

**CONTRIBUTIONS, PROSPECTS AND CHALLENGES OF HEALTH
PROFESSIONALS ASSOCIATIONS IN ETHIOPIA: THE CASE
OF Ethiopian Public Health Association (EPHA)**

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Abbreviations

AAU	Addis Ababa University
ACCESS	Accelerating Core Competencies for Effective Service and Support
ACNM	American College of Nurse-Midwives
AMA	Afghan Midwife Association
CSA	Central Statistical Agency
CSO	Civil Society Organizations
CSP	Charities and Societies Proclamation
ECSACON	East, Central and Southern African College of Nursing
EPHA	Ethiopian Public Health Association
EU	European Union
FDRE	Federal Democratic Republic of Ethiopia
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FIGO	International Federation of Gynecology and Obstetrics
FMOH	Federal Ministry of Health
GC	Gregorian calendar
HERQA	Higher Education Relevance and Quality Assurance
HIV	Human Immuno Deficiency Virus
HRH	Human Resource for Health
HSTP	Health Sector Transformation Plan
ICN	International Council of Nurse
MAPS	Midwifery Association partnership for Sustainability
MDG	Millennium Development Goals
MOST	Ministry of Science and Technology
NGO	Non-Governmental Organization
RHB	Regional Health Beraux
SEATS	Service Expansion and Technical Support
SOGC	Society of Obstetricians and Gynecologists of Canada
SPSS	Statistical package for Social Science
STI	Sexually Transmitted infections
TOT	Training of Trainers
TWGs	Technical Working Groups
UNDP	united Nations Development Program
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development

Abstract:

Ethiopia has come a long way in improving the health status of its people, evidenced by achievements or remarkable progress made in the/towards the achievement of MDGs, other health and health related indicators. The Ethiopian Public Health Association (EPHA) is a health professional association that envisions the attainment of an optimal standard of health for the people of Ethiopia. It promotes better health services to the public and high professional standards through advocacy, professional competence, relevant policies and effective networking. EPHA is committed to improve the health and living status of the people of Ethiopia through dedicated and active involvement of the organization and its member and through collaboration with stakeholders.

The main objective of the study is to assess prospects and the contributions of EPHA in the country health delivery system towards fulfilling the country MDG for health. Specifically the survey designed to answers questions such as: their contributions in the health delivery system, challenges particular to government policies and procedure, financial sustainability and to suggest recommendations for further improvement in the health delivery system.

The majority of respondents strongly agree / agree with the statement of the working environment at EPHA is facilitative and conducive for their daily activities but the internal human resource at EPHA is not quite enough and the existing government policy is not supportive to accomplish day to day activities. The EPHA members did not contribute enough as technical and financial support to achieve the organizational goals and objective. Fund raising from local source, government policy and procedure and members engagement are the most frequently mentioned challenges by study participants.

Capacity building for the employees and EPHA members, continuous dialogue with government and stakeholders are recommended for future better involvement of the associations in the country health delivery system.

Chapter One: Introduction

1.1 Background Rationally /of the Study

Health is a fundamental human right and a public good. Health situation in developing countries is regarded to be poor. The toll of communicable diseases is rampant and at the same time, non-communicable diseases are gaining increasing grounds. This picture is complicated by the often weak health systems that lack adequate finance and human resources to run the services (Badir E, Abdulrahman A, July 2016).

Ethiopia has come a long way in improving the health status of its people, evidenced by achievements or remarkable progress made in the/towards the achievement of MDGs, other health and health related indicators. Access to services has improved drastically as a result of the capacity building efforts in improving the health system inputs and processes. The main drivers for the successes were strong leadership, community empowerment and better financing by the Ethiopian government and development partners (UNICEF Annual report, 2013).

The country has recorded remarkable improvements in health status and human centered development over the past two decades. Child deaths were reduced by 67% from 204 per 1000 live births in 1990 to 68 per 1000 live births in 2012 (FMOH HSTP , August 2015), achieving Millennium Development Goal (MDG) 4 on child survival three years ahead of 2015.

Ethiopia has been promoting civic engagement in the context of decentralization of authority to lower levels as an important policy instrument for addressing local needs effectively and situating the power for public service delivery closer to the people. The Government in its successive mid-term development plans has emphasized the role that citizens and their associations, especially membership-based organizations, have in ensuring accountability of service providers (UNDP Ethiopia working paper series, NO 2/2014).

Given their potential proximity to communities and their ability to engage grassroots energies, civil society organizations, in particular community and mass based organizations, are seen as important actors in ensuring accountability for service delivery.

Professional associations for health care workers can promote high standards of practice, advocate for the needs of both consumers and providers, form networks with other professional associations and liaise with legislative and regulatory bodies. Strengthening professional associations is one strategy for addressing global HRH issues such as out-migration and the lack of an adequate supply of well-trained professionals to deliver different type of services for health

Health professional association or body is an organization, usually not-for-profit, which exists to represent a particular profession, promote excellence in practice and therefore protect the public as well as the good standing of the professionals. Professional associations may have the following functions: Representing the interests of a profession and, in essence, serving as the public voice of the profession at the national and international levels, Protecting the profession by guiding terms and conditions of employment, Ensuring that the public receives the highest possible standards of care by maintaining and enforcing training and practice standards, as well as ethical approaches in professional practice. Influencing national and local health policy development to improve health care standards and ensure equitable access to quality, cost-effective services. A branch of the association may act like a labor or trade union for organizations and health care workers.

Most health Professional Associations are established and operated by people to achieve a specific yet general purpose—to enhance quality health care service. Health Professional associations aims to advance health measures for the promotion of health, prevention of diseases, treatment of the sick and rehabilitation of the disabled. It tries to do this through bringing together health professionals, making health policy recommendations, promoting professional standards, the

advancement of research and networking, advancing research and working in collaboration with the government.

Among other professional associations, health professional associations is one of the oldest associations in the world. The important roles played by the associations in health training, research and policy advocacy have been highlighted. Some of the important health system interventions that have been affected in the country through the influence and active participation of the Association have also been pointed out.

Civil society commonly embraces a diversity of spaces, actors and institutional forms, varying in their degree of formality, autonomy and power. Civil societies are often populated by organizations such as registered charities, development non-governmental organizations, community groups, women's organizations, faith-based organizations, professional associations, trades unions, self-help Groups, social movements, business associations, coalitions and advocacy groups.

As to the Commission of European Communities (2001: 14) civil society includes groups of trade unions and employers' organizations ('social partners'); nongovernmental organizations; professional associations; charities; grass-roots organizations; organizations that involve citizens in local and municipal life with a particular contribution from churches and religious communities.

The Charities and Societies Proclamation (CSP) dealing with the formation and operation of CSOs divided them into two broad categories as Charities and Societies. It envisages three forms legal establishment of Charities and Societies depending on the laws under which they are formed, source of income, and composition of members' nationality, place of residence and control of Charities or Societies. These three forms of associations include (1) Ethiopian Charities or Ethiopian Societies, (2) Ethiopian Residents Charities or Ethiopian Residents Societies, and (3) Foreign Charities.

1.2 Statement of the problem

The Ethiopian Public Health Association (EPHA) is a health professional association established in August 1989 GC that envisions the attainment of an optimal standard of health for the people of Ethiopia. It promotes better health services to the public and high professional standards through advocacy, professional competence, relevant policies and effective networking. EPHA is committed to improve the health and living status of the people of Ethiopia through dedicated and active involvement of the organization and its member and through collaboration with stakeholders.

Similar to other associations working in Ethiopia, EPHA also shares a number of challenges such as: the government policy, new charities and society's 10/90 funding policy, member's contributions, communications and participations etc. If challenges mentioned above recovers , handled and managed properly, the associations contributions will significantly improves the health delivery system of the country; particularly for the poor, women and children.

1.3 Research Questions

In addressing the issues mentioned in the statement of the problem, the research tried to answer the following questions:

- What are the prospects and contribution of the EPHA in the country health delivery system?
- What are the challenges to (policy, capacity, financial, human resource, membership etc.) which affects the performance of the association?

1.4 Objective of the Study

The main objective of the study is to assess prospects and the contributions of EPHA in the country health delivery system towards fulfilling the country MDG for health. The specific objectives are to:

1. Assess the extent of their contribution in the health delivery system in the country
2. To identify challenges related to Existing government policies and procedures specific to the EPHA

3. Identify factors that constraints the EPHA from discharging their duties and responsibilities (Internal capacity, member's engagement etc.)
4. Identify the challenges related with financial sustainability of the associations with regards to the new Ethiopian government charities and societies agency law 10/90.
5. Suggest recommendations which may help the health professional's association's involvement in the advancement of the country health delivery system

1.5 Significance of the Study

Findings of this research paper will disclose some of the most important contributions of the EPHA, particularly to meet the millennium development goals. The challenges in the process of achieving these goals will be explored. The finding will inform the policy makers, FMOH and other stakeholders to redesign an enabling policy environment and utilize the contributions to achieve the stated goals and provide a better health delivery system in the country. Moreover, this paper provides opportunities for donors such as USAID, World Bank, EU, etc. to make informed actions with the aim of shaping their strategic approach for ensuring sustainable support which focus on capacity building at various level. Besides the academic fulfilment, the findings from this research will be disseminated through the various peer reviewed journals published in Ethiopia which enhance information sharing and learning. Finally, the study also gives directions to EPHA to revise the strategic plan to be aligned with the government policy and new CSO laws. This paper also explore the challenges both internal with in the associations and external factors if identified, handled properly in both ways so that both parties can benefit and achieve the intended goals and objective with minimal resources and the country could benefit in the better health delivery system for their citizens.

1.6 The Scope and Limitations of this study

The scope of this study is not to evaluate the performance of the EPHA based on the strategic vision and missions, instead to find out their contributions in filling gaps in the country health delivery system.

The reliability of the findings depends on honest feedback from respondents (managers and leaders). The researcher made every effort to explain that the outcome of this research is meant to be normative and will help to enhance understanding on the extent of the problem by the professional associations. Due to time and budget limitations, the research only depends on the analysis of the issue from the associations' perspective and on feedback from limited stakeholders and therefore lacks consensus building through stakeholder meetings, to validate the findings of this study. Notwithstanding these limitations, the study identified priority issues to inform the strategies to overcome the challenges identified. The researcher will use own fund and this has limited the scope of the study. The non-response rate to the self-administered questionnaire will also have a challenge and taken as limitations for the study. Involving one association and using purposive sampling for study participants will limit generalizability for the study findings

1.7 Organization of the paper

This research report will be organized under five chapters. Chapter one concentrates on the problem and its approach. It includes the background of the study, statement of the problem, objectives of the study, significance of the study, the scope of the study and research design and methodology. The second chapter is a general literature review on EPHA and other health professionals associations on prospects, challenges and contributions in the health delivery system. The third chapter the research methodology, chapter four cover presentation and analysis of the data and the last chapter focuses on the summary, conclusions and recommendations of the study.

Chapter Two: Literature Review

2.1 The Ethiopian Public Health Associations

The Ethiopian Public Health Association (EPHA) is a legally registered national, independent, not-for-profit, voluntary professional association established in August 1989. Attempts to form a public health association date back to the 1960s but failed until then (see above). In 1975, the former Health Officers Association which could be considered as the precursor of EPHA, was established and thereby previous attempts culminated with the coming of the multi-disciplinary professional association EPHA in 1989.

The EPHA envisions the attainment of the highest possible standard of health for all Ethiopians. As the Association has gone through various stages of transformation during its quarter of century of existence, there have also been changes in its vision as articulated within the different strategic planning periods. During its first strategic plan (1999-2004) (EPHA 1999), the vision was “the attainment of an acceptable standard of health for the People of Ethiopia “. The Association has maintained this vision with a slight change in its wording (as “the attainment of the highest possible standard of health for all Ethiopians”) during its second (2005-2009) (EPHA 2005a) and third (2010-2014) (EPHA 2010) strategic plan period.

EPHA’s mission “of promoting better health services for the public and maintaining professional standards through advocacy, active involvement and networking” has also been maintained during both the second and third strategic plan periods, even though the approaches are more detailed during the second and third strategic plan periods.

At its establishment in 1989, EPHA had as objectives; attaining an optimal standard of health for the people of Ethiopia, promoting better health services to the public and fostering high professional standards through advocacy, active involvement and networking, and the

commitment to improve the health and living conditions of the people of Ethiopia through the dedicated and active involvement of its members (EPHA 1989).

At present the Association, while maintaining its vision, mission and main objectives, has developed a strategic objective in advancing public health measures for the promotion of health, prevention of diseases, timely treatment of the sick and rehabilitation of the disabled by (EPHA 1991, 1998):

Bringing together persons who are trained in, working in, or interested in public health or public health-related professions;

- Participating in and making recommendations on health policy, planning, training, management and practice of public health;
- Promoting the professional standard and interest of its members and other public health personnel
- Advancing research in public health;
- Establishing a forum for promoting communication among members and the public on matters of health through networking with similar associations and societies with similar professional aims within Africa as well as outside;
- Publishing a scientific journal, a newsletter and the like regularly to disseminate information to public health professionals and to the public;
- Actively participating with other sister organizations in the country in the strengthening of professional associations as well as in the promotion of health; and
- Playing active advocacy roles on important national and international health issues

From its establishment (1989) until the launching of the 2nd strategic plan (EPHA 2005a), the EPHA was organized under a governing body of an Executive Committee that

carries out its day-to-day activities by establishing a secretariat. The Executive Committee was, in turn, accountable to the General Assembly of the Association.

The major activities of the Association include:

1. Maintaining the production of the different regular publications including a peer-reviewed scientific journal. These include: the Ethiopian Journal of Health Development, the “Felege Tena newsletter and the Public Health Digest extract;
2. Holding regular annual conferences where scientific papers are presented and various policy related issues are discussed;
3. Involving members of the EPHA leadership in different national, regional and international policy related committees and taskforces. For instance, EPHA chairs the Panel of Assessors for the Health Professional Council of the country that oversees the registration, licensing and regulation of professionals in the country;
4. Organizing different forums for awareness raising, policy dialogue with health sector officials, partner and civil service organizations and health professionals for advocacy and for influencing policy directions;
5. Organizing periodic continuing education and research brief sessions to update professionals on recent developments and study findings in the major areas of public health;
6. Supporting the various public health training institutions in training in research methodology and financing masters and doctoral level research activities; and
7. Supporting the establishment of other professional associations such as, the Ethiopian Public Health Laboratory Association.

The sources of funds for the Association shall be: membership fees, donations and grants, fees from administering projects, journal and other publications sales, consultancy fees, and others (that include lotteries, book sales and other income generating projects as established by the Association and which are not in conflict with its fundamental objectives).The major source of finance for the Association has been overhead from administration of projects of other organizations. The Association also gets significant amount of resources as grants from governmental and non-governmental agencies.

EPHA has good working relationship with governmental and non-governmental organizations and universities within the country and abroad. The Ethiopian Public Health Association works in close collaboration with various government ministries and agencies. Among those with which the Association has standing relationships are the following:

FMOH (Ministry of Health): EPHA has always been consulted by the Federal Ministry of Health for expert opinions on important national health issues. It has played a significant role in formulating the National Health Policy and career structure for health professionals. It has also played important roles in conducting workshops, organizing scientific and continuing education sessions on timely and priority issues for the health sector. It has also done studies on policy issues; among which was the one conducted in 2000 to examine the implementation of women's policy in Ethiopia.

Federal HIV/AIDS Prevention and Control Office (FHAPCO): In addition to other HIV/AIDS related activities, EPHA also collaborates with FHAPCO in implementing a project for enhancing efforts of professional associations in the national response against HIV/AIDS. This project, which is supported through financing from the Global Fund, focuses on: capacity building, enhancing partnerships and institutional networking, advocacy and information exchange, developing targeted/custom made projects, plans and educational materials, and mobilizing and engaging members of the professional associations involved in the project.

Federal Ministry of Education :The Higher Education Relevance and Quality Assurance (HERQA), established in 2003 within the Federal Ministry of Education, conducts external institutional quality audits in all public and some private higher education institutions, as well as pre-accreditation and accreditation of a number of programs in private higher education institutions.

Ministry of Science and Technology: EPHA used to sit in various committees within the Science and Technology Commission. In addition, it used to get funding support from the agency for the publication of the Ethiopian Journal of Health Development as well as for the initiating of the “Felege Tena” newsletter. The Ministry of Science and Technology (MOST) has accredited the Institutional Review Board of the EPHA in 2005.

Central Statistical Agency : the EPHA collaborated with the Central Statistical Agency (CSA) of Ethiopia for implementing the second round HIV/STI related Behavioral Surveillance Survey conducted all over the country on selected target population groups following the recommendations of a Technical Working Group (TWG) organized by FMOH/HAPCO at the national level

2.2 Definition of Civil Society Organizations

The World Bank uses the term civil society organizations or CSOs to refer to the wide array of nongovernmental and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. This definition of civil society, which has gained currency in recent years in academic and international development circles, refers to the sphere outside the family, the state, and the market. This excludes for-profit businesses, although professional associations or business federations may be included.

There has been a deliberate shift away from use of the term nongovernmental organization (NGO), which refers more narrowly to professional, intermediary and nonprofit organizations that advocate and/or provide services in the areas of economic and social development, human rights, welfare, and emergency relief. The Bank traditionally focused on NGOs in its operations and dialogue, given their prominent role in development activities. Today, however, there is general acceptance that the Bank must reach out more broadly to CSOs, including not just NGOs, but also trade unions, community-based organizations, social movements, faith-based institutions, charitable organizations, universities, foundations, professional associations, and others.

Civil society is composed of the totality of voluntary civic and social organizations and institutions that form the basis of a functioning society as opposed to the force-backed structures of a state (regardless of that state's political system) and commercial institutions of the market (Wikipedia). As to the Commission of European Communities (2001: 14) civil society includes groups of trade unions and employers' organizations ('social partners'); nongovernmental organizations; professional associations; charities; grass-roots organizations; organizations that involve citizens in local and municipal life with a particular contribution from churches and religious communities.

2.2 Contributions of Civic societies for development

Experience shows that enhanced civic engagements offers important potential benefits for governments including increased effectiveness, legitimacy, popularity, efficient allocation of resources and political stability. Effectiveness of civic engagement, among other things requires an enabling environment that (a) promotes awareness of the rights, responsibilities and entitlement of citizens for better quality public services delivery; (b) empowers citizens to participate in, negotiate with and hold accountable service providers and public policy makers;

(c) promotes participation of citizens and communities in the planning, budgeting, implementation and monitoring of the quality and quantity of services delivered to them; and (d) ensures policy makers and public services providers are capacitated in order to respond to community and citizens need and preferences. A law guiding the registration and operation of charities and societies was put in place “to aid and facilitate the role of Charities and Societies in the overall development of Ethiopian peoples” and “...to ensure the realization of citizens’ right to association enshrined in the constitution” (FDRE, 2009).

2.3 Challenges to Strengthening Professional Associations

Building a sustainable, member-led professional association with the capacity to carry out a range of appropriate functions is best done in a stable environment with a strong membership body. In countries where there are political and governmental upheavals, gains made through governmental or donor collaboration can quickly be undone by changes that are out of the association’s control. These may include shifts in funding and policies, transitions among government officials and shortages of human and other resources, especially in places with high prevalence of HIV/AIDS. Associations trying to sustain themselves through membership dues and fee-based services may be challenged to convince members to spend their limited income on the association. Improving the clinical and management skills of a profession requires a large investment of time and effort that can be complicated when associations have no funding for full-time staff and are run primarily by volunteers. Members have competing priorities and limited time and energy with which to invest in their association duties. While the benefits of belonging to a professional association are often apparent in the long term, associations may only be able to provide short-term incentives to their members because of funding insecurity.

2.4 Approaches to strengthen professionals associations

Interventions designed to strengthen professional associations have most often used partnership models that build on the experience of strong associations or organizations. For example: The Midwifery Association Partnerships for Sustainability (MAPS), a special initiative of the USAID-funded Family Planning Service Expansion and Technical Support (SEATS II) Project, focused on developing private-sector midwives by building the capacity of midwifery associations. The American College of Nurse-Midwives (ACNM) implemented MAPS. The Society of Obstetricians and Gynecologists of Canada (SOGC) Partnership Program has undertaken various projects with other Ob/Gyn associations working in developing countries or countries in transition. These partnerships aim to build the capacity of associations to assume leadership in promoting maternal and newborn health while strengthening the associations themselves in the areas of governance, training, leadership and fiscal responsibility.

2.4.1 Model for strengthening professional associations

Experience has shown that there is no single model for strengthening professional associations—interventions have to be customized to the particular association’s needs and context. Strategies that have been employed successfully in a variety of contexts fall into two broad categories: 1) advancements that strengthen a professional association’s internal structure and organizational effectiveness and 2) strengthening activities that enable the professional association to enhance the skills of individual members or to increase influence on external communities. In order to successfully strengthen an association, capacity building efforts should initially focus on both of these areas of activities.

2.4.2 Capacity Building: Internal Structure and Organizational Effectiveness Management and leadership, business and fundraising skills: Program management, financial management and

accountability, leadership, advocacy and information technology are examples of different areas of skills strengthening that may be needed to assist an association in achieving its goals. Associations are frequently subject to the financial pressure of income generation and resource mobilization. This pressure can be greatly lessened by enhancing financial management and business development skills. Making the most of the limited financial and staff resources of professional associations to organize and implement effective resource mobilization strategies and increase membership is essential if an association is to be sustainable. Membership drives, productive partnerships with governmental and private organizations, fundraising, proposal development and linking to international resources (through sharing resource databases, for example) are ways to leverage the available resources for maximum impact (Quimby and Mantz, 2000).

2.4.3 Governance and strategic planning:

Aspects of governance that an association should focus on strengthening include defining the roles and responsibilities of members, organizing working groups or committees and promoting a work environment at health facilities that emphasizes participation, teamwork and team-based leadership (USAID, 2004).

2.4.4 Strategic planning

Is essential for effective use of the association's financial and human resources as they grow. "Planning is important because it causes discussion, debate, and generates consensus among the association leaders about direction and priorities" (USAID, 2004). After a situational assessment, assistance provided by the MAPS initiative included helping the association with strategic planning processes, such as the development of business and sustainability plans (Quimby and Mantz, 2000). The SOGC Partnership Program facilitates strategic planning based on strong

internal governance, working with associations to ensure infrastructural standards (for example, creating representative boards and functional secretariats). This type of organizational support consequently permits SOGC's partner associations to better align their programs and activities to the needs of their members and countries and make better use of scarce resources.

2.4.5 Member needs and services:

The MAPS initiative highlighted member services as one of the principal components of association strengthening. MAPS worked with association leaders to emphasize the importance of meeting members' needs and then helped to develop tools for identifying and addressing these needs, such as member surveys and databases. A professional association should determine the information that it will provide members as a service or benefit of membership. MAPS stressed the importance of facilitating knowledge sharing through such mechanisms as continuing education, seminars and technical and regulatory updates (Quimby and Mantz, 2000). As another example, one primary member service provided by the Commonwealth Steering Committee for Nursing and Midwifery has been the production and distribution of resource materials on key issues affecting the professions, including practical tools to develop action plans on human resources (Maslin, 2005).

2.4.6 Member Skills and External Advocacy Training and service delivery skills:

Health professional associations are well positioned to set evidenced-based standards of quality and excellence. The MAPS initiative's programs in Eritrea, Senegal, Tanzania, Uganda, Zambia and Zimbabwe included components that specifically addressed the clinical performance of the associations' members. For example, one of the objectives of the MAPS program in Zimbabwe was to improve the quality of family planning/ sexually transmitted infection services provided by private midwives. ACNM partnered with the Zimbabwe Nurses Association and the

Independent Clinics Organization to provide training and other support for 109 midwives. At the end of the project, 85% of private midwives met national family planning standards, compared to only 10% in 1996 (Quimby and Mantz, 2000). The SOGC Partnership Program has incorporated SOGC's ALARM International Program (AIP), a five-day training and mobilizing tool for health professionals involved in the delivery of emergency obstetrical care in resource-constrained settings, in to its association strengthening efforts.

2.5 The Link between Democracy and Governance and Professional Association Strengthening.

Strengthening the capacity of professional associations in advocacy work also contributes to the development of an independent and politically active civil society. According to Andrew Natsios, former USAID Administrator, civil society “is a complex web of private associations, of professional associations...of all sorts of non-government institutions that, when they combine together, protect individual freedom, protect civil society and protect civil liberties which are critically important to the development of a country, a stable democratic system over the longer term, and guard society against abuses.” In countries with new or fragile democracies, politically active associations can strengthen health care infrastructure and systems and simultaneously provide models for engaging civil society to participate in democracy. For example, the USAID-funded ACCESS Program launched and works with the Afghan Midwives Association (AMA). The AMA has tripled the number of trained nurse midwives in Afghanistan, and is working to reform midwifery education and the profession in a country with a new democracy emerging from 25 years of civil war with the second highest maternal mortality rate in the world (JHPIEGO, 2006). AIP's content is derived from evidence-based medicine and endorsed by the Partnership for Safe Motherhood and Newborn Health and the World Health Organization as a

tool to ensure skilled attendance at birth. Using the train-the trainers (TOT) approach, national teams of ALARM instructors from professional associations have been established in partner countries. The teams are equipped with the supplies and other training materials necessary for delivery of the course so that they can continue to offer the trainings independently after SOGC has completed the TOT portion of the partnership program.

2.6 Evidence-based practice and education standards:

A professional association's involvement with regulatory reform can ensure high universal standards of education and practice firmly founded on evidence and data. For example, in 1985, the International Council of Nurses commissioned a global study of nursing regulation, the conclusions of which resulted in an internationally disseminated guide, still widely used, for nurses' associations seeking to establish or reform their regulatory system (Styles, 1986). "The concept of universal standards was promulgated as ICN reasoned that principles governing nursing education and practice should be the same in every country because the need for nursing services is universal and the same, wherever it is being given" (<http://icn.ch/reghistory.htm>). The East, Central and Southern African College of Nursing (ECSACON), a regional association, developed core standards for the nursing and midwifery curricula for all countries in its region. Professional associations also play an important role in the establishment of professional codes, such as the International Federation of Gynecology and Obstetrics (FIGO)'s Code of Ethics, which outlines standards that members are expected to uphold. The California Nurses Association and the Group of Nursing Professionals of Central America and the Caribbean have also developed standards of ethical and safe practice for registered nurses. Many professional nursing bodies have developed frameworks for continued practice competence in order to establish standards to ensure that nurses retain adequate knowledge and skills after they have completed their basic training. As one example, the

Canadian Nurses Association has developed a national continuing competence framework for nurses that responds to a call for a coordinated approach to meet consumer demands for competent health professionals in an era of global mobility (ICN, 2005). In countries where midwives do not have control of midwifery education, the International Confederation of Midwives (ICM) encourages member associations to negotiate with their governments for education to occur only after competencies and curricula have been established. (<http://www.internationalmidwives.org/Statements>) Service delivery must be coupled with standardization and competency assessment across cadres and contexts.

Professional associations can be a major source of continuing education and technical updates; health workers should be able to rely on their associations for the latest guidance in evidence-based practice. Responses to a survey conducted by the ICN expressed the opinion that professional associations were the best-placed entities for determining professional standards, educational requirements and scopes of practice (Gragola and Stone, 1997). ICN also emphasizes the use of research findings as a basis for decision-making in HRH development. (<http://www.icn.ch/pshhrd.htm>) .

Coalition building and advocacy: A strong professional association can influence access to quality, cost-effective health services. Professional associations are natural centers for coalition building and advocacy to change policies and systems related to quality of care, task shifting, health worker mobility and deployment, retention, working conditions, incentives and staffing norms (Chamberlain, 2003; ICN, 2005). Strong coalitions also have the potential to foster consistent commitment to quality health care nationally, regionally and across various levels of health workers. The ICM believes that all patients will “benefit when there is continuity and collaboration among the range of health care workers from community to district to regional

settings” (<http://www.internationalmidwives.org/Statements>). Along with member services, the MAPS initiative pointed to coalition-building as one of the most important components of association strengthening. One successful coalition-building intervention was a study tour in Uganda for 24 private midwives from Senegal, Uganda and Zimbabwe to encourage the exchange of ideas and experiences, sharing of lessons learned and establishment of ongoing networking among the associations. As a result of MAPS’ work, midwifery associations began communicating with each other through newsletters, journals and e-mails (Quimby and Mantz, 2000). The Group of Nursing Professionals in the Andean Community of Nations, a group supported and encouraged by the Pan American Health Organization, is another collaborative example of cross-sectoral groups coming together to set standards for the health service community. Through this coalition, members of the nursing group are able to identify key audiences, influence policy agendas and have their voices heard. Similarly, the Group of Nursing Professionals of Central America and the Caribbean unites member nurses in building collaborative efforts between health and other sectors to advance the overall development and quality of nursing. “To date, achievements have been the establishment of nursing standards, hospital and community protocols, training in the quality, preparation and dissemination of a code of ethics, the implementation of the nursing process in health institutions and contributions to the curricula in schools of nursing” (Salas and Zárata, 1999).

Effective policy advocacy requires individual dedication coupled with comprehensive knowledge. The Role of a Regional Association: The East, Central and Southern African College of Nursing Based in Arusha, Tanzania, the East, Central and Southern African College of Nursing (ECSACON) provides a strong framework for promoting professional excellence and improved health services in the region by focusing on collaboration, education, practice,

research, management and leadership. ECSACON is akin to a national professional association in the services it offers to its members and the initiatives it undertakes, such as the coordination of courses and seminars aimed at improving the quality of health care and strengthening the human resources for health situation in the region.

The continuing education offered by professional associations can also give female health workers more professional independence by providing training in business as well as clinical skills. The success or failure of a health care system relies upon the continued strength of the health care workforce. Professional associations are an important bridge connecting the needs of health care clients, policy makers and health professionals delivering services. A strong professional association ensures the public of high standards of care and advocates for consumers' needs while motivating new and experienced health care professionals to continually improve the quality of care they provide as they proceed along a stimulating, empowering and rewarding career trajectory. Health professionals on such a path are more likely to continue to work in their field and to encourage the next generation to follow in their footsteps. Strengthening professional associations should be regarded as a critical component of any comprehensive development program that seeks to achieve sustainable human resources for health results.

Chapter Three: Research Methodology

The section below discusses the choices of the research design, type and source of data, data collection tools and techniques, sampling design, method of data analysis and the researcher's experience throughout the data gathering process. The research design is a cross sectional descriptive type with a quantitative design with a self-administered survey questionnaire.

3.1 Research Approaches and Methods

As described in the previous sections, this study is aimed at examining the opportunities and challenges related to the prospects and contribution of the EPHA in the country health delivery system using a cross sectional descriptive type of method. At the same time it also describes the practices and challenges of EPHA with regards to strategic fundraising and sustainable income for the project.

Information on the profile of the organization has been obtained from different source and documents such as web site .Primary data was collected using a structured questionnaire and quantitative data has been collected using self-administered survey questionnaire. Here the researcher assessed the various factors associated with challenges , contributions and sustainability of EPHA for its contributions in the improvement of the Ethiopian health delivery system and also described the understanding and use of strategic approach to address all constraints and challenges.

3.2 Type and Sources of Primary Data

The survey questionnaires captured the quantitative data on important variables; based on literatures reviewed; and includes factors that can directly or indirectly affect the contributions of the EPHA. The study respondents (staff of EPAs both technical and administrative) were requested to complete the self-administered questionnaire.

As in most surveys, this allows measuring the significance of the results on the overall population under study. However, generalization is not the goal of this research as is the case with some surveys aimed at providing descriptive results to understand the pattern or trend of the problem.

3.3 Data collection tools and techniques

The data collection tools include a self-administered survey questionnaire handed in hard copy. The hardcopy was given to all the study participants at their offices along with the support letter from the University, and then data collector (the researcher herself) were sent to collect the responses.

The four -page long questionnaire has been designed to capture information on different categories according to the Likert scale. Upon piloting, it has been noted that the questionnaire were answered within 15 -20 minutes.

- Section A) : General Information on the respondent
- Section B): Issues related to manpower and management at the organization
- Section C) Government policy and recommendation ,
- Section D; Service delivery and capacity and
- Section E) Challenges and communications

Ethical considerations have been considered throughout the process and consent of the respondents has been gained prior to administering the survey / interview sessions.

Questionnaire development and pretesting

There are no standard questionnaires for such studies. Because the instruments were developed by the researcher, pre-test was undertaken for validity and reliability of the survey instruments. Adjustments were made to avoid ambiguity and redundancies before embarking on full data collection. The questionnaire was sent to select few EPHA members who were not been

part of the sample, for the purpose of pre-testing and content validity test. Their suggestions and comments has been considered to perfect the questionnaire and filling in any loopholes. Modifications and re-adjustments were made on some of the contents and wordings used in the questionnaire. The feedback from the EPHA member and managers were that the questionnaire was exhaustive and has captured most pertinent points.

3.4 Sampling Methods and Sample Size

The sampling method for this study is to enroll and collect data required to answer research questions from all employee of the EPHA collect information from the employee of EPHA (both leaders, technical and administrative staff), member of the boards and active members of the EPHA

Sampling Size Determination

The sample size determined for this survey according to the formula and table based on Krejcie and Morgan, 1970. The total population of the study is comprised of employees and members of the association which is nearly 80 staff and for this population 66 is selected as a sample for this study. Krejcie and Morgan, (1970) have given a table in which no calculations are needed to determine the size of the sample. GAltumg, John (1970) theory and methods of social research, London. George-allen and Unwin.

$$s = \frac{x^2 NP (1-P)}{d^2(N-1) + X^2 P(1-P)}$$

Where

s=required sample size

X²=the table value for chi-square for 1 degree of freedom, which is 3.84

N=population size

P=population proportion which is 0.5

d =degree of accuracy

3.5 Methods of Data Analysis

Quantitative data was coded and tabulated, cleaned and analyzed using SPSS software (version 20), while qualitative data was sanitized using content review, categorization and analysis, further supported by appropriate software for text data embodied in a survey monkey application.

Quantitative: All questions were individually analyzed, taking into considerations all the available factors and supported with descriptive statistics (frequencies, mean, SD,). Analysis results were presented in charts, tables, cross tabulations.

Category/ Research Questions	Instruments/ Question References	Variables or Concepts measured	Data Analysis and
General Characteristics (Respondents)	Survey Questionnaire Section A, Respondents Profile	Sex, education level, position level, years of experience in the organization	Descriptive statistics presentations
Research Q1	Survey Questionnaire Section B, and D	Technical capacity training ,working environment at the workplace , trained and adequate staff at EPHA Respondents opinion on the contribution of EPHA	Descriptive statistics presentations
Research Q2	Section C questionnaire	<ul style="list-style-type: none"> • Existing government policy • New Charities and society's policy 10/90 • Human resource working with EPHA 	Descriptive statistics with logistic regression

Chapter four: Findings and Analysis

The following section presents the results from the primary data collection. It includes descriptive results, as collected and analyzed from the quantitative components of the self-administered survey. As indicated in the previous section, the data analysis is expected to covers a response from 66 respondents, however the overall response rate and responses (n) for each questionnaire varies. Finally, the findings has been summarized and discussed in tandem with the research questions and variables according to the general and specific objectives.

4.1 Socio-Demographic characteristics of Respondents

Demographic characteristics of the respondents of the EPHA employee which includes executive managers, senior, middle management and others) included sex, age, education level, professional background, and total years of experiences in general and experiences at EPHA in particular. Out of a 66 respondents sample size required for this study 62 provided information, with a response rate of 94 % .The majority of respondents were currently working as a middle management and operations section and few as senior management and executive . Sixty five percent (65 %) of the respondents were male and 84 % have a first degree or post graduate education level (master's degree or above. The mean year of life time experience of the respondents surveyed is 15 years, median (16 years), with a standard deviation 8 years. The mean age of the respondents were 30 years with median of 35 and Standard deviation of 16 years. The details of socio demographic and the profile of the respondents is depicted in (Table 1).

Table I: Socio Demographic characteristics of study participants at EPHA; August 2017

Variable	Number	Percent (%)
Sex of respondents		
Female	22	35.0%
Male	38	61.2%
No response	2	3.2 %
Professional Background		
Health officer	15	24%
Nurses	10	16%
Physician	3	5%
Management	8	13%
Accounting	9	15%
Others	11	18%
No response	6	10%
Educational qualification of respondent		
Master's Degree and above	36	58%
First Degree	16	26%
Diploma	0	0%
Completed High school	2	3%
Completed High School and on-job training	0	0%
Other(5	8%
Missed	3	5%
Years of service at EPHA		
Less than one year	7	11%
Between 1 - 3 years	9	15%
Between 4 - 5 years	5	8%
Between 6 - 10 years	25	40%
More than 10 years	16	26%
Role of respondents at EPHA		
Executive	2	3%
Senior Management	1	2%
Middle Management	20	32%
Operations	20	32%
Other (please specify	14	23%
missed	2	8%

4.2 Respondents Nature of Employment and Education relevance

The response form the employee of EPHA reveals that 48 % of them are permanent employee , 35 % with contractual agreement less than 2 years and very few 2% of them work as seasonal employee at the time of the survey. More than 87 % of the respondents have a direct academic relevance with their work at EPHA and only 6 % of them have a non-related academic qualification and with their current job.

Table 2: Nature of Employment and academic relevance with the work at EPHA; August 2017

Variable	Number	Percent
Respondents Nature of Employment at EPHA		
Daily wage	0	0%
Temporary/seasonal employment	1	2%
contractual agreement of <2years	22	35%
Permanent employment	30	48%
Other (please specify)	9	15%
Academic Relevance to the work at EPHA		
Directly Related	54	87%
Mostly Related	4	6%
Not Related	4	6%
Internal Human Resource at EPHA is quite enough to accomplish day to day activities		
Strongly agree	5	8%
Agree	14	23%
Neutral	9	15%
Disagree	33	53%
Strongly disagree	1	2%

4.3 Working Environment and Government policy

More than 89 % of the respondents strongly agree or agree with the statement of the working environment at EPHA is facilitative and conducive for their daily activities but the internal human resource at EPHA is not quite enough and the existing government policy is not supportive to accomplish day to day activities based on the attitude of the majority of the respondents.

Table 3: Respondent attitude for working environment, government policy and new 10/90 law for the daily work of EPHA; August 2017

Variable	Number	Percent
Working environment at EPHA is facilitative/conducive		
Strongly agree	24	39%
Agree	31	50%
neutral	0	0%
Disagree	4	6%
Strongly disagree	2	3%
missed	1	2%
Government policy is supportive for EPHA		
Strongly agree	2	3%
Agree	8	13%
Neutral	6	10%
Disagree	15	24%
Strongly disagree	30	48%
Missed	1	2%
New charity and society policy 10/90 is well matched to Ethiopian context		
Strongly agree	0	0%
Agree	3	5%
Neutral	3	5%
Disagree	9	15%
Strongly disagree	44	71%
missed	3	5%

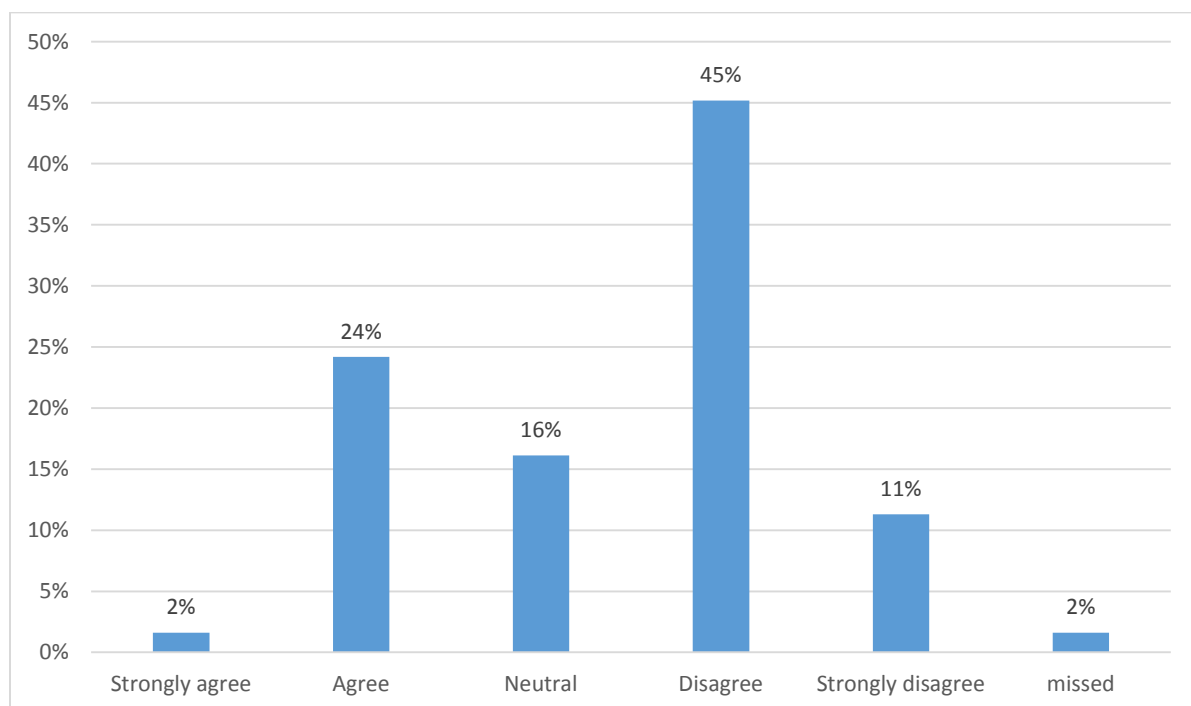
4.4 Respondent attitude for different challenges of EPHA

Respondents were asked to give their attitude towards the different challenges of EPHA both internal and external challenges to execute their professional duties and responsibilities. These challenges and their attitudes are assessed with the statement such as; EMPHA members' contributions in terms of technical assistance and financial contributions, source of funds from the local community and the organizational relationship with external donors.

4.4.1 Members' technical and financial support

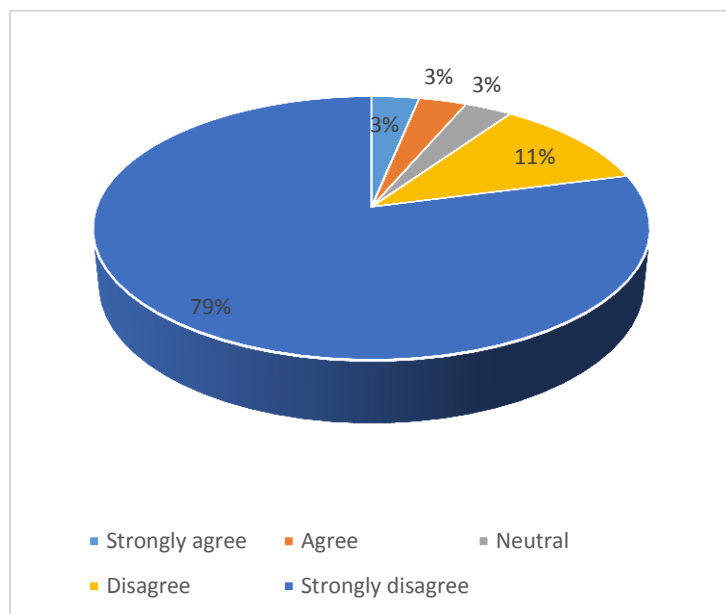
More than half of the respondents (56%) did not agree with the statement of EPHA members' contributions enough as technical and financial support to achieve the organizational goals and objectives. Only 26% of them agree with the above statement and 16% of them were neutral for the support.

Figure 1: Respondents' attitude about member's contributions as a form of technical and financial support for EPHA; August 2017



4.4.2. Possibility of getting 90 % of funds from the community

Figure 2: Attitude of the respondents on availability of funds from the community as 90 %, August 2017



As clearly depicted in the pie chart of figure 2, nearly 90 % of the respondents agree that it is impossible to get 90 % of funds from the community or locally, strongly disagree or disagree the statement of possible to get funds from the community as 90 %.

4.4.3 Members annual payment and external relationship with donors

Member's contributions as annual payment and external relationships with donors are the critical factors for an organization to be more sustainable and be reliable with donors for more funding and resources. To assess the issues, respondents were requested to give their attitude on the patterns of member's contributions and external relations. Nearly 47 % of them neither agree or disagree with patterns of members contribution in their annual payments and nearly one third of them strongly disagree or agree payments by the members is based on regular pattern . Furthermore only 61 % of them agree or strongly agree with the statement of the existence of nice relationship with external donors, the rest are either neutral or disagree with the strong relationships.

Table 4: Attitude of respondents on Members contributions and relationship with donors; August 2017

Variable	Number	Percent
EPHA members pays their contributions regularly		
Strongly agree	0	0%
Agree	9	15%
neutral	29	47%
Disagree	11	18%
Strongly disagree	8	13%
missed	5	8%
EPHA has a very nice relationship with external donors		
Strongly agree	17	27%
Agree	21	34%
neutral	20	32%
Disagree	3	5%
Strongly disagree	1	2%
missed	17	27%

4.5 Compliance to stakeholders

Compliant to the requirements of the stakeholders such as donors and FMOH are the key factors for EPHA to continue as an organization and meeting the objective and goals. To assess this variables respondents attitude were gathers with items like how the organization submits the financial, technical report and how the FMOH recognizes the achievements of EPHA.

Nearly 69 % of the respondents agree that, EPHA submits, the financial reports to the donors according to the schedule and there is no compliant from the donors. Similarly the technical reports is also submitted on time with no compliant and agreed by 73 % of the respondents.

EPHA has a very nice relationship with FMOH and their achievement is well recognized by them and this is agreed by nearly 82 % of the respondents. This type of relationship and recognition with

stakeholders and donors have an impact for the organization and better contributions for the country health delivery system

Table 5: Attitude of respondents for EPHA compliance with donors and relations with FMOH; August 2017

Variable	Number	Percent
Submits the financial report to donors according to schedule and no complaints		
Strongly agree	7	11%
Agree	36	58%
Neutral	13	21%
Disagree	3	5%
Strongly disagree	1	2%
missed	2	3%
Submits the technical report to donors on time		
Strongly agree	3	5%
Agree	42	68%
Neutral	12	19%
Disagree	3	5%
Strongly disagree	0	0%
missed	2	3%
EPHA have very nice relationship with FMOH and achievements recognized		
Strongly agree	11	18%
Agree	40	65%
Neutral	9	15%
Disagree	0	0%
Strongly disagree	1	2%
missed	1	2%

4.6 EPHA capacity for fund raise and inputs to the country health system

Respondents were requested to give their attitude if EPHA has the capacity to raise funds from local source using various means, more than 76 % of them agree that the organization do not have such capacities such as human resources, strategic plan, and corporate communication, training etc. Such a type of capacity will be a basis to generate income and to build sustainable program

implementation in the country. All survey participants claims that lack of information and unfordable government policy as reasons for poor performance and lack of capacity to raise fund from local sources.

On the other hand, more than 97 % of the respondents agree that, the organization contributes a lot in the improvements of the country health system which needs a well-designed strategic plan and corporate communication, member’s mobilization to raise funds from local sources for wider community usage.

4.7 Critical challenges for EPHA

The weighed mean value from 59 respondents on a 5 points Likert scale indicated new charities and society’s 10/90 funding policy, the overall government policies on NGOs as the major challenge in their order of priority followed by fundraising from local source and members contributions. The standard variation in descending order is 1.009,1.165,1.178, 1.286 for the 4 variables measured on scale, meaning high deviations is the most important challenges (members contributions, new charities 10/90 funding policy , over all government policy and members contributions.

Table 5: Respondents attitude on the he most important challenges of EPHA; August 2017

Rate the following as challenge for EPHA	Strongly Agree (5)	Agree (4)	Neutral (3)	Dis-Agree (2)	Strongly Dis- Agree (1)	n	Weighted average
Fund raise from local source	81 %	3 %	2%	5%	9%	58	4.43
	47	2	1	3	5		
Members contributions	52 %	28%	16%	2%	3%	58	4.22
	30	16	9	1	2		
Government policy	76 %	8%	5%	3%	7%	59	4.44
	45	5	3	2	4		
New charities and societies 10/90 funding policy	83%	2%	3%	7%	5%	59	4.51
	49	1	2	4	3		

Chapter Five: Summary Conclusion and Recommendation

This chapter has three sections. The first section summarizes the whole research. The second section presents the conclusion of the research and the last section suggest potential recommendations to enhance EPHA contributions to the development of capacity and better health service delivery of the country.

5.1 Summary

The main objective of the study is to assess prospects and the contributions of EPHA in the country health delivery system towards fulfilling the country MDG for health. In achieving this objective, the study attempts to answer the following basic questions.

1. What is the extent of EPHA contribution to the overall health service delivery system in the country?
2. What are the challenges related to existing government policies and procedures specific to the EPHA?
3. What are the priority and factors that constraints the EPHA from discharging their duties and responsibilities (Internal capacity, member's engagement etc.)?
4. What are the challenges related with financial sustainability of the associations with regards to the new Ethiopian government charities and societies agency law 10/90.
5. And Suggest recommendations which may help the health professional's association's involvement in the advancement of the country health delivery system.

Descriptive research was used for the purpose of the study. The methods employed by the Researcher were administering self-response questionnaire. The researcher, purposively selected EPHA employee both administrative, technical and executive officer both permanent and temporary staff. The findings of the study are summarized as follow.

A) The Contribution of EPHA in the Country Health Delivery System

I) Health policy

The Ethiopian Public Health Association (EPHA) is a legally registered national, independent, not-for-profit, voluntary professional association established in August 1989 , envisions the attainment of the highest possible standard of health for all Ethiopians. The association has always aspired to positively influence all major policy and strategic issues of the country in health care matters.

As one of its major objectives, EPHA is striving to provide a firm basis to complement the Government's effort in the promotion of health and prevention of diseases by influencing Federal and Regional Health Policies, planning and implementation" (EPHA 1999). As importantly, EPHA, as a professional association, has endeavored to make its participation as evidence-based as possible by promoting research, and strengthening and disseminating strategic information.

In the health sector, it has been represented in all the development exercises for policies, strategies, plans and guidelines development and reviews. EPHA is member of HIV/AIDS Review Board in HAPCO. It was represented in the development process of the health sector development program and has advocated reflections on the issues through several panel discussions such as "The Role of EPHA in the New Health Sector Strategy", 1995; "The Sector Wide Approach to Health Development in Ethiopia.

It has also supported policy and strategy development processes by identifying research gaps, finding and disseminating strategic information (SI) to policy makers.

2) Human Resource for Health (HRH)

Promoting the professional standards and the interest of public health personnel is a major objective of EPHA. Consequently, it has major stake in this and it has endeavored to contribute to the quality of training programs of all public health personnel in the country.

EPHA has introduced new training areas in the country such as the Monitoring and Evaluation at Jimma University, Field Epidemiology and Leadership training at the AAU. It provides Research Methodology training for partners, members and professionals working in RHB, FHAPCO and MOH. EPHA is a member of panel of assessors of MOH and works together with the ministry and other professional associations to promote high health care standard. Selected by the Ministry of Health because of its wider base membership and representation of a wide cross-section of public health fields, EPHA chairs the panel of assessors for the Health Professionals' Council, which oversees the registration, licensing and regulation of all health professionals in the country (Damen and Mengistu 2010) while participating in the development of professional ethics and is supporting postgraduate students and collaborates with HERQA in accrediting private health colleges. It is a member of the National Higher Education Quality Assurance Committee and leads the Health Chapter. EPHA was also a member of Human Resources for Health Development Taskforce which, among others developed the concept of the HRH Observatory for Ethiopia which was endorsed by the MOH but has not been implemented to date.

3 Contribution in Maternal and Child Health

Cognizant of the determinant role played by women/mothers in the health of the community, EPHA has been in the forefront of developing effective mother and child health policies and programs. To this end, it has organized several dedicated panel discussions. Recognizing gender issue as an important determinant of maternal and child health, the association has promoted several studies

and sponsored discussions on gender based violence. EPHA has also undertaken some major research and promotional activities related to MCH including the David and Lucile Packard Foundation supported “FP/RH repositioning through strengthening HEW” and “Scaling up Community-Based Long Acting RH/FP Service”; and the CPHA supported “Strengthening the Immunization Component of the HEP

4 Contribution in HIV /AIDS prevention efforts

EPHA has a proud history in promoting the HIV/AIDS agenda on the national scene. It has organized panel discussion on the issue almost every year such as - HIV/AIDS and Development in Ethiopia 1998; HIV/AIDS Care and Support 2004; ART and its Implications in the prevention and control of HIV/AIDS 2005. Some of EPHA’s activities in HIV/AIDS have been exemplary, in particular the 2004 protocol with CDC-E. Most of its projects in strengthening leadership, HRH capacity, services and monitoring and evaluation have been essentially geared to HIV/AIDS. Most of its research and publication activities – support to graduate theses, BSS, Public Health Digest have also dealt with HIV/AIDS.

5) Malaria prevention and control

Increased incidence of malaria including in the highlands and increased resistance to drugs in general and the malaria epidemic of 2003 in particular prompted discussion at Executive Committee meetings and led to the organization of an extraordinary panel discussion on the issue in order to: Promote better understanding of the epidemic; and Recommend better preparedness and measures for the future. The panel was attended by central and regional government, non-government and professional associations’ representatives. It clearly related malaria to poverty and underdevelopment; presented various perspectives including those of government, t h e regions, professionals and communities.

6) Emerging Health Problems (Non-Communicable Diseases)

EPHA has been playing important roles in drawing attention to emerging health problems including substance abuse. Most of its annual conference themes since the mid 2005 have been on these issues including:

- Emerging Public Health Problems in Ethiopia, 2006;
- Emerging Non-infectious Disease; The Case of Cancer, 2008
- Road Traffic Accidents as a Major Public Health Concern in Ethiopia, 2009
- Tobacco Control; International and National Initiatives, 2009

7) Promoting quality Human Resources Development (HRD)

Promoting quality human resources for health is a major concern of the Association and its members as expressed in a number of forums. EPHA was represented in the several committees established to draw HRD strategies and actively participated in an MOH Task Force on HRD which recommended the establishment of a HRH Observatory for Ethiopia which has not been implemented to date. It also sponsored the development of a historical review of the evolution of HRH in Ethiopia in order to inform future deliberations on this complex issue (Kitaw et al 2014).

8 Publications

In view of meeting the information requirements of its diverse members and promote quality public health services in Ethiopia, the Association has been relatively active in publications. Its flagship publication is without doubt the organ of the Association, “*The Ethiopian Journal of Health Development*”, a journal of international reputation . The Association also publishes its newsletter,

Felege Tena, regularly since 1991. Proceedings of the EPHA annual meetings/conferences and books of abstracts are published and distributed to participants.

9) Paving the ground for future research

EPHA has played a laudable role in promoting public health research in the country. It was, EPHA with its partners, for example instrumental in the development (in 2004) of the Training Module on Research Ethics and Methodology which has been used to train hundreds in operational research (ESTC & EPHA 2005). The EJHD continues to play a major role in encouraging and disseminating public health research results.

B) Challenges to EPHA (Government policies and procedure)

According to the survey results, the majority of respondents agrees that the existing government policies and procedures, the new charities laws to generate funds for different programmatic activities are the greatest challenges for the EPHA to deliver services and contributes in the overall improvement of the country health delivery system. The capacity of the existing human resources to generate funds from local source is so poor and mobilizing members for contribution is critical. The Association should work and attract more members through member's links, evolving more participatory and transparent processes for projects development and implementation. One promising venue for improving the quality of relationship with members seems to be the creation of professional and/or interest groups/sections within the Association. On the other hand, all the infrastructure for wider involvement of the association is already in place. The working environment at EPHA is quite conducive according to the study participants in which more than 89 % of them agree with the facilitative and conducive working environment in the organization. This is supported by a very nice working relationship and recognition given by FMOH and stakeholders in which both the technical and financial report submitted for them according to the schedule with no compliant.

C) Financial sustainability as a challenge for EPHA

Like all other organizations, associations today exist in environments characterized by a state of constant change and fluidity. Achieving the financial stability required to consistently implement quality projects and activities, and to serve as advocates for the interests of constituents, is the major challenge facing NGOs in Ethiopia. This challenge is clearly visible at EPHA and the majority of the respondents appreciate as a bottleneck to achieve the missions and goals. EPHA

lacks capacity to generate resources internally and from the community and fund raising is magnificently affect the overall implementation.

Generally speaking, there is no significant domestic support for the work of NGOs, and it is not realistic to assume that there will be in the near term. The viability and sustainability of the NGO sector is consequently quite fragile because of the scarcity of resources and the ongoing struggle for operating funds. Financial uncertainty affects the dynamics between associations and their supporters and jeopardizes the feasibility of current and future projects. Frequent budget cuts and a greater demand for accountability and transparency mean that associations facing pressure to remain profitable should evaluate their fundraising and operational strategies.

The government has the responsibility to follow and assess NGOs project activities and its impact on the lives of the beneficiaries. According to the study done by Asfwa et al, the “the role of civil society organization in the poverty reduction process of Ethiopia, nearly one fourth of the respondents said that the interference of the government is very high, which can limit the participation of CSOs on the poverty reduction effort of the country (). When the government expands its intervention on the activities of NGOs, organizations may lose their autonomy and power. This type of interference by the government and support to EPHA also exist according to the study participants and continues dialogue and advocacy work is essential to strengthen a mutual trust among the different stakeholders and EPHA.

D) Internal Human resource and capacity building.

5.2 Conclusion

There is no doubt that the EPHA has enormously expanded its activities and gained reputation and credibility at national and international levels. Membership has grown exponentially during the past decades and the Association is getting engaged in administering several projects with bilateral and multi-lateral partners. All these come with undeniable opportunities but also serious challenges in highly dynamic and inter-linked national and international contexts through which the Association will have to navigate wisely. With its increasing engagements in projects, for example, there is a growing concern lest the core mission of the Association get sidelined. Even though being involved in projects has benefits in terms of generating huge resources and enhancing the visibility of EPHA, there is need for caution so as not to end up being more of a service contractor that is implementing the agenda of other entities. Besides, the projects that the Association administers should also be those that are aligned with its mission and have importance in advocacy and influencing policy. Otherwise, simply getting involved in donor driven, fragmented projects with little strategic importance to the association could eventually lead them to lose focus and credibility and the potential to influence policy in the health sector.

5.3 Recommendations

The findings from this research may not be exhaustive, but the issue addressed by study has of practical importance to the EPHA in particular and to the country in general for the overall improvements in health delivery system. Reflection on current reality is necessary to strengthen the EPHA and other NGO sector. The findings will provide insights to a variety of audiences including policy makers, EPHA employees and members, FMOH academicians and contributes to the knowledge base. If the findings of this descriptive study be augmented with a validation workshop, it will guide the required strategic actions by the EPHA themselves, policy makers,

donor community and the public at large to address the critical challenge faced by the subjects of this study.

Future researches shall focus on documenting good practices on the improvements in the internal capacity of the employee to generate funds internally and from the community at large. Specific recommendations are the following.

1. Arrange an advocacy workshop and continuous dialogue with government officials to discuss on major policy issues and the new society and charity laws 10/90 which has a serious impact for future directions of EPHA.
2. Mobilize all EPHA members and add new members and encourage them to provide both financial support as members fee and technical assistance.
3. Wider dissemination to the stakeholders on contributions of the EPHA to the country health delivery system.
4. Arrange a capacity building program to the employee of the EPHA such as training on fund raising , program management and members mobilization and retention.

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Annex A: Self -Administered Questioner

A QUESTIONNAIR ON MAJOR CHALLENGES OF HEALTH PROFESSIONALS ASSOCIATIONS IN ETHIOPIA: THE CASE OF Ethiopian Public Health Association (EPHA)

Dear Sir/Madam,

Currently, I am undertaking a research study examining major challenges of the **HEALTH PROFESSIONALS ASSOCIATIONS IN ETHIOPIA: THE CASE OF Ethiopian Public Health Association (EPHA)** and indicating possible areas of improvement. In this regard, I am kindly requesting your unreserved cooperation to fill up this questionnaire and return to me (please see the address below) at your earliest time possible. All your opinion filled up here will remain confidential and by no means shall be passed to others and will be used only for the purpose of this study.

With kindest regards,

Saba Hailegiorgis

Email: sgiorgis@orbis.org

Tel: +251 943112371

SECTION A: RESPONDENT IDENTIFICATION

Please Circle/Underline your Choice

A01	The sex of the respondent	A) male B) female
A02	The age of the respondents	--- years of age
A03	What is your professional background	A) Health officer B) Nurses C) Physician D) Management E) Accounting F) Economics G) -----other mention
A04	What educational qualification do you have?	a) Master's Degree and above b) First Degree c) Diploma d) Completed High school e) Completed High School and on-job training f) Other(please specify)_____
A05	Total years of experiences (Including Experiences with EPHA)	-----years of experiences

A06	How long have you been working in this organization?	<ul style="list-style-type: none"> a) Less than one year b) Between 1 - 3 years c) Between 4 - 5 years d) Between 5 - 10 years e) More than 10 years
A07	What role do you hold in your organization?	<ul style="list-style-type: none"> a) Executive b) Senior Management c) Middle Management d) Operations e) Other (please specify)_____
A08	What is your terms/nature of employment with the company?	<ul style="list-style-type: none"> a) Daily wage b) Temporary/seasonal employment c) contractual agreement of <2years d) Permanent employment e) Other (please specify)_____
Section B:Manpower and Management		
Please Circle/Underline your Choice		
B01	Is your academic qualification (field of study) relevant to your work or role in the organization?	<ul style="list-style-type: none"> a) Directly Related b) Mostly Related c) Not Related
B02	Do you receive any kind of technical capacity building training/s by your current organization related to your work to improve your skills to deliver your role or responsibility?	<ul style="list-style-type: none"> a) Not even once b) More than once in a year c) Once in a year d) Every two years e) Every three years f) Once in five years
B03	If you are receiving any type of training, do you believe it is adequate and the right type of training and benefiting you to improve your performance?	<ul style="list-style-type: none"> a) Strongly agree b) Agree c) Disagree d) Strongly disagree
B04	In your opinion what is your stance on the following statement -" <i>The working environment at your work place is facilitative and comfortable to deliver your responsibility or role</i> ".	<ul style="list-style-type: none"> a) Strongly agree b) Agree c) Disagree d) Strongly disagree
B05	What is your opinion on the statement ' <i>There is well trained and adequate number of human resource in the organization.</i> '?	<ul style="list-style-type: none"> a) Strongly agree b) Agree c) Disagree d) Strongly disagree e) I don't know

SECTION C: Government Policy /recommendation INPUT

Please Circle/Underline your Choice

C01	In your opinion, do you think that the existing government policy is supportive of EPHA to meets its goals and objectives?	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
C02	Do you get the New Charities and society's policy 10/9 is well-matched in Ethiopia Context?	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
C03	If your answer for question C02 is c and d , the policy must have affected your organization significantly.	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
C04	Do you think that the internal human resource working with EPHA is quite enough to attain the EPHA missions and goals?	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
C05	Do you think that all EPHA members contributes enough (technical assistance and financial support) for EPHA contributions?	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
C06	Do you think it is possible to get 90 % funding income from our local community?	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
C07	Do you think that EPHA members pays their members contributions regularly ?	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
C08	Do you think that EPHA has very nice relationships with external Donors ?	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
C09	EPHA submits the financial report to the donors according to the schedule , and there is no complaint form the donors	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree

CO10	EPHA submits the technical report on time to the Donors and there is no complaint from them	<ul style="list-style-type: none"> a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
CO11	EPHA has a very nice relationship and the achievements is well recognized by the government stakeholders mainly by FMOH	<ul style="list-style-type: none"> a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
Section D: Service and capacity		
Please Circle/Underline your Choice		
D01	Do you believe your association contributes inputs in the country health system?	<ul style="list-style-type: none"> a) Strongly agree b) Agree c) Unknown d) Disagree e) Strongly disagree
D02	In your opinion, does your organization have enough capacity currently to fundraise locally?	<ul style="list-style-type: none"> a) Strongly agree b) Agree c) Unknown d) Don't agree e) Strongly disagree
D03	If you believe your association operates under capacity, what do you think the reason behind would be?	<ul style="list-style-type: none"> a) Shortage of budget/capital b) Shortage of information c) Government Policy d) All of the above
Section E: Challenges and Communications		
Please Circle/Underline your Choice		
E01	Who are main Donors of your association? More than one options is possible	<ul style="list-style-type: none"> a) Government and public offices b) Private organizations/companies c) Individuals d) NGO's e) Include others because there are foundations
E02	Rate each the following challenges in relation with EPHA challenges. <ul style="list-style-type: none"> a) Finding Fund from Locally b) Members Contribution c) Government Policy d) New Charities and Societies 10/90 Funding Policy 	<ul style="list-style-type: none"> 1) Strongly agree 2) Agree 3) Neither 4) Don't agree 5) Strongly disagree <ul style="list-style-type: none"> a) 1 2 3 4 5 b) 1 2 3 4 5 c) 1 2 3 4 5 d) 1 2 3 4 5
If there are any other challenges that have not been captured you believe should be incorporated, please write them down here.		

Thank you in advance for taking part in the study, and please communicate me with the address below for any questions or delivery of the filled questionnaire.

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