

EYE  
CARE  
FOUNDATION

Strategy Plan  
From Stability to Growth

2017 - 2021

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## 1. Introduction

At the beginning of the last strategy plan period, the future of the Eye Care Foundation seemed relatively uncertain. The organisation pulled through this period of relative uncertainty and repositioned itself on a stable (financial) basis, which makes growth possible again. In the new strategy period, we want to focus on a strategy for stable growth, based on years of experience and specialisation. Firstly, we will do everything we can to reach the next developmental stage in our programme countries. Secondly, we will choose a few new countries which may be suited to participate in our programme, to use our well-developed expertise to prevent and control avoidable eye diseases in these countries as well.

To achieve these aims, we will need to make choices about the following:

- Strengthen our activities in a few of our programme countries.
- Restructure our activities in a few of our programme countries.
- Develop programmes for our future programme countries.
- Establish strategic alliances.
- Establish tactical alliances in our programme countries.
- Diversify our fundraising.
- Continue to professionalize ECF's organisation and staff, both in Amsterdam and our programme countries.

In this strategy plan, we will explain the available choices as well as the criteria for decision making during this period.

### 1.1. ECF in brief

The Eye Care Foundation (ECF) was founded to provide and establish both good and affordable eye care in developing countries. Initially, Dutch ophthalmic teams were sent out to perform cataract surgeries in our programme countries. Meanwhile, our efforts have shifted towards strengthening local capacities in the countries themselves, improving their healthcare infrastructure and helping to get eye care embedded into their national health system.

Over the past 30 years, ECF could achieve the following:

- 4 eye hospitals and clinics built;
- 17 county eye centres opened;
- 113 ophthalmologists trained;
- 1,244 ophthalmological professionals trained;
- 30,000 basic eye care courses provided;
- 300,000 cataract surgeries performed;
- 2,900,000 patients examined and treated.

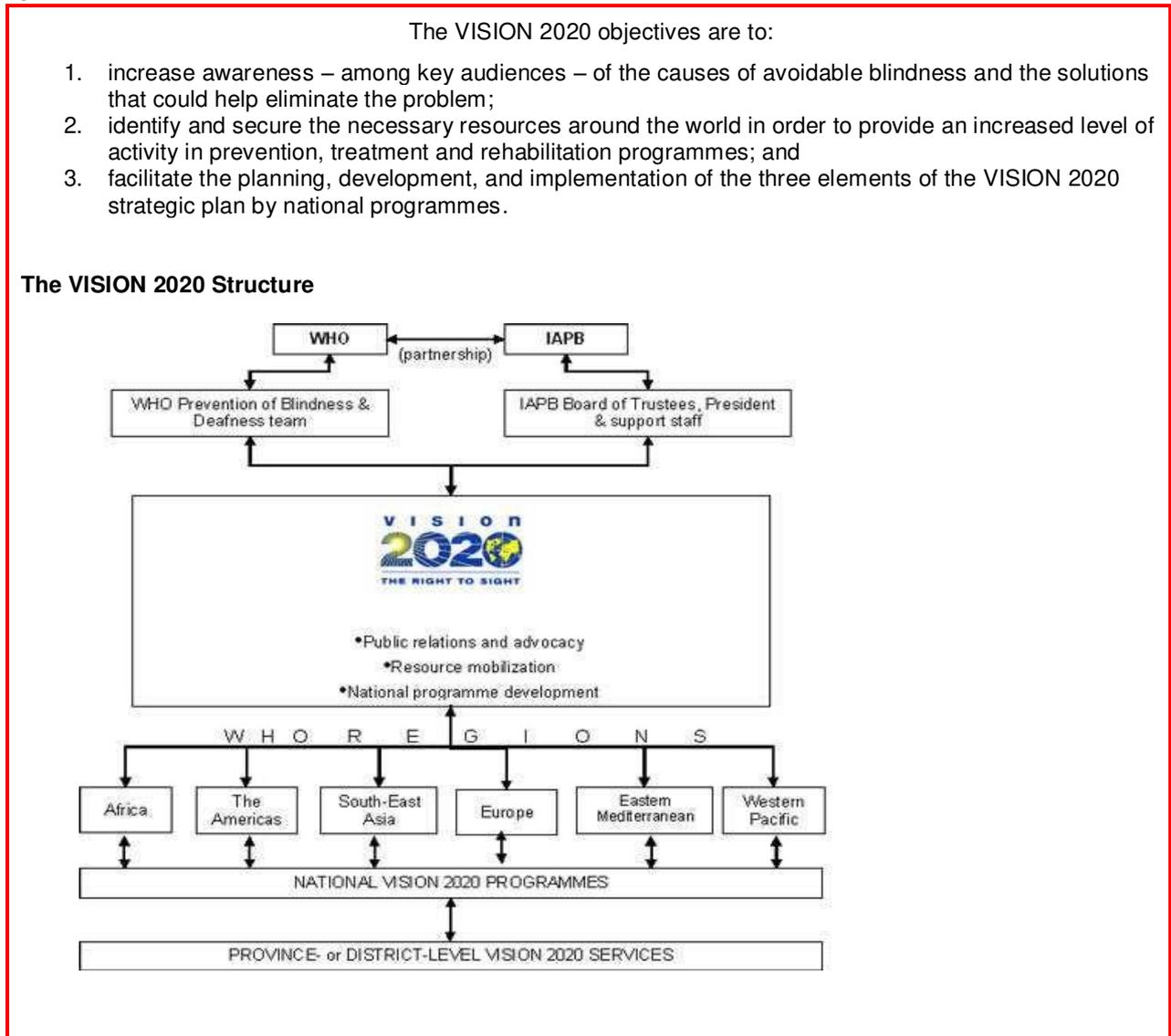
ECF is part of a global initiative called VISION 2020. The initiative increasingly focusses on capacity development of the local eye care structures. As members of this global initiative, we also recognise the need to focus on local capacity development and will implement this during our forthcoming strategy plan period.

This strategy plan will explain how ECF intends to pursue its vision and mission in a future-proof manner, based on ECF's specialized background and regarding probable future developments.

### 1.2. Context

ECF is an active contributor to VISION 2020, a global initiative within the WHO and IAPB alliance. We hereby endorse the objectives of VISION 2020, and have aligned our methods with the strategic principles of this alliance.

fig. 1: The alliance in brief<sup>1</sup>



By endorsing the principles, objectives and strategy of VISION 2020 (and its underlying ‘Global Action Plan 2014–2019’), ECF increasingly focusses on supporting national health systems which seek to eliminate avoidable blindness. Originally a relief organisation which performed actual eye care, we have since developed into an organisation which increasingly focusses on strengthening the eye care system in the countries themselves. We do this based on thirty years of experience in South East Asia (and Africa), and based our specialisation on cataracts and refractive errors. Further explained in chapter 4.

This means that all programmes financed or executed by ECF (based on our vision and mission statements below) are assessed against VISION 2020 principles.

Guided by our vision and mission, we focus on eliminating avoidable blindness and vision impairment in developing countries, specifically among the most marginalized populations in those countries. This is the foundation of our mandate.

<sup>1</sup> Sourced from <https://www.iapb.org/home>

## 2. Mandate

### 2.1. Vision

**Our vision is: A world where people's lives are no longer limited by avoidable blindness and vision impairment. A world without inequalities regarding access to eye care, where all people have equal opportunities to build their future with good eyesight.**

### 2.2. Mission

**ECF is a non-governmental organisation which contributes to eliminate avoidable blindness and vision impairment, especially among the most marginalized populations in developing countries, and which continues to increase awareness about these issues among Dutch society.**

Given our vision and mission, our programme choices will be assessed against the expected results in our programme countries. The primary goal being to strengthen the national health system which should then result in eye care that will benefit the most marginalized populations in the countries concerned. Our target group are mainly a country's poorest – from a geographical, economical and cultural point of view. Our goal for each project is the integration of eye care into each of the national health care systems in a sustainable way.

To achieve this, ECF has developed a set of phase-in and phase-out criteria for each country. These criteria are binding for our programme countries and our programme choices.

*fig. 2: Phase-in criteria countries*

Ultimately, the mission of the Eye Care Foundation to support marginalized populations in remote areas is the foundations' most important criteria. However, there are other aspects to be considered.

ECF does receive requests to get involved in new project countries from a varied number of sources and stakeholders – both governmental and private. Key actors from the private sector should have a non-profit intention, which is stipulated in ECF's policy.

In order start activities in a new country, the country must comply with the phase-in criteria. The nature of the request must fit into the Eye Care Foundation's policy. ECF's capacity needs to be considered sufficiently large before starting activities in a new country.

*The phase-in criteria are:*

- *In General:*

We focus on LDC and lower middle-income countries according to OECD/DAC criteria, and the countries should be a WHO member state. Another requirement is the authorization by the foreign government (formal or informal), and the country's eye health indicators should be below IAPB/WHO standards (see below).

- *Geographical location*

New countries should be located within these pre-defined regions: the Himalayas, Mekong and Eastern Africa. We define the Himalayan region as all the countries bordering Nepal, or in the vicinity thereof. In the past, ECF has operated programmes in India, Tibet, Bhutan, Bangladesh and Pakistan. It is possible for ECF to return to these countries, if required.

The Mekong region covers countries bordering the Mekong river. In the past, ECF has operated programmes in China, Vietnam, Laos and Cambodia. We define the Eastern Africa region as countries bordering Tanzania, or in the vicinity thereof.

- *Stakeholders*

Another vital criterion is an enabling environment. Partners or WHO member states should have adopted VISION 2020 and the global action plan 2014–2019 for universal eye health.

Considering ECF's small size, it is unrealistic to expect significant results in countries where the Eye Care Foundation is the only NGO concerned with eye care. The presence of more NGOs concerned with eye care and stakeholders' support is essential.

- *Preconditions*

Political: governmental authorization (formal or informal)

Social-economic status: low income country; percentage of people live in rural areas; poverty ranking; percentage of GDP spent on health care; out of pocket contribution towards healthcare; GDP < 1,045 US\$.

- *Health / Eye health indicators*

Prevalence of vision impairment: >0.3% for people >50 years

Cataract Surgeries Rate: <3,000 surgeries per million in South East Asia and  
<2,000 per million in Sub Sahara Africa

Cataract Surgeries Coverage: <80%

Cataract Surgeries Outcome: lower than WHO standard of 80% vision with 6/18 PVA and  
90% with best correction

Number of ophthalmologists/million population: <1:100,000

- The risks of carrying out operations in that country is acceptable, and does not seriously jeopardize the safety in a working environment (war, continuous conflicts).

Each of the criteria is important, though all criteria are not equally important. Situations may differ. Therefore, all criteria are carefully assessed each time before the decision to enter a new area can be made.

*fig. 3: Phase-out countries criteria*

Essentially, the same criteria apply to phase-out and for phase-in. The Eye Care Foundation mainly focusses on two aspects of eye health issues: cataracts and refractive errors.

ECF's services are also restricted to low and medium care interventions. Once the epidemiological criteria are met, ECF should leave the area.

- In General:  
A country with a high GDP/capita >4,125 US\$; eye health indicators according to IAPB/WHO are met; a (financially) sustainable health care system.
- Health / Eye health indicators:  
Prevalence of vision impairment <0.3% for people >50 years  
Cataract Surgeries Rate: 2,000 for Africa to 3,000 for South East Asia  
Cataract Surgical Coverage: WHO 80% vision with 6/18 PVA and 90% with best correction  
Number of ophthalmologists/million population:  $\geq 1:100,000$
- When the country has a health care system including eye care services for poor and near-poor populations.
- When eye care is sustainable.
- When eye care is integrated in the national health system.
- When there are enough stakeholders to cover the country's needs.
- Social-economic status:  
GDP 4,125 US\$ or more (lower or middle-income country according to Worldbank).
- When the risks of carrying out operations in that country are extremely high, and seriously jeopardize the safety in a working environment (war, continuous conflicts).

Each of the criteria is important, though all criteria are not equally important. Situations may differ. Therefore, all criteria need to be carefully assessed each time before the decision to leave an area can be made.

## 3. Our Focus

### 3.1. Geographical

The reasons for ECF's current geographical focus are mainly historical. Our organisation started as a merger between two partners with a regional focus: 'Oogzorg Wereldwijd' (OWW), operating mainly in Nepal and Africa, and 'Mekong Eye Doctors' (MED), operating mainly in countries in the Mekong region. Since the merger, our focus remained on four Asian countries (Nepal, Cambodia, Laos and Vietnam), as well as Tanzania. During this strategy plan period, we primarily work on effective programme development in current programme countries; secondly, we will look at other Asian countries; and lastly, consider expanding to East Africa. When expanding into other countries, we apply a project-based approach, but it depends on the opportunities which present themselves to us in a country and depends on suitable cooperation partners. However, we will maintain our focus on ophthalmology in each of our programme countries.

### 3.2. Ophthalmological

Our motivation to focus on ophthalmology is mainly driven by the fact that high impact can be achieved with relatively low investments and 'simple' techniques. Cataracts and refractive errors are vision impairments where good and lasting results can be achieved with relatively simple tools, techniques and treatments. Our assumption is furthermore that local governments and other eye care structures are willing to adopting 'low cost - high impact' interventions. ECF provides convincing evidence that when national governments apply a structural approach to eliminate cataracts and refractive errors, this significantly contributes to the socio-economic development of the population, especially for the poorest.

### 3.3. Developmental Outlook

ECF aligns its activities with the developments in the programme countries concerned. We distinguish five developmental phases:

1. Basic support in areas where there is no structural eye care, for example by setting up temporary eye camps.
2. Set up infrastructure and facilities where eye care can be provided permanently, for example by training staff and care providers.
3. Organise eye care in the catchment area, for example by building and maintaining primary eye care centres, setting up networks at grass roots level, raising awareness in the community and setting up a referral procedure.
4. Stabilize and professionalize eye care in the catchment area, for example by setting up vision centres or district eye centres, consolidating priorities related to cataracts and refractive errors, improving the eye care quality at all levels.
5. Embed the provision of services in local and national policies, and transfer the responsibility to the countries concerned.

We distinguish between the different stages in each country and adjust our intervention programmes accordingly. Our policies for each country define the details based on the most recent local and IAPB data.

*fig. 4: Summary of developmental phases in programme countries*

Nepal (phase 3 -> 4). In the years to come, our support is needed for basic intervention strategies in more remote areas, and to build Primary Eye Care Centres (PECCs). It will be assessed whether new technological applications are feasible and of added value.

Cambodia (phase 4 ->5). After the construction of the eye clinic in Ratanakiri, we will focus on stimulating the transfer of eye care into the government's hands. Other activities will stabilize.

Vietnam (phase 4 ->5). Much has been achieved. The country is developing positively, has a lower middle-income compared to other countries, and may eventually be able to arrange financing for eye care itself. It is not yet clear, if there will be a need for ECF services in the long run.

Laos (phase 3 -> 4). We should lift our activities to a higher spending level. The country is divided among several active NGOs, but there remains a lot to be done still. So, we want to contribute together with fellow NGOs. More commitment is needed to improve the eye care quality and strengthen its capacity. New technologies could be of assistance.

Tanzania (phase 3 -> 4). We recently carried out a study about the state of eye care in the Morogoro region. The study finds will be analysed to develop specific projects in cooperation with regional and local authorities.

Our policy plans for each programme country (annual plans) during this strategic period will be based on the above analysis. Each of these policy plans will contain a detailed summary of the situation in each development phase.

We also plan to add new programme countries over the next couple of years. Both our geographical and programme choice are based on the described guidelines and criteria in chapter 2 and this chapter. During this strategy plan period, we will investigate if an expansion of our activities to Myanmar, Sikkim and other neighbouring countries fits into our strategic framework. We also look at the potential in Tanzania. To be effective in any country, ECF intends to be operational long-term, so any decision to start a programme in a new country must be carefully considered.

### **3.4. Sustainability**

The integration of eye care into the national healthcare system (national structures) is one of the key points to achieve sustainable local eye care services. It is also one of the principles by VISION 2020 and ECF, as outlined in chapter 1. Making eye care affordable – which means ensuring efficient and effective funding – is an important priority. This is even more true in developing countries than for Western countries like ours. In addition to providing good quality care, we need to focus our attention on the development of sustainability tools such as inclusive insurance. Knowing that the poorest in our programme countries will rarely or never be able to pay for eye care on their own, we support a sustainability strategy to develop a balance between volume, cost-efficient care and responsible price. We feel it is our task to contribute to a government policy for sustainable eye care funding. In our opinion, national governments do need to achieve sustainable solutions on their own, other key actors need to take responsibility as well. ECF supports and collaborates with these key actors to develop appropriate policies in an IAPB strategy context.

### **3.5. Key Actors**

#### **3.5.1. Government**

Governments are ultimately responsible for the development and implementation of a sustainable eye care policy. They are responsible for the integration of eye care into their national health policies. The government guarantees access to adequate eye care, especially for the poorest. Its responsibilities can be summarised as follows:

- Ensure accessibility (incl. funding)
- Contribute actively to the improvement of professional standards
- Strengthen the required professionalism within the healthcare system
- Guarantee the availability of medicines and other medical supplies
- Monitor the quality of care
- Promote research

Our programmes encourage government authorities to take this responsibility.

### **3.5.2. Private Sector**

In many countries, the private sector functions as additional service provider alongside governmental services, especially in more prosperous regions. Eye care for the wealthy is provided in private clinics. Innovative developments often occur in this competitive market. Collaborating with the private sector provides opportunities to discover how these innovations could benefit the poorest. In addition, the private sector offers interesting insights from a CSR perspective how to provide healthcare products to people with low or no income.

### **3.5.3. Civil Society**

The IAPB's strategy is also clearly aimed at strengthening the civil society's role to influence national authorities to fulfil their responsibilities, as far as embedding eye care in the health system is concerned. Strong coalitions within the Global Action Plan aim to influence governments' policies, and ECF takes the opportunity to affiliate themselves with these coalitions in its programme countries.

### **3.5.4. Citizens**

In Western countries, patient associations (in civil society) play an important role in organising the so-called 'claim-making power', these institutions hardly exist in our programme countries, if at all. ECF keeps an eye on possible developments in this area, but we cannot actively promote the development of patient associations. However, we try to contribute to existing developments with the help of local civil societies, when appropriate.

## 4. Our Focus Within This Sector

### 4.1. Eye Care

Worldwide there are 285 million people with vision impairments of which 39 million people are blind. Approximately 80% of the vision impairments are avoidable. The two main causes are cataracts and refractive errors, a third cause for vision impairments are glaucoma. Of these three, cataracts and refractive errors can be cured or prevented easily and inexpensively. ECF therefore chooses to focus on the prevention and cure of vision impairments caused by cataracts and refractive errors. Depending on each programme country's specific situation, we provide a suited mix of training, facilities, equipment, medicine and influencing policies. We specialise on improving eye care quantity and quality in the most remote areas, where our target group is well represented. ECF offers help and support when the integration of eye care into the local healthcare system seems possible right from the start. These principles apply to the development of each country policy plan.

To achieve our objectives in each country, we use five intervention strategies depending on the local situation, where each strategy focusses on successfully developing services for the target group:

1. Provide immediate eye care services
2. Enhance capacities
3. Build the infrastructure
4. Research
5. Influence policies

#### 4.1.1. Direct Eye Care Services

If the target group is almost completely deprived of any type of eye care in their given situation, we are motivated to fund the provision of direct eye care services. However, the long-term perspective is that national health systems must be able to provide the needed care. Therefore, our immediate services are not an intervention strategy on their own. We support eye care provided by public and/or non-profit organisations aimed at the poorest. In addition to addressing immediate needs, this intervention is also intended to contribute to the strengthening of the national health system, so that they ultimately take over the responsibility. We mostly focus on primary and secondary care.

#### 4.1.2. Enhance Capacity

Within our framework, we emphasize the importance of strengthening eye care professionals, directly or indirectly. To achieve this, we collaborate with national programmes. We focus on the following:

- Support eye care professionals in gaining access to the target group
- Strengthen professional skills of eye care professionals
- Strengthen eye care training and educational institutions in collaboration with other professional organisations
- Strengthen lobbying groups to improve the quality of eye care (especially for marginalized populations)

#### 4.1.3. Infrastructure

Infrastructure improvement concerns:

- The actual facility where eye care is provided.
- The required equipment to provide eye care.

This may concern all infrastructure providing actual eye care, or training of primary and secondary eye care professionals. During this strategy plan period, digital infrastructure will play an increasingly important role (see section 4.1.4).

The key idea behind our intervention strategy is that investments should yield maximum returns (in terms of improved eye care). The focus remains on primary and secondary care for the poorest.

#### **4.1.4. Research**

Technical developments relevant to eye care are being invented at lightning speed. ECF cannot be a trendsetter in this area because of its small size. However, ECF would like to be part of the 'leading group' of NGOs implementing these new techniques.

For example, Arlight and PEEK: PEEK is a mobile app with a lens adapter for mobile phones which can be used to test eyes. Especially when used for screenings in more remote areas, it's a very beneficial tool. ECF closely follows the development and implementation of PEEK. The aim is to use PEEK as soon as it is released for screening purposes.

Apart from PEEK, there are other interesting developments followed by ECF. Always with the intention to implement these developments as soon as they might be applicable in our projects.

Collaborations with the Royal Tropical Institute Amsterdam (KIT) and the Rotterdam Eye Hospital (ROI) enable us to test relevant best practices for our target group and make them applicable in our programmes.

Apart from searching for new application techniques, contributing to research that supports influencing policies is considered equally important. Supporting 'Rapid Assessment Avoidable Blindness' (RAAB) therefore contributes to the publication of interesting information concerning results in eye care research.

#### **4.1.5. Influencing Policy**

Ultimately, the most sustainable eye care solution for the poorest consists in properly embedding sufficient eye care quality in local and national policies, according to phase 5 of our developmental outlook. This is the goal for all countries participating in ECF programmes. Apart from the four intervention strategies already mentioned in chapter 4, this also requires effectively influencing policies. We are not alone on this. This intervention strategy is exactly what gets the IAPB members on our side. ECF's strategy is based on advocacy and influencing policy whenever this supports our other intervention strategies. This is achieved by participating in related key forums and conventions. We also support specific lobbying activities which help to promote the importance of eye care for our target group. ECF is and will continue to be a small player in each of our programme countries. Therefore, we cooperate with others (IAPB - Partners) to shape our influencing policy strategy, especially where it can strengthen our existing programmes.

In current and future programme countries, we generally opt for a combination of intervention strategies which will contribute to the most sustainable solutions for providing eye care to the poorest. Our intervention strategies should contribute to embed sustainable eye care for the poorest – directly or (if necessary) indirectly – in national policies.

## 5. Cooperation with Other Key Actors

ECF is and will remain a relatively small player within the eye care niche, with a clear focus on cataracts and refractive errors. To achieve lasting improvement for our target group, we will need to pursue strategic and tactical partnerships, both in the Netherlands and our programme countries.

This means we need an open mind towards both strategic and occasional cooperation in our programme countries. By striving for excellence in our niche (cataracts and refractive errors) we aim to build a profile as collaborative partner with attractive added value for both eye care as well as other potential healthcare partners.

Cooperation with other NGOs is essential to achieve our objectives. On one hand due to the necessary coordination of activities, on the other hand to collaborate on projects to achieve the VISION 2020 objectives. Collaboration leads to a more efficient execution of projects because it utilizes available specialised expertise in the best possible way. We have cooperated on several occasions in the past and ECF is keen to actively pursue future cooperation with other NGOs.

Three aspects of our strategic cooperation:

1. As an active IAPB member, we feel connected to other IAPB members. Whenever relevant and appropriate, we will cooperate with fellow members, whether for tactical or strategic purposes.

2. We will always find allies in our programme countries – IAPB members or non-members – who pursue the same goals and would be complementary to ECF. ECF uses the Theory of Change (ToC) defined in the country policy plans for each programme country. ToC provides an excellent framework to find and cooperate with complementary partners in each country, which share the same perspective on change. This increases the chance for our country offices to make actual and lasting changes.

We particularly want to encourage our country offices to actively pursue this type of cooperation.

3. At a strategic level, ECF could be expected to connect with other (international) NGOs to gain access to institutional funds (international grants). Due to our specialisation, it will not be easy to obtain institutional funds solely for ECF programmes. However, teamed up with partner NGOs in a more generic (integrated) approach, it is possible for ECF to fit the (international) institutional funds policy. The latter form of cooperation shall mainly be initiated by the Amsterdam headquarters.

At the beginning of this strategy plan period, the above will be further elaborated in an ECF cooperation policy.

## 6. Fundraising

### 6.1. General

In fundraising, we distinguish between different funding sources. A different strategy will be used to tap into any of these sources.

- Private individuals
  - o Donors
  - o Major Donors
  - o Inheritances
- Institutional donors - specifically focused on eye care and public funds in the healthcare sector.
- Corporate industry, particularly those with Corporate Social Responsibility (CSR)
- Local fundraising in our programme countries.

The first source mentioned above provides mainly direct funding for ECF on a whole, whereas public funds and corporate industry mainly provide grants for a specific purpose. Local fundraising is a separate category again.

### 6.2. Motivation to donate

Private individuals typically like to donate to a specific goal such as 'Poor people can see again'. Many studies have shown that the more specific the stated goal, the more money people are willing to give. On the other hand, the development objectives of many (international) institutional donors typically exceed the focus and specialisation of organisations such as ECF, which means that a broader type of cooperation is required in this category to connect to these donors.

In most cases, the corporate industry is looking for links to their business objectives and, at best, to their CSR objectives based on a match of topic or content. Affinity with eye care often plays a crucial role.

### 6.3. Tapping into Sources

Tapping into these sources requires differentiated communication and fundraising strategies.

For 'ordinary' donors, the most important perception is that ECF alleviates the sufferings of the poor. ECF's profile as a relief organisation appears to be a valuable resource which can easily be exploited. The previous target number of 20,000 donors has been met, ECF is committed to further increase it to 35,000 donors in the current strategy plan period.

Major donors either feel connected with ECF's profile, or they have an intrinsic connection with ECF's identity. This also true for donors who put ECF down in their wills. Apart from that any connection to ECF's programme countries may also play an important role.

For institutional donors, ECF's track record is particularly important. What are ECF's intervention strategies, and have they proven to be effective? Above all, how does ECF's expertise fit into these donors' objectives, and are these complementary to expertise levels of other grant recipients? Marketing value is important for the corporate industry. What is the added value of a commitment to ECF for their business objectives?

As far as our communication strategy for donors goes, we will stress the benefits of any donation for our target group. As for major donors, we must focus on making them feel connected with ECF, introduce them to our people in our programme countries, and involve them in our successes. This also applies to informing donors about donating (part of) a future inheritance.

When it comes to institutional donors, we first approach those who specifically focus on eye care, or whose funding policy explicitly includes eye care. Whenever eye care is part of a more generic poverty reduction proposal, it is important for ECF to team up with the right partners and develop joint proposals for public grants.

As for local fundraising, a realistic potential for mobilizing funds should be indicated in our policy plans for each of the countries concerned. The potential for local fundraising is also part of the selection process for future programme countries. We mainly focus on programme funding within the countries concerned.

## **6.4. Present to Future**

### **6.4.1. Ambitions**

During the past strategy plan period, ECF could increase its revenue from 1 million EUR in 2010 to over 1.6 million EUR in 2015. Now, the fundraising objective is to achieve structural growth of up to 2.4 million EUR by 2021 through investing in donor recruitment. ECF aspires to a structural increase of spending from approx. 1.4 million EUR to approx. 1.9 million EUR, whereby 80% would be spent on costs, 15% on fundraising and 5% on management and administration. Due to investments, these percentages cannot be achieved in the first few years.

Structural growth means that spending on objectives must be maintained at an increasing level, also beyond the current strategy plan period.

### **6.4.2. Priorities**

Priorities in this strategy plan period are: to increase donor numbers, to strengthen relations with existing donors, and to establish contacts to institutional donors. Approaching donors, major donors, institutional donors and the corporate industry must be intensified to fulfil the pursued objectives. As of 2017, the implementation of fundraising modules by 'Pluriform Goede Doelen' will play a major role. This system supports contact with donors during their donation period, tracks down inheritances and keeps (institutional) donors informed. As part of their fundraising strategy, ECF must differentiate more between each donor group during this strategy plan period. Separate strategies must be developed for each of the donor groups.

### **6.4.3. Objectives**

Our objectives for this strategy plan period are:

- Increase income from donor mailings to approx. 770,000 EUR in 2021;
- Increase income from direct debits, periodic and individual donations to approx. 570,000 EUR in 2021;
- Increase the number of donors from approx. 20,000 to approx. 35,000;
- Increase the number of 'Major Donors' from approx. 100 to approx. 300;
- Intensify efforts to recruit the donation of inheritances;
- Increase income from the public sector by approx. 300,000 EUR to approx. 750,000 EUR;
- Submit at least one grant application per year in collaboration with another NGO;
- Whenever possible, form alliances with existing corporate partners;
- Increase local fundraising in our programme countries, and set annual targets;
- Use of innovative payment methods.

### **Donors**

To achieve an increase of donor numbers, a joint plan has been drafted with Mindwize, including a cost-benefit analysis. The implementation of this plan requires investments. Therefore, ECF aims to increase the proceeds from mailings from approx. 465,000 EUR in 2016 to approx. 770,000 EUR in 2021, and the proceeds from direct debits, periodic and individual donations from approx. 365,000 EUR in 2016 to approx. 570,000 EUR in 2021.

### **Major Donors**

Generally, 'major donors' are an important source of larger structural contributions, but they are particularly important for project-based contributions. This donor group requires personal attention which could include periodic contact by telephone (one or twice a year) and visits to their homes (once a year). Each year, an event is organised for major donors.

### **Inheritances**

In 2017, ECF started up an inheritance programme in collaboration with Mindwize which aims to increase the number of inheritances gifted to ECF, and raise awareness for this possibility. It's a good starting point to approach our existing donors and ask them to consider a donation as part of their will. The programme also records the number of possible mentions in last wills, with the aim to gain insight into the amount and possibility of future income from this donor group. In 2017, a new module by 'Pluriform Goede Doelen' was implemented to gain these insights. Furthermore, ECF also participates in the 'Nationale Campagne Nalaten' (National Inheritance Campaign) 2017.

### **Public Sector including International Grants**

One of the objectives for this strategy plan period is to increase income from the public sector by approx. 300,000 EUR to 750,000 EUR in 2021. Including international grants, but mainly money from Dutch funds and foundations which ECF has been affiliated with long-term. In recent years, there has been a slight decline of the number of foundations where ECF can apply for funds. However, this has had no impact on the income level, but to increase the number of public donors is regarded as fundraising priority. Therefore, ECF requires access to the network of leading institutions which call for tenders (global calls). ECF believes that there are opportunities to receive funding from these internationally operating institutions, with or without collaboration with other NGOs. In 2017, we have started to work on this (including searching for possible global calls, potential partners, establishing contacts). In 2018/2019, we will start to submit (joint) applications. Every year, ECF will submit at least one grant application to an international public funding institution.

### **Corporate Sector**

Since our efforts to actively approach the corporate sector did not yield the expected results during the last strategy plan period, we no longer regard this as a priority in this strategy plan period. For the time being, ECF will assume a reactive approach. However, ECF will closely monitor developments in the corporate sector, and develop an action plan for the corporate sector based on experience. At the end of this strategy plan period, ECF will get supported by three business partners.

### **Local Fundraising in Programme countries**

In Vietnam, local fundraising started in 2015. The intention and idea behind it is to reduce the need to raise funds in the Netherlands for projects in Vietnam. After one year only, local fundraising revealed potential. The objective for this strategy plan period is to increase income from local fundraising until it can define its own annual financial target.

The Vietnamese office is largely organising local fundraising independently, with its own annual plans tailored to the local situation and their current donors in Vietnam.

Although local fundraising is only somewhat successful in Vietnam so far, we want to explore the possibility for local fundraising programmes and projects in all our programme countries, and put specific plans into action.

## **6.5. Communication with Stakeholders**

### **Analysis of Stakeholders**

ECF greatly values good relations with its stakeholders. Over the years, ECF developed a network of rather valuable subsidiaries, donors and other stakeholders. ECF keep its donors informed by bi-annual newsletter (physical and electronic). When requested, donors receive information about specific projects. Additionally, ECF maintains personal contact with donors who have a vested interest in specific parts of our work, or who have a special donor history. To warrant clarity in assessments and evaluations, ECF maintains functional and professional relations with all organisations which ECF receives subsidies from. Additionally, it's of great importance to ECF to stay in contact with medical advisers, and receive input from them. Communication with medical volunteers is organised through the means of the 'Klankbord Groep', a communication platform for all volunteer ophthalmologists and other specialists which are affiliated with ECF. They have periodical discussion with the project leaders about their portfolio details and operational strategy.

This way, the ophthalmic expertise becomes available to the entire organisation as well, not just to within the projects themselves.

During the past strategy plan period, the search for private donors via the ophthalmologists' network (as part of the Dutch 'Een Lens Voor Een Medemens' campaign) was discontinued. However, the desire to involve ophthalmologists into ECF's activities in a different way – more effective and less labour-intensive – remains unchanged. This will be investigated further in this strategy plan period.

During this strategy plan period, good relations with all the ECF stakeholders are essential to achieve our objectives. Therefore, our efforts to maintain these contacts remain unchanged, and must be strengthened whenever possible. This reflects the strong and logical connection between our communication and fundraising strategies.

## **6.6. Inform and Raise Awareness**

### **General**

For this strategy plan period, growth of donor numbers and funding providers are ECF's top priorities. Both existing and prospective stakeholders are most important. To transform new relations into long-term ones as well as maintain a high-quality communication with them all, requires increasing investments into informing and raising awareness.

Communication and marketing activities, both on- and offline, are not only beneficial for fundraising, but also serve ECF's objective regarding information distribution and raising awareness. Limited only by available capacities, ECF investigates how to best use communication and marketing activities for each of the diverse donor groups.

ECF sends a clear and explicit message. Among relevant donor groups within the Dutch population, it remains the aim to create awareness that something simple as good eye care does either not exist, or is inaccessible to many people in the world. Awareness about both the scale of the problem and available solutions for avoidable blindness and vision impairment needs to be increased significantly during this strategy plan period. Therefore, ECF will participate in the 'Charibarometer' to measure its brand awareness status among the Dutch.

### **Donor Groups**

ECF uses both 'old' and 'new' media to inform its various donor groups.

ECF distinguishes the following donor groups for information distribution and raising awareness. They are each approached in a different way:

1. Donor groups among the Dutch public:  
DRTV, website and social media, articles in local and regional newspapers, advertisements, press releases and events such as the running event 'Dam-to-Damloop'
2. Private donors (approx. 20,000, thereof approx. 100 'major donors'):  
Newsletters, events such as a Major Donor event (Dam-to-Damloop), donor trip, phone call campaign
3. Private campaigners (approx. 120, including Dam-to-Dam runners):  
Website and social media, personal contact
4. Medical advisors and medical volunteers (approx. 15):  
Mailings by email, events as meetings, personal contact
5. Recommendations by members, ambassadors, (former) employees and volunteers (approx. 50):  
Mailings by email, events as meetings, personal contact

### **Priorities and Objectives**

The donor groups are all getting generally informed on a regular basis by means of traditional newsletters. As of this strategy plan period, quarterly emails will also be used to inform various donor groups about a projects' progress, and/or about specific topics for which the donor group displayed an interest. The information distribution targets with their specific information distribution activities and channels will be further developed in the annual plans.

Another priority is the implementation of 'Pluriform Goede Doelen' as of 2017. This system supports communication and information distribution about specific campaigns for the donor groups, such as a donor trip or sports activities such as the 'Dam-to-Damloop'.

## **7. Organisation**

### **7.1. ECF in brief**

Though there are not many ECF professionals, they have been able to achieve good results based on their expertise and experience. At the same time, we are also aware of the fact that this know-how and experience is concentrated in a relatively small group of people. Therefore, the ambitions stated in our strategy plan also require the Amsterdam team to be strengthened and possibly expanded. However, ECF's success does not just simply depend on its headquarters' qualities in Amsterdam. Establishing and organising our field offices in our most important programme countries structurally helped to control the implementation of ECF's programmes and projects. It also helps us to restructure ECF: the Amsterdam headquarters should increasingly focus on strategies, and the field offices in the countries concerned should be responsible for tactical and operational matters.

This professionalisation will need to keep up with the projected total budget growth. A strategic HR policy will be developed in the short term.

In this chapter we talk about the necessary consequences for the ECF organisation resulting from our strategic plan.

### **7.2. Headquarters vs. Field Office**

The coordination of initiation, management and evaluation of all projects takes place in our Amsterdam headquarters. ECF has field offices in Nepal, Cambodia and Vietnam which are responsible for carrying out the projects.

ECF has field offices in those countries where its activities had become so extensive that local management became necessary to be efficient, effective and appropriate. If the scope of the activities remains limited, it is sufficient to manage them from the Amsterdam office and a local (part-time) representative in the country concerned. The aim is to have a field office in each country where ECF stays operational for several years.

The management, implementation and evaluation which are presently still undertaken in Amsterdam, will become the responsibility of the local field offices – whenever possible –, or new field offices need to be established. This way the Amsterdam office can focus even more on strategy and policy. Projects which were initiated, implemented and evaluated under the responsibility of the Amsterdam office remain unchanged during this strategy plan period.

### **7.3. Human Resources Management**

The team, both at the headquarters and the field offices, must be carefully assembled as well as be equipped to carry out its tasks in a competent and appropriate manner. This requires constant attention and adjusting, depending on the development of the organisation. The underlying principle is that the head office staff is responsible for ECF's policy with input from the field offices. The field office staff is responsible for the preparation, implementation, monitoring and evaluation of the projects under supervision of the head office staff.

In this strategy plan period, we anticipate natural changes (growing elderly, passing away or retiring) among our most experienced professionals. ECF is vulnerable because the know-how and experience is concentrated in only few people within our professional organisation. Therefore, it is extremely important to make necessary adjustments on time. We want to start developing a Human Resources Management policy, aimed at safeguarding the current level of know-how and experience as well as further develop these according to the organisations' strategic development needs.

This HR policy will cover both professional development in Amsterdam and at the field offices. It will be developed within the first year of this strategy plan period. This HR policy should have answers to the main challenges ECF is facing: growth in current programme countries, expand to future programme countries; intensify fundraising (including in the public sector) and management of field offices.

## 7.4. Processes

In the previous strategy plan period, ECF already started to improve the management of administrative and other management processes, for example by automating processes. In this strategy plan period, we will continue to invest into this because these improvements clearly enable us to make more informed management choices. Implementing the system 'Pluriform Goede Doelen' was a good start which we will continue and perfect during this strategy plan period. This is how the following will be implemented:

- Integrate financial administration of the field offices into the financial administration of the headquarters;
- Establish projects based on the 'logical framework' approach;
- Develop various project and fundraising outlines which focus on daily practice;
- Link labelled income to projects.

For the organisation, the projects' and programmes' progress in terms of content and finances will become much more transparent, and their accountability towards donors is organised more efficiently.

## 7.5. Financial Management

As a charity organisation (accredited by the Dutch CBF and registered with ANBI), it's important to ECF to have a sound financial management as would be expected in this sector. The following principles<sup>2</sup> apply:

- I. An average of 80% needs to be spent on the objectives;
- II. The expenditure on projects, such as structural aid, information contribution and raising awareness needs to be distributed at a ratio of 80% to 20%;
- III. Spending on projects by means of labelled or unlabelled grants is distributed at a ratio of (max.) 80% to 20%;
- IV. The cost for fundraising averages 15%;
- V. The cost for management and administration averages 5%.

And as far as the balance sheet goes:

- VI. A continuity reserve of at least 100% of the fixed costs in one year;
- VII. A special-purpose reserve for projects of at least 50% of the ongoing contractual obligations.

A growth in spending to the level projected for 2021 also means that reserves will grow accordingly.

Annex 4 contains the budget objectives for 2021 which reflect the above principles.

## 7.6. Board of Trustees

ECF is strategically supervised by a competent and motivated Board of Trustees. The Board has a supervisory role, an advisory role, and acts as employer.

For its supervisory role, this strategy plan is an important management tool for the Board of Trustees. The annual policies and the country policies derived from this strategy plan are submitted to the Board of Trustees and assessed against the strategy plan. The same applies to annual reports. During periodic meetings, the Board is informed about the progress throughout the year. This enables the Board of Trustees to assess progress based on the current annual plans.

The Board's role as employer is defined according to the legal terms in 'Goed Werkgeverschap' (good employment practices).

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<sup>2</sup> We base this on norms which are used by CBF and ANBI.

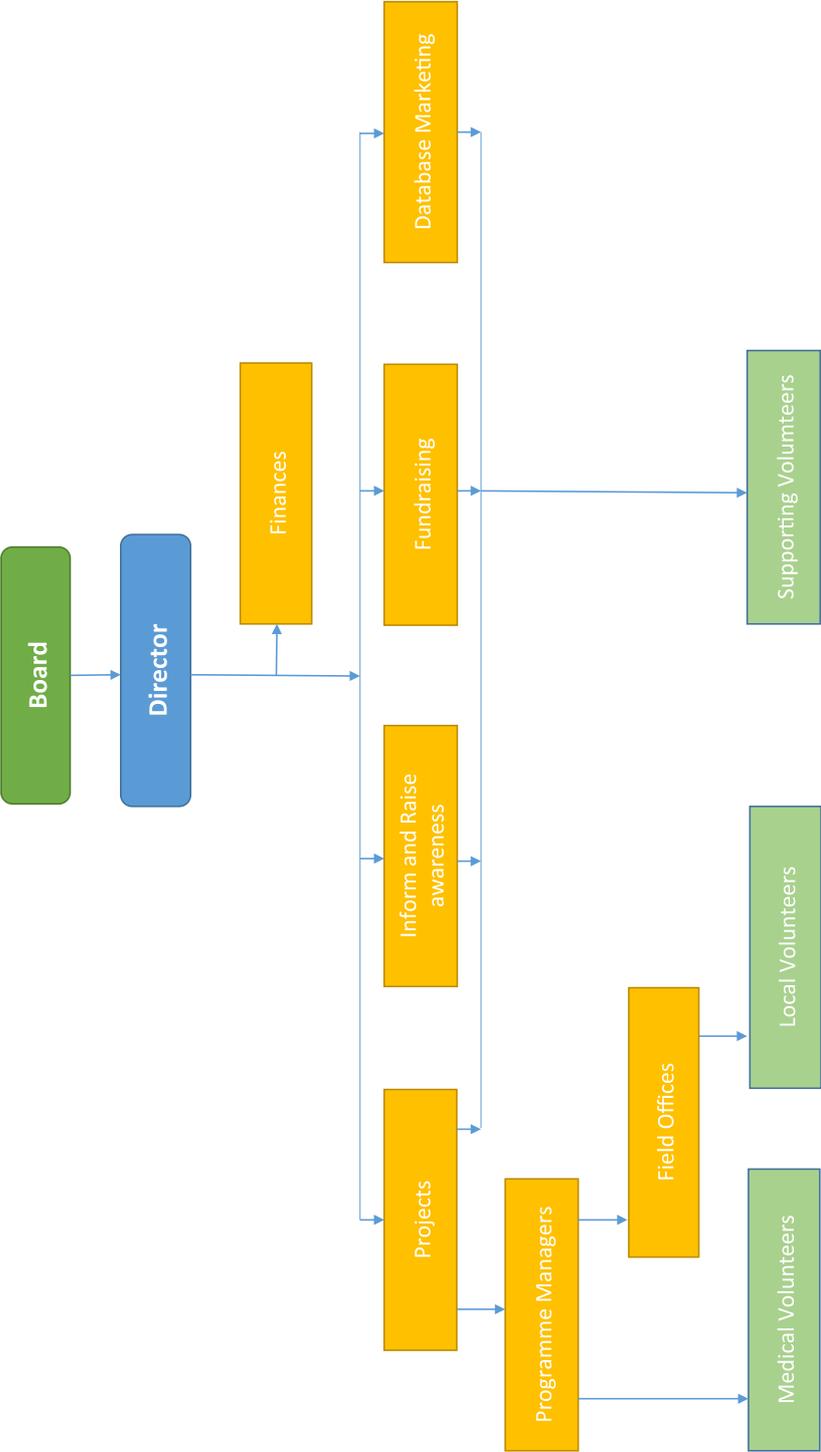
ECF assigns an additional, equally important role to the Board members. Due to their involvement in the (eye care) sector and development aid in general, the professional organisation benefits from tailored advice regarding current issues and associated possible dilemmas. Based on their specific competence, individual Board members are asked to advise and assist professionals on subjects which don't necessarily have management consequences.

## 8. Main Objectives Summary

<b>Strategic Objectives</b>	<b>Regarding projects and structural aid</b>
<b>Objectives</b>	1. Carefully assessed expansion of activities to new countries in Asia (2 countries), and possibly Africa.
	2. Focus on activities that ECF is good at, with more emphasis on the quality of eye care, and only deal with influencing policy when it supports our existing programmes.
	3. Delegate more tasks to field offices, also regarding the acquisition of programme funding.
	4. Actively search for strategic cooperation opportunities in public fundraising. Submit at least one international grant. Programmatic cooperation in our programme countries.
	5. Closely follow and apply new technologies where possible.
<b>Strategic Objectives</b>	<b>Regarding information distribution and raising awareness</b>
<b>Objectives</b>	1. Increase brand awareness for ECF to support national and local fundraising strategies.
	2. Develop donor-oriented communication strategies linked to fundraising.
	3. Increase awareness about eye care for the poorest as supportive fundraising strategy.
<b>Strategic Objectives</b>	<b>Regarding fundraising</b>
<b>Objectives</b>	1. Increase the number of loyal donors from 20,000 to 35,000 in 2021.
	2. Increase income from donations resulting from mailings to approx. 770,000 EUR in 2021.
	3. Increase income from direct debits, periodic and individual donations to approx. 570,000 EUR in 2021.
	4. Increase the number of major donors from 100 to 300 in 2021.
	5. Draft and implement an action plan to deal with inheritances.
	6. Continue cooperation with corporate partners (lowest active priority).
	7. Intensify programme funding from public funds by 300,000 EUR to 750,000 EUR in 2021.
<b>Strategic Objectives</b>	<b>Regarding organisation</b>
<b>Objectives</b>	1. Continue to optimize processes, particularly concerning 'Pluriform Goede Doelen' and programme management.
	2. Implement and comply with the stated financial criteria.
	3. Continue to professionalize the current organisation in Amsterdam as well as at the field offices - continue HR policy development.

The stated objectives will be further explained on in the annual plans, where required actions, needed resources, desired results (KPIs) and planning are elaborated on in detail.

### Annex 1: Organogram



## **Annex 2: Fundraising – SWOT Analysis**

### ***SWOT Analysis of ECF Fundraising***

#### ***Strengths***

1. ECF's stakeholders are very loyal
2. ECF has a good reputation among donors and partners
3. ECF is financially sound
4. ECF's pitch and case for support are clear
5. The name ECF is recognizable and ranks high on Google

#### ***Weaknesses***

1. ECF is small
2. Niche market
3. Ageing stakeholders
4. ECF has a low profile among the Dutch public.

#### ***Opportunities***

1. Ageing population: Since years, the trend of an ageing population in the Netherlands has played a major role in fundraising. By 2040, 26.3% of the population is expected to be 65 years of age or older, aka 4.7 million Dutch people.
2. Inheritances: Inheritances are therefore becoming an increasingly important part of fundraising.
3. 'Pluriform Goede Doelen' will increase support for both fundraising and communication.
4. ECF is regarded as a partner by international fund providers and multinationals.
5. Local fundraising is possible in the project country Vietnam.

#### ***Threats***

1. Donors may become less loyal.
2. Donors may be increasingly critical of transparency regarding results, costs and benefits.
3. Decrease of institutional foundations and funds in the Netherlands.

### Annex 3: Fundraising: Matrix Objectives per Donor Group

Donor group	Objectives	Opportunities/ Threats	Conditions	ECF Investments
Donors	Increase of donor numbers from approx. 17,000 to approx. 35,000. Income from mailings: 770,000 EUR in 2021. Income from debit collection, periodical and individual donations: 570,000 EUR in 2021.	Loyalty of Dutch donors decreases. ECF donor base is ageing. Further develop ECF's strong bond with existing stakeholders.	Planned and target-oriented approach. Definition in and support by 'Pluriform Goede Doelen'.	Expand internal organisation according to the increase of donor numbers. To guarantee desired contact quality with stakeholders.
Major Donors	Increase major donor numbers from approx. 100 to approx. 300. Maintain and expand of existing relationships	Investment in major donors will increase income.	Planned and target-oriented approach. Definition in and support by 'Pluriform Goede Doelen'.	Annual individual personal contact and attention. Annual major donor event. Growth needs extra effort by the organisation.
Inheritances	Intensify efforts to have ECF mentioned in people's wills. Get insight into the size of this group and possible future income.	The profile as ECF donor is very suited for investments. Uncertainty in regard income amount and timing.	Planned approach and definition in module 'Pluriform Goede Doelen'.	Implement new way of working and define/process/follow up.
Public Sector in the Netherlands and international grants	Increase of joint income from public sector and international grants by approx. 300,000 EUR.	Slightly decreasing market in the Netherlands. Searching for new funding providers nationally and internationally	Select funding providers based on the possibility of long-term relationship. Planned approach and definition in module 'Pluriform Goede Doelen'	Additional efforts by organisation.
Local fundraising	Expand local fundraising in project country Vietnam towards an annual target.	Continue development of existing contacts and collaborations. Vietnam as testing ground for local fundraising in project countries.	Coordination with head office fundraising. Close cooperation with project department.	Additional efforts by Vietnam office.
Corporate Sector	Intensify and expand current cooperation with corporate partners. Open to opportunities that may arise.	No priority to actively search for new contacts. Matching investments to results.	Clear proposals which fit into ECF's objectives. Tailored cooperation whenever possible. Close cooperation with project department necessary.	Additional efforts possible provided these correlate with the yielded income.

## Annex 4: Ambitions for Strategy Plan Period 2017–2021

		<b>2017</b>	<b>2021</b>
<b>Income</b>	Income from own fundraising	1,677,360	2,370,000
	Income from fundraising by third parties	2,500	5,000
	Income from interest	11,000	10,000
	Other income	0	0
	<b>Total income</b>	<b>1,690,860</b>	<b>2,385,000</b>
<b>Expenses</b>	<b>Spent on Objectives</b>		
	Projects, structural aid	948,485	1,583,640
	Information / Raising Awareness	332,695	324,360
		<b>1,281,180</b>	<b>1,908,000</b>
	<b>Advertising expenses</b>		
	Costs for own fundraising	322,587	355,500
	<b>Management and Administration</b>		
	Expenses for management and administration	87,093	121,500
	<b>Total expenses</b>	<b>1,690,860</b>	<b>2,385,000</b>
	<b>Result</b>		<b>0</b>
Percentage used (sum of income)	75.8%	80.0%	
Percentage used (sum of income)	75.8%	80.0%	
Percentage used on expenses for fundraising	19.2%	15,0%	
Percentage used on expenses for management and administration	5,2%	5.1%	

## Annex 5: Abbreviations

ANBI	Algemeen Nut Beogende Instelling (definition by Dutch tax department as public benefit organisation)
CBF	Centraal Bureau Fondsenwerving (Central Bureau Fundraising in the Netherlands)
CSR	Corporate Social Responsibility
DAC	Development Assistance Committee
DRTV	Direct Response Radio and Television (marketing)
ECF	Eye Care Foundation
GDP	Gross Domestic Product
HR/HRM	Human Resource Management
IAPB	International Agency for the Prevention of Blindness
KIT	Koninklijk Instituut voor de Tropen (Royal Tropical Institute, Amsterdam)
KPI	Key Performance Indicator
LDC	Lower Developing Countries
MED	Mekong Eye Doctors
NGO	Non-Governmental Organization
OECD	Organisation for Economic Co-operation and Development
OWW	Oogzorg Wereldwijd (Dutch organisation 'Eye Care Worldwide')
PECC	Primary Eye Care Centre
PVA	Presenting Visual Acuity
RAAB	Rapid Assessment Avoidable Blindness
ROI	Rotterdams Oogheekundig Instituut (Rotterdam Eye Hospital)
SWOT	Strengths, Weaknesses, Opportunities, Threats
ToC	Theory of Change
WHO	World Health Organization