



Eyu-Ethiopia

STRATEGIC PLAN 2024 - 2028



ACKNOWLEDGEMENTS

The development process of this strategic plan involved internal consultations with Eyu-Ethiopia Board members and staff, and external consultations with stakeholders including community members, government officials from the different level of the health system, representatives of implementing partners, funders, academic institutions, and eye health experts. The planning process facilitation and the writeup of the first draft of this document was done by Ethio Star Consulting PLC, under the overall guidance of the Eyu-Ethiopia Board and management. The successful implementation of this Strategic Plan will also be dependent on the support and contribution of all stakeholders who share our vision.

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GLOSSARY

Blindness	Visual acuity of less than 3/60 or corresponding visual field loss in the better eye with best possible correction. (ICD-10 Codes 3, 4, & 5)
Cataract	Cloudiness of the lens of the eye that results in vision loss. Most commonly occurs due to aging.
Glaucoma	A group of eye diseases that can cause vision loss and blindness by damaging a nerve in the back of the eye called the optic nerve.
IPEC	Refers to eye care services that are managed and delivered to assure a continuum of promotive, preventive, treatment, and rehabilitative interventions against the spectrum of eye conditions, coordinated across the different levels and sites of care within and beyond the health sector.
Low vision	A visual impairment that cannot be fully corrected by regular eyeglasses, contact lenses, medication, or surgery.
Low vision	Visual acuity of less than 6/12 but equal to or better than 3/60 in the better eye with best correction. (ICD-10 Codes 1 & 2)
Mild vision impairment	Visual acuity worse than 6/12 to 6/18.
Moderate vision impairment	Visual acuity worse than 6/18 to 6/60.
None vision impairing conditions	Ocular conditions that result pain and discomfort but not directly associated with vision loss.
Presbyopia	An age-related near vision impairment (NVI) or the loss of the ability to see clearly at a normal near working distance while fully corrected for distance vision.
Primary eye health care (PEHC)	Refers to eye health promotion, prevention, and treatment of easily manageable conditions, vision rehabilitation services and referral of those with complex needs, at the community and primary health facility level as part of the PHC system.
Refractive Error	A problem with focusing light accurately on the retina (a light-sensitive layer of tissue in the back of your eye) due to the shape of the eye and/or cornea (The transparent part of the eye that covers the iris and the pupil and allows light to enter the inside).
Severe vision impairment	visual acuity worse than 6/60 to 3/60.
Trichomatous trichiasis (TT)	The blinding stage of trachoma characterised by the inward rotation of the eyelashes resulting in a constant rubbing of the eyeball.
Vision impairment	Visual acuity worse than 6/12.
Visual acuity	Acuteness or clarity of vision which is dependent on the sharpness of the retinal focus, the sensitivity of the nervous elements, and the interpretative faculty of the brain. Clinically it is usually measured with the Snellen chart or other similar device.



ACRONYMS

CBHI	Community Based Health Insurance
CBHI	Community Based Health Insurance
CED	Chief Executive Director
CPD	Continuous Professional Development
DHS	Demographic Health Survey
ETB	Ethiopian Birr
GBD	Global Burden of Disease
HMIS	Health Management Information System
HMIS	Health Management Information System
HMIS	Health Management Information System
HSTP	Health Sector Transformation Plan
INCIPS	Integrating Neglected Tropical Diseases Campaign Interventions into the PHC System
IPEC	Integrated People-centred Eye Care
KETFO	Kebele Elimination of Trachoma for Ocular Health
LMICs	Low- and Middle-Income Countries
mhGAP	mental health Gap Action Programme
MOH	Ministry of Health
MSc	Master of Science
MSVI	Moderately or Severely Vision Impaired
NCD	Non-Communicable Diseases
NGO	Non-governmental Organisation
NVIC	Non-Vision Impairing Conditions
PEHC	Primary Eye Health Care
PHC	Primary Health Care
PhD	Doctor of Philosophy
PLC	Private Limited Company
RAAB	Rapid Assessment of Avoidable Blindness
SDG	Sustainable Development Goals
SO	Strategic Objectives
SWOT	Strengths and Weaknesses, Opportunities, and Threats
TT	Trachomatous Trichiasis
UHC	Universal Health Coverage
USD	United States Dollar
VI	Vision Impairment
WHO	World Health Organisation



SUMMARY

Eyu-Ethiopia's is a local eye health non-governmental charity organisation with a mission to "generate evidence, and implement innovative, community oriented and integrated eye health programmes" with the vision of seeing "a country free from avoidable eye health problems". This strategic plan outlines Eyu-Ethiopia's direction and envisaged contribution on eye health in Ethiopia for the next five years: 2024 – 2028, guided by its core values: accountability, excellence, inclusion, integrity, and collaboration.

The strategic planning process involved conceptualisation discussions, desk reviews, key informant interviews with stakeholders and beneficiaries, consultative workshops with the Eyu-Ethiopia leadership and stakeholders, and iterative review of the different versions of this strategic document. Maximum effort was exerted to align the strategic plan with both the global and national eye health strategic agenda. The key eye health issues that framed this strategic plan included the lack of quality evidence to successfully implement existing and innovative eye health interventions in disadvantaged communities; insufficient number, mix, and competency of eye health professionals; the huge burden of blindness, vision impairment and disabling ocular health problems versus the inequitable access to services; limited engagement of the government and community on eye health; and Eyu-Ethiopia's dependence on undiversified means of resources and strategic partnerships.

To address the above issues, the strategic plan is framed under four strategic themes: eye health **Research, Training, Service Delivery, and Organisation Development**, further divided into 15 strategic objectives that will be realised through 32 strategic interventions. The strategic plan will be implemented in collaboration with the Ministry of Health Ethiopia, regional health bureaus and their respective health system structure, the community and other eye health partners. The total budget needed to successfully execute this strategic plan is USD ~1.8 million (ETB ~105 million), out of which about 81% and 19% will be used for programme and administrative strategic interventions respectively.

This strategic plan will provide clear direction, and implementation framework, maximizes organisational focus and effectiveness, provides opportunity for accountability and learning, creates the platform for integrated action with the national eye health programme and other eye health implementing partners, and ultimately leads to organisational growth and sustainability. The goal of this strategic plan is contribution to the establishment of strong, effective, and efficient eye health system in Ethiopia and a centre of excellence for eye health in sub-Saharan Africa.



EYU-ETHIOPIA

Eyu-Ethiopia is a non-profit organization registered as a local eye health charity organization by the Federal Democratic Republic of Ethiopia Agency for Civil Society Organizations on June 11, 2019, with the registration number 4209, in accordance with the Civil Society Organizations Proclamation No 1113/2019. Eyu-Ethiopia, as of December 2023, is composed of eleven staff including three senior researchers (the Chief Executive Director (CED), a postdoctoral researcher, and a PhD candidate); a programme officer, four project coordinators, a finance officer, an IT technician, and an office assistant and receptionist.

The organization has achieved promising results in the areas of eye health research, training, and service delivery in the past few years. Eyu-Ethiopia has successfully completed various eye health research such as a cross-sectional study measuring the impact of trachoma on common mental health disorders, Rapid Assessment of Avoidable Blindness (RAAB) survey, exploratory implementation research to Integrating Neglected Tropical Diseases Campaign Interventions into the Primary Health Care (PHC) system (INCIPS). Eyu Ethiopia has also provided various capacity-building trainings including for primary health care workers from Amhara and Benishangul-Gumuz regions on the WHO Mental Health Action Programme (mhGAP), community-based trachomatous trichiasis (TT) case identifiers (Eye Ambassadors), Primary Eye Health Care (PEHC) workers on Presbyopia management, and various researchers on research ethics and methodology. Eyu-Ethiopia has also delivered eye health services to underserved communities, including community-based eye health screening, ocular examination, counselling and referral, treatment of community members with ocular infections and inflammation, treatment and rehabilitation services for people affected with trachoma and concomitant mental health disorders, provision of refractive error correction spectacles for school children and adults, and cataract surgery services.



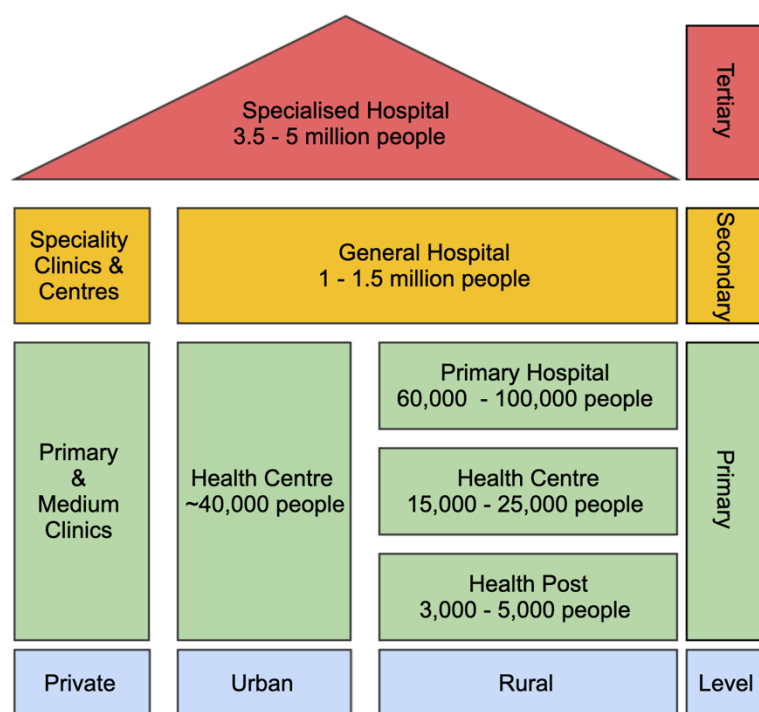
CONTEXT

Ethiopia: Profile

Ethiopia is the second most populous nation in Africa after Nigeria with more than 112 million people (2020), and the fastest-growing economy in the region. The major segment of the population is children aged less than 15 years (43%) followed by young adults (35%) and older adults (22%). On the other hand, it is one of the poorest, with a per capita income of \$850. Ethiopia aims to reach lower-middle-income status by 2025. Ethiopia’s economy experienced strong, broad-based growth averaging 9.4% a year from 2010/11 to 2019/20. The government has launched a new 10-year plan which will run from 2020/21 to 2029/30 to sustain the remarkable economic growth achieved under the Growth and Transformation Plans, putting more emphasis on the private sector.¹

Ethiopian healthcare is a three-tier healthcare delivery system Figure 1.

Figure 1: Ethiopia Health Care System Structure



The first level is a district-level primary health care system. For the rural, this is comprised of a primary hospital covering between 60,000–100,000 people, under which health centres, each serving between 15,000 and 25,000 population are contained. Each health centre, in turn, is comprised of about 5 Health Posts, each serving in average ~5000 village population. For the urban, the primary health care system only contains health centres serving ~40,000 population in average. Private primary and medium clinics are categorised under the district level primary health care system. The

¹ FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA PLANNING AND DEVELOPMENT COMMISSION. *Ten Years Development Plan, a Pathway to Prosperity: 2021 - 2030*. Addis Ababa, Ethiopia 2021.



second level is the secondary health care system comprised of General Hospitals serving 1–1.5 million people. Private and charitable speciality clinics and centres are categorised under the secondary level healthcare system. The third level is a tertiary health care system with Specialised Hospitals covering 3.5–5 million population. As of 2022 there are about 17,699 health posts, 3,777 health centers, and 367 functional public hospitals in the country.²

Ethiopia has achieved substantial progress in improving health outcomes during the past two decades. The 2019 Ethiopia Mini-DHS results show that the neonatal, infant, and under-5 mortality rates for the 5 years before the survey were 33, 47, and 59 deaths per 1,000 live births, respectively.³ However, the burden of non-communicable disease is increasing in Ethiopia at an alarming rate.⁴ According to the 2019 global burden of disease (GBD) report estimates, the annually number of all deaths in Ethiopia is about 559,997 of which 39% were attributable to non-communicable diseases (NCD).⁵ People are living longer presenting another challenge to the stretched eye health system as more than 80% of eye conditions affect 50 years or older people.

Eye Health

Global

Poor vision is a major public health problem worldwide. The World Health Organization (WHO) estimates 2.2 billion people have some degree of vision impairment (VI) and at least one billion of these have not had their eye care needs addressed.⁶ Vision loss in 2050 is projected to increase by 55% due to population ageing, growth and lifestyle changes with more than 700 million expected to be blind or moderately or severely vision impaired (MSVI). The burden of vision and non-vision impairing conditions is greater in low- and middle-income countries (LMICs). Nine out of every ten people with visual impairment globally live in low-and-middle-income countries.⁷ Among these, around 80% have avoidable conditions that can be either prevented through simple strategies or cost-effective treatment. This imbalance is largely attributable to insufficient services.

² Health and health related indicators 2013 EFY, MOH

³ Ethiopia Mini Demographic and Health Survey 2019

⁴ Ethiopia steps report on risk factors for non-communicable diseases and prevalence of selected NCDs, MOH and EPHI 2015

⁵ Global Burden of Disease Study 2019 (GBD 2019) Data Resources. Accessed from <https://ghdx.healthdata.org/gbd-2019>

⁶ World Health Organization. World Report on Vision Switzerland 2019.

⁷ Bourne RRA, Flaxman SR, Braithwaite T, Cicinelli MV, Das A, Jonas JB, et al. Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment: a systematic review and meta-analysis. *The Lancet Global Health*. 2017;5(9):e888-e97.



Vision impairment affects the physical, cognitive, psychological, social, and overall quality of life and wellbeing. Those with visual impairment are three times more likely to be unemployed, three times more likely to be victimized by a motor vehicle collision, three times more likely to suffer from depression and anxiety disorder and two times more likely to fall while walking. Vision impairment poses an enormous global financial burden. Every year ~\$411 billion is lost in global economy due to the effect of vision loss.⁸

The data on vision impairment give an incomplete picture on the eye care needs of the population overlooking eye conditions that are non-vision impairing but disabling. Non-vision impairing conditions (NVICs) such as blepharitis, conjunctivitis, often cause significant morbidity, decrease ability to perform activities of daily life, limit functioning and increase dependency from the pain and discomfort they cause. These eye morbidities cause distress and are the leading reasons for presentations to eye care services.⁹ Unfortunately, due to the deliberate focus on vision impairing conditions, no adequate data is available on the magnitude of the NVICs particularly in Africa region.

Eye health directly contributes to achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and its target 3.8 (achieve universal health coverage), and indirectly to those that are related with poverty, economic productivity, education, and equality. There is adequate evidence that indicates eye health interventions increase engagement in productivity, household incomes, and a student's academic scores.^{10,11,12}

There are multifaceted challenges that are limiting low-income countries from achieving universal eye health such as inequalities in eye health coverage; uneven quality of eye care services; workforce shortages; fragmented services that are poorly integrated into health systems; gaps in data, particularly related to monitoring trends and evaluating progress; and lack of

⁸ Köberlein J, Beifus K, Schaffert C, Finger RP. The economic burden of visual impairment and blindness: a systematic review. *BMJ open*. 2013 Nov 1;3(11).

⁹ Burton MJ, Ramke J, Marques AP, Bourne RRA, Congdon N, Jones I, et al. The Lancet Global Health Commission on Global Eye Health: vision beyond 2020. *The Lancet Global Health*. 2021;9(4):e489-e551.

¹⁰ Kuper H, Polack S, Mathenge W, Eusebio C, Wadud Z, Rashid M, et al. Does cataract surgery alleviate poverty? Evidence from a multi-centre intervention study conducted in Kenya, the Philippines and Bangladesh. *PLoS One*. 2010;5(11):e15431.

¹¹ Habtamu E, Wondie T, Aweke S, Tadesse Z, Zerihun M, Melak B, et al. Impact of trichiasis surgery on daily living: A longitudinal study in Ethiopia. *Wellcome open research*. 2017;2:69.

¹² Glewwe P, Park A, Zhao M. A better vision for development: Eyeglasses and academic performance in rural primary schools in China. *Journal of Development Economics*. 2016;122:170-82.



implementation, impact and health systems research related to eye care.¹³ The World Report on Vision seeks to stimulate action in countries to address these challenges by proposing integrated people-centred eye care (IPEC). IPEC refers to eye care services that are managed and delivered to assure a continuum of promotive, preventive, treatment, and rehabilitative interventions against the spectrum of eye conditions, coordinated across the different levels and sites of care within and beyond the health sector.¹⁴

Ethiopia

Ethiopia has one of the highest burdens of blindness worldwide. Recent data from the [Vision Loss Expert Group](#) indicates that Ethiopia is in the top 20 countries with the highest prevalence of vision impairment in all ages at 5.8%. There are more than 2.8 million people with vision impairment among which about 0.9 million are blind. Based on the 2005/6 national blindness survey, the commonest causes of blindness were cataract (49.9%), trachoma (11.5%), and refractive errors (7.8%).¹⁵ However, these figures are probably outdated with increasing number of aging population, and the unprecedented efforts on trachoma control in the last decade. Life expectancy in Ethiopia increased from 52 years in 2000 to 65 years in 2021 ([World Bank Data](#)). It is likely that the burden of other age-related blinding conditions such as Glaucoma (5.2%), and Macular Degenerations (4.8%) might have increased in recent years. However, no national blindness survey has been conducted since 2005 to estimate this probable increase in the burden of vision impairment.

Key Eye Health Challenges in Ethiopia

Ethiopia Ministry of health recognised the huge eye health service need in the country and has developed strategic plan for the period between 2024 and 2026. However, although there are cost effective treatment strategies for eye care, there is insufficient evidence on how to implement these interventions in a more effective, efficient, and sustainable manner to address the huge needs of communities in Ethiopia. It has been difficult to plan, finance, and monitor eye health services due to the lack of up-to-date population based survey that determine the magnitude and causes of vision impairment. The number of professionals in Ethiopia is far below the internationally

¹³ World Health Organization. *World Report on Vision Switzerland 2019*.

¹⁴ World Health Organization. *World Report on Vision Switzerland 2019*.

¹⁵ Berhane Y, Worku A, Bejiga A. National survey on blindness, low vision and trachoma in Ethiopia. Federal Ministry of Health of Ethiopia. 2006.



recommended levels of one ophthalmologist to 250,000 people, one optometrist to 50,000 people, and one cataract surgeon to 250,000 people.¹⁶ As of 2022, there were about 200 ophthalmologists, 480 optometrists, 200 ophthalmic nurses/officers, 54 cataract surgeons, and 690 IECWs who are actively working. Furthermore, the majority of eye care professionals are located in the capital city and major towns.¹⁷ For instance, among the practicing ophthalmologists, around 60% reside in the capital city, Addis Ababa, and about 49% work either in the private or NGO sectors. Achieving universal health coverage and ensuring health lives and promoting wellbeing for all at all ages as part of the SDG 3 requires the coordinated and sustainable delivery of primary eye health care services. Strengthening primary eyecare is strategically plausible to ensure service accessibility for eighty percent of the rural Ethiopian population. However, no coordinated and impactful work has been done yet in the country to establish primary eye health services. There are 637 primary eye care units in the country but most of these are not fully functional. The school eye health program is a national agenda but still not given the focus it deserves. Establishing visual rehabilitation centers is essential to ensure inclusivity and maximize productivity. However, vision rehabilitation for those with irreversible vision impairment is the one of the most neglected services in Ethiopia.

The Community Based Health Insurance (CBHI) in Ethiopia covers the majority of healthcare interventions. However, the optical service for refractive error, the leading cause of vision impairment, is left out, exposing the community to unacceptable out-of-pocket expenditure. The Health Management Information System (HMIS) uses only 3 indicators for eye health (Cataract surgery, TT surgery, and Glaucoma diagnosis and treatment), excluding major causes of visual impairments such as refractive error, corneal scar, age-related macular degeneration, and diabetic eye disease, and other non-vision impairing but disabling ocular morbidities.

The eye health leadership and governance structure lacked clarity. Eye health care in Ethiopia has been coordinated for the past several decades under different umbrellas. Eye care in the Federal Ministry of Health has been overseen by the Disease Prevention and Control Directorate. However, it lacks clear regional, zonal, and district-level structures specific to eye health. The leadership has been abandoned for NGOs, which resulted limited comprehensiveness, integration, ownership, and sustainability.

¹⁶ International Agency for the Prevention of Blindness. *IAPB Africa Human Resources For Eye Health: Vision for Africa Strategic Plan 2014 - 2018*. In: London School of Hygiene and Tropical Medicine, editor. London, UK2014.

¹⁷ Ethiopia Ministry of Health. *National Eye Health Strategic Plan 2016 EFY-2018 EFY (2023/24-2025/26)*. Addis Ababa, Ethiopia 2023.



National Eye Health Agenda

The Ministry of Health is currently striving to implementing a promotive and integrated people-centered eye care policy and initiative, which emphasizes on community empowerment, reorienting the eye care service delivery model, multi-sectoral collaboration, and creating enabling environment after taking into account these multifactorial issues. This is also well-articulated on the latest Health Sector Transformation Plan (HSTP 2021-2025).¹⁸ The MoH has developed a new eye health national strategic plan for the years 2024 – 2026 and identified seven strategic objectives: (1) improving eye health governance and leadership across all levels of the health system, (2) advocate for eye care financing, (3) improve equitable access to eye health, (4) improve quality of eye health services, (5) strengthen the development of human resource for eye health, (6) improve eye health infrastructure, supplies and technologies, and (7) revamp the HMIS to adequately capture eye health data. The national strategic plan also identified five strategic directions: (1) towards Universal Health Coverage (UHC), (2) people centredness, (3) emphasis on primary eye care, (4) evidence-based action, (5) promotion of technologies.

NEED

The modern world is a competitive and ever-changing landscape. Eyu-Ethiopia should operate strategically to become successful and ensure its endurance and sustainability. Additionally, Eyu-Ethiopia is a non-profit organization that operates through strategic alliances and partnerships. Hence, it is mandatory to operate strategically aligned with the socio-economic, technological, and political needs of the global partners working on eye health to bring everlasting impact on eye health.

The strategic plan will enhance the appropriate resource acquisition, and allocation, and guide Eyu-Ethiopia to achieve its mission and vision. The strategic plan is designed in a way to support the government's effort to achieve the sustainable development goal for health (SDG3 – Good health and well-being). It will facilitate Eyu-Ethiopia's endeavour to contribute to the achievement of universal eye health coverage effectively and efficiently that can ensure accessible eye care for all people without financial hardship, access to essential eye medicines and technologies. Overall, the strategic plan is a roadmap that enables Eyu-Ethiopia to undertake its activities more effectively and efficiently, monitor its progress regularly, and take measures necessary to achieve its goal.

¹⁸ Ethiopia Ministry of Health. National Eye Health Strategic Plan 2016 EFY-2018 EFY (2023/24-2025/26). Addis Ababa, Ethiopia 2023.



PROCESS

Overview

The strategic plan development was initially commissioned to Ethio-Star PLC. Balanced scorecard strategic planning tool was used to guide the strategic plan development process through different stages: (i) conceptualisation of the strategic planning to identify key issues that need focus, (ii) assessment (desk reviews, key informant interviews, stakeholders' consultative stakeholders' workshop), (iii) review of iterative versions of the strategic plan document by the Eyu-Ethiopia leadership and key stakeholders, and (iv) producing a validated final strategic plan document after taking into account the stakeholders' suggestions.

Assessment

Desk Review

Desk reviews were conducted to appraise existing national and international policies and strategies, plans and practices related to eye health. Documents of various organisations including the Ministry of Health of Ethiopia, Amhara Region Health Bureau, London School of Hygiene and Tropical Medicine, The Carter Centre, and the Himalayan Cataract Project were reviewed.

Interviews

Data were collected through key informant interviews using an interview guide structured under the six-health system building blocks: leadership and governance, eye health workforce, eye health service provision, essential medicines medical products and technologies for eye health, health information system, and multi-sectoral engagement and partnerships. Ten key informant interviews with people from the Amhara Region Health Bureau, the Carter Centre, the Himalayan Cataract Project, Board members and staff of Eyu-Ethiopia and eye health clients who were receiving care at Tibebe-Ghion specialized hospital were conducted. The interview helped to explore the strengths and weaknesses, opportunities, and threats (SWOT) for Eyu Ethiopia in its endeavour to achieve its mission and vision, and to capture key informants' experiences on eye health services and understand their interests, expectations, and potential collaboration with Eyu Ethiopia.



Workshop

Eyu-Ethiopia conducted a stakeholder consultative workshop on 17 September 2022 at Nile View Hotel, Bahir Dar, Ethiopia. The objective of the consultative workshop was to (a) reframe Eyu-Ethiopia's identity by revising its mission and vision statement, (b) map and prioritise core strategic directions, themes, and interventions of Eyu-Ethiopia to help frame the five-year strategic plan. Participants included Eyu-Ethiopia Board and leadership, Amhara region health bureau representatives, key eye health stakeholders and development partners in Ethiopia, and key population groups representative from selected districts in Amhara region. The participants forwarded suggestions on the current vision and mission of the organization and identified the strategic directions, themes, and high impact priority interventions/activities. Finally, prioritization of activities identified during the consultative workshop and prior data collection activities was conducted. The prioritization was performed according to the Junior and Sheriff (2009) prioritization methodology for the strategic planning process.¹⁹ The five attributes considered for prioritization were seriousness, time, extent, relevance, and level of difficulty.

Analyses

The data collected from the different sources were transcribed and analysed using a thematic analysis framework. The transcripts were analysed line by line, and several codes were identified to delimitate the categories and lead to the identification of themes. As the data were mainly from in-depth interviews of key informants and document review, the analysis process was an iterative process of qualitative content analysis. The most frequently mentioned codes were categorized and helped to form strategic themes. Through further subsequent discussion, the themes that emerged from the thematic analysis were reviewed to be congruent with those identified during the stakeholders' consultative workshop and to identify the final strategic themes.

¹⁹ Junior and Cherif: A Prioritization Methodology to Strategic Planning Process: 2009 International Nuclear Atlantic Conference: Available at: <https://inis.iaea.org/collection/NCLCollectionStore/Public/41/064/41064224.pdf>



SWOT ANALYSIS

STRENGTHS	WEAKNESS
<ul style="list-style-type: none"> ○ Young and energetic leadership ○ Committed staff and leadership ○ Leadership’s reputation at the national and international arena ○ Plan to establish a private wing to ensure sustainable income generation ○ Good communication and networking systems ○ Good staff working discipline and teamwork culture 	<ul style="list-style-type: none"> ○ Donor driven and fragmented research practice ○ High shortage of capable eye care professionals that can engage on eye health research and programming ○ Being self-contained (highly shouldered by a single expert) ○ External donor dependent financial system ○ Financial limitations
OPPORTUNITY	THREATS
<ul style="list-style-type: none"> ○ Inclusion of eye health within the Health Sector Transformation Plan ○ National eye health strategic plan ○ National Committee for the Prevention of Blindness (NCPB) and National Taskforce for Trachoma Control (NTTC) ○ Expansion of health professionals training institutions ○ An increasing number of eye health implementing partners ○ Availability of new improved technologies for the diagnosis and treatment of eye disorders ○ Availability of cost-effective interventions and guidelines for eye health ○ Availability of national guidelines on the screening, diagnosis, and management of number of eye diseases/ conditions ○ Established national HEWs training manual on the screening, diagnosis and management of eye diseases ○ Availability of teachers training manual on school eye health 	<ul style="list-style-type: none"> ○ Political social and economic instability both nationally and globally ○ Lack of funding for eye health ○ Limited leadership and governance, attention, and financing for eye health by the government ○ Donor driven, vertical, campaign-based, and disease focused eye health services provision ○ Limited awareness of the community and political leadership on eye health ○ Shortage of trained eye care workers and lack of career path on eye health ○ High level of population illiteracy ○ Communities’ mistrust of domestic eye care providers and being expectant of service delivery from foreigners and expats ○ Low priority for eye health in the primary health care system



STAKEHOLDER ANALYSIS

Stakeholders	Level of Interaction	Areas of Collaboration & Partnership	EE Expectations for the next 5 years	Actions Expected from EE
Board Members	<p>HIGH: Regularly quarterly</p> <p>(The leadership from the stakeholder is key to the success of the strategic plan)</p>	Provide guidance on a strategic issue, relevant organizational policy, approve policies & procedures, SP, budget and ensure implementation of strategic plan, procedures, and policies	<p>More commitment, engagement, and participation in handling the business of the Board</p> <p>Provide technical support on overarching issues related with leadership & governance, financing, and legal practices</p>	Provide timely reports, clear plan and information to the Board
Staff of EE	<p>HIGH: Daily</p> <p>(strong supporter and champion)</p>	Mandate and implementation of strategic plan	Carry out their duties with diligence, efficiency, integrity, and professionalism	Create a conducive working environment, reward, career development, recognition, and motivation system
Beneficiaries/Target Community	<p>HIGH: Monthly/Weekly or daily</p> <p>(Early buy-in from the stakeholder is essential to success)</p>	<p>Ownership & stewardship, partnership & collaboration on relevant issues</p> <p>Participation, support and voicing on design, implementation and evaluation of projects and interventions</p>	<p>Participate and contribute ideas and resources to improve programs</p> <p>Play key roles in sustaining project activities at local level</p>	<p>Participate community groups at all phases of project implementation</p> <p>Conduct consultative and joint review meetings with representatives of the community</p> <p>Build local capacities to increase participation and leadership</p>



Government (MOH, RHB, Zonal and District level admin and health offices, and health facilities)	HIGH: At least quarterly and more frequently as needed (Early buy-in from the stakeholder is important)	Ownership & stewardship, partnership, collaboration, and relevant technical support	Enhanced contributions from stakeholders to speed up activities	Conduct joint planning and reviewing meetings periodically
		Participation, support and voicing on design, implementation and evaluation of projects and interventions.	Increased participation and provision of timely feedback on interventions and reports	Consultation and participatory approaches
			Facilitate the execution of EE's project interventions	Submit reports timely
Funders, peer-implementing partners & supporters	MEDIUM: Infrequent, but consistent (Early buy-in from the stakeholder is important)	Partnership, collaboration, funding	Increased technical and financial support.	Ensure accountability and transparency in the management of funds and implementation of projects Provide accurate and timely information
			Consider EE's and other relevant stakeholders' views in designing, strategic plans, programs and supports	Play own role for an increased support from NGOs nationally and internationally
Academic Institutions	MEDIUM: Infrequent, but consistent (The engagement from the stakeholder is key to the success of the research and training strategic objectives)	Ownership & stewardship, partnership & collaboration on research and training	Technical support on the design, implementation and execution of research and training interventions	Conduct joint planning and reviewing meetings periodically Consultation and participatory approaches on research & training
		Participation and support on the design, implementation, and evaluation of training interventions	Support and facilitate scholarship opportunities	Ensure availability of resources



IDENTITY

Vision

A country free from avoidable eye health problems.

Mission

Generate evidence, and implement innovative, community oriented and integrated eye health programmes.

Core Values

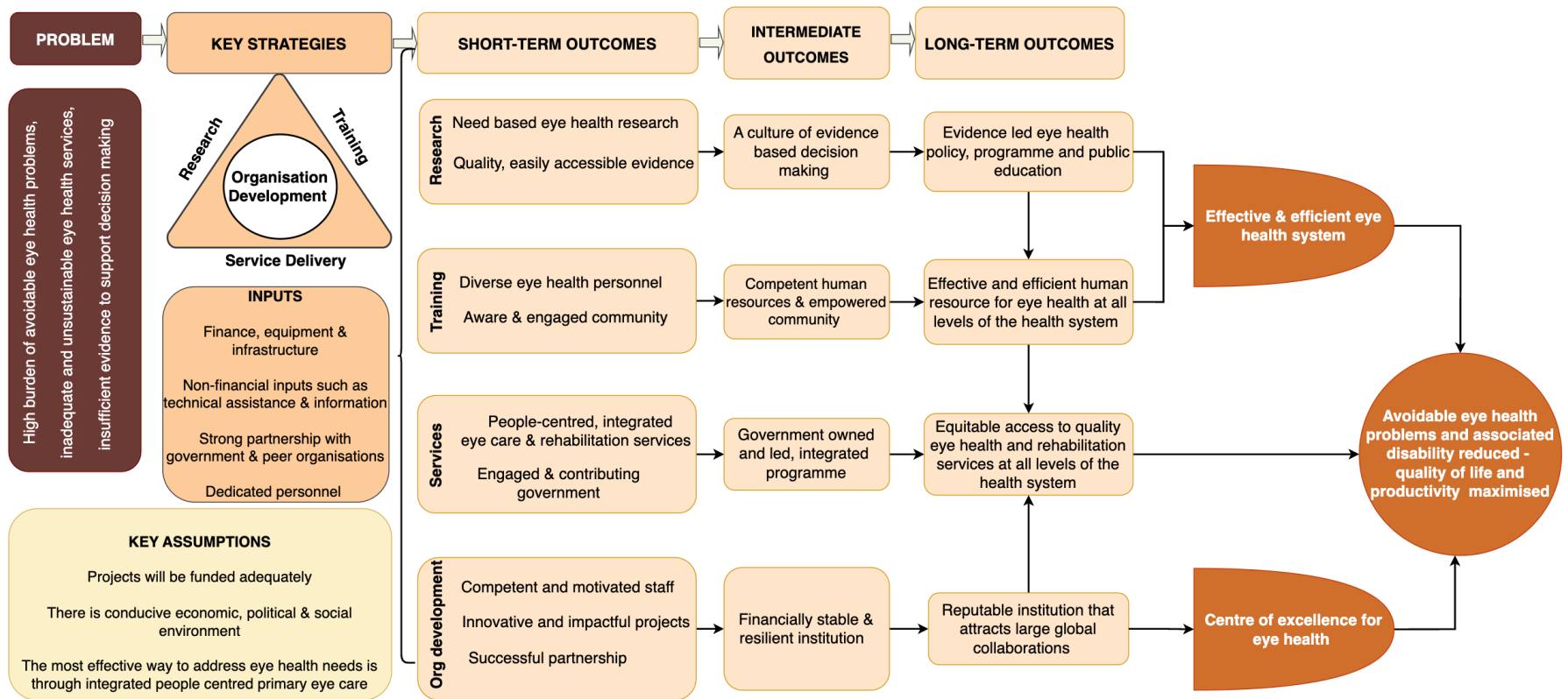
Accountability	We are liable and responsible for decisions made and actions taken, both personally and on behalf of our organisation.
Excellence	We strive to deliver quality service to our community guided by the best available evidence, innovation, and expertise.
Inclusion	We believe it takes people with diverse ideas, interests, and cultural backgrounds to succeed, and create a sense of belonging and equal opportunity for all to participate and strive.
Integrity	We are honest, open, ethical, fair, loyal, and trustworthy, prioritising and serving communities with the highest professional standards.
Collaboration	We believe in collective efforts, and diverse and trust-based partnership with the community and stakeholders.

Goal

Contribute to the establishment of integrated, effective, and efficient eye health system in Ethiopia and build a centre of excellence for eye health in sub-Saharan Africa.



THEORY OF CHANGE





THE STRATEGIC PLAN

Overview

The Eyu-Ethiopia strategic plan is conceptualized based on global eye health principles and recommendations adapted based on the national context and eye health strategic plan. It emphasizes on generating context specific evidence to facilitate informed decision making; promoting the capacity for and implementing high-quality eye health services and clinical, implementation and health systems research; making eye care an integral part of the universal health coverage; implementing integrated people-centred eye care in health systems particularly as part of the primary health care system; and raising awareness, and engaging and empowering people and communities on eye care .

Strategic Themes

Eyu-Ethiopia’s five-year strategic plan is organised under four themes.

RESEARCH



that translates into policy and practice both nationally and globally to reduce avoidable eye health problems in Ethiopia and beyond.

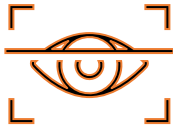
TRAINING



that increase the number, mix and capacity of eye health personnel and empower communities to develop, lead and delivery high quality people centred eye care and eye health research in Ethiopia.

people-centred, quality, equitably accessible and integrated with the general health care system that sustainably contributes to the reduction of avoidable eye health problem and disability in Ethiopia.

SERVICE



ORGANISATIONAL DEVELOPMENT



through innovative programme and human resource development and partnership that creates financial and institutional sustainability ultimately leading to a center of excellence for eye health research, service delivery, and training in Sub-Saharan Africa.

Strategic Objectives & Interventions

Research



There are cost-effective treatment strategies for most eye health problems. However, there is insufficient evidence on how to implement these interventions to address the huge needs of communities in resource limited settings. Eye health studies being conducted are limited both in number and quality. Impactful clinical, implementation and health system research that are aligned with the national eye health agenda have been lacking. For instance, the first and the only national blindness survey has been conducted nearly two decades ago. Eyu-Ethiopia, in the next five years, in collaboration with MOH, academic institutions and other relevant stakeholders, will indulge to fill this gap and generate evidence on key eye health challenges and interventions through innovative research aligned with the national eye health strategic plan. It will strive to strengthen eye health research leadership, governance, and impact at the different levels of the health system. It will disseminate and promote utilization of research findings to stakeholders who are engaged in policy development, public education, and eye health programmes implementation and evaluation.



Strategic Objectives (SO)

-
- SO1.1 Strengthen eye health research leadership, governance, and impact in Ethiopia.
-
- SO1.2: Generate evidence on priority eye care challenges & interventions in Ethiopia.
-
- SO1.3 Support and maximise innovation and successful execution of eye health research in Ethiopia
-

Strategic Interventions

-
- SO1.1 Guide and align eye health research with the national strategic plan and evidence need
Recognise and motivate impactful eye health researchers
Enhance access to and utilisation of research findings for eye health to improve evidence-based decision making
-
- SO1.2 Conduct studies to generate evidence on and facilitate the elimination of trachoma in Ethiopia
Conduct studies that generate evidence on and facilitate PEHC mainstreaming into PHC
Conduct various studies that contribute to the improvement of eye health in Ethiopia
-
- SO1.3 Employ market-based benefit packages to attract and retain eye health research personnel
Avail the necessary, infrastructure, equipment and supplies to ensure that eye health research activities are executed with the highest standards
-

Strategic Results

-
- General Eye health evidence that is easily accessible to stakeholders and translated into policy, programme, and public education.
-
- Key outputs Establishment of national research eye health group
Eye health research publications & scientific presentations
Establishment of eye health data and publication repository
-
- Key outcomes Research aligned with the national eye health agenda
High quality and easily accessible evidence on key eye health challenges
Effective and efficient research execution
A culture of evidence-based decision making
-
- Impact Evidence led eye health policy, programme, and public education
-

Training



The number of eye health workforce in Ethiopia is below the WHO standard for a low-income country. For instance, there are only 1.8 ophthalmologists per million population compared to the recommended four. The existing ones are maldistributed with the majority located in major towns. About 60% of the ophthalmologists reside in the capital city, Addis Ababa, and about 49% work either in the private or NGO sectors. The situation for other ophthalmic cadres that can help establish primary eye health care services such as optometrists and ophthalmic nurses is similar. This dire situation makes training a key strategic theme to build eye health work force in Ethiopia with sufficient number, mix, and competency, and empower the community. Eyu-Ethiopia, in the next five years, in collaboration with MOH, academic institutions and other relevant stakeholders, aims to develop the eye health workforce clinical, leadership and research capacity across all levels of the health care system in Ethiopia through various preservice and in-service long and short term-trainings in collaboration with partners and academic institutions. We particularly will focus on training primary eye health workforce to establish integrated primary eye health care services.

Strategic Objectives (SO)

SO2.1	Develop primary eye health workforce capacity in Ethiopia.
SO2.2:	Develop mid- and high-level eye health workforce clinical, leadership, and research capacity in Ethiopia.
SO2.3	Support and maximise the successful implementation of eye health trainings in Ethiopia.

Strategic Interventions

	Provide in-service training to community and primary health care workers on PEHC
SO2.1	Provide technical support to MoH in initiating preservice training of eye health cadres
SO2.2	Create postgraduate training opportunities for mid and higher-level eye health professionals Create short term CPD training opportunities for eye health professionals and researchers
SO2.3	Avail the necessary, equipment and supplies to ensure that eye health training activities are executed efficiently with the highest standards



Strategic Results

General	Competent eye health workforce and empowered community that develop, lead and deliver high quality people centred eye care and eye health research in Ethiopia.
Key outputs	Trained primary eye health workers Ophthalmic nursing training restarted Eye health integrated into the curricula of general health workers PhD, MSC and clinical fellowship scholarship opportunities created; Short-term training opportunity created
Key outcomes	Competent PEHC personnel and empowered community Eye health workforce clinical, leadership and research competence maximised Effective and efficient training initiatives execution
Impact	High quality integrated, and people centred eye care and eye health research developed, led, and delivered at all levels of the health system

Service



Ethiopia has one of the highest burdens of blindness worldwide. It is roughly estimated that there are more than 2.8 million people with vision impairment among which about 0.9 million are blind. The data on vision impairment give an incomplete picture on the eye care needs of the population overlooking eye conditions that are non-vision impairing but disabling (such as blepharitis and conjunctivitis). Despite this huge burden, there are no adequate eye care services in most parts of Ethiopia and those existing are unsustainable disease focused vertical programmes with no or limited integration with the wider health system. There is no adequate rehabilitation and support service for people with low vision. Low vision is a visual impairment that cannot be fully corrected by regular eyeglasses, contact lenses, medication, or surgery. To address this situation, Eyu-Ethiopia, in the next five years, in collaboration with MOH, regional health bureaus and other relevant stakeholders, aims to establish equitably accessible, quality eye health service to all through people centred, integrated and comprehensive eye care and vision rehabilitation services with a particular focus to underserved communities. We will also provide support to MOH and regional health bureaus and directly engage in the delivery of integrated primary and secondary eye health services with effective referral system. Empowering and engaging individuals, families, communities, and caregivers to become effective users of eye health services requires a reformed eye health system to enhance health care experience and outcomes. We will strengthen the governance and leadership for eye health services at the different level of the health system and conduct various eye advocacy events and stakeholder engagement meetings.

Strategic Objectives:

SO3.1	Strengthen eye health service leadership & governance and advocacy in Ethiopia.
SO3.2	Promote the delivery of comprehensive and equitably accessible eye care services integrated with the general health care system in Ethiopia.
SO3.3	Enhance vision rehabilitation services in Ethiopia.
SO3.4	Strengthen eye health infrastructure and technologies in Ethiopia.
SO3.5	Support and maximise the successful implementation of innovative and community-oriented eye health service delivery initiatives in Ethiopia.



Strategic Interventions

SO3.1	Provide technical support on eye health at all levels of the health system Conduct stakeholder engagement activities and advocacy on eye health
SO3.2	Provide PEHC services in collaboration with the PHC system with particular focus on women, children, and people with disabilities and low socio-economic status Provide secondary eye care services in collaboration with the secondary eye care units with particular focus on women, children, and people with disabilities and low socio-economic status
SO3.3	Provide low vision aid devices to people with vision rehabilitation needs Provide technical support to the establishment of vision rehabilitation centre in Ethiopia in collaboration with Ministry of Health and Regional Health Bureaus
SO3.4	Build primary health care facility and community capacity to deliver PHC services Support secondary eye units Establish digital eye health referral system that connects primary, secondary, and tertiary eye health units
SO3.5	Employ market-based benefit packages to attract and retain programme personnel involved in eye health service delivery Avail the necessary, infrastructure, equipment and supplies to ensure that eye health service delivery activities are executed efficiently with the highest standards

Strategic Results

General	Integrated, people-centred, equitably accessible, and quality eye health service that sustainably contributes to the reduction of avoidable eye health problems and disability in Ethiopia.
Key outputs	Annual and biannual advocacy and stakeholder engagement meetings conducted on key eye health issues Primary eye care facilities equipped; Primary and secondary eye care services delivered, Proportion of children, women, people with disability and low socio-economic status that received eye health services Vision rehabilitation centres established Digital eye referral system piloted
Key outcomes	Government attention, ownership, engagement, and implementation on eye health service maximised Equitable access to eye health services at all levels of the health system



	Vision rehabilitation needs addressed
	Eye health services integrated into the health system both horizontally and vertically
	Effective and efficient service delivery interventions execution
Impact	Avoidable eye health problems and associated disability reduced, and quality of life and productivity maximised

Organisational Development



Eyu-Ethiopia's current capacity is limited in terms of the number and mix of its human resource, innovative projects related to eye health service delivery, diverse means of sustainable resources, and strategic partnerships. We have a fairly good experience in collaborating with government at national and regional level and the community. Project activities has closely been jointly implemented, monitored, and reviewed with the regional health bureaus to a certain extent. However, our visibility as an eye health institution at global, national, regional and grassroots level is very limited. A broader continuum of engagement and partnership initiatives at all levels are needed not only in terms of project execution but also in developing innovative and financially sustainable projects. To improve this situation, Eyu-Ethiopia, aims improving its capacity through innovative programme, human resource, and partnership development initiatives to ensure institutional and financial sustainability. Our employees are the backbone of our organisation. We plan to implement various staff development and motivation strategies to enhance their execution capacity. We will embrace scientific thinking and methods to develop innovative and impactful projects, diversify our financial and resource mobilisation strategies, and monitor and evaluate our performances. We will also enhance strategic communication and partnerships with key stakeholders internationally, nationally, regionally, and at the grassroots level that yield mutually beneficial outcomes pertaining to research, training, and service delivery. Eyu-Ethiopia will strategically engage in the global arena to make sure that the organization is coeval with the rapidly changing advances in knowledge and technology.

Strategic Objectives

SO4.1	Strengthen Eyu-Ethiopia's leadership & governance to ensure institutional sustainability.
SO4.2	Enhance Eyu-Ethiopia's innovation, project development and revenue generation capacity to ensure financial sustainability.



-
- SO4.3 Enhance Eyu-Ethiopia's visibility, collaboration & partnership.
- SO4.4 Operationalise and support the execution of programmatic activities
-

Strategic Interventions

-
- SO4.1 Regularly monitor and evaluate Eyu-Ethiopia's performance trajectory
Enhance Eyu-Ethiopia's human resource capacity and motivation
- SO4.2 Develop innovative and impactful eye health projects
Implement a proactive approach to diversify the generation and mobilization of resources
- SO4.3 Establish successful partnerships and collaborations aligned with the strategic objectives of Eyu-Ethiopia
Successfully communicate Eyu-Ethiopia's achievements to the general public and stakeholders
- SO4.4 Employ market-based benefit packages to attract and retain operations (administrative and finance) personnel
Avail the necessary, infrastructure, equipment and supplies to ensure that eye health service delivery activities are executed efficiently with the highest standards
-

Strategic Results

-
- General Financial and institutional sustainability attributed to innovative, effective, and efficient resources and partnership development and management that leads to a center of excellence for eye health research, service delivery, and training in sub-Saharan Africa.
-
- Key outputs Regular monitoring and evaluation events
New staffs hired
Short term trainings delivered and CPD training opportunities created to staff
Staffs benefited from motivation initiatives
Innovative eye health project proposals created, and funding secured
Novel income generation and resource mobilisation initiatives employed
Partnerships and collaborations maximised
Data access and uses policy developed
New office opened in Addis Ababa
-
- Key outcomes Competent and motivated staff
Maximised institutional performance that ensures institutional sustainability
Resilient and financially stable institution
Reputable institution at the national and global level that attracts high profile collaborations and partnerships
Eyu-Ethiopia operations run efficiently and safely without any legal and financial inconsistencies
-

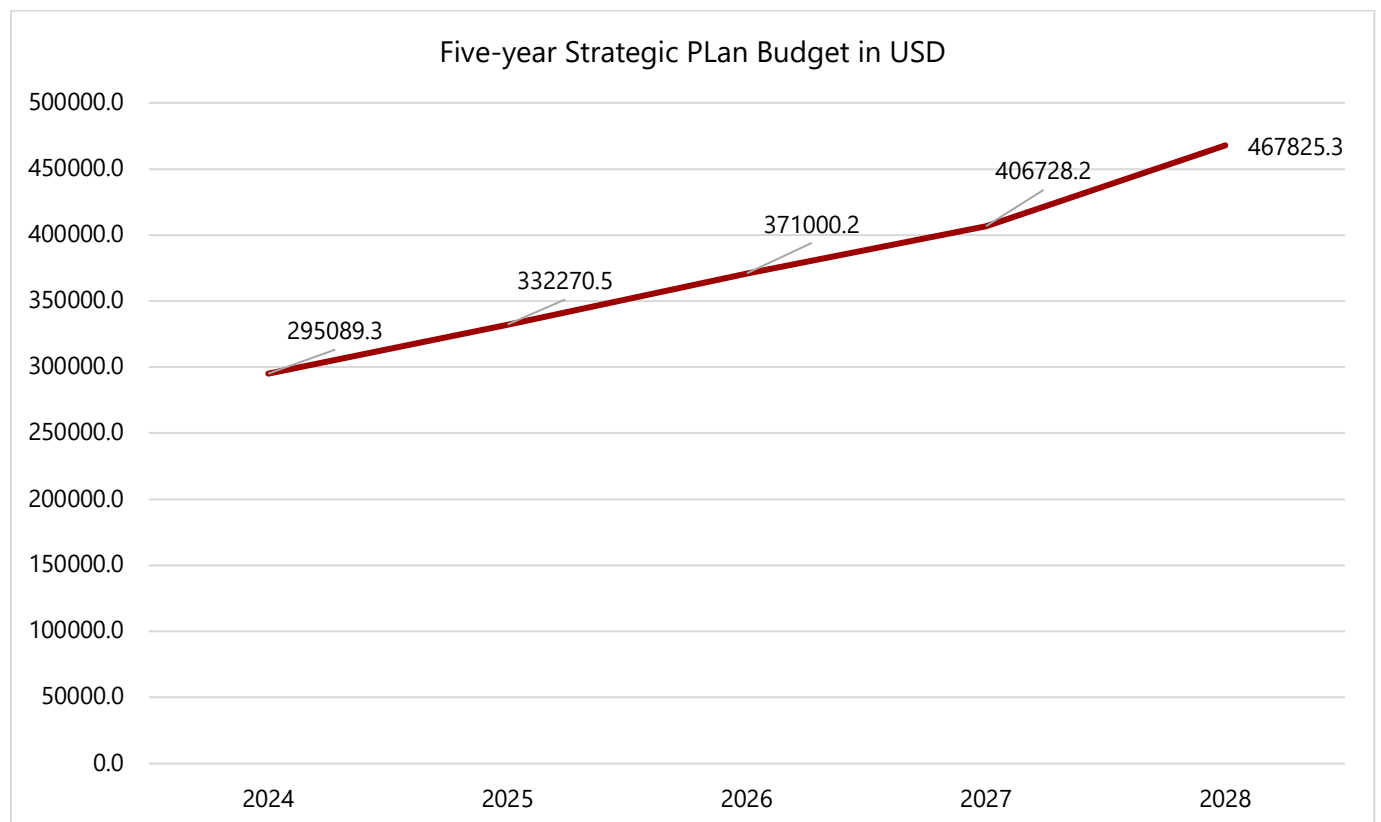


Impact Centre of excellence for eye health research, service delivery, and training in sub-Saharan Africa

Budget

The effective execution of this strategic plan to the minimum requires ETB ~105 million which is equivalent to USD ~1.9 million, out of which about 81% and 19% will be used for programme and administrative strategic interventions respectively.

The yearly estimated budget is illustrated in the graph below. The detailed budget plan for each strategic intervention is shown in Annex 2.





PERFORMANCE & IMPACT

Work Plans

Eyu-Ethiopia leadership and staff are committed to continuous learning, performance measurement and evaluation. Eyu-Ethiopia will prepare annual work plans further breaking down the strategic interventions and implementation plans. The annual work plan will be prepared within a month of the start of the fiscal year. It will have annual targets with indicators to monitor progress and evaluate impact, aggregated with key equity indicators such as sex, age, disability, and socio-economic status. It will also include information on specific portfolio of activities that will be conducted in that year, budget, and targets by quarter. The quarter plans will be cascaded into a monthly plan as appropriate.

Monitoring and Evaluation

Monitoring our progress and impact in executing the strategic plan will be done using multiple tools and approaches. Through the monitoring process we will continuously collect output focused data on the progress of activities, interventions, projects, and the programme to determine whether these are being implemented as planned and then make the necessary adjustments. Eyu-Ethiopia will routinely collect monthly data from field and office reports using a standardised reporting templet to monitor progress. Random field oversight and monitoring visits will also give opportunities to collect additional data that supplement the reporting from the staff. Direct data collection can also be conducted for the purpose of baseline surveys or mid-term or final evaluation of the overall programme or a specific project, based on the availability of resources and partners' interest. Success stories will be collected as needed to supplement reports.

The senior program and operations team will review performance against the prescribed milestones in a monthly management committee meeting, and quarterly in a staff review meeting. The Executive Director provides quarterly, biannual, and year-end reports to the Board to ensure an appropriate oversight and accountability. The monitoring and evaluation process will take project and funder specific requirements into consideration. Eyu-Ethiopia will develop a monitoring and evaluation guide that describes the organizational setup, standards, strategies, plans, indicators, information systems, reporting lines and accountability relationships that enable staff to discharge their M&E functions effectively.



Eyu-Ethiopia will conduct midterm and final strategic plan evaluations to measure outcomes, impacts and effectiveness of the programme and operational interventions against strategic objectives and goal achievements. Subject to resource availability, the organization may conduct both internal and external evaluations.

Reporting

Monthly updates collected from each project activities will be merged to prepare a quarterly report with a narration at organizational level. The quarterly reports will be used to produce biannual and annual organisation reports. Midterm and final strategic reports will be produced within a month of execution. The reports will be submitted to the Board, ministry of health, regional health bureaus and other relevant stakeholders as needed. Project reports for funders and other partners will be prepared separately and will be submitted in an agreed timeframe.

RISK MANAGEMENT

Implementing this strategic plan in such complex environment will be challenging. Multifaceted risks that primarily emanate from the “weaknesses” and “threats” components of the SWOT analysis have been identified. These are categorised under strategic, financial, operational, reputational and compliance related risks. Eyu-Ethiopia will implement risk management strategies as part of routine programme and operational interventions to anticipate and prevent their occurrence. The risk level, anticipated impacts and mitigation strategies for each risk category has been briefly described in below risk management plan.



Risk Category	Anticipated Risks	Risk Level	Anticipated Impact	Mitigation Measures
Strategic	Shift of focus away from strategic goals; programmes and initiatives unaligned with the strategic objectives. May happen due to funder and partner pressure, or financial constraints	Medium	Loss of organisational direction, limited impact, institutional inexistence	Filter programmatic and funding opportunities, partnerships, and collaborations through the strategic lens
	Limited or shifting government prioritisation and ownership			Become financially self-reliant through the implementation of financially sustainable income generation activities Advocacy to increase and maintain government interest and engagement
Financial	Financial short comings due to lack of funding	High	Unmet strategic objectives and interventions; limited quality of work; damaged reputation; institutional inexistence;	Building capacity of staff members grant writing skill
	Market inflation or financial crisis	High		Become financially self-reliant through the implementation of financially sustainable income generation activities;
	Fraud and financial theft	Medium		Strong financial systems, policies and, control framework
	Poor financial decisions related with inadequate data or inaccurate analyses	Medium		Active Board oversight, establish internal audit committee; frequent and independent auditing by external entity



Risk Category	Anticipated Risks	Risk Level	Anticipated Impact	Mitigation Measures
Operational	Political, social and economic insecurity including civil war, conflict, displacement ...etc	High	Loss of life, abuse, physical and psychological harms to staff; financial and material loss or damage	Develop clear organisational and staff security policy
	Staff attrition and inability to hire sufficiently qualified ones	High	Delayed, inefficient and suboptimal programme delivery	Establish succession plans and implement staff retention and motivation initiatives
	State of emergency	High		
	Delayed, inefficient and suboptimal programme delivery	Medium	Increase the probability of reputational, financial, strategic risk	Improve staff execution capacity through continuous staff development programme; and hire adequately qualified and competent staff
	Public service & infrastructure inaccessibility including internet, telephone, electricity, fuel...etc	Medium		Device innovative ways of functioning in adverse situations
	Outbreaks that may result in lockdown	Low		
Reputational	Losing credibility, relevance, acceptance with key funders & partners, government, and the community	Medium	Financial and institutional insecurity & inexistence; unmet strategic objectives and interventions	Proactive initiatives to clearly communicate the organisations strategic directions, values, & achievements
				Complete deliverables and projects within agreed timelines
				Respond quickly and decisively to unique national and international programming needs and initiatives



				Maximise the ethical and quality standards of the staff
Compliance	Legal and regulatory inconsistencies such as failure to pay tax deductions intime,	Low	Reputation damage; loss of charitable status; institutional inexistence	Establish a strong financial and administration system that strictly follows and implements regulatory and legal requirements
	Misinterpretation and malpractice of government policies and laws such as the labour law			Hire external legal counsel to advise on regulatory changes
	Poor mechanism to recognise and adopt to new or undated regulations			



ANNEXES

Annex 1: Implementation Plan

Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
1. RESEARCH									
1.1. Strengthen eye health research leadership, governance, and impact in Ethiopia									
1.1.1. Guide and align eye health research with the national strategic plan and evidence need									
1.1.1.1. National Eye Health Research Group established	Research group available	NA	Once in 5 years	1	0	1	0	0	0
1.1.1.2. Thematic research areas for eye health in Ethiopia identified in collaboration with MoH and its partners and disseminated to research and academic institutions	List of national eye health research priorities available	NA	Twice in 5 years	2	0	1	0	1	0
1.1.2. Recognise and motivate impactful eye health researchers									
1.1.2.1. Annual eye health research award event conducted	Annual eye health research award event	NA	Annual	5	1	1	1	1	1
1.1.3. Enhance access to and utilisation of research findings for eye health to improve evidence-based decision making									



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
1.1.3.1. National annual eye health research symposium conducted in collaboration with Ministry of Health	Annual eye health research symposium event	NA	Annual	5	1	1	1	1	1
1.1.3.2. Technical support provided to the National Annual NTD Research Symposium in Ethiopia	Technical support provided	NA	Annual	5	1	1	1	1	1
1.1.3.3. Research articles on eye health published in international peer reviewed journals	Number of articles published	NA	Biannually	25	5	5	5	5	5
1.1.3.4. Eye health research findings presented in regional, national, and international meetings and conferences	Number of presentations made	NA	Quarterly	25	5	5	5	5	5
1.1.3.5. National resource centre for eye health data and publication repository established	Centralised and digitalised data on eye health availed	NA	Once in 5 years	1	0	0	1	0	0
1.1.3.6. A policy brief on eye health developed and submitted to MOH synthesizing key and impactful research findings	Policy brief document	NA	Twice in 5 years	2	0	0	1	0	1
1.2. Generate evidence on priority eye care challenges & interventions in Ethiopia									
1.2.1. Conduct studies to generate evidence on and facilitate the elimination of trachoma in Ethiopia									



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
1.2.1.1. The 24-month follow-up for the Kebele Elimination of Trachoma for Ocular Health (KETFO) trial conducted in Merhabete District	24-month follow-up completed	NA	Once in 5 years	1	0	1	0	0	0
1.2.1.2. Village level censuses targeted at 1- 9 years of children conducted in Merhabete District for KETFO trial	Village level census completed	NA	Once in 5 years	1		1	0	0	0
1.2.1.3. Baseline survey for the ATIRA study conducted to determine the prevalence of Ct infection and active trachoma in a persistently hyperendemic setting in Ethiopia	Baseline data completed	NA	Once in 5 years	1	1		0	0	0
1.2.1.4. The 12 monthly follow-up of children 1-9 years enrolled into the CIFF funded longitudinal study	Number of monthly follow-ups	NA	Monthly	12	4	8	0	0	0
1.2.1.5. A study that assesses the effectiveness of full geographic coverage (FGC) and incidence of trachomatous trichiasis (TT) in Ethiopia conducted	Study conducted	NA	Once in 5 years	2	1	1	0	0	0
1.2.1.6. Cross-cultural adaptation research on compassion measurement tool conducted	Study report	NA	Once in 5 years	2	1	1	0	0	0
1.2.1.7. Studies that contribute to the elimination of trachoma in Ethiopia conducted	Studies started	NA	Annually	3	0	0	1	1	1



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
1.2.2. Conduct studies that generate evidence on and facilitate PEHC mainstreaming into PHC									
1.2.2.1. Population eye health survey tool development meeting conducted with eye health researchers and stakeholders	Eye health survey tool developed	NA	Once in 5 years	1	1	0	0	0	0
1.2.2.2. Zonal level population eye health survey conducted to understand and quantify the eye health need in Ethiopia	Population eye health survey completed	NA	Once in 5 years	1	1	0	0	0	0
1.2.2.3. A study conducted to identify the determinants of eye health service utilisation in Ethiopia	Determinants of eye health service utilisation study completed	NA	Once in 5 years	1	1	0	0	0	0
1.2.2.4. Eyecare Mainstreaming Readiness (EMRA) framework co-developed with eye health stakeholders	Draft EMRA Framework	NA	Once in 5 years	1	1	0	0	0	0
1.2.2.5. Eyecare Mainstreaming Readiness (EMRA) framework tested and piloted	Finalised EMRA framework	NA	Once in 5 years	1	1	0	0	0	0
1.2.2.6. Cross-sectional study to determine the readiness of the Ethiopian health system and identify the type of support needed for successful mainstreaming of PEHC into PHC conducted	Health system readiness study conducted	NA	Once in 5 years	1	1	0	0	0	0



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
1.2.2.7. Evidence review to identify existing working interventions and their mechanism for PEHC mainstreaming into PEHC conducted	Evidence review completed	NA	Once in 5 years	1	1	0	0	0	0
1.2.2.8. FGDs conducted with stakeholder to identify PEHC interventions	FGDs conducted	NA	Quarterly	8	8	0	0	0	0
1.2.2.9. Stakeholder consultation workshops conducted to refine PEHC interventions	Stakeholder consultation workshops conducted	NA	Twice in 5 years	2	2	0	0	0	0
1.2.2.10. Theory of Change (ToC) workshop conducted with purposively chosen community and health system stakeholders	ToC workshop conducted	NA	Once in 5 years	1	1	0	0	0	0
1.2.2.11. Randomised iterative testing of individual PEHC mainstreaming interventions for feasibility, acceptability and intended delivery conducted	List of finalised individual interventions	NA	Once in 5 years	1	0	1	0	0	0
1.2.2.12. Randomised iterative implementation of PEHC mainstreaming intervention packages conducted to test for feasibility, intended delivery, integration and effectiveness	List of finalised package of interventions	NA	Once in 5 years	1	0	1	0	0	0



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
1.2.3. Conduct various studies that contribute to the improvement of eye health in Ethiopia									
1.2.3.1. A study assessing the impact of presbyopia management conducted	Data collection completed	NA	Once in 5 years	1	0	1	0	0	0
1.2.3.2. Studies that generate evidence to support the fight against avoidable sight loss conducted	Studies started	NA	Annually	4	0	1	1	1	1
1.3. Support and maximise the innovation and successful execution of eye health research in Ethiopia									
1.3.1. Employ market-based benefit packages to attract and retain eye health research personnel									
1.3.1.1. Benefit package payments made to research personnel	Proportion of expenditures made against plan	NA	Monthly	60	10	11	12	13	14
1.3.1.2. Communication support provided to research personnel	Proportion of expenditures made against plan	NA	Monthly	60	10	11	12	13	14
1.3.2. Avail the necessary, infrastructure, equipment and supplies to ensure that eye health research activities are executed with the highest standards									
1.3.2.1. Transportation support provided to execute research strategic interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
1.3.2.2. Equipment purchased to implement research strategic interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
1.3.2.3. Logistics and supplies support to implement research strategic interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1



1.3.2.4. Vehicle purchased to implement research strategic interventions	Number of vehicles purchased	NA	Once in 5 years	1	0	0	0	1	0
Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
2. TRAINING									
2.1. Develop primary eye health workforce capacity in Ethiopia									
2.1.1. Provide in-service training to community and primary health care workers on PEHC									
2.1.1.1. Refresher training provided to HEWs on antibiotic mass distribution and recording for trachoma	Number of HEWs trained	Sex	Twice in 5 years	200	140	60	0	0	0
2.1.1.2. Primary health care workers trained using the WHO PEHC training algorithm	Number of PHC workers trained	Sex	Quarterly	180	0	30	40	50	60
2.1.1.3. HEWs trained on the identification and referral of people with eye care needs	Number of HEWs trained	Sex	Quarterly	510	0	100	120	140	150
2.1.1.4. Schoolteachers trained in the identification and referral of kids with eye care needs	Number of teachers trained	Sex	Quarterly	140	0	20	30	40	50
2.1.1.5. Community members (eye ambassadors) trained on the identification and referral of people with eye care needs	Number of community members trained	Sex	Quarterly	570	0	100	120	150	200



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
2.1.2. Provide technical support to MoH in initiating preservice training of eye health cadres									
2.1.2.1. Technical support provided to the national effort to reinstate ophthalmic nursing programme in Ethiopia	Documents reviewed/meetings attended	NA	Twice in 5 years	3	0	0	1	1	1
2.1.2.2. Technical support provided to the national effort to integrate primary eye care training into curricula of general health workers	Curricula reviewed/meetings attended	NA	Twice in 5 years	3	0	0	1	1	1
2.2. Develop mid- and high-level eye health workforce clinical, leadership, and research capacity in Ethiopia									
2.2.1. Create postgraduate training opportunities for mid and higher-level eye health professionals									
2.2.1.1. Created PhD scholarship opportunity in eye health	Number of PhD scholarship opportunities created	Sex	Twice in 5 years	2	1	0	0	1	0
2.2.1.2. Created MSC scholarship opportunity in eye health	Number of MSC scholarship opportunities created	Sex	Twice in 5 years	2	1	0	1	0	0
2.2.1.3. Created clinical attachment scholarship opportunity in eye health	Number of clinical attachment opportunities created	Sex	Once in 5 years	1	0	0	0	1	0



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
2.2.1.4. Technical and funding support provided to 5 local MSc and PHD student projects on eye health in collaboration with academic institutions in Ethiopia	Number of supported students	Sex	Annually	5	1	1	1	1	1
2.2.2. Create short term CPD training opportunities for eye health professionals and researchers									
2.2.2.1. Short term training opportunity created on eye health project management	Eye health management training opportunity created	Sex	Once in 5 years	1	0	1	0	0	0
2.2.2.2. Research ethics, data collection and implementation training provided for cadres of different level	Number of trained personnel	Sex	Quarterly	310	50	50	60	70	80
2.2.2.3. Training provided to eye health professionals on research proposal writing and research methods	Number of trained personnel	Sex	Annually	40	0	10	10	10	10
2.3. Support and maximise the successful implementation of eye health trainings in Ethiopia									
2.3.1. Avail the necessary, equipment and supplies to ensure that eye health training activities are executed efficiently with the highest standards									
2.3.1.1. Transportation support provided to execute training strategic interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
2.3.1.2. Equipment purchased to implement training interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
2.3.1.3. Logistics and supplies support to implement training strategic interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
3. SERVICE									
3.1. Strengthen eye health service leadership, governance, and advocacy in Ethiopia									
3.1.1. Provide technical support on eye health at all levels of the health system									
3.1.1.1. Technical support provided to the national trachoma task force in Ethiopia	Documents reviewed/meetings attended	NA	Annually	5	1	1	1	1	1
3.1.1.2. Technical support provided to the national eye health programme in Ethiopia	Documents reviewed/meetings attended	NA	Annually	5	1	1	1	1	1
3.1.1.3. Technical support provided to the Technical Eye Health Advisory Committee (TEHAC) Amhara	Documents reviewed/meetings attended	NA	Annually	5	1	1	1	1	1
3.1.1.4. Amhara Regional Health Bureau supported to develop tailored eye health strategic plan in alignment with the national eye health strategic plan	Strategic plan document	NA	Once in 5 years	1	1	0	0	0	0
3.1.1.5. Supportive supervisions conducted for eye health professionals at the different level of the health system	Number of supportive supervisions	NA	Quarterly	25	5	5	5	5	5



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
3.1.2. Conduct stakeholder engagement activities and advocacy on eye health									
3.1.2.1. TEHAC Amhara meetings led and organised by Eyu-Ethiopia	Number of meetings organised	NA	Biannually	10	2	2	2	2	2
3.1.2.2. Advocacy and stakeholder engagement meetings on key eye health issues conducted annually	Eye health advocacy meeting	NA	Annually	5	1	1	1	1	1
3.1.2.3. World Sight Day event organised to advocate for eye health	World Sight Day celebrated	NA	Annually	5	1	1	1	1	1
3.2. Promote the delivery of comprehensive and equitably accessible eye health services integrated with the general health care system									
3.2.1. Provide integrated PEHC services with particular focus on women, children, and people with disabilities and low socio-economic status									
3.2.1.1. Eye health promotion and awareness creation messages delivered with a particular focus on women	Number of people that received messages	Sex, age, disability, and SES	Quarterly	310,000	50,000	50,000	60,000	70,000	80,000
3.2.1.2. Support provided to deliver mass drug distribution of antibiotic (Azithromycin and Tetracycline eye ointment) to treat trachoma infection	Number of people treated	Sex, age, disability, and SES	Twice in 5 years	280,000	140,000	140,000	0	0	0
3.2.1.3. Eye health screening and examination, counselling, services provided	Number of people screened and examined	Sex, age, disability, and SES	Quarterly	165,000	20,000	25,000	30,000	40,000	50,000
3.2.1.4. People with ocular infections and inflammation treated with eyedrops	Number of people treated	Sex, age, disability, and SES	Quarterly	30,000	5,000	5,500	6,000	6,500	7,000



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
3.2.1.5. Presbyopia correction spectacles distributed	Number of people that received spectacles	Sex, age, disability, and SES	Quarterly	1,800	200	400	400	400	400
3.2.1.6. Successful referral linkage services between the different levels of care facilitated	Number of people with successful referral	Sex, age, disability, and SES	Quarterly	5,300	800	1,000	1,000	1,200	1,300
3.2.2. Provide secondary eye care services in collaboration with the secondary eye care units with particular focus on women, children, and people with disabilities and low socio-economic status									
3.2.2.1. Cataract surgery services delivered with a particular focus on women, people with disabilities and low socio-economic status	Number of people that received cataract surgery	Sex, age, disability, and SES	Quarterly	1,000	100	200	200	200	300
3.2.2.2. Refractive error correction spectacles provided to children	Number of children provided spectacles	Sex, age, disability, and SES	Quarterly	1,000	100	200	200	200	300
3.2.2.3. Glaucoma management services delivered	Number of people managed	Sex, age, disability, and SES	Quarterly	500	50	100	100	100	150
3.2.2.4. Surgical management provided to people with various eye conditions (other than cataract and glaucoma)	Number of people managed	Sex, age, disability, and SES	Quarterly	200	20	30	50	50	50



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
3.3. Enhance vision rehabilitation services in Ethiopia									
3.3.1. Provide low vision aid devices to people with vision rehabilitation needs									
3.3.1.1. Low vision aid devices provided to people in need	Number of people provided vision aids	Sex	Quarterly	70	10	10	15	15	20
3.3.2. Provide technical support to the establishment of vision rehabilitation centre in Ethiopia									
3.3.2.1 Technical support provided to the establishment of vision rehabilitation centre in Ethiopia	Documents prepared reviewed/meetings attended	NA	Once in 5 years	1	0	0	0	1	0
3.4. Strengthen eye health infrastructure and technologies in Ethiopia									
3.4.1. Build primary health care facility and community capacity to deliver PHC services									
3.4.1.1. Primary eye care units established and equipped	Number of PEHC units equipped	Rural/Urban	Annually	110	0	20	20	30	40
3.4.1.2. Public vision screening centres tested and established	Number of public vision centres established	NA	Annually	30	0	10	20	0	0
3.4.2. Establish effective eye health referral system that connects primary, secondary, and tertiary eye health units									
3.4.2.1. Support secondary eye care units	Numbers of SEC units supported	NA	Annually	20	0	4	4	6	6
3.4.2.2. Digital eye health referral system established	Digital system piloted	NA	Once in 5 years	1	0	1	0	0	0



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
3.5. Support and maximise the successful implementation of innovative and community-oriented eye health service initiatives in Ethiopia									
3.5.1. Employ market-based benefit packages to attract and retain programme personnel involved in eye health service delivery									
3.5.1.1. Salary and benefit payments made to programme personnel involved in eye health service delivery	Proportion of expenditures made against plan	NA	Monthly	6	0	1	1	2	2
3.5.1.2. Communication support provided to programme personnel involved in eye health service delivery	Proportion of expenditures made against plan	NA	Monthly	6	0	1	1	2	2
3.5.2. Avail the necessary, infrastructure, equipment and supplies to ensure that eye health service delivery activities are executed with the highest quality and efficiency									
3.5.2.1. Transportation support provided to execute eye health service interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
3.5.2.2. Equipment purchased to execute eye health service interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
3.5.2.3. Logistics and supplies support to implement eye health service interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
3.5.2.4. Vehicle purchased to implement eye health service interventions	Number of vehicles purchased	NA	Once in 5 years	1	0	0	0	0	1



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
4. ORGANIZATIONAL DEVELOPMENT									
4.1. Strengthen Eyu-Ethiopia Leadership & Governance to ensure institutional sustainability									
4.1.1. Regularly monitor and evaluate Eyu-Ethiopia's performance trajectory									
4.1.1.1. Regular Board meetings conducted	Number of Board meetings commuted annually	NA	Quarterly	20	4	4	4	4	4
4.1.1.2. Regular management meetings conducted	Number of management meetings	NA	Monthly	55	11	11	11	11	11
4.1.1.3. Staff review meetings conducted	Number of staff meetings	NA	Biannually	10	2	2	2	2	2
4.1.1.4. Midterm strategic plan performance evaluation	Midterm review report	NA	Once in 5 years	1	0	0	1	0	0
4.1.2. Enhance Eyu-Ethiopia's human resource capacity and motivation									
4.1.2.1. New staff members hired	Number of staff hired	Sex	Annually	11	2	3	2	2	2
4.1.2.2. Annual staff satisfaction surveys conducted	% of of staff satisfied or very satisfied each year	NA	Annually		80%	85%	90%	95%	98%
4.1.2.3. Short term staff trainings delivered	Number of short-term trainings	NA	Biannually	10	2	2	2	2	2



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
4.1.2.4. Continues Professional Development (CPD) trainings opportunities (physical or virtual) created in Ethiopia and aboard	Number of staff used CPD opportunity	Sex	Annually	4	0	1	1	1	1
4.1.2.5. Staff mentoring programme established	Staffs mentored annually	Sex	Quarterly	28	2	4	6	8	8
4.1.2.6. Staff and Board members retreat conducted	Retreat conducted	NA	Annually	5	1	1	1	1	1
4.2. Enhance Eyu-Ethiopia's innovation, project development and revenue generation capacity to ensure financial sustainability									
4.2.1. Develop innovative and impactful eye health projects									
4.2.1.1. Eye health project proposals developed and submitted for funding	Number of projects submitted for funding	NA	Biannually	10	2	2	2	2	2
4.2.1.2. New eye health projects with secured funding	Number of new projects with secured funding	NA	Annually	5	1	1	1	1	1
4.2.2. Implement a proactive approach to diversify the generation and mobilization of resources and improve financial stewardship									
4.2.2.1. Funding secured from at least one new funder each year	New financial sources each year	NA	Annually	5	1	1	1	1	1
4.2.2.2. Sustainable revenue generation project developed	Project piloted	NA	Once in 5 years	1	0	0	0	1	0



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
4.2.2.3. Continuously improved financial capacity	% annual incremental growth of the revenue collected compared to the previous year;	NA	Annually		20%	30%	50%	70%	90%
4.2.2.4. Improved financial stewardship	% of budget utilization per year	NA	Annually		70%	75%	80%	85%	90%
4.3. Enhance Eyu-Ethiopia's visibility, collaboration & partnership									
4.3.1. Establish successful partnerships and collaborations aligned with the strategic objectives of Eyu-Ethiopia									
4.3.1.1. Collaboration and partnerships with stakeholders, funders, and academic institutions established	Number of MOUs or agreements signed	NGO, GO, Academic	Annually	5	1	1	1	1	1
4.3.1.2. Quarterly, biannual annual activity and financial reports and updates submitted to partners, funders and other relevant stakeholders	Number of reports submitted	NA	Quarterly	19	4	4	4	4	3
4.3.1.3. Data access and use policy developed	Policy document	NA	Once in 5 years	1	0	0	1	0	0
4.3.2. Successfully communicate Eyu-Ethiopia's achievements to the public, and stakeholders									
4.3.2.1. Online data recording, visualisation, and reporting database linked to Eyu-Ethiopia website developed	Database created	NA	Once in 5 years	1	1	0	0	0	0



Themes, Objectives, Interventions & Key Outputs	Key Performance Indicator	Disaggregation	Frequency	Total	2024	2025	2026	2027	2028
4.3.2.2. Eyu-Ethiopia website regularly updated	Number of updates per year	NA	Quarterly	20	4	4	4	4	4
4.3.2.3. EE office established in Addis to increase visibility and partnership	Office opened	NA	Annually	3	0		1	1	1
4.4. Operationalise and support the execution of Eyu-Ethiopia programmatic activities									
4.4.1. Employ market-based benefit packages to attract and retain operations (administrative and finance) personnel									
4.4.1.1. Salary and benefit payments made to operations personnel	Proportion of expenditures made against plan	NA	Monthly	28	4	5	6	6	7
4.4.1.2. Communication support provided to operations personnel	Proportion of expenditures made against plan	NA	Monthly	28	4	5	6	6	7
4.4.2. Avail the necessary, infrastructure, equipment and supplies to ensure that programme activities are executed with the highest quality and efficiency									
4.4.2.1. Transportation support provided to administrative and financial activities	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
4.4.2.2. Equipment purchased to execute administrative and financial activities	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
4.4.2.3. Logistics and supplies support to implement administrative and financial activities	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1



4.4.2.4. Services & legal payments made to facilitate the execution of Eyu-Ethiopia's strategic interventions	Proportion of expenditures made against plan	NA	Monthly	5	1	1	1	1	1
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Annex 2: Detailed Budget Plan

Strategic Themes & Objectives	Five-year Budget in ETB					
	2024	2025	2026	2027	2028	Total Budget
1. Research						
1.1. Strengthen eye health research leadership, governance, and impact in Ethiopia	530,000	650,000	700,000	790,000	870,000	3,540,000
1.2. Generate evidence on priority eye care challenges & interventions in Ethiopia	4,150,000	2,900,000	3,000,000	1,000,000	1,000,000	12,050,000
1.3. Support and maximise the innovation and successful execution of eye health research in Ethiopia	6,000,000	6,504,956	7,037,202	10,573,061	8,112,712	38,227,931
Research Budget Total	10,680,000	10,054,956	10,737,202	12,363,061	9,982,712	53,817,931
2. Training						
2.1. Develop primary eye health workforce capacity in Ethiopia	200,000	600,000	750,000	930,000	1,115,000	3,595,000
2.2. Develop mid- and high-level eye health workforce clinical, leadership, and research capacity in Ethiopia	100,000	150,000	170,000	190,000	210,000	820,000
2.3. Support and maximise the successful implementation of eye health trainings in Ethiopia	400,000	420,000	441,000	463,050	486,203	2,210,253
Training Budget Total	700,000	1,170,000	1,361,000	1,583,050	1,811,203	6,625,253
3. Service						
3.1. Strengthen eye health service leadership, governance, and advocacy in Ethiopia	660,000	770,000	845,000	955,500	1,042,050	4,272,550



Strategic Themes & Objectives	Five-year Budget in ETB					
	2024	2025	2026	2027	2028	Total Budget
3.2. Promote the delivery of comprehensive and equitably accessible eye health services integrated with the general health care system in Ethiopia	790,000	1,215,000	1,264,000	1,358,000	1,692,000	6,319,000
3.3. Enhance vision rehabilitation services in Ethiopia	50,000	60,000	60,000	120,000	70,000	360,000
3.4. Strengthen eye health infrastructure and technologies in Ethiopia	0	500,000	500,000	190,000	600,000	1,790,000
3.5. Support and maximise the successful implementation of innovative and community-oriented eye health service delivery initiatives	508,000	1,109,996	1,292,496	1,636,617	5,672,448	10,219,557
Service Budget Total	2,008,000	3,654,996	3,961,496	4,260,117	9,076,498	22,961,107
4. Organizational Development						
4.1. Strengthen Eyu-Ethiopia Leadership & Governance to ensure institutional sustainability	855,000	1,011,000	1,559,000	1,119,500	1,186,050	5,730,550
4.2. Enhance Eyu-Ethiopia's innovation, project development and revenue generation capacity to ensure financial sustainability	0	0	0	0	0	0
4.3. Enhance Eyu-Ethiopia's visibility, collaboration & partnership	212,000	223,200	295,520	309,072	323,979	1,363,771
4.4. Operationalise and support the execution of Eyu-Ethiopia programmatic activities	2,070,000	2,492,998	2,861,795	3,141,977	3,817,773	14,384,544
Organisation Development Budget Total	3,137,000	3,727,198	4,716,315	4,570,549	5,327,803	21,478,865
TOTAL BUDGET	16,525,000	18,607,150	20,776,013	22,776,777	26,198,216	104,883,155



Annex 3: Organisational Chart

