

Ethiopian Pediatrics Society



Strategic Plan (2016 – 2020)

Prepared by



Wisdom Consult plc

Email: wisdomconsult@ethionet.et

June 2016

Table of Contents

ACRONYMS	3
EXECUTIVE SUMMARY	4
1. INTRODUCTION	6
1.1 BRIEF COUNTRY OVERVIEW	6
1.2 CHARITIES AND SOCIETIES IN ETHIOPIA.....	9
1.3 PROFILE OF THE ETHIOPIAN PEDIATRICS SOCIETY	9
1.4 THE NEED FOR DEVELOPING THE STRATEGIC PLAN.....	12
2. THE STRATEGIC PLAN DEVELOPMENT PROCESS	12
3. STAKEHOLDERS ANALYSIS	13
3.1 INTERNAL STAKEHOLDERS.....	13
2.1 EXTERNAL STAKEHOLDERS	14
4. SWOT ANALYSIS	15
5. CRITICAL ISSUES AND STRATEGIES.....	18
5.1 NATIONAL TECHNICAL ADVISORY COUNCIL	18
5.2 MEMBERS MOTIVATION AND PROFESSIONAL DEVELOPMENT	19
5.3 STRENGTHEN ORGANIZATIONAL CAPABILITY AND IMAGE	19
5.4 RESOURCE MOBILIZATION	20
6. FUTURE DIRECTION OF EPS.....	21
6.1 VISION, MISSION AND VALUES	21
6.2 REVISED GOAL, OBJECTIVES AND THEMATIC INTERVENTIONS	21
6.3 THEMATIC INTERVENTIONS	22
6.4 CROSSCUTTING ISSUES	22
7. THE STARATEGIC PLAN IMPLEMENTATION	23
7.1 IMPLEMENTATION PROCESS	23
7.2 ORGANIZATIONAL ISSUE.....	23
7.3 WORK PLANS	23
7.4 MONITORING AND EVALUATION.....	24
7.5 ASSUMPTIONS, RISKS AND MITIGATION ACTIVITIES	24
ANNEXES	26
ANNEX 1: ACTION PLAN AND PROPOSED BUDGET FOR 2016-2020.....	27
ANNEX 2: SUSTAINABLE DEVELOPMENT GOALS	30
ANNEX 3: REFERENCES.....	30
ANNEX 4: DONORS/FINANCERS OF EPS (2015)	31

ACRONYMS

ALE	Average life expectancy
CME	Scientific Medical Examination
CSA	Charities and Societies Agency
CSO	Civil Society Organizations
EDHS	Ethiopian Demographic and Health Service
ENC	Essential Newborn Care
EPS	Ethiopian Pediatrics Society
ETAT	Emergency Triage Assessment and Treatment
EJPCH	Ethiopian Journal of Paediatrics and Child Health
FMoH	Federal Ministry of Health
GA	General Assembly
GDP	Gross Domestic Production
GTP	Growth and Transformation Plan
HBS	Helping Babies Survive
HC	Health Center
HDI	Human Development Index
HDR	Human Development Report
HIV/AIDS	HIV/AIDS Human Immune Virus/Acquired Immune Deficiency Syndrome
HSTP	Health Sector Transformation Plan
ICT	Information Communication Technology
IMNCI	Integrated management of newborn and childhood diseaseLMIC Lower middle income country
MMIC	Middle income country
NB	Newborn
NBC	Newborn Corner
NHDR	National Human Development Report
NICU	Neonatal Intensive Care Unit
NMR	Neonatal Mortality Rate
NTAC	National Technical Advisory Council
QI	Quality Improvement
SSA	Sub Saharan Africa
TWG	Technical Working Groups
UNDP	United Nations Development Program
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

The Ethiopian Pediatric society (EPS) is a voluntary professional society that was established in 1995 to ensure a high standard of pediatric practice in Ethiopia both functionally and ethically. The Society represents pediatricians, pediatric sub specialists, pediatrics residents, and other people who work with and care for children.

EPS is a member of union of all African Pediatric Societies and Associations /UNAPSA/ and International Pediatric Society /IPA. EPS facilitates research activities in pediatrics and child health; as well as play an advisory role in the planning and implementation of policies and regulations related to child health.

The highest governing organ in EPS organizational set up is the General Assemble (GA). The next organ is the Executive Board. The Executive Director of the Society is appointed by the Executive Board, and directs and follows up the day to day activities of the Society. Currently, the secretariat office has 15 regular staff (9 in the HO and 6 in Chapters). EPS has 460 members and 6 chapter offices.

In the past 5 years EPS has scored significant achievements in promoting child health in the country. It established NBC in 2800 Health Centers by training 5600 midwives and nurses with the support of UNICEF and FMOH; established NICU in 150 hospitals by training more than 1000 nurses and doctors in collaboration with FMOH with the generous funding from UNICEF. Together with FMHO and WHO engaged in establishing and nurturing quality hospital care for admitted children and established emergency pediatric service through training doctors, Health officers and nurses on ETAT. The society also has been publishing the Ethiopian Journal of Pediatrics and Child Health yearly

The major challenges during the strategic plan period were: high turnover of trained government staff; short life span of cash transfer from some donors; registration of the Association as NGOs restricting the society to work on members rights and shortage of manuscripts submitted by the members for annual publication of the journal.

The Strategic Plan Development Process

The strategic plan revision process is aimed at developing road map for EPS that would contribute to the fulfilment of its overall vision, mission, goals and objectives. Documentary review, interviews, focus group discussions, survey questionnaire, two interactive and participatory planning and validation workshops were the methodologies applied for the preparation of the SP.

Stakeholders & SLOT Analysis

Stakeholders SLOT analysis was conducted to identify the views and expectations of stakeholders and to identify the strengths and opportunities from which EPS may benefit and also revealed critical limitations and threats that EPS should address respectively.

Critical Issues

The core critical issues that need to be addressed by EPS in the new SP period are: Absence of National Technical Advisory Council, Members Motivation and Professional Development, Strengthen Organizational Capability and Image and Resource mobilization

Strategies

In the SP period the EPS would:

1. Establish a National Technical Advisory Council (NTAC) to serve as a liaison between EPS and the executive board. The NTAC would provide advice and policy support to the executive board on its own initiative or when called upon by the executive committee or any member of the Society; provide technical assistance to national health policy-makers so that they make evidence based decisions on policy and programme relevant to child health and development.

2. Identify options and modalities for appropriate motivation and professional development of members; develop capacity building plans and programs for EPS members. based on the capacity gap analysis, organize different trainings, consultative meetings, workshops, experiences sharing platforms to upgrade its members capacity; set up a well-functioning and working network of volunteers (members in the country and the diaspora and prominent professionals) who shared EPS vision and mission; and Motivate and support members so that they take up appropriate social roles and responsibilities.
3. Conduct comprehensive organizational assessment process that will lead towards realignment of the organizational capability to the strategy; Update the existing HR and Finance Manuals and develop Child Protection Policy manual; review the remuneration system; upgrade the web site and the ICT; promote its image by publishing and disseminating its achievement and best practices using electronic (web site), printed materials (journals, annual/biannual newsletters, progress reports, brochures and public media (TV, Radio, newspaper) coverage and this should be done on regular and planned manner. Adequate budget will be allocated for the task.
4. Develop and further strengthening of links and collaboration with partner institutions and networks working in the area of health and explore viable funding sources.

Future Direction of EPS

The vision of EPS is “to be one of the leading professional society in ensuring health and wellbeing of children in Africa”

EPS work with all stakeholders to the attainment of optimal health and wellbeing of Ethiopian children through active engagement and networking in the development and implementation of policies, strategies, programs, research and publication, education and advocacy related to children”

The Values of EPS are: professional ethics with excellence, partnership and networking, team work, innovation, inclusiveness, transparency, accountability, equity, ethical standard and evidence based practice

The goal of EPS is to contribute to the HSTP to achieve the sustainable development goals.

EPS has 6 major thematic interventions, namely: a) Support and Conduct Quality Research on child health, b) Address child health issues in collaboration with FMOH and other partners focusing on priority national child and adolescent health program c) Support development of national strategies, guidelines, manuals and protocols in child health, d) Develop and Provide Continuous Professional Development, e) Active engagement in quality improvement in child health services, f) Advocate on child health and g) Active engagement in Social, Behavioral, Change Communication (SBCC) in Child Health

.EPS will put efforts to address Child Protection; HIV/AIDs and Non-Communicable Diseases.) as cross-cutting issues in all its thematic areas as appropriate.

The Strategic Plan Implementation

Implementing strategy entails converting the strategic plan into action. To pursue successfully its strategic plan, EPS would undertake the following broad measures pertaining to the process of strategy implementation.

- Clearly define roles and responsibilities of individuals and units for its implementation;
- Breakdown the strategic plan into annual work plan;
- Communicate the strategy to all parties who have the stake in its implementation;
- Design monitoring and evaluation mechanisms with indicators for outcome and impact

The total budget required for the implementation of the strategy would be Birr 58,780,000.00.

1. INTRODUCTION

1.1 Brief Country Overview

The land, people and demography

Ethiopia is one of the world's oldest civilizations and home of over 80 ethnic groups that speak about 80 different languages. The population is unevenly distributed owing to varying physical factors such as altitude and climate and human factors such as type of economic activities.

With an estimated population of over 90 million (of which 50.23% male and 49.77% are female)¹. Ethiopia is the second most populous country in Africa after Nigeria. The population growth rate for 2001-2007 was 2.6 percent and the population is projected to reach 96 million by 2015. As of July 1, 2015 large proportion of the Ethiopian population 61.4 percent was up to the age of 24.

In 2020 the population of Ethiopia is expected to be 100.8 million (of which 50.20 million are male and 49.80 are female).

Economic Policies and Performance

Over the past 15 years since the country's last National Human Development Report (NHDR) was published Ethiopia has undergone significant economic and social changes. It has recorded some of the highest growth rates in the world-over 10 per cent in some years. However, Ethiopia's Human Development Index (HDI) and its relative ranking have not moved appreciably during the past decade.²

At the centre of the country's strong economic and social performance has been the Government's proactive and leading role in shaping socio-economic policy. With its goal of making Ethiopia a middle-income country no later than 2025, the Government, among other things, has been investing heavily in economic and social infrastructure, streamlining public services, revamping the tax collection system, and supporting small and medium enterprises (SMEs).

High economic growth and enhanced pro-poor investments have helped reduce poverty in both urban and rural areas. Since 2005, 2.5 million people have been lifted out of poverty, and the share of the population below the poverty line fell from 38.7 per cent in 2004/05 to 26 per cent in 2012/13 (using a poverty line of US\$0.60/day). However, because of high population growth, the absolute number of the poor (about 25 million)

¹Federal Democratic Republic of Ethiopia Central Statistical Agency, Population Projection of Ethiopia from 2014 – 2017, August 2013

²Human Development Report 2014

has remained largely unchanged over the past fifteen years. In line with the Growth and Transformation Plan (GTP), pro-poor sector spending as a share of the federal government budget has increased steadily from 28 per cent in 1999/2000 to 70 per cent currently. Nevertheless the tax take to GDP ratio remains low at 12.5 per cent in 2012/13 in contrast to the Sub-Saharan Africa (SSA) average of over 20 per cent, and external assistance in providing basic services remains critical.

Social Policies and Performance

In looking at the social sectors, education has been expanding rapidly in Ethiopia over the past 15 years, and net enrolments in primary school have almost trebled since 1994. Currently, 85.7 per cent of Ethiopian primary age children are attending primary school. Secondary school enrolment has risen too, but remains at quite low levels, especially in rural areas and among the poorest income groups. Trends in access to basic health services and health gains have also shown dramatic improvements over the last 10 years. Life expectancy, a key component of the HDI, has increased for both men and women (National HDR Report 2014, Ethiopia).

Despite the positive outcomes, Ethiopia still ranks 173rd out of 186 countries in the latest UNDP Human Development Report. It faces many daunting human development issues. Some 25 million Ethiopians remain in poverty, and these and many Ethiopians just above the poverty line are vulnerable to shocks and food insecurity. Maternal health care has lagged well behind other health statistics and the availability of effective health care is inconsistent across the country. Educational indicators suggest on-going problems with the quality of education, as shown by retention rates and educational performance markers. Perhaps most worrying from the standpoint of inclusive growth are the high rates of un- and underemployment in both urban and rural areas, especially as large numbers of productive jobs for the poor and near-poor are needed under current and projected labour market trends.

Building on the lessons learned in implementing the earlier plans and to be highly responsive to the current socioeconomic landscape, the Government of Ethiopia has developed Health Sector Transformation Plan (HSTP), which is part of the second Growth and Transformation Plan (GTP II). HSTP is also the first phase of the 20-year health sector strategy called 'Envisioning Ethiopia's Path to Universal Health Care

through strengthening of Primary Health Care phase of the 20-year health sector strategy called 'Envisioning Ethiopia's Path to Universal Health Care through strengthening of Primary Health Care'³.

Over two-thirds of childhood deaths in Ethiopia are caused by few and easily preventable conditions; mainly infections, neonatal conditions and malnutrition. The major direct causes of under-five mortality, based on the 2014 WHO estimates are pneumonia (18%), diarrhea (9%), prematurity (11%), newborn infection (9%), asphyxia (14%), injury (6%), measles (2%), malaria (3%), congenital anomalies (4%), HIV (2%), and others (21%). Under nutrition is a major underlying cause contributing to nearly half of childhood deaths. Even though underweight, stunting and wasting has declined by

³ Health Sector Transformation Plan

39%, 31% and 25% respectively during the last 15 years, the 2014 mini EDHS estimates of stunting (40%), underweight (25%) and wasting (9%) are still very high⁴.

The goal of the National Newborn and Child Survival Strategy (2015-2020) is to reduce under five mortality from 64/1,000 (2013 level) to at least 29 /1,000, infant mortality rate from 44/1000 to 20/1000 and NMR from 28 to 11/1,000 by 2020. The key guiding principles for implementation of the revised strategy focus on: equity and accessibility; community engagement, empowerment and ownership; efficient use of resources; innovation and use of evidence based interventions, provision of quality MNCH services, strong monitoring and dissemination of best practices.

The impact-level targets of HSTP by 2020 is to reduce MMR to 199/100,000LB; reduce under five-year, infant and neonatal mortality rates 30, 20 and 10 per 1,000 live births respectively; reduce stunting, wasting and under-weight in under-5 year to 26%, 4.9% and 13%, respectively; reduce HIV incidence by at least 60% compared with 2010 and achieve zero new infections among children; reduction in number of TB deaths and incidence rate by 35% and 20% respectively compared with 2015 and reduce malaria case incidence and mortality by at least 40% each compared with 2015. It has also set target to stabilize and then reduce deaths and injuries from road traffic accidents.

During the period of the second Growth and Transformation Plan (GTP II), the major priorities of the Health Sector include strengthening and implementing equity, access, and quality health care services. Emphasis will be given to improving the health of the population especially maternal, children and youth by providing preventive, curative, emergency care and rehabilitative health services; and establishing robust health system by promoting healthy life style at individual level and the community at large. The health extension will continue to be strengthened to deliver health services.⁵

It is anticipated that, in the coming 20 years, Ethiopia will continue its fast pace of development, and will transition to being a LMIC by 2025, and a MMIC by 2035. The Ministry of Health (MOH) is, thus, developing the 20-year health sector vision to achieve the health outcomes that commensurate with lower middle income country (LMIC) by 2025 and middle income country (MMIC) by 2035. The purpose of this visioning document is to define the framework for strategic action to enable Ethiopia to advance toward this objective.⁶

Average of all LMICs (base case scenario for Ethiopia in 2025 is:

- Maternal Mortality Ratio (MMR) lower than 260 and 53 per 100,000 live births for LMICs and UMICs respectively;
- Under 5 Mortality Rate (U5MR) lower than 42 and 20 per 1,000 live births for LMICs and UMICs respectively;
- Average Life Expectancy (ALE) at birth greater than 66 and 74 years for LMICs and UMICs, respectively.

⁴ National Newborn and Child Survival Strategy (2015-2020

⁵The Second Growth and Transformation Plan (GTP II) National Planning Commission (2015/16-2019/20).

⁶Policy and Practice Information for Action, Envisioning the Future of the Health Sector: an Update, FMoH, April 2014

The Sustainable Development Goals by 2030 is, to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

1.2 Charities and Societies in Ethiopia

Ethiopia is a country where civil society organizations, especially NGOs in the modern sense of the concept emerged recently. While traditional community institutions have been in existence since long ago, several local and international NGOs appeared in the 1980s. The number of local NGOs showed a rapid increase in the 1990s and early 2000. The Ethiopian civil code, which contained the law of associations in it was promulgated in 1960 and was very liberal for its time, with the change in nature, scope and type of NGOs in the country.

In January 2009, the government enacted a new legislation to register and regulate Charities and Societies in the country (Proclamation No. 621/2009) and regulations. The proclamation is the first in its kind in specifically dealing with the issues of CSOs and NGOs.

Ethiopian Pediatrics Society (EPS) is one of the NGOs registered as an Ethiopian Resident Charity. Ethiopian Resident Charities are formed under the laws of Ethiopia and which consists of members who reside in Ethiopia and who receive more than 10% of their funds from foreign sources.

The new proclamation provides some opportunities to the NGOs:

1. Introduced legal framework. Regulates CSO to work in accordance with the law. CSOs have been working without any legal framework.
2. Ensures at least 70% of the money from donors reaches the beneficiaries.
3. They can participate in income generation activities;

However, the proclamation came also with some restrictions and challenges related with its implementation:

1. Ethiopian Residents Charities has been mandated to operate on the 9 out of the 15 operation areas.
2. The allocation or demarcation of the administrative and operating cost (70/30) is ambiguous. Classification of the costs does not take into consideration the type of activities and nature of the NGOs.

1.3 Profile of the Ethiopian Pediatrics Society

1.3.1 Establishment

The Ethiopian Pediatric Society (EPS) is a voluntary professional society that was established to ensure a high standard of pediatric practice in Ethiopia both functionally and ethically. The Society represents pediatricians, pediatric sub specialists, pediatrics residents, and other people who work with and care for children.

EPS was established in 1995 and was re-registered in April 24,2013 with Charities and Society Agency (CSA) with registration number 200 EPS was founded as a national association of pediatricians, committed to working together with governmental and nongovernmental organization on children and youth by nurturing excellence in health care, advocacy, education research and support of its members. EPA is a member of union of all African Pediatric Societies and Associations /UNAPSA/ and International Pediatric Society /IPA/

EPS facilitates research activities in paediatrics and child health and also publishes its organ the Ethiopian Journal of Paediatrics and Child Health (EJPCH) annually. It also plays an advisory role in the planning and implementation of policies and regulations related to child health.

In the last fourteen years the society has been active in bringing members under its umbrella and conducting various sessions of continued medical educations and workshops relevant to the Ethiopian child. Currently the Society has 360 full members and 100 associate members.

1.3.2 Governance

EPS has the following organs:

1. General assembly
2. Executive Board
3. Secretariat
4. External Auditor

The highest governing organ in EPS organizational set up is the General Assemble (GA). The GAis the supreme organ primarily responsible for defining policy matters of EPS. The next organ is the Executive Board, consisting of seven elected members serving for a one term of three -years with the possibility of re-election for the second term.

Members of the Executive Board include the President, Secretary, Treasurer, Public Relations Officer, Program Officer and two members. The Executive Board is responsible to the GA and is the second highest decision making organ of EPS.

The Executive Director of the Society is appointed by the Executive Board, and directs and follows up the day to day activities of the Society. Currently, the secretariat office has15 regular staff (9 in the HO and 6 in Chapters).

1.3.3 Core Activities

The major activities of EPS include:

- a) Providing advisory service
- b) Undertaking research and publication and dissemination of research output
- c) Participating in capacity building by providing continuing medical education
- d) Membership mobilization and professional development
- e) Work with partners on child health issues
- f) Networking with sister associations and partners
- g) Resource Mobilization

1.3.4 Key Achievements and Challenges

a) Achievements

In the past 5 years EPS has scored significant achievements in promoting child health in the country. The key achievements include:

- a) Established NBC in 2800 Health Centers by training 5600 midwives and nurses with the support of UNICEF and FMOH
- b) Established NICU in 150 hospitals by training more than 1000 nurses and doctors in collaboration with FMOH with the generous funding from UNICEF.
- c) Established 6 EPS chapter offices
- d) Increased the number of members from 200 to 460 (360 full members and 100 associate members)
- e) In collaboration with MOH & respective RHB conducted timely post training follow up visit for NBC & NICU established HCs & Hospitals and conduct timely national NICU review meeting
- f) Supported/sponsored research activities
- g) EPS website developed
- h) Together with FMHO and WHO engaged in establishing and nurturing quality hospital care for admitted children and established emergency pediatric service through training doctors , Health officers and nurses on ETAT
- i) Published annually Ethiopian journal of Paediatrics and Child Health

b) Challenges

- a) High turnover of trained government staff
- b) Short life span of cash transfer from some donors
- c) Government per diem for trainees is too low (Birr 290). It doesn't cover accommodation and food cost
- d) Registration of Association as NGOs restricts the society to work on members rights
- e) Limited number of manuscripts for the regular publication of the journal

1.4 The Need for Developing the Strategic Plan

The first five years strategic plan of EPS (2011 – 2015) has come to an end. The dynamism in the operational environment and the long-term development of the Ethiopian health system and related factors make it imperative for EPS to strategically position and restructure itself and chart its path.

In line with these, EPS decided developing the strategic plan for 2016–2020 that considers the present work context and challenges of future while pursuing a strategic engagement to achieve its stated objectives.

In view of the above, EPS commissioned Wisdom Consult to facilitate the development of the strategic plan. It is believed that revising the strategic plan would enable EPS to:

- Determine what it intends to be in the future, and how it will get there;
- Find the best future for and the best path to reach that destination;
- To align EPS with national and international programs like GTP-II, Agenda for Sustainable Development and post 2015 development programs.

2. THE STRATEGIC PLAN DEVELOPMENT PROCESS

The strategic plan revision process is aimed at developing road map for EPS that would contribute to the fulfilment of its overall vision, mission, goals and objectives. Documentary review, interviews, focus group discussions, questionnaire, interactive and a participatory planning workshop were the methodologies for the preparation of the Strategic Plan.

The methodology that underpins this strategic plan is based on the rational planning model and carried out the following elements:

1. **Document Review:** All relevant documents and records of EPS including: Articles of Association, Strategic Plan (2011 – 2015), organizational profile and constitution, annual plans and performance reports, audit reports, and organizational structure were reviewed. Literatures on strategic plan and related documents were also reviewed.
2. **Discussions:** discussions were conducted with the Executive Director and Staff members of EPS.
3. **Questionnaire Survey:** 3stakeholders have forwarded their opinions by completing the survey questionnaire;
4. **Strategic Planning Workshop:** was undertaken at Dreamliner Hotel on May 13, 2016in an interactive and participatory framework where representatives of, Board, members and representative staff participated in the workshop. Al together 19

participants attended the workshop. The workshop was facilitated by two senior consultants from Wisdom Consult.

Following the president's welcoming address and the, Executive Director's presentation on the performance of EPS over the last five years (2011-2015), the Consultants from Wisdom Consult briefed the participants on the concepts, principles and objectives of strategic plan and the methodology for conducting the study. Then the participants were organized in three groups.

In the first session the groups conducted discussions on the 'Vision, Mission and Values' of EPS. After the presentation the groups came up with the revised vision, mission and values of EPS.

In session two, the 'Strengths, Weaknesses, Opportunities and Threats (SWOT)' of EPS were analysed by each of the three groups. In the joint group discussion, the final SWOT analysis was developed.

In the third session 'Stakeholders Analysis' was conducted by staff members (Group 1), representatives of the Board (Group 2), and EPS members (Group 3). All groups expressed their views and expectations from EPS.

Analysis of the information obtained through the sources stated above helped the Consultant to identify the critical issues and draw up the draft strategic plan.

- 5. Validation Workshop** was undertaken at Dreamliner Hotel, Addis Ababa, on June 24, 2016 to validate and updated draft strategic plan.

3. STAKEHOLDERS ANALYSIS

EPS understands and appreciates that there are internal and external factors that positively or negatively affect its operation. It also understands that it needs to seize and build on from those factors that positively affect its operation, and brace itself up with determination to the challenges that those negative factors impose on it. The analysis of stakeholders helps to determine the degree of relationship; to know the extent of support and influence; and to identify its expectations of each of the main stakeholders.

3.1 Internal stakeholders

a) Board Members

Views:

- Number of professionals on child health is increasing
- Working on current priority agenda (on NB and child health)
- There is credible collaboration with multiple partners

Expectations:

- Work on sustainability of current interventions
- Increase public visibility
- Work on members professional development & increase their motivation
- Be more proactive in issues related to child health (curriculum development, quality care, etc.)

b) Members

Views:

- EPS has shown remarkable improvement in performance
- Number of members has increased
- Chapter offices have expanded
- Experience gained in writing guidelines
- EPS journal is published continuously

Expectations

- Be a champion in promoting child health development in collaboration with FMOH
- Catalize, support and lead research and development in Pediatrics and child health
- Have publications of more papers
- Work on members' development and motivation

c) Staff

Views:

- Committed to child health related issues
- NICU has been introduced and familiarized in the nation
- There is professional and committed leadership working for the wellbeing of Ethiopian children
- EPS is achieving high performance with limited resource

Expectations:

- Work based on equity and quality
- Becoming broad based and visible
- Contribute significantly on reduction of childhood mortality and morbidity
- Develop child health related implementation guide at facility and program level
- EPS should have its own office building

2.1 External Stakeholders

a) Donors

Views:

- Delivering CME for health professionals working on child health
- Support FMOH implementation of NBC & NICU initiative
- Support FMOH implementation pediatrics QI initiatives
- Bringing the importance of essential newborn care at the HC level to the fore through expanding newborn corners in the HCs; along with health worker capacity development in ENC using a training material developed for the purpose
- Engagement and support in defining the levels of NICUs at hospital level
- Actively contributing to the national child survival strategy development; and pushing for the integration of aspects that are traditionally sidelined.
- Mobilize EPS members(pediatrician) to utilize their potential

Expectations:

- Active engagement in implementation research and documentation of lessons learned and sharing widely
- Active engagement in quality improvement, setting standards and advocating for maintaining those standards (as well as accountability) and being accountable for those
- Generate more evidence – could be primary research but also synthesizing available research findings useful for policy and program improvement
- Come to the forefront in improving service quality at health facilities; including pushing for /supporting linkages of professionals based at higher level facilities with those in the lower level in support of better quality, ongoing capacity building and delivery of at least the minimum standard care at all levels.
- EPS need to continuous it's good work
- Need to build capacity to uptake more project/program and produce quality deliverable
- Work on comprehensive child health program implementations
- Strengthen the collaboration with MOH and timely delivery of results
- Need to improve participation in research activities; mobilizing resources and working in comprehensive child health program implementations
- Delivering standard trainings (with Quality)

4. SWOT ANALYSIS

The SWOT (strength, weakness, opportunities and threats) analysis as a methodology to scan, grasp and benefit from the working environment of EPS was carried at two levels: internal (governance, management, HR management, financial Resources & management, service delivery and external relations) and external (collaborators, political, economic, social and technological factors). The SWOT analysis identified several strengths and opportunities from which EPS may benefit and also revealed critical limitations and threats that EPS should address.

SWOT Analysis

<p>Internal Environment</p>  <p>External Environment</p> 	<p>Strengths</p> <ul style="list-style-type: none"> ➤ Strong financial status ➤ Growth of the No. of members & chapters ➤ Committed Executive Committee ➤ Developed experience on multiple project management ➤ Improved budget management ➤ Improved research and publication ➤ Number of projects increased ➤ Increase in experience of writing guidelines ➤ Consistent publication of EPS journal ➤ Existence of EPS radio program on child health ➤ Specialized focus on child /NB health – a key priority health problem of the country ➤ Technical expertise ➤ Delivering CME for health professionals working on child health ➤ Contribute a lot to the national NBC TWG 	<p>Weaknesses</p> <ul style="list-style-type: none"> ➤ Inadequate resource mobilization ➤ Inadequate public visibility ➤ Inadequate use of Information and communication technology (ICT) ➤ Child protection policy not available ➤ Limited number of CME ➤ No involvement in disaster management ➤ Inadequate participation & limitation of commitment of members ➤ Website not functioning ➤ Limited collaboration with other societies ➤ Understaffed (no staff responsible for M&E, Resource Mobilization) ➤ No store, mini-meeting hall and offices for staff ➤ Uncompetitive salary & benefits ➤ Low involvement of Diaspora ➤ Need to build capacity to uptake more project/program and produce quality deliverable
<p>Opportunities</p> <ul style="list-style-type: none"> ➤ Existence of favorable political condition in the country ➤ Supportive government strategies and availability supportive multiple donor interest ➤ National & Global focus on NB and child health ➤ Existence of Ethiopian child health strategy ➤ Availability of Federal health policy ➤ Implementation of CME ➤ Increased number of medical schools ➤ Availability of members' knowledge, skill, capacity, etc. that can be utilized for the well-being of Ethiopian child ➤ Strong supporters of funding agents – FMOH, UNICEF, WHO, USAID & other donors ➤ Members present around the country and in key senior positions at both governmental and non-governmental agencies 	<p>S+O = GROWTH</p> <ul style="list-style-type: none"> ➤ Likely to achieve greatest result ➤ Likely to be quickest and easiest to implement ➤ Probably justifying immediate action-planning. 	<p>W+O = LEVERAGE</p> <ul style="list-style-type: none"> ➤ Internal capacity building ➤ Strengthen institutional capability
<p>Threats</p> <ul style="list-style-type: none"> ➤ Organizations with competing interest ➤ Donor dependency existence ➤ There is decrease in source of funding 	<p>S+T = RESPONSE</p> <ul style="list-style-type: none"> ➤ Basic awareness, planning, and implementation required to meet these challenges ➤ Promote organizational image 	<p>W+T = SURVIVAL</p> <ul style="list-style-type: none"> ➤ Assess capability gaps and plan to defend/avert in very specific controlled ways.

5. CRITICAL ISSUES AND STRATEGIES

Based on the organizational diagnosis results, the SWOT and stakeholders analysis, the core critical issues that need to be addressed by EPS in the new SP period were identified. Although several critical issues were identified, the final list is comprised of the most important issues, and such issues are determined as follows:

- Which have the highest impact:
- Which are the most immediate: they may cause additional problems if not addressed in time.
- Which are closest to the shared values of the members.

The most critical or core issues and the strategies for addressing the issues are presented below:

5.1 National Technical Advisory Council

Issue:

EPS is jointly advocating for improvement of child health services in the country through participating in the National Child Survival Technical Working Groups and also actively contributing to development and update of the national child survival strategy. It promotes and pushes for the inclusion of child health aspects that traditionally remained outside focus.

As the sole professional society in child health EPS has responsibility to play a strong role in advising Health decision makers in the planning and implementing policies and regulations related to child survival and health. It should influence policy makers in positioning itself to take the lead responsibility of accrediting child health professionals and monitor the quality of pediatric health care services both in the public and private sector. EPS thus need to formally establish National Technical Advisors for Policy Makers to guide child health policies.

Strategy:

A National Technical Advisory Council (NTAC) would be established by the general assembly of EPS to serve as a liaison between EPS and the executive board. Duties and Responsibilities of NTAC include:

- Provide advice and policy support to the executive board on its own initiative or when called upon by the executive committee or any member of the Society;
- To provide technical assistance to national health policy-makers so that they make evidence based decisions on policy and programme relevant to child health and development..
- Actively participate in development, update and implementation of policies, strategies and programs that concerning child health and development.

5.2 Members Motivation and Professional Development

Issue:

EPS was established with the objective to mobilize its members to share and uphold its visions, missions, values and objectives. It also strives to create conditions that favors professional development of its members through engaging them in capacity building activities.

In line with this, EPS has been implementing various capacity building initiatives since its inception. The SWOT as well as the stakeholder analysis identified that there is inadequate participation & limitation of commitment of members, low involvement of the diaspora.

Strategy:

- Identify options and modalities for appropriate motivation and professional development of members.
- Develop capacity building plans and programs for EPS members. Based on the capacity gap analysis, organize different trainings, consultative meetings, workshops, experiences sharing platforms to upgrade its members r capacity so that they + play active roles in child health related issues.
- Set up a well-functioning and working network of volunteers (members in the country and the diaspora and prominent professionals) who shared EPS vision and mission
- Motivate and support members so that they take up appropriate social roles and responsibilities.

5.3 Strengthen Organizational Capability and Image

Issue

Strategy execution depends heavily on the structure and system in place. There needs to be a good match between the system, and the resources (human, financial and material resources).

Though there are some efforts in networking with various government institutions and donors, EPS can be still labeled as not visible as it should be.

The SWOT and stakeholders analyses showed:

- *EPS is understaffed*
- *Important positions like monitoring and evaluation and resource mobilization are missing*
- *The salary and benefit is not competitive with the market*
- *While working on children it has no Child Protection Policy*
- *The website was also said not functioning.*
- *EPS has not promoted its major achievements adequately through different electronic and print Medias. Failure to do so reduces its visibility in the eyes of the public, government organizations and donors. This may limit its chance of obtaining different advantages from its national and international stakeholders.*

Therefore, EPS need to review its structure, systems, policies and procedures in line with the new strategic direction.

Strategy

- In order to create an organization with clarity of responsibilities, teamwork and smooth coordination of activities that would contribute to the achievement of its strategic objectives and the key organizational priorities, EPS will in the strategic period embark on a comprehensive organizational assessment process that will lead towards realignment of the organizational capability to the strategy.
- Capacity development within the organization will be a continuous process that will be carried out based on thorough assessment of skill and knowledge gaps at different times under different work circumstances.
- Update the existing HR and Finance Manuals and develop Child Protection Policy manual
- To be competitive with the market, the remuneration package will be reviewed during the strategic plan period
- In order to enhance efficient information system for the timely collection, retrieval and dissemination data to users, EPS will constantly upgrade the web site and the ICT whereby it can instantly access information and disseminate its research outputs to its members and stakeholders.
- EPS would promote its image by publishing and disseminating its achievement and best practices using electronic (web site), printed materials (journals, annual/biannual newsletters, progress reports, brochures and public media (TV, Radio, newspaper) coverage and this should be done on regular and planned manner. Adequate budget will be allocated for the task.

5.4 Resource mobilization

Issue

The audited financial statements and reports of the Society show the revenue generated from donors is increasing over time. However, the SWOT analysis revealed EPS's has some limitations in resource mobilization and there is no focal person for resource mobilization.

Strategy

Mobilizing resources is the area in which EPS has to make continuous efforts. During the strategic period focus in this regard will be made on the following:

- Develop and implement a pragmatic fund raising strategy targeting existing as well as potential local and international sources of funding;
- Development and further strengthening of links and collaboration with partner institutions and networks working in the area of health;
- Make planning an on-going function so that on-shelf projects would be readily available;

- Strengthen relationship with existing donors;
- Diversify its donor base;
- Use the GA members potential for networking, publicity and fund raising;
- Develop efficient and cost effective financial management (this will be achieved by reducing costs without affecting the quality and volume of services rendered to the community).

6. FUTURE DIRECTION OF EPS

6.1 Vision, Mission and Values

EPS has the following vision, mission and values:

6.2.1 Vision

The vision of EPS is “to be one of the leading professional society in ensuring health and wellbeing of children in Africa”

6.2.2 Mission

“Working with all stakeholders to the attainment of optimal health and wellbeing of Ethiopian children through active engagement and networking in the development and implementation of policies, strategies, programs, research and publication, education and advocacy related to children”

6.2.3 Values

1. Professional ethics with excellence
2. Partnership and networking
3. Team work
4. Innovation
5. Inclusiveness
6. Transparency
7. Accountability
8. Equity
9. Ethical standard
10. Evidence based practice

6.2 Revised Goal, Objectives and Thematic Interventions

6.2.4 Goal

Contribute to the HSTP to achieve the sustainable development goals.

6.2.5 Objectives

1. Lead and collaborate with FMOH and stakeholders to ensure a high standard of pediatrics and child health practice
2. Foster ethical pediatrics care and research.
3. Advice in planning and implementation of policies and programs related to child health.
4. Promote, support and engage in research and publications on major child health problems
5. Build capacity of child health professionals
6. Promote and facilitate the delivery of comprehensive maternal and child health services.
7. Establish partnership with institutions and agencies working in child health and wellbeing within and outside of Ethiopia.
8. Establish and maintain professional networking with similar societies and associations within and outside Ethiopia

Action plan and proposed budget of the activities and indicators are illustrated in Annex 1.

6.3 Thematic interventions

1. Support and Conduct Quality Research on child health and regular publication of the peer reviewed EJPCH
2. Address child health issues in collaboration with FMOH and other partners focusing on priority national child and adolescent health program.
3. Support development of national strategies, guidelines, manuals and protocols in child health
4. Develop and Provide Continuous Professional Development
5. Active engagement in quality improvement in child health services
6. Advocate on child health
7. Active engagement in Social, Behavioral, Change Communication (SBCC) in Child Health

6.4 Crosscutting Issues

- a) Child Protection;
- b) HIV/AIDs;
- c) Non-Communicable Diseases.

7. THE STRATEGIC PLAN IMPLEMENTATION

7.1 Implementation Process

Implementing strategy entails converting the strategic plan into action. To pursue successfully its strategic plan, EPS need to undertake the following broad measures pertaining to the process of strategy implementation.

- Clearly define roles and responsibilities of individual and units for its implementation;
- Breakdown the five year strategic plan into annual work plan;
- Communicate the strategy to all parties who has the stake in its implementation;
- Design monitoring and evaluation mechanisms for the realization of the plan into action.

7.2 Organizational Issue

Strategy execution depends heavily on the structure and system in place. There need to be a good match between the system, and the resources (human, financial and material resources). Therefore, EPS should review its structure, systems and human resources in line with the new strategic direction of the organization. The principal implementation tasks are summarized below:

- Building the organization with the competences, capabilities and resource strengths to carry out the strategy successfully;
- Allocation of budget to the activities critical to strategic success;
- Establishing and strengthening policies, procedures, information communication and operating systems that enable the organization to carry out its strategies successfully;
- Employing motivational practices and incentives that enhance commitment to good strategy execution;
- Creating enabling working environment and organizational culture.

7.3 Work Plans

The strategic plan provides the basis for preparing annual work plan and budget. The strategic plan has to be rationalizing into clear, understandable and measurable annual plans and budgets. This is the key to the implementation, monitoring and evaluation of the strategic plan. The annual work plan will indicate the tasks to be implemented during the

year with timetables and implementation responsibilities. Each work unit has the responsibility of preparing the annual work plan and budgets for its respective units in consultation with the Executive Director. The technical and finance and administration units have to coordinate and synchronize work plans for implementation, and will be evaluated on the basis of performance of the implementation. The implementation schedule (action plan and corresponding budget) of the strategy is depicted in Annex 1.

7.4 Monitoring and Evaluation

This strategic plan is a five year plan, which is concretized in annual work plans. The Strategic plan will be monitored and evaluated at different levels. The Executive Board of EPS will oversight the implementation of the strategic plan, and monitored on annual bases against the work plans that are endorsed by the General Assembly at the beginning of the fiscal year. The Secretariat will review the strategic plan implementation at quarterly bases. Moreover, annual general assembly meeting will be organized to review the implementation process. In the mid of the strategic plan period, the strategic plan will be reviewed in the presence of all concerned stakeholders, and the necessary correction measure will be employed, if any.

7.5 Assumptions, Risks and Mitigation Activities

The following assumptions, risks and mitigation activities are considered during the strategic plan period.

7.5.1 Assumptions

- The good partnership with the government as well as the prevailing enabling policy environment continues during the Strategic Plan period;
- The global financial crisis will improve and funding is available to meet the planned objectives;
- Incidences of emergency situations in the operational areas will not be beyond the available resources of the development partners.

7.5.2 Possible Risks and Mitigation Activities

Possible Risks	Mitigation Activities
<ul style="list-style-type: none"> • The government might introduce inconvenient regulations and directives that hinder smooth implementation of the strategic plan; 	<ul style="list-style-type: none"> • Initiate roundtables of government counterparts and development partners to sort out inconvenience through negotiations and dialogue.
<ul style="list-style-type: none"> • The global financial crises continues and access to funding opportunities to realize the plan could be difficult; 	<ul style="list-style-type: none"> • Consider alternative fund raising strategies like targeting local donors or the diasporas; • Scale down operations to optimal levels
<ul style="list-style-type: none"> • The incidence of emergency situations in operational areas could be more frequent and widespread to such a magnitude that they entirely undermine the potential to achieve the objectives in this plan. 	<ul style="list-style-type: none"> • Work with all partners to bring the risk to manageable scale of operation and resource requirement

ANNEXES

Annex I: Action plan and proposed budget for 2016-2020

Strategic Objective	Strategy/Activities	Indicators	Year					Total Budget
			2016	2017	2018	2019	2020	
1. Support and Conduct Quality Research on child health	<ul style="list-style-type: none"> Supporting EPS members to conduct scientific research Provide training on research methodology for members by building capacity of executive board members through updating quality of the journal 	<ul style="list-style-type: none"> Conducting sessions of research methodology training Supporting researches per a year No. of quality research outputs produced and distributed to members and concerned beneficiaries No. of publications distributed 	120,000	140,000	160,000	200,000	220,000	840,000.00
2. Address child health issues in collaboration with FMOH and other partners focusing on priority national child and adolescent health)	<ul style="list-style-type: none"> Organizing and conducting training on NB & AH for regional and zonal child health officers 	<ul style="list-style-type: none"> conducting.... sessions for training for Health workers updating the training manuals and standards 	10,000,000	10,200,000	10,300,000	10,400,000	10,500,000	51,400,000.
3. Support development of national strategies, guidelines, manuals and protocols in child health	<ul style="list-style-type: none"> Develop national guidelines, manuals in handling child health 	<ul style="list-style-type: none"> No. of guidelines developed 	100,000	100,000	100,000	100,000	100,000	500,000.00

EPS Strategic Plan 2016-2020

<p>4. Develop & Provide Continuous Professional Development</p>	<ul style="list-style-type: none"> Identifying appropriate motivation and professional development options and modalities Develop capacity building plans and programs of members (organize different trainings, consultative meetings, workshops, experiences sharing to upgrade their capacity to play active roles in child health related issues. Set up a well-functioning and working network of volunteers (members in the country and the diaspora and prominent professionals) who shared EPS vision and mission Motivate and support members to involve in social responsibility <p>Develop members data, increase number members and chapters</p>	<ul style="list-style-type: none"> No of members increased from the current number 460.... to Establish communication & network with diaspora pediatricians 	200,000	220,000	240,000	260,000	300,000	1,220,000.00
<p>5. Active engagement in quality improvement in child health services</p>	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Improved child health services introduced 	50,000	700,000	100,000	120,000	130,000	1,100,000.00
<p>6. Advocate on child health</p>	<ul style="list-style-type: none"> Establish a National Technical Advisory Council (NTAC) Provide advice and policy support to the executive board provide guidance to government officials and national policy-makers Advocate for the involvement in certification, registration and regulation of professionals in child health issue Promote and advocate child friendly environment 	<ul style="list-style-type: none"> Policies on child health influenced Involvement of EPS in certification, registration and regulation of professionals in child health advocated 	30,000	40,000	50,000	50,000	50,000	220,000.00
<p>Active engagement in Social, Behavioral, Change Communication (SBCC) in Child Health</p>			500,000	500,000	500,000	500,000	500,000	2,500,000.00

EPS Strategic Plan 2016-2020

<p>7. Strengthen EPS's capability, credibility and image)</p>	<ul style="list-style-type: none"> • Review the organizational structure • Develop capacity of staff to address skill & knowledge • Update the Finance & HR manuals • Develop Child Protection Policy manual • Review the remuneration package • Enhance efficient information system for the timely collection, retrieval and dissemination data to users, upgrade the web site and the ICT. • Promote its image by publishing and disseminating its achievement and best practices using electronic (web site), printed materials (journals, annual/biannual newsletters, progress reports, brochures and public media (TV, Radio, newspaper) 	<ul style="list-style-type: none"> • Organizational structure updated • No. of training sessions delivered • Policy and procedures manuals updated • Salary and benefits revised • ITC & website upgrades • Image of EPS promoted 	100,000	150,000	150,000	150,000	200,000	750,000.00
<p>8. Resource mobilization</p>	<ul style="list-style-type: none"> • Develop & implement a pragmatic fund raising strategy • Strengthening of links with current partner institutions & networks working in the area of Health • Make planning an on-going function so that on-shelf projects would be readily available; • Diversify its donor base; • Use the GA members potential for networking, publicity and fund raising; • Develop efficient and cost effective financial management 	<ul style="list-style-type: none"> • Fund raising event • No. of project documents developed • No. of new partners 	50,000	50,000	50,000	50,000	50,000	250,000.00
<p>9.</p>	<p>Total Budget</p>	<ul style="list-style-type: none"> • 	11,150,000	12,100,000	11,650,000	11,830,000	12,050,000	58,780,000

Annex 2: Sustainable Development Goals

The High-level Political Forum on Sustainable Development is the central UN platform for the follow-up and review of the 2030 Agenda for Sustainable Development adopted at the United Nations Sustainable Development Summit on 25 September 2015.

The 2030 Agenda for sustainable development has 17 Sustainable Development Goals (SDGs) with 169 associated targets which are integrated and indivisible. The goal and associated targets relevant to child health are presented below:

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

Target 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and Well-being

Annex 3: References

1. Annual Performance Report for the Year 2015
2. Auditor's report on the Financial Statements of EPS 2015
3. Charities and Societies Proclamation (Proclamation No. 621/2009) and regulations
4. Ethiopian Pediatrics Society Bylaw
5. FMoH, Health Sector Development Programme IV, 2010/11 – 2014/15
6. Health Sector Transformation Plan (HSTP) 2015/16 - 2019/20
7. Human Development Report 2015
8. National Adolescent, Youth and Reproductive Health Strategy
9. Global Strategy on Women, Children and Adolescents 2016-2020
10. National Hygiene and Sanitation Strategy Federal Democratic Republic of Ethiopia Ministry of Health, December 2005.
11. National Newborn and Child Survival Strategy for Ethiopia 2015/16-2019/20
12. Policy and Practice Information for Action, Envisioning the Future of the Health Sector: An Update, FMoH, April 2014
13. Population and Housing Census of Ethiopia, May 2007,
14. The Second Growth and Transformation Plan (GTP II) (2015/16-2019/20), National Planning Commission, September 2015
15. Transforming our world: the 2030 Agenda for Sustainable Development, UN, Sep 2015

Annex 4: Donors/Financers of EPS (2015)

1. UNICEF
2. WHO
3. Save the Children
4. VSO
5. American Academy of Sciences
6. Colombia University
7. EBG (Sanofiaventis)
8. MSH
9. BADREG PLC
10. Glaxosmithkline limited (GSK)
11. AA City Administration
12. Ethiopian Public Health Association
13. General Electric International
14. MULLEGE PLC