

The Ethiopian Society of Obstetricians and Gynecologists (ESOG) Strategic Plan (2023-2027)



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Abbreviations

ACOG	American College of Obstetrics and Gynecology
AFOG	African Federation of Obstetrics and Gynecology
CME	Continuous Medical Education
CPD	Continuous Professional Development
EDHS	Ethiopian Demographic and Health Survey
EJRH	Ethiopian Journal of Reproductive Health
EMA	Ethiopian Medical Association
EMwA	Ethiopian Midwives Association
ENA	Ethiopian Nurses Association
ESOG	Ethiopian Society of Obstetricians and Gynecologists
EWLA	Ethiopian Women Lawyers Association
FIGO	International Federation of Obstetrics and Gynecology
LB	Live Birth
MNH	Maternal and Newborn Health
MOH	Ministry of Health
NCD	Non Communicable disease
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Right

Foreword

The fourth 5-year strategy plan for the Ethiopian Society of Obstetricians and Gynecologists has begun (2023-2027). To achieve the anticipated improvements of SRH and MNH as a country in general, we encountered enormous hurdles to live and work during pandemic and conflict years. Through a strong organization and enthusiastic members, ESOG has been doing its utmost to meet these challenges.

With a current population estimate of 117.9 million, Ethiopia has had a tremendous improvement in its SRH indicators during the past 21 years, starting with the first EDHS in 2000. From 870/100,000LB in 2005, maternal mortality has decreased during this time to 401 per 100,000 live births (EDHS 2021). Enhanced skilled birth attendance and improved access to facility deliveries were remarkable there is still much to be done to reach the objectives outlined in the HSPT and SDG and maintain the progress gained thus far.

The nearly five-fold increase in the contraceptive prevalence rate from 8.1% (EDHS 2005) to 41% is another notable area of development (EDHS 2021). The combined impact of increased access to safe abortion and family planning services has significantly reduced the unsafe abortion. Nevertheless, despite the progress gained and the significant contribution made by ESOG to the national effort, much work still has to be done.

To meet the SDG target, the MMR reduction must be accelerate. The CPR is quite low, heavily dependent on SA techniques, and needs to switch to LAPM. In order to address the health demands of the people of the country, which is aspiring to become a middle-income country and whose morbidity pattern is also confronting other obstacles in epidemiologic transitions, the HRH for SRH must be raised in number and quality (from infectious and communicable to non-communicable diseases).

Since ESOG was founded 30 years ago, the organization has made contributions by bringing up significant RH issues to facilitate dialogue among stakeholders and by designing and implementing a number of life-saving and life-changing projects to improve access to high-quality RH and MNH services by creating guidelines that have an impact.

Additionally, ESOG has produced scientific evidence and made a concerted effort to spread it via peer-reviewed publications, newsletters, newspapers, and radio. As a peer-reviewed publication, the Ethiopian

Journal of Reproductive Health (EJRH) is currently well-established and regarded. It publishes a reliable quarterly with a substantial number of article submissions. In order to publish more issues annually and establish itself as the SRH audience's favorite journal, the editorial board needs assistance in growing the pool of reviewers. In the past, CME courses have been planned in conjunction with partners to offer certificates with CEUs for license renewal. The quantity of CME courses should be increased, nevertheless, and significant and pertinent subjects requested by members should be included. Additionally, the CME committee requires support from the members and the academia to obtain additional regional speakers. As a professional organization, ESOG is dedicated to improving Ethiopia's maternal, new-born health and sexual and reproductive health conditions.

Hence by presenting a focused and measurable objective for the following five years, this strategic statement reinforces our commitment to the same. After successfully implementing three five-year plans covering the years 2005–2010, 2011–2016, and 2017–2022, we have started this fourth strategic plan. The first SP was created entirely from scratch, whilst the second and third were created after much consultation. Similar to the third SP document period, this fourth SP was created following a mid- and end-term appraisal of the society's performance. Similarly, to make the fourth SP more comprehensive, all generated inputs were added to it.

Finally, I would like to take this opportunity to thank everyone involved on behalf of the executive board for their help with this SP. I also make an appeal to all of our members to do their part to ensure that this ambitious strategy is implemented successfully and to use this document as a reference for future activities of the society.

Introduction

The Ethiopian Society of Obstetricians and Gynecologists has embarked upon the fourth 5 year strategic plan (2023-2027). The 4th Strategic plan is an expression of commitment on the part the society to continue to walk on a charted pathway in its effort to contribute towards the betterment of sexual and reproductive health in Ethiopia.

As is well known most of the SRH indicators in the country are changing for the better. Access to family planning services, improvement in Skilled birth attendance, decline in maternal mortality, betterment of access to facility have been the achievements in the past while Ethiopia is also facing other challenges in Epidemiologic transitions (from infectious and communicable to Non communicable disease), challenges in improving quality care and the strive to achieve the goals in SDG . ESOG is willing and determined in making its fair share of contribution towards these gains.

The challenges ahead are oblivious. living and working in post pandemic and post conflict years, working towards improvement of SRH is a daunting task. ESOG is prepared and focused to address these challenges through a well-organized structure and motivated members.

Country profile

The current population size of Ethiopia is estimated at 117.9 million with estimates as high as 122 million and is expected to exceed 200 million by the year 2050 if the current population growth rate maintained, making the country one of the ten most populated countries in the world. The population is young. about 41 % of the Ethiopian population is under 15 years of age, while young people between?? and 30% of the population is between 15 to 29 years of age.

Ethiopia has been successful in a number of SRHR areas. The Maternal mortality that has been 871/ 100,000LB has currently dropped to 401/100,000 maternal deaths. this gain has been

attributed to significant drop in abortion related deaths. Family planning which has been 6% back in 2000 has increased by five folds to 30% of all women and 42 % of married women. The gains in FP services is also reflected in the drop of the TFR from 5.5 children per woman to 4.1 children per woman.

Despite the success enjoyed, there are however challenges that need to be addressed. The challenges include as follows. the first is a low skilled birth attendance rate and still limited access to CEmONC facilities, geographic disparities in family planning covered with emerging region having a CPR below the national average and a national unmet need of FP services which is 20%. Besides, the COVID pandemic and peace and security has led to compromising access to essential and lifesaving services and the latter to utter destruction of health facilities, displacement of communities and services providers with the added burden of sexual violence, and poor access to SRH services.

Ethiopia is also at a cross road in terms of double burden of both infectious and communicable disease and the newly emerging non communicable disease like Diabetes, Hypertension, cancers. Studies indicate the morbidity and mortality from NCDs has exceeded Communicable disease as of 2017

Indicator	EDHS 2005	EDHS 2016	EDHS 2021
MMR	871/100,000 LB	412/100,000 LB	401/100,000LB*
CPR	8.1%	36%	41%
ANC	26.7%	62%	75%
SBA	5.6%	28%	48%
PNC	2.7%	16.5%	35%
NMR	49/1000LB	29/1000 LB	33/1000LB

*not included in 2021 EDHS mini Report

The strategic plan processes

ESOG has embarked on the 4th strategic planning, after completing the implementation of three 5-year plans for the period spanning 2005- 2010, 2011- 2015, 2016-2022. The SP development is a very important process in running the affair of the society, ascertain continuity of leadership and envision the direction of growth of the society and the profession.

In order to develop the 4th SP of ESOG, a number of inputs have been used. These included the review of the 3rd strategic plan, the midterm evaluation of the 3rd SP, Desk review of annual reports for the period 2017-2022, audit reports for the same period, interviews with key stakeholders and partner organizations and members in different age categories from the young to most senior. At the same time, as the society has two offices with staffs that has been overseeing the day to day activities, monitor its finance and implement projects, their views and perspectives have been included to make the plan a realistic one.

Review of Strategic Plan 2017-2022

The period of 2017 -2022

The five-year period has been a very dynamic and at times unpredictable one even for the most astute planner and implementer. The time period is characterized by deep social and political change in the country. The Ethiopian charity and society Agency has to be reorganized because of government reform which has led the society to make constitutional and operational adjustments accordingly. The society has to make adjustments to its mission, vision and objectives in line with the current status of the organization. ESOG has changed from an Ethiopian residents charity organization to an Ethiopian professional association. These changes are happening even when the SP is under development.

The time period has also been characterized by the COVID-19 pandemic and conflict in many parts of the country. The impact of covid is far and wide. It is characterized by disruption of the usual work patterns, limitation of movement, changing from in person to virtual communications and equally important was the shift of resources from SRH to combating the pandemic. COVID has also resulted in less access or utilization of services, increased vulnerability of particularly the adolescents and the young and has resulted more expenditure for the health system. ESOG conducted its AGM as a hybrid meeting both virtually and in person for the first time because of COVID.

The other facet of the time period is the lack of peace and stability in many parts of the country and the conflict in the northern part of the country which has resulted in many deaths, disabilities, displacement, destruction and closure of health institution. With internally displaced persons and wide spread gender-based violence including sexual violence. This was a challenge that has to be absorbed by the society as it resulted in restricting geographic limitation of project areas, cancellation of activities within projects and in some instances an all-tighter inability to implement projects. However, ESOG has also learned a lot in bringing SRH and SRHR issues during times of conflict in the lime light. it has responded to IDPs SRH needs and assisted facilities in need to start basic health services in Afar and Amhara regions.

Thematic areas and accomplishments in 2017-2022

The thematic areas for the 3rd SP included the following four areas. These included 1) Strengthening the Society 2) Advancing the interests of its members 3) Partnering with Government and other national and international organizations working on SRH 4) Addressing the needs of the public.

Strengthening the society

ESOG projects an image of strength, relevance to members and partners, good organization, attractive to existing as well as new members. Although the aforementioned is shared by many,

there are voices that have expressed concerns that it is visible as a forum for annual scientific meetings, not inclusive of members out of Addis Ababa, not standing by their side in times of difficulty like when they face litigation. This mosaic of good and bad of the society image has to be addressed. There is also an increasing concern that member recruitment is more passive than active as new graduates tend to shy away from being members and there is no way of members tracking system put in place.

The Ethiopian Journal of Reproductive Health (EJRH) has become now a well-established and recognized peer-reviewed journal. It is recognized by the Federal Ministry of Education, all Universities in the country, it is listed in African Journals Online (AJOL) and Scopus. It has a stable quarterly publication, a sizable article submission. The journal; however, needs to, increase the pool of reviewers and works towards shorter submission-review-decision time and also increase the number of issues per year to become a preferred journal for the SRH audience.

Strengthening the financial capacity and robustness of the Society has been one of the activities that has to be undertaken by the society. The net income of the society has been between 15 to 22 million birr during the five year period. The effect of inflation and currency adjustment has definitely an impact on this apparently stable financial resource. However, the society is still dependent on very few donors to raise its resources. Slightly more than 65% of its income came from 3 donors and these included CIRHT, Packard Foundation and MOH. These entails a financial risk of collapse if any one of the partners stop their support for whatever reason. Besides the society spends substantial amount of its income on Salary and benefits, office rent and Car hire. It is high time that ESOG has to introduce cost saving mechanisms by being prudent employer which motivate and retain its employee rather than bring about fear and uncertainty of employee because of the financial impact of short-lived projects. Employees need to be stratified as Hard-core office employee which the society should maintain at head office level, the second tier should be multi-talented project office workers who are maintained through a stable financial system and the third tier has to be contractual employee. ESOG has to work hard to acquire its office space by constructing or buying its own office space even through a bank loan if possible

and also add the vehicle fleet from the current one only to at least three through donation or financial investment in the near future.

The society has not done much substantiative effort and need to follow up on the following areas. These includes the establishment of the Ethiopian College of Obstetrics and Gynecology, strengthening chapter offices to enable them run their own projects and raise funds, acquiring office space, creating a sustained and capable media and communication center and fully functional technical working groups on the different areas (subspecialities of Obstetrics and Gynecology).

Advancing the interests of its members

In the last five years the following six areas were identified as actionable areas. These included

1. Advancing professional excellence through continuous professional development
2. Addressing professional liability through preventive measure and institute mechanism of support when it occurs
3. Developing a database and active tracking system for full and associate members and create capacity for expanding membership
4. Establishing professional welfare system to cater for the need of members in times of difficulty
5. Working to increase the role of the Society in regulation of professional practices (standards, ethics, registration, licensing, disciplining)
6. Strengthening and work for quality training in Obstetrics and Gynecology residency Program.

Effort to protect, respect and promote members interest have been ongoing. ESOG has strived to promote members wellbeing through insurance mechanism, is attempting to make CPD available and has a legal counsellor. It has formed committees to explore mechanisms for many years but has never come to fruition for reasons beyond the society. There is an attempt to address the CPD need of members as it is a national requirement for re- licensure by the regulatory agency. However, access to CPD courses is limited, is not enough and mostly no credit attached to the few webinars that are made available. Member during discussion feel abandoned during the time of litigation. Particularly, new and those members working in private settings feel

that they are vulnerable and the assistance they get from the society is considered either minimal or non-existent.

The number of residency training institutions have grown substantially. ESOG has played a role in harmonizing curriculum through a partnership with ACOG with the financial assistance of CIRHT. However, many members are vocal that the quality and standard of residency training is far from optimal and there is need for ESOG to make every effort all the training institutions are supported to fulfill established minimal capacity to conduct training. In addition, the establishment of ECOG will set the minimum set of skills, knowledge and attitude Obstetricians and Gynecologists should have in order to safeguard the public, the professional and the profession.

Through the reviews of the reports, interview with members and partners, ESOG has to put in place mechanisms for recruiting members, maintain an active mechanism for tracking both individual and institutional members to advance its cause and make it a more participatory and inclusive institution.

Partnering with Government and other national and international organizations working on SRH

Partnering with Government and other national and international organizations working on SRH has been one of the strengths of the society. It has collaborated with professional associations (EMA, EMwA, ENA, EPHA, EWLA), UN organizations (WHO, UNICEF, UNFPA), Bilateral institutions (USAID, CDC). It is a strong partner and a go-to institution with the MOH. While enjoying partnership, ESOG could be potentially in conflict with some institutions who may strive to work in the same domain.

ESOG has been committed and actively working on a number of identified areas in the past five years. It has been working on the important mortality drivers, gender-based violence and working with IDPs and conflict and disaster areas. The importance of NCDs in the years to come is of

paramount and therefore ESOG has to envision programs that can mitigate the impact of NCDs on SRH.

Addressing the needs of the public.

In the 3rd SP, ESOG has committed to work on 1. Continuing to build capacity of communication: these includes Radio, Newspaper, face book and regular blog 2. Developing a communication and public relation guiding document 3. Establishing a communication and media group 4. Developing IT infrastructure for media and communication.

In the last four years the communication and media activity has been compromised with no radio presence and shift between radio stations. The print on Admas newspaper is continuing; however, the visibility of the newspaper and ESOG column is considered to be low to continue investing on it. ESOG has a Facebook, Telegram and WhatsApp accounts. These platforms are good and less expensive outlets however they are not properly moderated. The messages are not consistent and sometimes are taken over by sensational and un-moderated opinion which are not the official version or stand of the society including advertisements.

There is no IT and Media resource, computers and mini-studio for the purpose. ESOG has been dependent on media and public awareness activity which require a clear commitment.

Vision, Mission and Objectives

Vision

To provide the highest possible standards of physical, mental, sexual, and reproductive health and wellbeing with exceptional, compassionate and respectful care to each woman, newborn and family.

Mission

To promote and improve experiences of members and health outcomes for women, girls and couples through evidence-based care, enhanced clinical documentations, collection and analysis of data to support quality improvement for obstetric and gynecologic health services with active participation of its members, broad national and international partnerships.

Goal

To support the improvement of standards, ethics and practices of maternal, newborn, adolescent and youth sexual and reproductive health and rights through advocacy of evidence-based interventions and recommendation

Objectives

1. To ensure that all women and men have access to basic RH services, health promotion and information on issue related to reproduction
2. To substantial increase the level of knowledge in the general population on issues related to RH
3. To influence policy, strategy and plan development and training and research in SRHR and MCH
4. To improve professional excellence through training and the dissemination appropriate knowledge and practices in SRHR and MCH
5. To strength professional linkages with similar societies and organization in and outside Ethiopia

6. To advocates and promote high standard ethical practices in SRHR and MCH
7. To reduce the level of maternal mortality and morbidity
8. To reduce the level of prenatal and neonatal mortality and morbidity
9. To promotes FP to stabilized population growth rate and reduced the incidence of unintended and unwanted pregnancies
10. To reduce the burden of sexually transmitted infections and HIV
11. To provide SRHR and MCH services to the community

Strategy

1. Supporting the SRHR and MCH strategy of MOH through partnership and collaboration
2. capacity building of the society, members and postgraduate training programs through the support and strengthening of CPD/CME, standardized examination and certification initiative using digital platform innovation

SWOT analysis

A SWOT analysis was conducted after interviewing members, executive board members, ESOG employees and partners and is summarized as follows

Strength

- Setting SRH quality standards
- Respected by stakeholders including the government
- Strong SRH advocate
- Well organized office
- Good membership
- Better than most societies
- Presence of local chapters

Weakness

- Compromised financial status
- Lack resource generating mechanism
- Not representing member when facing legal difficulties
- It is a scientific forum rather than member centered organization
- Activities mostly limited to Addis Ababa but not inclusive of regions and chapters
- Passive membership attraction as there are professionals that are not members of the society
- Closed to other institutions working on SRHR
- Weakness in engaging and updating the young professionals on contentious SRH issues such as history and impact of complications of abortion on women's health in Ethiopia
- Limited work on continuous professional development for RH service providers
- ESOG Staff insecurity

Opportunity

- The role of professional associations in the country will be gaining recognition

- CPD as a potential source of income
- The Government's continued commitment to work on RMNCAH is a big opportunity
- Increasing postgraduate training in Obstetrics and Gynecology
- ESOG'S association with ECSACOG, AFOG and FIGO
- Network of in country partners
- Localization policy by major donor organization like USAID
- Potentially untapped funding resources like Grand challenge, Gates and warren buffet foundation

Challenges

- Limited finance availability
- Weak membership commitment
- Lack of funding
- Peace and security affecting project implementation and restricting the reach of projects
- Short lived projects
- Difficulty of staff retention
- Global pandemic of covid and other potentially emerging diseases resulting fund channeling to other areas
- Inflation related economic challenges
- Poorly trained Professionals and poorly equipped facilities
- Increased litigation of members
- Poor quality of Education in postgraduate and fellow ship trainings

Strategic Issues

ESOG has been working on 4 strategic areas which involves strengthening the society, addressing members interest, strengthening EJRH and its newsletter and working with the public. Many of these agenda are unfinished and there are also evolving issues within the strategic area that need emphasis again. However, based on the discussions with members and stake holder reprioritization has to be done, accordingly, the strategic areas for the period 2023-2027 are as follows.

1. Address members' interest
2. Strengthen the society
3. Media and communication
4. Partnership

Strategic Activities

1. Addressing Members' interest

In order to advance members' interest and ascertain the relevance of the society to its constituency the following areas need to be addressed.

- 1.1 Strengthen chapter offices, open new chapter offices for engagement of members throughout the country in ESOG related activity.
- 1.2 Establish a welfare mechanism to assist in case of dire financial and or health needs.
- 1.3 Establish mechanisms to support members during litigation.
- 1.4 Actively engage to collaborate with universities and colleges to improve quality of residency and fellowship trainings.
- 1.5 Establish the Ethiopian College of Obstetrics and Gynecology.
- 1.6 Strengthen Continuous professional development courses and mechanisms to accrue credit points.
- 1.7 Actively recruit, track members so that the society has an updated members' roster.

2. Strengthen the society

In order to strengthen the society the following activities has to be the focus area of the society .

- 2.1 Diversify the financial source of the society.
- 2.2 Create subspeciality technical working groups who are engaged in respective area proposal, finance, and long-term research grant development.
- 2.3 Create standing committees.
- 2.4 Improving staff capacity by training and development.
- 2.5 Exercise ESOG's role as a CPD Provider and CPD Accreditor.
- 2.6 Establish Grant writing /hunting office.
- 2.7 Develop and organogram of the society to define hard core permanent office workers, permanent project officers and temporary workers.
- 2.8 Buy or construct an office complex for ESOG.
- 2.9 Establish an MCH center that strengthens the financial capacity of ESOG.
- 2.10 Improve IT infrastructure.

3. Media, communication and Public engagement

In order to inform the public and members at large, the following activities areas are the focus of the society.

- 3.1 Establish mini studio for the society.
- 3.2 Develop a strong presence in social media including Podcasts, Facebook, WhatsApp, Telegram, prints.
- 3.3 Engage mainstream journalists.
- 3.4 Maintain public education using print and electronic media.
- 3.5 Maintain and increase the number of Issues of EJRH and ESOG newsletter.

4.Partnership

4.1 Collaborate and engage with national and international partners

4.2 Identify priority SRH issues for ESOG to show leadership and advocacy

Monitoring and Evaluation

1. In order to implement this 5 year strategic plan , ESOG will formulate technical working group in each of the thematic area which is composed of a board member which chair the committee and report back to the executive board of the society , an ESOG office holder which is the secretary of the committee and 3 members.
2. The committee will meet twice a month to follow up on the progresses made and report once a month during the executive board meeting
3. The board will follow -up progresses made in each thematic area and will conduct a biannual Strategic plan implementation review meeting to make the necessary adjustment to either the plan or the process of implementation
4. The board shall present an annual report to the General assembly on the overall implementation of the strategic plan.
5. The board shall conduct a midterm review at the end of the 2 and ½ years of the strategic plan implementation

Implementation Schedule and financial plan

The strategic plan has a time schedule for implementation of activities and a financial plan costing the whole activity the approximate cost is 230,662,078 birr which has increased by 54% from the previous five year. However; the actual cost could be higher than what is stated here because of inflation

Table 1 Implementation Schedule

Strategic Activity	Year I				Year II				Year III				Year IV				Year V			
1. Addressing Members’ interest																				
1.1 Strengthen chapter offices, open new chapter offices	*	*	*	*	*						*				*					*
1.2 Establish a welfare mechanism	*	*			*				*				*				*			
1.3 Establish mechanisms to support members during litigation.	*				*				*				*				*			
1.4 Improve quality of residency and fellowship trainings.			*	*			*	*			*	*			*	*			*	*
1.5 Establish the Ethiopian College of Obstetrics and Gynecology.	*	*	*	*				*				*				*				*
1.6 Strengthen CPD courses	*				*				*				*				*			
1.7 Actively recruit, track				*				*				*				*				*
2. Strengthen the society																				
2.1 Diversify the financial source of the society.	*	*	*	*	*			*	*			*	*			*	*			*
2.2 Create subspecialty TWG	*				*				*				*				*			
2.3 Create standing committees.																				
2.4 Improving staff capacity by training and development.			*				*				*				*				*	
2.5 Exercise ESOG’s role as a CPD Provider and CPD Accreditor.	*				*				*				*				*			

2.6 Establish Grant writing /hunting office.	*	*			*	*			*	*			*	*			*	*		
2.7 Develop and organogram of the society	*				*				*				*				*			
2.8 Buy or construct an office complex for ESOG.	*	*	*	*	*	*	*	*	*	*	*									
2.9 Establish an MCH center of ESOG.	*	*	*	*	*	*														
2.10 Improve IT infrastructure.		*			*				*					*				*		
3. Media , communication and Public engagement																				
3.1 Establish mini studio for the society.	*	*	*		*				*				*				*			
3.2 Develop a strong presence in social media	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.3 Engage mainstream journalists.		*		*		*		*		*		*		*		*		*		*
3.4 Maintain public education using print and electronic media.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.5 Maintain and increase the number of Issues of EJRH and ESOG newsletter.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
4.Partnership																				
4.1Collaborate and engage with national and international partners	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
4.2 Identify priority SRH issues for ESOG to show leadership and advocacy	*				*				*				*				*			
monitoring and evaluation	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Table 2 Financial cost in Birr

Strategic Activity	Year I	Year II	Year III	Year IV	Year V	TOTAL	% from Total
1. Addressing Members' interest							
1.1 Strengthen chapter offices, open new chapter offices	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	7,500,000	3.3
1.2 Establish a welfare mechanism	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000	4.3
1.3 Establish mechanisms to support members during litigation.	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000	2.2
1.4 Improve quality of residency and fellowship trainings.	14,000,000	14,000,000	14,000,000	14,000,000	14,000,000	70,000,000	30.3
1.5 Establish the Ethiopian College of Obstetrics and Gynecology.	1218000	1339800	1473780	4031580		8,063,160	3.5
1.6 Strengthen CPD courses	500,000	500,000	500,000	500,000	500,000	2,500,000	1.1
1.7 Actively recruit, track	X	X	X	X	X		
2. Strengthen the society							
2.1 Diversify the financial source of the society.	200,000		200000			400,000	0.2
2.2 Create subspeciality TWG	X	X	X	X	X		
2.3 Create standing committees.							
2.4 Improving staff capacity by training and development.	200,000	200,000	200,000	200,000	200,000	800,000	
2.5 Exercise ESOG's role as a CPD Provider and CPD Accreditor.							

2.6 Establish Grant writing /hunting office.	500,000	500,000	600,000	600,000	650,000	2,850,000	1.2
2.7 Develop and organogram of the society	X	X	X	X	X		
2.8 Buy or construct an office complex for ESOG.	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000	21.7
2.9 Establish an MCH center of ESOG.	12,000,000	X	X	X	X	12,000,000	5.2
2.10 Improve IT infrastructure.	2,000,000	X	X	X	X	2,000,000	0.9
3. Media , communication and Public engagement							
3.1 Establish mini studio for the society.	180,000.00	198,000.00	217,800.00	239,580.00	263,538.00	1,098,918	0.5
3.2 Develop a strong presence in social media	X	X	X	X	X		
3.3 Engage mainstream journalists.	300,000	300,000	400,000	400,000	400,000	1,800,000	0.8
3.4 Maintain public education using print and electronic media.	500,000	500,000	500,000	500,000	500,000	2,500,000	1.1
3.5 Maintain and increase the number of Issues of EJRH and ESOG newsletter.	500,000	500,000	500,000	500,000	500,000	2,500,000	1.1
4.Partnership							
4.1Collaborate and engage with national and international partners	100,000	100,000	200,000	200,000	300,000	900,000	0.4
4.2 Identify priority SRH issues for ESOG to show leadership and advocacy	7,000,000	8,200,000	9,550,000	12,600,000	13,400,000	50,750,000	22.0
Year Total							
	53,698,000	40,837,800	42,641,580	48,271,160	45,213,538	230,662,078	