

The Ethiopian Society of Obstetricians and Gynecologists (ESOG)

Strategic Plan (2017-2022)



2017

Contents

Abbreviations	i
Foreword.....	ii
1. Introduction.....	3
3. Strategic Planning Process.....	5
4. SWOT Analysis	6
5. Vision, Mission and Objective.....	7
6. Strategic Issues.....	8
7. Strategic Activities.....	11
8. Monitoring and Evaluation	16
9. Implementation Schedule and Financial Considerations.....	17

Abbreviations

AFOG	African Federation of Obstetrics and Gynecology
ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Neonatal Care
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CEO	Chief Executive Officer
CME	Continuing Medical Education
CPD	Continuing Professional Development
CPR	Contraceptive Prevalence Rate
CSA	Central Statistics Authority
ECOG	Ethiopian College of Obstetrics and Gynecology
ECSAOGS	East, Central and Southern African Association of Obstetrics and Gynecologic Societies
EDHS	Ethiopian Demographic and Health Survey
EJRH	Ethiopian Journal of Reproductive Health
ESOG	Ethiopian Society of Obstetricians and Gynecologists
FDRE	Federal Democratic Republic of Ethiopia
FIGO	International Federation of Gynecology and Obstetrics
FMOH	Federal Ministry of Health
GTP	Growth and Transformation Plan
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
HSTP	Health Sector Transformation Plan
IGA	Income Generating Activities
IT	Information Technology
LAPM	Long Acting and Permanent Method
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MTCT	Mother to Child Transmission
NMR	Neonatal Mortality Rate

PNC	Postnatal Care
RH	Reproductive Health
SA	Short Acting Method
SBA	Skilled Birth Attendance
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
SP	Strategic Planning
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SWOT	Strength, Weakness, Opportunity and Threat
TOR	Terms of Reference
TWG	Technical Working Group

Foreword

Ethiopia currently has an estimated population of about 100 million which have shown dramatic change in its RH indices in the last 16 years since the first EDHS back in 2000. In this period maternal mortality has dropped to 412 per 100,000 live births from its baseline in 1990. This being an encouraging result much is still desired to attain the goals as set in HSPT, SDG and sustain the gains made thus far. Another remarkable area of improvement is the nearly six-fold increment in contraceptive prevalence rate from 8% to 36%. The combined effect of improved access to family planning methods and improved access to safe abortion services has dramatically impacted the contribution of unsafe abortion as an important mortality driver.

However, despite the gains made and important contribution of ESOG in the national effort, much remain to be accomplished. There is a need to accelerate the reduction of MMR to achieve the SDG target. There is a relatively low CPR, which is dependent largely on SA methods needs to shift to LAPM. The HRH for SRH has to be increased in number and quality so that it can meet the health needs of the population of the country which strides to become a middle income and whose morbidity pattern is likely to move towards diseases that are more non-communicable.

ESOG was established 25 years ago and throughout these times, the Society has contributed by raising important RH issues to bring about dialogue among stakeholders and has designed and implemented a number of lifesaving and life changing projects to improve access to quality RH services by developing guidelines that have an impact in trainings and setting standard services. ESOG has also generated scientific evidences and worked hard for their dissemination through peer reviewed journal, newsletter, newspaper and radio.

ESOG as a professional society is committed to enhance the sexual and reproductive health status of women in Ethiopia. This strategic document reaffirms our commitment for the same by setting forth a targeted and measurable agenda for the next five years.

We have embarked on this 3rd Strategic Plan after successfully implemented two five years plan covering the period from 2005-2010 and 2011-2016. In terms of process, the first SP was developed from scratch while the second was developed with a broad-based consultation. Likewise, this 3rd SP was developed after a mid and end term evaluation of the performance of the Society during the second SP document period.

The evaluation for the preparation of the 3rd SP included in-depth analysis of the project implementation, financial analysis, internal and external audit reports, detailed discussion with the office and board members and input from members during the 25th annual general assembly of the Society. And all inputs generated were incorporated to make the SP holistic.

Finally, on behalf of the executive board, I would like to take this opportunity to express my gratitude to all involved for their support in this endeavor and I appeal to all of our members, to contribute for the successful implementations of this strategy and to use this document as a guiding tool in future activities of the society.

Dereje Negussie (MD/Ob/Gyn, PgD-RM, MPH)
President, ESOG

1. Introduction

ESOG was established in 1992 by committed professionals to contribute their level best to reduce the very high MMR Ethiopia has been having then. Much has changed ever since. Maternal Mortality is declining at an encouraging rate, indicators of access for reproductive health services like CPR, ANC coverage are improving, and SBA is increasing albeit at a slow rate.

Throughout these times, the Society has contributed by raising important RH issues to bring about dialogue among stakeholders and has designed and implemented a number of life saving and life changing projects to improve access to quality RH services. It has developed guidelines that have an impact in trainings and setting standard services. ESOG has also generated scientific evidences and worked hard for their dissemination through peer reviewed journal, newsletter, newspaper and radio.

ESOG has also transformed itself from an organization that meets once a year to a living and breathing Society, which runs its day-to-day activity with clear mission, vision and objectives. The Society has clearly charted its way and has devised to strategies and activities by which it aspires to achieve its goal.

The 3rd strategic plan document is a reflection of the unswerving commitment the Society has in contributing its level best to its members, the issues it is committed about and what it aspires to deliver to the country.

2. Country Profile

The population of FDRE is currently estimated at 94.3 million based on the CSA report. With current population growth rate, Ethiopia is expected to be one of the most populous nations in the world. Meanwhile the youth bulge in the demographic profile of the population will put the country in an economic advantage when properly tapped.

The reproductive health indicators in the country have been showing dramatic change in the last 16 years since the first EDHS back in 2000. Maternal mortality has dropped by half although estimates by the UN showed that Ethiopia has reduced MMR by 72% from its baseline in 1990. This being an

encouraging result much is still desired to attain the goals as set in SDG and sustain the gains made thus far. Another remarkable area of improvement is the nearly six-fold increment in contraceptive prevalence rate. The combined effect of improved access to family planning methods and improved access to safe abortion services has dramatically impacted the contribution of unsafe abortion as an important mortality driver.

Despite the gains made and important contribution of ESOG in the national effort, much is desired. There is a need to accelerate the reduction of MMR to achieve the SDG. The CPR, which is dependent on few methods like injectables, has to be diversified to improve access to a range of long term and permanent methods. The HRH for SRH has to be increased in number and quality so that it can meet the health needs of the population of the country which strides to become a middle income and whose morbidity pattern is likely to move towards diseases that are more non-communicable.

ESOG, founded to contribute to the betterment of SRH in the country, has made a substantial contribution to improve SRH in Ethiopia is expected a lot to deliver.

Table 1 Selected RH profile of FDRE

№	Indicator	EDHS -2000	EDHS -2016
1	MMR	871/100,000 live births	412/100,000 live births
2	CPR	8.1 %	36 %
3	ANC coverage	26.7 %	62 %
4	SBA	5.6 %	28 %
5	PNC	2.7 %	16.5 %
6	NMR	49/1000 live births	29/1000 live births

3. Strategic Planning Process

ESOG has embarked on its 3rd Strategic Plan. It has successfully implemented two five years plan for the time of 2005-2010 and 2011-2016. During these times the Society has evolved from a process where an external consultant has to drive the process to an organization that is self sufficient. In terms of process the first SP has to be developed from scratch while the second plan was developed with a broad-based consultation. The 3rd SP was developed after a mid and end term evaluation of the performance of the Society.

The evaluation for the preparation of the 3rd SP included in-depth analysis of the project implementation, financial analysis, internal and external audit reports, detailed discussion with the office and board members and input from members during the 25th annual general assembly of the Society. Each step has been consultative and all inputs garnered were incorporated to make the SP realistic and reflective of the needs and aspirations of all the stakeholders concerned.

Besides as the Society has to resonate to national and international SRH issues all relevant documents, national targets as in HSTP and GTP II, and international and yet country owned targets like SDG has been reviewed.

4. SWOT Analysis

4.1 Strength

1. More than two decades of experience as a leader on SRH issues in the country
2. Proven track of commitment on SRH issues in country, regionally and in the global arena
3. Active Member of ECSAOGS, AFOG and FIGO
4. A recognized partner by domestic, regional and global players of SRH
5. Increasing number of members; nearly all Obstetricians and Gynecologists are members of the Society
6. Well organized offices with adequate fulltime work force to run the day-to-day activity of the Society
7. Shared mission, vision and objectives among members and employees alike
8. Owning an articulated system of governance and continuity of leadership
9. Owning chapter offices to reach grass root members

4.2 Weakness

1. Partial implementation of strategic plan
2. Financial dependency on very few donors
3. Weakness to strengthen financial capacity
4. Activities still limited to mainly urban areas
5. Lack of assertiveness: it is more of an opinion follower than a leader
6. Limitation of members involvement in the affairs of the Society
7. Lack of TWG and panels to pursue specific thematic SRH issues
8. Inability to attract new partners
9. Poor involvement of other individuals and organizations working in SRH
10. Perception among members that Society is not doing much for well being of its members
11. weak public engagement

4.3 Opportunities

1. Maternal and perinatal health is still unfinished agenda in the MDG and SDG
2. The continued commitment of Government of FDRE to Maternal and child Health
3. The existence of global, continental and regional partners on SRH with which ESOG can partner with
4. The expansion of postgraduate and fellowship training in country
5. Ever increasing national and international commitment to improve the status of women and their role in Society

4.4 Threats

1. Increasing litigation of members
2. Declining financial reserve
3. Expensive office rentals in light of weakening financial reserve, particularly of the project office
4. Poor quality of education of residency training
5. The need to address members demand for CPD, protection of litigation and welfare

5. Vision, Mission and Objective

5.1 Vision

To see that the community understands and properly utilizes the services and elements of sexual and reproductive health (SRH); and that the profession secures the proper professional environment to realize its mission.

5.2 Mission

To promote and enhance sexual and reproductive health (SRH) through evidence-based and cohesive action of the Society with active participation of its members and broad national & international partnership

5.3 Goal

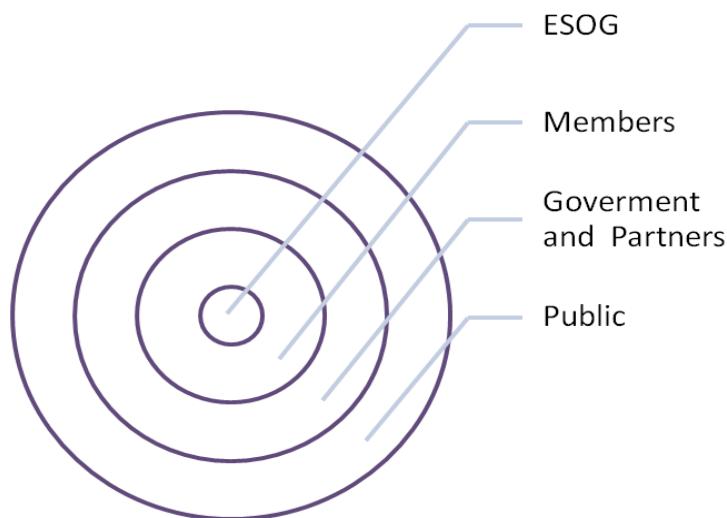
To support the improvement of standards, ethics and practice of sexual and reproductive health

5.4 Objectives

1. To insure high standard of SRH practice in Ethiopia in order to attain the highest possible level of health for women and children in the country.
2. To influence policy, strategy & plan development, training and research in SRH.
3. To improve professional excellence through training and the dissemination of appropriate knowledge and practices in SRH.
4. To advocate and promote high standard ethical practices in SRH.
5. To promote research in SRH.
6. To initiate and strengthen professional linkages with similar societies and organizations in and outside of Ethiopia.
7. To advocate and promote the sexual and reproductive health rights as basic human rights in the country.
8. Promote and advocate for gender sensitive development.

6. Strategic Issues

The strategic issues are set based on the concept of Circle of Trust. Accordingly, the Society has to sustain itself, be responsible and cater for the needs of its members, work with and in partnership with government and other organizations with aligned goals and address the SRH needs of the people.



In the Year 2017 - 2022, the Society has to concentrate its focus and energy on the following four priory areas. These include the following thematic areas:

- 6.1 Strengthening the Society
- 6.2 Advancing the interests of its members
- 6.3 Partnering with Government and other national and international organizations working on SRH
- 6.4 Addressing the needs of the public

6.1 Thematic Area One: Strengthening the Society

In order to strengthen the Society, the issues prioritized in this strategic plan period include:

- 1. Creating a shared vision and purpose of the Society among members, the leadership and employees of the Society
- 2. Strengthening the financial capacity and robustness of the Society
- 3. Reviewing the standard operating procedures to create and enable an efficient management
- 4. Development of a level of effort tracking system for the employee
- 5. Revisiting the structure of decision making to devolve power commensurate with accountability
- 6. Creating technical working groups and standing committees
- 7. Establishing Ethiopian College of Obstetrics and Gynecology
- 8. Establishing fully functional media and communication center

9. Strengthening and expanding ESOG's local chapters to be fully operational regional branch offices
10. Strengthening the EJRH and newsletter.
11. Securing a physical space for Headquarter of ESOG

6.2 Thematic Area Two: Advancing Members Interest

Advancing the interests of its members, the issues prioritized in this strategic plan period include:

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

6.3 Thematic Area Three: Partnering with Government and other national and international organizations working on SRH and SRHR

In order to advance the partnership with Government and other national and international organizations working on SRH and SRHR, the strategic issues to be addressed include: -

6.3.1 Identifying priority SRH issues that the Society need to continuously engage on with HSTP and SDG as a principle guide

The programs include but are not limited to

1. Comprehensive and Basic Obstetric and Newborn Care (CEMONC, BEMONC)
2. Abortion
3. Family planning
4. Eliminating MTCT of HIV

5. Reproductive organ cancer
6. Fistula and uterovaginal prolapse
7. Gender based violence
8. Obstetric Hemorrhage
9. Identifying policy areas, which require continuous engagement
10. Work with religious organizations, traditional and community leaders to be effective partners in SRH.
11. Being an incubator of programs
12. Identifying new evidences that impact practice and disseminate them

6.4 Thematic Area Four: Working for and with the Public

In order to work with and for the public on SRH and SRHR, the strategic issues to be addressed include: -

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

7. Strategic Activities

The following strategic activities are identified for the thematic areas mentioned above.

7.1 Thematic Area One: Strengthening the Society

7.1.1 Creating a shared vision and purpose of the Society among members the leadership and employees of the Society

1. Working towards increasing members involvement in ESOG activities
2. Conducting a meeting between the CEO and all staff a monthly half day meeting
3. Conducting a meeting between the executive board and employees of the Society twice a year
4. Conducting a twice a year meeting between chapter offices and respective members
5. Visiting chapter offices at least once a year by an executive board member to assess the status of the offices and their function

6. Visiting of project sites at least twice a year by executive board members and project personnel

7.1.2 Strengthen the financial capacity and robustness of the Society

1. Developing a pragmatic fund-raising plan that is acceptable as per the registration of the Society
2. Developing in-house competence in proposal writing for funding.
3. Developing uniform policy on overhead costs in projects the Society is implementing
4. Developing and implement a yearly budgetary policy
5. Strengthening the accounting and audit policy
6. Assigning a committee from members to oversee accounting and audit

7.1.3 Reviewing the standard operating procedures to create and enable an efficient management

1. Revising the procurement and property handling SOP
2. Revising the human resource administration
3. Revising the financial management SOP
4. Developing a communication strategy
5. Developing staff motivation strategies
6. Developing norms and disciplines for executive board members
7. Developing a conflict of interest declaration form and conflict handling norm
8. Revising the logo policy use and enforcement of such a policy

7.1.4 Development of a level of effort tracking system for the employee

1. Developing a weekly and monthly activity-tracking tool
2. Developing a project specific dashboard for use of project appraisal
3. Developing project staff management: employment, deployment, evaluation, termination policy

7.1.5 Revisiting the structure of decision making to devolve power commensurate with accountability

1. Conducting evaluation to identify financial, technical, administrative, legal and public relation function of the Society
2. Revising the organ of the Society to devolve power with proper oversight based on the input from evaluation

7.1.6 Creating technical working groups and standing committees

1. Establish thematic area TWGs
2. Establish standing committee for finance and audit, fundraising

7.1.7 Establish Ethiopian College of Obstetrics and Gynecology

1. Exploring the legal framework for the establishment of the ECOG
2. Exploring the legal relationship between ESOG and ECOG

7.1.8 Establish fully functional media and communication center

1. Increasing fulltime employee to two
2. Establishing an electronic and print media section
3. Developing TOR and code of conduct for the media and communication center
4. Strengthening and expand ESOG's local chapters to be fully operational regional branch offices

7.1.9 Strengthen the EJRH and the Newsletter.

1. Publishing 4 issues of EJRH per annum
2. Publishing 4 issues of the newsletter per annum
3. Conducting 3 trainings per annum for members on scientific writing skill

7.1.10 Securing a physical space for Headquarter of ESOG

1. Building communication with associations like Ethiopian Medical Association to develop a joint office space
2. Securing land for office construction

7.2 Thematic Area Two: Advancing Members Interest

7.2.1 Advancing Professional excellence through continuous professional development

1. Conducting at least three CMEs yearly in areas of SRH
2. Accrediting CME trainings by providing certificates of attendance
3. Improving access to electronic, printed materials or other resources of educational relevance.

7.2.2 Address professional liability through preventive measure and institute mechanism of support when it occurs

1. Conducting a twice yearly educational program on litigation prevention measures including but not limited to communication, breaking bad news, documentation
2. Availing telephone access to lawyer that can assist in case of difficulty
3. Providing initial legal support

7.2.3 Develop a database and active tracking system for full and associate members and create capacity for expanding membership

1. Assigning a focal person for updating member database
2. Ascertaining a 100% complete members database
3. Providing a dynamic web portal for members to update their profile

7.2.4 Establish professional welfare system to cater for the need of members in times of difficulty

1. Assigning a standing committee to work on welfare
2. Developing or refine TOR, governing principles for welfare administration
3. Generating income for welfare activity through donation, contribution and other IGAs

7.2.4 Work to increase the role of the Society in regulation of professional practices

(standards, ethics, registration, licensing, disciplining)

1. Involving partners and stakeholders in discussions
2. Ensuring the engagement of the Society in standards, ethics, registration, licensing, disciplining
3. Exploring mechanisms of handling standards, ethics, registration, licensing, disciplining

7.2.5 Strengthening and work for quality training in Obstetrics and Gynecology residency Program

1. Supporting teaching institutions to initiate or strengthen graduate programs in obstetrics and gynecology
2. Harmonizing graduate curriculum and profile at national level
3. Developing mechanisms for CME, training, standardization and accreditation

7.3 Thematic Area Three: Partnering with Government and other national and international organizations working on SRH and SRHR

7.3.1 The following priority SRH issues were identified that the Society need to continuously engage on with HSTP and SDG as a principle driving Guide. Technical working groups and committees shall be established on the following areas

1. Abortion
2. Comprehensive and Basic Obstetric and New born care
3. Family planning
4. Eliminating MTCT of HIV
5. Reproductive organ cancer
6. Fistula and uterovaginal prolapse
7. Gender based violence
8. Obstetric Hemorrhage

7.3.2 Identifying policy areas, which require continuous engagement

- 1 Engaging working groups and committees to identify critical intervention points in
The above areas

2. Working with religious organizations, traditional and community leaders to be effective partners in SRH.
3. Being an incubator of programs
4. Identifying new evidences that impact practice and disseminate them

7.4 Thematic Area Four: Working for and with the Public

7.4.1 Continuing to build capacity of communication: this includes Radio, Newspaper, Facebook and regular blog

1. Strengthen existing effort to work with media by conducting a yearly media training event
2. Monitor media output following the training

7.4.2 Developing a communication and public relation guiding document

1. Develop a guiding document on public relation issues
2. Develop list of issues that need to be covered yearly

7.4.3 Establishing a communication and media group

7.4.4 Developing IT infrastructure for media and communication

8. Monitoring and Evaluation

Nearly all activities listed in the strategic plan indicate the deliverables expected and can be verified through a process of monitoring and evaluation. The monitoring and evaluation of each activity will be evaluated as follows:

- 8.1 The Executive Board of the Society will form process owner for each of the activities listed in the strategic document. The process owner can be an employee, a board member, a technical working group as the situation will require.
- 8.2 The process owner(s) will implement activities based on agreed time frame and will monitor the activities of each activities using a preset monitoring mechanism

- 8.3 The process owner(s) will quarterly report project activities to the Executive Board of the Society
- 8.4 The activity and financial report will be discussed at project appraisal meetings organized by the Executive Board twice a year.
- 8.5 Yearly activity audit will be reported by internal auditors at the annual conference business meeting
- 8.6 The Executive Board of ESOG will annually (immediately before the Annual Conference) review the project activities and a report will be presented at the business meeting
- 8.7 Mid-term review will be conducted by an external consultant
- 8.8 At the end of the 5 years, a final evaluation will be undertaken by some external consultant.

9. Implementation Schedule and Financial Considerations

There are two components to this section. The first part is a time chart, which essentially indicates when the activity has to start and then be maintained to bring the desired change. The timing is essentially a recommendation: if and when flexibility is required the board can make the necessary adjustment as deemed necessary.

In order to implement the strategic plan close to one hundred fifty million birr is required. The detail is indicated in table 2.

Activities	Year I	Year II	Year III	Year IV	Year V	Total	% of Total
1. Strengthening the Society							
1.1. Creating a shared vision and purpose of the Society among members, the leadership and employees of the Society	183,270	201,597	221,757	243,932	268,326	1,118,882	0.7
1.2. Strengthen the financial capacity and robustness of the Society	100,000		100,000			200,000	0.1
1.3. Reviewing the standard operating procedures to create and enable an efficient management	150,000						0.0
1.4. Establish Ethiopian College of Obstetrics and Gynecology	X	X	1,218,000.00	1,339,800.00	1,473,780.00	4,031,580.00	2.6
1.5. Establish fully functional media and communication center	180,000.00	198,000.00	217,800.00	239,580.00	263,538.00	1,098,918.00	0.7
1.6. Strengthen and expand ESOG's local chapters to be fully operational regional branch offices							
1.7. Strengthen the EJRH and newsletter.	308,400	308,400	354,660	407,859	469,038	1,848,357	1.2
1.8. Securing a physical space for Headquarter of ESOG						10,000,000.00	6.3

2. Advancing Members Interest							
2.1 Advancing professional excellence through continuous professional development	400,000	460000	529000	608350	699602.5	2,696,953	1.7
2.2 Strengthen and work for quality training in obstetrics and Gynecology Residency Program	14,000,000	14,000,000	14,000,000			42,000,000	26.6
3. Partnering with Government and other national and international organizations working on SRH and SRHR							
3.1. Comprehensive and Basic Obstetric and Newborn Care	2,000,000	2,200,000	2,420,000	2,662,000	2,928,200	12,210,200	7.7
3.1.1. Abortion	500,000	575,000	661,250	760,438	874,503	3,371,191	2.1
3.1.2. Family planning	2,000,000	2,300,000	2,645,000	3,041,750	3,498,013	13,484,763	8.5
3.1.3. Eliminating MTCT of HIV	2,000,000	2,400,000	2,880,000	3,456,000	4,147,200	14,883,200	9.4
3.1.4. Reproductive organ cancer	1,000,000	1,100,000	1,210,000	1,331,000	1,464,100	6,105,100	3.9
3.1.5. Fistula and uterovaginal prolapse	1,000,000	1,150,000	1,322,500	1,520,875	1,749,006	6,742,381	4.3
3.1.6. Gender based violence	2,000,000	2,600,000	3,380,000	4,394,000	5,712,200	18,086,200	11.4
3.1.7. Obstetric Hemorrhage	3,000,000	3,300,000	3,630,000	3,993,000	4,392,300	18,315,300	11.6
3.2 Work with religious organizations, traditional and community leaders to be effective partners in SRH.	50,000	50,000	50,000	50,000	50,000	250,000	0.2

4. Monitoring and Evaluation	288,716.70	308,429.97	348,399.67	240,485.84	279,898.06	1,564,430.23	1.0
Total	2,887,167	31,151,427	35,188,366	24,289,070	28,269,704	158,007,454	100.0

Activities	Year I				Year II				Year III				Year IV				Year V			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. Strengthening the Society																				
1.1. Creating a shared vision and purpose of the Society among members, the leadership and employees of the Society	*		*		*		*		*		*		*		*		*		*	
1.2. Strengthen the financial capacity and robustness of the Society	*	*			*				*				*				*			
1.3. Reviewing the standard operating procedures to create and enable an efficient management	*	*																		
1.4. Development of a level of effort tracking system for the employee	*																			
1.5. Revisiting the structure of decision making to devolve power commensurate with accountability			*																	
1.6. Creating technical working groups and standing committees	*																			
1.7. Establish Ethiopian College of Obstetrics and Gynecology									*	*	*	*	*	*	*	*	*	*	*	*
1.8. Establish fully functional media and communication center			*	*																
1.9. Strengthen and expand ESOG's local chapters to be fully operational regional branch offices	*	*	*	*																
1.10. Strengthen the EJRH and newsletter.	*	*	*	*																
1.11. Securing a physical space for Headquarter of ESOG					*	*	*	*	*											
2. Advancing Members Interest																				
2.1 Advancing professional excellence through continuous professional development	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

2.2 Address professional liability through preventive measure and institute mechanism of support when it occurs		*		*		*		*		*		*		*		*		*		*
2.3 Develop a database and active tracking system for full and associate members and create capacity for expanding membership	*	*																		
2.4. Establish professional welfare system to cater for the need of members in times of difficulty Work to increase the role of the Society in regulation of professional practices (standards, ethics, registration, licensing, disciplining)	*	*	*	*																
2.5.Strengthen and work for quality training in obstetrics and Gynecology Residency Program	*	*	*	*	*	*	*	*	*	*	*	*								
3. Partnering with Government and other national and international organizations working on SRH and SRHR																				
3.1. Identify priority SRH issue that the Society need to continuously engage on with HSTP and SDG as a principle Guide (members comment on these issues are welcome)	*	*																		
3.1.1. Comprehensive and Basic Obstetric and Newborn Care		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.1.2. Abortion		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.1.3. Family planning		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.1.4. Eliminating MTCT of HIV		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.1.5. Reproductive organ cancer		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.1.6. Fistula and uterovaginal prolapse		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.1.7. Gender based violence		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

3.1.8. Obstetric Hemorrhage		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.2. Identify policy areas, which require continuous engagement			*																		
3.3. Work with religious organizations, traditional and community leaders to be effective partners in SRH.				*			*				*				*				*		
3.4. Be an incubator of programs			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.5. Identify new evidences that impact practice and disseminate them			*	*			*	*			*	*			*	*			*	*	
4. Working for and with the public																					
4.1 Continues to build capacity of communication: these includes Radio, Newspaper, face book and regular blog	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
4.2 Develop a communication and public relation guiding document	*	*																			
4.3 Establish a communication and media group	*																				
4.4 Develop IT infrastructure for media and communication		*																			
5. Monitoring and Evaluation	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*