



**Rwanda Paediatric
Association**

STRATEGIC PLAN 2021-2025



“Healthy child, our pride”

FOREWORD



It is a great pleasure that I present to you the Rwanda Paediatric Association (RPA) Strategic Plan 2021-2025. Adhering to its norms and make a success its mission, RPA like other institutions must continually adapt to emerging medical changes and needs of children on Rwandan territory and beyond. Our Association has therefore set this strategic plan in consideration of the various dynamics of the short and long-term needs of our patients, members and the community we serve and collaborate with.

This Strategic plan is a result of a consultative and participatory process that involved invaluable inputs from our various partners and members through the association's subcommittees. The aim was to develop a strategic plan that will help strengthen an informed and proactive Association that will keep taking the lead in improving the quality health care for all newborns, children and adolescents in the country.

Over a decade since its existence in 2006, the Association has witnessed a remarkable membership growth from less than 10 to more than 90 members; and this has led to a stronger Association that brings harmony and evidence based child care throughout the country. Several child care activities to mention capacity building projects, nation-wide mentorship projects, and many more have brought us to an Association surrounded by success. A growing number of specialties is and will keep making stronger RPA and boost the country strategies to achieve SDG goal 3. On behalf of all members, I am grateful to the founders and partners of our Association.

Since the last strategic plan implementation, 2012-16, our Association capacity and impact have grown. Our stakeholders' needs, expectations have grown too and trust in the Association has matured. The increasing demand for our contribution is an affirmation of our efforts and a call to reinforce our mission and renew our dedication to better serve children. It is with this in mind that we highlight in this five-year strategic plan the areas to prioritize in order to maximally utilize our skills and resources towards the achievement of our vision.

Although we learned a lot from our past challenges, we are enjoying great achievements that we were brought to by our members' perseverance and our partners support. Now, I can foresee the tremendous achievements expected over the next five years guided by this strategic plan. Therefore, I am thankful to all members and partners for the invaluable support to the Association.

I invite the steady and selfless collaboration of all members, partners, staff and stakeholders to achieve our collective vision. Working as a united team requires that all members familiarize with this document that will guide our Association's achievements over the next years.

Prof. Lisine Tuyisenge

Legal Representative, Rwanda Paediatric Association

ACKNOWLEDGEMENT

This Strategic Plan is a product of a highly consultative and participatory process made of invaluable inputs and insightful deliberations from the RPA members and its stakeholders. The in-depth individual discussions within the RPA subcommittees produced a strong backbone from which this document is built.

The Rwanda Paediatric Association sincerely thanks all members who through their unreserved efforts, provided valuable inputs through the various subcommittees; and various partners, who, from their very busy schedule, created time and participated in the plenary workshop for this strategic plan.

The RPA would like to specifically recognize UNICEF through the Royal College of Paediatric and Child Health in particular for its financial and technical assistance that led to the conception of this Strategic Plan.

Finally, the Rwanda Paediatric Association would like to recognize the invaluable work of Dr. Dieudonné Rutagumba and Dr. Oscar Mwizerwa for their efforts and time invested to consolidate this strategic plan document.

LIST OF ABBREVIATIONS AND ACRONYMS

CFSVA	Comprehensive Food Security and Vulnerability and Nutrition Analysis Survey
CHW	Community Health Workers
COVID-19	Coronavirus disease
CPD	Continuous Professional Development
DHS	Demographic Health Survey
EAC	East African Community
ETAT+	Emergency Triage, Assessment and Treatment plus Admission
RWF	Rwandan francs
HBB	Helping Baby Breathe
HRH	Rwanda Human Resources for Health program
HSSP IV	Fourth Health Sector Strategic Plan
IMR	Infant Mortality Rate
LMICs	Low and Middle Income Countries
M&E	Monitoring and Evaluation
MCSP	Maternal and Child Survival Program
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
NCD	National Child Development Agency
NECDP	National Early Childhood Development Program
NMR	Neonatal Mortality Rate
PG	Postgraduate students
RBC	Rwanda Biomedical Center
RCPCH	Royal College of Paediatric and Child Health
RMDC	Rwanda Medical and Dental Council
RPA	Rwanda Paediatric Association
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SWOT	Strengths Weaknesses Opportunities and Threats analysis
TB	Tuberculosis
TV	Television
U5MR	Under-Five Mortality Rate
UNICEF	United Nations Children's Fund
UR	University of Rwanda
USD	United States Dollar
WHO	World Health Organization

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EXECUTIVE SUMMARY

The Rwanda Paediatric Association Strategic Plan 2021-2025 truly reflects what RPA is committed for over the next five years. The experience of the Association, and the emerging needs in ensuring an evidence based pediatric practice throughout the country, have served as motive for this new plan.

Departing with our four priority areas that all converge on ensuring the health of our children, RPA has set its goals higher and far beyond our usual achievements. RPA strives to successfully establish a permanent office for a stronger Association, regional centers of excellence for Neonatal care throughout the country and advocating for a Children's Hospital in the country. The implementation of this Strategic plan requires not only a well dedicated leadership and fully invested members but also a wider and stronger collaboration with our stakeholders. The human and heavy financial resources needed call for more team work. The unconditional efforts we exhibit in serving the children in Rwanda and beyond, will eventually attract more commitment from our partners and the Rwanda Ministry of Health.

The results of this five years plan will be periodically monitored and evaluated. The short term evaluation results will guide subsequent steps that will eventually lead to our long-term goal which is easy access to best pediatric care in Rwanda. This will be attained through the following four strategic objectives:

1. Improving child health through advocacy and best paediatric practice
2. Increasing capacity for paediatric research
3. Strengthening the management capacity of RPA
4. Ensuring members' professional and social satisfaction

Our built in Monitoring and Evaluation system, will serve as the key eye and light for the attainment of our goals. Every annual action plans will be tailored to the preceding achievements. Though we will learn from our regular self-evaluation results, we will keep a wise ear open for any constructive feedback that will eventually help us make smooth the course of this plan.

As we ensure the quality care for our children through this five years' strategic plan, it will remain our primary responsibility to secure the welfare of our members.

1. BACKGROUND AND CONTEXT

1.1 BACKGROUND

Rwanda Paediatric Association (RPA) is a non-profit organization registered by Rwanda Governance Board (RGB) in accordance with the law n° 20/2000 of 26/07/2000 of the Government of Rwanda. RPA was inaugurated officially in September 2010 even though its activities can be traced back since 2006; with the sole mission to gather all paediatricians working in Rwanda and promote quality child care in the country.

Since its inception in 2006 with less than ten founding members, the membership to be all paediatricians, has grown to more than 90 members with various subspecialties to mention but not limited to Cardiology, Endocrinology, Hemato-Oncology, Allergology, Neonatology, Pulmonology and Nephrology to the status of permanent membership.

The Association operates from and for the following priority areas:

1. Promotion of quality child care in Rwanda
2. Enhancing Paediatric Research
3. Building a strong management of the Association
4. Ensuring wellbeing of paediatricians working in Rwanda

1.2 ROLE AND ACHIEVEMENTS

Since its establishment, RPA has been involved in several successful projects addressing issues pertaining child health to mention but not limited to:

1. Establishment of the governing bodies with regular elections to empower the management team of the Association; legalization and setting up the online footprints through Website, Twitter and Facebook accounts of the Association.
2. Capacity building: Over 80 paediatricians including various subspecialties have been trained and more trainings are still ongoing; Improving Newborn and child emergency management through ETAT+(Emergency Triage Assessment Treatment plus Admission) Program in collaboration with Imperial College London, then RCPCH under a fund of Tropical Health Education Trust (2013-2017); several CPD events organized for health care providers, HBB trainings for district hospitals health care workers, participation in OPENPediatrics online Neonatology module.
3. National and International representation: Hosting the 10th International Conference on Kangaroo Mother Care (KMC) 2014; Successfully organized the Association's annual scientific conferences (2015, 2016, 2017, 2018, 2019); Symposium on vaccination in 2015; participation in regional and other international conferences such as International Pediatric Association congress; Prematurity international day celebration in 2019 and 2020; and collaboration with local, regional and international sister organizations.

4. Research projects: Members undertook and published in peer review journals several research projects through their training Universities and more are still in progress. And the Association has published the ETAT+ evaluation report
5. Newborn and child care projects:
 - a. Rwanda Perinatal Integrated Program in 18 Hospitals in collaboration with Royal College of Paediatrics and Child Health (RCPCH) funded by UNICEF since March 2020 to date.
 - b. Improving Newborn and child health care in 25 District Hospitals funded by USAID-Ingobyi Activity fund since 2019 to date.
 - c. Rwanda Enhancing Newborn Care Program in 18 Districts Hospitals of Rwanda in collaboration with Royal College of Paediatrics and Child Health (RCPCH) under a fund of UNICEF (2017 to 2020).
 - d. Improving Newborn and child health care in 12 Districts Hospitals funded by MCSP-USAID (2016-2018).
 - e. Advising the MoH on emerging child health threats by participating in National technical working groups (e.g. TB, Immunization, Neonatal care etc.). Elaboration of national guidelines (Neonatal, Pediatric care guidelines and Covid-19 response, etc.).
 - f. Child health awareness outreaches, talks on radio and TV organized.
6. Members' professional and social satisfaction: Regular social events organized, financial support through several projects participation; financial support to members for international conferences participation and sub-specialization.

This strategic plan thus demonstrates the steadfastness of Rwanda Paediatric Association to keeping a strong institutional framework requisite to achieve its vision.

1.3 CONTEXT

Rwandan population has been growing in number, it had reached 12 million inhabitants in 2018, and among these, almost a half are below 18 years old while 14% of the general population is under five years. The doctor per population ratio has grown from one doctor per 17,000 inhabitants in 2010 to one doctor per 10,000 inhabitants in 2015 (RDHS 2010, 2015; RMDC 2016).

Worldwide 5.3 million children below five years-of-age have died in 2018. The under-five mortality rate (U5MR) is still high in many corners of the world especially Africa registering the highest U5MR 76 per 1000 live births. Nevertheless, globally, the number of children dying before their fifth birthday has reduced by about 60% since the last 30 years. In 1990 the U5MR was estimated at 93 per 1000 live births, this number decreased to 39 per 1000 live birth. The global infant mortality rate has also decreased over the same period from 65 per 1000 live births to 29 per 1000 live births. As per SDGs the global target is to reduce the U5MR and Neonatal mortality rate (NMR) at 25 and 12 per 1000 live births respectively by 2030 (WHO, 2018).

Although the figures show that they have been tremendous improvements vis-à-vis the reduction of children mortality, sub-Saharan Africa region (where Rwanda located) still records the highest number of under-five mortality rate in the world, where one child in 13 dies before five years, it is about 15 times the mortality rate in higher income countries.

Sadly, more than 50% of these deaths can be prevented or treated by simple, cost-effective interventions such as immunization, good nutrition, clean water and appropriate care by trained healthcare providers. Leading causes of death in children under-5 years are preterm birth complications, pneumonia, birth asphyxia, congenital anomalies, diarrhea and malaria (WHO, 2019). Globally, 12 million adolescent girls aged 15-19 years get pregnant each year (WHO, 2019). In Sub-Saharan Africa, 18.8% adolescent girls get pregnant and the East Africa where Rwanda is located registered the highest number of 21.5% of unintended pregnancy in adolescents (Kassa *et al.*, 2018).

Despite the high mortality in sub-Saharan Africa, Rwanda over the last two decades has known tremendous improvement in childhood mortality reduction, the highest achievement in East Africa region. It is notable, that the implementation of the previous RPA strategic plan together with other government’s strategies and initiatives, overlapped with a remarkable improvement in Rwanda childhood mortality. As shown on the figure below, the neonatal mortality rate, the U5MR and IMR progressively reduced from 37 to 19, 152 to 45 and from 86 to 33 per 1000 live births respectively between 2005 and 2020 (DHS 2010, DHS 2015 and DHS 2019/2020).

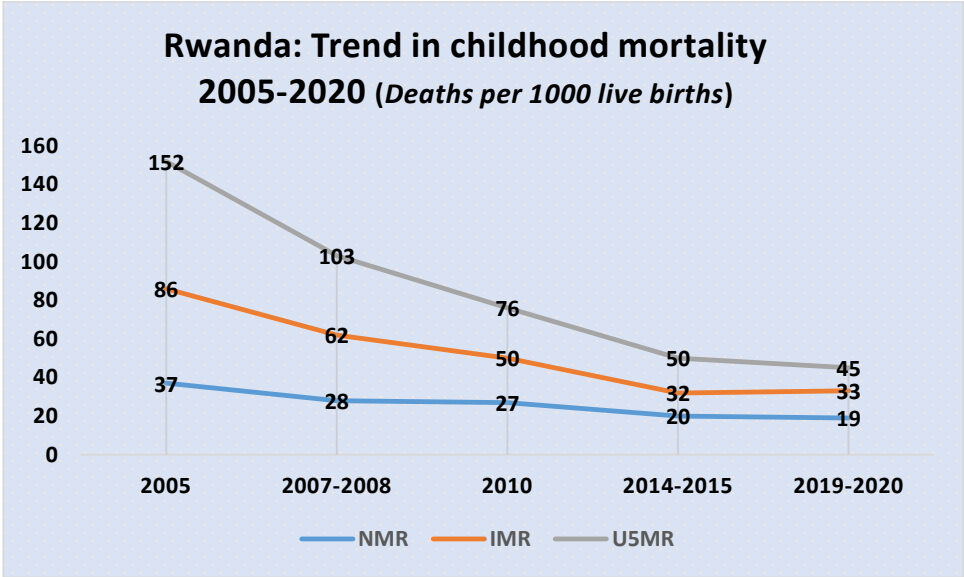


Figure 1: Trend in Rwanda childhood mortality 2005-2020

The government of Rwanda through the MoH and partners have put in place different interventions and strategies which helped to achieve the above figures. Those interventions are mostly focusing on preventable and treatable diseases which account for more than 50% of all under five deaths. Some of these interventions are to be mentioned:

1. Integrated Community Case Management of childhood Illnesses: a strategy that ensures comprehensive and continuous care to under five years sick children focusing on the most common diseases and killers of children: malaria, diarrhea diseases, pneumonia and malnutrition. Community Health Workers (CHWs) play an important role in addition to the health care providers.
2. Introduction of new vaccines and high coverage of immunization: since the last 15 years Rwanda immunization coverage has increased to be above 90% (figure 2) and since 2009, MoH introduced two new vaccines to name pneumococcal (PCV-7 in 2009 replaced by PCV-13 in 2011) and rotavirus vaccines.
3. 1000 days campaign: it is a nutrition campaign aiming at improving the nutrition status of vulnerable populations in Rwanda in order to reduce morbidity and mortality related to malnutrition. It focuses on the first 1000 days in a child's life- right from conception to the second birthday.
4. National Early Childhood Development Program (NECDP): with aim to coordinate all efforts and interventions required to support early childhood development from conception up to six years of life. Currently NECD has been merged with National Commission for Children to form National Child Development Agency (NCD).
5. Free distribution of Long-Lasting Insecticidal Nets and spray of insecticide across the households and fields believed to be habitat for malaria-carrying mosquitoes in order to reduce malaria burden over the country.
6. RPA strategic plan 2012-2016: Capacity building mentorship activities, ETAT+ and HBB trainings equipped most of Rwanda health care workers in quality pediatric care delivery.

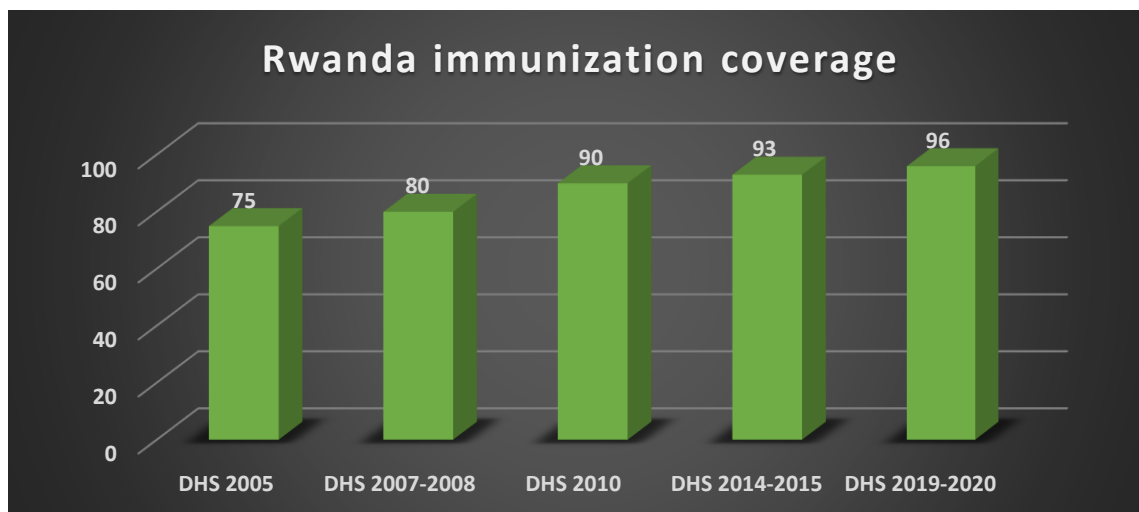


Figure 2: Trend in Rwanda immunization coverage

Challenges

Children in Rwanda are immunized regularly, and new vaccinations are introduced swiftly. However, when children are sick, they often do not receive the care they need as their parents do not always take them early to a health facility. This indicates a strong need to improve "health-seeking behavior", or prompt action when a child shows signs of treatable illnesses like acute respiratory infection, fever or diarrhea (UNICEF, 2018).

Despite many different interventions and strategies put in place by MoH and partners, there are still gaps in some areas which need more efforts. Adolescent pregnancy in Rwanda has increased from 6.1% to 7.3 % between 2010 and 2015 (DHS 2014-2015) and slightly reduced to 5.2% as per Rwanda DHS 2019-2020; under five years stunting slowly declined from 51 to 33% over a period of ten years (Rwanda DHS 2019-2020) and; and non-communicable diseases in children are going up (Mucumbitsi et al, 2017).

Way Forward

The progress achieved need to be maintained and accelerated to achieve or even succeed beyond the global target by 2030 on child mortality. With the policies, strategies and interventions put in place, Rwanda was on good track, and however, the current COVID-19 pandemic may substantially slow down the progress (MINECOFIN, June 2020). Hence, the efforts need to be doubled to achieve the goal of good health and wellbeing of all children.

The development of the current RPA strategic plan process commenced with a literature review covering a wide range of relevant literature pertaining to child health nationally, regionally, and globally. It was put in line with the national programs and strategies put in place by the Ministry of Health to mention the fourth Health Sector Strategic Plan (HSSP 4); the Rwanda Maternal, Newborn, Child Health strategic plan 2018-2024; and National Family Planning and Adolescent Sexual and Reproductive Health (FP/ASRH) Strategic Plan 2018-2024.

The RPA strategic plan outlined vision places child health and quality pediatric care at the top of its agenda. This is reinforced in its mission which underpins child health, knowledge promotion, research, advocacy, regional and international partnerships as key ingredients aiming to improve the wellbeing of children and members of the Association. If its goals are achieved, the RPA strategic plan will make an important contribution to the national MNCH goals. Hence, the RPA is committed to engage with MoH and other partners to ensure the good healthcare service and promotion of child health as detailed in this strategic plan.

2. ABOUT RWANDA PAEDIATRIC ASSOCIATION

2.1 ORGANIZATIONAL ANALYSIS (SWOT ANALYSIS)

RPA internal analysis was aimed to identify mainly intrinsic factors that would affect in any way the journey of the Association to achieve its coming five years goals. Among them, motivating factors should be exploited fully as well as mitigating those that could pull back the Association's drive.

Strengths

- a) The Association's leadership is composed of committed senior pediatricians, some of whom wield influence in different institutions including MoH, University Teaching Hospitals and development partners;
- b) The RPA membership growth over the past nearly 15 years is a proof for an exponential growth over the coming years;
- c) RPA is taking up more young Pediatricians that, together with its strong leadership will lead to a more active and fruitful Association;
- d) The supporting staff has been and will continue to be an asset to the organization;
- e) RPA has built strong ties with local, regional and international organizations; and these collaborations will definitely lead to many more;
- f) RPA has built credibility and is the guide and leader for comprehensive child care delivery by promoting best pediatric practices in the country.

The past achievements have proved that RPA has the requisite capacity to mobilize members and involve partners for a cause. More efforts will be put to set more enjoyable ground for current members and recruit more; build more collaborations to bring high quality for children. Research, learning and networking opportunities will be amplified to help RPA excel in achieving its mission. Young medical school graduates will be encouraged and supported to train in Pediatrics.

Areas for Improvement (Weaknesses)

- a) Though RPA membership has substantially gone better, there is still less coverage of very remote hospitals by pediatricians;
- b) The long term financial sustainability of RPA requires deep reflection and calls for consideration of additional sources of support. So far, the main funding for the organization has come from partners. Some revenue from grants, collections from annual membership subscriptions have represented another source of finance but this has not been enough;
- c) There exist task sharing among members through different subcommittees but individual ownership of RPA activities is still not adequate;
- d) Members do not fully understand the role of the executive committee and its limitations, and individual member's contribution to support this team;

- e) The supporting staff has been of tremendous help but there still a wide gap in communication for the Association to have its activities reach adequately the public community;
- f) Despite a few community outreaches, the Association does not reach adequately the community;
- g) There is very little involvement of the Association in pediatric researches in the country.

Opportunities

- a) There exists a national pediatric residency program at the University of Rwanda that has become a promising pool for RPA membership. RPA should work with MoH and University of Rwanda to improve the association membership as new pediatric trainees graduate;
- b) Various National and International projects have brought help to the residency program to sponsor potential candidates (members of RPA) for local or international professional development (Specialization);
- c) A number of organizations focusing on MCNH also contribute to the RPA membership with their pediatric teams;
- d) Various RPA partners focusing on MCNH, help in capacity building of Rwandan health care workers who directly or indirectly are involved in child care;
- e) The SDGs have targets directly related to the health of the child. The rest of the goals also affect indirectly the child health and survival;
- f) Government vision focusing on MNCH offers an opportunity for RPA interventions to be supported at the highest political level in terms of research and training;
- g) The emerging private health practice together with the current increase in medical laboratory, imaging and pharmaceutical companies in Rwanda set a better ground for RPA to reach quality child care.

Threats

- a) RPA depends on donations to get the necessary funds it needs. If this is adversely affected by any factors like COVID-19 pandemic and others, there will be a threat to the functions of the organization;
- b) The scarcity of Paediatricians and busy lifestyle;
- c) RPA is facing an occasional brain drain that risk diverting the Association's potentials.

To minimize the threats, RPA needs to make use of the opportunities that are available at present, to consolidate a secure position for continued future development. RPA is committed to improve the advantages in the organization, involving pediatric residents in its activities and coaching medical students.

2.2 PESTEL ANALYSIS

The RPA operates in areas where different external factors may affect its plans. It is within this context we analyze those factors which may hinder our achievements and where possible they will be mitigated.



Political factors:

The RPA enjoys to operate in Rwanda, a country with stable political environment. The government of Rwanda is committed to keep improving the health of the Rwandan population especially children. This can be looked in the mirror of different policies, strategies and interventions being established and implemented such as vision 2050, MNCH strategic plan 2018-2024, national family planning and adolescent sexual and reproductive health strategic plan 2018-2014, HSSP IV and the EAC Reproductive Maternal Newborn Child and Adolescent Health policy 2016-2030 and not forgetting SDGs. All these strategies and interventions give confidence and guarantee of our strategic plan success. However, poor management of resources going into these governmental measures and lack of prioritization during the implementation may pose threat to RPA goals.

Economic factors:

Rwanda is one of the countries with that fastest growing economy in Africa, but like any other county its economic growth has been affected by the COVID-19 pandemic and the economy which was expected to raise by 8% will only raise by 2% in 2020 with the expectation to bounce back on its growth pathway after two years.

Considering these economic challenges caused by COVID-19 pandemic, as a low income country, and the low country health expenditure per capita (134 USD), some expected achievement of RPA may negatively be affected. Fortunately, on top of other private health insurances, more than 80% of Rwandan population are covered by a community based health insurance ensuring that the basic health care of children can be achieved as expected.

Social-cultural factors:

Our Association and its members serve in a country having all population with almost the same language, but with various religious beliefs and a considerable number of illiteracy (27%). These varieties of beliefs and literacy are connected with some traditional malicious practice to the health of our children. Children's welfare being at the centre of what the Association does, means we should be able to generate interventions and advocate for child-friendly policies and guidelines.

Technological factors:

In regard to the technology as the current main driver of rapid progress, the RPA will have to increase the number of its staff and fully make use of its staff and members' technology skills for it to cope with the rapidly changing world especially in communication.

Environmental factors:

We live in environment where humans' practices are at the base of global climate change, where the usual weather changed their pattern, and in turn we need to change the ways of food production to ensure the food security and in long run will introduce the new diseases in eco-system. We cannot forget the lifestyle related non-communicable diseases raising even in children. Our intention as RPA is to discourage all practices which can directly or indirectly be toxic to the children.

Legal factors:

The RPA's existence is provided for and is protected by the law n° 20/2000 of 26/07/2000 of the government of Rwanda concerning non-profit making organizations. The Association's envisioned success will heavily depend on the ability to advocate for the passing of various children-friendly legislations and policies. This will require common understanding and working with various stakeholders in the medical sector and policy makers.

3. STRATEGIC FRAMEWORK

3.1 VISION

To ensure that child health remains at the forefront of the national health agenda, and that the quality health services provided to children and adolescents are of the highest attainable standard.

3.2 MISSION

To promote quality preventive, curative, palliative and rehabilitative pediatric services; to enhance and disseminate evidence-based knowledge so as to improve policies and strategies for better pediatric practice. The RPA endeavors to advance child health advocacy, research, and continuous professional development, in collaboration with other bodies in Rwanda, the region and beyond in addition to serving as an effective voice for its members.

3.3 CORE VALUES

- a) Compassion
- b) Advocacy
- c) Collaboration
- d) Quality

3.4 STRATEGIC OBJECTIVES

To achieve the envisaged RPA vision and mission, the following four objectives based on priority areas have been developed:

1. To improve child health through advocacy and best paediatric practice promotion
2. To increase capacity for paediatric research
3. To strengthen management capacity of the association
4. To ensure members' professional and social satisfaction

To bring to fruition the aforementioned objectives, key outcomes corresponding to a particular objective and several outputs were developed and deliberated with association members through different subcommittees. The outcomes serve as important milestones which will guide the association and enable to assess progress during implementation of this plan. These (strategic objectives with corresponding outcomes) are outlined in the following section.

3.4.1 Strategic objective 1: To improve child health through advocacy and best paediatric practice

Achieving this objective requires the RPA to realise several outcomes which have been defined as follows:

Outcome 1: Child morbidity and mortality indicators improved

Lack of knowledge is one factor among others which contributes to increase in childhood mortality. Within the next five years, RPA will ensure working with MoH, and other child health oriented organizations to embrace the best paediatric practices to reduce morbidity and mortality. It will be done through mentoring, and training other health care professionals (medical officers, nurses, midwives) delivering quality care to children and adolescents. In addition, radio/TV talks will be organized to raise awareness of the community on different child health topics. Paediatricians at their respective placements, should continuously carry out QI projects aiming at improving child care and goal oriented advocacy.

Outcome 2: Scientific paediatric knowledge regularly updated among health care providers

Clinical science and practice are dynamic, for health care workers to provide quality care to children and to meet their communities' changing health needs, they are bound to a continuous learning process to update their professional knowledge, and skills. In line with this, RPA will continuously make available online courses as well as onsite trainings on emerging knowledge and new pediatric care practices. In addition, RPA will keep working with MoH and other partners to regularly update the national neonatal and pediatric care guidelines every three to five years and whenever necessary.

Outcome 3: Child health remain on national health agenda

The RPA aims to keep playing an active role in the improvement of child health in Rwanda. Over the next five years, members of the association will work with the MoH to lead responses to emerging child health threats; spur latest knowledge among health care providers and continue child health advocacy activities to ensure that necessary investment and focus is made in that regard. The association will initiate a project aiming at creating neonatal care centres of excellence in all provinces of the country and advocate for a National Children's Hospital in the country; leading at easy access to quality care.

3.4.2 Strategic objective 2: To increase capacity for paediatric research

Outcome 1: Research trainings organized

The knowledge to address the increasingly challenging health conditions constitutes the mainstay of better pediatric practice. This shall not be addressed through clinical training alone; it will also necessitate a coherent research agenda where pediatricians have an effective exchange mechanism of new scientific information. In the next five years, RPA is committed to invest in boosting research skills among members.

Outcome 2: Quality research projects in paediatrics increased

Over the next five years, RPA will work to strengthen pediatric research to generate quality data for evidence based decision making and best paediatric practices. These should be known on the regional and international scientific scale.

Outcome 3: Research funds mobilized

RPA will work with new and existing partners to mobilize necessary funds to support pediatricians who are willing to undertake research that improve pediatric practice not only in Rwanda but also in the regional and international level. RPA will also support members to take available research grant opportunities.

Outcome 4: Online case registry created

In order to recruit new ideas, where to orient research and interventions, an online case registry accessible to all members of RPA will be created. Pediatricians will be encouraged to report unusual disease trends, and this should respect patient privacy.

3.4.3 Strategic objective 3: To strengthen management capacity of the association

Outcome 1: Strengthened Rwanda Paediatric Association

The importance of setting up an effective management system for RPA cannot be overstated. Achievement of RPA objectives shall greatly depend on the ability and commitment of its leadership to pursue the stated goal and objectives. Given the tasks needed to be completed, given the shortage of hired RPA staff, given the competing obligations faced by members of the association, it is inevitable to hire more staff either part time or permanent to fill the gap on top maximum involvement of members in the RPA activities. Further efforts will be put in establishing a permanent office of the Association.

Outcome 2: Improved RPA communication capacity

We will renovate our communication practice to enable us listen to our members more and communicate to them effectively. In addition, our communication platforms will be improved to regularly deliver accurate and updated information pertaining child care to the public by reflecting a prompt response to emerging child care needs.

Outcome 3: Monitoring and evaluation

Monitoring and evaluation is one of very important step of the implementation of this strategic plan. The RPA secretariat will allocate budget for monitoring and evaluation activities. These activities will be mainly completed by M&E sub-committee in collaboration with the association secretariat.

3.4.4 Strategic objective 4: To ensure members' professional and social satisfaction

Outcome 1: Promotion of career development opportunities for RPA members

RPA recognizes its development depends on the members. In this regards, the association will reinforce the system to identify and share existing opportunities to its members. These include online courses, onsite training by national or international collaborators or even any other member with special skills to share with others.

Outcome 2: Social events and support amongst members

Within the timeframe of this strategic plan, RPA shall organize social events, shall encourage mutual support of members during various life circumstances by determining individual annual contribution for the social fund. However, these two separate social events are annual and mandatory: welcome for new members and then the New Year celebration with all members. The Association will ensure its members receive their registration certificates and annual subscription feedback every time active members contribute for their annual fees.

Outcome 3: Career guidance

Setting up a career guide that is attractive to young professionals is very important to ensure sustainable enrolment and successful young paediatricians. The association secretariat will keep track and support all medical students interested in Paediatrics, and all other paediatric trainees.

The above arrangements provide a strategic direction to be undertaken by RPA to realise the set goal. The additional requirement is to define specific outputs which will be pursued to achieve stated strategic objectives. These are presented in the logical framework in section **Annex 3.1**.

4. MONITORING AND EVALUTATION OF THE IMPLEMENTATION

This five-year strategic plan will be implemented between 2021 and 2025. Overall, the executive secretariat is mandated to follow up its implementation, through different sub-committees and supporting staff.

The progress shall be monitored by the Monitoring and Evaluation sub-committee in collaboration with RPA executive secretariat in reference to the annual action plans to be developed at the beginning of each operation year by every sub-committee. M&E sub-committee will not only analyze the progress of the activity reports but will also alert weak points to be tackled throughout each year of operation to ensure successful action plans. The report of M&E Sub-committee should be shared to all members on a quarterly basis via the already existing RPA communication channel.

The RPA secretariat shall prepare an annual operational plan and budget based on the outputs outlined by this plan and the annual action plan of sub-committees. These (plan and budget) will be deliberated and validated by the general assembly and widely shared with the available funding partners.

M&E Sub-committee will prepare the annual activity reports and the RPA Secretariat shall prepare financial report and both will be shared with members at the general assembly. The M&E Sub-committee must highlight in its annual reports how the target has been reached. Financial audit shall be carried out annually and the reports shall be submitted to all relevant stakeholders including funders.

It is planned that an internal midterm review of this plan shall be carried out in 2023 whereby members will hold a workshop to assess the progress being made in the implementation of this plan. Depending on the availability of funds, an external expert will be brought on board to support the process. All issues identified by analyzing technical progress reports, financial and audit reports, shall be discussed and appropriate action taken.

We envision to conduct an end term evaluation of this strategic plan in 2025 to take stock of best practices and experiences thus helping to plan for subsequent phases.

5. COMMUNICATING THE STRATEGIC PLAN

Development of this strategic plan has been participatory with members of RPA providing inputs through sub-committees. We have also conducted interviews with the most senior and founding members of the Association. The strategic plan was presented in general assembly for validation. After validation, it will be signed by RPA legal representative. Its printed copy will be made available at the RPA office and then a soft copy will be shared with all members and made available to our potential partners when needed.

Communication of the plan shall further be done by preparing stickers with RPA vision, mission. These will be posted in RPA Office and on the website with links to other webpages to promote wider access to different audiences.

ANNEX 3.1: LOGICAL FRAMEWORK

- Impact: Long term effect
- Outcome: Medium term effect
- Output: Service delivery (as result of activities)
- Indicator: Measure to assess result (1 indicator per impact, and output)
- Means of verification

Strategic objective One (1): To improve child health through advocacy and best paediatric practice				
Impact	Outcomes	Outputs (proposed Interventions)	Indicators	Means of verification
Improved paediatric practice and key child health indicators	Scientific paediatric knowledge regularly updated among health care providers	#Organize annual scientific conferences	# Number of annual conferences	# List of conferences
		# CPD events (Online courses/webinars/symposium, etc.) organized by RPA	#Number of CPD events delivered	# List of events and attendance (CPD credits claimed) #Certificates of participation and RPA secretariat
		# Keep Neonatal and Paediatric care protocols updated and validated according to latest scientific based knowledge	# Neonatal and paediatric guidelines not older than 5 years	# validated protocols to use at workplaces by HCPs

		# Advocate for validation by MoH of the already updated Neonatal care protocol	#New neonatal protocol validated by MOH	
		# Trainings (ETAT+, HBB,PALS)	# Number of HCPs trained in ETAT+	# List of trainings and trainees
		#Subscribe to online evidence-based resources (e.g. Up-to-date, Hinari, PedsinReview, NeoReview, OPENPediatrics)	# Number of subscriptions	#List from RPA secretariat
	Child morbidity and mortality indicators improved	#Increase mentorship in Rwandan Hospitals up to 100% (include research to each project to know the impact of mentorship)	# Number of Hospitals benefited from formative supervision by paediatricians per quarter	#Mentorship reports
		# Community awareness	# Number of regular Radio/TV awareness shows delivered around child health (Ikiganiro :UBUZIMA BW'UMWANA) and child health achievements testimonies	#RPA Secretariat archives
		# Elaborate a list of goal directed QI projects contextualized per institution/hospital	# Number of QI projects successfully undertaken	#RPA website and reports

		# Organize outreaches for adolescent health awareness (SRH, Personnel development, drug abuse etc.)	# Number of adolescent health awareness events successfully organized	#RPA website and reports
		# Create Centres of Excellence for Neonatal Care in all rural provinces	# Number of CoE created in provinces (at least in one province)	#RPA Secretariat
		# Advocate for a National Children's Hospital	# Steps achieved towards establishment of a National Children's Hospital (e.g.Kigali Children's Hospital)	# RPA secretariat
	Child health remain on national health agenda	# Advocate for acquisition of basic textbooks to create pediatric hospital library to be used at workplaces by HCP	# Number by type of text books distributed	#List of recipients
		# Participation in national guidelines towards emerging threats to child health	# Number of emerging threats to child health guidelines developed	# List of threats per year
		# Build capacity (workshop on advocacy) of members through advocacy subcommittee to engage in advocacy initiatives at various levels	#Number of successful advocacy initiated	# List of advocacy projects at RPA secretariat

		# Create and validate policies, and guidelines around child health	# Number of Policies, and guidelines validated (e.g. Child abuse, exploitation, Child road trauma, etc.)	# List from RPA/MoH website
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Strategic Objective Two (2): To increase capacity for paediatric research

Impact	Outcomes	Outputs (proposed Interventions)	Indicators	Means of verification
Improved capacity for paediatric research	Research trainings organized	#Train members to conduct research and manuscript write up	#Number of members trained	#Attendance list through RPA secretariat
	Quality research projects in paediatrics increased	#Develop a pediatric research agenda showing priority areas	#Number of abstracts presented (oral or poster) by RPA members in national or international scientific conferences #Number of pediatric articles supervised or published by RPA members in peer review journal	# Online list and certificate of participation #Online publication
	Research funds mobilized and utilized	# Interest existing and search for new partners to fund research projects	# Number of sponsored and completed research projects	#RPA finance reports
		# Encourage research (Training) grants application and utilization among members	# Number of research grants won by members through RPA	#RPA secretariat reports
	Online case registry created	# Establishment of a continuous online survey for unusual or emerging pediatric case reporting	#Number of unusual or emerging pediatric issues addressed #Number of case reports published in peer review journals	#Online publication #RPA secretariat

Strategic Objective Three (3): To strengthen management capacity of the association

Impact	Outcomes	Outputs (proposed Interventions)	Indicators	Means of verification
Enhanced RPA management capacity	Strengthened Rwanda Paediatric Association	#Mobilize funds to empower RPA staff and members	# Funds mobilized for capacity building for RPA staff and members	# RPA secretariat reports
		# Develop operational plans and a new reporting system	# Established and realized annual action plans by subcommittees #Functional new reporting system	
		# Create a project aiming at a permanent, equipped office of the Association	#Established project and steps reached towards existence of a permanent office	
		# Functional subcommittees	# Create and incorporate functions of subcommittees in Internal regulations # Regular activities and reports of different RPA subcommittees	

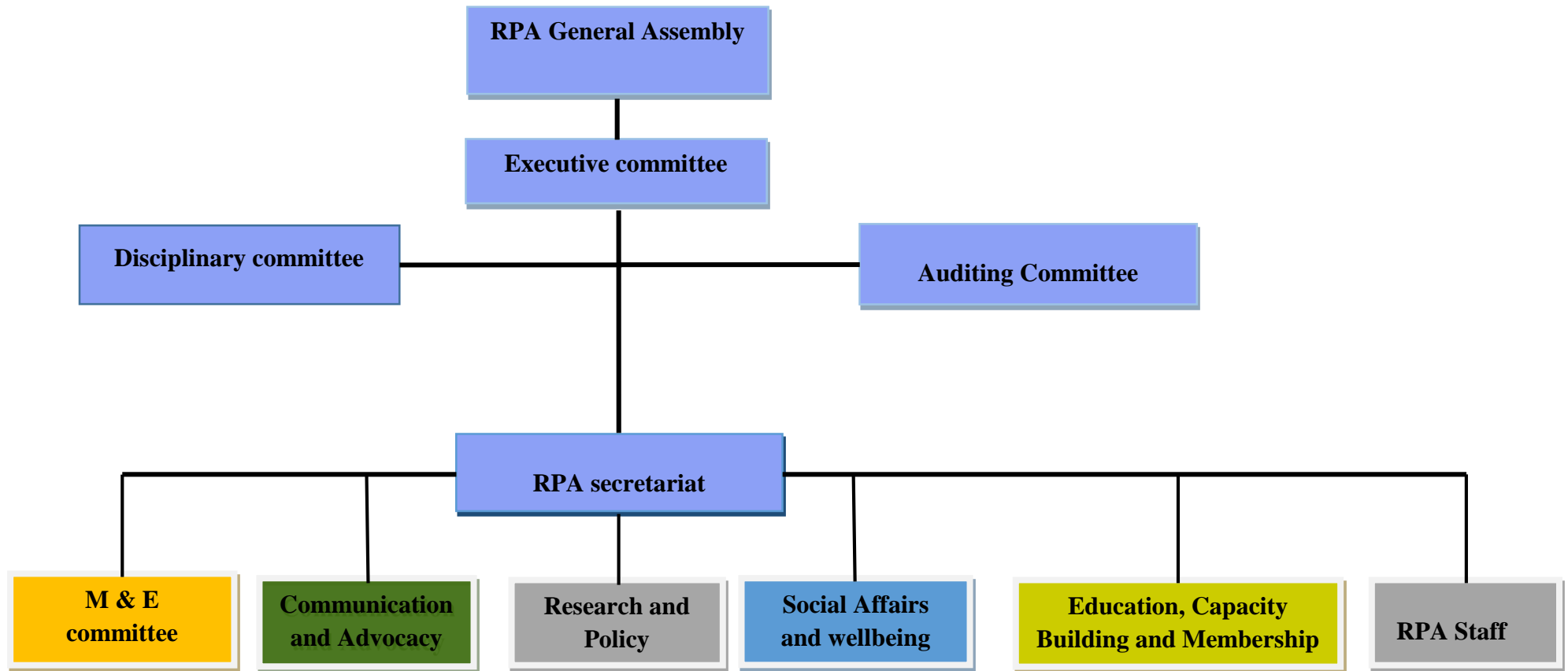
Improved RPA communication capacity	# Hire Public relation or communication officer and/or webmaster recruited	# Increased RPA staff	# RPA secretariat
	# Regular updating of RPA communication platforms	# Regularly updated RPA communication platforms	# RPA websites, Twitter and Facebook accounts
	# Publish all RPA activities on the websites		
	# Disseminate frequently messages around child health	# Frequent messages published	# RPA websites
	# Publish on the RPA websites a calendar of on Child health	# Existence of the calendar of international health days on the RPA website	# List of celebrated International child health days
Monitoring and evaluation effectively done	# Empower the M&E subcommittee and Allocate a budget for M&E activities	# Created M&E tools # Existing functional evaluation system	# RPA reports
	# Follow up the implementation steps of this strategic plan	# Timely completed report	
	# Share annual report to the general assembly	# Annual report presented to the general assembly	

Strategic Objective Four (4): To ensure members' professional and social satisfaction through career guidance

Impact	Outcomes	Outputs (proposed Interventions)	Indicators	Means of verification
Improved professional and social satisfaction among RPA members	Promotion of career development opportunities for RPA members	# Updating existing professional grading criteria.	# Validated, updated pediatric professional grading criteria	# RPA reports
		# Identify and share opportunities with members	# Opportunities are identified and shared	
		# Special skills sharing among members	# Amount of special skills sharing sessions RPA among members	
	Career guidance	#Involve pediatric in-training professionals (e.g. residents) in RPA activities	# Number of PG involved in RPA activities	# PG presence and testimonies in RPA activities
		# Organize seminars for medical students for career guidance	# Number of Seminars done for medical students	# UG presence in RPA activities

	Social events and support amongst members	# Welcome event to new members and New year celebration of all members together	# Number of welcome and new year celebration events	# RPA report and websites
		# Mutual support of members in different life circumstances	# Number of members' special circumstances supported by RPA	
		# To update internal regulations to include social support fee (20,000 RWF) as well as reduction of annual subscription fee to 40,000 RWF	#Internal regulations updated	#RPA report

ANNEX 3.2 IMPLEMENTATIONAL STRUCTURE



ANNEX 3.3 COSTING

The costing of this RPA strategic plan was carried out based on the key strategic outputs of the logical framework (in annex 3.1). It was conducted through consultation with resource persons well conversant with labor costs of different planned items. In a first step, outputs were broken down into several milestones, including a timeline and the level of implementation. In a second step, the cost of each output was estimated using a standardized framework involving three sets of assumptions: Quantity, frequency and unit cost variables. The result of this process is provided in a summary form and categorized by outcome in the table below.

TABLE OF ACTIVITIES AND ESTIMATED BUDGET PER TIMELINE

Strategic objective One (1): To improve child health through advocacy and best paediatric practice									
OUTCOME	ACTIVITIES	NUMBER OF MINIMUM ACTIVITIES per PERIOD	ESTIMATED BUDGET (IN RWF)						
			2021	2022	2023	2024	2025	Total	
Scientific paediatric knowledge regularly updated among health care providers	#Organize annual scientific conferences	1 per year	40,000,000	44,000,000	48,400,000	53,240,000	58,864,000	244,204,000	
	# CPD events (Online courses/webinars/symposium) organized	1 per quarter	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	30,000,000	
	# Update/ validated Neonatal and paediatric protocols # Elaborate a list of goal directed QI projects contextualized per institution/hospital	Once in five years (for each)	30,000,000					20,000,000	50,000,000
	# Organize trainings: ETAT+ HBB PALS	# 1 ETAT+ per year training 300 student each year # 1 NRP per year # 1 PALS per five years	120,000,000	120,000,000	120,000,000	120,000,000	120,000,000	600,000,000	
	#Subscribe to online evidence-based resources (e.g. Up-to-date, Hinari, PedsinReview, NeoReview, OPENPediatrics)	2 over five years							No clear information on the cost, some are still free for LMICs

Child morbidity and mortality indicators improved	#Conduct mentorship in Rwandan Hospitals	100% PH & DH mentored in five years	400,000,000	400,000,000	400,000,000	440,000,000	440,000,000	2,080,000,000
	# Organize community awareness	1 regular radio/TV show once per week (subscription required)	93,000,000	93,000,000	93,000,000	93,000,000	93,000,000	465,000,000
	# Organize outreaches for adolescent health awareness (SRH, Personnel development, drug abuse etc.)	1 per quarter in an administrative district (target the most vulnerable in terms of the indicators)	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000	30,000,000
	# QI projects by Paediatricians	2 QI projects in five years per mentored hospital and hospital with RPA member						Budget to be allocated
	# Create Centres of Excellence for Neonatal Care in all Provinces	One per year	120,000,000	120,000,000	120,000,000	120,000,000	120,000,000	600,000,000
	# Advocate for a National Children's Hospital	Mobilize 2 partners committed	500,000	500,000	500,000	500,000	500,000	2,500,000
Child health remain on national health agenda	# Advocate for acquisition of basic textbooks to use at workplaces by HCP	20 textbooks in each hospital (Create pediatric library in hospitals)	7,000,000	7,000,000	7,000,000	7,000,000	7,000,000	35,000,000
	# Participation in national guidelines towards emerging threats to child health		2,500,000	2,500,000	2,500,000	2,500,000	2,500,000	12,500,000
	# Organize advocacy initiative workshops for members	2 over five years		25,000,000		25,000,000		50,000,000
	# Design evidence based guidelines/policies around child health(e.g. child abuse, exploitation, child RT trauma, etc.) according to latest scientific knowledge	1 in five years		20,000,000				20,000,000

Strategic Objective Two (2): To increase capacity for paediatric research								
OUTCOME	ACTIVITIES	NUMBER OF ACTIVITIES/PERIOD	ESTIMATED BUDGET (IN RWF)					
			2021	2022	2023	2024	2025	Total
Research trainings organized	#Organize training members to conduct research and manuscript write up	2 in five years	20,000,000				20,000,000	40,000,000
Quality research projects in Paediatrics increased	#Organize a meeting of research subcommittee to develop a paediatric research agenda showing priority areas	1 in five years	3,000,000					3,000,000
Research funds mobilized	# Interest existing and search for new partners to fund research projects	4 research projects funded		30,000,000	30,000,000	30,000,000	30,000,000	120,000,000
	# Encourage research grants application and utilization among members	2 per five years						Money in research training
Online case registry created	# Establishment of a continuous online survey for unusual or emerging paediatric case reporting	1 in five years		1,000,000				1,000,000

Strategic Objective Three (3): To strengthen management capacity of the association

OUTCOME	ACTIVITIES	NUMBER OF ACTIVITIES/PERIOD	ESTIMATED BUDGET (IN RWF)					Total
			2021	2022	2023	2024	2025	
Strengthened Rwanda Paediatric Association	#Mobilize funds to empower RPA staff	5 permanent staff		93,000,000	93,000,000	102,300,000	102,300,000	390,000,000
	#Hire communication/public relation officer	1 over five years		12,000,000	12,000,000	12,000,000	12,000,000	48,000,000
	#Send staff/member abroad in a training on particular subject	Once per year		15,000,000	15,000,000	15,000,000	15,000,000	60,000,000
	# Meeting for subcommittee lead and executive committee to discuss reporting system and implementation progress	Once per year	500,000	500,000	500,000	500,000	500,000	2,500,000
	# Meeting of each subcommittee to develop operational plans	1 per year	900,000	900,000	900,000	900,000	900,000	4,500,000
	# Create a project aiming at establishing a permanent, equipped office of the Association (Mobilize resources)	1 in five years	100,000,000	800,000,000	500,000,000			1,400,000,000

	# Meeting to communicate the project and its progress to own permanent office	Thrice in five years	300,000		300,000		300,000	1,200,000
	# Meeting of executive committee to update internal regulations to include subcommittees and social support fee (20,000frw) as well as reduction of annual subscription fee to 40,000frw	1 in five years	500,000					500,000
Improved RPA communication capacity	# Regular updating of RPA communication platforms	Need only to hire communication/public relation officer						
	#Publish all RPA activities on the websites							
	# Disseminate frequently messages around child health							
	# Publish on the RPA websites a calendar of on Child health							
Monitoring and evaluation effectively done	#Allocate a budget for M&E activities			3,000,000	3,000,000	3,000,000	3,000,000	12,000,000
	# Follow up the implementation steps of this strategic plan	Once in five years						

	<ul style="list-style-type: none"> ✓ # Training ✓ # Meeting ✓ #Field work 	Quarterly Twice a year						
	# Share annual report to the general assembly	Money allocated to the General Assembly	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000

Strategic Objective Four (4): To ensure members' professional and social satisfaction through career guidance								
OUTCOME	ACTIVITIES	NUMBER OF ACTIVITIES/PERIOD	ESTIMATED BUDGET (IN RWF)					
			2021	2022	2023	2024	2025	Total
Promotion of career development opportunities for RPA members	#Meeting to review existing professional grading criteria.	Once in five years	1,000,000					1,000,000
Career guidance	# Organize Special skills sharing seminars	2 in five years		2,000,000				2,000,000
	#Involve pediatric in-training professionals (e.g. residents) in RPA activities	No money needed						
	# Organize seminars for medical students for career guidance	Once a year	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000
Social events and support amongst members	# Organize a welcome event to new members and Organize a new year celebration of all members together	Once a year	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	20,000,000
	# Mutual support of members in different life circumstances	Once in year 20,000 RWF per member	1,400,000	1,600,000	1,800,000	2,000,000	2,200,000	9,000,000



Rwanda Paediatric
Association

We acknowledge and appreciate the support of our partners and thank them for the work done.

