting the new Strategic Plan in every way so we can achieve the much needed social inclusion for our people with disabilities in PNG and beyond.

Thank You.

Mr. Michael Van Dorssen

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Word From the General Manager-Cheshire disAbility Services PNG -

The Strategic Plan 2016-2020 provides the roadmap for Cheshire's development plans for the next five years, while at the same time, enumerating on the past achievements which have been made with the last Strategic Plan 2011-2015. Challenges which were encountered in the last years, have been illustrated as lessons learnt, from where new strategies have been developed to minimize similar encounters.

The Strategic Plan has been developed through an inclusive process, bringing together at different stages and forums, service users, partners, staff and the Cheshire Board. The plan is aligned to the PNG Government Development Plans and Priorities as enshrined in the National Development Strategic Plan 2010-2030, the sectoral development plans of -The National Department for Community Development, and the National Department of Health.

As a cross-cutting issue, disability inclusion is meant to be mainstreamed in all government departments priority plans and thus, should be accorded necessary budget and technical support. As a service provider, we are ready to work with all the government departments to support the mainstreaming process of disability in their respective divisions.

For social inclusion to be real, funding should be made available through a combined effort and contribution from all stakeholders through the private-public partnership spirit.

I call upon our existing and potential donors/sponsors to support the implementation of this Strategic Plan in order to foster the desired social inclusion for persons with disabilities in PNG.

Finally, I sincerely thank all the stakeholders for their contribution towards the development of this Strategic Plan for 2016-2020.

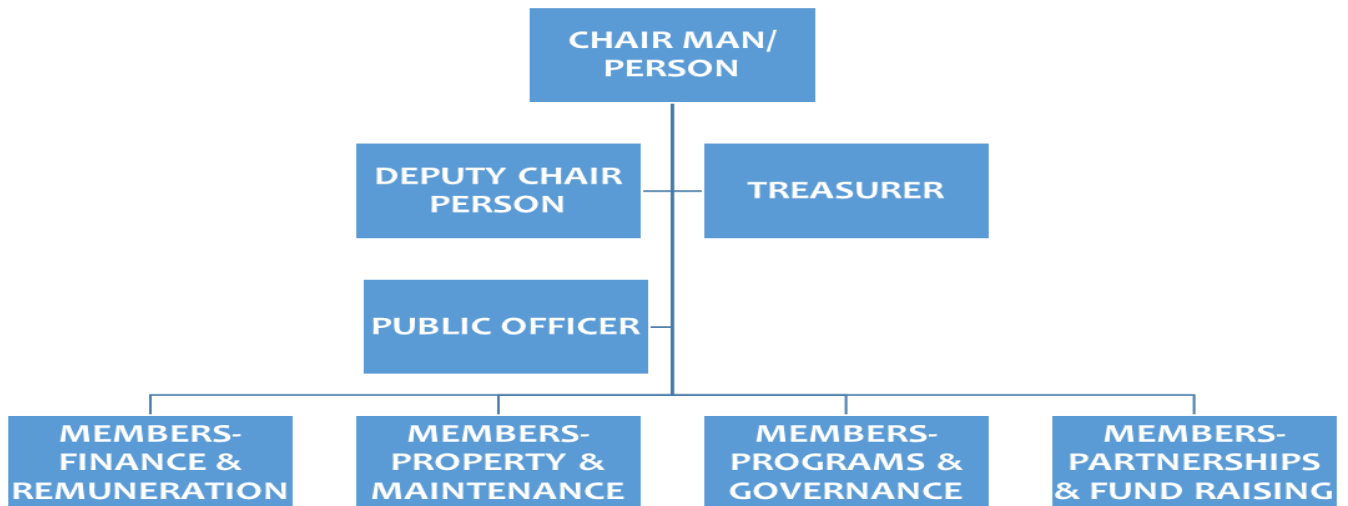
Thank you.

Mr. Benard Ayieko

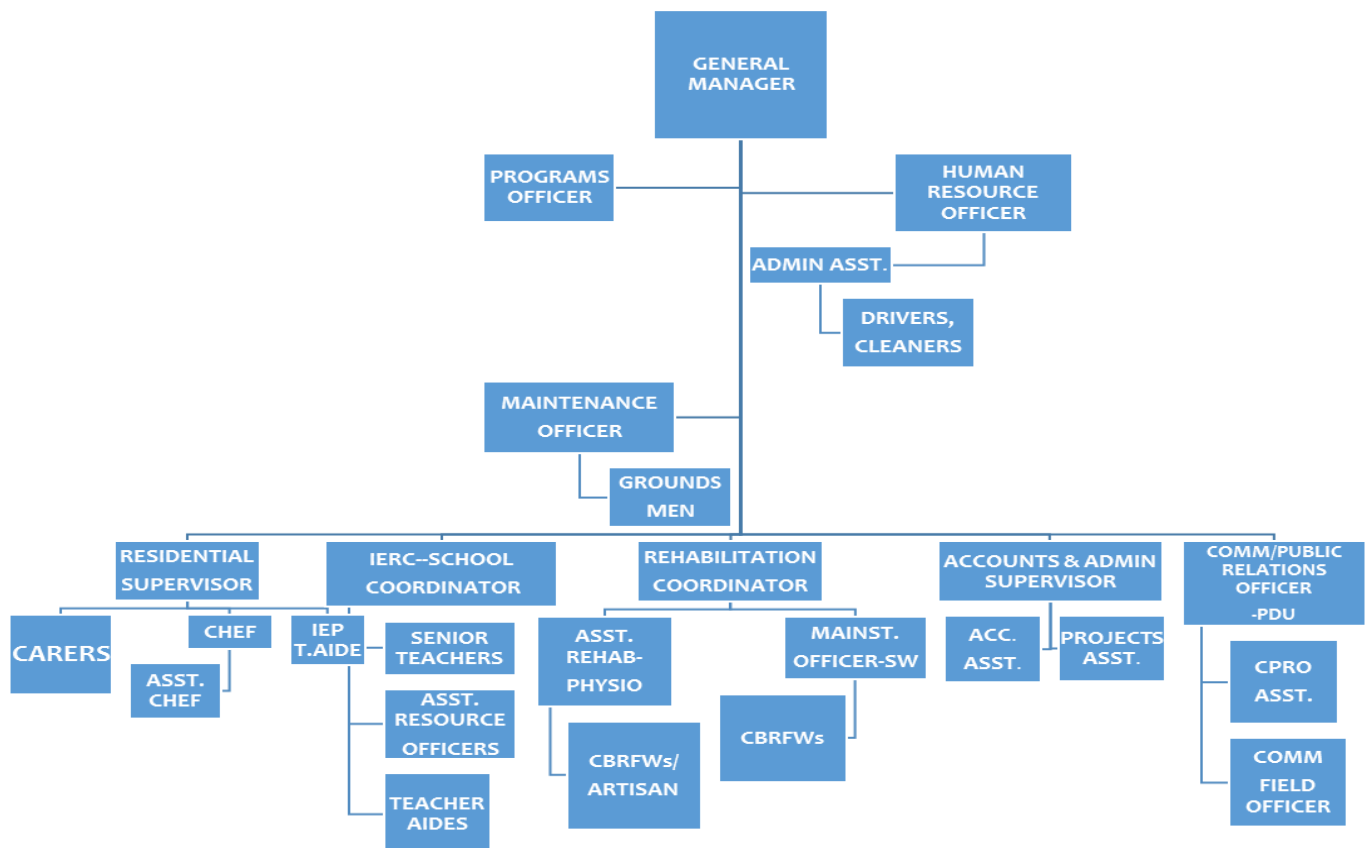
Executive Summary

Name Of Organization	Cheshire disAbility Services PNG Inc.
Address	PO Box 1306, Boroko NCD Lot 1 Section 32 Hohola Port Moresby
Contacts	Office phone Digicel: 73124454 Office phone Bemobile: 76288276 Facebook page: Cheshire-disAbility-Services-Papua-New-Guinea Website: www.cheshire.org.pg
Inception	1965
Programs Location and Direct beneficiaries	National Capital District Central Province Milne Bay Province Autonomous Region of Bougainville Direct Program beneficiaries: over 10,000
Mission	To work with and Empower Persons with disabilities for an Inclusive and Productive Society.
Vision	A Society where Persons with Disabilities are Empowered and Participating Fully in Development.
Values	Responsible and Transparent Actions Quality Service Determination and Trust
Board of Management	Volunteer Board of seven (M:4,F:3) Staff of 60 employees (M: 30%, F: 70%)
Core Business	Leading disability service provider for inclusive development through the programs including: <ul style="list-style-type: none"> • Community Based Rehabilitation and Development • Inclusive Education • Inclusive Early Childhood Care Education and Development • Physiotherapy Clinic and Health Outreach Services • Respite Care and Protection • Youth Empowerment through 'The Young Voices' • Livelihoods- for the Youth, Parents and Care Givers of children/ persons with disabilities
Future Developments	Expansion of Cheshire disAbility Services to all provinces in PNG by 2030.

CHESHIRE BOARD STRUCTURE



STAFF MANAGEMENT STRUCTURE



PROGRAMS REVIEW AND DEVELOPMENT AREAS

- P1. Community Based Rehabilitation in NCD and other provinces
- P2. Physiotherapy Referral and Outreach Program-NCD
- P3. Inclusive Education and Early Childhood Care Education and Development
- P4. Residential Care and Protection
- P.5 Young Voices (Youth with disabilities) and Livelihoods-Integrated and Inclusive Development

Program Area 1 (PA1) : COMMUNITY BASED REHABILITATION AND INCLUSIVE DEVELOPMENT

♦ Strategic Objective:

CBR is a WHO-Primary Health Care initiative designed to promote inclusive development for Persons with Disabilities, by providing adequate access to Quality Health and Rehabilitation, Education, Social and Empowerment opportunities, which guarantee their full and active participation in the society .The CBR Matrix aims to prevent disability situations, manage identified disabilities, increase participation of PWDs and empower PWDs to become full and active members of the society.

♦ Situational Analysis in 2010

Due to limited human resource capacity in disability and CBR, there was no practical CBR program on the ground within NCD communities. Occasional school based outreach visits, were being conducted to a few communities within NCD, specifically to children attending Inclusive Education School at Cheshire. There was no roadmap, plans and strategies for the Program at the time. Other teachers and program staff did not know what CBR was all about. They were never involved in the SERC outreach activities as it was seen as a preserve of male officers. Other than a few trained teachers, other cadres of essential technical skills such as Physiotherapy was lacking. Lack of funding made it impossible to initiate, and to roll out the CBR Program to NCD communities and beyond.

♦ Achievements as at 2015

1. The CBR program has been fully implemented in 80% of NCD communities and expanded to Central, Milne Bay and AROB regions. Baseline survey has also been done in Southern Highlands Province, Ialibu-Pangia District.
2. Qualified national staff (Physiotherapists) have been employed, while over 15 CBR Field workers have been trained and employed to support the program. The number of government sponsored teachers has been negotiated from six (6) in 2014 to (8) in 2015 with the Department of Education to cope with the increasing enrolment due to the effective CBR program.
3. Through CBR, over 10,000 persons with disabilities and medical conditions, including children, have benefited directly from CBR program. Over 800 parents have been trained on caregiving skills while over 30,000 community members and leaders have received awareness on causes, prevention, services available for social development for persons with disabilities. A significant number of leaders across NCD, who have benefited from the program trainings are currently supportive of the activities being implemented. Awareness is through clients everyday, through organised workshops and media 'coverage'.

4. Partnership and Funding for CBR in NCD and other provinces, has been made possible through successful concepts and proposals with signed long term MoAs. CBM/NZAID, Digicel (PNG) Foundation and UNICEF are the key partners funding the program. UNICEF's funding has managed the expansion of Cheshire services for children with disabilities to the Central, Milne Bay and AROB regions.
5. Partnership with a few health facilities, local and international organisations and professionals have been established and strengthened. Partnership with Leonard Cheshire Disability UK, of which we are a Global Alliance Member, in partnership with University of London and University of Goroka, made it possible to undertake a national research on the effectiveness of inclusive education in PNG in 2013-2016.
6. Cheshire Staff, continue to receive regular in-house trainings and capacity building inputs from technical staff, and from partners to perfect their skills for quality service delivery.

♦ **Challenges Encountered**

1. Despite the overwhelming need for Community Based Rehabilitation Services, and the need to have community take ownership after a series of trainings, a significant number of leaders and Government officials, are still not actively keen on taking ownership of the program activities.
2. Health workers and health institutions in NCD are not actively supporting referral systems, while coordination among health partners remain relatively poor. Despite Cheshire's intervention in major health care referrals with majority of patients coming from Port Moresby General hospital, thus relieving them of hospital congestion, Cheshire is still yet to receive direct funding from the Department of Health.
3. Private hospitals which provide immediate attention for referred cases, are often expensive for most people who are referred for specialised care. Most people with disabilities, and or who suffer from chronic medical conditions likely to cause disabilities, happen to be extremely economically disadvantaged thereby succumbing to complications arising from lack of immediate intervention.
4. Technical and Field workers trained and deployed do not have appropriate medical insurance cover due to limited funding. There is high risk of exposure to communicable diseases especially in crowded villages where Tuberculosis and water borne diseases are often on the outbreak. Security and safety of staff in volatile villages is also a concern.
5. Occasional outbreaks of conflicts in some communities in NCD interrupt CBR activities, and therefore, consistency of service delivery.
6. Funding from Corporate and Political actors are not often forthcoming and consistent due to a variety of factors affecting the businesses and political environments in PNG.
7. Most PWDs come from unfortunate family backgrounds hence difficult to cost-share on high cost interventions like corrective surgeries, assistive devices and long-term hospital appointments which require paid up transport etc.
8. There is no centralised database and information of PWDs by the Government hence difficult to determine the need on the ground, to help in planning for proper service delivery. Cheshire has a data base only for the PWDs currently receiving its services.

♦ **Strategic Objectives for PA1 for the next five years (2016-2020)**

Main Objective: At least 2500 primary beneficiaries with disabilities have access to CBR services in PNG

1. Align the new Cheshire Strategic Plan with the new Government Policies and Development Plans. i.e. Disability Policy, Health and Education Plans, PNG Development Strategic Plans and the Sustainable Development Goals to achieve priority needs.
2. Expand the CBR program to new areas in NCD, Central Province, Milne Bay and AROB.
3. Improve quality of services to achieve quality long-term outcomes.
4. Strengthen existing partnerships and identify new partners to fund CBR program.
5. Introduce reproductive health interventions across all programs for youth with disabilities and without disabilities for inclusive approach.

♦ **Activities to achieve Program Area 1 Objectives**

1. Aligning the new interventions with the new Government development priorities as enshrined in the relevant policies and plans of the departments of Community Development, Health and Education among others. Aligning with the UN Convention on the Rights of PWDs (UNCRPD) and the Sustainable Development Goals which PNG Development Plans and priorities align with.
2. Subject to continued funding, expand CBR activities to cover 100% of NCD communities. Cover at least three (3) LLGs in two (2) Districts of Central Province, three (3) LLGs in one (1) District of Milne Bay Province, one (1) District of Southern Highlands Province and one (1) LLG in three (3) sub-regions of AROB.
3. Review the training plan and modules for upskilling CBR workers. Conduct regular training and capacity building to the program staff. All program staff to sign up to KPIs.
4. Provide more focused and certified training to care givers and parents to take more ownership in home based activities.
5. Establish oversight village health, education and social inclusion committees in selected communities where significant successes have been registered.
6. Train more community based local artisans and roll out fabrication of assistive aids to community level.
7. Strengthen Partnership, Networking with National and International partners through strategic representations.
8. Introduce nutritional, professional counseling, and reproductive health support as critical components of the program.
9. Develop submissions for continued partnership with current partners and new partners to include State and Non-State Actors (SNSAs) in development.

Factors influencing/guiding CBR Program implementation and outcomes

- * Activity Funds, Human Resources, Transport and Communication, Assistive Devices, Rehabilitation materials and Equipment, Donations and sponsorships, Volunteers, Government Policies, Plans and Guidelines, Sustainable Development Goals (SDG).

Program Area 2 (PA2) : PHYSIOTHERAPY REFERRAL AND OUTREACH SERVICES

♦ Strategic Objective

The Physiotherapy Referral and Outreach Program provides assessment, training and rehabilitation services for persons with disabilities or debilitating medical conditions who come from non-CBR catchment areas. It supports those who have been referred or discharged from the surrounding health facilities who require progressive rehabilitation services outside of the hospitals. It takes care of people with acquired physical injuries, and or health conditions which may cause restrictions in individual physical performance levels. In-house Training and Capacity Development for CBR Field workers, carers and parents are critical services provided by the program which is located within Cheshire.

The program, an arm of CBR, combines a range of treatment modalities which include physical exercises, training and electrotherapy-administration of heat, cold and electric current modalities to manage a wide range of physical health conditions.

♦ Situational Analysis in 2010

1. The program and the facility had no qualified national Physiotherapists. Instead, there was one Physio-aide who had been trained on basic techniques. There were no Field Workers who bridged the gap between the grassroots communities and the technical officers at the time. There was barely more than 10 clients registered at the clinic.
2. The facility was run down due to lack of maintenance funds. The walls were termite ridden, while most of the donated equipment were dysfunctional.
3. The facility was not maximally utilized due to inadequate planning, expertise and low clientele.

♦ Achievements to date

1. The facility was renovated, more space created with support from Head of Mission Direct Aid Program (HOMDAP) funds following a successful submission done through the normal process.
2. High performance rehabilitation equipment and materials have been procured with a few of them currently in use. A few others have become dysfunctional due to tear and wear.
3. There are x2 qualified National Physiotherapists, over 13 trained CBR field workers employed in addition to the Physio-aide.
4. The staff receive regular trainings and capacity building from the technical staff, the management and from partners as organised from time to time.
5. Successful fundraising and long-term partnership has been achieved with designated budget to the facility, supported by at least 3 partners. They include: CBM/NZAID, UNICEF and Digicel PNG Foundation.
6. There have been over 10 successful case studies of clients who have improved from being bed-ridden or wheelchair-bound, to being up and about doing their daily business, including getting back into or obtaining gainful employment.
7. Besides offering the rehabilitation services, parents and care givers are trained and equipped with basic skills to continue home programs which are assigned by the rehabilitation team. Such initiative is the reason for many success stories.
8. All clients undergo a robust assessment which includes developing Individual Rehabilitation/Case Management Plans for monitoring improvements and review of approaches.

9. No charges for the services provided by Cheshire in the program currently.

♦ **Challenges Encountered**

1. The therapy space has become limited due to the increasing number of clients and range of activities. There is no bathroom in the clinic, making it difficult to manage children with incontinence during treatment.
2. The technical staff are only two, while the caseload is over 100 clients of which over 100 benefit from hands-on rehabilitation support in the unit on a monthly basis.
3. The cost of repair and servicing of the equipment is very high. There is no expertise, even from the suppliers readily available to provide maintenance or to fix them when broken/damaged.
4. Clients are yet to take some ownership of the facility by contributing to the services, especially for the operational costs in order to sustain the program activities.
5. No Government support/funding despite many clients coming from or referred from the Government facilities especially Port Moresby General Hospital.
6. Most clients with mobility problems who are not from within CBR catchment areas may not benefit from the program.

♦ **Strategic Objectives for the next 5 years**

Main Objective: At least 2000 people receive Physiotherapy and outreach services in PNG

1. Enhance the capacity of the facility to attend to /accommodate more clients.
2. Enhance the skills and capacity of staff, carers, and parents to manage various disabilities and medical conditions with minimal supervision.
3. Increase participation of the parents and the Government to support and take more ownership of the facility to sustain the successful outcomes of the unit.
4. Strengthen networks and partnership with State and Non-State Actors.

♦ **Activities to Achieve the Strategic Objectives in the next 5 years**

1. Parents who can afford, to have more ownership by cost-sharing on the services.
2. Negotiate insurance cover for very disadvantaged families to receive support/insurance to bear the cost of rehabilitation, including transport.
3. Seek funding, including from the Government, to support the expansion of the facility to include bathroom and equipment. Funding to employ additional technical staff, to sponsor treatment costs of clients who cannot afford.
4. Seek funding/partners to sponsor certified trainings/accreditations for the CBR Field workers. Follow up on possibilities for expert volunteers i.e. JICA, AVI, VSOs.
5. Develop a detailed Training Manual for CBR Workers and Care Givers.
6. Consult and Register with National Training Council Secretariat PNG (NTCSPNG) for authorization to provide certified training for CBR Field workers and Care Givers.

7. Secure funding, or through partnership support, enhance the skills of staff in a variety of inclusive development areas through in-house or short sponsored trainings.
8. Certify at least 3 CBRFWs as ToTs each year. Participate in inter agency exchange learning/visits.
9. Incorporate screening of ear, eye and other disabilities through regular open days and organized community camps in partnership with business partners-sponsors and technical partners.
10. Maintain a comprehensive data base, develop Inclusive Case Management Plans; including sharing of best lessons learnt through human interest stories, Focus Group Discussions, mainstream media and other social media platforms.

Program Area 3 (PA3): PROVISION OF QUALITY INCLUSIVE EARLY CHILDHOOD CARE EDUCATION AND INCLUSIVE EDUCATION SERVICES

♦ Strategic Objective

Education is the second CBR matrix after health. The program aims to prepare and afford accessible opportunities for children with disabilities to learn with normal children in the same classrooms within mainstream school settings from Early Child Care Education (ECCE) level, through to higher levels. It aims to equip the parents and care givers with positive parental skills. To provide mainstream teachers with techniques and skills to support the learning needs of children with and without disabilities. It creates opportunities for mainstream school children to appreciate the uniqueness and embrace children with disabilities in their midst. To accept, accommodate and support them in their midst. It seeks to ensure that the school environment is barrier free, safe and conducive for learning to all children in order to maximise their social and academic participation throughout their school life.

♦ Situational Analysis in 2010

1. Cheshire was still the only resource center that provided educational support to children with all kinds of disabilities within NCD.
2. Cheshire was privileged to have all six (6) qualified teachers' salaries supported by the Department of Education.
3. Cheshire offered opportunities for children with disabilities to learn together with their siblings without disabilities in the early childhood class to promote social inclusion.
4. There was only one run down classroom which had barely 20 children with disabilities. There was a house-win for Early Childhood class with over 20 children without disabilities. The normal children were either brothers or sisters of those with disabilities coming from the surrounding neighborhood. This was Cheshire's demonstration of its social corporate responsibility to the neighboring communities.
5. There was no adequate and efficient transport services for children with disabilities, especially those using mobility aids like wheelchairs. Lack of suitable transport means, discouraged many children from attending school.
6. Coordination among teachers and other program staff was never strong due to lack of team building initiatives and focal point objectives.
7. Teachers barely visited the children in their homes to provide home based education as there was not many children in the community identified due to non-existent CBR services.
8. Funding for the school activities and operations was minimal. The support was only from the DoE through subsidies and grants which was at most K5, 000 per year.

Achievements to date 2015

1. Due to the effective CBR program which acts as a feeder to the school, more than 150 children with disabilities have been enrolled in Centre Based School since 2015. There is an increase of 10% in enrolment each year.
2. At least 13 CWDs have been enrolled and being supported in mainstream schools, while 10 others are in livelihoods class for informal skills development, supported by TVET- trained teacher hired by Cheshire through UNICEF partnership.
3. A new accessible double-classroom, funded by Digicel PNG Foundation, has created opportunities for more CWDs to access formal education. The classroom has become the 'model classroom' constructed by Digicel PNG Foundation across PNG.
4. Teachers are now involved in daily home based education activities to support children identified in CBR, to receive basic education as a preparation for enrolment in the center, or direct mainstreaming, depending on the severity of disability and assessment goals.
5. All children have Individual Education Plans (IEP) with goals developed jointly with the parents to monitor the progress and guide the delivery of quality teaching/mentoring strategies.
6. Strong working collaboration between teachers and CBR staff is in place to ensure effective interdepartmental referrals and quality monitoring of the outcomes.
7. At least four (4) teachers have benefited from the Australian Award Scholarships program after being recommended by Cheshire. One teacher has returned with additional knowledge and skills in Education /Cognitive Psychology (Masters) considered essential in development for Children with Disabilities.
8. Funding for school activities have been enhanced with new partnerships from UNICEF, CBM/NZAID and Digicel PNG Foundation, making it possible to carry out range of center based and home based educational activities.
9. After years of fruitless follow-ups, Cheshire school received the first Tuition Fee Free from the Government in 2016.
10. Most mainstream school teachers who have been trained by Cheshire, have demonstrated their willingness and confidence in supporting children with disabilities who would be integrated in their schools.
11. We now have eight (8) teachers paid for by the Department of Education, a vital government contribution that was established in 2015.

♦ Challenges Encountered

1. The classroom space is limited for the increasing number of children with disabilities each year.
2. The old classroom is run down, not safe and conducive for children's learning and use by teachers.
3. Parents participation in school activities is not very effective.
4. The school draft constitution is yet to be reviewed.
5. The number of teachers (ratio) is low compared to the number of children they need to support.
6. Most mainstream schools are inaccessible to wheelchairs, making it difficult to mainstream children with mobility difficulties.

7. Lack of teachers housing is making it difficult to attract highly qualified teachers and to motivate existing qualified teachers.

♦ **Strategic Objectives for the next 5 years**

1. Develop and support School's Inclusive Development and Improvement Plan, including infrastructure development.
2. Strengthen P&C (Parents & Citizens) and School Board participation in school development plans and priorities.
3. Regulate school operational plans to include bench marks on ; center based and home based enrolments, transport, parents contributions, teachers training, children education and mainstreaming strategies.
4. Strengthen Cheshire's participation in development of National Education Policies and curriculum development.
5. Strengthen more teachers capacities in inclusive IECCE and informal skills development.

♦ **Activities to Achieve the Strategic Objectives in the next 5 years**

1. Facilitate the review and development of School Learning Improvement Plan (SLIP).
2. Review the school Board composition, confirm the board membership with individual member's portfolios. Conduct regular school board meetings.
3. Finalise and ratify the school constitution in line with DoE requirements.
4. Solicit funding to support the SLIP with specific KPIs.
5. Review and monitor teachers duty statements through signing of performance contracts. Each teacher to have individual KPIs.
6. Advocate for more teaching positions for Cheshire from the DoE. Hire more skilled and experienced teachers for both NCD and other provinces.
7. Register the school with NCD to qualify for NCD support in operational/recurrent expenditures-prepare submissions to NCD for funding.
8. Maintain controlled and effective management of the ICT infrastructure already in place in the school.
9. Improve and expand the scope of teachers-in-service programs to cover more areas for inclusive development.
10. Seek funding for renovation/replacement of the old classroom and construction of multi-purpose hall for multi-skills and informal skills development center.

Program Area 4 (PA4): RESPITE CARE AND PROTECTION PROGRAM

♦ **Strategic Objective**

Being the oldest, the program provides respite care services to fulltime residents who were rescued in the early stages of their lives after being abandoned, neglected, or abused by their families or relatives. Majority were brought in by the police, the social welfare unit of Community Development and the Catholic Mission who were managing the facility in the early 70s.

The new focus of the unit is to provide tailored training in self-care skills and mentoring of the residents so they can become full and active members of the society. Home reintegration plans for those whose families have been found, is being provided so they can re-join their families, stay with the families and exercise their

full rights under the UNCRPD which PNG is a signatory to. Support for income generating activities would be sought to sustain their livelihoods while staying with their families.

◆ **Situational Analysis in 2010**

1. The residents were mainly provided with food and health care under the supervision of the carers and the trained Community Health Worker.
2. The facility was run down with inaccessible toilets and bathrooms.
3. Volunteers have been the main source of help, providing donations and spiritual support during the weekends.
4. Donations were not keenly monitored for health safety standards due to weak management systems and controls in place. Some food products were donated when already expired. While some especially electronics and electrical gadgets were donated when dysfunctional.

◆ **Achievements to date**

1. Establishing of Residential Care Committee comprising of service users, carers and administrative representatives to improve management and participation of service users in issues affecting them.
2. Maintenance and renovation done with support from Esso Highlands Ltd and Monier, giving a new face-lift to the facility. KK Kingstone donated two 5,000L water tanks.
3. Through daily Individual Education activities, residents are being trained to become literate and self-reliant in activities of daily living so they can take care of themselves with minimal support in the event they re-join their families, or while still at Cheshire.
4. A (1) resident-PWD (male) is formally employed, earning an income to support himself and to further his education.
5. Four (4) resident-PWDs have joined vocational school, receiving formal education and skills development to enhance their social participation in life.
6. There is a trained chef and a trained nurse to provide professional services, resulting in improved health and activity levels among the residents.
7. Two (2) residents are on home reintegration plan to re-join the family from where they can be supported through the Community Based Rehabilitation Program.
8. Food storage facilities have been improved, while long term food donors have continued to support with monthly food donations.
9. Social participation of residents have been improved through regular exposures to sports and cultural events at subnational and national levels.
10. More robust monitoring and accountability controls for donated items is in place.

◆ **Challenges Encountered**

1. Eighty per cent (80%) of residents are severely disabled with multiple disabilities making difficult to achieve self-independence in self-care skills.
2. Seventy per cent (70%) of the residents' families cannot be located making it difficult to plan and facilitate home reintegration plans.

3. Ninety per cent (90%) of carers are illiterate making it difficult to train on some advanced care skills which would be useful to the residents. Hands-on training, however continues. Not many young energetic people are willing to become carers.
4. Resident-PWDs who have attained adult stages and are sexually active are presenting with demands which may not be satisfied in the current environment which does not guarantee their human rights to marry and to be married.
5. The operational costs for the facility is very high due to its 24hour operations especially with water, power, food and sanitary materials.

♦ **Strategic Objectives for the next 5 years**

1. Design appropriate training plan for the carers to suit their levels and satisfy resident's needs.
2. Review and Revise the Individual Education and Care Plans for residents to achieve maximum functional and social benefits.
3. Strengthen partnership with medical facilities/doctors and nutritionists, counselors to volunteer their skills to the residents through regular reviews.
4. Continue to pursue direct Government support and other partners, in funding operational costs, including the positions of carers and skilled officers.
5. Develop maintenance plan for the facility to minimise/provide immediate attention to tear and wears.

♦ **Activities to Achieve the Strategic Objectives in the next 5 years**

1. Re-assess the facility to determine short-term and long-term maintenance needs.
2. Physiotherapist assisted by other TFOs to present training plan for the carers and the residents.
3. Prepare funding concepts/submissions to Government and other partners to support operational costs.
4. Upgrade the skills of IEP teacher and the chef to provide more meaningful and hands-on support/nutrition to suit individual resident's needs.
5. Introduce Counselling, Reproductive Health Services and trainings to residents and carers.
6. Encourage more outdoor-activities and self-care skills at subnational and national levels.
7. Provide quality nutritional support to the residents and improve hygiene.
8. Conduct weekly supervision/rounds to the facility with all TFOs to assess progress of individual residents and their Individual Case Management Plans.

Program Area 5 (PA5) : YOUTH DEVELOPMENT AND LIVELIHOODS- YOUNG VOICES AND WOMEN EMPOWERMENT

♦ **Strategic Objective**

The youth and women with disabilities, or the women who are care givers of children with disabilities are critical pillars of the development. The focus of the program is to ensure that youth with disabilities do not miss out in development opportunities, while care givers are given the necessary support to manage the daily needs of their loved ones with disabilities. The youth would be supported through mentoring, training and job.

placements, while the care givers who are women, besides benefiting from the same, would be supported to have viable businesses from where they would derive income to support the needs of their dependents.

◆ **Situational Analysis in 2010**

1. There was no special consideration for supporting the youth with disabilities, just as there was no focus in empowering women care givers to start up small businesses to generate income in order to support their daily needs.
2. The young boys in Cheshire inclusive school with intellectual disabilities continued to be faced with irrelevant, highly academic approach to learning, as opposed to the relevant, informal, hands-on approach tailored to their mental capabilities.

◆ **Achievements to date**

1. The Young Voices group started in 2010, with over 40 members. It provided opportunities for training the youth in campaigns and advocacy skills for social inclusion. Due to the trainings and exposures, at least 4 youth with disabilities have benefited from off-shore scholarships.
2. Five (5) youth with disabilities have been formally employed with various businesses in town while another twenty-one (21) are awaiting recruitment by one of the largest supermarket stores.
3. Social Support group was started, bringing together over 50 parents and care givers from the settlement communities who received training in business skills management. The group has since been registered with the Investment Promotion Authority and have opened their own accounts where they receive bank loans to support their growing income generating activities.
4. The parents support group have been linked up with a number of businesses where they supply flower bases to earn regular income to support their dependents with disabilities.

◆ **Challenges Encountered**

1. High expectations among some group members-especially parent support groups.
2. Some youths not able to get scholarships or job opportunities due to their unique disabilities.
3. Limited fund capital for the parent support groups' income generating activities.
4. Inaccessible vocational colleges/technical schools where informal trainings are still not being offered to suit the unique needs of some youths.

◆ **Strategic Objectives for the next 5 years**

1. Develop a plan for youth employment, training and social participation in PNG.
2. Strengthen partnership with the government, NCD and National Youth Commission, as well as with other partners such as UN, International Non-government Organisations, business communities to support youth and women programs for increased social integration.
3. Strengthen linkage of the youth and women parents' group with more business communities to support their businesses, trainings and employment.

♦ **Activities to Achieve the Strategic Objectives in the next 5 years**

1. Generate data base for all youth with disabilities and care givers with their priority development needs.
2. Prepare submissions for funding priority for youth and women activities.
3. Promote educational exchange programs among youth and women at subnational and national levels.
4. Strengthen collaboration/training partnership with scholarship providers and TVET institutions to support youth and women.
5. Facilitate formation of more youth and women groups and provide relevant trainings and exposures for their inclusive development and support.

3. PROGRAM SUPPORT AND DEVELOPMENT

The program Support constitutes the Administrative arm of the organization which creates an enabling environment for the programs to deliver quality services .It provides a policy platform within which all levels of management and program functions operate. It ensures that all due diligence practices are upheld and demonstrated through good governance, effective and efficient systems and procedures. It ensures that all operations comply with the relevant Government legal and statutory requirements.

THE FUNCTIONS UNDER THE PROGRAM SUPPORT INCLUDE:

- ♦ Governance
- ♦ Management Practices
- ♦ Human Resource Management
- ♦ Financial Management Systems
- ♦ External Relations and Presentations
- ♦ Monitoring and Evaluation (M&E)
- ♦ Property and Maintenance
- ♦ Security and Safety
- ♦ Transport and Communication
- ♦ Fundraising and Resource mobilization
- ♦ Programs Development Unit

◆ **General Situational Analysis under Program Support in 2010**

1. **Governance:** Prior to 2010, there was no clear mission, vision and goal for the organization. There was no Strategic Plan to guide operations and activities until 2010 when the first Strategic Plan 2011-2015 was developed in 2010.
2. **Management Practices:** Prior to 2010, there were no work plans, no clear structure including management roles. Systems for recording activities, documenting successes and challenges were hard to come by. Information management systems and equipment such as computers were not adequate. Not many staff at the time were computer literate.
3. **Human Resource Management:** Staff did not have clear job descriptions, contracts and rates of pay commensurate with their roles and skills. Staff had no regular internal and external training opportunities. Although Human Resource policy existed, its application and review has not been done for some time to conform to the best practices and standards.
4. **Financial Management:** Although there was documented procedures and processes for managing funds, processes for developing the budgets were weak, while reporting on financial activities were not regular and consistent on a monthly basis.
5. **External Relations and Representations:** The organization was solely dependent on donations and sausage sizzle as the means for fundraising to support the operations. The school had support from Department of Education which provided six (6) Teachers paid by the Teachers Service Commission.
6. **Property development Plan and Priorities:** Although there has been significant improvements in property management and refurbishment, property development plan and priorities are yet to be developed. Facilities such as the Physiotherapy clinic, Residential Care, the hostel and the administrative office were heavily termite infested posing security and safety risks.
7. **Transport:** Despite the need for expanded services, there were no adequate number of vehicles to support outreach and CBR programs. There was only one personal computer with no internet access.
8. The lifeline for Cheshire was mainly through weekly sausage sizzle and donations as and when they came. The hostel registered poor rental returns due to lack of proper controls on rental collections, high default rate among tenants, and lack of incentives for the tenants to attract responsible tenants.

◆ **Achievements to date**

With the promulgation of the new Strategic Plan 2010-2015, the following achievements have been possible to date:

1. Developing and aligning the first ever Strategic Plan with the PNG Government Development Strategic Plans and priorities, as well as the UN Sustainable Development Goals. In doing so, Cheshire has become a key player in the government-driven Public-Private Partnership initiative, contributing towards inclusive Development for persons with disabilities in PNG.
2. The recruitment process for all staff is competitive. There exist a reporting structure. Diverse specialist skills in areas such as physiotherapy, nursing, development, communications, matching the range of programs needs, now exist.
3. Programs such as the main unit, have been re-organised to increase participation of the beneficiaries in their own development. New programs such as CBR, Young Voices and Livelihoods have been introduced to comply with new development plans aimed at achieving maximum possible levels of empowerment for the primary beneficiaries-persons with disabilities.

4. Accounts and control systems meeting reasonable standards have been put in place. Installation of relevant soft wares and stringent monitoring tools which are meant to guarantee efficiency, effectiveness and accountability have also been introduced.
5. Property management and improvements have been executed to include review and implementation of lease arrangements, maintenance of leasable facilities, development of more leasable facilities and renovation of institutional/program facilities. New facilities which have been developed include: double classroom for school children and 6-units rental apartment. Major repair and renovations works have been done on the Physiotherapy Clinic, Main office block, Residential Care and Protection unit.
6. Security remains a challenge even though some minor improvements have been made on some sections of our perimeter fence. A contracted security company has been engaged to provide security services.
7. For transport, we have had at least 3 new buses and 2 used buses, plus one Hilux utility to support program operations. The 5th bus has just been donated by our partner UNICEF.
8. The communication system has greatly been improved to include over 22 desk top PCs and at least 3 laptops. We have internet connectivity through a secure server covering all the offices, with over 30 staff members able to access at least a PC with internet access. We also have CUG for effective field communication with staff. Heavy duty and light printers, including a wireless printer are connected to at least each PC. All staff are able to do their reports online and research on trainings considered relevant to disability inclusive development. The current website is undergoing a facelift and will be fully functional in due course.
9. Fundraising is the lifeline for Cheshire services given that there is no Government funding other than teachers who are paid for by the Department of Education. The main means and sources of funding to Cheshire are: Donations of fund, materials, services and food, from goodwill friends. Sausage sizzle and most assuring, formal submissions through MoAs. To date, we are privileged to have at least four long term partners whose support for programs are secured in a memorandum of Agreements. They include: UNICEF, Digicel PNG Foundation, CBM, NZAID and NCDC. At least 75% of staff salaries are supported by donors while 50% of utility costs are supported by Cheshire and other partners.

♦ **Challenges Encountered**

1. Non-funding by the Government despite Cheshire providing essential services in Health, Education, Youth and Women Empowerment through livelihoods interventions which are considered key pillars of Development by the Government. At least the Department for Education is commended for its support to teachers' salaries and annual minimal grants.
2. High cost of operations such as water, electricity and maintenance due to tear and wear of the aging facilities.
3. Lack of accommodation facilities or incentives to for staff
4. Delayed Annual General Meetings due to delayed audits

♦ **Specific Strategic objectives and Activities under each support area**

1. Improved Governance

- I. Review and launch the new Board Constitution and Board charter
- II. Review and develop organizational structure

- III. Ensure compliance with all due diligence.
- IV. Prepare and submit annual reports for the activity year by March of the following year.
- V. Provide training and capacity development for the board members.
- 2. Improved Service Delivery and Management Practices**
 - I. Develop annual, quarterly and monthly work plans and budgets.
 - II. Review the management structure and individual roles.
 - III. Review the various program templates for recording activities.
 - IV. Introduce and maintain electronic filing systems and data bases.
- 3. Improved Human Resource Management and Development Practices**
 - I. Review and revise Staff and Board Management Structure
 - II. Review all staff job descriptions, contracts and rates of pay annually. Introduce medical, school cover
 - III. All key staff to have Key Performance Indicators in their contracts measurable each year
 - IV. Develop staff training and capacity development plan for both in-country and international scholarships
 - V. Conduct staff meetings at both management, technical and social welfare levels regularly.
 - VI. Review and strengthen Cheshire management's portfolio committees-social, technical, disciplinary etc.
- 4. Improved Financial Management and Reporting Systems**
 - I. Undertake continuous review of documented procedures and processes for improved due diligence
 - II. Develop annual budgets, undertake quarterly and monthly budget reviews and reports
 - III. Upskill the accounts and administration officers and institute relevant accounting soft wares i.e. MYOB
- 5. Strengthened External Relations and Representations**
 - I. Strengthen networks with grassroots and donor partners from state and non state actors (SNSAs)
 - II. Increase visibility of Cheshire services at national and international levels-newsletters, website
 - III. Increase Cheshire's representation and engagement with key partners nationally and globally
- 6. Improved Property Management and Maintenance Practices**
 - I. Develop Property re-development plan and Improvement priorities to include:
 - II. Renovation of the GM's complex and the school Coordinator's residence.
 - III. Improvement/replacement of old school building infrastructure and expansion of the IECCE haus wing.
 - IV. Improvement of Physiotherapy clinic.
 - V. Completion of the Red Feather shop .Construction of storage facilities for school and Admin office
 - VI. Provide insurance cover for vital buildings.

7. Improved Safety and Security Standards

- I. Fixing of the drainage and Reinforcement of the perimeter fence
- II. Conduct risks assessment for the organization .Improve Occupational Health and Safety Standards for the Organization.
- III. Develop safety and security improvement and implementation plans
- IV. Obtain all relevant insurance covers for staff, directors, property, professional indemnities etc.

8. Improved Transport and Communication Systems

- I. Develop transport and communications plans and procedures
- II. Seek funding/partnership for additional fleet/vehicles and maintenance cost.
- III. Develop and maintain Information, Education and Communication Systems

9. Improved Fundraising Initiatives and Resource Mobilization Strategies

- I. Develop and implement fund raising plans and strategies/calendar.
- II. Prepare submission to relevant potential donors nationally and international, SNSAs.
- III. Develop and Participate in fundraising events-national and calendar events.
- IV. Introduce cost-sharing contributions from parents/services users from non-CBR catchment areas.
- V. Establish Cheshire management and volunteers fundraising committee.

10. Improved Monitoring ,Evaluation and Reporting Systems

- I. Prepare quarterly, monthly and weekly work plans and budgets
- II. Prepare and submit monthly narrative and financial reports and as per donor agreement.
- III. Conduct monthly and weekly planning meetings and corresponding budgets.
- IV. Conduct annual program participatory review.
- V. Conduct mid yearly strategic plan review.
- VI. Review the templates for program and financial reports.
- VII. Develop calendar for donor reports schedule and due dates.
- VIII. Increase participation of beneficiaries in program monitoring and evaluation.
- IX. Provide training in program monitoring, data management and analysis for technical staff.

11. Program Development UNIT (PDU)

- I. Set up the Program Development Unit with focus on improved visibility for the organisation, ICT-networking, consolidation of program reports and dissemination of best practices, human interest stories, documentaries ,IEC updated files and fundraising initiatives.
- II. Website re-development and management, liaison with mainstream and social media will be key.
- III. The PDU will be cross-cutting between Administrative and Program Functions.
- IV. The Unit will be headed by the Communications and Public Relations Officer, assisted by Senior Program staff and Communication Assistants.

Strategic Objective 1: PA1: At least 2500 primary beneficiaries have access to CBR and Health services in all project locations.

	Objectives and Activities	Indicators	By When	Assumptions/Funding Sources
1.1	New Strategic Plan aligns with Government Development Plans as well as SDGs.	New Cheshire Strategic Plan launched and contributing to social inclusion for PWDs in line with Gov't. Development Plans and SDGs.	April 2017	Management.
1.2	Expanding CBR services to more PNG regions.	Geographical mapping/locations for CBR presence documented. 3 Districts each for NCD, CP, MBP, AROB.	2020	Management.
1.3	Review Training Plan for staff, partners and beneficiaries.	Revised Training plan in place for staff, partners and clients.	May 2017	Management.
1.4	Provide certified training to program staff.	CdS registered with NTC/Sponsorship for further staff training secured with partners.	April 2018	Management.
1.5	Set up CBR Committees or oversight management and transition.	Old program areas have trained committees to manage transition and ownership of CBR.	Dec 2017	Management.
1.6	Train more local artisans at village level/Upskill existing carpenters.	Presence of more local artisan shades in program villages.	2018	Management.
1.7	Strengthen partnership with National and International partners providing health and rehabilitation services.	Formal MoA with more partners at National and International level exist/Regular coordination meetings among key partners in health services documented.	Ongoing	Management.
1.8	Introduce Nutritional, Counseling, and Reproductive health support to staff and program PWDs.	MoA/Referral pathways exist with partners providing Nutritional, Counseling, and Reproductive health care services.	July 2017	Management.
1.9	Submissions for continued funding and technical support.	More submissions to new partners and renewal of partnership with existing partners in place-MoAs.	April 2017	Management.

Strategic Objective 2: PA2: At least 2000 primary beneficiaries receive Quality Physiotherapy, Outreach and Social Mainstreaming services in remote Districts of PNG

	Objectives and Activities	Indicators	By When	Assumptions/Funding Sources
2.1	Renovate and expand the existing Physio clinic at Cheshire/initiate satellite outreach clinics in partnership with PHA/DDAs/NGOs.	Existing Facility renovated and equipped. Facility expanded and upgraded. At least 4 outreach satellite clinics in place in partnership with Provincial Governments.	2018 2019	Sponsorship Fundraising Submission.
2.2	Upskill technical staff and certify CBR workers.	CBRFW are trained and certified. Technical staff are upskilled and certified. Detailed Training Plan in place. Cheshire registered with National Training Council (NTC).	2019 May 017 2019	Funds/sponsors will be available. In house. NTC to cooperate.
2.3	Increase community ownership of Rehab services.	Clients cost-share on charges for the clinic. Sponsors support treatment costs for poor parents.	April 017	Clients to cooperate. Sponsors available.
2.4	Improve scope of CBR to cover ENT, Eye cases.	Staff trained on hearing and visual assessments. Screenings for Eye and Ear expanded through outreach services. Specialist partners for ear/eye support ear/eye screenings and staff trainings.	2017-2020	To be done by staff and partners.
2.5	Improve data collection, analysis and reporting.	Updated and accurate data base is in place.	April 2017	Management.
2.6	Minimize lifestyle diseases and improve physical activities among staff, clients and partners.	Keep fit sessions introduced. More sports activities introduced. Partnership with sports partners improved.	Nov 2017	Management.
2.7	Improve social inclusion of Physio clients.	Physio parents support group in place and trained.	2017	Social Worker to lead.

Strategic Objective 3: PA3: Provision of Quality Inclusive Early Childhood Care Education and Inclusive Education Services

Objectives and Activities	Indicators	By When	Assumptions/ Funding Sources
3.1 Improve School Development and Physical infrastructure.	School Learning Improvement Plan (SLIP) is in place. Old classroom building replaced with a new expanded building. Digicel-sponsored double classroom is renovated. A multi-purpose life-skills training and Development Centre for care givers, YWDs (Youth with Disabilities) is in place. More teachers have access to scholarship opportunities.	May 2017 2019 2018 2020 2019	Sponsorship Fundraising Submissions.
3.2 Strengthen school management systems and teacher performance levels.	PNC and Board meetings are on regular schedule-monthly or quarterly. School operational plans are improved with effective monitoring tools. School Board structure is finalised and constitution ratified. All teachers to sign performance contracts with Cheshire.	2017 2018	Internally by management and Board.
3.3 Increase number of teachers in tandem with the increasing number of children.	Advocate for more trained teachers to be posted at Cheshire. Register with NCD Education desk for more subsidies and teachers support.	2019 2017	Gazette notice and funding to DoE available.
3.4 Improve mainstreaming of CWDs in mainstream schools.	More mainstream school teachers are trained and documented. Schools screening and awareness sessions done and documented.	2017-2020	Management.
3.5 Strengthen Social and Sports participation for CWSNs.	Calendar of special Olympics games/participation in place. Focal point staff for sports and social participation identified and trained.	2017-2020	Management.
3.6 Increase access for CWSNs in remote villages to mainstream education.	Expand the Day Care Centres to village levels and within mainstream schools compound.	2017-2020	Management.
3.7 Expand the ECCE concept and child to child activities in at least 5 schools within the project Locations.	Mainstream school teachers understand and implement ECCE concept and CTCs activities. Partner school board members and education officers understand and uphold the concept of ECCE and CTCs.	2017-2020	Management / partners.

Strategic Objective 4: PA4: Improve Residential Care and Protection Program

	Objectives and Activities	Indicators	By When	Assumptions/ Funding Sources
4.1	Improve the physical infrastructure of the main and self-care facilities.	Major and minor renovation works done to include equipment and materials supporting the services.	2017-2020	Handy man with volunteers.
4.1	Improve care giving skills among carers and supervisors.	Training plan for carers developed and implemented by the Physiotherapist and partners.	2017-2020	Physiotherapist and Partners.
4.3	Improve and sustain regular routine operations of the facility.	Government/partners provide direct financial support to meet running costs. Wish-list/annual budget for RC&P is revised ad shared with partners.	2017-2020	Sponsors/Funds will be available.
4.4	Improve physical health, educational and social inclusion for the residents.	Volunteer Doctors, Medical Officers attend to residents regularly. Focal point medical staff identified at referral hospitals for emergency interventions. Proper Food and Nutritional support is in place and documented. Relevant residents are enrolled and supported in local vocational schools. Residents participate in outdoor, sports and cultural events. Selected residents supported to settle back with their families. Open days for community visits is introduced and piloted.	Monthly 2017-2020	Volunteer Doctors and Nutritionists available. Families support reintegration program.
4.5	Increase independence and Self-Care Skills among residents.	Show-Case sessions of individual abilities conducted regularly. All residents are evaluated against their actual and potential capabilities.	2017-2020	Physiotherapist and Supervisor Residential Care.

Strategic Objective 5: PA5: Youth Development and Livelihoods for Youth with disabilities and Women Parents and Care Givers

	Objectives and Activities	Indicators	By When	Assumptions/Funding Sources
5.1	Provide assessments for YWDs and women care givers in project locations.	Data base for all Youth with disabilities and women care givers is in place in project areas.	2017-2020	To be done by project staff.
5.2	Training and capacity Development for the Youth with Disabilities.	Training plan for the youth and women is developed and implemented in synergy with other partners. Educational/scholarship and /employment opportunities is secured for Youth with disabilities. YWDs linked up with other mainstream Youth groups for training and motivation.	2017-ongoing	Funding will be available.
5.3	Provide livelihood opportunities for parents and women care givers of CWDs.	Self Help Groups are formed and trained in livelihoods/business skills. SHGs are linked with business development and financial institutions for access to savings and loans opportunities. Literacy levels among women care givers improved.	2016-ongoing	Funding will be available.
5.4	Equip the Young Voices members with Campaigns and Advocacy on Human Rights.	YV members understand the UNCRPDs and participate in campaigns and advocacy sessions during calendar events. YV members benefit from exchange programs with other Youth Programs.	2015-ongoing	To be done by staff and partners.

PROGRAM SUPPORT

1: Improve Governance

	Objectives and Activities	Indicators	By When	Assumptions/Funding Sources
1.1	Review and develop Board constitution and charter.	Revised Cheshire Board constitution and charter is in place.	April 2017	To be guided by Board legal team.
1.2	Review and Develop new Organisational Structure.	Revised organizational structure for Board and Management in place.	March 2017	Management.
1.3	Improve due diligence requirements.	All due diligence matrix/requirements are in place and updated.	April 2017	Cheshire and Board to do.
1.4	Prepare Annual and monthly reports.	Annual and monthly reports are presented within due dates.	March annually	Management.
1.5	Provide Training and capacity development for the Board members.	Board members receive relevant trainings by accredited firms.	1x annually	Partners and Board.
1.6	Conduct Annual General Meetings.	Calendar for AGM is in place and in line with statutory requirements.		Management and Board.

2: Improve Service Delivery and Management Practices

	Objectives and Activities	Indicators	By When	Assumptions/Funding Sources
2.1	Develop Annual, Monthly Work Plans.	Annual and monthly work plans are in place and shared with the Board.		
2.2	Review management structure and functions.	Clear management reporting structure and functions is in place, including technical meeting schedules. Specific committees established to oversee and report on specific functions i.e. Education, Health, HR, Property etc.	2017-annually	Management.
2.3	Improve staff confidence and resilience to challenges.	Staff and partners testimonies are documented and shared. Motivation speakers are invited to address staff members.		Management.

PROGRAM SUPPORT

3: Improved Human Resource Management and Development

	Objectives and Activities	Indicators	By When	Assumptions/Funding Sources
3-1	Revise and develop Human Resource Manual (HRM).	Revised Human Resource Manual is in place.	2017/2018	Management and Board.
3-2	Improve staff performance and remuneration framework.	All staff have performance measurement indicators agreed and reported annually. Staff training and capacity building plan reflected in the HRM. Staff salary scale/ratings is in place/documentated in HRM.	2017	Management and Board.
3-3	Provide Training to staff on revised HRM policy.	All staff are informed about HRM hand-book.	2017 annually	Management and Board.
3-4	Provide relevant staff, and Board insurance.	Workers compensation, Directors compensation, GM's insurance is in place as required by law.	2017	Management and Board.

4: Improved Financial Management, Accountability and Reporting System

	Objectives and Activities	Indicators	By When	Assumptions/ Funding Sources
4-1	Review Accounts and Control Policies and procedures.	Revised Accounts and Control Policy manual is in place.	2017	Management and Board.
4-2	Prepare and submit Budgets and expenditure reports, including annual audits.	Weekly, monthly and annual income expenditure reports are provided within due date. Annual audit conducted with AGM held every year.	2017	Management and Board.
4-2	Review and install and manage appropriate accounting soft wares i.e. MYOB, Disk Pay.	MYOB, Able Payroll etc. are installed and the Accounts Officers knowledgeable in their application.	2017	Management and Board.
4-3	Provide timely acquittal reports to management and donors.	Acquittal reports prepared and submitted within timeline as agreed with Donor and management/Board.	Annually	Management and Board.
4-4	Provide Training to staff on Accounts and Control Policies and Procedures.	All staff follow procedures in financial management practices, procurement of goods and services.	2017	Management and Board.

PROGRAM SUPPORT

5: Strengthened External Relations and Representations

	Objectives and Activities	Indicators	By When	Assumptions/Funding Sources
5.1	Strengthen networks with donors and grassroots partners.	Regular networking/coordination meetings exist among partners.	2017 annually	Management and Board.
5.2	Increase Cheshire visibility at National and International level.	Assorted IEC materials developed and disseminated. IEC materials available in braille forms.	2017 annually	Management and Board.
5.3	Increase Cheshire representation in partner meetings/National and International.	Cheshire representatives participate in both national and international development events/meetings/forums.	2017 annually	Management and Board.
5.4	Create opportunity for more volunteers to assist.	Technical/specialist volunteers join Cheshire Board, sponsorship training for Board and management.	2017 annually	Management and Board.

6: Improved Property Management and Maintenance Practices

	Objectives and Activities	Indicators	By When	Assumptions/Funding Sources
6.1	Develop Property Re-development and Improvement plan.	Cheshire property development plan is in place and shared with relevant partners for possible support.	2017 annually	Management and Board.
6.2	Renovation of the GM's complex.	The facility is given a face-lift through Cheshire's contribution and other partners.	2017 annually	Management and Board.
6.3	Renovation and improvement of School Coordinator unit.	The facility is given a face-lift through Cheshire's contribution and other partners.	2017 annually	Management and Board.
6.4	Repairs and maintenance to the hostel.	Carry out ongoing maintenance and repairs as the need arises.	2017 annually	Management and Board.

PROGRAM SUPPORT

6: Improved Property Management and Maintenance Practices- cont.

6.5	Repair, Maintenance and Expansion of the Physio clinic and rehab equipment.	Property development plan is in place and shared with relevant partners for possible support.	2017 annually	Management and Board.
6.6	Repairs and painting of the main unit and Digigel Double Classroom.	Property development plan is in place and shared with relevant partners for possible support.	2017 annually	Management and Board.
6.7	Replacement of the old classroom. Expansion of IECCE Hauswin classroom.	Property development plan is in place and shared with relevant partners for possible support.	2017 annually	Management and Board.
6.8	Repairs and reinforcement/upgrade of the fence and guard house.	Property development plan is in place and shared with relevant partners for possible support.	2017 annually	Management and Board.
6.9	Cleaning and Repainting of the Admin office. Construct storage facilities.	Admin Office recently renovated and repainted. Regularly maintained, cleaning done inside and outside.	2017 annually	Management and Board.
6.10	Completion and operationalisation of the Red Feather Shop.	The Red Feather Shop is completed and operationalised.	2017 annually	Management and Board.

7: Improved Safety and Security Standards

	Objectives and Activities	Indicators	By When	Assumptions/Funding Sources
7.1	Conduct occupational health and safety risks assessment (OHSRA).	Occupational Health and Safety Standards hand-book and installations are in place. Regular security drills conducted with Emergency Evacuation Plan for the organisation in place.	2017	Management and Board.
7.2	Fixing of the Drainage adjacent to the sports field, fixing of the fence along the drainage.	NCDC commits to fixing of the drainage with the adjacent fence upgraded.	2017/2018	NCD will cooperate to fund the works.
7.3	Provide insurance cover for vital facilities/buildings.	Relevant insurance cover is in place for vital buildings.	2017 annually	Management and Board.
7.4	Review the existing security guards arrangement.	A more efficient and responsive security guard company is contracted.	2017	Management and Board.
7.5	Improve lighting, compound surveillance and electric reinforcement of the perimeter fence.	The compound lighting system is improved. Electric fence installed upon completion of the fence upgrade. Security alarm is installed with reputable security firm	2017	Management and Board.
7.6	Improve security checks at the gate for human and vehicle traffic.	Visitors pass, boom gate, records of entries are in place and checked daily.	2017	Management and Board.

PROGRAM SUPPORT

8: Improved Transport, Information and Communications Systems

8.1	Revise the fleet and transport management procedures.	Fleet management and transport control systems are in place.	2017 annually	Management
8.2	Replace the accident bus CAU 667 through Legal support.	MVIL/Insurance provides a new bus.	2017	MVIL-legal suit.
8.3	Improve vehicles repair and servicing yard. Re-connect with Ela Motors for free servicing.	Relevant mechanical equipment purchased/installed.	2017	By our handyman.
8.4	Increase the number of fleet in NCD and provinces. Seek sponsorship of more vehicles.	Request for new buses/vehicles lodged with relevant partners.	2017-2020	Funding /sponsors to be available.
8.5	Improve ICT infrastructure-equipment and, accessories.	Relevant ICT equipment and materials are installed and operational.	2017/2018	Management.
8.6	Improve ICT infrastructure-Website upgrade.	Website is up and running.	2017/2018	Management.

9: Improved Fundraising and Resource Mobilisation Strategies

9.1	Develop Fundraising plan for the organisation-sizzle, maintenance, replacements, etc.	Annual Fundraising plan for Cheshire is in place with target sponsors. E-Fundraising strategy is embraced.	2017 annually	Sponsorships, funding will be available.
9.2	Renew partnership with existing program donors.	New MoA developed with UNICEF, Digicel PNG Foundation.	2017	Management.
9.3	Explore new long term partnerships with potential program donors.	MoA with Government, Corporate, NGOs established, locally and globally.	2017	Management.
9.4	Revise and update the Cheshire wish-List.	A revised wish-list with priority needs in place.	2017/2020	Management.
9.5	Expand sausage sizzle to other shopping outlets.	Sausage sizzle exercise is expanded to a few more shopping malls.	2017/2018	Management and Board.
9.6	Identify volunteer fundraisers to lead corporate fundraising initiatives-Golf tournament, corporate dinners etc.	Establish fundraising committees.	2017-2018	Management and Board.

PROGRAM SUPPORT

10: Improved Monitoring, Evaluation and Reporting Systems

10.1	Review program planning schedule.	Weekly, monthly and annual planning meetings conducted.	2017 annually	Management
10.2	Review reporting schedules and templates.	Reports are generated and shared with relevant partners within schedule.	Annually	Management and partners.
10.3	Improve on Annual Program Review.	Annual Program Review to include beneficiaries.	Annually	Management.
10.4	Review the M&E tools.	Revised M&E tools are in place.		Management.
10.5	Improve Information Management Systems.	Security for Cheshire information and records is in place. Centralised information systems installed.	2017-annually	Management.
10.6	Improve on staff supervision and mentoring.	All staff are appraised annually against signed Key Performance Indicators.	Daily	Management.



Cheshire disAbility Services

Papua New Guinea

Cheshire disAbility Services PNG

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