

# CARE FOR AGING SISTERS ASSOCIATION KENYA (CASAK)





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## **LIST OF ACRONYMS AND ABBREVIATIONS**

<b>CASAK</b>	Care for Aging Sisters Association Kenya
<b>CASAK</b>	Care of Ageing Sisters Association of Kenya
<b>CERRA</b>	Centre for Research in Religious Life & Apostolate
<b>IMS</b>	International Missionary Support
<b>NHIF</b>	National Hospital Insurance Fund
<b>WASH</b>	Water, Sanitation and Hygiene
<b>AOSK</b>	Association Of Sisterhoods of Kenya
<b>KCCB</b>	Kenya Conference of Catholic Bishops
<b>SWOT</b>	Strengths, Weaknesses, Opportunities and Threats
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning
<b>NGOs</b>	Non-Governmental Organizations
<b>NSPLH</b>	Network Scheme for People Living with Hypertension
<b>UNDP</b>	United Nations Population Division
<b>SSA</b>	Sub Saharan Africa

## **ACKNOWLEDGEMENT**

The Care for Ageing Sisters Association Kenya expresses profound gratitude to the 22 member congregations and their superior generals for their unwavering participation and enthusiastic cooperation in the establishment of CASAK. Their personal involvement in the tasks of CASAK has been instrumental in bringing to fruition this vital initiative.

Special appreciation is extended to the Spec Training and Consultancy Centre for their tireless and professional accompaniment in the development of this strategic plan. Their facilitation, dedication, and expertise have played a pivotal role in shaping the vision and mission of CASAK.

We also extend heartfelt thanks to CERA Africa for the insightful research that served as the foundation for our mission. Additionally, we express gratitude to the Hilton Foundation and the Sisters' Initiative desk for their generous support, making the official launch of the Care for Ageing Sisters Association a reality. A special word of appreciation goes to Sr. Jane, Vice President at the Hilton Foundation, whose vision encapsulates the purpose of CASAK. Finally, the Association of Sisterhoods in Kenya (AOSK) deserves heartfelt acknowledgment for standing in solidarity with our cause.

## FORWARD

As the world faces the growing concern of caring for aging sisters, particularly those who have dedicated their lives to various ministries such as to education, health, social ministry, and pastoral care, just to mention a few, a pressing question emerges: *where do these remarkable women go after they have retired from active live?* Who cares for these care-givers? These are questions that weigh heavily on our hearts and our collective conscience.



In order to answer this question, research was done to assess their life after active ministry by CERA Africa and later by Spec training and consultancy to map out existing Elderly Care facilities for Sisters. The results revealed dire need in caring for the elderly sisters and lack of preparation for ageing. This led to the intervention which is this “new baby” called the Care for Ageing Sisters Association Kenya with its purpose to support the care of elderly and infirm sisters and others. In the words of Sr. Jane, the Vice President at the Hilton Foundation, the purpose of this association is : "to give a little joy to the retired sisters." It is a mission of profound significance, one that seeks to repay the immeasurable debt of gratitude we owe to these aging sisters who have been the bedrock of our communities, providing education, healthcare, spiritual guidance, and unwavering love.

The Care for Ageing Sisters Association Kenya's two-year strategic plan for 2023-2024 marks the beginning of a transformative journey. It reflects the commitment to addressing a spectrum of critical issues concerning the care of our revered sisters. This plan encompasses the well-being of these retired caregivers from multiple angles, including caregiver support, spiritual care, psychosocial well-being, infrastructure enhancements, assistive devices, medical care, and comprehensive preparation for the aging process.



Through this strategic plan, we aim to not only give back joy to our aging sisters but to establish a robust and sustainable framework for their dignified, comfortable, and fulfilled retirement. As we undertake this journey, we invite the collaboration, support, and solidarity of the wider community, congregations, institutions, and individuals who share our unwavering commitment to this noble cause.

In the spirit of compassion and unity, let us collectively make a difference in the lives of those who have made such an indelible mark on our world. The Care for Aging Sisters Association Kenya's journey has just begun, and with your support, we can ensure that our aging sisters receive the care, respect, and love they so rightfully deserve.

Together, let us honor their lifetime of service with the same dedication and love that they have shown to us. The journey to "give a little joy to the retired sisters" starts here. "Do not cast me away when I am old; do not forsake me when my strength is gone (Psalm 71:9). Thank you for joining us on this path of compassion and care.



Sr Agnes Wamuyu Ngure

Director, Care for Aging Sisters Association

October 2023

## A WORD FROM THE CHAIR OF ASSOCIATION OF SISTERHOOD KENYA (AOSK)



In the profound words of Pope Francis, we are reminded that a society neglecting the elderly and the young jeopardizes its own future, for it disregards the precious well of wisdom and potential. This admonition echoes through time and resonates deeply with the endeavors of our Catholic Sisters Congregations who have come together to form the Care for Aging Sisters Association.

For an extended period, our congregations have struggled with the noble yet demanding task of caring for their aging sisters. In this sacred mission, we draw inspiration from the timeless guidance of Leviticus 19:32, which calls upon us to "Stand up in the presence of the aged, show respect for the elderly and revere your God. I am the Lord."

The genesis of this journey towards the creation of this association can be traced back to the insightful and extensive research effort, conducted by CERRA Africa. In this noble pursuit, 58 Congregations participated in a comprehensive research survey. The findings revealed a compelling need to address the urgent and unique challenges faced by our beloved elderly sisters. Challenges relating to infrastructure, medical expenses, care-givers, knowledge gap and so on.

The research was followed up by a series of meetings, where a group of major superiors, came together, to discuss how they would partner to apply for funds from the Hilton Foundation, Sisters' Initiative desk. The dream was realized in January 2023 and the Network was officially launched in March 2023 at Rosa Mystica Spiritual Centre, in Nairobi.

These initiatives represent a timely and providential opportunity for Congregations to demonstrate their unwavering dedication to the principles of respect, compassion, and love to

their members who have devoted their entire life and energy without reservation to the mission of Christ, at times even at the expense of their lives while administering in volatile regions.

In the realm of this strategic plan, the Association of Sisterhoods in Kenya (AOSK) stands with pride and gratitude, extending acknowledgment to the congregations that have embraced this noble cause and assumed the role of trustees for a brighter future for our elderly sisters. Together, we embark on a journey that not only pays homage to the legacy of service but also guarantees that our elderly sisters receive the care, support, and reverence they so rightfully deserve.

We embark on a journey that not only pays homage to the legacy of service but also guarantees that our elderly sisters receive the care, support, and reverence they so rightfully deserve.



Sr. Josephine Kangogo Keino

Chairperson, Association of Sisterhoods of Kenya (AOSK)

## 0.1 EXECUTIVE SUMMARY

The Care for Aging Sisters Association Kenya (CASAK) embarked on a 2-year initial stage to establish and organize the association that would henceforth coordinate the activities of caring for the elderly sisters in Kenya. The association was found based on the research findings carried out by CERRA Africa that identified the gaps in caring for the elderly and infirm. At its inception in March 2023, CASAK had 22 congregations that came together to form a preliminary membership that would help in the formation of the new Association and steer forward the objectives. Part of the requirements for establishing the Association was to develop a short-term strategic plan to help guide its activities and performance. Despite being a newly founded Association CASAK analysed its desired functions with the view of establishing the gaps and setting new strategies to enhance chances of fulfilling their vision and mission.

The aim of the assignment included description of the background through literature review and carrying out PESTEL and SWOT analyses and facilitating the developing of the vision, mission, values, goals, structure and activities of the Association. The plan period was set to run from 2023 to 2025.

The activities of CASAK revolve around its three main objectives. The first objective was the formation of the Catholic sisters' Care network that included the formal registration of the Association. The second objective was developing a 2-year strategic plan, and the third objectives was to develop a memorandum of understanding for members of the network and build towards its ratification.

The consultant used a participatory approach in which CASAK administration and other stakeholders were involved in a participatory way to facilitate the exercise. The consultant used both qualitative and quantitative methods where applicable. In the case of data collection, representative samples were drawn up using a variety of procedures that include purposeful, and random sampling. The instruments used in data collection included questionnaires, key-informant interviews (KII), observation and focused group discussions (FGDs).

The SWOT analysis, helped to identify the best-suited strategy. It was found that CASAK had more significant strengths than weaknesses and stronger opportunities than threats which pointed to an aggressive strategy than a conservative one. This meant that the strategic directions chosen were more geared towards growth and expansion. A total of five goals were developed. The first goal was to establish an Association of care for the elderly religious sisters while the second one was to support member congregations to provide comprehensive health care services for the elderly and infirm sisters. The third goal was to train and build the capacity of more care providers and health professionals and the fourth goal was to support members on Improving infrastructure for the elderly and infirm sisters. The fifth goal was to mobilize resources for the care activities of Care for Aging Sisters Association Kenya (CASAK).

The achievement of these goals will be monitored and evaluated quarterly by the Board of Trustees (BOT) assisted by the administrative staff.

## **1.0 BACKGROUND OF CARE FOR AGING SISTERS ASSOCIATION KENYA (CASAK)**

The idea of establishing the Care for Aging Sisters Association Kenya (CASAK) Kenya came about following an international study in Africa, North America and South America initiated by the Conrad N. Hilton Foundation on Care for the Elderly and Infirm Sisters. The Centre for Research in Religious Life and Apostolate (CERRA-Africa, 2021) conducted the research in Kenya and four other African countries. A summary of the CERRA report is shared in the background. As a result, there was need for interventions to be carried out which in turn led to several religious congregations under the Association of the Sisterhoods of Kenya (AOSK) coming together to address the needs of the older and sick sisters as highlighted in the findings of the care for the elderly and infirm sisters' study.

With the guidance of The Conrad N. Hilton Foundation the congregations resolved to establish a new Association that would cater for the elderly and the sick not only among themselves but extending to others as well.

To start with, this strategic plan covers the initial phase of two years when the Association is formed and begins to roll out its services.

### **1.1 STATISTICS OF AGEING POPULATION.**

The world is currently experiencing an unprecedented demographic transformation in relation to ageing populations. Hereunder is a brief presentation of global, regional, and national statistics on ageing populations.

#### **1.1.1 Global**

In 1980, there were about 378 million people aged 60 years and over; in 2015, this figure had almost tripled to approximately 900 million encompassing 12 percent of the total population<sup>1</sup>

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<sup>1</sup> United Nations, Population Division (UNPD). (2015). World population prospects: the 2015 revision. New York: UNPD United Nations Population Division

(UNPD, 2015). By 2050, the number of people 60 years and older will increase to almost 2 billion, constituting roughly 21 percent of the world's population. This increase is expected to be most rapid in developing regions, where the older population is anticipated to quadruple.

### **1.1.2 Sub-Saharan Africa**

Sub-Saharan Africa (SSA) is no exception to the trend of ageing populations. The absolute number of older people in the region was estimated at 46 million in 2015 and is expected to rise more sharply than in any other part of the globe. By mid-century, an estimated 161 million older adults will live in Sub Saharan Africa. Kenya, like other SSA countries, is set to experience a pronounced growth in its older population. The proportion of older persons in Kenya's populace is projected to double to 9.5% by 2050. In the same time span, the absolute number of older Kenyans is predicted to more than quadruple to 9.2 million, which will be the most rapid rise among East African Community countries, after Rwanda<sup>2</sup>

### **1.1.3 Kenya**

According to Help Age Kenya report, out of the 1.9 million population of older members of the society, only a few can afford the high cost of their care and thus need for either retirement homes or outreach programs to address their needs<sup>3</sup> An aging population also requires specialized care for issues such as dementia, Alzheimer's and injury prevention and treatment. According to the World Health Organization, family members who provide long-term care lack the resources to give better care and are faced with a choice between neglecting their work, training or other economic activities or neglecting their dependent older relative.

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<sup>2</sup> (UNPD) (2012) Population ageing. Wall chart. New York: UNPD

<sup>3</sup> Help Age International (2012). Gaps in Protection for Older People's Right

#### **1.1.4 Ageing trends among the Catholic Sisters in Kenya**

The catholic sisters' institutes in Kenya are facing an upward trend of aging sisters. The Centre for Research in Religious Life and Apostolate (CERRA-Africa) 2021 - 2022 study found that 29 percent (2035) of the seven thousand catholic sisters in Kenya were over 60 years. The caregivers in the homes available to offer care to elderly sisters were 362 representing 5% which is not proportional to the number of elderly sisters who require care and support.

#### **1.1.5 Challenges faced by Elderly Catholic Sisters in Kenya**

The challenges that congregations face as a result of ageing sisters within their institutes are many including issues of ill health, mobility challenges, lack of a proper diet, lack of basic needs among other challenges. Majority of the retired and aged sisters do not have pension that would otherwise cushion them from high medical bills because of deteriorating health or meet their basic needs.

##### *1.1.5.1 Lack of Social Support:*

Elderly sisters live in communities among other young sisters but because of busy schedules of the young sisters in different apostolates, the elderly sisters are left by themselves in the community thus often feeling lonely and left out. The feeling of loneliness often impacts negatively on their mental and emotional wellbeing.

The elderly Catholic sisters in Kenya are much more vulnerable because of less government spending on the social security system. The elderly sisters often depend on hired domestic help to meet their basic needs in an increasingly chaotic and crowded urban set up. Social isolation and loneliness have increased. Insurance cover that is elderly sensitive is virtually non-existent in Kenya. In addition, the preexisting illnesses are usually not covered making insurance policies unviable for the elderly.

##### *1.1.5.2 Availability, Accessibility and Affordability of Health Care:*

Managing home care for the elderly is a massive challenge as multiple service providers, nursing agencies, physiotherapists and medical suppliers are small, unorganized players who extend sub-



optimal care. In Kenya, health insurance coverage is essentially limited to hospitalization. The concept of geriatric care has remained a neglected area of medicine in the country. Despite an aging population, geriatric care is relatively new in many developing countries like Kenya with many practicing physicians having little knowledge of the clinical and functional implications of aging. Not many institutes offer geriatrics courses, and even takers are few. Most of the government facilities are urban based and not accessible to those in the rural areas.

## **1.2 FORMATION OF CARE FOR AGING SISTERS' ASSOCIATION KENYA IN KENYA**

At the establishment of the CASAK Kenya, 21 congregations came together to form a preliminary membership that could help in the formation of the new Association and steer forward the objectives of the CASAK. These were as follows:

1. Assumption Sisters of Eldoret
2. Assumption Sisters of Nairobi
3. Daughters of Jesus the Good Shepherd
4. Daughters of Sacred Heart, DSH
5. Dimesse Sisters
6. Evangelizing Sisters of Mary
7. Franciscan Elizabethan Sisters
8. Franciscan Sisters of St. Anna
9. Franciscan Sisters of St. Joseph, Asumbi
10. Incarnate Word (CVI)
11. Little Sisters of St. Francis (LSoSf)
12. Little Sisters of St. Joseph, Kilgoris
13. Missionary Sister of the Precious Blood
14. Nazareth Sisters of the Annunciation, Meru
15. Sisters of Emmanuel, Murang'a
16. Sisters of Mary Immaculate, Nyeri
17. Sisters of Mary of Kakamega
18. Sisters of Mary Mother of God - Mombasa
19. Sisters of St. Joseph of Mombasa

- 20. Sisters of St. Joseph of Tarbes
- 21. Visitation Daughters of the Immaculate Heart of Mary
- 22. Companions of the Little Flowers of Nyeri

## 2. THE STATUS OF THE CARE FOR AGING SISTERS’ ASSOCIATION KENYA(CASAK)

The members of CASAK had various ways in which they responded to the care of the elderly and infirm sisters. Three models were identified.

### 2.1 MODELS OF EXISTING CARE

Regarding the current activities by CASAK members, the sisters pointed out two models of care for the elderly and infirm sisters. The first is the integrated Model where sisters take care of the elderly and infirm within their existing communities. Several of them pointed out integrating them in the administrative or formation houses. The second model was about caring for sisters in an established elderly care facility. About 3 congregations had plans to establish a care facility where elderly sisters live in a dedicated facility equipped with facilities to care for the elderly.

Table 1 shows a summary of the types of care models the member congregations currently use.

*Table 1, Existing models of care services for the elderly sisters*

	CONGREGATION	TYPE OF CARE GIVEN	MEDICAL COVER
1.	Little Sisters of St. Francis	Lady Jacoba House for the elderly sisters- Pipeline, Nakuru (13 Rooms)	IMS, NHIF
2.	Daughters of Jesus the Good Shepherd	Integrated into community life	No NHIF
3.	Incarnate Word (CVI)	Cared for at the Reginal House- Nairobi	NHIF
4.	Evangelizing Sisters of Mary	Cared for in Formation houses – Ongata Rongai, Nakuru (Health Facility)	NHIF
5.	Franciscan Sisters of St. Anna	At Mother House – Lwak Bondo, Rosa Mystical	NHIF for sisters in every institution + NHIF for all from central account combined with IMS + Medical Fund
6.	Visitation Daughters of Immaculate Heart of Mary	At Mother House – Katolo, Archdiocese of Kisumu	NHIF
7.	Franciscan Sisters of St. Joseph, Asumbi	Facility – 14 infirmed Sisters, Elderly in communities. Many above 80 yrs. Asumbi (Mission Hospital)	NHIF

8.	Missionary Sisters of the Precious Blood	Provincial House in Riruta with nurses and a sister-in-charge.	NHIF
9.	Nazareth Sisters of the Annunciation, Meru	Done in various communities - integrated	NHIF
10.	Sisters of Emmanuel, Murang'a	Mother House – Gatanga, Murang'a	NHIF
11.	Assumption Sisters of Nairobi	Many integrated into communities - Thika (Karibaribi)	NHIF, Pacis (no age limit) for critical cases- IMS
12.	Sisters of Mary Kakamega	Have infirmary Facility near Mother house, 30 Sisters PAX, Kakamega	Retirement benefits in one account to earn interest used to cover the
13.	Dimesse Sisters	Integrated in the Communities	NHIF
14.	Little Sisters of St. Joseph, Kilgoris	Karen Facility for the Sick. Elderly integrated in various communities	NHIF
15.	Sisters of Mary Immaculate, Nyeri	Integrated in communities, Mother house in assisted living set apart	NHIF
16.	Sisters of St. Joseph of Tarbes	Integrated in the communities	NHIF
17.	Sisters of St. Joseph of Mombasa	Have a Facility – 10 Sisters (Many in communities)	NHIF
18.	Sisters of Mary Immaculate	Mother House - Mtwapa, Mombasa	NHIF, Medical Fund Account contributed by every institution owned by congregation
19.	Assumption Sisters of Eldoret	In process of developing a facility for the Elderly (10 rooms) Adding 200 Capacity facility in Tarbo.	NHIF
20.	Daughters of Sacred Heart, DSH	<ul style="list-style-type: none"> <li>Elderly integrated in community.</li> <li>Provincial House has stairs leading to front door thus not conducive.</li> <li>Planning to develop facility in Nakuru.</li> </ul>	NHIF
21.	Franciscan Elizabethan Sisters (Sr. Agnes)	Integrated in communities	NHIF/PACIS
22.	Companions of the Little Flowers of Nyeri	Integrated in communities	

## 2.2 CHALLENGES ENCOUNTERED IN CARING FOR THE ELDERLY SISTERS

Many challenges were pointed out regarding the models of care given to the elderly and infirm.

1. **Infrastructural:** Existing buildings were not designed for elderly and infirm use. They lack important aspects such as proper lighting, ramps, washrooms with rails. Some buildings are damp and have narrow corridors.
2. **Equipment/ Assistive Devices:** There was a need for equipment such as wheelchairs, beds, hearing aids, orthopedic mattresses, chairs, diapers, and equipment to lift on and off the bed as most of the sister caregivers are not trained to move patients.
3. **Training:** Sisters were not trained in caregiving for the elderly: It was reported that two sisters from the association had been recruited into training and would thereafter train others upon completion of their studies.
4. **Risk of abuse:** Some of the elderly and infirm sisters reported being mishandled by the caregivers while in facilities. This raises the need of monitoring and suitability of caregivers.
5. **Spiritual Care:** There was concern about spiritual care tailored towards the elderly and infirm. They need ways in which they could be accompanied and enabled to participate in spiritual activities which form the core of their lives. It was found that prayer and other spiritual practices have significant preventative effects on the health decline that comes with ageing. These practices “reduce stress, depression, pain and anxiety, improve attention and memory, and promote self-regulation as well as empathy” (Schott & Skull, 2019).
6. **Care of the Care giver:** There were no measures in place for providing care for the caregivers. Many of them worked almost continuous without rest or shifts due to scarcity of personnel.
7. **Mental Health:** It was noted that many times the elderly and infirm sisters were left alone which affected their mental health. There was need to invent activities to keep them engaged and socialized with others. Studies show that, *after a lifetime of meaningful work and community living, there is a need for continued meaningful use of time.* (Cahill & Diaz-Ponce, 2017).

8. **Nutrition:** The elderly and infirm need special healthy diets. Those integrated into normal communities did not receive proper diets as they were expected to eat what was served for all. There was a need for availability of a nutritionist for them.
9. **High Medical Bills:** The aged incurred heavy medical bills yet they did not have reliable medical insurance.
10. **Lack of preparation:** Lack of preparatory phase for sisters who enter into senior age group.
11. **High cost of maintenance:** The running costs of care are high. A lot is spent on things such as diapers, food, electricity, and water.

## **2.2 SUMMARY RESULTS FROM THE ASSESSMENT OF THE ELDERLY FACILITIES (CASAK)**

To get a better understanding about the care for the elderly facilities, an assessment was carried out which focused on the demographic composition of the sisters, infrastructure and accessibility, disease burdens, caregiver support, and the overall challenges faced in elderly care. Employing a descriptive methodology, the study engaged in focus group discussions with the congregational leadership, caregivers, and the elderly residents. Additionally, an observation schedule was employed to evaluate the suitability of facilities, including beds, walkways, rooms, and washrooms for the elderly residents. This extensive research encompassed 9 congregations with a collective population of 1,700 sisters. Find in the following section a summary of the results and recommendations.

These thematic analyses reveal common challenges and recommendations across the 9 elderly care facilities, emphasizing the importance of infrastructure improvements, caregiver training, and forward-looking expansion plans to enhance the quality of life for elderly residents and ensure their well-being.

## 2.2.1 Inadequate Infrastructure and Living Conditions

### A. Challenges

1. Multiple facilities face issues with infrastructure, particularly the absence of self-contained rooms, ramps, and rails, impacting accessibility and safety.
2. High costs of medication, the financial constraints of elderly residents, and the need for food supplements are common financial challenges.
3. The absence of alternative power sources like generators or solar power leads to occasional power shortages.
4. Water scarcity is a challenge, often due to reliance on intermittent water supply from external sources.
5. Communication hurdles between elderly residents and younger caregivers, indicating the need for improved understanding.

### B. Recommendations:

1. Implementation of professional renovations to enhance living conditions and infrastructure, including the use of rust-resistant materials and standardized corridor width.
2. Prioritizing training for caregivers to improve the quality of care.
3. Considering additional water harvesting methods to mitigate water scarcity issues.
4. Ensuring alternative power sources such as generators or solar power to address power shortages.
5. Installation of bell switches within rooms to allow for prompt attention when needed.
6. Establishment of a more comfortable and accessible environment, including renovations and better room layout.



7. Provision of recreational activities to engage elderly residents.
8. Creation of more self-contained rooms to ensure privacy and convenience.
9. Addressing the need for food supplements and adequate staff to cater to the needs of elderly residents.

### **2.2.2 Caregiver Training and Well-being**

#### *A. Challenges relating to training and well-being*

1. Facilities reported a lack of formally trained caregivers in elderly care.
2. Some elderly sisters expressed dissatisfaction with the current level of care.
3. The absence of orientation for incoming caregivers on rotational service affects the quality of care.
4. High costs of living exert pressure on facilities, limiting the ability to hire additional staff.

#### *B. Recommendations:*

1. Continuously offer training to staff and caregivers to enhance their abilities in delivering compassionate care.
2. Address caregiver workload, rest, and shifts to improve their welfare.
3. Develop specialized training programs for caregivers that encompass geriatric care, health challenges, mobility assistance, medication management, and dietary requirements.
4. Ensure an appropriate ratio of caregivers to elderly residents.
5. Promote the comfort of the sisters during chilly periods by installing fireplaces.
6. Prioritize caregiver welfare and training to improve the quality of care and support for elderly residents.

### **2.2.3 Expansion and Forward-looking Approaches**

#### *A. Challenges:*

1. Some facilities reported financial constraints limiting expansion plans.
2. Specific facilities noted a preference for younger caregivers among certain elderly sisters, affecting the allocation of support.

3. Insufficient provision of proper beds and other essentials impacted the comfort and health of elderly residents.
4. The absence of Wi-Fi and essential equipment, such as physiotherapy tools, hindered the quality of life for elderly residents.

*B. Recommendations:*

1. Expedient construction of planned facilities to address challenges and offer a more suitable living environment.
2. Prioritize ramp redesign and construction to ensure safe accessibility for residents.
3. Plan the construction of a new facility closer to a hospital for proximity to medical care.
4. Explore space-maximizing solutions to alleviate cramped living spaces.
5. Implement solar energy and energy-efficient technology to enhance energy consumption.
6. Promote the construction of an equipped treatment room and a model palliative care room.
7. Enhance access to medical care through additional hospital slots and beds.
8. Offer support for hobby activities and crafts to engage and entertain elderly residents.





## **2.3 VISION OF CASAK**

To be a comprehensive support Association for the care of elderly and infirm sisters and all people of God.

## **2.4 MISSION OF CASAK**

The mission of CASAK is to support member congregations to offer holistic care for the elderly and infirm through infrastructure improvement, training, resource mobilization, awareness creation, and advocacy.

## **2.5 CORE VALUES**

The Care for Aging Sisters Association Kenya (CASAK) is guided by the following values:

1. Loving Care
2. Teamwork and Commitment,
3. Compassion
4. Respect for all
5. Integrity

### **2.5.1 Loving Care:**

At CASAK, care is an anchor concept. Care is rooted in our deep compassion and empathy for the elderly and infirm. CASAK strives to provide a caring and nurturing environment where sisters and other clients feel valued, supported, and loved. CASAK believes that every person deserves the best possible care.

### **2.5.2 Teamwork and commitment**

Teamwork and commitment elements are dear to CASAK. We are motivated by love to provide high-quality care and services to members, in the burning desire to come together to collaborate, communicate, share resources, and cooperate.

### **2.5.3: Compassion:**

Compassion for the sick is central to CASAK. Compassion brings healing to those who suffer.

#### **2.5.4 Respect for all:**

CASAK believes that every person deserves to be treated with dignity, regardless of their condition, age and infirmity.

#### **2.5.5 Integrity:**

Ethical behavior when caring for the sick is central to CASAK. This includes honesty, transparency, and accountability in all of our interactions.

#### **2.6 Motto of Care for Aging Sisters Association Kenya**

The Care for Aging Sisters Association Kenya (CASAK) motto is: “**Compassionate Care.**”

## 2.7 ORGANIZATION STRUCTURE

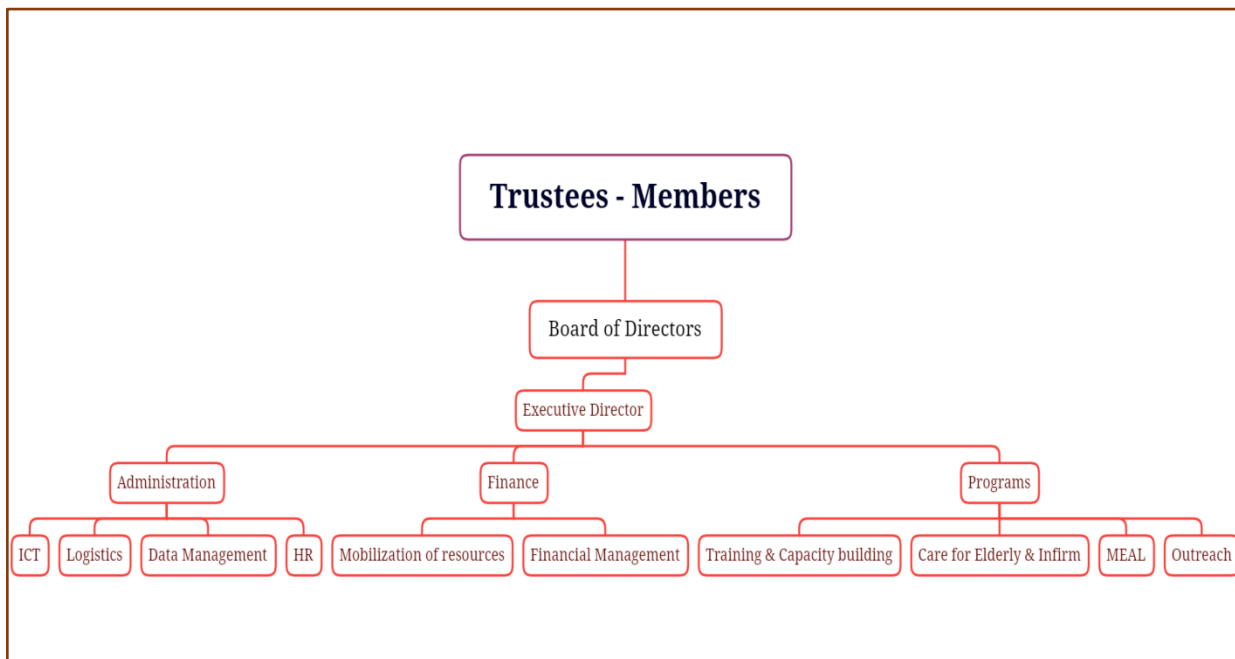


Figure 1. Organization Structure

### 2.7.1 Description of roles

**1. Trustees / Members:** This is formed by the collective membership and is the top decision-making organ. The members in their general meeting will deliberate on the general direction of CASAK.

**2. Board of Directors:** The Board of Directors is chosen from the membership so that a smaller team can interpret general directions into applicable policies for implementation. This board will provide oversight and guidance to the Executive Director.

**3. Executive Director:** The director will be in-charge of the day-to-day running of the Association. She will supervise the human resources, finances, and facilities of CASAK. She will report to the Board of Directors.

**4. Administration Department:** This is a department under the Executive director that is in charge of information and communications, logistics, data management and human resources.

**5. Finance department:** This is a department under the Executive director that oversees financial management and resource mobilization.

**6. Programs Department:** This department coordinates the care services for the elderly and infirm. It also organizes training and capacity building activities. It is also in charge of monitoring, evaluation and learning processes. It may also determine the outreach activities for the Association.

## **3.0 ENVIRONMENTAL SCAN**

Situational analysis helped CASAK to place themselves in a strategic position understanding the applicable factors both from within CASAK and from outside the Association.

### **3.1 PESTEL ANALYSIS**

PESTEL analysis focuses on seeing how the political, economic, social and technological factors play into the situation of CASAK. Other factors discussed are environmental and legal and an application is made on how they may affect CASAK's operations in the next few years.

#### **3.1.1 Political Factors**

Kenya is a member of several international organizations, including the United Nations, African Union, World Trade organizations, and the East African Community. The country is a democratic republic with a multi-party-political system. Kenya has enjoyed relative political stability in comparison to other sub-Saharan African countries. This political environment is boosted by the government's focus on infrastructure improvement, job creation, and improving social services. This provides Associations like CASAK with a certain assurance of operating peacefully and predictably in the future despite foreseen challenges such as corruption, the high cost of living and long bureaucratic processes when registering new initiatives like CASAK.

#### **3.1.2 Economic Factors**

Kenya is a low-middle-income country with a high poverty rates and high levels of income inequality. It is the largest economy in East Africa and has made significant strides in economic development. The country has a diverse economy, with agriculture, manufacturing, and service industry that is well developed contributing to its Gross Domestic Product (GDP). Kenya's investment in social amenities, infrastructure, healthcare facilities, can create jobs and stimulate economic growth. The country has made significant strides in improving its business environment and attracting foreign investment, with the government implementing policies to support entrepreneurship and private sector. However, the country still faces challenges related to poverty, and social inequality aggravated by serious corruption. In addition, healthcare services

in Kenya are among the most costly and aging population is usually excluded from medical insurance services. Therefore, healthcare provision can be a significant economic burden. CASAK is well advised to put in place in-house plans for care of the elderly.

### **3.1.3 Social Factors**

Currently Kenya has a youthful population with over 70% below the age of 30. The development of appropriate opportunities for the young could leverage the "youth bulge" into an asset. At the same time the aging population is growing, with the number of people over the age of 65 expected to triple by 2050. Kenya is working towards greater cohesion among its 43 ethnic communities, but political and cultural behaviors are still largely centered around ethnic identities. Urbanization and westernization are leading to the breakdown of traditional cultural systems, particularly in family structures.

The country has a significant class divide, with a widening gap between high and low-income social groups. Access to social amenities, including healthcare facilities, is unevenly distributed across the country, with rural areas often underserved. The country faces significant social challenges, including high rates of HIV/AIDS, malnutrition, and maternal mortality. Health disparities also exist among different population groups, with women, children, and the elderly being particularly vulnerable. Healthcare is an important social issue in Kenya, with the government promising to implement policies to improve access and quality. However, these promises are yet to be actualized.

### **3.1.4 Technological Factors**

Kenya is a recognized technological hub, particularly in information technology, with innovations such as M-Pesa gaining global recognition. The country has high rates of smartphone, internet, and social media usage, with approximately 90% of the population having access to mobile phones. Kenya has a rapidly growing tech sector, with Nairobi being dubbed the "Silicon Savannah" due to the high number of tech startups and innovation hubs. Technology can play a significant role in improving healthcare outcomes for the aging population, including tel-

medicine and assistive technologies. The country can leverage on technology to develop innovations in assistive technologies for its aging population. Access to technology and the internet is increasing in Kenya, with mobile phones being the most common form of technology used. CASAK could find technology handy is applying the care for the elderly and sick.

However, technological advancements are not always accessible to everyone and may not be applied to essential domains and healthcare. There are challenges related to access to technology, particularly in rural areas. Kenya faces challenges in adopting new technologies due to a lack of infrastructure in some parts of the country, limited access to capital, and limited technical skills.

### **3.1.5 Environmental factors**

Water, hygiene, and sanitation (WASH) are key drivers for any establishment. Kenya is still struggling with the provision of clean water to all. Some areas suffer more want. Floods, droughts and pollution are stiff challenges to be overcome when caring for the sick and elderly. On social environment, CASAK enjoys good working relationships with the Kenya Conference of Catholic Bishops (KCCB) and the Association of Sisterhoods of Kenya (AOSK). CASAK could leverage on these networks to have wider reach and provide quality services.

There are many funding agencies, including Conrad Hilton Foundation, *Stichting Porticus* have also taken cognizance of the growth of the Church in Sub-Saharan Africa and are committed to support care for the Catholic Sisters.

### **3.1.6 Legal Factors**

In 2010, Kenya promulgated a new constitution that entrenched devolution into the country's fabric. This legislation devolved resources as well and created county governments with the aim of making resources more available at local levels. One of the devolved services was healthcare. Since 2013 the county governments have struggled to provide healthcare at affordable rates. This

is something positive for the sector if the challenges of corruption and management are addressed.

The registration laws that guide not-for-profit Organizations are in place in Kenya. Ideally, things should work well but, bureaucratic tape has many times interfered with smooth processes leading to long delays.

### **3.2 SWOT ANALYSIS**

The survey of the strengths, weaknesses, opportunities, and threats (SWOT) was meant to provide an understanding of where CASAK stands in terms of internal resources and challenges before looking at possible opportunities and threats in its way. This self-knowledge and knowledge of the external environment puts the Association in a better position to plan.

#### **3.2.1 Strengths**

Several CASAK strengths were identified. They are here under itemized for clarity.

**1. Strength in Numbers:** The Care for Aging Sisters Association Kenya is a member of a larger network of Catholic Associations, which gives it access to additional resources and expertise. As part of a large Association with a strong presence in the community and the world, CASAK has bargaining power when negotiating with governmental agencies, non-governmental organizations (NGOs) and donors agencies.

**2. Availability of Personnel:** Care for Aging Sisters Association Kenya has access to a pool of skilled and dedicated personnel, including healthcare professionals, social workers, and volunteers, who are committed to the Association's mission. This facilitates deployment and training of care workers whenever there is need.

**3. Available Initial Funding:** CASAK had access to initial funding from a partner agency, which played a crucial role in the initial establishment and start of services.



**4. Member Congregations Experience and Existing Structures:** The member congregations of Care for Aging Sisters Association Kenya have a long history of providing social services in their communities and have some established structures in place to support the growth of the Association.

**5. Teamwork:** CASAK has a strong culture of teamwork among its members and volunteers, allowing for effective collaboration and problem-solving.

**6. Supportive Existing Programs such as CERRA-Africa Data Center:** Care for Aging Sisters Association Kenya has access to supportive existing programs, such as the CERRA-Africa Data Center, which is a repository for valuable data and can conduct research to support the Association's work in the community.

### **3.2.2 Weakness**

The following internal challenges of CASAK were identified.

**1. Insufficient funds:** At the beginning, Care for Aging Sisters Association Kenya is heavily reliant on external funding sources, which may limit its ability to respond to changing needs or to pursue long-term planning.

**2. Shortage of Care Facilities:** CASAK members had only a few existing care facilities for the elderly and vulnerable populations, which was seen as limiting the Association's ability to sufficiently provide services and support.

**3. Knowledge Gap on Caring for the Elderly and Infirm:** It was noted that there could be a knowledge gap among members, staff and volunteers on best practices for caring for elderly and sick individuals. This could result in sub-optimal care provision.

### **3.2.3 Opportunities**

Several opportunities were also identified as reported below:

- 1. Availability of Partners/Donors:** The Association can expand its network of partners and donors, increasing its access to resources and funding.
- 2. Existing Catholic Networks:** There are associations such as the Network Scheme for People Living with Hypertension (NSPLH), AOSK, KCCB and others which provide Care for Aging Sisters Association Kenya with a platform to collaborate and to access a wider pool of resources.
- 3. Training Opportunities of Caregivers (Sisters):** CASAK can leverage on the various opportunities available for training of caregivers to improve the quality of care provided and to expand the range of services offered. This is both inside the country as well as outside.
- 4. Benchmarking and Networking with Other Care Facilities:** CASAK can learn from other care facilities and benchmark itself against best practices in the industry. Networking with other care facilities can also lead to new partnerships and collaborations.

### **3.2.4 Threats**

A few threats were put forward as possible drawbacks for the growth of CASAK. They included the following:

- 1. Change of Leaders of Member Congregations:** Changes in leadership within member congregations may lead to a lack of continuity and consistency in the Association's operations and strategic direction.
- 2. Donor fatigue:** A major threat to CASAK is the lack of funding, which may limit its ability to provide quality care to its beneficiaries. This can be due to reduced donor support, economic recession, and competition from other charitable Organizations.
- 3. Inflation and Cost of Living:** Inflation and the cost of living in Kenya can impact Care for Aging Sisters Association Kenya by increasing the cost of supplies, equipment, and staff wages, reducing the Association's purchasing power and limiting its ability to provide care.
- 4. Change of Policies by the Government:** Changes in government policies and regulations can pose a threat to CASAK. For instance, changes in licensing and accreditation requirements can increase the Association's compliance costs, while changes in healthcare policies may impact the funding and reimbursements for the services provided.

**5. Sibling Competition:** Competing interests within the Catholic church Associations may affect the prosperity of the CASAK.

#### **4. STRATEGIC GOALS AND OBJECTIVES**

Looking at the SWOT analysis, it was found that CASAK had more significant strengths than weaknesses and stronger opportunities than threats. The combination of strengths and opportunities suggested a more aggressive strategy than a conservative one. The weaknesses and threats were not critical enough to suggest a turn-around or defensive strategy. Therefore, the strategic directions chosen were more open to growth and expansion hoping that the internal and external environments will not change significantly for Catholic Sisters Care Services.

##### **4.1 Goal 1: Establish an Association of care for the elderly and infirm sisters, and other members in Kenya.**

The following objectives were adopted under goal one:

1. Register a not-for-profit Association in accordance with relevant Kenyan laws.
2. Develop a 2-year strategic plan for the new Association.
3. Create Associational structures, policies, and procedures to govern the Association's operations.

##### **4.2 Goal 2: Support members to provide comprehensive health care services for THE ELDERLY and infirm sisters.**

The following objectives were adopted under goal two:

1. Promote wellness programs to reduce cumulative effect of factors that increase risk of disease and potential dependencies in elderly sisters' life.
2. Encourage access to proper food and nutrition.
3. Support medication for different ailments affecting the elderly sisters.
4. Help members develop comprehensive mental health care services.
5. Support the provision of assistive devices for mobility and functioning among the elderly.
6. Facilitate members to access medical insurance covers for the elderly.

### **4.3 Goal 3: Train and build the capacity of more care providers and health professionals**

Goal three had several objectives as outlined below:

1. Develop a suited curriculum for training and building capacity of the various types of caregivers.
2. Identify the various categories of personnel to be trained for CASAK (medical, social, paraprofessionals)
3. Identify training areas and institutions for care personnel such as nursing care, geriatrics, and palliative care.
4. Allocate finances for the training needs and enroll personnel into training institutions.

### **4.4 Goal 4: Support member congregations on Improving the housing and living environment (infrastructure) for the elderly and infirm sisters**

Goal four had two main objectives:

1. Provide funds for members to re-structure and re-furbish the houses and living places of the elderly and infirm to suit their conditions.
2. Supervise, monitor, and evaluate the infrastructure improvement for the elderly and infirm.

### **4.5 Goal 5: Mobilize resources for activities of Care for Aging Sisters Association Kenya (CASAK).**

The following objectives were adopted under goal five:

1. Carry out fundraising activities to sustain the services of CASAK.
2. Mobilize non-financial resources for care services.
3. Establish a fund for care of elderly sisters and the infirm (Pool resources to support services)
4. Build towards a matching fund for members' sustainability.

### **4.6 Goal 6: Create awareness on infirm and aging Catholic Sisters**

1. Launch a social media campaign to raise awareness about infirm and aging Catholic Sisters

2. Workshops and seminars to educate Catholic Sisters about pro-active ways of managing lifestyle diseases.
3. Carry out workshops on aging gracefully.

## 5. LOGICAL FRAMEWORK MATRICES

The logical framework matrices provide a detailed layout of activities showing the goals, objectives, activities, and timing. They also indicated the responsible persons and expected outcomes.

### Goal 1: Establish an Association of care for the elderly and infirm sisters in Kenya.

Objective	Activities	Timing	Responsible person
1. Create Organizational structures, policies, and procedures to govern the Association's operations.	1. Identify and procure office space for Association operations.	May 2023	Board of Trustees
	2. Establish a board of Trustees.	May 2023	Membership
	3. Develop articles of association that would lead to a constitution document for registration purposes.	October 2023	Consultant/Lawyer
	4. Develop human resource policies and financial procedures that govern the day-to-day operations of the Association.	October 2023	Board of Trustees
	5. Develop a guideline for monitoring and evaluation.	January 2023	Admin/Director
	6. Capacity building for the office to administer funds		
2 Register a not-for-profit Association in accordance with relevant Kenya laws.	1. Conduct research on the legal requirements for registering a not-for profit Association in Kenya.	June 2023	Director
	2. Identify the lawyer to help in the process.	June 2023	Board of Trustees
	3. Gather and prepare the necessary documents required for registration, such as the constitution and bylaws.	June 2023	Director
	4. Submit the application and required documents for processing.	October 2023	Administrator
	5. Receive the registration certificate from the government agency.	October 2023	Director
	6. Apply for other documents such as Pin number.	May 2023	Board of Trustees
	7. Open an interim bank account for operations.		
	8. Register the Association as non-profit in compliance with US laws.	March 2024	Director
3. Develop a 2-year strategic plan for the new Association.	1. Conduct a SWOT analysis to identify the strengths, weaknesses, opportunities, and threats.	December 2023	Consultant

	<ol style="list-style-type: none"> <li>2. Formulating the Association’s mission, vision, and values to ensure alignment with the strategic plan.</li> <li>3. Set clear and measurable goals that align with the mission and vision.</li> <li>4. Assign responsibilities and timelines for each strategy and action plan.</li> <li>5. Communicate the strategic plan to all stakeholders and ensure buy-in.</li> <li>6. Presenting the Strategic plan to the Board</li> <li>7. Review and finalize the strategic plan.</li> <li>8. Launching of the strategic</li> </ol>	<p>October 2023 November 2023 December 2023</p>	
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**Goal 2: Support members to provide comprehensive care services towards elderly and infirm sisters.**

<b>Objective</b>	<b>Activities</b>	<b>Timing</b>	<b>Responsible person</b>
1. Encourage access to proper food and nutrition.	<ol style="list-style-type: none"> <li>1. Encourage members to establish kitchen gardens.</li> <li>2. Form partnerships with farmers for fresh food supply</li> <li>3. Sponsor awareness/capacity building programs on nutrition</li> </ol>	<p>March 2023</p> <p>continuous</p>	Wellness coordinator Congregational leadership
2. Support medication for different ailments affecting the elderly sisters.	<ol style="list-style-type: none"> <li>1. Support regular health check-ups.</li> </ol>	Annually	Wellness coordinator Congregational leadership
3. Help members develop comprehensive mental health care services	<ol style="list-style-type: none"> <li>1. Coordinate counselling and therapy services</li> <li>2. Train members on mental health</li> </ol>		Wellness coordinator Congregational leadership
4. Support the provision of assistive devices for mobility and functioning among the elderly.	<ol style="list-style-type: none"> <li>1. Carry out assistive device funding.</li> <li>2. Design drives for donations of wheelchairs and other assistive devices.</li> </ol>	2024	Program Director
5. Facilitate members to access medical insurance covers for the elderly	<ol style="list-style-type: none"> <li>1. Identify insurance companies for partnerships.</li> <li>2. Organize for matching fund on insurance</li> </ol>	2024	CASAK Finance



**Goal 3: Train and build the capacity of more care providers and health professionals.**

Objective	Activities	Timing	Responsible person
1. Introduce an induction course for all caregivers across membership to capture wellness and reduce cumulative effect of factors that increase risks in elderly years	<ol style="list-style-type: none"> <li>Determine the specific areas of induction for the care of elderly sisters.</li> <li>Develop a customized induction program that addresses the identified needs.</li> <li>Encourage participation in the induction program through communication and incentives.</li> <li>Collaborate with external partners such as health professionals and community Organizations to enhance the wellness program.</li> </ol>	<p>June 2023</p> <p>June -December to 2023</p> <p>Quarterly (starting September)</p>	Wellness Program Officer
2. Develop a suited curriculum for training and building capacity of the various types of caregivers.	<ol style="list-style-type: none"> <li>Create a training module for caregivers adapted to the caregiving situation in Kenya.</li> <li>Design a curriculum that addresses these needs and is tailored to the roles and responsibilities of caregivers.</li> <li>Collaborate on rolling out the program.</li> </ol>	December 2024	Program Director Wellness coordinator Congregational leadership
3. Training and capacity building.	<ol style="list-style-type: none"> <li>Assess and identify specific roles and categories of personnel required for elderly care.</li> <li>Identify training areas and institutions for collaboration.</li> <li>Identify the various categories of personnel to be trained for CASAK (medical, social, paraprofessionals)</li> <li>Allocate finances for the training needs and enroll personnel into training institutions.</li> <li>Develop customized training programs for each category of personnel.</li> </ol>	2023-2024	Program Director

**Goal 4: Support member congregations on Improving infrastructure for the elderly and infirm sisters.**

<b>Objective</b>	<b>Activities</b>	<b>Timing</b>	<b>Responsible person</b>
1. Support infrastructure designs recommended for elderly	<ol style="list-style-type: none"> <li>1. Identify an architect and architectural designs suited for elderly use.</li> <li>2. Come up with expert suggestions on suitable features in elderly buildings.</li> <li>3. Come up with proposals for refurbishment.</li> </ol>	2024	BOD
2. Financially support the infrastructure enhancement	<ol style="list-style-type: none"> <li>1. Secure funding for the infrastructure improvement for members</li> <li>2. Provide funds for members to re-structure and re-furbish the houses and living places of the elderly and infirm to suit their conditions.</li> <li>3. Supervise, monitor, and evaluate the infrastructure improvement for the elderly and infirm.</li> </ol>	2023-2024	Wellness coordinator Congregational leadership

**Goal 5: Mobilize resources for the care activities of Care for Aging Sisters Association Kenya (CASAK).**

Objective	Activities	Timing	Responsible person
<b><i>To carry out fundraising activities</i></b>			
1. Carry out fundraising activities to sustain the services of CASAK.	<ol style="list-style-type: none"> <li>1. Train the management staff in resource mobilization skills</li> <li>2. Map out the donor agencies abroad.</li> <li>3. Map out local partners and well-wishers</li> </ol>	ongoing	BOD leadership
2. Source for funds for the activities of the elderly sisters.	<ol style="list-style-type: none"> <li>1. Proposal writing</li> <li>2. Identifying donors</li> <li>3. Strengthening donor relations with existing donors</li> </ol>	Ongoing	
3. Disburse funds according to the needs of elderly and infirm sisters' project.	<ol style="list-style-type: none"> <li>1. Developing criteria for disbursement of funding</li> <li>2. Reviewing funding proposals</li> <li>3. Setting up an evaluation committee for grant disbursement</li> </ol>	March 2023 May	BOD
4. Mobilize non-financial resources for care services	<ol style="list-style-type: none"> <li>1. Advocate for toilet accessories</li> <li>2. Mobilize for assistive devices</li> </ol>	2024	BOD
<b><i>Establish a matching fund for members' sustainability.</i></b>			
1. Establish a fund for care of elderly sisters and the infirm	<ol style="list-style-type: none"> <li>1. Pool resources to support services together from member congregations.</li> <li>2. Diversifying partners</li> </ol>		
2. Develop MEAL tools and practices both for the Administration and for Members.	<ol style="list-style-type: none"> <li>1. Carry out a bench-marking</li> <li>2. Come up with MEAL tools</li> </ol>	June 2024	Director
3. Induction workshops on grants administration	<ol style="list-style-type: none"> <li>1. Duties of a grants' Association</li> <li>2. Requirements of grants</li> <li>3. Reporting grants</li> </ol>	Ongoing	Director
4. Create policies	<ol style="list-style-type: none"> <li>1. Human resource policies</li> </ol>	August 2024	Admin

	<ol style="list-style-type: none"> <li>2. Financial policies</li> <li>3. Safeguarding policies</li> </ol>		
4. Creating awareness on policies governing the Association	<ol style="list-style-type: none"> <li>1. Members</li> <li>2. Caregiver</li> </ol>	October 2024	Director

**Goal 6: Create awareness about Infirm and Aging Catholic Sisters.**

Objective	Activities	Timing	Responsible person
1 Establish a Dedicated Website	<ol style="list-style-type: none"> <li>1. Task a web development team to create a user-friendly and informative website</li> <li>2. Gather and create content including sections on the organization's mission, programs, success stories, and ways to get involved</li> </ol>	February 2024	Admin and director
2 Radio Programs to Broadcast Stories	<ol style="list-style-type: none"> <li>1. Collaborate with local radio stations to host regular programs highlighting the life stories, achievements, and challenges faced by aging sisters.</li> <li>2. Invite retired sisters to share their experiences, fostering a sense of connection with the broader community.</li> <li>3. Incorporate call-in segments for listeners to share their well-wishes or seek advice from the retired sisters.</li> </ol>	February 2024	Admin and director
3 Launch a Social Media Campaign	<ol style="list-style-type: none"> <li>1. Develop engaging content for various social media platforms, focusing on the daily lives and accomplishments of aging sisters.</li> </ol>	February 2024	Admin and director

	<ol style="list-style-type: none"> <li>2. Create and promote a branded hashtag to encourage the community to share their own stories or memories of the sisters.</li> <li>3. Utilize social media to announce events, share educational content, and actively engage with followers.</li> </ol>		
4 Workshops on Proactive Disease Management	<ol style="list-style-type: none"> <li>1. Organize workshops in collaboration with healthcare professionals to educate aging sisters on proactive disease management.</li> <li>2. Cover topics such as nutrition, exercise, regular health check-ups, and stress management to enhance overall well-being.</li> </ol>	March 2024	Wellness coordinator
5 Empowering Workshops for Aging Gracefully	<ol style="list-style-type: none"> <li>1. Conduct empowerment workshops focusing on emotional well-being, self-care, and maintaining a positive mindset.</li> <li>2. Invite motivational speakers and experts to share insights on embracing the aging process with grace and dignity.</li> </ol>	March 2024	Wellness coordinator

## **6.0 MONITORING AND EVALUATION**

### **6.1 INTRODUCTION**

To ensure the effective execution of our strategic plan, CASAK has established a monitoring and evaluation framework. This framework comprises regular monitoring and evaluation throughout the plan's implementation, as well as formal midterm and end-term evaluations.

### **6.2 MONITORING**

Monitoring will be an ongoing process. The Board of Directors will meet every quarter to review activities and receive reports. The reports will be on the use of finances, and implementation of activities. CASAK will assess our progress, compare it against predetermined targets, and ensure that activities are on track and aligned with our established timeframes. This real-time monitoring will allow us to make necessary adjustments as needed, thereby enhancing our ability to achieve our strategic goals.

### **6.3 EVALUATION**

At predefined junctures, CASAK will conduct formal evaluations of the strategic plan both at project and at oversight levels. These evaluations will be comprehensive assessments of the progress and performance, providing a systematic examination of achievements against the plan's objectives and the established timeframe. These evaluations will not only serve as vital checkpoints but also provide an opportunity for insightful analysis and informed decision-making.

In summary, the monitoring and evaluation framework is designed to offer a structured and dynamic approach to the implementation of our strategic plan, ensuring that we are continuously tracking CASAK progress and, at specific intervals, critically evaluating our accomplishments in comparison to our targets and timelines. This commitment to monitoring and evaluation is key to the success of our strategic initiatives.



















