

Ethiopian Pediatrics Society



Strategic Plan (2011-2015)

Addis Ababa
2011

Table of Contents

ABBREVIATIONS	3
1. INTRODUCTION	4
2. BRIEF COUNTRY PROFILE	4
2.1 THE LAND, PEOPLE AND DEMOGRAPHY	4
2.2 RECENT PROGRESSES AND CHALLENGES IN ECONOMIC AND SOCIAL DEVELOPMENT	5
2.3 THE HEALTH SYSTEM OF CHILDREN AND THE CHILD SURVIVAL STRATEGY	5
3. PROFILE OF EPS	6
3.1 GOVERNANCE	7
3.2 CORE ACTIVITIES AND PERFORMANCES	7
A) CORE ACTIVITIES/ ENGAGEMENT AREA	7
B) KEY ACHIEVEMENTS OF EPS	7
4. THE STRATEGIC PLANNING PROCESS	8
5. VISION, MISSION, ORGANIZATIONAL VALUES OF EPS	9
5.1 VISION	9
5.2 MISSION	9
5.3 VALUES	9
5.4 OBJECTIVES	9
6. SITUATION ANALYSIS	10
6.1 INTERNAL STAKEHOLDERS	10
6.2 EXTERNAL STAKEHOLDERS	10
6.3 SLOT ANALYSIS	11
7. CRITICAL ISSUES	13
7.1 ORGANIZATIONAL ISSUES	13
7.2 POLICY ISSUES	13
7.3 PROGRAM ISSUES	13
7.4 MEMBERSHIP MOBILIZATION	14
8. STRATEGIES, GOALS AND OBJECTIVES	14
8.1 STRATEGIES	14
8.2 STRATEGIC GOAL	17
8.3 OBJECTIVES	17
9. THE STRATEGIC PLAN IMPLEMENTATION	17
9.1 IMPLEMENTATION PROCESS	17
9.2 ORGANIZATIONAL ISSUE	17
9.3 WORK PLANS	18
9.4 MONITORING AND EVALUATION	18
ANNEXES	ERROR! BOOKMARK NOT DEFINED.
ANNEX 1: ACTION PLAN AND PROPOSED BUDGET FOR 2011-2015	19
ANNEX 2: REFERENCES	21
ANNEX 3 DETAILED INDICATORS OF HSDP IV	22

Abbreviations

CSA	Charities and Societies Agency
EPS	Ethiopian Pediatrics Society
FMoH	Federal Ministry of Health
GA	General Assembly
GDP	Gross Domestic Production
GTP	Growth and Transformation Plan
HDI	Human Development Index
HIV/AIDS	HIV/AIDS Human Immune Virus/Acquired Immune Deficiency Syndrome
HSDP	Health Sector Development Program
HSEP	Health Services Extension Program
IMNCI	Integrated management of newborn and childhood disease
IPA	International Pediatrics Society
MDG	Millennium Development Goals
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
SDPRP	Social Development and Poverty Reduction Program
UNAPSA	Union of all African Pediatric Societies and Associations
UNDP	United Nations Development Program

1. Introduction

The Ethiopian Pediatric Society (EPS) is a voluntary professional society that was established in 1995 to ensure high standard of pediatric practice in Ethiopia.

In the past years EPS has been active in bringing in members under its umbrella and conducting various sessions relevant to the Ethiopian child. It developed hospital care manuals, facilitated several training programs and coverage surveys, organized conferences and workshops related to child health

Currently the Society has 139 members and 18 associate members. The potential members are expected to be above 300.

Organizations are operating in dynamic and ever-changing environments. These organizational environments are characterized by a situation embedded with constant change. In order to respond to these ever-changing and dynamic environments, strategic plan is one of the essential tools. Since its establishment, EPS has not developed long term strategic plan. Thus, the Society envisaged designing its long term direction in order to address the challenges related to child health.

The recently enacted Proclamation of the Charities and Societies (Charities and Societies law) that demands Societies to register again in line with the provisions of the current policy is another driving force that necessitates development of strategic plan.

In view of the above, EPS commissioned Wisdom Consult to support in designing strategic plan, of the Society to strengthen its institutional and strategic basis.

The strategic planning would enable EPS

- Determining **what** it intends to be in the future, and **how** it will get there.
- Finding the **best future** for and the best path to reach that destination.

The main objective of the study is to craft a strategic plan for EPS and its organs that is based on a sound analysis of the demands and expectations of EPS's stakeholders, its internal strengths, limitations, external challenges and opportunities.

The document is organized in nine sections. Section one, the introduction deals with background information; section two presents the national context; and section three introduces EPS in brief. Section four discusses how the strategic plan is prepared. EPS's vision, mission, and values are spelt out in section five, while section six provides the situation analyses as it relates to external and internal factors affecting EPS. Section seven considers strategic issues where EPS's efforts, energy, and resources have to be concentrated during the strategic period. The five-year strategic directions, goals and objectives of the Society and its program focus are indicated in section eight. The final section deals with the implementation, follow-up, and evaluation of the strategic plan.

2. Brief Country Profile

2.1 The land, people and demography

Ethiopia is one of the world's oldest civilizations; and home to more than 80 ethnic groups that speak about 80 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 80 million now, Ethiopia is the second most populous country in Africa after Nigeria. The population growth rate for 2001-2007 was 2.6% and the population is projected to reach 96 million by 2015. Over half of the population (65%) is below 24 years of age largely influencing the very high dependency ratio of 93. Roughly 84% of the population lives in rural areas, which makes reaching the poorest children and their families in the remotest rural areas the key challenges in tackling poverty in the country.

2.2 Recent progresses and challenges in economic and social development

The Ethiopian economy has registered rapid growth rates averaging 11.0 per cent per annum over the past seven years, placing the Country among the top performing economies in sub-Saharan Africa. The growth performance as measured by real GDP growth has exceeded the growth targets set under both scenarios of PASDEP. The registered GDP growth rate, in comparison with an average population growth rate of 2.6%, implies that the average annual per capita income growth rate was 8.4 %.

The new five-year Growth and Transformation Plan (GTP) envisages continuing GDP growth of, at a minimum, 10 per cent per annum. Not surprisingly, these rapid growth rates in the Country are translating into improved living conditions for the poor and a declining poverty headcount. Much remains to be done, however, to further reduce the incidence and severity of poverty.

Notwithstanding Ethiopia's significant economic growth in recent years, the Country as yet remains one of the poorest countries in the world, with an annual per capita income of USD 170. Ethiopia was ranked 171st out of 182 countries on the UNDP Human Development Index in 2009; while it is 171st out of 178 countries in 2010. Although the HDI 2010 indicates that the life expectancy at birth has increased by almost 5 years between 2000 and 2010; it still stands at 56.1 years. Infant and maternal mortality and child malnutrition rates are among the highest in the world. While access to education has increased in recent years, the overall adult literacy rate, at 36 per cent is low even by Sub-Saharan African standards. Only about 65.8 per cent of the rural population has access to potable water (within 1.5km) and about 80 per cent have no access to improved sanitation. About 38 per cent of children under the age of five are underweight. HIV/AIDS constitutes a major threat to sustained economic growth, with about three per cent of adults estimated to be HIV-positive.

The Ethiopian Government issued Proclamation (Proclamation No. 621/2009) for the Registration and Regulation of Charities and Societies in the country. EPS is registered as an Ethiopia Society in accordance to the CSO proclamation. According to the proclamation, a society is an association of persons organized on non-profit making and voluntary basis for the promotion of the rights and interests of its members and to undertake other similar lawful purposes as well as to coordinate with institutions of similar objectives.

2.3 The Health System of Children and the Child Survival Strategy

Ethiopia through the progressive implementation of the Health Sector Development Program in the past years has made great strides to improve maternal and child survival. However, the National infant and Under-five mortality Rates are still high about 97/1000 and 140/1000 respectively. About 90% of mortality in under-fives is caused by pneumonia, malaria, diarrhea, measles and neonatal causes (pre-maturity, asphyxia and neonatal sepsis). Malnutrition and HIV are underlying causes in about 57% and 11% of these deaths respectively.

The levels of mortality are worsened particularly by poverty, inadequate maternal education lack of safe water supply and sanitation, and high fertility and inadequate birth spacing.

Though, there is a continuously declining trend of under-five mortality since 1960s, still about 472,000 Ethiopian children die each year before their first birthday, which places Ethiopia sixth among the countries

of the world interims of the absolute number of child deaths. And yet there are effective and proven interventions which can be used to reduce under five mortality if universally accessible. These interventions would need to be addressed if the millennium development goal (MDG) of reducing child deaths by two thirds by 2015 is to be achieved.

Following the high-level discussions with the Global Child Survival Partnership, the Federal Ministry of Health and its partners organized a National child Survival conference from 22-24 April 2004. One of the major recommendations of the meeting was to prepare a comprehensive National child survival strategy and implementation plan for the reduction of under five-child mortality.

The strategy addresses the underlying conditions that account for 90% of child mortality plus malnutrition on and HIV/AIDS, the two most important underlying causes of death. The focus will be on selected cost effective and high impact interventions. The strategy is an important component of the Health Sector Development Program (HSDP III) and Social Development and Poverty Reduction Program (SDPRP II).

The overall objective of the strategy is to reduce the current under –five mortality of 140/1000 to 67/1000 by 2015 – this being a reduction of two thirds from the 1990 rate of about 200/1000 live births or a 52% reduction from the 2004 rate of 140/1000 live births.

The specific objectives of the strategy are:

- To proportionally reduce the neonatal, infant and child mortality rates while achieving the overall objective;
- To ensure the greatest possible reduction of mortality among the children of the poorest and most marginalized sections of the population;
- To contribute to the reduction of maternal mortality to achieve the Millennium Development goal by 2015;
- To ensure the availability of quality essential health care for women and children in the community and health facilities.

The Health Services Extension Program (HSEP) is the main pillar of the Child Survival Strategy for increasing access to promotive, preventive and basic essential curative health services to the majority of the underserved population.

3. Profile of EPS

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 association represents pediatricians, pediatric sub specialists, pediatrics residents, and other people who work with and care for children.

EPS was established 1995 and was re-registered in October 28, 2009 with Charities and Society Agency (CSA) with registration number 621/2009. 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 membership. EPA 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.

In the last fourteen years the society has been active in bringing members under its umbrella and conducting various sessions relevant to the Ethiopian child.

3.1 Governance

EPS has the following organs:

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

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

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

The secretariat has five staff: the Executive Director, Project Officer, Administration Officer, Secretary and Accountant.

The Executive Director of the Society is appointed by the Executive Committee, and directs and follows up the day to day activities of the Society.

3.2 Core Activities and Performances

a) Core Activities/ Engagement Area

The major activities of EPS include:

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

b) Key Achievements of EPS

In the past 3 years EPS has scored significant achievements in promoting child health in the country. The key achievements are highlighted as below.

1. Conducted its annual conference and gave updated and relevant medical education pertaining to pediatric service though continuous medical education to its members and interested professionals;

2. EPS was represented in various national task forces and core group, so that it is able to contribute on planning and implementation of policies and regulations related to child health, it has representation in reproductive health, safe motherhood, IMCI, and child service task force;
3. Produce scientific publications related to the professions and encouraging and facilitating research activities which benefit the professional in pediatric care provider;
4. Involved in capacity building trainings of child health professionals and the community;
5. Promoted and facilitated the delivery of comprehensive maternal and child health service;
6. Established and maintained professional linkage with similar societies and associations within and outside of Ethiopia.
7. Establish professional linkage with international institutions and agencies working in child welfare;
8. Through its official organ - the "Ethiopian Journal of pediatrics and child health" it addressed mainly the child health professionals and the public in child health issue;
9. With the financial support from WHO, prepared hospital care manual and printed IMNCI materials in 2009;
10. With the support of FMOH, provided IMNCI case management training. Planned to train 750 participants and trained 654 (87.2%). It also trained 36 facilitators and 26 supervisors. Supportive supervisory visits were also done in 6 regional states in 2010.

4. The Strategic Planning Process

The strategic planning process is aimed at developing a road map for EPS that would contribute to its overall vision, mission, goals and objectives. Documentary review, organizational capacity assessment, interactive and participatory workshop and consultative meeting were the methodologies for the preparation of the Five Year Strategic Plan (2011-2015). The specific objectives of the strategic plan development include: to clearly re-articulate EPS's missions, vision and values; to assess EPS's environmental situation to identify strategic issues and challenges; to outline and prepare clearly defined strategies and objectives to overcome weaknesses and threats as well as to exploit opportunities; to identify and strategize effective and efficient utilization of resources; to set goals and develop implementation mechanisms towards achieving those goals; and to prepare workable action plans with required resources (human, financial and material) so EPS can achieve its essential tasks.

The framework that guided the development of EPS's strategic plan draws on well established and widely used concepts and tools. It specified the essential analytical processes required to define and integrate the elements of the strategic plan and also informed identification of the broad steps and tasks to be pursued in plan development and implementation process.

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

1. Strategic Planning Workshop was undertaken in an interactive and participatory framework where: the Executive Committee, representative members, and staff of EPS participated. The workshop was held in Bishoftu from June 24-25, 2011;

Wisdom Consultants briefed the participants on the strategic planning process and the theoretical framework. This was followed by discussions on the key achievements of EPS over the last 3 years, review of vision, mission, values and objectives of EPS, situation analysis, determining key issues and identification of strategic goals and objectives and how to cascade the five year strategic plan to annual performance plan and how to monitor and evaluate the annual and day-to-day performances;

2. Document Review: All relevant documents and records of EPS including: EPS Profile, National IMNCI Training Activity Report, Conference Proceedings, Ethiopian Journal of Pediatrics and Child Health, EPS Bylaw, National Strategy for Child Survival in Ethiopia (2005) were reviewed;
3. Relevant stakeholders forward their opinions that were important input in conducting the strategic plan through the developed questionnaire;
4. Analysis of the information obtained through the sources stated above helped the Consultant to draw up this draft of the strategic plan.

5. Vision, Mission, Organizational Values of EPS

5.1 Vision

The vision of EPS is “to be a leading society in ensuring health and well being of children in Ethiopia”

5.2 Mission

“Working with all stakeholders to the attainment of optimal health and well being of Ethiopian children through active engagement and networking in the development and implementation of policies, strategies, programs and researches related to children”

5.3 Values

1. Professional excellence
2. Partnership and networking
3. Collegiality
4. Transparency
5. Accountability
6. Equity
7. Ethical standard
8. Evidence based practice

5.4 Objectives

1. Ensure a high standard of pediatrics and child health practice
2. Foster ethical pediatrics care and research.
3. Advise 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 well being within and outside of Ethiopia.

8. Establish and maintain professional networking with similar societies and associations within and outside Ethiopia
9. Promote and advocate for child friendly environment.

6. Situation 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, to identify its expectations of each of the main stakeholders. EPS's stakeholders can broadly be classified into two: Internal and external stakeholders.

6.1 Internal Stakeholders

The internal stakeholders of EPS are its members, the Executive Committee, and the Secretariat (management and staff).

The Society members appreciated the effort of EPS in the past years. They expect EPS will build their capacity, promote and safe guard the professional interest of its members and protect their rights. The members are in turn expected to: pay membership fees regularly, actively participate in the workshops, conferences organized by EPS and contribute to the publications produced by EPS.

The Executive Committee is expected to provide overall and clear guidance, provide policy and strategic direction and build relationship to generate resource and support for the effective operations of EPS. In turn the Committee expects management and staff to actively implement activities of EPS and attain expected results with quality services to its stakeholders.

EPS highly values its staff and shall develop their skills and capacity and provide them with adequate remuneration and other resources within its capacity. They will also be provided full support and delegated the authority. The Executive Committee and management also expect the staff to stick to the values of EPS, fully discharge their responsibility in realizing the objectives of EPS

6.2 External Stakeholders

The external stakeholders of EPS include FMoH, UNICEF, WHO, Donors, sister societies and associations and other stakeholders.

EPS is expected to strengthen its partnership and networking with all its stakeholders. The stakeholders want to see a self motivated and sustainable organization that leads newborn and child health in areas of teaching, medical services, public health program, research and future thinking.

The work relationship of EPS with the stakeholders was said to be good. Some of the stakeholders believe EPS has tried its best within the limited capacity. But it is not strong enough to influence the policy makers

on issues of children and play a leading role for the cause of children. Expectations of the stakeholders' are summarized below:

- As the sole professional society in child health, EPS should play a strong advocacy role in child survival;
- Play a major role in development of norms and guidelines pertaining pediatric care and ensuring its implementation;
- Work hard in the capacity building of child health care staff starting from the design of curricula, pre-service and in-service trainings, should play a pro-active role in the decision process whereby the country gets adequate mix and number of child health care providers;
- Position itself to be able to take the responsibility of accrediting child health professionals and monitor the quality of pediatric health care services both in the public and private system;
- Play a proactive role in improving the quality of pediatric emergency and hospital care services including the creation of limited Excellency centers for tertiary care;
- Be involved in operational researches and monitoring of child health interventions in the country to avail evidences.

6.3 SLOT Analysis

The Consultant utilized a SLOT (strength, limitations, opportunities and threats) analysis as a methodology to scan, grasp and benefit from the working environment of EPS. Analysis was carried at two levels: internal (governance and leadership, management of operations and resources, communications and networking, efficiency and effectiveness of the secretariat) and external (political, economic, social, technological and legal environment). The SLOT analysis identified several strengths and opportunities from which EPS may benefit and also revealed numerous critical limitations and threats that EPS should address.

a) Internal Environment

Strengths
<ul style="list-style-type: none"> ▪ Committed Executive Committee ▪ Cumulative experience in providing training and running programs ▪ Technical expertise of members ▪ Confidence of partners in ESP ▪ Website development ▪ Journal publication ▪ Medical education ▪ Monthly meeting of Executive Committee ▪ Lead the national child survival programme agenda
Limitations
<ul style="list-style-type: none"> ▪ Lack of systematic record keeping ▪ Absence of short and long term planning ▪ Organizational Structure not indicating clear responsibilities of functional bodies ▪ Limited networking/communication activities- no newsletter, regular conferences and workshops ▪ Inadequate commitment of members ▪ Limited resource mobilization ▪ Limited service to stakeholders

- Limited representation in child health issues
- Image building/promoting EPS cause not strong
- Limited membership mobilization
- Limited influence on policy formulation and action concerning child health
- Research and publication work not strong due to: financial constraints, limited research support, limited participation of members to undertake research
- Unable to certify pediatrics professionals
- Lack of own premise (Office Building)
- Absence of chapters in Regions
- Donors driven activities
- Organizational structure, policy and procedures manuals not revised periodically
- There was no a full time secretariat to manage EPS which results in lower response and limited capacity in providing the much needed leadership
- Limited Institutional capacity (understaffed and financial constraint)

b) External Environment

Opportunities
<ul style="list-style-type: none"> ▪ Existence of national health policy ▪ Societies encouraged to participate in solving health problems ▪ Preparation of ethical code for medical practice ▪ Willingness of GOs and NGOs to have partnership with EPS ▪ High level of national and international commitment for child survival (MDG) ▪ Development of private enterprises and expansion of private health services ▪ Growing economy of the country ▪ Children are considered as priority by society ▪ There is awareness among communities about harmful traditional practices ▪ Technology transferred through diasporas, e-learning, and Tele-medicine ▪ Existence of Democratic constitution ▪ Existence of Family Law ▪ The new legislation on CSO's where a provision for generating income has been permitted ▪ Demand of a body to lead the newborn and child health agenda ▪ Positive attitude of FMoH to the society ▪ Availability of in-country funds that could easily be tapped by EPS
Threats
<ul style="list-style-type: none"> ▪ Lack of Health Code in the Country ▪ Lack of legal provision to protect health professionals including pediatricians ▪ Many local and international NGOs competing for limited fund ▪ Donors' focus changing ▪ Brain drain of professional members ▪ Population growth ▪ Low educational level of women ▪ Low health service ▪ Articles regarding health scattered in several proclamations ▪ Non-existence of Health Act

7. Critical Issues

The workshop participants critically reviewed the internal and external contexts and take into account the stakeholders views and expectations and identified a number of key result areas where EPS's efforts, energy and resource have to be concentrated during the 5 year strategic plan period to realize its organizational endeavor. 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: these issues affect the most people in the most important way
- Which are the most immediate: they will cause additional problems if not addressed in time
- Which are closest to the shared values of the society and/or beneficiaries.

Accordingly, the following issues are identified as critical issues:

7.1 Organizational Issues

For the past six years, EPS had three full time employees, however, it had no full time Executive Director and own office to manage its activities. Although it has recently employed an Executive Director and rented an office, it has no well designed organizational structure, it is understaffed and the duties and responsibilities of the staff is not clearly stated. The mandate of the secretariat and the role of the Executive Committee is not clearly demarcated.

The finance, human resource and administration policy and procedures manuals have not been revised since its establishment. The remuneration system is not revised in line to the labor market.

EPSs operations are constrained by limited Institutional capacity and lack of proper streamlining of organizational functions, absence of chapters in the regions to promote its activities, lack of delegation of roles and responsibilities between the different levels and understaffing and uncompetitive incentive mechanisms..

EPS has financial limitations to cover core administrative expenditures as well as adequately financing its projects. EPS has limited resource generation capacity. Unless it mobilizes own fund its negotiation power may not be strong as a result its activities could be donors driven and even its sustainability may be questioned.

Therefore, in order to deliver on implementation of this strategic plan, EPS will require the prerequisite institutional arrangements and capacity. All core activities under this programme shall derive from and be supportive of systematic capacity building of the Secretariat.

7.2 Policy Issues

Although EPS has started to advocate about children and play an advisory role in the planning and implementation of polices and regulations related to child health, its representation in child health issues is limited. It has limited influence on policy formulation and action concerning child health. Unless it works hard to influence policy makers on child health policy issue, it may not meet the objective - ensuring a high standard of pediatrics and child health practice (objective 1) and advocating child friendly environment (objective 9).

7.3 Program Issues

The core program issues are selected based on the mission and vision of EPS, the relevance of the program interventions to address the child health issue and attainment of the MDG4.

The following four program issues are identified as key success factors for the realization of child health care in the country:

- a) Quality research output
- b) Address child health issues in collaboration with EPI, IMNCI, New Born
- c) Develop national guidelines, manuals in handling child health
- d) Provide training on child health

These success factors are precondition for achieving each of the nine Strategic Objectives of EPS. For example, unless EPS ensures quality research output it cannot promote and advocate child friendly environment, ensure high standard of pediatrics and child health practice and it cannot convince its partners about its competence to assume any role in implementation and management of its projects. To build the capacity of health professionals, it should provide trainings and develop manuals and guide lines. It should also network and collaborate with its stakeholders to address child health issues. These success factors are likewise essential for EPS to achieve credibility and institutional sustainability and to build up and strengthen its image as a professional and competent society in ensuring health and well being of Ethiopian children.

7.4 Membership Mobilization

During the strategic planning workshop it was identified that the commitment of members and the fund mobilized from members is limited. On the other hand the service provided by the society to its members was said to be insufficient. The strength of any society is determined by the number of its members and their active participation and contribution in promoting the causes of the society. Thus, membership mobilization is critically important in attaining institutional and financial sustainability of EPS.

8. Strategies, Goals and Objectives

8.1 Strategies

Based on the critical issues briefly discussed above (section 7), it is essential to chart out strategic directions that can bring about solutions and determine its program focus. EPS realizes that it should take steps of self-renewal in order to make the organization more effective than it is now. Cognizant of this, the following strategies are designed:

8.1.1 Institutional Strengthening

In order to increase its effectiveness and efficiency, EPS will in the strategic period embark on a comprehensive organizational assessment process that will lead towards realignment of the organizational structure to the strategy. The governance and organizational structuring will be reviewed in light of the strategy and the revised structure will be supported by appropriate policy and procedure manuals (finance, human resource and administration) that will be updated/developed to effectively guide operations.

The required quantity and quality of staff to implement the strategy will be employed, duties and responsibilities clearly stated, delegation of authority demarcated. Competency based job descriptions and specifications will also be developed for each position. Incentive mechanisms will be studied in line to the labor market in order to retain and attract competent professionals. The organization will be guided by the principles of assigning the right people to the right responsibilities and recognition of outstanding performances through proper incentives.

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.

In order to enhance efficient information system for the timely collection, retrieval and dissemination data to users, EPS will develop ICT system whereby it can instantly access information and disseminate its research outputs to its members and stakeholders.

8.1.2 Securing Adequate Financing

Mobilizing resources for projects and programs is the area in which EPS has to make serious efforts. EPS will try to explore viable multilateral or bilateral funding sources that are available for Child Health programs in Ethiopia: During the strategic period focus in this regard will be made on the following:

- Development and implementation of pragmatic fund raising strategy targeting existing as well as potential local and international sources of funding.
- Organize fund raising events;
- Undertake quality research on child health;
- Development and further strengthening of links with partner institutions in the area of Child health;
- Increase the number of members and reviewing membership fee
- Provide training and consultancy services
- Seeking sponsorship for organizing events
- Networking and exploring funding possibilities from stakeholders such as FMoH, WHO, UNICEF;
- Developing in-house competence in proposal writing for funding;
- Development of highly transparent and efficient financial management, accounting and reporting mechanisms.

8.1.3 Policy Influence

As the sole professional society in child health, EPS will play a strong advocacy role in child survival and health. It will play a major role in development of norms and guidelines pertaining pediatric care and ensuring its implementation. EPS shall actively participate in policy development, improvement and implementation concerning child health.

EPS shall 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.

8.1.4 Core Program Priorities

The high level of national and international commitment for child survival (MDG 4) and availability of in-country funds that could easily be tapped are great opportunities for EPS. Taking these advantage, EPS can engage in diverse program issues, which are a real child health needs through establishing strategic approaches, and mode of operation.

Achieving the MDG 4 for child survival in Ethiopia demands greater collaboration and partnership of all stakeholders. The national strategy for child survival considers EPS as important partner for the implementation of the strategy. EPS, as professional society that is established to ensure a high standard of pediatric practice in Ethiopia, it has identified its core programs to contribute to the realization of the MDG 4.

EPS has accomplished and continue to accomplish various effective activities useful surveys to promoting child health. However, it has not been widely engaged into quality research output. It will, therefore, put concerted efforts to conduct research and identify best practices and share this with partners to use it for policy support. It will also develop policy supporting strategies, and strengthen networking and collaboration with likeminded organizations. It will be involved in operational researches and monitoring of child health interventions in the country to avail evidences.

EPS shall play a leading role in national and international child health issues and events that help to raise public awareness and policy support. It will address these issues through supporting research output. Research work will also be one of the resource mobilization strategy of the society.

EPS has reach experience in organizing an integrated approach to child health that focus on the well-being of the whole child. As IMNCI aims to reduce death, illness and disability, and to promote improved growth and development among children under 5 years of age **and above**, it will be key child survival intervention of EPS. IMNCI strategy shall include three main components: improving case management skills of health-care staff, improving overall health systems, improving family and community health practices. EPS shall work hard in the capacity building of child health care personnel starting from the design of curricula, pre-service and in-service trainings. It would play a pro-active role in the decision process whereby the country gets adequate mix and number of child health care providers.

EPS shall also play a proactive role in improving the quality of pediatric emergency and hospital care services including the creation of limited Excellency centers for tertiary care. EPS will develop different national guidelines and manuals that would help in handling child health.

8.1.5 Membership Mobilization

In the strategic period, EPS will promote and safeguard the professional interest of its members. Among other things it shall work hard to:

- a. Increase members and associate members
- b. Develop data base of members profile
- c. Establish chapters as necessary
- d. Build capacity of members
- e. Reward members for outstanding service
- f. Communicate with new health graduates to make them full members of the Society
- g. Sponsor residents to undertake research projects
- h. Safeguard professional exercise of members
- i. Involve the Ethiopian Pediatricians abroad (diasporas) to the core functions of the society, including capacity building**
- j. Involve members in EPS activities

- k. Disseminate research outputs to members using EPS's web site

8.2 Strategic Goal

Contribute to improved and sustained child health and achieving the MDG 4

8.3 Objectives

- Strengthen EPS's capability, credibility and image
- Secure adequate financing
- Membership mobilization (Increase the number of members and enhance active participation)
- Influence policy Issue
- Contribute to improved and sustained child health

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

9. THE STRATEGIC PLAN IMPLEMENTATION

9.1 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.

9.2 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 and financial 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.

9.3 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.

9.4 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 Committee 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.

Annex I: Action plan and proposed budget for 2012-2015

	Activities	Indicators	Year					Total				
			2011	2012	2013	2014	2015					
d	<ul style="list-style-type: none"> a) Review and update all organizational policy and procedures manuals (Finance, HR and Admin) b) Develop organizational structure and staffing plan, job descriptions c) Build the capacity of staff d) Review the salary and benefit package e) Develop ICT system 	<ul style="list-style-type: none"> ▪ Revised organizational policy manuals ▪ Organizational structure developed ▪ 5 staff trained ▪ Salary and benefits reviewed ▪ Image of EPS built ▪ Efficient and effective ICT developed 	80,000	50,000	115,000	130,000	200,000	300,000	30,000	30,000	20,000	20,000
	<ul style="list-style-type: none"> a) Organize fund raising events b) Undertaking research and use it as source of revenue c) Develop project development and submission for funding agencies d) Provide training and consultancy service e) Networking with partners for help 	<ul style="list-style-type: none"> ▪ Fund raising events ▪ Project agreement ▪ Developed project documents ▪ 8 trainings per year organized ▪ No. of partnership created 		30,000	400,000	30,000	400,000	30,000	400,000	30,000	400,000	30,000
o	<ul style="list-style-type: none"> a) Address child health issues in collaboration with EPI, IMNCI, New Born b) Produce quality research output c) Develop national guidelines, manuals in handling child health 	<ul style="list-style-type: none"> ▪ Trainings conducted¹ ▪ Quality research outputs produced and distributed to members and concerned beneficiaries (No of publications distributed) ▪ Collaboration and Networking with FMOH and other partners strengthened 		-	50,000	-	60,000	-	70,000	-	80,000	-
e	<ul style="list-style-type: none"> a) Identify areas for child health policy review b) Active participation in policy development, improvement and implementation concerning child health c) Advocate for child health d) Advocate for the involvement in certification, registration and regulation of professionals in child health issue 	<ul style="list-style-type: none"> ▪ Interaction with the communities facilitated ▪ Policies on child health influenced ▪ Involvement of EPS in certification, registration and regulation of professionals in child health advocated 		30,000	-	30,000	-	30,000	-	30,000	-	30,000
e	<ul style="list-style-type: none"> a) Develop members data b) Establish chapters as necessary c) Build capacity of members d) Communicate with new health graduates to make them full members e) Promote rights and interest of members f) Safeguard professional exercise of 	<ul style="list-style-type: none"> ▪ No of members increased from the current number 150.... to 300 (by 100%) ▪ 4 chapters ▪ Organize 4 CME per year for members ▪ All eligible graduates communicated ▪ Rights and interest of members promoted 	100,000	20,000	100,000	20,000	100,000	20,000	100,000	20,000	100,000	20,000

¹ See 2, d) above

EPS Strategic Plan 2011-2015

g) members Involve members, including diasporas in EPS activities	<ul style="list-style-type: none"> ▪ Establish communication with all pediatricians aboard 		-	-	-	-	
		180,000	955,000	951,000	1,012,000	1,153,000	4
a) Income generated from fund raising events b) Generate revenue from research and surveys	<ul style="list-style-type: none"> ▪ 1 event per year ▪ Conduct 1 quality research per year starting 2013 		50,000	100,000 100,000	150,000 200,000	200,000 300,000	
c) Income from developed projects	<ul style="list-style-type: none"> ▪ 2 projects per year 		1,000,000	2,000,000	3,000,000	4,000,000	1
d) Revenue generated from training and consultancy service	<ul style="list-style-type: none"> ▪ 8 trainings conducted per year 		440,000	440,000	440,000	440,000	
e) Income generated from membership contribution	<ul style="list-style-type: none"> ▪ All members pay their annual fee 		30,000	40,000	50,000	60,000	
			1,520,000	2,680,000	3,840,000	5,000,000	1

Annex 2: References

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Annex 3 Detailed indicators of HSDP IV

1. Improve maternal & newborn health

- Reduce Maternal Mortality Ratio (MMR) to 267 per 100,000LB
- Reduce Total Fertility Rate (TFR) from 5.24 to 4.8
- Increase contraceptive Prevalence Rate (CPR) from 32% to 65%
- Contraceptive Acceptance Rate
- Increase Focused ANC 4+ from 35 to 83%
- Increase Delivery Service attended by skilled birth attendants from 25% to 80%
- Increase postnatal care service from 325 to 92%
- Avail sustainable B-EmONC services in all Health Centers and C- EmONC service in all Hospitals
- Increase proportion of resuscitation of asphyxiated newborns from 4% to 64%
- Avail functional newborn corner in all hospitals
- Increase PAB from 42% to 83%
- Increase proportion of HIV Positive Pregnant Woman receiving ARV to reduce risk of MTCT from 8% to 80%

2. Improve child health

- Reduce NMR from 39 to 15 per 100LB, IMR from 77 to 31 per 1,000 LB and Under Five Mortality Rate from 123 to 67 per 1,000 LB
- Increase immunization coverage: Penta 3, Rotavirus and Pneumococcal to 89%;
- Increase proportion of newborns with neonatal sepsis who received appropriate treatment from 4% to 67%
- Increase proportion of newborns with neonatal jaundice who received appropriate treatment from 5% to 66%
- Increase proportion of VLBW newborns who got appropriate care at hospital level from 4% to 64%
- Increase proportion of under five children with pneumonia who received antibiotics at facility level from 35% to 75%
- Increase proportion of under five children with diarrhea who receive ORT from 25% to 73%
- Increase proportion of under five children with fever assessed and managed for malaria within 24 hours from 32% to 90%
- Measles pre-elimination, MS ELIMINATION & polio eradication