



Ethiopian Midwives Association

Strategic Plan (2021 – 2025)

December 2020

Addis Ababa, Ethiopia”

“We Stand for Midwife Led Continuum of Care”

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Acronyms

CPD	Continuous Professional Development
CRC	Compassionate, Respectful and Caring
EMwA	Ethiopian Midwives Association
HEI	Higher Education Institution
HSTP II	Health's Health Sector Transformation Plan II
ICM	International Confederation of Midwives
IT	Information Technology
JEG	Job Grading and Evaluation
LDHF	low-dose high-frequency
MDG	Millennium Development Goals
MERL	Monitoring, Evaluation, Research and Learning
MOH	Ministry of Health
MoSHE	Ministry of Science and Higher Education
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
SDG	Sustainable Development Goals
SWOT	Strength, Weakness, Opportunities and Threat
SP	Strategic Plan
SRMNCA YH	Sexual, Reproductive, Maternal, Neonatal, Adolescent and Youth Health
UNFPA	United Nation Population Fund

Message from president

I am delighted for the development of the next five-year strategic plan (2021-2025) of the Ethiopian Midwives Association (EMwA). A comprehensive and action-oriented plan along with a transformative mindset, will capitalize on opportunities, partnerships and experiences that strengthen and more definitively establish our role as a representation, regulation and association in the country.

The last decade has been exciting and we're certainly proud of all that has been accomplished. But the rapidly changing environment of higher education and Midwifery practice demands that we continue to move forward. The association envisions to support higher education institution to expand in-demand midwifery programs to produce competent midwives that the facilities needed more than ever.

Furthermore, the association promote midwife-led continuity of care which increases satisfaction with care through the continuum of pregnancy, intrapartum and postpartum period, and an increase duration of exclusive breastfeeding.

This strategic plan provides serves as an important guide to succeed in the face of any challenges and find opportunities for strengthening our institutional capacity and supporting innovation.

As a president of EMwA, I am confident for the achievement of this strategic plan with good leadership and Governance, active participation of members, volunteers and our trusted partners.

Acknowledgement

Ethiopian Midwives Association (EMwA) would like to thank for the generous support of the American people through the United States Agency for International Development funded Health Workforce Improvement Program (HWIP) for developing EMwA five years strategic Plan (2021 – 2025).

Our deepest gratitude also goes to MOH representatives, Regional Health bureau representatives, Partners and experts who contributed for the SWOT Analysis and sharing their ideas for the development of this Strategic plan.

1. Introduction

Ethiopian Midwives Association (EMwA) was established in 1992. It is the only professional association representing midwives in the country. EMwA currently has over five thousand members across the country and has eleven branch offices. EMwA has been a member of the International Confederation of Midwives (ICM) since 1993.

EMwA has successfully completed its strategic plan (2016 – 2020) and developed the five-year strategic plan 2021-2025 which is intended to be a dynamic, living document that changes to reflect new lessons learnt and adapts to changing internal and external operating environment. It represents thoughtful and serious about the potential vitality of EMwA as a professional association.

2. STRATEGIC PLAN FOR 2021-2025

2.1. Vision, Mission, Core Values and Strategic Directions

Vision

EMwA envisions every family has access to equitable and high-quality Midwifery Services

Mission

EMwA is a professional association, striving for the excellence of Midwifery care practice to provide quality care for women, Newborn, Children, Adolescent and youth through strengthening self-reliance and influencing for change

Goal

Contribute for reduction in maternal and newborn Morbidity and Mortality in Ethiopia through Midwifery led Continuum of Care

Core Value:

Member first, Integrity, Professionalism, Continuous learning, Gender sensitive and Volunteerism

EMwA has identified six core strategic directions and one organizational enabler for this strategic period.

Strategic Directions

Strategic Direction 1: Enhance Membership Management

Strategic Direction 2: Serving the Community

Strategic Direction 3: Amplify Policy and Practice change through evidence generation

Strategic Direction 4: Strengthen Partnership, Networking and Representation

Strategic Direction 5: Enhance Regulation and Governance

Strategic Direction 6: Self-reliance for better and Sustainable EMwA

3. Situational Analysis

3.1. Context Analysis

In Ethiopia, the health of mothers, newborns and children remains to be a priority agenda for the health sector in the current SDG era. Owing to decades of relentless effort in health system strengthening and improved access to essential health services, Ethiopia has attained remarkable gains in health related MDGS, guided by the country's policies and strategies, resulting in significant improvements in the health status of Ethiopians. As a result, Ethiopia has done remarkably well in meeting most of the Millennium Development Goals (MDG) targets. Of note is the achievement of MDG-4 and 5 with a 72%, 60% reduction in under-five mortality and maternal mortality from the 1990 estimate. Through the journey, major challenges in the health sector, including lack of human resources for health (HRH) and low utilization of health services, has been addressed through the innovative Health Extension Programme (HEP), accelerated midwifery training, Integrated Emergency Surgery and Obstetrics (IESO) task shifting, and scaling up family planning (FP). About 16,660 health posts, 3,622 health centers and 266 hospitals have been constructed to increase access to the above services and other essential health services.¹

To achieve universal access to SRMNAH care in Ethiopia, health services must respond to 4.9 million pregnancies per annum by 2030. Therefore, the health system needs to configure and equitably deploy the midwife workforce to cover at least 306.0 million antenatal visits, 54.3 million births and 211.3 million postnatal visits between 2015 and 2030 (4). Midwives are at the epicenter of maternal health services who are at the forefront to shoulder and respond to the national maternal health service needs. However, the number midwives recruited and deployed

¹ (Ministry of Health Ethiopia, 2017)

remained lower than national and international required standard (5, 6). The recently released mini Ethiopian Demographic Health Survey shows that the coverage of institutional delivery is reached to 50% (7).

Despite the above successes registered, challenges like low utilization of maternal health services, low awareness of healthy behaviors; cultural barriers; inequities in health service utilization; and low quality of care. The federal ministry of health examined the challenges and envisioned a system that will be equitable, sustainable, adaptive and efficient, and will meet the health needs of Ethiopian population between now and 2025 with particular emphasis on the primary healthcare system. The RH strategy also recommended developing a more specific guide implementation towards the ambitious target set for 2025.

3.2. Midwifery in Ethiopia

In order to achieve the Health Sustainable Development Goals (SDG3) which aims at reducing the global maternal mortality ratio (MMR) to fewer than 70 deaths per 100,000 live births by 2030, enhanced investments in midwives and quality midwifery care are essential. Midwives constitute “The health workforce” that is essential for delivering comprehensive sexual and reproductive health services, including maternal health services. In addition to antenatal, intrapartum and postnatal care, midwives also provide family planning counseling and provision; prevention of mother-to-child transmission of HIV, malaria in pregnancy, fistula, sexually transmitted infections, congenital syphilis; provision of post-abortion care services, and essential newborn care.

Launched with the slogan “**The World Needs Midwives now more than ever to save the lives of mothers and babies,**” Ethiopia sought to improve the quantity and quality of skilled attendance at all births by developing the foundations of a sustainable midwifery workforce.

The total number of midwives in Ethiopia was 16,925 and two-third (67.3%) of midwives were female whereas the total of midwives in 2012 was 4,725 which shows an increment of more than three folds in seven years. More than half of the currently working midwives 9,687 (57%) are trained only to diploma level. The proportion of degree holders has been increased from 8.8% in 2012 to 39.9% in 2019. Masters holders also increased from 0.2% to 3% between 2012 and 2019. Nationally the midwife to population ratio was 1:6313 which is below the WHO recommendation.

Majority 15642 (92.4%) of the midwives were working in health facilities from which 10,545 (67.4%) are in the health centers. Only 3% of the midwives were involved in leadership positions from health facility to MOH level. Among the 762 midwives participated in the study, 40% of midwives were dissatisfied with their profession. Nearly half (46%) of the midwives have an intention to leave the profession.

3.3. SWOT Analysis Strategic Plan (2016 – 2020)

Following the end line evaluation of EMwA strategic plan (2016 – 2020), analysis of the macro, micro & sector level analysis were done and the following major findings (strategic gaps) are identified and used as a base for the strategic plan (2021-2025) development.

Organizational Level

EMwA has worked different activities like the enhancement of EMwA's institutional development through reinforcement of its governance and management policies, systems, structure, and procedures. EMwA has strengthened its systems and processes in human resources, finance, management and leadership, internal audit, communication and public relations. It has also developed a resource mobilization strategy to ensure the sustainability of the organization through strengthening different resource mobilization mechanisms.

Limitation

Despite of remarkable improvements that has been seen, organizational capacity development of EMwA is still being challenged by less empowerment and capacity of chapter offices limited donor base and financial source, inefficiency of technology usage, and capacity gap at chapter levels. In addition, Lack of system for international travel, Inadequate mentoring and coaching system for chapters, Low technological usage for online membership registration and renewal system, Poor and unreliable server and website, Poor IT support system and Inconsistent staff performance appraisal were identified as a major gaps to be addressed by the next strategic plan (2021 – 2025).

Policy Influence

The EMwA strategy of 2016-2020 identified evidence-based decision making as one of its strategic objectives to transform the existing monitoring and evaluation system². Various activities were performed in the past five years to enhance evidence based decision making practice including annual planning, routine data collection and data aggregation. Under Influencing for Change (Policy and Advocacy) strategic direction, EMwA provided evidence-based response to influence policies through and evidence-based lobbying by preparing policy brief documents, and influence for change through building alliances, mobilizing key actors.

The following limitations were identified; limited Policy level research and Low policy influence related to Midwives career development scope of practice & JEG, Poor collaborative with different partners and stakeholder in research areas, Limited number of research and abstract presented, lack of identified Priorities on research thematic areas, low budget allocation for research, limitation in dissemination of Best practice, limitation on Influencing policy maker by high level advisor, limited use of different media outlet for advocacy and representation, and Poor data utilization for action.

Membership Management System

EMwA has been promoting the issues of midwifery at international and local level using annual conference, workshops, advocacy meetings and consistent celebration of international day of the midwife. In addition, the association used opportunities such as EPHA annual conference, AU cervical cancer conference etc to advocate and communicate the midwifery issues and concerns. EMwA has developed online Membership registration, and renewal system with full support of Ministry of Innovation and Technology. The e-service are connected to woreda-net, so that every midwife in anywhere of the country can access it.

Limitations

Even though EMwA has developed online Membership registration, and renewal system for its members, some limitation are identified like; Few number of members only 7000, inadequate support for chapter offices in mobilizing members, limited effort to collect membership fee, Poor

² RH strategy 2016-2020

tracing mechanism for mobilizing passive members, lack of Equal access of information for all member, Lack of equal opportunity for members participation, Lack Membership benefit packages like Limitation in advancing medical ethics and medico- legal issues. Furthermore, the association did not benefited from volunteer service due to Lack of volunteerism management system.

Continuous Professional Development (CPD) related

EMwA has got CPD accreditor position from the Federal Ministry of Health to serve as accreditor of CPD Providers and training courses. So far, EMwA provided accreditation for 12 institutions as a CPD service providers. In addition the association is advocating for potential provider fulfilling the criteria set by the CPD directive and CPD guideline to function as a CPD provider through established online application for accreditation of CPD providers', and CPD courses accreditation. EMwA has furnished its training hall and E-Learning center and used as one of the accredited national training center.

Limitations

Although a remarkable activities were done, but some limitation were identified and strengthened the next strategic plan and there are; Weak access to digital CPD learning platform for midwives, Limited training modality for members, staff, chapter offices and Volunteers, limitation on Training Information system management, Lack capacity building for staff, Poor CPD advocacy for accreditation and re-licensing services.

Knowledge Management

EMwA has strengthened its monitoring and evaluation system to ensure accountability to operational strategic commitments. The association conducted different research's, evaluations, best practices and program learnings with the strategic period such as *State of Ethiopian Midwives 2019 national research*, *Situation of Masters Clinical Midwives specialist (Practice and Challenges)*, *Ethiopian Midwives' Perceptions of Associative Stigmatized reproductive health service: A cross sectional, regionally representative survey*, *end line BEmONC project Evaluations*, *Strategic plan evaluation and documenting best practice on Respectful maternity care*, *Catchment based mentorship, CRC and also program learnings document were prepared on Strengthening Human Resource for Health Project*, *50,000 Happy Birthdays Project and CRC project*. In addition, the MERL department coordinate the preparation of annual plans and reports,

conduct routine performance monitoring and evaluation, prepare consolidated annual plans and progress reports, and conduct supportive supervisions to verify reported figures and provide technical supports, and evaluation. The team produces association level service statistics progress reports quarterly and annually.

Limitation

Despite its achievements, the following limitation were identified such as the benefits of M&E were not yet recognized at the beginning of the SP period and the M&E work focused only the project-based activities, the M&E unit was not getting enough attention by the management in the first two years of the SPM implementation, the SP has no target, Lack of strong IT team to support for the use of technology for M&E, Less engagement on research and publication specially the first three years of the SPM, some of the strategic direction like Strategic Direction 5 i.e Institutional Capacity Building lack clear and measurable indicator in the previous SP which makes the regular measurement and evaluation of the SPM difficult. In addition, Low organizational memory due high turnover of M & E professionals, Lack strong program learning platform and poor knowledge sharing were observed.

Quality of Midwifery Education

EMwA has supported different higher education institutions improving the teaching skills of midwifery educators through different need based capacity building activities, support competency-based midwifery education, endorsement of standardize midwifery curriculum. EMwA has provided technical and simulation material support for more than 33 higher education institutions in the past five years. Furthermore, the association introduced low-dose high-frequency (LDHF) pedagogy which is an interactive and engaging techniques, providing opportunities for simulated practice, and delivering learning opportunities at an appropriate dose and frequency help to retain their knowledge and skills of preceptors, skill lab assistants and tutors. Additionally, EMwA has conducted a research on Situation of Master clinical Midwives Specialist (Practice and Challenges) and provide policy brief and policy recommendation to high level authorities of the MOH.

Limitations

Despite its great achievement, the following limitation were observes on the quality of midwifery education like; Low collaboration with MoSHE, less engagement with private HEI to improve

quality of education, limited career opportunities for midwives, low enforcement on Hospital with university partnership and Limited training opportunities.

Partnership, Networking and Public Relation

Networking and partnerships are the most important means for joint solving of problems, resource exchange, cooperation, coordination and coalition building. During the last five years the strong partnership and networking activities helped the association to boost its visibility both in the national and international level. MoH and other different donors and international associations approached EMwA for joint project implementations and collaborations. In order to ensure members' benefit in the government system, the association made partnership meeting with MOH to address gaps related to Midwifery profession like naming of midwives, revising midwives Job Grading and Evaluation (JEG), strengthening CPD, considering mandatory deployment for midwifery professionals, lack of uniformity of risk allowance payment and midwives' role in leadership and decision making.

However the following strategic limitation were mentioned; limited Partnership communication policy, Poor communication among member, EMwA Staff, and chapter office, Limitation in making the Association visible for different stakeholders and to the public, limited Partner mapping activities, poor partnership with private health facilities.

4. Strategic Planning process

EMwA conducted end line evaluation of its strategic plan (2016 – 2020) by hiring external consultant to evaluate the relevance, effectiveness, efficiency, impact and sustainability of the EMwA strategic plan (2016-2020) and to use as a guidance for the next stage of strategy plan (2021-2025) development.

The 2021-2025 strategic plan builds on the limitations of the previous strategic plan after an in-depth situational analysis and performance evaluation of the previous SP and considering the country's commitment at national and global level. The strategic plan is aligned with Federal Ministry of Health's Health Sector Transformation Plan II (HSTP II) and the International Confederation of Midwives (ICM) strategies.

For this assignment purpose, the global and national contexts have been thoroughly analyzed in

such a way that the information obtained can contribute for the preparation of sound strategic plan for EMwA. Moreover, the situation analysis of the macro environmental factors such as political, socio-economic, technological, demographic, legal/regulatory and global environment was conducted properly using PESTEL analysis. The SWOT analysis (**Annexed**) of EMwA was examined in-depth so that it served as the stepping-stone for preparation of this strategic plan. In addition, the preparation of this strategic plan uses different data collection methods including desk review of relevant documents like SP evaluation report, HSTP-II, UNFPA Global Midwifery Strategy 2018-2030, South East Asian Midwifery Strategic plan and Australian Nurse Midwives strategic plan was sufficiently extracted.

The EMwA-SPM development utilizes a participatory approach to where all internal and external stakeholders and relevant partners are involved directly and indirectly like; managers and officers in the secretariat office of EMwA, former and current executive committee members of the Association, Prominent members of EMwA, MOH, all regional health bureau's, donor organizations, academic institutions, hospitals and other stakeholders.

Stakeholder analysis was also one of the important part of the development of the strategic plan. The analysis was conducted in order to understand and utilize the opinions of the most powerful and influential stakeholders. The following stakeholders were identified as key partner organizations: EMwA members, EMwA Board members, staff, the Ministry of Health (MOH), ICM, JHPIEGO, United Nations Population Fund (UNFPA), PathFinder, Nuffic, Health e Foundation, World Health Organization (WHO), Lardeal Global Health, United Nations Children's Fund (UNICEF), Health Facilities, MoSHE, Higher Education Institutions and private organizations were having a stake and shared interest or concern about the issues of EMwA.

The Strategic Planning Framework

EMwA developed this strategic plan by adopting issue based strategic planning model which are much more dynamic and fluid. This approach to strategic planning focuses on recognizing all of the different factors, internal and external, which affect the association's capacity to achieve its goals. It follows the following steps:

1. Conduct SWOT and PESTLE analysis
2. Identify discovery area's
3. Strategic analysis to identify and prioritize major strategic direction

4. Define strategies objectives
5. Developed Action plans
6. Update vision, mission, goals and values
7. Develop Operating Plan with Budget
8. Develop performance measures
9. Develop M & E framework

4.1. Strategic Directions

Strategic Direction 1: Enhance Membership Management

Objective 1.1: Improving the number of members, membership management and accessibility of information

Strategic interventions

- Strengthen electronic member registration and renewal system
 - use technology supported automated electronic system to recruit and renew membership and link with bank payment system
- Strengthen advocacy and member mobilization system using different platforms to recruit and retain members
- Strengthen chapters to increase and retain members through Integration with project activities
- Create membership management portal
- Diversify membership base

Objective 1.2: Protection of Midwives' Rights and Fulfillment of Benefits

- Create ethics and medico-legal unit in the association
- Awareness creation on ethical principles to prevent and address medico legal issues
- Establish system and endorse a mechanism to give first opportunity to members in terms of employment, consultancy, trainings, voluntary assignments, and others
- Addressing complaints and medico-legal issues through establishing medico-legal unit in the association
- Ensure midwifery ethics and other legal requirements are adhered in Midwifery practice

- Lobby for midwifery scope of practice to be implemented according to their competencies
- Award merit of professionals
 - Set a mechanism to recognize and motivate members and others with an outstanding performance to excellence of Midwifery profession and community service
- Conduct membership satisfaction assessment

Strategic Direction 2: Serving the Community

Objective 2.1. Improve quality of Midwifery care and services delivery

Interventions

- Community awareness creation and mobilization on importance of Midwifery service to the family and community
- Ensure midwifery services are integrated in the national agenda of SRH, HRH and in the implementation of the SDGs
 - Promote the integration of midwifery services at health post level
 - Promote in increasing the numbers, resources and capacities of the midwifery workforce
 - Promote midwives in provision of sexual and reproductive health (SRH) services
- Encourage the involvement of delivering services across emergency situations in humanitarian contexts,
- Advocate the promotion of vital registration for newborn by midwives
- Ensure availability of supportive legal, policy framework and work environment for midwives to provide respectful quality SRMNAH
 - Mainstream the issue of midwifery in different disciplines
 - Ensure that the midwifery workforce is motivated, accountable, available, and accessible, providing acceptable woman-centered quality care.
 - Ensure approval of midwifery care process document
 - Ensure utilization of midwifery care process at all level of care
 - Support National government in developing adequate and effective deployment and remuneration policies and incentive packages for midwives to meet national RMNCAHYH_N workforce goals

- Ensure quality of midwifery care by continuous strengthening of knowledge, skills and attitudes of midwives through on-site skill practice (LDHF)
 - Promote peer mentoring
- Adopt and advocate for midwifery-led continuum of care throughout the life-cycle of women and families at different levels of health facility and community
 - Advocate every mothers, women, and adolescent girls have access to standard midwifery-led care
 - Advocate to initiate midwifery-led care models for service delivery
 - Promote quality improvement initiatives for midwifery services
 - Create visibility for midwife-led units among the public and professionals.
- Promote maternal and child nutrition
- Promote inter-professional team work through a team of midwives, obstetricians, pediatricians and other health professionals
- Implement Midwifery led RMNCA YH_N interventions in collaboration with relevant stakeholders in the communities

Objective 2.4: Enhance the capacity of midwifery teaching institution to deliver quality and evidenced-based education

Interventions

- Develop pathways for career progression to enable all midwives to have choices in career progression in management, research and clinical practice.
- Strengthen national leadership on midwifery education
- Develop Clinical teaching and supervision guidelines to deliver quality and evidenced-based education as per the standards
- Advocate for the establishment of system for midwifery educators to practice in clinical settings
- Advocate the needs of midwife preceptors in the process of midwifery education
- Provide technical support for midwifery teaching institution for accreditation process
- Strengthen Midwifery education faculty to international standards.

- Provide technical support for MoSHE & HIRQA in assuring the quality of midwifery education standards
- Support Accreditation of Higher education Institutions

Strategic Direction 3: Amplify Policy and Practice change through evidence generation

Objective 3.1: Generate and disseminate evidence to inform and influence national policy

Interventions:

- Build the capacity of midwives to conduct midwife-led innovations, best practices and research for midwifery education practice and policy influence.
- Create research networks of collaboration with internal and external stakeholders to undertake midwifery research
- Encourage members and stakeholders to engage in a broad range of research activities by providing access to IRB and Journal
- Create system for digitalizing East African Journal of Midwifery (EAJM)
- Create gray research database, bulletins
- Conduct routine data quality assessment
- Generate evidence, prepare policy briefs and policy influence
- Analyze, monitor and evaluate midwifery related evidence and provide policy recommendations
- Disseminate research and evidence based practices through journal, national and international events and EMwA platforms
- Support members in the translation of evidence and policy into practice

Objective 3.2: Improve advocacy and lobbying for midwifery rights

Interventions:

- Present policy briefings on critical midwifery issues to government and other relevant stakeholders
- Advocate for midwives to be represented and involved in the development and decision making of policies and plans which concern midwifery at national and regional level

- Lobby for use of gender sensitive policies, strategies and plan to engage, deploy and retain midwives
- Engage for midwifery scope of practice implementation according to their competencies and appropriate, JEG, job descriptions are given at all levels
- Support the development of education opportunities and career pathways within the health system for midwives;
- Advocate at national and regional level for leadership posts and creating an enabling working conditions for all midwives at all settings
- Effectively utilize different media outlets for policy influence, public image and issue disseminations
- Advocate for evidence based reproductive health care practice
- Lobby government and employers to allocate sufficient funding to SRH in a consistent and transparent manner.

Strategic Direction 4: Strengthen Partnership, Networking and Representation

Objective 4.1: Improve and diversify collaboration with potential partners at national and international level

Interventions:

- Conduct stakeholder analysis, identify organizations addressing issues of common concern and establish good communication platform to reflect areas of partnership
- Escalate representation to build the image of EMwA, profession and its contribution both at International and national level
- Create network with local individual funders, private business owners, international and national partners to get support for different program portfolio and EMwA's sustainability
- Strengthen and establish partnership forum at National and regional level to share best practices, and lesson learnt etc.
- Strengthening the collaboration with other professional associations at national and international level

- Engage in the national health professional council to address the issue of Midwives medico-legal issue
- Establishing the public-private partnership on SRMNCA quality services
- Voice to Midwives and Midwifery Profession
- Celebrate international day of Midwife at national and regional level
- Organize and conduct midwifery forum that discuss innovative approaches and midwifery Issue
- Participate in the national and international forums, TWGs through representing midwives

Objective 4.2: Improve volunteers' engagement and management

Interventions:

- Prepare volunteers management guideline
- Establish Volunteer database
- Map volunteers with diverse expertise
- Assign volunteers in different activities of the association based on their capacity
- Identify and organize annual volunteers' day to increase volunteerism, recognize and reward for their contribution

Strategic Direction 5: Enhance Regulation and Governance

Objective 5.1: Strengthen continuing professional development (CPD)

Interventions

- Strengthening the implementation of self-directed digital learning management system to enhance midwives skills and practice
- Develop diversified CPD courses
- Accredited diversified CPD courses
- Promote CPD to midwives and other health professional through different outlets for demand creation
- Provide accreditation services for CPD provider institutions
- Provide course accreditation service for other institutions
- Enhance accessibility of CPD services through different system

- Deliver CPD courses for midwives and other health care provider using different modalities (face to face, electronic/blended)
- Develop CPD training management guideline

Objective 5.2: Strengthen Midwifery regulation for autonomous midwifery practice, client safety and quality care

Interventions

- Support scope of midwifery practice development (autonomous and accountable)
- Ensure the Linkage of CPD with relicensing
- Development or review of accreditation tools and standards for midwifery schools/institutions and clinical sites/facilities
- Create and upkeep of an electronic database of midwives to provide accurate and regularly updated midwifery workforce data
- Ensure implementation of updated Code of ethics and professional code of conduct for midwives
- Promote the rights-based approach to ensure respectful care for women and newborns
- Involve in the taskforce of a Health Professionals Council establishment process

Objective 5.3: Strengthen the midwifery Leadership, management and Governance at all levels

Interventions

- Promote midwives engagement on policy discussions and decision-making at all levels of administration.
- Strengthen management and leadership skills of midwives
- Promote midwife led service and units at the facility levels
- Advocate for the deployment and retention of the midwifery workforce

Strategic Direction 6: Self-reliance for better and Sustainable EMwA

Objective 6.1: Strengthen Resource mobilization for Self-reliance and sustainability

Interventions

- Establish and capacitate IGA unit
- Designing Diversification of Revenue Streams through MCH service center, and EMwA house, Micro finance (printing, binding),

- Establish chapter office level training unit
- Effectively utilize IRB , Journal service , CPD for income generation
- Looking for other feasible business opportunities for IGA (low interest loans from partners, Local and international funders)
- Develop proactive grant hunting and proposal winning strategies

Objective 6.2: Ensure good governance and build organizational capacity

Interventions

- Ensure fairness and equitability among midwives
- Strengthen chapter offices through establish regional training unit, with human and material support, and share membership fee to run regional activities
- Strengthen EMwA HR management and staff development
- Ensure EMwA's policies and procedures are transparent and accessible to all members
- Establish technical working groups, standing committees, and advisory committee
- Revitalize resilience financial/fund management system and creating accountability
- Conduct client and stakeholder satisfaction survey
- Branding EMwA's logo

2.3. Work plan of the strategic plan

S.NO	Strategic Direction, objectives and activities	Key Performance Indicators (KPIs)	Base line	Target	Time schedule (years)					Total Budget
					1	2	3	4	5	
1	Strategic Direction 1: Enhance Membership Management									
1.1	Objective 1.1: Improving the number of members, membership management and accessibility of information									
1.1.1	Strengthen electronic member registration and renewal system	Established electronic membership management system	0	1	X					140,000.00
1.1.2	Diversify membership base	Number of new members registered	7000	15,000	X	X	X	X	X	1,920,000.00
		Number of members update their membership	5000	16,000	X	X	X	X	X	1,920,000.00
1.1.3	Strengthen chapters to increase and retain members through Integration with project activities to increase and retain members	Number of chapter offices supported to recruit and retain members	11	12	X		X			854,700.00
1.1.4	Strengthen advocacy and member mobilization system using different platforms to recruit and retain members	Number of advocacy sessions organize for member mobilization at regional level	17 session	850	X	X	X	X	X	2,000,000.00
1.2	Objective 1.2: Protection of Midwives' Rights and Fulfillment of Benefits									
1.1.1	Create ethics and medico-legal unit in the association	Number of ethics and medico-legal unit iestablished	1	1	X					100,000.00
1.1.2	Awareness creation to prevent and address medico legal issues	Number of awareness creation sessions organized on medico legal issues	1	150	X	X	X	X	X	1,816,900.00
1.1.3		Number of medicolegal focal person in the EMwA and region	1	13	X	X				50,000.00

	Addressing complaints and medico-legal issues through establishing medico-legal unit in the association	Proportion of medico-legal issues resolved	NA	15	X	X	X	X	X	650,000.00
	Establish system and endorse a mechanism to give first opportunity to members	Prportion of members engaged in different activities	5000	15,000	X	X	X	X	X	1,250,000.00
1.1.4	Set a mechanism to recognize and motivate members with an outstanding performance at different health tier system of the country	Numbers of members recognisesd	33	180	X	X	X	X	X	225,000.00
1.1.5	Lobby for midwifery scope of practice to be implemented according to their competencies	Numbers of advocacy sessioned ognisesd	10	60	X	X	X	X	X	300,000.00
1.1.6	Conduct membership satisfaction assesment	Number of members satisfaction assesment conducted	1	5					X	750,000.00
		Percentage of members satisfaction rate	60%	85%					X	-
2	Strategic Direction 2: Serving the Community									5,141,900.00
2.1	Objective 2.1. Improve quality of Midwifery care and services delivery									
2.1.1	Community awareness creation and mobilization on importance of Midwifery service to the family and community	Number of community awareness creation and mobilizations organized	10	150	X	X	X	X	X	750,000.00
2.1.2	Support finalization and dissemination of midwifery care process at facility level	Approved Midwifery care process	NA	1	X					-
		Number of midwives who took orientation on MCP with Integration of project activities	0	13,000	X	X	X	X	X	950,000.00
2.1.3	Ensure utilization of midwifery care process at all level of care	Proportion of health facilities utilized midwifery care process	0	3600	X	X	X	X	X	350,000.00
2.1.4	Ensure quality of midwifery care by continuous strengthening of knowledge, skills and attitudes of midwives through on-site skill practice (LDHF)	Number of teaching institution initiate on-site skill practice (LDHF) with Integration of project activities	14	20	X	X				20,000.00

		Number of health facilities initiate on-site skill practice (LDHF) with Integration of project activities	20	200	X	X	X	X	X	250,000.00
2.1.5	Adopt and Advocate for midwifery-led continuum of care service delivery	Developed guidelines for midwifery-led continuum of care service delivery	NA	1			X			
2.1.6	Promotion of vital registration by midwives at all regions	Number of promotion session conducted for midwives engagement in vital registration	N/A	10,000	X	X	X	X	X	1,000,000.00
	Support the expansion of midwifery services at Health post level	Number of technical support given to initiate midwifery service at health posts level	N/A	30	X	X	X	X	X	1,500,000.00
2.1.7	Promote maternal and child nutrition	Number of promotion session conducted on maternal and child nutrition	N/A	15	X	X	X	X	X	750,000.00
2.1.8	Support maternal and child health services across emergency situations in humanitarian contexts	Number of health care providers trained on MISP	150	2500	X	X	X	X	X	1,875,000.00
	Support National government in developing adequate and effective deployment and remuneration policies and incentive packages for midwives to meet national RMNCAYH_N workforce goals	Number of policy developed for effective deployment and remuneration policies and incentive packages for midwives	1	1	X					150,000.00
2.1.9	Promote inter-professional team work through a team of midwives, obstetricians, pediatricians and other health professionals	Number of advocacy sessions organize for inter-professional team work	5	50	X	X	X	X	X	750,000.00
2.2	Objective 2.2: Enhance the capacity of midwifery teaching institution to deliver quality and evidenced-based education									-
2.2.1	Develop pathways for career progression to enable all midwives to have choices in career progression in management, research and clinical practice.	Number of midwifery program newly opened	3	5	X	X	X	X	X	1,250,000.00
2.2.2	Strengthen Midwifery education faculty to international standards.	Number of Midwifery teaching institutions accredited	0	25	X	X	X	X	X	250,000.00
2.2.3	Strengthen the capacity of midwifery faculty to deliver quality and evidenced-based education as per the standards	Number of Clinical teaching and supervision guidelines developed for the standardization of clinical practice	NA	1		X				680,000.00

2.2.4	Advocate for the establishment of system for midwifery educators to practice in clinical settings	Number of institutions having a system for midwifery educators to practice in clinical settings	1	25 university	X	X	X	X	X	100,000.00
2.2.5	Advocate the needs of midwife preceptors in the process of midwifery education.	Number of clinical teaching facilities having midwife preceptors	3	25	X	X	X	X	X	-
2.2.6	Provide technical support for midwifery teaching institution for accreditation process	Number of technical support given for midwifery teaching institution to get accreditation	NA	25	X	X	X	X	X	-
2.2.7	Provide technical support for MoSHE & HIRQA in assuring the quality of midwifery education standards	Number of technical support given for MoSHE & HERQA in assuring the quality of midwifery education standards	5	20	X	X	X	X	X	250,000.00
3	Strategic Direction 3: Amplify Policy and Practice change through evidence generation									10,125,000.00
3.1	Objective 3.1: Generate and disseminate evidence to inform and influence national policy									
3.1.1	Build the capacity of midwives to conduct midwife-led innovations, best practices and research for midwifery education practice and policy influence.	Number of Capacity buildings given on Research	3	15	X	X	X	X	X	2,250,000.00
3.1.2	Disseminate research and evidence based practices through journal, national and international events	Number of research's generate by midwives	11	14	X	X	X	X	X	420,000.00
		Proportion of research published	27%	50%	X	X	X	X	X	175,000.00
		Proportion of research disseminated	18%	21%		X		X	X	-
3.1.3	Create research collaboration networks to link midwife researchers with internal and external stakeholders	Proportion of research evidences used for policy influence	2	5	X	X	X	X	X	250,000.00
3.1.4	Analyze, monitor and evaluate midwifery related evidence and provide policy recommendations	Number of policy brief and policy issues developed and communicated	0	132	X	X	X	X	X	2,160,000.00
3.1.5	Disseminate research and evidence based practices through journal, national and international events and EMwA platforms	Number of researches disseminated	3	15	X	X	X	X	X	225,000.00

3.1.6	Encourage members and stakeholders to engage in a broad range of research activities by providing access to IRB and Journal services	Number of Journals/bulletins published, DOI and ISSN numbered journals,	0	100	X	X	X	X	X	380,000.00
		Number of IRB certificate provided	0	9	X	X	X	X	X	342,000.00
3.1.7	Create gray research database, bulletins	Gray research Database created	NA	1	X					-
3.1.8	Create system for digitalizing East African Journal of Midwifery (EAJM)	Online Journal established	0	1	X					15,000.00
3.2	Objective 3.2: Advocate and lobby for midwives' right									-
3.2.1	Provide policy briefings on critical midwifery issues to government and other relevant stakeholders	Number of policy briefings events organized on critical midwifery issues to government and other relevant stakeholders	2	10	X	X	X	X	X	1,500,000.00
3.2.2	Advocate for midwives to be represented in decision making of policies and plans which concern midwifery at national and regional level	Number of midwives representing in TWG, management	80	200	X	X	X	X	X	200,000.00
3.2.3	Lobby for use of gender sensitive policies, strategies and plan to engage, deploy and retain midwives	Number of advocacy session organized on gender sensitive policies, strategies	5	50	X	X	X	X	X	750,000.00
3.2.4	Engage for midwifery scope of practice are implemented according to their competencies at all levels	Scope of Midwifery practice endorsed and implemented according to their competencies	0	1	X					190,000.00
3.2.5	Lobby for leadership posts for midwives at all levels of health care system;	Proportion of Midwives engaged in leadership posts at different levels	3%	10%				X		-
3.2.6	Support the development of education opportunities and career pathways, within the health system for midwives;	Number of technical meeting with MOH on educational Career pathway	50	120	X	X	X	X	X	120,000.00
3.2.7	Advocate at a national and regional level for safe, fair and reasonable enabling working conditions for all midwives at all settings	Number of technical meeting with RHB for Midwives creating safe and enabling working conditions	NA	120	X	X	X	X	X	600,000.00
3.2.8	Effectively utilize different media outlets for policy influence, public image and issue disseminations	Number of media outlets utilized for policy influence, public image and issue disseminations	NA	60	X	X	X	X	X	1,200,000.00

3.2.9	Advocate for evidence based reproductive health care practice (PPH, Obstetric protocol dissemination)	Number of evidence based reproductive health care practice disseminated	NA	3000	X	X	X	X	X	300,000.00
4	Strategic Direction 4: Strengthen Partnership, Networking and Representation									11,077,000.00
4.1	Objective 4.1: Improve and diversify collaboration with potential partners at national and international level									
4.1.1	Create network with local individual funders, private business owners, international and national partners to get support for different program portfolio and EMwA's sustainability	Number of signed MOUs to establish partnership	3	25	X	X	X	X	X	330,000.00
4.1.2	Escalate representation to build the image of EMwA, profession and its contribution both at International and national level	Number of Events participated by representing midwives	45	60	X	X	X	X	X	1,500,000.00
4.1.3	Strengthen and establish partnership forum at National and regional level to share best practices, challenges, lessons etc.	Number of forum conducted/Participated to share best practices, and lessons	22	30	X	X	X	X	X	600,000.00
4.1.4	Strengthening the collaboration with other professional associations at national and international level	Number of Professional association collaborated with EMwA	11	38	X	X	X	X	X	380,000.00
4.1.5	Strengthen the engagement on the national health professional council	Number of sessions participated on national health professional council	N/A	3	X	X	X	X	X	100,000.00
4.1.6	Ensure the presence of midwife profession at regional and National level	Number sessions participated in TWG meeting at national and regional level	N/A	60	X	X	X	X	X	600,000.00
4.1.7	Establishing the public-private partnership on SRMNCA quality services	Number of partnership meeting established with private health facilities	5	20	X	X	X	X	X	16,000.00
4.1.8	Voice to Midwives and Midwifery Profession	Number of Midwives Represented at National and international level	10	20	X	X	X	X	X	320,000.00
4.1.9	Organize General Assembly	Number of GA organized	5	1	X	X	X	X	X	5,000,000
4.1.10	Organize International day of the Midwife	Number of IDM organized	5	1	X	X	X	X	X	5,000,000
4.2	Objective 4.2: Improving volunteers' engagement and management									0.00
4.2.1	Prepare volunteers management guideline	Volunteers management guideline developed	N/A	1	X					250,000.00

		Volunteer database developed	N/A	1	X						50,000.00
4.2.2	Recruiting, mobilizing and assigning volunteers in different activities of the association based on their capacity	Number of Volunteer registered	N/A	850	X	X	X	X	X		50,000.00
		Number of volunteers engaged/participated in different activities of the association based on their capacity	N/A	30	X	X	X	X	X		60,000.00
4.2.3	Identify and organize annual volunteers' day to increase volunteerism, recognize and reward for their contribution	Number of volunteers' day organized	N/A	5	X	X	X	X	X		250,000.00
		Number of volunteers' recognized	NA	50	X	X	X	X	X		0.00
5	Strategic Direction 5: Enhance Regulation and Governance										14,506,000.00
5.1	Objective 5.1: Strengthen continuing professional development (CPD)										
5.1.1	Strengthening the implementation of self-directed digital learning management system to enhance midwives skills and practice	Self-directed digital learning platform strengthened	NA	1	X						300,000.00
5.1.2	Develop diversified CPD courses	Number CPD courses developed	5	10	X	X					300,000.00
5.1.3	Accredited diversified CPD courses	Number of CPD courses accredited	2	13	X	X	X				65,000.00
5.1.4	Promote CPD to midwives and other health professional through different outlets for demand creation	Number of CPD promotion sessions conducted	10	20	X	X	X	X	X		100,000.00
5.1.5	Provide accreditation services for CPD provider institutions	Number of institutions accredited for CPD provider	14	30	X	X	X	X	X		300,000.00
5.1.6	Provide course accreditation service for institutios	Number of CPD courses accredited for other institution	0	10	X	X	X	X	X		50,000.00
5.1.8	Deliver CPD courses for midwives and other health care provider using different modalities (face to face, electronic/blended)	Number of midwives and other health professionals who completed CPD courses (disaggregated by sex, profession, level of education, Health Facility)	273	10,000	X	X	X	X	X		10,000,000.00
5.1.9	Deplop CPD training managment guideline	CPD training management guideline developed	0	1	X						100,000.00

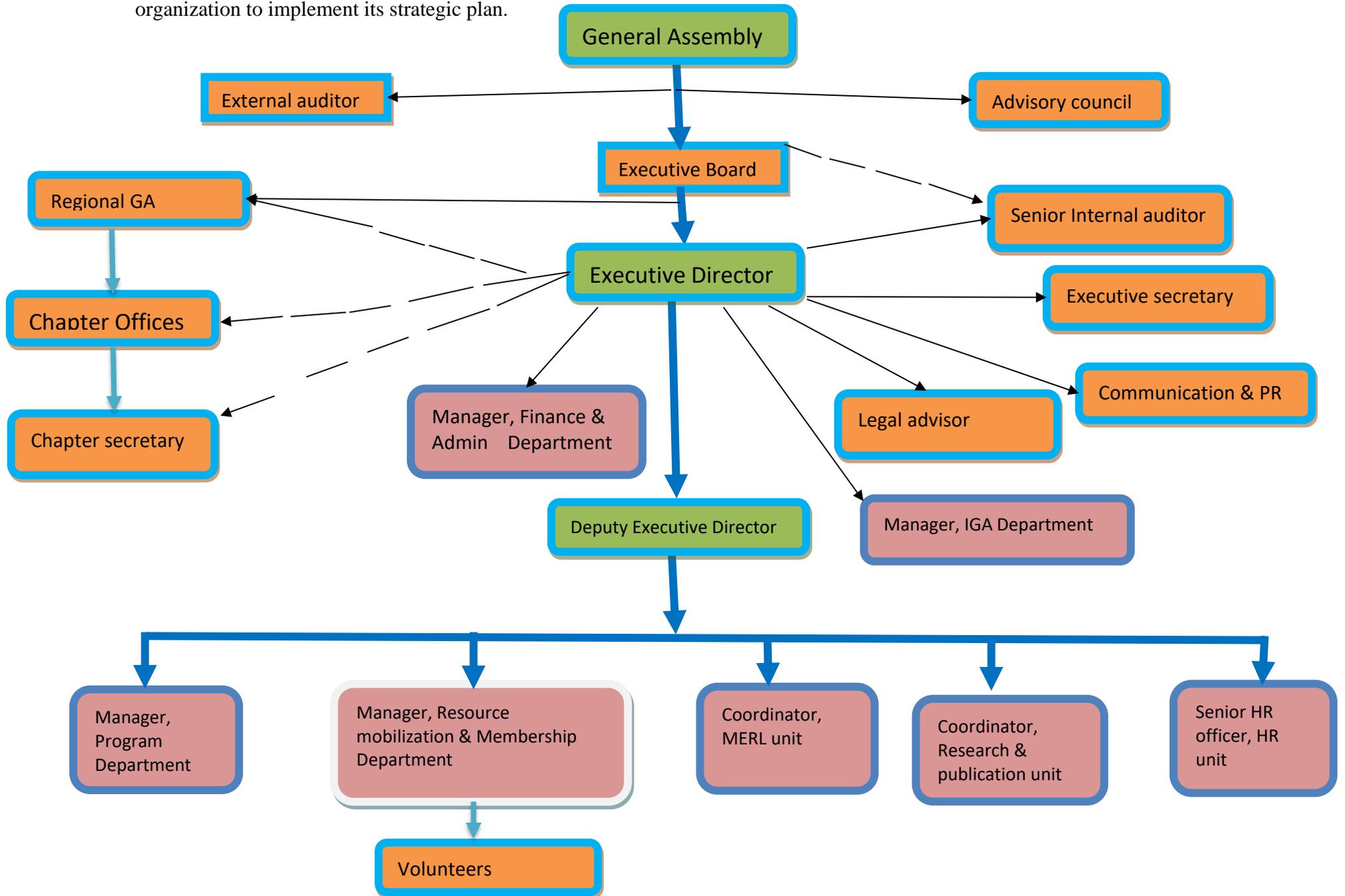
5.2	Objective 5.2: Strengthen Midwifery regulation for autonomous midwifery practice, client safety and quality care								0.00	
5.2.1	Support scope of midwifery practice development (autonomous and accountable)	Number of Standards of practice printed and disseminated	0	3000	X	X	X	X	X	143,750.00
		Number of scope of practice printed and disseminated	200	3000	X	X	X	X	X	143,750.00
		Number of midwives who reported practicing with their scope of practice	NA	16000	X	X	X	X	X	250,000.00
5.2.2	Update Midwifery Code of ethics and distribute at facility level	Number of updated Midwifery Code of ethics printed and distributed	200	3000	X	X	X	X	X	150,000.00
5.2.3	Ensure the Linkage of CPD with relicensing	Number of professionals relicensed through CPD	0	1000	X	X	X	X	X	30,000.00
5.3	Objective 5.3: Strengthen the midwifery management structure at all levels								0.00	
5.3.1	Promote midwives engagement on policy discussions and decision-making at all levels of administration.	Number of promotion session conducted for midwives engagement in decision-making at all levels	NA	30	X	X	X	X	X	300,000.00
5.3.2	Strengthen management and leadership skills of midwives	Number of midwives took management & leadership skill training	NA	50		X		X		600,000.00
5.3.3	Promote midwife led service and units at the facility levels	Number of promotion sessions conducted on midwife led care	NA	30	X	X	X	X	X	450,000.00
5.3.4	Advocate for the deployment and retention of the midwifery workforce	Number of advocay session conducted for deployment & retention of midwives	NA	20	X	X	X	X	X	300,000.00
6	Strategic Direction 6: Self-reliance for better and Sustainable EMwA								13,582,500.00	
6.1	Objective 6.1: Strengthen Resource mobilization for Self-reliance and sustainability									
6.1.1	Capacitate IGA unit	IGA Unit capacitated	1	1	X					3,384,800
6.1.2	Designing Diversification of Revenue Streams through, MCH service center, IGA, EMwA house and training college, Consultancy service, Micro finance (printing, binding)	EMwA own house constructed	0	1	X	X	X	X		10,000,000
		Income from IGA collected (Print,copy)	186104.1	5922827.094	X	X	X	X	X	5,922,827

		MCH Center established	0	1					X		40,000,000
		Midwifery College Founded	0	1						X	20,000,000
		Income from IGA (vehicle)	0	2,036,722.99	X	X					5,036,723
6.1.3	Establish chapter level training unit	Regional Training unit established	0	12	X	X	X	X	X		3,600,000
6.1.4	Effectively utilize IRB , Membership, Journal service , CPD for income generation	Income collected from Membership	241,200	4771237.5	X	X	X	X	X		4,771,238
		Income collected from CPD	127,000	5209445.188	X	X	X	X	X		2,209,445
		Income collected from IRB	25,000	2,240,000.	X	X	X	X	X		2,240,000
		Income collected from Journal	0	74000	X	X	X	X	X		74,000
6.1.5	Looking for other feasible business opportunities for IGA (low interest loans from partners. Local and international funders)	Collect budget for house (Members or Loan)	0	6000000	X	X	X	X	X		6,000,000
6.1.6	Develop proactive grant hunting and proposal winning strategies	Number of grants developed & secured	6	15	X	X	X	X	X		450,000
6.2	Objective 6.2: Ensure good governance and build organizational capacity to address stakeholder's issue										0
6.2.1	Ensure fairness and equitability among midwives at all levels	Number of midwives engaged at all levels (Fairness & equity ensured)	NA	15,000	X	X	X	X	X		1,500,000
6.2.2	Strengthen chapter to self reliance in regional program managemen with human and material resources	Number of chapters strengthened	0	12	X	X	X	X	X		180,000
6.2.3	Create platform to share membership fee for running activities	30% membership fee collected retained to chapters	ETB -	1,431,371	X	X	X	X	X		1,431,371

6.2.4	Apply best practice in the areas of HR management and organizational development to attract and retain the right people, and support staff by investing in their development	Numbers of best practice applied to improves HR management and organization	3	6															0
6.2.5	Ensure EMwA is a learning organization capable of providing technical support for stakeholders	Numbers of technical support provided for Stakeholders	0	6															30,000
6.2.6	Ensure EMwA's governance and organizational policies and procedures are transparent and accessible to all members	Numbers of members who got access to EMwA working polices and procedures	2,000	10,000															0
6.2.7	Creating technical working groups and standing committees	Numbers of technical working groups/commettee established	0	11															0
6.2.8	Revitalize financial/fund management system and creating accountability	Fund management system created	0	5															0
Strengthen Monitoring and Evaluation System																		106,830,404.02	
Improve EMwA's information management system to ensure timely decision making																			
	Establish Web-based M & E system for automated data collection and reporting	Number of digital tools developed/customized	0	1															250,000
	Prepare M & E plan for strategic plan	Number of M & E plan developed	2	5															25,000
	Conduct routine data quality assessment	Number of reports produced	40	50															0
	Evaluate the program implementation through organizing performance reviews	Number of performance reviews organized	20	25															6,250,000
	Prepare annual performance report of the strategic plan	Number of annual performance reports printed	5	5															750,000
	Conduct mid-term and end line evaluation of the strategic plan	Mid-term and end line evaluation of the strategic plan conducted	2	2															700,000
																		7,975,000.00	
Grand Total																		169,237,804.02	

2.4. Organogram

Staffing plans is one the component of a strategic workforce plan. It assesses and identifies the personnel needs of the organization to implement its strategic plan.



Staffing Plan		
S.NO	Position	Projected HR
1	Office of the Executive Director	
1.1	Executive Director	1
1.2	Deputy Executive Director	1
1.3	Executive Secretary	1
1.4	Senior Internal Auditor	1
1.5	Legal Advisor	1
1.6	Communication & PR Advisor	1
2	Membership and Resource Mobilization Department	
2.1	Membership and resource mobilization manager	1
2.2	Membership coordinator	1
2.3	CPD coordinator	1
2.4	Grant advisor	1
2.5	IT advisor	1
2.6	Training officer	1
2.7	Volunteers	TBD
3	Program Management Department	
3.1	Program Manager	1
3.2	Project Manager	4
3.3	Program coordinator	TBD
3.4	Project Coordinator	TBD
3.5	Program Advisor	TBD
3.6	Midwife Advisors	TBD
3.7	Midwife Mentor	TBD
3.8	Program Officer	TBD
3.9	MNH Officer	TBD
3.10	Projects Officers	TBD
3.11	Program Assistants	TBD
4	Research & Publication Unit	
4.1	Research and Publication coordinator	1
4.2	Research advisor	1
4.3	Journal/IRB administrator	1
5	Monitoring Evaluation Reporting And Learning (MERL) Unit	
5.1	MERL Coordinator	1
5.2	MERL officer	2
6	Income Generation Activity(IGA) Department	
6.1	IGA Manager	1
6.2	IGA officer	2

Staffing Plan		
S.NO	Position	Projected HR
6.3	Marketing officer	1
6.4	Accountant	1
6.5	Printing, Duplication, Designer	1
6.6	Secretary and Cashier	1
6.7	Driver	3
7	Finance and Administration Department	
7.1	Finance and Admin manager	1
7.2	General service coordinator	1
7.3	Senior Finance Officer	1
7.4	Finance Officer	5
7.5	Accountant	3
7.6	Purchaser	1
7.7	Store Keeper	1
7.8	Driver & logistic assistant	1
7.9	Cashier & receptionist	1
8	HR UNIT	
8.1	Senior HR officer	1
8.2	Cook /Chef	2
8.3	Guards	4
8.4	Cleaner	4
9	CHAPTERS	
9.1	Chapter Secretary and Cashier	12
9.2.1	GRAND TOTAL	20

2.5. Monitoring and Evaluation of the Strategic Plan

2.5.1. Strategic Plan Monitoring

According to the master, Peter Drucker: Strategic planning is a continuous process of systematically, and with the greatest possible knowledge of the future, making current decisions that involve risks; systematically organizing the activities required to execute these decisions and, through organized and systematic feedback, measuring the outcome of those decisions against expectations”³.

The existence of the organization is closely linked to its vision, mission and values. Monitoring strategic planning is a way to ensure that activities are being developed in accordance with the values that guide the organization and its organizational culture. Monitoring is part of the strategic planning system primarily to keep track of what is happening and usually done through an analysis of regular operational and financial reports on an association’s activities. The strategic plan will be monitored systematically and constantly to ensure accountability of the responsible bodies, committed to maintaining progress, and with proper records so they can be evaluated.

Monitoring will be conducted routinely during implementation by collecting, analyzing, and using data regularly. The performance review will be done at different stages in the association’s hierarchy, ranging from general assembly down to secretary level.

At the highest level, decision making body of the association, **general assembly** will be aware of the plan and the implementation progress. Since the general assembly is conducted every year, the implementation progress of the strategic plan and related matters will be set as an agenda item while reporting the annual performance of the association. Accordingly, at each general assembly meeting, the progress of implementation along with implementation plan will be presented.

Executive board as representative of the general assembly and major executing body will be the ultimate responsible body to follow-up and oversee the execution of strategic plan. The secretariat office will implement each strategic activity along with annual plan and monitor routinely to determine the progress of each activity towards achievement of its strategic objectives. In addition, the secretariat office will establish information communication system which ensures

³ <https://scienceofstrategy.org/main/content/peter-drucker-strategic-planning>

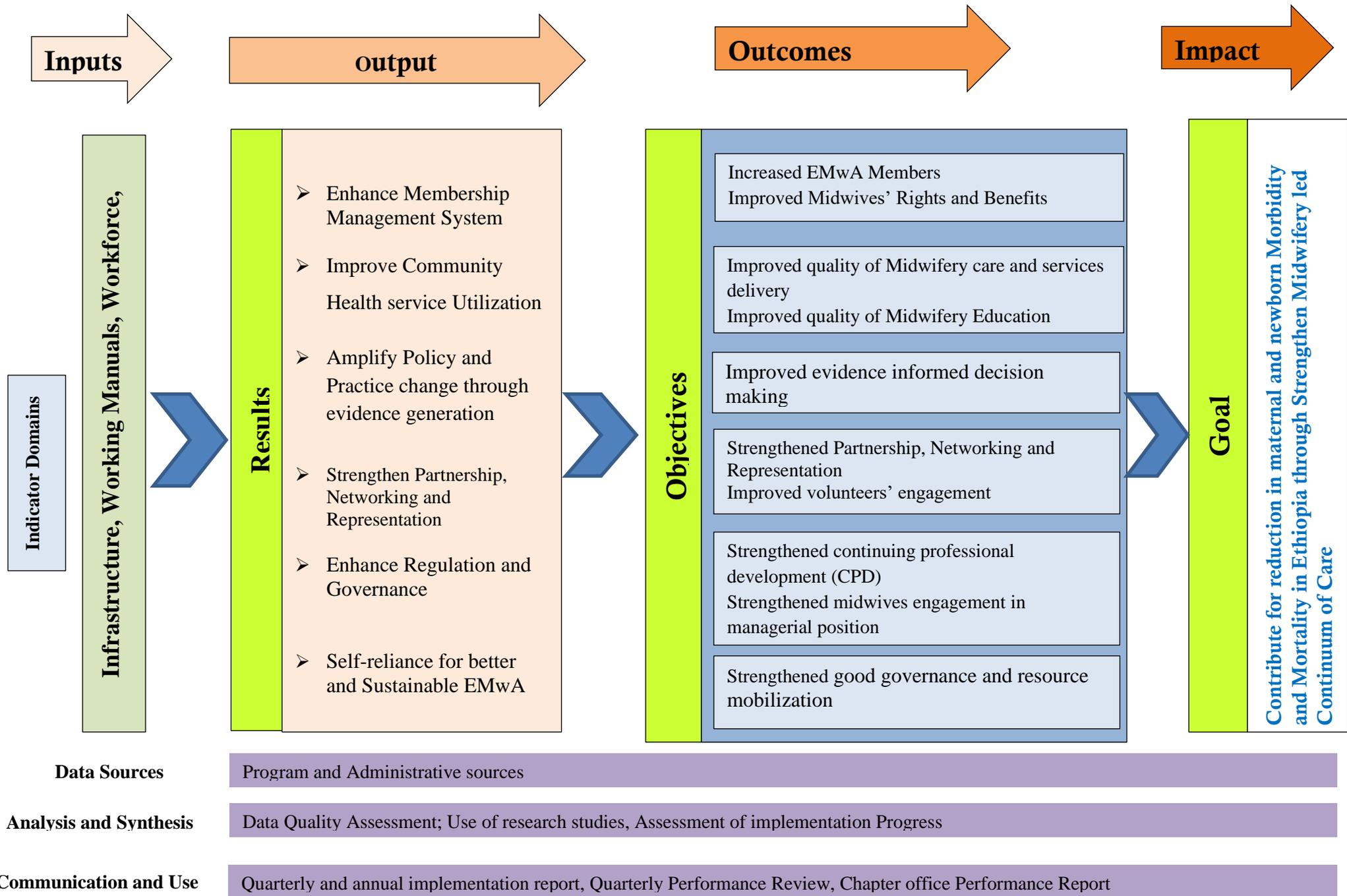
communication among relevant stakeholders about the progress of the implementation along with the challenges faced, mitigation strategies developed, and actions taken. Regular provision of information on various issues will be done to all actors to keep them informed and to enhance decision-making. Furthermore, during the strategic plan execution period, various stakeholders' meetings, consultation workshops and conferences will be conducted to gather relevant inputs.

2.5.2. Strategic Plan Evaluation

The strategy evaluation process will assess how well we've done against achieving the goals in your strategy. The general assembly, executive board, and secretariat office will review or appraise the progress in the strategic plan performance, identify any deviations of actual performance and take corrective action wherever required.

The strategic plan evaluations will be conducted at mid-term and end-term of the strategic period and focus mainly on how well the efforts have achieved their goals and targets, and the extent to which changes in objective can be attributed to the strategic direction and its implementation effectiveness.

Figure 1: M&E Logical Framework for Strategic Plan 2021 - 2025



**Strategic Direction
2: Serving the
Community**

Objective 2.1: Improve quality of Midwifery care and services delivery		Approved Midwifery care process	NA	1	Printed MCP	Once	Midwives, EMwA	Program Unit, ED & Board, MERL
	2.1.1	Number of midwives who took orientation on MCP with Integration of project activities	0	13,000.00	Orientation Report	Quarterly	Midwives, Health facilities, MOH, RHB, Zonal and Woreda HO	Program Unit, CPD Coordinator, Membership Coordinator, ED, MERL
	2.1.2	Proportion of health facilities utilized midwifery care process	0	3600	Survey Report	Every three year	Midwives, Health facilities, MOH, RHB, Zonal and Woreda HO	Program Unit, CPD Coordinator, Membership Coordinator, ED, MERL
	2.1.3	Number of teaching institution initiate on-site skill practice (LDH F) with Integration of project activities	14	20	Program Report, Survey Report	Quarterly, Every three year	Midwives totors. Students, HIE	Program Unit, CPD Coordinator, ED, MERL
		Number of health facilities initiate on-site skill practice (LDH F) with Integration of project activities	20	200	Program Report, Survey Report	Quarterly, Every three year	Midwives, Health facilities, MOH, RHB, Zonal and Woreda HO	Program Unit, CPD Coordinator, ED, MERL
	2.1.4	Developed guidelines for midwifery-led continuum of care service delivery	NA	1	MLCC guideline	Once	Midwives, Health facilities, MOH, RHB, Zonal and Woreda HO	Program Unit, CPD Coordinator, ED, MERL
	2.1.5	Number of promotion session conducted for midwives engagement in vital registration	N/A	10,000	Event Report	Quarterly	Midwives, Health facilities, MOH, RHB, Zonal and Woreda HO, Immigration office	Program Unit, Chapter offices, MERL
	2.1.6	Number of technical support given to initiate midwifery service at health posts level	N/A	30	Supervision, Meeting, event reports	Quarterly	Midwives, EMwA, MOH, RHB, Zonal and Woreda HO	Program Unit, Chapter offices, MERL
	2.1.7	Number of promotion session conducted on maternal and child nutrition	N/A	15	Event Report	Quarterly	Midwives, EMwA, MOH, RHB, Zonal and Woreda HO	Program Unit, Chapter offices, MERL
	Objective 2.2: Enhance the capacity of midwifery teaching institution to deliver	2.2.1	Number of Clinical teaching and supervision guidelines developed for the standardization of clinical practice	NA	1	Worshop report, Clinical teaching and supervision guidelines	Once	EMwA, Midwife totors, HIE, MOSHE

	quality and evidenced-based education	2.2.2	Number of institutions having a system for midwifery educators to practice in clinical settings	1	25	Program report, Survey report	Quarterly, Every three year	EMwA, Midwife totors, HIE, MOSHE, Health Facilities	Program Unit, Chapter offices, CPD Coordinator, MERL
		2.2.3	Number of clinical teaching facilities having midwife preceptors	3	25	Program report, Survey report	Quarterly, Every three year	EMwA, Midwife totors, HIE, MOSHE	Program Unit, Chapter offices, CPD Coordinator, MERL
		2.2.4	Number of technical support given for midwifery teaching institution to get accreditation	NA	25	Meeting, event and Supervision reports	Quarterly	EMwA, Midwife totors, HIE, MOSHE	Program Unit, Chapter offices, CPD Coordinator, MERL
		2.2.5	Number of technical support given for MoSHE & HERQA in assuring the quality of midwifery education standards	5	20	Meeting, event and Supervision reports	Quarterly	EMwA, Midwife totors, HIE, MOSHE, HERQA	Program Unit, Chapter offices, CPD Coordinator, MERL
Strategic Direction 3: Amplify Policy and Practice change through evidence generation	Objective 3.1: Generate and disseminate evidence to inform and influence national policy for midwifery education and practice to respond to the sexual and reproductive health	3.1.1	Number of Capacity buildings given on Research	3	15	Training/workshop Report	During the event	EMwA, Researchers	Research Unit, Program unit, MERL
		3.1.2	Number of research's generate by midwives	11	14	Research report	Annually	EMwA, Midwife Researcher	Research Unit, MERL
			Proportion of research published	27%	50%	Published research report	Annually	EMwA, Researchers, Midwife	Research Unit, MERL
			Proportion of research disseminated	18%	21%	Dissemination report	Annually	EMwA, Researchers, Midwife	Research Unit, MERL
		3.1.3	Proportion of research evidences used for policy influence	2	4	Plicy briefing report	Annually	EMwA, Researchers, Midwife	Research Unit, MERL
		3.1.4	Number of policy brief and policy issues developed and communicated	0	132	Policy brief, issue brief	Annually	EMwA, Researchers, Midwife	Research Unit, MERL
		3.1.5	Number of researches approved by the IRB	0	9	IRB Letter	Annually	EMwA, Researchers	Research Unit, MERL
		3.1.6	Number of Journals/bulletins published, DOI and ISSN numbered journals,	0	9	Published journal report	Annually	EMwA, Researchers	Research Unit, MERL
		3.1.7	Gray research Database created	NA	1	Research Database	Once	EMwA, Researchers	Research Unit, MERL
		Objective 3.2: Advocate and lobby for midwives' right,	3.2.1	Number of policy briefings events organized on critical midwifery issues to	2	10	Policy briefing report	Annually	EMwA, Policy Makers, Higher officials at different levels, Midwives

	and reproductive health service		government and other relevant stakeholders						
		3.2.2	Number of midwives representing in TWG, management	50	200	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Midwife, Partners	ED, Board, Chapter offices
		3.2.3	Proportion of Female midwife leaders from all Midwifery leaders	NA	70%	Survey report	Every three year	EMwA, Female Midwives	ED, Board, Chapter offices, Research Unit, MERL
		3.2.4	Scope of Midwifery practice endorsed and implemented according to their competencies	0	1	Approved Scope of practice	Once	Midwives, Health Facilities, EMwA, MOH, RHB, ZOD, WoHO	ED, Board, Chapter offices
		3.2.5	Proportion of Midwives engaged in leadership posts at different levels	3%	10%	Survey report	Every three year	Midwives, Health Facilities, EMwA, MOH, RHB, ZOD, WoHO	ED, Board, Chapter offices
		3.2.6	Number of technical meeting with MOH on educational Career pathway		120	Meeting/workshop/event reports, Trip Report	During the event	Midwives, EMwA, MOH	ED, Board, Chapter offices
		3.2.7	Number of technical meeting with RHB for Midwives creating safe and enabling working conditions	NA	120	Meeting/workshop/event reports, Trip Report	During the event	Midwives, Health Facilities, EMwA, MOH, RHB, ZOD, WoHO	ED, Board, Chapter offices
		3.2.8	Number of media outlets utilized for policy influence, public image and issue disseminations	NA	60	Media advocacy report	Monthly	Midwives, EMwA	ED, Board, Chapter offices
		3.2.9	Number of evidence based reproductive health care practice disseminated	NA	3000	Meeting/workshop/event reports, Trip Report	During the event	Midwives, Health Facilities, EMwA, MOH, RHB, ZOD, WoHO	Program unit, Membership coordinator, MERL
	Objective 4.1: Improve and diversify collaboration with potential partners at national and international level	4.1.1	Number of signed MOUs to establish partnership	3	25	Signed MOU	Quarterly	EMwA, Partners	ED, Board, Chapter offices, MERL
		4.1.2	Number of events participated by representing midwives	45	60	Event Report, Trip Report	Quarterly	EMwA, Midwives	DED, Board, Chapter offices, MERL
		4.1.3	Number of forum conducted/Participated to share best practices, and lessons	22	30	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Partners, Midwives	Program unit, ED, Board, MERL

Strategic Direction 4: Strengthen Partnership, Networking and Representation		4.1.4	Number of Professional association collaborated with EMwA	11	38	Signed Agreement	Annually	EMwA, PA's	ED, Board, Chapter offices, MERL	
		4.1.5	Number of sessions participated on national health professional council	N/A	3	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Midwives	ED, Board, Chapter offices, MERL	
		4.1.6	Number sessions participated in TWG meeting at national and regional level	N/A	60	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Midwives, MOH, RHB	ED, Board, Chapter offices, MERL	
	Objective 4.2: Improving volunteers' engagement and management			Volunteers management guideline developed	N/A	1	Volunteers management guideline	Once	Volunteer, EMwA, Chapter offices, Midwives, Partners	Membership coordinator, ED, Board, Chapter offices, MERL
			4.2.1	Volunteer database developed	N/A	1	Volunteer's database	Once	Volunteer, EMwA, Chapter offices, Midwives, Partners	Membership coordinator, ED, Board, Chapter offices, MERL
				Number of Volunteer registered	NA	850	Updated Volunteer's database	Monthly	Volunteer, EMwA, Chapter offices, Midwives, Partners	Membership coordinator, ED, Board, Chapter offices, MERL
				Number of volunteers engaged/participated in different activities of the association based on their capacity	N/A	30	Volunteer's engagement report	Quarterly	Volunteer, EMwA, Chapter offices, Midwives, Partners	Membership coordinator, ED, Board, Chapter offices, MERL
				Number of volunteers' day organized	N/A	5	Event Report, Trip Report	Annually	Volunteer, EMwA, Chapter offices, Midwives	Membership coordinator, ED, Board, Chapter offices, MERL
				Number of volunteers' recognized	NA	50	Recognizing report, Updated Recognition database	Annually	Volunteer, EMwA, Chapter offices, Midwives	Membership coordinator, ED, Board, Chapter offices, MERL
			4.2.3							
	Objective 5.1: Strengthen continuing professional development (CPD)	5.1.1	Self-directed digital learning platform strengthened	NA	1	CPD Report	Once	EMwA, Midwives	CPD Coordinator, MERL	
		5.1.2	Number CPD courses developed	5	10	Workshop report, developed courses	Bi-annually for the 1st three year	EMwA, Midwives	CPD Coordinator, MERL	

<p>Strategic Direction 5: Enhance Regulation and Governance</p>		5.1.3	Number of CPD courses accredited	2	13	Accreditation report	Bi-annually for the 1st two year	EMwA, Midwives	CPD Coordinator, MERL
		5.1.4	Number of CPD promotion sessions conducted	10	20	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Midwives	CPD Coordinator, DED, Chapter office, Board, MERL
		5.1.5	Number of institutions accredited for CPD provider	14	30	Accreditation report, Trip Report	Quarterly	EMwA, Accredited Institutions	CPD Coordinator, MERL
		5.1.6	Number of CPD courses accredited for other institution	0	10	Accreditation report, Trip Report	Quarterly	EMwA, Midwives	CPD Coordinator, MERL
		5.1.7	Number of midwives and other health professionals who completed CPD courses (disaggregated by sex, profession, level of education, Health Facility)	273	10,000	Training Report	Annually	EMwA, Midwives	CPD Coordinator, MERL
		5.1.8	CPD training management guideline developed	0	1	CPD guideline	Once	EMwA, Midwives	CPD Coordinator, MERL
	<p>Objective 5.2: Strengthen Midwifery regulation</p>	5.2.1	Number of Standards of practice printed and disseminated	0	3000	Standards of practice, Distribution report	Annually	EMwA, Midwives, HF, MOH, RHB, ZHD, WoHO	Program Unit, DED, MERL
			Number of scope of practice printed and disseminated	200	3000	Scope of practice, Distribution report	Annually	EMwA, Midwives, HF, MOH, RHB, ZHD, WoHO	Program Unit, DED, MERL
			Number of midwives who reported practicing with their scope of practice	NA	16000	Survey Report	Every three year	EMwA, Midwives, HF, MOH, RHB, ZHD, WoHO	Program Unit, DED, MERL
		5.2.2	Number of updated Midwifery Code of ethics printed and distributed	200	3000	Midwifery Code of ethics, Distribution report	Annually	EMwA, Midwives, HF, MOH, RHB, ZHD, WoHO	Program Unit, DED, MERL
		5.2.3	Number of professionals relicensed through CPD	0	1000	Licensure Report	Annually	EMwA, Midwives	CPD Coordinator, MERL
	<p>Objective 5.3: Strengthen the midwifery management structure at all levels</p>	5.3.1	Number of promotion session conducted for midwives engagement in decision-making at all levels	NA	30	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Midwives, HF, MOH, RHB, ZHD, WoHO	ED, DED, Board, chapter offices, MERL
		5.3.2	Number of midwives took management & leadership skill training	NA	50	Training/workshop Report	During the event	EMwA, Midwives	Program Unit, DED, MERL
		5.3.3	Number of promotion sessions conducted on midwife led care	NA	30	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Midwives, HF, MOH, RHB, ZHD, WoHO	ED, DED, Board, chapter offices

		5.3.4	Number of advocacy session conducted for deployment & retention of midwives	NA	20	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Midwives, HF, MOH, RHB, ZHD, WoHO	ED, DED, Board, chapter offices
Strategic Direction 6: Self-reliance for better and Sustainable EMwA	Objective 6.1: Strengthen Resource mobilization for Self-reliance and sustainability	6.1.1	IGA Unit capacitated	1	1	Procurement Report	On First year	EMwA, Members	DED, Finance department, IGA unit
		6.1.2	EMwA own house constructed	0	1	Meeting Report	Annually	EMwA, Members	ED, DED, Board, Finance department, IGA unit
			Income from IGA collected(Print,copy)	186,104	5,922,827	Financial Report	Monthly	EMwA, Members	ED, DED, Board, Finance department, IGA unit
			MCH Center established	0	1	Financial Report	Annually	EMwA, Members	ED, DED, Board, Finance department, IGA unit
			Midwifery College Founded	0	1	Financial Report	Annually	EMwA, Members	ED, DED, Board, Finance department, IGA unit
			Income from IGA (vehicle)	0	2,036,722	Financial Report	Monthly	EMwA, Members	ED, DED, Board, Finance department, IGA unit
		6.1.3	Regional Training unit established	0	12	Financial Report	Monthly	EMwA, Members	ED, DED, Board, Finance department, IGA unit, chapter offices
		6.1.4	Income collected from Membership	241,200	4,771,237	Financial Report	Monthly	EMwA, Members	ED, DED, Board, Finance department, Membership coordinator
			Income collected from CPD	127,000	5,209,445	Financial Report	Monthly	EMwA, Members	ED, DED, Board, Finance department, CPD coordinator
			Income collected from IRB	0	2,240,000	Financial Report	Monthly	EMwA, Members	ED, DED, Board, Finance department, Research unit, MERL
			Income collected from Journal	0	74,000	Financial Report	Monthly	EMwA, Members	ED, DED, Board, Finance department, Research unit, MERL
		6.1.5	Collect budget for house (Members or Loan)	0	6,000,000	Financial Report	Monthly	EMwA, Members	ED, DED, Board, Finance department
	6.1.6	Number of grants developed & secured	6	15	Program and Financial Report	Quarterly	EMwA, Partners, Members	ED, DED, Research unit, MERL, Program unit	
	Objective 6.2: Ensure good governance and build organizational capacity to address stakeholder's issue	6.2.1	Number of midwives engaged at all levels (Fairness & equity ensured)	NA	Y	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Midwives, HF, MOH, RHB, ZHD, WoHO	ED, DED, Board, Membership coordinator
		6.2.2	Number of chapters strengthened	0	12	Meeting/workshop/event reports, Trip Report	During the event	EMwA, chapter offices, Members	ED, DED, Board, Membership coordinator, chapter offices
		6.2.3	30% membership fee collected retained to chapters	0	1431371	Financial Report	Quarterly	EMwA, chapter offices, Members	ED, DED, Board, Membership coordinator, chapter offices

		6.2.4	Numbers of best practice applied to improves HR management and organization	3	6	HR Report	Annually	EMwA HR and Staff	DED, HR Unit
		6.2.5	Numbers of technical support provided for Stakeholders	0	6	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Stakeholders	ED, DED, program unit, MERL
		6.2.6	Numbers of members who got access to EMwA working polices and procedures	2,000	10,000	Website report - Dashboard	Quarterly	EMwA, Members	Membership coordinator, IT officer
		6.2.7	Numbers of technical working groups/commettee established	0	11	Meeting/workshop/event reports, Trip Report	During the event	EMwA, Members, Midwives	ED, DED, program unit, MERL
		6.2.8	Fund management system created	0	5	Finance Report	First year	EMwA Finance department, Partners	DED, Finance department, IGA unit
		6.2.9	Number of GA organized	5	1	Event Report	Annually	EMwA, chapter offices, Members, Midwives	Board, ED, DED, Chapter offices, Membership coordinator, MERL
		6.2.10	Number of IDM organized	5	1	Event Report	Annually	EMwA, chapter offices, Members	Board, ED, DED, Chapter offices, Membership coordinator, MERL
Strategic Direction 7: Strengthen Monitoring and Evaluation System	Objective 7.1: Improve EMwA's information management system to ensure timely decision making	7.1.1	Number of digital tools developed/customized	0	1	Web-based syetem	First Year	EMwA, Partners	DED, MERL, IT
		7.1.2	Number of M & E plan developed	2	5	M & E plan	Once	EMwA	MERL
		7.1.3	Number of reports produced	40	50	Performance Report	Quarterly	EMwA, Partners	MERL
		7.1.4	Number of performance reviews organized	20	25	Workshop/Meeting Report	Quarterly	EMwA, Partners	MERL, DED, Program unit
		7.1.5	Number of annual performance reports printed	5	1	Annual Report	Annually	EMwA, Partners	MERL, DED, Program unit
		7.1.6	Mid-term and end line evaluation of the strategic plan conducted	2	2	Evaluation Report	At 3rd and 5th years	EMwA, chapter offices	MERL, Board, ED, DED

2.6. Risks Mitigation Strategies

Risk mitigation planning is the process of developing options and actions to enhance opportunities and reduce threats to projected objectives. Understanding the elements of risk in the strategic plan is essential to the identification, management, and mitigation of potential failure. An in-depth analysis will be made and all kinds of risks have to be explored and surfaced. A strategy will be designed to minimize risks and drain their source, as well as to minimize their impact if they are impending. It is a key strategy of retaining our workforce, maintaining their moral and ensuring institutional sustainability.

Annex 1: SWOT Analysis

Capacity building	
Strength	Weakness
<ul style="list-style-type: none"> • New training approach integration • Training alignment with government need • Implementing Post training follow up • Training material development that enhance midwifery competency • Promoting cost effective training like onsite • Center of excellence or training capacity • Focusing building midwifery competency areas • Focusing the training provide on services outlets areas • Utilizing the chapter structure for cascading • Didactical skill training for HEIs midwifery tutors • Capacity building through materials support for selected IST • Using national Trainer pool • Engaging technical assistance at National and Regional 	<ul style="list-style-type: none"> • Lack of generating Program learning document • Local innovative approach generation • Technology utilization • Internal capacity staff, chapter, EB and Volunteers • Project based or driving capacity building • Comparative study for capacity building intervention • Limited training opportunity for HEIs • Accessibility and equity to all midwifery profession • Lack capacity building for staff • Limited training modality • Advocacy of capacity building training mandatory for their own • Inclusive training for all level of profession • Need based training design • Lack of consistency in Performance evaluation and appraisal • Lack of knowledge sharing
Opportunity	Threat
<ul style="list-style-type: none"> • Increase number of midwifery graduate across the country • Expand the number of HEIs to teach midwifery students • National CPD initiative linked with licensing 	<ul style="list-style-type: none"> • Absence of limited career and development opportunity • Nomenclature problem • Approved scope of practice and standard of midwifery care • Fluctuating curriculum

<ul style="list-style-type: none"> • Partner interest for focusing midwifery competency • MOH strategies on MNH improvement plan 	
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Partnership and networking areas	
Strength	Weakness
<ul style="list-style-type: none"> • Increasing EMwA repatriation • Strong networking and partnership with local PAs • Strong networking and partnership with international NGO's 	<ul style="list-style-type: none"> • Partnership auditing • Engaging important partnership decision making • Lack of Partner mapping • Partnership communication policy • Poor communication among member, EMwA Staff, chapter office and EBM
Opportunity	Threat
<ul style="list-style-type: none"> • Many partners working on Maternal and child health • MCH are a priority agenda by the MOH 	<ul style="list-style-type: none"> • Competitive partners • High competition for resources especially local NGO who are working on maternal and child health

Advocacy and Representation	
Strength	Weakness
<ul style="list-style-type: none"> • Regional and Federal level technical working group • Celebrating international day of Midwives and GA every year at national level • International event representation • Good partnership with media agencies • Have huge opportunities that EMwA can be a voice for midwives 	<ul style="list-style-type: none"> • Lack of equity and similarity across the regions • Lack of equal opportunity among memberships • Influencing the policy maker by high level advisor • Lack of using different media outlet for advocacy • System and regular based advocacy and representation • Advocacy and representation policy
Opportunity	Threat
<ul style="list-style-type: none"> • Presence of different media outlet • The presence of different smartphones • Presence of Policy that enhance health rights advocacy • Members of ICM 	<ul style="list-style-type: none"> • Parallel professional association establishment with regional based • Covid-19 pandemic • Very large and dispersed member in rural areas • Donor fatigue for IDM celebration

Research and publication	
Strength	Weakness
<ul style="list-style-type: none"> • Securing IRB by EMwA • Ethiopian East African Establishments • National Research advisory committed functional • GA and IDM abstract submission and presentation • Developing best practice, program learning, annual report and end-line project evaluation • Quarter and bi-annual report 	<ul style="list-style-type: none"> • Week program learning platform • Conducting Policy level research • Limited number of research and abstract presentation • Shortage budget allocation • Lack of complete experts mapping • Poor collaborative areas with different partners and stakeholder in research areas • Priorities research thematic areas
Opportunity	Threat
<ul style="list-style-type: none"> • A lots of Master and PhD level midwifery • MOH encourage evidence based implementation strategies on policy brief • Global research grant opportunity 	<ul style="list-style-type: none"> • Community/ funders fatigue participation on research • Lack of experience to win research grant

Membership	
Strength	Weakness
<ul style="list-style-type: none"> • Availability of Membership focal person • Availability of Membership guidelines • Have regional chapter involvement for membership mobilization • Membership format and payment modality • Have web-based membership management system 	<ul style="list-style-type: none"> • Week disaggregation for active and passive members • Less engagement of members • Lack of regular membership mobilization strategies • Lack Membership benefit packages • Poor tracing mechanism for passive members • Lack of Equity and accessibility for all member • Week usage of Technology for membership • Lack of voluntary engagement
Opportunity	Threat
<ul style="list-style-type: none"> • MINT Support • Advancement of technology • Bank payment system 	<ul style="list-style-type: none"> • Lack of trust by members • Conflict of interest among members and among professionals