STRATEGIC PLAN
2012 – 2017

of

NEPAL SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS (NESOG)

Supported By FIGO/ LOGIC
Leadership in Obstetrics and Gynaecology for Impact and Change (LOGIC)
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## Acronyms

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<tr>
<td>AOFOG</td>
<td>Asia Oceania Federation of Obstetrics and Gynaecology</td>
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<td>ALSO</td>
<td>Advanced Life Support Obstetrics</td>
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<tr>
<td>CME</td>
<td>Continued Medical Education</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>DOHS</td>
<td>Department Of Health Services</td>
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<td>EDP</td>
<td>External Development Partners</td>
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<td>FCHV</td>
<td>Female Community Health Volunteer</td>
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<td>FIGO</td>
<td>International Federation of Obstetrics and Gynaecology</td>
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<td>FHD</td>
<td>Family Health Division</td>
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<td>FPAN</td>
<td>Family Planning Association of Nepal</td>
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<td>FWLD</td>
<td>Forum for Women, Law and Development</td>
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<td>GoN</td>
<td>Government of Nepal</td>
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<td>IEC</td>
<td>Information Education Communication</td>
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<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<td>JHPIEGO</td>
<td>Johns Hopkins programme for international education in Gynaecology and Obstetrics</td>
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<td>LOGIC</td>
<td>Leadership in Obstetrics and Gynaecology for Impact and Change</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MoHP</td>
<td>Ministry of Health and Population</td>
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<td>MIDSON</td>
<td>Midwifery Society of Nepal</td>
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<td>MMR</td>
<td>Maternal Mortality Rate</td>
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<td>MSI</td>
<td>Marie Stopes International</td>
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<td>NAN</td>
<td>Nursing Association of Nepal</td>
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<td>NEPAS</td>
<td>Nepal Pediatric Society</td>
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<td>NGOS</td>
<td>Non Governmental Organizations</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>NJOG</td>
<td>Nepal Journal of Obstetrics and Gynaecology</td>
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<td>NMA</td>
<td>Nepal Medical Association</td>
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<td>NMC</td>
<td>Nepal Medical Council</td>
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<td>NSI</td>
<td>Nick Simon's Institute</td>
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<td>Obs/Gyn</td>
<td>Obstetric and Gynaecology</td>
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<td>POPPHI</td>
<td>Prevention of Post Partum Haemorrhage Initiative</td>
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<td>PHC</td>
<td>Primary Health Centre</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>RCOG</td>
<td>Royal College of Obstetricians and Gynaecologists</td>
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<td>SAFOG</td>
<td>South Asia Federation of Obstetrics and Gynaecology</td>
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<td>SBA</td>
<td>Skilled Birth Attendant</td>
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<td>SBMR</td>
<td>Standard Based Management and Recognition</td>
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<td>SOGC</td>
<td>Society of Obstetrics and Gynaecology of Canada</td>
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<td>SMNF</td>
<td>Safe Motherhood Network Federation</td>
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<td>SSR YGA</td>
<td>SS Ratnam Young Gynaecologist Award</td>
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<td>SSMP</td>
<td>Support to Safe Motherhood Program</td>
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<tr>
<td>SWOT/C</td>
<td>Strength, Weakness, Opportunity and Threats/ Challenges</td>
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<td>TAG</td>
<td>Technical Advisory Group</td>
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<tr>
<td>TBA</td>
<td>Traditional Birth Attendant</td>
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<td>TU /IOM</td>
<td>Tribhuvan University /Institute Of Medicine</td>
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<td>UNICEF</td>
<td>United Nations International Childrens Emergency Fund</td>
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<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Foreword from the NESOG President

It is my proud privilege to be involved in developing the first 5 year Strategic Plan of NESOG under the FIGO LOGIC initiative with the technical support from Society Of Obstetricians and Gynecologists of Canada (SOGC),

The need for a well-documented strategy was felt since some time while working for improving the organizational capacity of NESOG. In order to develop a strategy which reflects the real soul and work of NESOG and what NESOG stands for, a rigorous process was chosen. NESOG Strategic Planning Development Working Committee was formed which worked in close collaboration with international assistance from SOGC. The committee interacted with life members, external stakeholders, other partners and well-wishers and has come up with well-defined vision, mission, objectives and commitment statements. The core strategic directions have been identified based on which NESOG’s annual operational plans will be developed. This document has been validated by the members and is owned by NESOG. This document will be shared with relevant partners and will provide a strategic direction for NESOG for the next five years.

Therefore I would like to thank all my senior colleagues and Past presidents, all NESOG members, representatives of External Development Partners (EDPs) and other partners for participating in the NESOG Strategic Planning Process. My special thanks goes to Strategic Planning Development Working Committee members, namely Prof Sanu Maiya Dali, Dr Archana Amatya, Dr Anjana Karki Rayamajhi, Prof Heera Tuladhar, Dr Kesang D Bista and Prof Neelam Pradhan.

Prof. Ashma Rana,

President, NESOG
Foreword from the Chair of the Strategic Planning Development Working Committee

It is my great privilege to work as a Chairperson of the Strategic Development Working Committee with dedicated colleagues including Dr Anjana Karki, Prof Heera Tuladhar, Dr Archana Amatya, Dr Kesang D Bista, Prof Ashma Rana, and Prof Neelam Pradhan.

I would like to express my heartfelt thanks on behalf of Strategic Development Working Committee members to the Executive Committee Members under the dynamic leadership of current President Prof Ashma Rana to bring out NESOG’s 5 year Strategic Plan (2012-2017).

It has been a great challenge during the process of developing NESOG’s Strategic 5 year plan as this is the first document produced by our organization. The committee has tried to ensure maximum participation of members and other partners during the development of this document. This is the first NESOG strategic plan based on which annual operational plans will be developed in future.

The objectives of the Strategic Plan are:

- To identify a formal outline for the future course of the NESOG
- To state the overall goals of NESOG – including vision and mission statement, objectives, values and commitments.
- To develop operational objectives for the period (2012–2017)
- Help to formulate annual action plan for NESOG
- Provide guideline for executive committee members in conduction of NESOG activities
- To develop an outline of strategies to achieve these objectives

This document would not have been possible without firm commitment of NESOG members who have responded to the survey questionnaires in spite of their busy schedule Past Presidents, and Executive Committee members who participated actively, giving their feedbacks and suggestions during different steps of our work.

My special thanks goes to Ms Liette Peron, consultant SOGC, with expertise in strategic planning for providing technical support to NESOG for the development of its strategic plan. She has been available at all times of need and her virtual presence has been felt continuously.

Lastly I would like to express my sincere gratitude and thanks to all my committee members for their ever ready commitments and dedications.

We hope this Strategic Plan will definitely help NESOG to develop as a self reliant organization as dreamt by all our members.

Long Live NESOG!!!

Prof Sanu Maiya Dali
Chairperson
Executive Summary

Strategic Planning Development Working Committee was formed in August 2011 with the objective of developing a strategic development plan for NESOG and defining the vision, mission, values and commitments. The members of the team consisted of Chairperson: Prof Sanu Maya Dali, Coordinator: Dr Anjana Karki Rayamajhi and members: Prof Heera Tuladhar, Dr Archana Amatya, Dr Kesang D Bista, Prof Ashma Rana, Prof. Neelam Pradhan.

To identify the perception and aspiration of members and stakeholders, a descriptive cross sectional survey was done, using questionnaires. A total number of 100 members responded to the survey although most of the members were approached. 85% of the respondents were from Kathmandu Valley, 12% from outside the city and 3% from the peripheral part of the country. The conclusion from the survey showed that majority of the member felt that there is a gap in what they perceive NESOG to be and what they want it to be. Majority of the members would wish NESOG to be an academic institute of scientific excellence, followed by a professional legal body. It was also seen that 94% of the members were involved in some activity of NESOG while 6% had never been in involved in any way at all. Most of the members felt that NESOG activities should be conducted out of Kathmandu valley (53%) and that there should be more opportunities for trainings, research and CMEs (75%).

After dissemination of the first draft and incorporating the feedbacks from members, the vision, mission, values, commitment statements and core goals were finalized. The statements thus finalized are as below:

VISION statement: The society envisions itself as a leader working to achieve the highest possible standard of reproductive health, which is accessible and equally distributed to all women in Nepal.

MISSION statement: The society’s mission is to improve the health of all Nepalese women and newborns and to continuously work towards improving the science of obstetrics and gynecology by providing leadership, guidance and effective collaboration. The society also aims to empower its members through education, research and training.

VALUES: The values that we believe in are participatory leadership, respect, transparency, creativity and innovation, professionalism, accountability, integrity and equity.
COMMITMENTS:

NESOG is committed to

- Continually upgrading the science of gynaecology and obstetrics and maintaining the highest levels of professionalism and ethical standards through education, training and research
- Strengthening partnership with GoN and other stakeholders
- Making NESOG a self-reliant organization
- Committed to advocacy on improving RH
- Capacity building of members and society
- Safeguarding the welfare of its members
- Enhancing and valuing the contribution of its members.

CORE GOALS defined were –

1. To contribute to national efforts aiming to improve the reproductive health of women in Nepal
2. Enhance NESOG’s leadership role in education and legal issues
3. Enhance NESOG’s partnership and collaboration with stakeholders involved in RH
4. Enhance NESOG’s organizational capacity in order to ensure its long term sustainability
5. Improve NESOG’s advocacy efforts related to reproductive health (RH).

A Second draft was developed in October 2011 and final dissemination and ratification of document was done on NESOG day in November 2011. The NESOG Strategic Development Plan 2012-2017 was finalized and endorsed after validation at NESOG 12th Annual Conference in April 2012.

History and Organizational Profile

Nepal Society of Obstetricians and Gynaecologists (NESOG) is a professional non-for-profit organization of obstetricians and gynaecologists established in November 13, 1988 with firm commitment from highly motivated team of Obstetricians and Gynaecologists like Prof. Dibya Shree Malla, Prof. Sanu Maiya Dali, Dr. Bhola Rijal, Dr. Annapurna Shrestha, Dr. June Thapa, Dr. Mahodadhi Shrestha, Dr. Swaraj Rajbhandari and Dr. Saraswati M. Padhye with the support of many well-wishers from the country and abroad. Eminent international colleagues Like
Professor Hiroaki Soma from Japan and late Professor Shan S. Ratnam from Singapore have guided and supported NESOG continuously during the initial days.

The idea of formation of a professional society of obstetricians and gynaecologists was conceived way back in 1974 when Late Dr. Savitri Gurung and Dr. Sanu Maiya Dali attended a conference on “Asian Regional Conference on Family planning” held in Manila, Philippines, in January 6-11, 1974.

Fourteen years later in May 1988, Prof Sanu Maiya Dali had gone to Japan to present a paper on “Family Planning in Nepal” in Sixth Annual Meeting of Society for Advancement of Contraception”. There Emeritus Prof. Hiroaki Soma introduced the Prof Sanu Maiya Dali to two eminent people: Late Prof. Mijuno, president elect AOFOG and Late Emeritus Prof. Shan S. Ratnam, the Secretary General of Asia Oceania Federation of Obstetrics and Gynaecology (AOFOG). On that occasion, they highlighted the importance of the society and showed their keen willingness to help Nepal in this regard following which NESOG was born.


Since its establishment, NESOG has been working with Government of Nepal (GoN), NGOs, CBOs, INGOs and EDPs to uplift the status of reproductive health of Nepalese women as an independent, not-for-profit professional organization. The office bearers of NESOG consist of an elected body consisting of 15 executive members in a total of 282 life members (7 deceased) besides 9 honorary and 10 associate members till December 2011. The Executive Committee has a governing role and consists of President, Immediate Past President, President Elect, Vice President, General Secretary, Treasurer, Joint General Secretary, Joint Treasurer, Socio- Cultural and Scientific Secretary and 6 members. Tenure of one Executive Committee is two years.

**NESOG has been working towards achieving the following objectives:**

- Upliftment of health of women and newborns in Nepal.
- Contribute to quality of education and rendering of best practices in field of Obstetrics and Gynecology
- Recommend for standardization of services in the field of Obstetrics and Gynecology
• Assist GoN in formulation of policies, guidelines and research activity in the related fields
• Dissemination and sharing of information and skills with medical fraternity, society members and community
• Work towards developing NESOG to a fully self-sustainable institute of excellence in the field of Obs/Gyn

Asset of NESOG

NESOG has purchased a piece of land at Bhaktapur ward no 9, Nilbarahi. The area of land is 17 annas 2 paisa, 1 daam (540.5 Square Meters).

NESOG secretariat

Currently NESOG secretariat is located on the 2nd floor of OPD Building, Maternity Hospital, Thapathali. It has been provided free of cost by kind courtesy of Paropakar Maternity and Women’s Hospital. NESOG currently has a temporary rented liaison office in Dhankuta district, which has been supported by FIGO-LOGIC project.

NESOG Subcommittees

Currently there are 3 sub committees in NESOG which work in close liaison with the Executive Committee:

1. Educational Committee
2. Journal Committee
3. Institution Development Committee

NESOG Orations Honors, Awards and Medals

1. June Thapa Oration

June Thapa Oration was established on 16 August, 1998 by Dr. Lok Bikram Thapa and his family to deliver an oration by Eminent Gynaecologists and Obstetricians once in every two years in the NESOG International Conference. The first NESOG/June Thapa Oration was delivered by Late Prof. Shan S. Ratnam
2. **Shri Hirananda Vaidya Memorial Oration**

Shri Hira Nanda Vaidya memorial oration was established on 29 December 1998 by Prof Sanu Maiya Dali and family members of late Hira Nanda Vaidya to honor Eminent International and National Obstetricians and Gynaecologist during National and International NESOG Conferences, hence oration is delivered every year. The first Hira Nanda Vaidya memorial oration was delivered by Prof. S Das Gupta.

3. **Shri Chudananda Vaidya Oration**

Shri Chudananda Vaidya Oration was established by Dr. Sushila Shrestha and her family in the year 2007 to honor Eminent International and National Obstetricians and Gynaecologist during National NESOG Conference held once every two years to deliver oration mainly on subfertility and gynecological endoscopic procedures.

**GOLD MEDAL**

1. **Shri Meenakshi Narayan Memorial Gold Medal**

Shri Meenakshi Narayan Memorial Gold medal and certificate is named after the parents of Prof. Saraswati M Padhye. It was established in year 2008. This medal is given to the Ayurvedic Doctor who stands first in the final examination of TU/IOM Ayurvedic campus, Kirtipur. This medal is awarded in the International NESOG Conference which takes place every two years and so two doctors are awarded then.

**AWARDS**

1. **SOMA Award**

SOMA Award was started in the year 2000 with support from Emeritus Prof. Hiroaki Soma of Japan in NESOG National Conference. This award is decided at the National Conference and is conferred upon during International NESOG Conference. The awardee has to present his/her paper in the forth-coming international conference and the award is conferred during inaugural ceremony of the International NESOG Conference. The awardees get a certificate from the society and gift from Prof. H Soma. Since 2007 a cash prize of Rupees Five Thousands (NRS 5000) is awarded in place of gift from Prof Soma.

2. **NESOG Award**

NESOG Award started in the year 2000, carries a certificate and a cash prize of five thousand rupees (Nrs 5000/) to the awardee. This award is decided at the National Conference and is
conferred upon during International NESOG Conference. The awardee has to present his/her paper in the forthcoming International Conference and the award is conferred during inaugural ceremony of the International Conference.

3. **Honor to Senior Obstetrician and Gynecologist**

Two senior most Nepali Obstetricians and Gynecologists are awarded with Senior Obstetrician and Gynecologist Honor in every national conference of NESOG. They are awarded in the inaugural ceremony of the conference with a Tamrapatra and a certificate from the society for their life-long dedication and valuable contribution in providing quality reproductive health services to Nepalese women.

**Award supported by other societies:**

1. **FIGO Awards**: FIGO Awards in Recognition of Women Obstetrician/ Gynecologists are awarded to nominees from member societies during FIGO Congress.

2. Fellowships are awarded to nominees from member societies to attend world congress of FIGO. FIGO/ Chien- Tien Hsu Fellowship in Gynecologic Oncology is also awarded to Gynecologists of member societies periodically.

3. **YGA / AOFOG**

   S S Ratnam - Young Gynaecologist Award (SSR - YGA)- The SSR - YGA is conferred to promising young Obstetricians and Gynecologists from all the member countries of the Asia and Oceania region providing the opportunity to participate in the congress of the AOFOG which are usually held biennially.

**NESOG Conferences and other NESOG activities**

1. Annual conference is organized by NESOG with National and International conference alternating where all the NESOG members, representatives from GoN, EDPs INGOS and NGOs, CBOs, other health workers, consumers etc are invited for scientific exchange in relevant fields. The conference aims to raise responsiveness towards role of health professionals in maternal and neonatal health care services.

2. Publication of NJOG (Nepal Journal of Obstetrics and Gynecology) which is a biannual publication since 2006. It is available online (www.njog.org.np) and is in the process of being indexed.

3. Monthly NESOG CMEs are conducted on a regular basis and special CMEs are conducted for invited guests and experts.
4. NESOG Newsletter is published bi-annually. Information regarding ongoing projects, news and different activities of NESOG are published in the newsletter. It is distributed to all the NESOG members and other partners.

5. NESOG activities till date

- NESOG organized first International Conference on 28 January, 1989
- Workshop on Maternal and Perinatal Health and Family Planning on 16-17 March 1990
- NESOG in collaboration with family Health International (FHI) held one day National conference on Post Partum contraception, 20 December 1990
- NESOG first election for Executive Committee on 29 March 1991
- National scientific meeting on adolescent pregnancy and maternal mortality in February 1991
- National symposium on methods of creating public awareness on safe motherhood on 29 June, 1991
- Second workshop on Maternal and Perinatal health and family planning organized by NESOG and AOFOG on 19- 20 November 1991
- Third workshop on Maternal and Perinatal Health and Family planning was held on 26-27 March 1993
- NESOG and Nepal Medical Association with Family Health International (FHI) and Johns Hopkin’s program for international education in reproductive Health (JHPIEGO), meeting on Contraception technology update workshop 3-5 September 1994
- Organized a symposium on "Ovarian Tumor"- October 1995
- Contraceptive Technology update training - from 1995 December to 1996 July
- Organized symposium on “Preterm Labour”- 7 December 1996
- Workshops for trainers on Reproductive Health- 1997/98
- Symposium on Management of Postpartum Hemorrhage – 1999
- Developed training manual on Adolescent Health and Development in partnership with Family Health Division supported by WHO 2001
- Training of Trainers on Adolescent Health and Development 2001 - 2005
- Formation of new committee- Journal Committee(13 July 2005) and Education Committee (21 August 2005) Formation of Institutional Development Committee – 2005
- Update on Colposcopy Technique workshop- 5-7 November 2005
- AOFOG PPH Initiative Nepal Programme -2005
- Prevention of Post Partum Haemorrhage Initiative (POPHI) Project in partnership with Nursing Association of Nepal- 2006
- Coordinated for Skilled Birth Attendants (SBAs) core skill training and EOC update for NESOG members- 2007
- Coordinated for Clinical Training Skills (CTS) of NESOG members- 2007
- FIGO Initiative on Unsafe abortion- Situation Analysis of Unsafe abortion in Nepal – partnership with FHD, FPAN, UNFPA, Ipas, Chrepa, Paropkar Maternity and Women’s Hospital, MSI, FWLD, SMNF -2007
- ALSO workshop (Advance Life Support in Obstetrics)- Ongoing since 2009
- Management of SPE/E cases using Mgso4 with SBMR (Standard based management and Recognition) approach- 2009 (supported by Access USAID)
- FIGO MNH Initiative –LOGIC - 2009-2013, which includes support for continuation of CEOC services at Dhankuta District, MPDR, Management of SPE/E cases using Mgso4 with SBMR, technical support to standardize health facilities and various other activities.

6. Collaboration and affiliations

Collaboration with Partners

- The GoN- Ministry of Health and Population (MoHP), Family Health Division (FHD),
- International and regional professional societies- FIGO, AOFOG, SAFOG, RCOG, UK
- EDP- UNFPA, WHO, UNICEF
- INGOs- Ipas, JHPEIGO, PSI, NSI
- NGOs- Family Planning Association Nepal (FPAN), Safe Motherhood Network federation (SMNF) Support to Safe motherhood program (SSMP), Nepal Family Health Program (NFHP)
- Other national Professional associations and societies – NMA, NMC, NAN, NEPAS, Midson etc.

Context of NESOG’s Work

External Context

NESOG works within the framework of the current GoN strategies and policies related to RH. Although 58 percent of mothers received antenatal care from a doctor or nurse/midwife, only 36 percent of babies are delivered by a doctor or nurse/midwife, and 28 percent are delivered at a health facility indicating that Nepal has a long way to go to meet the Millennium Development Goal target of 60 percent births attended by a skilled provider. However, it is encouraging to note that the proportion of births attended by skilled provider over the last five years has nearly doubled, from 19 percent in 2006 to 36 percent, while the proportion of babies delivered in a health facility has increased from 18 percent in 2006 to 28 percent (MOHP, New ERA and Macro International Inc., 2007) The 2006 Nepal DHS showed that the maternal mortality ratio (MMR) was 281 deaths per 100,000 live births. This represented a decrease of 32 per cent over the 2000 figure that stood at 415. A recent survey of eight districts estimated the MMR to be 229 deaths per 100,000 live births (FHD 2009). This figure is currently used as a proxy for the national figure, and helps to infer a significant progress towards the MMR target. To achieve MDG the maternal mortality ratio needs to be reduced by three-quarters, between 1990 and 2015. Nepal has made good progress in improving the availability of skilled birth attendants (SBA) for assisting at
delivery; this has been attributed as one of the main interventions responsible for reducing maternal mortality.

A policy on skilled birth attendance was endorsed in 2006 and specifically identifies the importance of skilled birth attendance at every birth, and embodies the government’s commitment to training and deploying doctors and nurses/midwives with required skills across the country. To increase demand for and improve access to maternity services, the Safe Delivery Incentives Programme has been in operation since 2005. Women who deliver in a health facility receive a payment to offset their travel costs—NRs 1,500 in the Mountains, NRs 1,000 in the Hills and NRs 500 in the Tarai— and health workers are provided with a cash incentive of NRs 300 per delivery to attend home deliveries where women do not deliver in a health facility. The government has also implemented the Aama Suraksha (Mothers’ Safety) Programme and birth preparedness package (BPP) in all 75 districts to encourage institutional deliveries.

Neonatal mortality is a serious concern in Nepal, accounting for 33 per cent of NMR, 46 per cent of IMR and 54 per cent of U5MR in 2011.

The National Safe Motherhood Plan (2002–2017) sets a target of reducing MMR to 134 per 100,000 live births by 2017. The Safe Motherhood and Neonatal Health Long-Term Plan (2006–2017) includes recognition of the importance of addressing neonatal health as an integral part of safe motherhood and initiating equity and access efforts to ensure that the most needy women can access the services.

The community based strategy in which Female Community Health Volunteers provide counseling to prepare for safe delivery, includes the use of misoprostol to prevent postpartum hemorrhage during home-births.

Adolescent pregnancy is associated with early marriage and early pregnancy. An important way to influence early childbearing is to curtail early marriage. The government has enacted legal provision that prohibits the marriage of girls aged less than 18 years and aims to develop a strategy to mainstream adolescent health and development issues into the broader health sector.

**NATIONAL Safe Motherhood PLAN (2002-2017)**

**General objective**

To reduce mortality and morbidity among women during pregnancy, childbirth and the postnatal period through the adoption of a combination of health and health related measures.

**Specific objectives**

- To increase the accessibility, availability and utilization of maternal health care facilities.
- To strengthen the technical capacity of maternal health care providers at all levels of the health care system.
• To strengthen referral services for maternity care, particularly at the district level and with specific emphasis on appropriate referral of high-risk cases.

• To increase the availability and use of contraceptives for child spacing and family planning purposes.

• To raise public awareness about the importance of the health care of women and in particular, maternal health care and safe motherhood.

• To improve the legal and socio-economic status of women.

Following strategies have been adopted for the effective and efficient provision of quality RH services in Nepal:

• Implement the integrated RH package at hospital, PHC, health post and sub health posts as well as through PHC outreach TBAs, FCHVs/ mother’s groups and other community and family level activities based on standardized clinical protocols and operational guidelines.

• Enhance functional integration of RH activities carried out by different divisions

• Emphasize advocacy for the concept of RH including creation of enabling environment for inter and intra- sectoral collaboration.

• Review and develop IEC materials to support all levels of intervention including rumour countering messages,

• Review and update existing training curriculum of various health workers to include missing RH components

• Ensure effective management system by strengthening and revitalizing existing committees at various levels.

• Develop a national RH research strategy which outlines research priorities and work plans based on information requirements of policy makers, planners, managers and service providers.

• Construct /upgrade appropriate service delivery and training facilities at the national, regional, district and health post level.

• Institutional strengthening through structured planning, monitoring/supervision and performance review.

• Develop an appropriate RH program for adolescents

• Support for national experts/consultants and

• Promote intersectoral and multisectoral co-ordination.
**Internal Context**

In 2009, with the assistance of the FIGO LOGIC Initiative, NESOG undertook an organizational capacity improvement self-assessment exercise which permitted the society to identify its strengths and weaknesses and further develop an improvement plan to strengthen its organizational capacity. The organizational capacity assessment revealed that the society was strongest in the core dimension showing “External Relations and How the Association is Perceived”,

In other core dimensions including Culture, Operational capacity, Performance and Function, the society’s capacity was rated as moderate.

Weaknesses were found in areas of “strategy”, “communication”, “infrastructure”, “financial position” and “advancing professional practices”.

The results of the assessment led the society to initiate a number of organizational steps to strengthen its overall capacity. These included: upgrading the capacity of its secretariat, updating its web site, improving its communication practices with members, recruiting additional paid staff, reviewing its constitution and initiating a process to develop its first strategic plan.

**Objective of the Strategic Plan:**

- To formulate annual action plan for NESOG.
- To Provide a guideline for the Executive Committee to conduct NESOG activities

**Methodology of the Strategic Planning Process**

NESOG committed to develop its first strategic plan following the organizational capacity improvement self-assessment completed within the first year of the FIGO LOGIC Initiative. Developed with the intention of being transparent and participatory, NESOG’s strategic plan process included:

- The holding of a two day workshop in August 2011 where the plan to develop the strategic plan was developed;

- The establishment of a Strategic Planning Development Working Committee who assumed the responsibility of gather the necessary information which was used to inform the strategic plan (i.e. literature review of external and internal documents, survey of members and stakeholders), plan the strategic plan workshop and prepare several drafts of the strategic plan;

- The holding of a strategic planning workshop in October 2011 where the mission, vision and values statements were validated and the strategic goals and objectives formulated;
The dissemination of the draft plan to members through a special forum conducted on NESOG’s Day on November 13, 2011;

- The dissemination of the draft plan to stakeholders for their feedback;
- The validation of the strategic plan at the society’s annual conference in April 2012.

Technical support was provided throughout the process by a FIGO LOGIC/SOGC consultant with expertise in strategic planning, Ms Liette Perron.

Finally, NESOG’s strategic planning process was guided by a desire to gain greater clarity and direction on the following three critical issues:

- What are our members’ aspirations for NESOG? How can the Executive Committee (governing body) serve the members better? How can Executive Committee improve our communications with members?
- What should be NESOG’s contribution to the sexual and reproductive health of Nepalese women in next 5 years?
- How does the Executive Committee ensure that what has been built within the FIGO LOGIC initiative is sustained in the long term?

**Summary of results**

Within the strategic plan process, NESOG undertook a survey to its members for the purpose of identifying the needs of members and further progress of NESOG from the members, and the perception of External Development Partners (EDPs), through the exercise of a descriptive cross sectional survey was done. The survey questionnaire (self administered) was distributed to the members directly and by email. A total number of 100 members responded to the survey although many more were approached. A total of 85% of the respondents were from Kathmandu valley, 12% from outside the city and 3% from the peripheral parts of the country. The conclusion from the survey showed that majority felt that there is a gap in what they perceive NESOG to be and what they want it to be. They feel NESOG should function as an academic institute, a professional legal body and a professional body of scientific excellence. It was also seen that 94% of the members were involved in some activities of NESOG and 6% had never been involved in any way at all. Most of the members felt that the activities should be conducted outside Kathmandu valley (53%) and that there should be more opportunities for trainings, research and CMEs (75%).

Interaction with members of EDPs showed that they did not face any particular problems with NESOG and the relationship has been positive. However in the long run projects could be developed jointly and strategies could be made to provide technical assistance to GoN and other institutions.
SWOT/C Analysis

The following provides the results of a Strength, Weakness, Opportunity and Threats/Challenges (SWOT/C) exercise conducted during NESOG’s strategic planning process.

Strengths of NESOG

- NESOG is a unique organization as it is the only professional organization representing obstetricians and gynecologists from all over the country.
- Its membership consisting of 275 life members 10 associate and 9 honorary members till date. The members are serving in different parts of the country covering almost whole of Nepal.
- The organization has a long track record of professionalism in its work as exemplified by its rich and well-attended annual conferences, and other activities in the areas of gynecology, obstetrics and reproductive health as well as partnership with Government of Nepal, External Development Partners (EDPs), INGOs, NGOs and CBOs.
- The organization’s leadership is composed of committed volunteers. The amount of voluntary work done by many professionals at all levels constitutes a great contribution for any initiative or activity conducted. NESOG members have always come forward and contributed voluntarily for the society’s work.
- NESOG has managed to run a small Secretariat in Kathmandu which has dedicated staff doing an enormous amount of work. Regular paid staff of NESOG consists of one office assistant and one helper. With the initiation and support of FIGO-LOGIC project, NESOG has two other full time paid staff as project coordinator and program manager.
- Physical property of NESOG consists of land measuring One Ropani, One Anna, Two Paisa and One Daam (1-1-2-1), located in Nilbarahi, Bhaktapur (540.5 Square Meters)

Weaknesses of NESOG

- The long-term financial stability of NESOG is a cause for concern and urges consideration of further sources of support. The main funding for the organization is from the annual conference income, income from different projects done with different funders and membership fees. The membership fee is very nominal and is paid only once for life – membership and so represents minimal income for NESOG. The donations of generous members and well wishers represent unpredictable source of income. Another source of nominal income is 10% annual interest of fixed deposit of Medals and Oration funds
- Sub-specialties in obstetrics and gynecology are interested in establishing their own organizations/platforms in Nepal. Many such organizations are holding very successful
regional and international meetings. In Nepal, there is work towards establishing subspecialty societies, which can have competing interest with NESOG.

- Although NESOG has 275 life-members, only those working in Kathmandu and other urban areas are actively involved with NESOG work. In those part of the country where there is arguably the greatest need for action, obstetricians and gynecologists are not sufficiently involved, connected to support or work for effecting policy and implementing women’s and neonatal health projects.

- NESOG has not been able to project an attractive membership benefit package to members and has not been able to recognize individual contribution of members in many instances.

- NESOG has not been able to communicate with all members effectively and has not been able to capture the responses of members during different activities.

- Majority of the members are clinicians and so NESOG lacks programmatic and managerial skills in many instances.

**Opportunities of NESOG**

- The international scene in the last two decades has focused on women’s health and brought the issue to the forefront of the international development agenda:
  - Safe Motherhood Conference 1987
  - International Conference on Population and Development 1994
  - International Conference on Women 1995
  - Millennium Development Goals

- The Millennium Development Goals have three goals directly related to the health of women and newborns (MDGs 4, 5, and 6). The rest of the goals are also indirectly related.

- There are numerous opportunities for NESOG as a well recognized national professional organization to play a leading role in international and national activities in promoting women’s and newborns’ health.

- The aims and goals of NESOG in promoting the health of women and newborn children are strongly supported internationally. There are great opportunities for fundraising from foundations and/or individuals, which could result in the availability of resources for NESOG to conduct more activities.

**Threats/Challenges for NESOG**

- The threats for NESOG are the same as for all charitable organizations, who depend on volunteerism, donations and other activities for getting the necessary funds to exist. If any of these factors are adversely affected, there will be a threat to the active existence of the organization.
• To minimize the threats, NESOG needs to make use of the opportunities that are available in the country and international field at present, to consolidate a secure position for continued future development. The development of a Strategic Plan will help the organization to address these issues.

• Tenure of an Executive Committee is of two years and so the threat of certain activities getting discontinued is a reality whenever a new executive committee takes over the office.

Vision
The society envisions itself as a leader working to achieve the highest possible standard of reproductive health, which is accessible and equally distributed to all Nepalese women.

Mission
• The society’s mission is to improve the health of all Nepalese women and the newborn and to continuously work towards improving the practice of obstetrics and gynecology by providing leadership, guidance and effective collaboration.
• Empower members by education, research and trainings

Values
• Participatory leadership
• Respect
• Transparency
• Creativity and innovation
• Professionalism
• Accountability
• Equity
• Integrity

Commitments
• To continually upgrade the practice of gynaecology and obstetrics and maintaining the highest levels of professionalism, evidence-based practices and ethical standards through education, trainings and research.
• To work in collaboration with GoN and other stakeholders to improve reproductive health.
• To advocate for investment and improvements in reproductive health
• To strengthen the capacity of NESOG and members
• To safeguard the welfare of members
• To recognize and value the contribution of members
• To make NESOG a self-reliant organization.
Strategic Goals and Objectives

1. Contribute to national efforts aiming to improve the reproductive health of women of Nepal.
   a. Promote evidence-based life saving interventions which are directed towards reducing maternal and neonatal mortality and morbidity
   b. Contribute to the implementation of national strategies for generating awareness about the issues of reproductive health amongst the population.
   c. Assume leadership in the promotion of the Maternal and perinatal death review (MPDR) and near miss review

2. Enhance NESOG’s leadership role in academic and legal issues
   With regard to legal issues:
   a. Explore the potential role and responsibilities of the society with regards to legal issues concerning the safety of the members
   b. Advocate registration in NESOG prior to specialist registration in NMC
   c. Representation from NESOG Executive Committee body in NMC during the process of specialists registration.

   With regard to academic issues:
   d. Promote opportunity for fellowship and training programs within the membership
   e. Explore the possibility of NESOG being an academic certifying body

3. Enhance NESOG’s partnerships/collaborations with stakeholders involved in RH
   a. Identify and nurture relationship with current and potential partners of similar interest
   b. Strengthen partnerships with Community based organizations, to create health awareness at various levels
   c. Continue to develop partnership with sister organizations at the international level.

4. Enhance NESOG’s organizational capacity in order to ensure its long term sustainability
   a. Continue to strengthen the capacity of the secretariat to support NESOG’s expanding activities
   b. Mobilize and increase the active participation of members in the activities of the society
   c. Improve the financial sustainability of the society
   d. Enhance the society’s governance practices
   e. Human Resource issues for NESOG paid staff and consultants will be addressed as stated in HR Manual Policy
   f. Develop organogram for NESOG to identify roles and responsibilities of Executive Committee and the General Body for different decision making and implementing NESOG activities
   g. Develop system of internal and external evaluation periodically
a) A system of written annual action plans formulated each year for the Executive Committee tenure
b) Documented handover by the outgoing Executive committee to the newly elected Executive Committee with clearly stated achievements as stated in the action plans
c) Documentation of objectives which could not be achieved and the reasons for non-achievements during handover to the new Executive Committee
d) A system of external evaluation NESOG performance by an independent professional expert/team/organization will be done periodically

5. Improve NESOGs advocacy efforts related to Reproductive Health.

a. Strengthen the capacity of NESOG and its members in advocacy
b. Develop and implement the FIGO LOGIC and other advocacy strategies undertaken by NESOG

Strategic Goal and Objective for year 2012 – 2013

1. Contribute to national efforts aiming to improve the reproductive health of women of Nepal.

a) Promote evidence-based life saving interventions which are directed towards reducing maternal and neonatal mortality and morbidity

<table>
<thead>
<tr>
<th>NESOG Work</th>
<th>FIGO LOGIC</th>
<th>Time Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1 Continued CEOC services in Dhankuta District Hospital</td>
<td>July 2012</td>
<td></td>
</tr>
<tr>
<td>2.1.1A Continue the society’s effort to establish blood bank at Dhankuta district hospital.</td>
<td>July 2012</td>
<td></td>
</tr>
<tr>
<td>2.1.1.2. Conduct technical support visits to support continuation of CEOC services in Dhankuta district hospital, using national CEOC supervision tools</td>
<td>July 2012</td>
<td></td>
</tr>
<tr>
<td>2.1.2.1 Needs assessment and gap analysis for EmOC in Dhankuta health facilities</td>
<td>February/ March 2012</td>
<td></td>
</tr>
<tr>
<td>2.1.2.3 Provide support as documented in the gap analysis; such as Conduct training of MNH providers on selected SBA skills as per the national SBA training standard (AMTSL, Partograph and management of PPH, infection prevention) in health facilities of Dhankuta district.</td>
<td>May-June 2012</td>
<td></td>
</tr>
</tbody>
</table>
2.1.4 Severe PE/E management guideline implemented in remaining Dhankuta district health facilities using National QI tools with SBMR approach (Remaining HFs) May 2012

Contribute to the implementation of national strategies for generating awareness about the issues of reproductive health amongst the population.

<table>
<thead>
<tr>
<th>NESOG work</th>
<th>FIGO-LOGIC</th>
<th>Time Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.3 Increased demand for institutional delivery in Dhankuta district</td>
<td>April- September 2012</td>
<td></td>
</tr>
<tr>
<td>2.4.1 MPDR pilot phase fully implemented in Dhankuta District</td>
<td>February/March 2012</td>
<td></td>
</tr>
<tr>
<td>2.2.1 NMR protocol and tools finalized</td>
<td>January – October 2012</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Enhance NESOG’s leadership role in academic and legal issues

### LEGAL ISSUES:
1. Nepal Medical Council - establish relationship with council for specialist registration
2. Explore with other stakeholders
3. Explore with practice insurance schemes/agents

### FIGO-LOGIC

**Time Line**
- April- September 2012
- February/March 2012
- January – October 2012

## Academic issues

### NESOG work
Explore with other Stakeholders for organizing multidisciplinary trainings and workshops.

### FIGO-LOGIC
3.2.3 Advocacy for one entry and one exit level program in specialization Gyn/Obs
3.3.2 - Targeted input to formulate at least 2 clinical guidelines and protocols in MNH.

### Time Line
- November 2012
- July 2012

## 3. Enhance NESOG’s partnerships/ collaborations with stakeholders involved in RH

### NESOG work
1. PESON – explore possible areas of work/partnership
2. Relation with community based organization
   Continued effort for productive relation with sister organizations like SAFOG, AOFOG and FIGO

### FIGO-LOGIC
3.7.1 To work with midwifery association of Nepal(MIDSON) to explore possible areas of working together (training, research, advocacy)
3.2.3 – Partnership with RCOG for Advocacy for one entry and one exit level program in specialization Gyn/Obs

### Time line
- June 2012
- Nov 2011 - Nov 2012
4. Enhance NESOG’s Organizing Capacity in order to ensure its long term sustainability

a) Continue to strengthen the capacity of the secretariat to support NESOG’s expanding activities

<table>
<thead>
<tr>
<th>NESOG work</th>
<th>FIGO-LOGIC</th>
<th>Time line</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Secretariat – upgrade the physical facilities</td>
<td>Mobilize and increase the active participation of members in the activities of the society</td>
<td>March 2012</td>
</tr>
<tr>
<td>b) Compound wall construction in NESOG’s land</td>
<td>2.4.1 Increase participation of society members to vote and to share their views</td>
<td>September 2012</td>
</tr>
<tr>
<td>c) Secure legal process of possessing land by NESOG</td>
<td>3.1.1 Developed skills for project planning, prioritizing and budgeting</td>
<td></td>
</tr>
</tbody>
</table>

Improve the financial sustainability of the society

<table>
<thead>
<tr>
<th>NESOG work</th>
<th>FIGO-LOGIC</th>
<th>Time line</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Annual Conferences</td>
<td>3.5.1 Increased fundraising capacity; (funder contacts, proposals submitted)</td>
<td>Jan- July 2012</td>
</tr>
<tr>
<td>2. Pre and post congress workshop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Trainings/ workshops / CMEs</td>
<td></td>
<td></td>
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</tbody>
</table>

Enhance the society’s governance practices

<table>
<thead>
<tr>
<th>NESOG work</th>
<th>FIGO-LOGIC</th>
<th>Time line</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6.1.2 To develop and finalise ToR’s for the institutional development, Education and Journal Committee</td>
<td></td>
<td>May 2012</td>
</tr>
<tr>
<td>3.6.1.3 To finalize, endorse and implement the Human Resource manual and Finance Policy Manual</td>
<td></td>
<td>January 2012</td>
</tr>
<tr>
<td>3.6.1.4 To train Finance / Admin assistant in Quickbooks</td>
<td></td>
<td>January 2012</td>
</tr>
<tr>
<td>3.6.1.5 To install and start using the accounting software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6.1.6 To state the specific responsibilities and job description of executive committee members for day to day work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6.1.7 To develop organogram for NESOG staff and executive committee members</td>
<td></td>
<td>January 2012</td>
</tr>
</tbody>
</table>
5. Improve NESOGs advocacy efforts related to Reproductive Health.

<table>
<thead>
<tr>
<th>NESOG work</th>
<th>FIGO-LOGIC</th>
<th>Time line</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.1 Policies, strategies and action plans adopted in support of improved</td>
<td>April/May 2012</td>
</tr>
<tr>
<td></td>
<td>MNH in the public and non state sectors (e.g. human resources/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>financing / evidence-based clinical practice and education/ Essential</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drugs List (EDL)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 Increased visibility of MNH in media (e.g. Increased number of</td>
<td>Sep 2012</td>
</tr>
<tr>
<td></td>
<td>articles, radio and TV news items and features)</td>
<td></td>
</tr>
</tbody>
</table>
Questionnaire

Questionnaire for
“Survey of life members of NESOG for strategic planning”

This survey is for all life members of NESOG and will be anonymous. However to have an overall profile of members, the respondents are requested to fill the grouping questions which will not lead to identification of any respondents. Please give honest answers which will be used to improve NESOG and reach our objectives. We would like to thank you for your cooperation.

A) Age group –

i) <30 yrs  ii) 30-39yrs  iii) 40-49 yrs  iv) > 50 & above yrs

B) How long have you been NESOG member

i) <5yrs  ii) 5-9yrs  iii) 10-14 yrs  iv) > 15 yrs

C) Main area of work (Please tick only one in which you are giving maximum time)

i) Hospital- clinical service
ii) Academic institute – Teaching institutes
iii) Public health – EDPs, NGOs, INGOs etc
iv) Private practice
v) Trainings
vi) Research
vii) Others – please specify

D) Where are you based currently

i) Kathmandu
ii) Outside Kathmandu – city
iii) Outside Kathmandu – peripheral/rural area

1. What do you like about NESOG?
   a) An academic institute – which set standards, protocols, guidelines etc - like RCOG
   b) Professional legal body – which works for well – being of its members and their protection like a trade union
   c) A professional body of scientific excellence – research, trainings, CMEs etc
   d) Advocacy agency – pressure group, lobby group – for MNH, safe motherhood, SRHR etc
   e) Others – please specify

If you agree with all the above, please rate it 1-5 as per your preferences with 1 being most important and 5 the least. ..............................
2. What is the current situation in NESOG – What is NESOG doing currently?
   a) Advocacy on MNH services, safe motherhood, SRHR etc
   b) Partnership with Government of Nepal
   c) Scientific exchanges – CMEs, conferences, research, journals
   d) Trainings
   e) Others

If you agree with all the above, please rate it 1-5 as per your preferences with 1 being most important and 5 the least.

3. Have you ever been involved/participated in NESOG activities
   a) Yes
   b) No

If yes, main involvement is/has been in
   a) CMEs – presenting/attending
   b) Contributing to NESOG newsletter/journals
   c) Regional activities
   d) Attending conferences, presenting papers in conferences
   e) Participating in EDPs/NGOs/Government of Nepal- meetings, workshops etc representing NESOG
   f) Others – please specify

If you agree with all the above, please rate it 1-5 as per your involvement with 1 being most frequent and 5 the least.

4. What hinders you from contributing to NESOG activities – you wish to participate but are not able to do so due to:
   a) Poor communication – you are not aware of what is happening when
   b) Personal work – being busy in other activities
   c) Working or living outside KTM – most of the activities are happening in KTM
   d) Most of the work is done by executive committee members
   e) Others – please specify

If you agree with all the above, please rate it 1-5 as per your involvement with 1 being most frequent and 5 the least.

5. How can we attract new members? How can we encourage new members to join NESOG as soon as they are eligible for life membership?
   a) Approach them personally
   b) Providing more objective benefits to life members – reduced conference fees, awards, trainings etc
   c) Focused advocacy during annual conferences
   d) Give incentives to members who make new members
   e) Others – please specify
If you agree with all the above, please rate it 1-5 as per your preferences with 1 being most important and 5 the least.-----------------------------------------------

6. **What changes would you like to see in NESOG?**

a) More activities outside KTM
b) More opportunities for trainings/ research/CMEs
c) More CMEs
d) Others – please specify

7. **How would you like to contribute to NESOG - in what capacity would you like to work in/for NESOG**

a) Subspecialty – start / help as a resource person
b) Trainings – Organize/ help as a resource person
c) Research- Initiate/ participate in research activities
d) Conferences- In organizing/ helping
e) Journal/ newsletter – editorial board, contributing etc
f) Others – please specify

8. **What should NESOG be – What do you want/wish NESOG to function as:**

a) An academic institute – which set standards, protocols, guidelines etc - like RCOG
b) Professional legal body – which works for well – being of its members and their protection like a trade union
c) A professional body of scientific excellence – research, trainings , CMEs etc
d) Advocacy agency – pressure group, lobby group – for MNH, safe motherhood, SRHR etc
e) Others – please specify

If you agree with all the above, please rate it 1-5 as per your preferences with 1 being most important and 5 the least. ----------------------------------

THANK YOU!!!!
Questionnaire for EDPs

1. What has been the challenges/obstacles while working with NESOG in the past?
2. What should NESOG do to improve our partnership for better results?
3. What is the strength of NESOG that is most useful for your organization?
4. What are the areas of work where we could build long term partnership?
Strategic planning results

1. Methodology

To identify the need and further progress of NESOG from the members, and the perception of External development partners perception of NESOG, a descriptive cross sectional survey was done to understand the views of the members so as to further develop NESOG into an organization for the members. The survey questionnaire which was a self administered one was distributed to the members directly and by email. A total number of 100 members responded to the survey although many more were approached. The data was entered into epi info and then SPSS 11 and then analyzed.

Results

1. Personal information

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 years</td>
<td>1</td>
</tr>
<tr>
<td>30-39 years</td>
<td>21</td>
</tr>
<tr>
<td>40-49 years</td>
<td>42</td>
</tr>
<tr>
<td>More than 50 years</td>
<td>36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of years as a NESOG member</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5</td>
<td>28</td>
</tr>
<tr>
<td>5-9</td>
<td>9</td>
</tr>
<tr>
<td>10-14</td>
<td>20</td>
</tr>
<tr>
<td>More than 15</td>
<td>41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main area of work</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>58%</td>
</tr>
<tr>
<td>Academic institute</td>
<td>24%</td>
</tr>
<tr>
<td>Public hospital</td>
<td>5%</td>
</tr>
<tr>
<td>Private practice</td>
<td>12%</td>
</tr>
<tr>
<td>Trainings and research</td>
<td>none</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Currently based location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>kathmandu</td>
<td>85%</td>
</tr>
<tr>
<td>Outside Kathmandu(city)</td>
<td>12%</td>
</tr>
<tr>
<td>Outside Kathmandu(periphery)</td>
<td>3%</td>
</tr>
</tbody>
</table>

2. NESOG as an organization

2a. Most of the member rated 2 for several activities and none of the activities were rated as 1. For them NESOG as an academic institute, as a professional legal body and as a professional body of scientific excellence was rated as 2. Nesog as an advocacy agency was rated as 3

2b. For the best of the activities NESOG is involved in, it was seen that advocacy on MNH, partnerships with governmental organizations, Methodical exchanges were rated as 2, trainings as 2.5

2c. 94% of the members was involved in some activity of NESOG and 6% had never been in involved in any way at all. Majorities were involved in NESOG conferences (79%) and CMEs (68%). However 38% had
contributed to the journal, 36% were involved with the EDPs and 23% were involved in the regional activities. 8% were involved in working for NEOG subcommittees.

2d. Many wished to participate in various activities but was unable to do so due to various reasons. Majority felt that most of the work was done by the executive body; there was poor communication for 40%, 34% were unable to participate due to personal work, 11% stated that most of the activities were within Kathmandu valley and another 5% stated a combination of above.

2e. Most of the members 73% thought that giving more objective benefit to the new members would help NESOG to attract newcomers, others felt that approaching them personally (53%) and giving incentives (45%) would be the effective way.

2f. Most of the members felt that the activities should be out of Kathmandu valley (53%) and that there should be more opportunities for trainings, Research and CMEs. 75% Some felt (17%) that organizing health camps, data base development and proper networking channels was important.

2g. Majority thought they would be able to contribute to NESOG if it developed subspecialties (53%), trainings. Research, conferences (53%) which were rated as 1. Some felt that they would like to contribute in journal newsletters (49%), (55%) in helping with the conferences and researches.

2h. More than 70% wanted NESOG to go ahead as a academic institute, professional legal body and a body of and professional scientific excellence rated as 1 and as an advocacy agency rated as 2 and needs more of team work than individual was rate as 4.