

Strengthening Organization Capacity of Professional **Health** Associations



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PROLOGUE

In 1998, the Society of Obstetricians and Gynecologists of Canada (SOGC) initiated organizational capacity development work with peer professional associations in three lower resource countries: Haiti, Guatemala and Uganda. Supported by the Canadian International Development Agency (CIDA), this initiative led the Society to establish partnership relationships with these associations for the purpose of sharing knowledge, skills and experiences related to capacity building and further, to provide them with support in their respective efforts to strengthen their organizational capacity.

Before 1998, SOGC's organizational capacity building efforts had been mostly inward looking within its own association. Having evolved, in a period of a few decades, from an association interested mainly in promoting obstetrics and gynecology to one assuming leadership in the promotion of women's health issues nationally, the Society felt it had much to offer to smaller, struggling associations who were trying to assume similar leadership roles in their countries.

In 2006, SOGC undertook a review of its partnership model and its methodology for building organizational capacity to evaluate its impact and effectiveness. The exercise also led the Society to reconsider its methodology in light of what makes associations strong and sustainable and the steps needed to move associations toward this important goal. Focus was also placed on integrating a monitoring and evaluation component to the methodology to allow for the measurement of organizational capacity change.

This manual is the product of these reflections and discussions. It presents SOGC's Organization Capacity Improvement Framework (OCIF) and the tools developed to guide health professional associations through one full cycle (3-5 years) of capacity development.

SOGC's OCIF, like other capacity building models and/or tools, focuses on internationally recognized organizational dimensions that must be built or strengthened to develop overall organizational capacity. SOGC's OCIF, unlike other organizational capacity building resources, was designed for use specifically by professional health associations interested in and committed to strengthening their overall capacity with regard to the improvement of women's sexual and reproductive health and rights.

This manual has been designed as a "living document" for the purpose of ensuring that its content is modified and enriched as the manual is used and as feedback on its use in the field is collected. SOGC thus encourages users of the manual to provide us with their feedback and their comments, as these can be incorporated into the manual as it evolves.

SOGC sincerely hopes that this manual will be used in whole or in part by those interested in organizational capacity development of professional health associations. Its content may be reproduced or adapted locally by professional associations in lower resource countries without prior permission from SOGC, provided that SOGC is acknowledged. For all other organizations wishing to apply the methodology and tools within a funded capacity building initiative, written consent must be requested from SOGC.

SOGC strongly believes that professional associations can, and do, make significant contributions to improving sexual and reproductive health outcomes of women. But in order for this to happen, associations must also be strong and sustainable! This manual was developed with the intent of supporting professional associations interested in and committed to undertaking the necessary steps and actions to move their associations toward greater capacity and improved performance in support of women's health.

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May 2009.

EXECUTIVE SUMMARY

In the last decade, professional health associations have increasingly been called upon to contribute to international and national efforts to improve the sexual and reproductive health of women worldwide. Recognizing that professional associations need organizational capacity to assume this leadership role, the Society of Obstetricians and Gynaecologists of Canada (SOGC) has developed a capacity building framework in an effort to support associations who are committed to strengthening their overall capacity and thus improve their performance. The framework was revised and strengthened in 2006, in an effort to ensure better impact and greater opportunity to measure and evaluate organizational change and growth over time.

SOGC defines capacity as the ability of an entity (a person, an organization, a system) to perform planned functions effectively, efficiently and sustainably. The Society thus considers capacity improvement as the process through which the abilities and elements to succeed are so obtained, strengthened, adapted and maintained over time.

SOGC's Organization Capacity Improvement Framework (OCIF) links four major elements: capacity assessment; data analysis; capacity improvement planning; and implementation of the improvement plan and performance measurement in an integrated manner. These are linked cyclically (3 to 5 year cycles) to enable the managed development of capacity, aligned with the association's mission, vision and strategic priorities.

This manual presents SOGC's OCIF and the accompanying tools needed to assist professional associations to undertake the steps and concrete actions needed to strengthen their organizational capacity.

The manual is laid out in two distinct sections. The first section introduces professional associations to the concept of capacity building and its importance and to SOGC's OCIF. It also provides a summary of the six essential steps needed to undertake a full cycle of organizational improvement within the framework. The second section provides additional information and the necessary tools needed to guide professional associations through each step of the organizational cycle. Included are the necessary templates, and when appropriate, concrete examples related to different elements of the OCIF.

The table of contents outlines the different tools, templates and examples provided throughout the manual.

ACRONYMS

CIDA	Canadian International Development Agency
CME	Continuing Medical Education
FIGO	International Federation of Gynaecology and Obstetrics
NGO	Non Governmental Organization
OCAT	Organization Capacity Assessment Tool
OCIF	Organization Capacity Improvement Framework
OCIP	Organization Capacity Improvement Plan
PMNCH	Partnership for Maternal, Newborn and Child Health
RBM	Results Based Management
SOGC	Society of Obstetricians and Gynaecologists of Canada

INTRODUCTION

Strengthening the Capacity of Professional Associations

In the last decade, the Society of Obstetricians and Gynaecologists of Canada's (SOGC) has been involved in capacity development initiatives with ob/gyn associations from lower resource countries. The Society's capacity building efforts are based on the premise that strong and vibrant professional associations can positively contribute to the improvement of women's sexual and reproductive health and rights. SOGC further believes that to assume this leadership role, professional associations must have the sufficient organizational and technical capacity to undertake their activities in a sustainable and planned manner.

SOGC's capacity development work focuses on developing the capacity of national ob/gyn associations to contribute to efforts aimed at strengthening health systems; improving health regulation and practice; contributing to quality education, care and patient safety; building leadership skills within the discipline; and lobbying and advocating for changes in legislation, policies and programs in support of gender equality, the empowerment of women and improvement to their health status and outcomes.

To build organizational capacity, SOGC recognizes the need for a structured approach that links capacity development with professional associations' existing goals, objectives and strategic priorities. In consideration of this, the Society reviewed its capacity development framework in 2006 in an effort to ensure better impact and greater opportunity to measure and evaluate organizational change and growth over time.

«Health professional associations and societies have vital roles to play ... in achieving MDGs 4 & 5. Strong professional organizations provide leadership. They set the standards of education, practice and professional competency assessment, and can work together with governments and other stakeholders in setting and implementing health policies to improve the health of women, newborns, children and adolescents. However, the ability of professional associations to make such contributions depend on individual organizational and institutional capacities at country level. This is especially true in those resource-poor settings, where the vast majority of maternal, newborn and child deaths and morbidity occur.»¹

Purpose of the Manual

The overall goal of this manual is to share SOGC's knowledge, experience, skills and tools developed within its capacity development initiatives with peer professional associations in lower resource countries. The manual's main objectives are to:

- Present SOGC's capacity development framework to current and future partners and other interested stakeholders;
- Share its resources with professional associations committed to strengthening their organizational capacity;
- Assist the International Federation of Obstetrics and Gynaecology (FIGO) in its commitment to support capacity building of member societies; and
- Contribute to the global dialogue related to organizational capacity development of professional associations involved in the health sector.

1. Health professional groups key to reaching MDGs 4 & 5 [joint statement]. Geneva: the Partnership for Maternal, Newborn & Child Health; 2007.

Who Should Use this Manual

This manual has been conceived as a guide for individuals engaged or interested in organizational capacity development of professional health associations and can be used, in whole or in part, to support their efforts.

What the Manual Includes

The manual is designed to help professional associations undertake the necessary steps and concrete actions to strengthen their organizational capacity. It focuses mainly in assisting them to complete a full 3-5 year cycle of capacity improvement, including an assessment of their associations' organizational capacity and the development, implementation, monitoring and evaluation of improvement plans.

The manual consists of an overview of capacity development and a presentation of, SOGC's Organization Capacity Improvement Framework (OCIF) and its process-integrated tools to guide professional associations through the capacity improvement cycle for the first time. The manual also includes a list of other resources or reference materials that can be of use to associations interested in and committed to capacity development.

Table 1: Content of the manual and brief description of each section

Sections of the Manual	Description
Introduction, Organizational Capacity Development, SOGC's Organization Capacity Improvement Framework (OCIF)	Provides an introduction to capacity development and an overview of SOGC's OCIF, the core areas of competence for capacity development and the different steps of the 3-5 year capacity improvement cycle.
Appendix A: Applying the Organization Capacity Assessment Tool (OCAT)	Provides a copy of the OCAT and further guidance related to its application.
Appendix B: Making use of the Stages of Professional Association Development	Proposes examples of the stages of development of an association as it enhances its organizational capacity.
Appendix C: Completing the Capacity Analysis	Presents the methodology for scoring and rating the capacity areas of the OCAT and guidance on how to identify potential areas for capacity improvement.
Appendix D: Developing the Organization Capacity Improvement Plan (OCIP)	Provides guidance and tools related to the development of the OCIP, including information on performance indicators to measure progress.
Appendix E: Implementing the OCIP and Measuring its Performance	Provides guidance on the implementation, monitoring and evaluation of the OCIP, including reporting progress.
Appendix F: Other Resources or Reference Materials	Provides easily accessible resources related to organizational capacity building.

ORGANIZATIONAL CAPACITY DEVELOPMENT - AN OVERVIEW

What is Capacity?

Capacity can be defined as the ability of an entity (a person, an organization, a system) to perform planned functions effectively, efficiently and sustainably².

To be vibrant and sustainable, associations require more than just the acquisition of technical skills for individuals. It calls organizations to develop the knowledge, skills, and processes necessary to address daily operational and strategic problems in a planned and managed way. For professional associations, this means the capacity needed to achieve their planned goals and objectives in support of their organizational mission, vision and strategic priorities.

Capacity improvement is therefore the process through which the abilities and elements to succeed are obtained, strengthened, adapted and maintained in a sustainable manner over time.

«...capacity development is much more than training individuals and developing their technical skills. For sustainable change, organizations must be able to (1) absorb and disseminate knowledge and skills throughout the associations, (2) create, apply, and retain effective learning and communication processes, and (3) plan and manage those processes to contribute operationally and strategically to responding to current challenges and achieving long-term goals.»³

SOGC'S ORGANIZATION CAPACITY IMPROVEMENT FRAMEWORK (OCIF)

SOGC's framework for organization capacity improvement links four major elements: **capacity assessment; data analysis; capacity improvement planning; and implementation of the improvement plan and performance measurement** in an integrated manner (figure 1). These are linked cyclically (3 to 5 year cycles) to enable the managed development of capacity aligned with the association's goals, objectives and strategic priorities. Each cycle further builds on the other as to move the association – incrementally through time – toward greater and more integrated capacity and eventually maturity.

The OCIF's elements can be summarized as follow:

- The **capacity assessment** provides an opportunity for the association to obtain an overall picture of their organizational capacity (strengths and weaknesses) in five dimensions generally accepted in the organizational development field.

«The SOGC's experience has shown that capacity development requires an ongoing cycle of action and learning from experience that feeds into improved policies and renewed action at the organizational level. The participation and learning aspects of the process are critical to its sustainability.»⁴

2. SOGC's definition of capacity is congruent of the United Nations' Development Programme and the European Center for Development Policy Management's definition. For exact reference, see reference page.
3. Lalonde AB, Senikas, V, Bateson D, Perron L. SOGC Partnership Program 1998-2006: Building Organization Capacity to Support Improved Maternal and Neonatal Health. J Obstet Gynaecol 2008; 30(11):1014-1024.
4. Bateson, D, Lalonde AB, Perron L, Senikas V. Methodology for Assessment and Development of Organization Capacity. J Obstet Gynaecol 2008; 30(10): 888-895.

- The **data analysis** consists of two distinct tasks, the scoring and the rating of the capacity areas and the analysis of the data for the purpose of identifying the potential areas for capacity improvement. This permits to validate the areas of strengths and weaknesses and strategically choose which to address in the improvement cycle. It further permits the association to establish the baseline data which will be used for monitoring and evaluation purpose throughout the capacity building cycle.
- The **capacity improvement plan** lays out the association's strategy or the plan of action proposed to enhance its organizational capacity within the cycle period.
- The **implementation and performance measurement** element not only relates to the actual implementation of the developed OCIP, but further tracks its progress by the use of specific indicators.

Figure 1 – SOGC's Organization Capacity Improvement Framework (OCIF)



The OCIF and its Usefulness for Capacity Improvement

The benefits of undertaking a capacity improvement process under the guidance of the OCIF are numerous for professional associations seeking to enhance and strengthen their operations and overall performance. The OCIF provides opportunities for professional associations to:

- Consider the overall organizational performance of their associations according to internationally recognized dimensions that must be built or strengthened to improve their performance and enhance their sustainability;
- Identify areas of organizational strengths and weaknesses from which decisions can be made in terms of priorities for improvement;
- Undertake managed and guided processes, through 3-5 year cycles, for improving organizational capacity over time that links with the associations' goals, objectives and strategic priorities; and finally
- Take into account their resources and the environment in which they operates.

Core Organizational Dimensions for Capacity Building

SOGC’s OCIF prioritizes five core organizational dimensions. Each of these is subdivided in specific capacity areas considered necessary for the development of strong and sustainable professional associations. Table 2 outlines the five core dimensions retained by SOGC in its OCIF and their accompanying specific capacity areas.

Table 2: SOGC’s OCIF core organizational dimensions and their accompanying capacity areas

Core Organizational Dimensions	Description	Capacity Areas Considered
Culture	Focuses on what motivates an association to succeed, function and survive.	<ul style="list-style-type: none"> - Vision and Mission - Values - Rewards/Incentives
Operational Capacity	Represents a complex relationship of eight core areas that support the ability of an association to perform, remain relevant and to grow and survive.	<ul style="list-style-type: none"> - Governance - Leadership and Management - Strategy - Financial Management - Human Resources (paid staff and members who provide technical expertise)² - Program/Project Management Capabilities - Communication - Infrastructure
Performance	Looks at four areas that relate to an association meeting its goals and objectives and being viable.	<ul style="list-style-type: none"> - Effectiveness - Efficiency - Relevance - Financial Position
External Relations and How the Association is Perceived	Addresses four areas reflecting the reality that associations are not isolated entities but are affected by their environment/ context.	<ul style="list-style-type: none"> - Environment within which the association functions - Legal and Political Framework - Linkages and Networks - Ownership and Participation
Functions	Addresses four areas of essential functions for professional health associations.	<ul style="list-style-type: none"> - Membership Services - Promoting Quality and Standard of Care - Advancing Professional Practice - Influencing Medical Practice and Health Policy

2. In this manual, the term “human resources” relates to paid staff and members who may be paid or not and who provide technical expertise for the association’s activities. These members sit on technical committees and act as instructors and/or as technical experts on issues such as maternal mortality audits. They are different from the volunteer members who assume roles at the governance level of the association, for example who sit on the Executive Committee and/or other relevant committees (i.e. strategic planning committee, annual clinical meeting committee, election committee, etc.).

Capacity Improvement Cycle (3-5 year)

SOGC's OCIF is applied in 3-5 year capacity improvement cycles, each interlinked to provide the opportunity for an association to build, incrementally, the capacity needed to move it along a path of greater capacity and eventually to maturity.

Table 3 outlines the six essential steps needed for an association to complete a full 3-5 year cycle of capacity development. It further provides (when appropriate) the specific sections of this manual which have been designed to support the association along this process.

Table 3 : Cycle steps and OCIF resources and other document needed at each step

Cycle Steps		Resources Needed
Step 1	Preparing for the capacity improvement cycle	Complete manual / Association's strategic plan / Other planning documents
Step 2	Initiating the capacity improvement cycle	
	2.1 Completing the assessment	Manual: Appendix A – Applying the OCAT
	2.2 Analyzing the data	Manual : Appendix B – Making Use of the Stages of Professional Association Development / Appendix C – Completing the Data Analysis
	2.3 Developing the organizational capacity improvement plan	Appendix D – Developing the OCIP / Association's strategic plan / Other planning documents
Step 3	Getting the OCIP ratified by Board and/or Executive Committee	Manual: Organization Capacity Development - An Overview /Workshop reports / Completed OCAT summary/Completed OCIP
Step 4	Implementing the OCIP and monitoring and evaluating progress	Manual: Appendix E – Implementing the OCIP and Measuring its Performance/ Ratified OCIP / Annual work plans
Step 5	Reporting Progress	Annual work plans and progress reports / Mid review organizational capacity assessment
Step 6	Applying the assessment tool at the end of the capacity development cycle	Manual: Appendix A – OCAT / OCAT Summary (at the beginning of the cycle) / Association's Strategic Plan / Annual work plans, progress reports, mid-term organizational capacity assessment/ Other planning documents

Step 2 corresponds to the first three elements of the OCIF: the assessment, data analysis and development of the OCIP. They have been regrouped in one step for the following reasons:

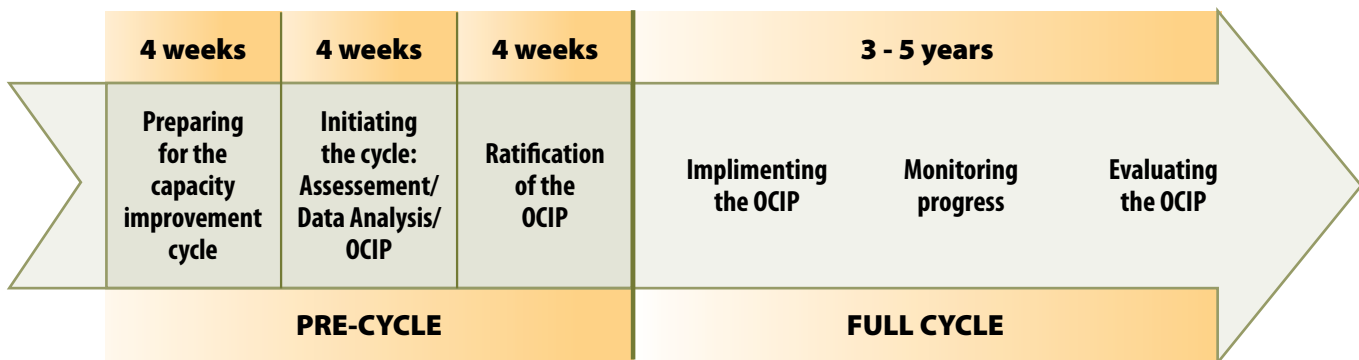
- They are all conducted in the preparation phase of the organization improvement cycle;
- They should be conducted consecutively in a fairly short period of time (approximately a 3 month period); and finally
- A workshop setting lends itself as the means of choice to complete the specific tasks related to the completion of the organizational capacity assessment and the OCIP.

Steps 4 and 5 correspond to the last element of the OCIF, the implementation and measuring progress phases, which consist basically of the main part (in time and in effort) of the capacity building process and which draws out over a 3-5 year period.

Figure 2 graphically represents the cycle steps and timeline needed for the completion of a full capacity improvement cycle.

Note, the capacity improvement cycle should be initiated only after the OCIP has been developed and ratified by the association’s Board and/or Executive Committee.

Figure 2: Capacity Improvement Cycle Steps and Timeline



UNDERTAKING THE 3-5 YEAR CAPACITY IMPROVEMENT CYCLE

The following is one suggested approach for applying this process. It is up to each association to validate if the suggested steps and timeline will work for them and if not, to modify the process to meet their specific needs.

Proposed Steps:

STEP 1: Preparing for the capacity improvement cycle

1. Review and become familiar with SOGC’s manual and the OCIF and its accompanying resources:

The person(s) (or team of persons) responsible to facilitate the overall planning and management of the organizational capacity improvement cycle should use this manual as their guide. Their first task is to familiarize themselves with the OCIF and its content.

2. Establish a Capacity Building Team (or Committee): It is up to the Board / Executive Committee to decide how many people to involve in the Capacity Building Team (or Committee). It is recommended that it consists of 3 or 4 persons, preferably 1 or 2 members of the Board and/or Executive Committee, the Executive Director (if the association has one), and a knowledgeable senior member. It is suggested that terms of reference be developed for the Team (Committee) as to ensure that all involved understand their roles and responsibilities, including reporting responsibilities to the Board and/or Executive Committee.

3. Access all copies of other relevant association documents which will be used as references (e.g. the mission statement, the objectives of the association, the strategic plan, a list of current projects/programs, etc.). These should be made available to each member of the Capacity Building Team (Committee) as resource documents, especially when dealing with the first 3 elements of the OCIF.

4. Develop the roadmap for the capacity development initiative: The Capacity Building Team's (Committee's) first task (after familiarizing themselves with the SOGC's OCIF) is to develop the road map of the 3-5 year capacity building process. Similar to terms of references, this document should clearly outline the goals, objectives and the action plan related to the cycle that is to be undertaken, including timelines and resources needed. The document could also be used to confirm the following: length of the cycle (3 or 5 years), proposed activities, who to involve (e.g. Members only? Stakeholders? External resources? At what step?), etc.

5. Obtain the support of the Board/Executive Committee before initiating the process: The developed terms of reference related to the capacity development initiative should be presented and ratified by the Board/Executive Committee. Other documents such as SOGC's manual and other resources may be used to also support this important and mandatory task.

Tips for Success:

- The Board /Executive Committee and Executive Director should be fully committed to the capacity improvement process for it to be successful.
- Associations will need to commit resources and time to undertake a capacity improvement process. Be realistic about what can be achieved and the time needed not only to complete the assessment, but further develop an improvement plan and follow through with its implementation, including monitoring and evaluation.

STEP 2: Initiating the capacity improvement cycle

The 2nd step of the capacity improvement cycle includes the first three elements of OCIF: the assessment, data analysis and the development of the organizational capacity improvement plan. As mentioned previously, these elements have been regrouped in one step as not only are they conducted consecutively in a fairly short period of time (approximately 3 month period), but further a workshop setting lends itself as the means of choice to complete the assessment and the development of the OCIP elements.

A two day workshop will be needed to complete the assessment (first day) and the outline of the OCIP (second day). If it is not possible to hold a 2 day workshop, the task related to the development of the OCIP outline can be undertaken at a later date, after the assessment and analysis elements have been completed.

It is recommended that the workshop involves a small number of people (maximum 5-8) who have solid, practical knowledge and understanding of the association. These should include: members of the Board and/or Executive Committee, the Executive Director, staff and senior members. The number of participants involved will depend on the resources available and the time allocated for this preparatory phase of the capacity improvement cycle. Although a larger group will ensure richer discussions, more time will be needed to complete the exercise.

An associations can also involve external stakeholders in the workshop to bring an external perspective to the discussions. These could include: representatives from the government, teaching institutions, other professional health associations or partners.

An associations can also involve an external resource person knowledgeable about organizational development to the workshop(s). This person can provide additional information related to the issue and further act as “a mirror”, assisting the participants to consider their association’s current organizational capacity in a realistic and balanced way.

1. Organizing the workshop

- **Select and invite the participants of the workshop:** The Capacity Building Team/Committee, in conjunction with the Board and/or Executive Committee needs to identify the participants that will be invited to the workshop.
- **Set a date for the workshop, locate an appropriate venue and arrange for meals and refreshments.**
- **Assign a workshop facilitator:** This responsibility may be given to a member of the Capacity Building Team/Committee, or another internal person in the association or again, to an external resource. It could also be shared by two individuals; for example a member of the Capacity Building Team/Committee and the external resource person.
- **Assign someone responsible for taking notes and preparing the workshop report(s):** As previously stated, this responsibility may be given to a member of the Capacity Building Team/Committee, or another internal person or an external resource.
- **Distribute the Manual in advance to allow participants enough time to become familiar with the material and to develop their thoughts and inputs:** Other reference documents could also be distributed at the same time (e.g. the association’s mission and objectives, strategic plan, list of current projects and programs, etc.).
- **Prepare workshop material:** This could include the preparation of a workshop agenda, information about the capacity improvement cycle undertaken by the association (e.g. the terms of reference) and other resource material such as the association’s mission, vision and objectives, strategic plan and list of current projects / programs.

2. Conducting the workshop

The following section lays out the process for a two day workshop. Should two one-day sequential workshops be chosen, modifications will need to be made to the proposed process. For example, a final report of the first day workshop should be included in the process.

The analysis element, that is the scoring and rating tasks, can be completed on either at the end of the first day workshop or again, in between the two day workshops. It is also recommended that the same participants be invited to participate in both workshops.

- **Open the workshop:** It is suggested that the opening address includes a review of the purpose of the organizational capacity improvement cycle to be undertaken by the association, as well as the objectives and the agenda of the workshop. Extra copies of the manual and other resource documents to be used during the workshop should also be available for those who have not brought their copies.
- **Complete the Organization Capacity Assessment Tool (OCAT) (see Appendix A for more detailed information):** The facilitator’s main responsibility is to lead the group through the organizational capacity assessment exercise by using the OCAT. His/her main task is to guide the group through the questionnaire and bring the group to consider each question and decide, through open discussion, what rating to give to each of them. All questions should be rated, even if they are rated “0” for no capacity. Although

Tips for Success:

- Assessing organization capacity is often sensitive because it may bring focus on the actions of people and can be seen as making judgments about their activities and accomplishments. It is important to remember that it is the organization capacity that is being assessed not the performance of individuals.

some areas of focus will be more meaningful or relevant than others, it is recommended to address all areas (and rate them) in order to obtain a comprehensive picture of the current capacity of the association. The rating of each question should also be justified by a brief narrative (one or two lines) on the reasons or other information supporting the rate. The Stages of Professional Association Development Guide (Appendix B) can be used to assist the group in deciding the capacity ratings.

- **Analyze the data:** The analysis consists of three distinct tasks: scoring each capacity area as a percentage, determining an overall rating for each core dimension and finally, identifying the potential areas for capacity improvement (see Appendix C for more detailed information). It is suggested that the first two tasks (the scoring and the rating) be undertaken by the Capacity Building Team/Committee (or a few of its members) who can then assume the responsibility to present the overall rates and a summary of the findings to the larger group for review and discussion. The exercise should take approximately 45 – 60 minutes, if the Team is well versed with the methodology for scoring.
- **Review and validate the scores and rating, including areas of strengths and weakness:** The objective of this task is to present the overall scores and rates of the OCAT to the larger group for validation and further discussion. Time should also be spent prioritizing the areas chosen to be addressed in the improvement plan. This discussion should take into consideration the association's mission, objectives and strategic directions. Resources and timelines should also be taken into consideration in the final selection of the chosen areas to be improved. The Stages of Professional Association Development Guide (Appendix B) can also be used to help the analysis part of this task.
- **Develop the outline of the Organization Capacity Improvement Plan (OCIP) (see Appendix D for more information):** The process of developing the OCIP is much like any other planning exercise. The workshop can be used to draw out the broader content of the plan or again, developed as a draft by the Capacity Building Team/Committee and consequently, presented and validated, by the participants of the workshop in a follow up session. Whatever the process chosen for its development, the Capacity Building Team/Committee will need to complete and polish the document before its presentation to the Board and/or Executive Committee for ratification.

Tip for Success:

- Findings and analysis should be interpreted in the context of the organization's operating environment and stage of development (how mature the organization is); as a certain level of capacity may be acceptable for an organization at a certain stage of development but require definite improvement for an organization at a different stage of development

Tip for Success:

- Capacity improvement plans should be developed within a context of how they can align with and support the association's overall strategic plan, goals and objectives.

3. Prepare and circulate the final workshop report, including the developed capacity improvement plan

A final workshop report should be developed. It should include the overall summary rating of OCAT and the developed OCIP. It should be circulated to all involved, including the Board/Executive Committee members. The raw data emanating from the assessment element (i.e. the completed OCAT) should be kept at the association's secretariat. This resource will prove useful for evaluation purposes at the end of the cycle.

STEP 3: Getting the Organization Capacity Improvement Plan (OCIP) ratified by Board and/or Executive Committee

Before its implementation, the OCIP and its accompanying documents (e.g. the work plan for year 1) should be ratified by the Board and/or Executive Committee. (See appendix E for more information.)

STEP 4: Implementing and monitoring the OCIP

Once the OCIP has been ratified and the work plan for year 1 approved, the Capacity Building Team / Committee can then proceed with its full implementation. The process of implementing the OCIP is similar to the process used for implementation of project/programs and is guided by annual work plans.

Monitoring occurs at two levels in the OCIP, monitoring milestones and/or deliverables associated with the OCIP and its annual work plan and monitoring to assess overall improvement in organization capacity. (See appendix E for more information.)

Tip for Success:

- You will need resources to carry out your improvement plan. Make sure your plan is realistic for the resources you have available.

STEP 5: Reporting progress

Yearly progress reports should be prepared and presented to the Board/Executive Committee for review. The annual work plan should be used as the basis for the preparation of this report. (See appendix E for more information.)

STEP 6: Applying the OCAT at the end of the capacity improvement cycle

At the end of the 3 or 5 year cycle, a comprehensive capacity assessment, using the OCAT, is again conducted to gather data about the current capacity of the association. The findings of this assessment are then compared with the ones emanating from the initial assessment as to determine the change and progress in strengthening capacity.

This exercise can be completed by the Capacity Building Team/Committee and a few Board/Executive Committee members (as described in step 5 for the mid cycle assessment) or again through the means of the workshop format (as described in step 2).

The workshop format, although most onerous (e.g. in time and resources), would permit not only to include a greater number of participants in the evaluation of the capacity improvement cycle but further, lay out the ground work needed to initiate the next cycle of capacity improvement.

Tip for Success:

- Capacity assessment and improvement is most effective when it is a regular process carried out by the organization.

APPENDIX A

Applying the Organization Capacity Assessment Tool (OCAT)

Overview

The association capacity improvement cycle begins with an initial assessment using a defined set of questions.

The Organization Capacity Assessment Tool (OCAT) has been designed to reflect the main core dimensions of organizational capacity for a professional health association. Each of the core dimensions (culture, operational capacity, performance, external relations and perception, and functions) has a set of capacity areas considered for assessment. The capacity for each of these areas is assessed through specific questions.

See Table 2 for an outline of SOGC's OCIF core dimensions and their accompanying capacity areas.

Applying the OCAT

1. The objective of the assessment is to give the association a reasonable sense of their capacity in the core organizational dimensions. The assessment will be the basis for developing the OCIP and will serve as a baseline for measuring overall capacity change at mid-term and at the end of the 3-5 year capacity cycle.
2. The assessment tool and analysis is designed to give an association a reasonably good indication of the stage of capacity the association has reached. As such, assessors should not be overly concerned about the numerical rating they choose, nor try to make a direct match of the OCAT assessment rating to the Professional Association Stages of Development. The assessment rating should be reasonable to the team and reflect a realistic linkage to which stage of overall development the association it is and to the environment in which the association is operating.
3. Although some areas of focus will appear to be more meaningful or relevant than others, it is recommended to address all areas (and rate them) in order to obtain a comprehensive picture of the overall capacity of the association. However, the areas in which the association chooses to improve capacity will depend on its priorities and resources.
4. The workshop facilitator(s) should use the tool and its guiding questions to stimulate discussion of the organization's level of capacity.
5. Each question should be considered according to what would be considered as ideal capacity characteristics of an organization and a rating applied based on collective input of the workshop participants. The following scale and definitions should guide the rating.

Table 4: Capacity rating scale for the assessment questions of the OCIT

Capacity Rating	Capacity Description	Rating/Description Definition
0	None	New capacity to develop
1	Basic	Capacity, often poorly applied, supporting a basic or minimal degree of performance
2	Moderate	Capacity, inconsistently applied, supporting a reasonably acceptable or average degree of performance
3	Intermediate	Capacity, generally consistently applied, supporting above average or good performance
4	High	Capacity, consistently applied, supporting significant performance

6. For each question, the section “Comments” should be used to justify or support the rate given (one or two sentences only). These notes can help in the discussion and selection of a capacity rating but further, will be extremely useful when comparing the baseline data at the beginning of the cycle to the one collected in mid and at the end of the cycle.
7. The workshop facilitator(s) can refer to Appendix B: Making Use of the Stages of Professional Association Development to help the group rate capacity in each area.
8. On completion of the assessment tool, the Capacity Building Team/Committee should use Appendix C: Completing the Capacity Analysis to calculate the overall ratings of the core dimensions and their capacity area considered.

Template 1: Organization Capacity Assessment Tool (OCAT)

Name of the association: _____

Date of Completion: _____ By whom: _____

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
1. Culture of the Association						
1.1 Vision and Mission						
1.1.1 Does the association have a clearly documented vision and mission statement?						
1.1.2 Is the vision understood by all members, giving a sense of purpose and direction to the association?						
1.1.3 Is the mission understood by all members, giving a sense of purpose and direction to the association?						
1.1.4 Do association members support the mission statement?						
1.1.5 Are the goals and actions of the association consistent with the mission statement?						
1.1.6 Are the vision and mission reviewed on a regular basis (i.e. is there a formal process to review the vision and mission)?						
Other Comments:						
1.2 Values (e.g. professionalism, justice, equity, excellence, etc.)						
1.2.1. Are the association's values defined and promoted (e.g. in a document)?						
1.2.2 Does the association specifically value the equal participation of men and women in the organization? (e.g. In positions of influence within the association such as: President, member(s) of the Executive Committee, Executive Director)?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
1.2.2 Do most members of the association identify with the organization's values?						
1.2.3 Do association actions (i.e. projects, programs, statements, etc.) reflect its culture and values?						
1.2.4 Is there a positive attitude towards change within the association?						
Other Comments:						
1.3 Rewards/Incentives (e.g. reimbursement of expenses, honorarium, public recognition, award, etc.)						
1.3.1 Are the policies, rewards/ incentives and compensation adequate for attracting, keeping and motivating members?						
1.3.2 Are the policies, rewards/ incentives and compensation adequate for attracting, keeping and motivating volunteers?						
1.3.3 Are the policies and rewards/ incentives adequate for attracting, keeping and motivating staff (if the association has any)?						
1.3.4 Are people within the association treated fairly and in the same way, regardless of gender, language, geography, qualifications, rank or position?						
1.3.5 Are people outside the association treated fairly and in the same way, regardless of gender, language, geography, qualifications, rank or position?						
Other Comments:						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
2. Operational Capacity of the Association						
2.1 Governance						
2.1.1 Is the association's Board and/or Executive Committee governed by a constitution and rules and bylaws? Are these governing documents still relevant?						
2.1.2 Does the association have a Board and/or Executive Committee that provides overall direction and sets priorities?						
2.1.3 Are the Board and/or Executive Committee's roles and responsibilities clearly defined and understood?						
2.1.4 Does the Board and/or Executive Committee meet on a regular basis, complete their responsibilities and properly document all their decisions?						
2.1.5 Are Board and/or Executive Committee members adequately prepared and capable of fulfilling their governance responsibilities?						
2.1.6 Is the balance of men and women on the Board and/or Executive Committee representative of the membership, and the profession in general?						
2.1.7 Does the Board and/or the Executive Committee support gender equity within the organization and its programs?						
2.1.8 Are Board and/or Executive Committee members from all regions of the country?						
2.1.9 Does the Board and/or Executive Committee have members from outside the association (i.e. other stakeholders) including the public?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
2.1.10 Does the Board and/or Executive Committee have a process to review and assess its performance?						
2.1.11 Does the Board and/or Executive Committee have good credibility in the professional and medical community and among key stakeholders?						
Other Comments:						
2.2 Leadership and Management						
2.2.1 Does the association have an Executive Director responsible for the organization's daily operations and leadership?						
2.2.2 Are the roles and responsibilities of the Executive Director and/or staff clearly defined and understood?						
2.2.3 Is the Executive Director an official member of the Board and/or Executive Committee (e.g. does he attend all meetings, ensure that the agenda/minutes are prepared, have a vote, etc.)?						
2.2.4 Is there a productive working relationship between the Board and/or Executive Committee and the Executive Director and/or staff?						
2.2.5 Do members support the association's Executive Director and/or staff?						
2.2.6 Are there enough active Board and/or Executive Committee members, committees and staff for implementing the association's strategy and improving performance?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
2.2.7 Does the association have a defined structure with clear lines of authority and accountability for Board/Executive Committee, Executive Director, volunteers, staff?						
2.2.8 Does the association's structure have the capacity to absorb and manage new projects?						
2.2.9 Does the association have adequate and effective administrative policies and procedures in place to support its work?						
2.2.10 Is the Executive Director and/or staff able to identify problems, make decisions and take appropriate actions within their responsibilities without interference?						
2.2.11 Does the association develop realistic and detailed work plans, aligned with the strategic planning process, to manage the association?						
Other Comments:						
2.3 Strategy						
2.3.1 Does the association have a formal strategic plan?						
2.3.2 Is strategic planning exercise an open and broadly participative process?						
2.3.3 Did the strategic plan exercise include an environment scan to consider how change impacts the association and its strategic priorities?						
2.3.4 Is the strategic plan distributed to members and made available to external stakeholders?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
2.3.5 Do the Board and/or Executive Committee/the Executive Director/members/ staff understand and support the goals/objectives/priorities of the strategic plan?						
2.3.6 Is there a process for reporting progress, reviewing and revising the strategic plan?						
2.3.7 Does the mission/vision/ priorities of the strategic plan address the issues and concerns of the membership?						
2.3.8 Does the strategic plan have a gender equity strategy and/or actions?						
2.3.9 Are the mission/vision/ priorities of the strategic plan relevant to the country?						
Other Comments:						
2.4 Financial Management (e.g. Planning, Accountability, Monitoring and Resources)						
2.4.1 Is an annual budget produced that is integrated with the financial planning?						
2.4.2 Are members of the Board and/or Executive Committee involved in financial planning, budgeting and monitoring?						
2.4.3 Are monthly financial reports completed and reviewed by the Board and/or Executive Committee?						
2.4.4 Are audits conducted by an external person, reported and acted upon on an annual basis?						
2.4.5 Does the association follow nationally accepted accounting principles or an equivalent?						
2.4.6 Is the Executive Director of the association involved in the preparation, management and monitoring of the annual budget on an ongoing basis?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
2.4.7 Is there an adequate computerized bookkeeping system (e.g. computer software) that can generate monitoring and reporting information?						
2.4.8 Is a consolidated financial report for the association as a whole (i.e. not only for project funding) prepared and disseminated annually?						
Other Comments:						
2.5 Human Resources³ (Paid staff and members who provide technical expertise)						
2.5.1 Does the association have a transparent and competitive process to recruit staff with the skills needed to fulfill its needs?						
2.5.2 Does the association have a transparent and competitive process to recruit volunteers with the skills to fulfill its needs?						
2.5.3 Does the association have administrative/support staff ?						
2.5.4 Does the association have staff with accounting/ financial management skills (i.e. accountant, financial officer, etc.)?						
2.5.5 Do job descriptions and employment contracts exist for staff and are they clear and up to date?						
2.5.6 Are salaries and benefits clearly outlined and competitive?						
2.5.7 Is there adequate staff, in number and qualifications, to meet the organization's needs?						
2.5.8 Is there adequate volunteers, in number and qualifications, to meet the organization's needs?						
2.5.9 Does the association have information kits, policy manuals, etc. for its members, volunteers and staff?						

3. In this manual, the term "human resources" relates to paid staff and members who may be paid or not and who provide technical expertise for the association's activities. These members sit on technical committees and act as instructors and/or as technical experts on issues such as maternal mortality audits. They are different from the volunteer members who assume roles at the governance level of the association, for example sit on the Executive Committee and/or other relevant committees (i.e. strategic planning committee, annual clinical meeting committee, election committee, etc.

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
2.5.10 Do performance reviews for staff take place at regular intervals?						
2.5.11 Do staff employed by the association have the appropriate qualifications and experience for the jobs they do?						
2.5.12 Does the association have policies and processes that specifically support gender equity?						
2.5.13 Is staff morale good, in general?						
Other Comments:						
2.6 Program/Project Management Capabilities (e.g. Planning, Implementation, Monitoring and Evaluation)						
2.6.1 Is there a documented work plan for each program/project?						
2.6.2 Does the association use specific tools to manage programs/projects (e.g. results based management framework (RBM) or Logical Framework Approach (LFA))?						
2.6.3 Does the association show good working relationships among staff and volunteers implementing programs/projects?						
2.6.4 Does the association demonstrate good problem solving skills and decision-making?						
2.6.5 Does the association monitor programs/project activities?						
2.6.6 Does the association evaluate its programs/project performance and improve from lessons learned?						
2.6.7 Does the association meet agreed-upon internal and external reporting requirements for performance?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
2.6.8 Is feedback on performance provided to appropriate person(s) and/or group(s)?						
Other Comments:						
2.7 Communication						
2.7.1 Does the Board and/ or Executive Committee communicate with the members on a regular basis on issues of importance?						
2.7.2 Does the association have a communication plan that supports its strategy, goals and objectives?						
2.7.3 Does the association communicate and promote gender equity both internally and externally?						
2.7.4 Are the mission, vision and strategic directions communicated effectively by the association to all members and external stakeholders?						
2.7.5 Does the association have a newsletter (paper or electronic version)? Is it published on a regular basis?						
2.7.6 Does the association have a web site? Is it updated on a regular basis?						
2.7.7 Does the association communicate its unique role and position within the sector to external stakeholders?						
Other Comments:						
2.8 Infrastructure						
2.8.1 Does the association have the necessary office space to support and facilitate its daily work?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
2.8.2 Are the association headquarters and regional offices (if any) easily accessible (e.g. accessible location, accessible by public transportation)?						
2.8.3 Are facilities maintained and managed effectively and efficiently?						
2.8.4 Does the association have the necessary technology/ communication systems (e.g. telephone, email, fax, internet, computers) to support and facilitate daily work?						
2.8.5 Does the association have the financial and technical capacity to maintain equipment and connectivity?						
2.8.6 To what extent does a lack of technology resources affect the association's performance?						
Other Comments:						
3. Performance of the Association						
3.1 Effectiveness						
3.1.1 How effective is the association in carrying out its mission and implementing its strategies?						
3.1.2 How well does the association implement its programs/projects?						
3.1.3 Does the association work in a way that assures quality products or services (e.g. developing a training program to a governmental or international standard)?						
3.1.4 Is there a measurement system in place (e.g. quantitative and qualitative indicators) to capture the extent to which goals and objectives are realized?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
3.1.5 Does the association demonstrate an ability to carry out its activities and accomplish its tasks in a reasonable time and at a reasonable cost?						
3.1.6 Do beneficiaries (e.g. participants of their CME activities, etc.) of the association's programs deem them to be satisfactory?						
3.1.7 Does the association evaluate the quality and impact of its activities and make improvement adjustments on a regular basis?						
3.1.8 Is the association effective in communicating to its membership and to stakeholders?						
Other Comments:						
3.2 Efficiency						
3.2.1 Is performance assessed in relation to financial plans and budgets?						
3.2.2 Does the association use its human, financial and physical resources efficiently?						
3.2.3 Does the association deliver its programs/projects/activities within its budget?						
Other Comments:						
3.3 Relevance						
3.3.1 Does the association provide products/services (e.g. CME, access to professional information, technical resources, clinical protocols and guidelines, etc.) that respond to its members and stakeholders needs?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
3.3.2 Are members and stakeholders surveyed on a regular basis to obtain their perceptions of the association?						
3.3.3 Is the association willing and able to adapt to changes driven by its members and stakeholders (i.e. is it responsive to those it serves)?						
3.3.4 Does the association promote itself with the government, public and other stakeholders?						
3.3.5 Does the association monitor its reputation with stakeholders?						
3.3.6 Does the association encourage innovation?						
Other Comments:						
3.4 Financial Position						
3.4.1 Is the annual budget adequate enough for the association to fulfill all its obligations?						
3.4.2 Is the association able to generate the revenues it needs to meet its budget, goals and respond to stakeholder expectations?						
3.4.3 Is the association capable of developing project proposals and develop/nurture contacts and relationships with the donor community?						
3.4.4 Does the association have a surplus of cash to use during difficult times?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
3.4.5 Is the association financially self-sustainable (i.e. it has sustainable revenue generating activities and does not depend on external financial support)?						
3.4.6 Is there ongoing, stable and predictable support from existing funding sources (e.g. membership, donors, government)?						
3.4.7 Does the association have a strategy to strengthen its financial position in the long term?						
Other Comments:						
4. External Relations and How the Association is Perceived						
4.1 Environment within which the Association Functions						
4.1.1 Is the association able to cope with political instability and unexpected changes?						
4.1.2 Does the association manage political, social or other factors that are likely to negatively impact its performance?						
Other Comments:						
4.2 Legal and Political Framework						
4.2.1 Is the association legally recognized (e.g. as a profession association and/or a non-governmental organization (NGO)) by the Government?						
4.2.2 Does the association have the capacity to act within the legal and political framework of the country?						
Other Comments:						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
4.3 Linkages and Networks						
4.3.1 Does the association's policy positions align and link with those of other key stakeholders?						
4.3.2 Do senior leaders within the association build productive alliances, partnerships and networks with other national and international organizations?						
Other Comments:						
4.4 Ownership and Participation						
4.4.1 Is there a strong sense of ownership and pride by members, volunteers and staff of the association?						
4.4.2 Is the association perceived as being under independent control and governed by its Board/Executive Committee and members?						
4.4.3 Do major stakeholders perceive the association as a local and/or national asset and support it?						
4.4.4 Is the association perceived as legitimate and trustworthy by the public?						
4.4.5 Is the association perceived as being open and transparent in all its operations?						
Other Comments:						
5. Functions of the Association						
5.1 Membership Services						
5.1.1 Do individual members have an opportunity to review and contribute to the mission, vision and strategic directions?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
5.1.2 Are members actively involved through the structures and activities of the association (e.g. committees, scientific activities, annual general meetings, etc)?						
5.1.3 Does the association have a structured process to collect membership profile data, including membership fees?						
5.1.4 Does the association recognize and have multiple categories reflecting the diversity of individual membership (e.g. active members, life members, junior members, associate members, affiliate members, etc.)?						
5.1.5 Are membership benefits (and obligations) actively communicated to members and the professional community?						
5.1.6 Is membership in the association stable or changing (e.g. increase/decrease, M/F ratio)?						
Other Comments:						
5.2 Promoting Quality and Standard Care						
5.2.1 Is the association seen by government(s) as the source of expertise and information on issues related to the profession?						
5.2.2 Does the association provide opportunities for professionals to maintain and update their qualifications, competencies, etc.?						
5.2.3 Does the association have a code of ethics for practitioners, which is widely communicated and accepted among members?						
5.2.4 Does the association have the mandate to intervene when and where appropriate in situations of deficient professional practice?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
5.2.5 Does the association actively contribute in legislative processes related to professional and practice issues and public health policy?						
5.2.6 Does the association provide and/or lead in the provision of CME for practitioners?						
5.2.7 Is the association involved at the level of the countries human resource planning as it relates to practitioners and health care?						
Other Comments:						
5.3 Advancing Professional Practice						
5.3.1 Does the association publicly recognize excellence in professional practice (e.g. practice, education, research, leadership, and policy)?						
5.3.2 Are there activities in place to encourage and support positive, quality practice environments for practitioners?						
5.3.3 Does the association undertake initiatives to improve salary, fee for services and benefit programs for practitioners?						
5.3.4 Does the association meet regularly with other professional associations for the purpose of sharing best practices, engaging in mutual learning opportunities and developing collaborations?						
Other Comments:						
5.4 Influencing Medical Practice and Health Policy						
5.4.1 Does the association represent their members on professional and health issues to the public, governments and other organizations?						

Assessment Questions	Assessment Score					Comments
	0	1	2	3	4	
5.4.2 Does the association foster and maintain links with key decision makers in the Ministry of Health and other key organizations (e.g., through regular communications and the ongoing exchange of resources)?						
5.4.3 Are position statements on health policy issues developed and disseminated by the association?						
5.4.4 Does the association have specific policies and strategies for promoting gender equity?						
5.4.5 Is the association consulted regularly for expert opinion on health policy concerns by the media, other civil society organizations and governments?						
5.4.6 Is the association a member of a recognized international federation (e.g. the International Federation of Gynecology and Obstetrics (FIGO), regional federations or societies)?						
5.4.7 Do association leaders have the skills to advocate effectively for healthy public policies, appropriate health care delivery and quality care?						
5.4.8 Does the association have a strategy and process for working with the media?						
Other Comments:						

APPENDIX B

Making Use of the Stages of Professional Association Development

Overview

The Stages of Professional Association Development table (see table 5) provides a brief description of the development of organizational capacity in terms of stages of a professional health association's maturation. The tool provides, for each capacity area, examples of what could be expected of an association as it progresses from a basic, to moderate, to intermediate and finally to a high level of organizational maturity.

Applying the Stages of Professional Association Development Guide

The table provides additional information that can be used in Step 2 of the capacity improvement cycle when assessing the association's capacity and Step 3, when analyzing the data. The guide is meant to be a flexible tool to help discussion and provide users with a sense of the stages of development or maturation of an organization. It can help to determine what areas of capacity need to be improved. Users can refer to the guide as they discuss the level of capacity of their association and determine its rating.

Table 5: Stages of Professional Association Development

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
1. CULTURE OF THE ASSOCIATION			
<i>Vision, Mission, Values and Rewards/Incentives</i>			
There is a general idea but limited expression of the mission and the reason for the association's existence.	The mission may be clear to the Board and/or the Executive Committee, Executive Director and staff, but is not well understood by the members and staff and is only referred to, occasionally.	The mission is clear to the Board and/or Executive Committee, members and staff and is generally understood by stakeholders and the public. It is often referred to.	The association has a clearly articulated mission which is understood by all members, stakeholders and the public.
The activities of the association have little relationship to the vision and mission.	The activities of the association generally reflect the vision and mission.	The activities of the association are aligned with the vision and mission.	The activities of the association are aligned and support the vision and mission of the organization.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
The common values and the basic beliefs of the association are difficult to detect and if they are perceivable, they are partially aligned with organizational purpose.	The common values and the beliefs are shared by many in the association but rarely applied or used as a means to produce change or impact.	The values and the beliefs are held by many and provide a sense of identity, are aligned with the vision and mission and occasionally applied or used as a means to produce change and impact.	The values and the beliefs are widely spread and ingrained in the association, providing members with a sense of identity and clear direction for behavior.
Gender equity may be recognized but there are no explicit statements of commitment. If any exist they are not effective in translating into concrete policies and activities.	Gender equity is a recognized value and is explicit in the association's policies. The association makes effort to ensure its programs and activities reflect its gender policy.	All members recognize gender equity as a value. Clear policies exist to guide programs and activities in support of this value.	Gender equity is an ingrained value within the association and is both explicit and implicit in all its policies and activities.
1. OPERATIONAL CAPACITY OF THE ASSOCIATION			
Governance			
Board and/or Executive Committee membership have no diversity (i.e. male/female, rural/urban, public/private practice, etc.), limited experience and low commitment to the association's success, vision and mission.	Board and/or Executive Committee membership have some diversity, moderate commitment to the association's success, vision and mission.	Board and/or Executive Committee membership reflects good diversity, good commitment to the association's success, vision and mission and behaves accordingly.	Board and/or Executive Committee membership reflects the varied interests of the professional community and members, including the public, demonstrates an outstanding commitment to the association's vision, mission and its success and displays behaviors that support the association and addresses its problems.
Board and/or Executive Committee does not know or understand their roles and responsibilities related to oversight, and policy direction.	Board and/or Executive Committee are beginning to understand and put into practices their roles and responsibilities and thus provide oversight and policy direction to the association.	Board and/or Executive Committee are able to differentiate between its role in oversight and policy direction and that of operational management.	Board and/or Executive Committee provide overall policy direction and oversight and which is clearly differentiated from the role of operational management. Furthermore, it provides accountability and credibility.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
Board and/or Executive Committee meet infrequently and/or has poor attendance. Documentation related to the meeting (e.g. agenda, minutes of meeting) is rarely produced.	Board and/or Executive Committee have regular, purposeful meetings, generally well attended. Documentation related to the meeting (e.g. agenda, minutes of meetings) is produced occasionally.	Board and/or Executive Committee have regular, purposeful meetings, generally well attended. Documentation related to the meeting (e.g. agenda, minutes of meetings) is produced, circulated but not used efficiently to see evolution of activities or discussions.	Board and/or Executive Committee have regular, purposeful meetings, generally well attended and highly focused and productive. Documentation related to the meeting (e.g. agenda, minutes of meetings) is produced, circulated and used efficiently to see evolution of activities or discussions.
Board and/or Executive Committee have little understanding of gender equity or how to support it through its decision-making processes.	Board and/or Executive Committee are aware of gender equity issues but do not always consider these in their decision-making.	Gender equity issues are almost always considered in decision-making but this commitment is not supported by policies, plans, etc.	Board and/or Executive Committee have a strong understanding and commitment to gender equity which is reflected in all decision making. This commitment is also supported with policies and strategies in support of gender equity.
Leadership and Management			
The Board and/or Executive Committee, Executive Director and staff (if any) lack a clear understanding of their respective roles and responsibilities.	The Board and/or Executive Committee, Executive Director and staff have an understanding of their respective roles and responsibilities but operationally they are not distinct.	The Board and/or Executive Committee, Executive Director and staff have a clear understanding of their respective roles and responsibilities and operate accordingly.	The Board and /or Executive Committee, Executive Director and staff have a clear understanding of their roles and responsibilities and work harmoniously to advance the organization.
No clearly defined organizational structure exists and lines of authority and responsibility are not clearly defined.	There is a defined organizational structure but lines of authority remain unclear and authority tends to be exercised by an individual or a few individuals.	There is a defined organizational structure with clear lines of authority and responsibility.	There is a defined organizational structure with clear lines of authority and responsibility. The organization's structure evolves to meet the need of the association as it grows.
The association's structure manages a minimum of activities, most focus on the conduct of annual scientific congress.	The association's structure manages some activities and small, punctual projects.	The association's structure is able to manage its activities, projects and programs and absorb and manage a limited number of new projects/initiatives.	The association's structure is able to manage a growing number of activities, projects and programs and initiate/absorb and manage, effectively and efficiently, new projects and initiatives.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
Strategy			
The association has limited ability and tendency to develop a strategic plan.	The association has some ability and tendency to develop a strategic plan, generally involving a small group within the association, the results of which have been documented. The plan may or may not have been ratified.	The association has the ability to develop a realistic strategic plan through a process that has engaged a broad input from within the association. The plan is documented ratified, but partially implemented & not formally monitored nor evaluated.	The association has the ability and commitment to develop a strategic plan through a formal process that engages broadly the membership and other stakeholders. The plan is ratified and then implemented, monitored and evaluated.
If a strategic plan exists, the association does not or rarely use it or it has little or no impact.	There is some linkage between the strategic plan and the activities of the association.	The strategic plan is used to define the goals and objectives of the association and to direct its activities and guide management decisions.	The strategic plan is the basis for driving the planning and decisions of the association and its actions.
If a strategic plan exists it is not relevant to the situation and/or health issues of the country.	There is some linkage between the strategic plan and the situation and/or health issues of the country.	The strategic plan reflects attempts by the association to contribute to improving health outcomes of the country.	The association's strategic directions reflect the situation of the country and a few priorities address a commitment to improve health outcomes.
Gender equity may or may not be identified in the strategic plan, but no committed objectives exist.	Gender equity may be identified but may not be a priority within the strategic plan.	Gender equity is an identified aspect of the strategic plan but no specific plan is developed on how to promote it.	Gender equity is a priority for the association and a specific plan is outlined on how to promote it.
Financial Management (e.g. Planning, Accountability, Monitoring and Resources)			
The association's financial procedures and reporting systems are nonexistent, incomplete or incorrect and difficult to understand. Financial reports, if produced, are often not produced in a timely fashion.	The association has basic financial procedures and reporting systems in place, but these are not used for financial management. Financial reports are often produced in response to donor demand.	The association has financial procedures and reporting systems in place and these function partially. The reports produced are generally accurate, complete and are made available to the Board and/or Executive Committee and the Executive Director.	The association's financial procedures and reporting systems are in place and function fully. The reports produced are accurate and complete and are provided to donors in time and/or made available to the Board and/or Executive Committee and the Executive Director on a regular basis.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
The association's financial reports are not reviewed by the Board and/or Executive Committee and Executive Director.	The association's financial reports are occasionally reviewed by the Board and/or Executive Committee and Executive Director and are not used for planning or reviewing purposes.	The association's financial reports are always reviewed by the Board and/or Executive Committee and the Executive Director and attempts are made to use them for planning and reviewing purposes.	The association's financial reports are reviewed and acted upon by the Board and/or Executive Committee and the Executive Director.
The association conducts no external financial audits.	The association conducts external financial audits upon the request of a donor. Recommendations of the audits are not necessarily acted upon.	The association occasionally conducts external financial reviews, usually upon the Board and/or Executive Committee's request. Recommendations of the audits may be acted upon.	The association conducts external audits on a regular basis and act upon recommendations emanating from the exercise.
The Treasurer of the association is the one solely responsible for the preparation and management of a budget. He/she might or might not have much knowledge and skills in this area.	The Executive Director and/or senior staff and/or accountant and/or Treasurer are the only association members who know and understand budget information.	The association has a knowledgeable and skilled staff member responsible for financial management and when appropriate, other persons are consulted by financial manager(s) about budget planning and expenditures.	A financial unit/ department is responsible for the preparation, management and monitoring of annual budgets and these are presented to the Board/ Executive Committee regularly.
Human Resources⁴ (e.g. paid staff and members who provide technical expertise)			
The association has no paid staff and all activities/programs are managed by volunteers who do not necessarily have the skills nor the resources needed (e.g. time and financial) to plan, implement and manage the activities/ programs.	The association has an Executive Director, a few staff, a few members who provide technical expertise and volunteers, that are expected to carry out responsibilities beyond their expertise and some essential tasks are not done by anyone.	The association has a mix of staff, including professional and administrative, members who provide technical expertise and other volunteers but their numbers remain insufficient to meet the human resource needs of the organization.	The association has the ability to hire the professional and administrative support staff and recruit the necessary technical experts and volunteers needed to support its activities and programs.

4. In this manual, the term "human resources" relates to paid staff and members who may be paid or not and who provide technical expertise for the association's activities. These members sit on technical committees and act as instructors and/or as technical experts on issues such as maternal mortality audits. They are different from the volunteer members who assume roles at the governance level of the association, for example sit on the Executive Committee and/or other relevant committees (i.e. strategic planning committee, annual clinical meeting committee, election committee, etc).

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
Gender equity is not explicitly reflected in human resource planning (i.e. for paid staff and members who provide technical expertise), or in the staff / members who provide technical expertise activities within the association.	Gender equity is a consideration in the human resource planning (i.e. for paid staff and members who provide technical expertise), though it may not be explicitly stated or fully reflected in the staff / members who provide technical expertise activities within the association.	Gender equity is reflected in human resource planning (for paid staff and members who provide technical expertise) and in the staff / members who provide technical expertise activities within the association.	Gender equity is reflected in human resource planning (for paid staff and members who provide technical expertise) and in the staff / members who provide technical expertise activities within the association.
When the association has staff, job descriptions, employment contracts and procedures for performance appraisal is nonexistent or very basic.	Human resource procedures (e.g. interview processes, job descriptions, employment contracts, performance appraisal) have been developed, but not used consistently.	Human resource procedures (e.g. interview processes, job descriptions, employment contracts, performance appraisal) have been developed, and attempts are made to use them consistently.	Human resource procedures (e.g. interview processes, job descriptions, employment contracts, performance appraisal) are reviewed regularly and used consistently.
Salaries are not competitive nor do benefits exist as per standards of the country. Incentives and rewards for volunteers do not exist.	Some benefits exist but salaries may not be competitive. Incentives and rewards for volunteers occasionally exist, depending on the funding source for the activity.	Salaries and benefits are structured but not fully competitive. Incentives and rewards for volunteers are provided, but the system is not supported by clear and transparent policies and procedures.	Salaries and benefits are structures and fully competitive. Incentives and rewards for volunteers are promoted and provided and their management is supported by clear and transparent policies and procedures.
Program/Project Management Capabilities (e.g. Planning, Implementation, Monitoring)			
The association does not understand and is not familiar with program design, implementation, monitoring and evaluation principles and/or approaches and has extremely limited capacity to apply these management tools.	The association responds mostly to donor requirements for program design, implementation, monitoring and evaluation. The donor's project/program management tool is understood by those most involved in the projects/programs.	The association has a commitment to integrate internationally recognized project/ program management principles and resources are used to build capacity of staff/volunteers in the field.	The association promotes and values the use of internationally recognized project/ program management principles and has the ability to develop, manage and monitor and evaluate its projects/ programs by these methods.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
Program development is largely donor or volunteer driven with no input from others.	Program development is either donor or staff driven with limited participation of others.	The association has put in place a participative system for the development of its projects/programs. Members/ volunteers and staff support is solicited.	The association has put in place a comprehensive system for the development of its projects/programs. Members/volunteers and staff support and expertise are solicited and used.
Monitoring, evaluation and reporting activities are not included in the program design.	Efforts are made to integrate in project/ program design monitoring, evaluation and reporting strategies but these are not adhered to/used during implementation and evaluation.	The association has committed to ensure that monitoring, evaluation and reporting strategies are integral to all their projects/ programs. Resources are made available to staff/volunteers to gain skills in this field and/ or to retain the services of consultants, when needed.	The association has the capacity, structure, skills and resources to use and apply monitoring, evaluation and reporting in the overall management of their projects/programs.
Gender equity is not a consideration or has limited impact in program/ project planning and implementation.	Gender equity is often an element in program/ project planning and implementation.	Gender equity is always an element in program/ project planning and implementation.	Gender equity is successfully integrated into all program/ project planning and implementation.
Communication			
The association has little understanding of the communication needs of stakeholders (internal and external).	The association recognizes there are different communication needs for stakeholders and occasionally addresses these.	The association understands the communication needs of its stakeholders and addresses them as required.	The association understands the communication needs of stakeholders and integrates these into its planning and actions.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
The association is not well known outside the range of its membership and immediate stakeholders. It is unclear about the messages it wishes to communicate and has no clear image of the profession which it presents to the public. It has little or no documents for dissemination that provide information about its activities, policies (including gender equity), and objectives.	The association is known in the medical community, but does little to promote its activities within the public. It has some key messages (including gender equity) and ideas of the image it wishes to communicate but limited ability to do so. The association has limited (at times not updated) documents for dissemination.	The association is known quite broadly and often promotes itself to stakeholders and the public. It has definite lines of communications (including issues such as gender equity) and a clear image it wishes to portray. It produces promotional material and documents for dissemination.	The association is well recognized and proactively promotes its key messages (including gender equity) on a regular basis. It produces promotional materials, including special documentation/resources for dissemination.
Communication within the association (between staff, elected officials and members) is limited.	Communication within the association (between staff, elected officials and members) is two way and occurs often formally and informally.	Communication within the association (between staff, elected officials and members) is open and all parties are receptive to hearing what others have to say.	Communication within the association (between staff, elected officials and members) is open; all parties are receptive to hearing what others have to say and are responsive to them.
Infrastructure			
Physical infrastructure: Office space is none existent or inadequate, resulting in loss of effectiveness and efficiency (e.g. unfavorable location for staff and members; insufficient workspace for individuals or teams; poor conditions (size, light, lay out, security)).	Physical infrastructure: Office space can be made to work well enough to suit organization's most important and immediate needs. Improvements could greatly help improve effectiveness and efficiency.	Physical infrastructure: Office space is fully adequate for the current needs of the organization. Infrastructure does not impede effectiveness and efficiency (e.g. favorable location for staff and members; sufficient workspace for individuals and teams; possibility for confidential discussion; good conditions (size, light, lay out, security)).	Physical infrastructure: Office space is well tailored to the organization's current and anticipated future needs. It is well designed and thought out to enhance effectiveness and efficiency.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
Technological infrastructure: No or limited telephone and fax facilities; limited or no use of computers, applications and email by staff and/or volunteers responsible for association's business; no web site; no or limited databases and management reporting systems for tracking members, volunteers, program outcomes and financial information.	Technological infrastructure: Adequate basic telephone and fax facilities accessible to most staff/volunteers, moderately reliable and user friendly, possibly lacking certain productivity features (e.g. voice mail); reasonably equipped with computers, applications and email with staff / volunteers commonly sharing; may have a limited website; databases and management reporting systems exist only in a few areas.	Technological infrastructure: Dependable telephone and fax facilities accessible to all staff /volunteers and meeting day-to-day communication needs, includes productivity features; solid hardware and software infrastructure, reliable email, no or limited sharing of equipment is necessary; website containing basic information, up-to-date developments, information is easy to maintain and regularly maintained.	Technological infrastructure: Sophisticated and reliable telephone and fax facilities accessible by all staff/volunteers , full productivity features and may include additional facilities (e.g. pagers, cell phones); state-of-the-art networked computer hardware with a comprehensive range of up-to-date software applications and email essential for operations; all staff have individual computer access and email; comprehensive and interactive website, regularly maintained and up-to-date on the latest organization and practice developments serving as a useful resource.
Information is collected randomly and manually. Information is not shared among members or stakeholders.	Data utilization potential is not understood; systems perform only basic functions, may be awkward to use and are used only occasionally by staff.	Databases and management reporting systems exist in most areas for tracking members, volunteers, programs and financial information, all commonly used to increase information sharing and efficiency.	Comprehensive databases and management reporting systems exist for tracking members, volunteers, programs and financial information, widely used and essential in increasing information sharing and efficiency.
2. PERFORMANCE OF THE ASSOCIATION			
<i>Performance, Effectiveness and Efficiency</i>			
The association collects minimal data on program activities and outputs but has no outcome measurement. Few external performance comparisons made and internal performance data rarely used to improve programs or the association.	The association regularly collects solid data on program activities and outputs but lacks or has weak outcome measurement. Some efforts are made to measure activities and outcomes against external standards. Internal performance data are used occasionally to improve the association.	The association makes use of effective measurement of performance and progress, but this is driven largely by donors and often confined to selective projects. Knowledge is shared within the association and often used to make adjustments and improvements.	The association uses well-developed comprehensive integrated systems for measuring organization performance and progress on a continual basis using well defined core indicators. Outcome measurement is based on longitudinal studies with controls under expert supervision.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
The association makes no or minimal assessment of programs and has minimal ability to scale up or replicate existing programs.	The association conducts limited assessment of programs and has some ability to scale up or replicate existing programs.	The association occasionally conducts assessment of programs, and further undertakes action to scale up or replicate existing programs.	The association has a comprehensive internal and external benchmarking system and assessment is part of the culture and is used by staff in target-setting and daily operations. A systematic practice of making adjustments and improvements exists.
The association's programs/projects are rarely completed on time, within budget and/or meeting the expectations of stakeholders.	The association's programs/projects are generally completed on time, within budget and meet stakeholder expectations.	The association's programs/projects are always completed on time, within budget and meet or exceed stakeholder expectations on occasion.	The association's program/project success is the norm and is the product of a solid organization infrastructure that promotes performance of excellence.
Relevance			
Core programs and services are vaguely defined and lack clear alignment with the mission and goals; programs seem scattered and largely unrelated to each other.	Most programs and services are well defined and can be solidly linked with the mission and goals; program offerings may be somewhat scattered and not fully integrated into a clear strategy.	Core programs and services are well defined and aligned with the mission and goals; program offerings fit together well as part of a clear strategy.	All programs and services are well defined and fully aligned with the mission and goals; program offerings are clearly linked to one another and to an overall strategy; synergies across programs are captured.
Programs and services may not be relevant to the membership and rarely relate to a broader agenda (e.g. government health objectives).	Programs and services are relevant to the membership and may align with broader external agendas.	Programs and services are relevant and highly responsive to the membership needs and align with broader external agendas.	Programs and services are relevant and fully responsive to the membership needs and align and support broader external agendas.
Financial Position			
The association is highly dependent on a few donors, largely the same type (e.g. international donors).	The association has increased and diversified its sources of funding and may have some contributing revenue-generating activity.	The association has a solid base of funds of various types (e.g. government, international donors, foundations, corporations, private individuals) and has developed some sustainable revenue-generating activity.	The association has highly diversified funding across multiple source types leaving the organization insulated from most environmental instabilities. It has also developed sustainable revenue-generating activities. Others try to mimic the organization's fund-raising activities and strategies.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
The association has no or generally weak fund-raising skills and lacks expertise in the field. No internal revenue-generating activities.	The association's main fund-raising needs are covered by some combination of internal skills and expertise, and it accesses some external fund-raising expertise.	The association's regular fund-raising needs are adequately covered by well developed internal fund-raising skills, with occasional access to some external fund-raising expertise.	The association has highly developed internal fund-raising skills and expertise and accesses external expertise rarely.
The association has limited capacity to develop project funding proposals and to developed contacts or relationships with potential local financial resource base(s).	The association is able to develop project funding proposals but does not have comprehensive access to the donor community.	The association is able to develop project funding proposals tailored to the culture of the donors and is able to secure some interest by potential donors.	The association is able to secure outside funding from a variety of donors.
The association's funding is insufficient to meet its core needs and activities or to provide project services.	The association's funding is available for project(s), but is insufficient to meet core needs of the organization.	The association has begun to diversify its funding base and to develop cost-recovery mechanisms and programs.	The association has the ability to access diversified resources to contribute to its activities.

3. EXTERNAL RELATIONSHIPS AND HOW THE ASSOCIATION IS PERCEIVED

Environment within which the association functions; Legal and political framework; and Linkages and networks

The association has little capacity to cope with political instability and unexpected changes.	The association has limited capacity to cope with political instability and unexpected changes. Efforts made to deal with such issues are not necessarily well planned out and successful.	The association is able to cope with political instability and unexpected changes. Efforts made to deal with issues are better planned and are successful.	The association is able to cope with political instability and unexpected changes. It is able to develop and implement well throughout contingency plans/actions to meet with unexpected difficulties and draw on its leaders and membership for support.
The association's presence is either not recognized or generally not regarded as positive; little perceived value by the local community and/or other stakeholders.	The association's presence is somewhat recognized, and generally regarded as positive within the community and amongst other stakeholders, including other professional associations.	The association is reasonably well known in the community and with stakeholders (including other professional associations) and perceived as a positive force, open and responsive to their needs. Stakeholders and community leaders willingly participate with the organization.	The association is widely known within the larger community and with all stakeholders (including other professional associations), and perceived as a valuable asset, actively engaged and extremely responsive. Stakeholders and community leaders seek to be involved with the organization.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
The association does not collaborate with government.	The association has identified common interests which it shares with government and relations are friendly.	The association's relationship with government (e.g. Ministries of Health, Education, Labor, etc.) is constructive and leads to punctual collaborations.	The association engages in dialogue with policy makers, contributes to national initiatives and provides technical support to Government.
The association makes limited use of partnerships and alliances with public sector, nonprofit, or for-profit organizations, including other professional associations.	The association is at the early stages of building relationships and collaborations with public sector, nonprofit, or for-profit organizations.	The association has effective relationships with some key organization types (public sector, nonprofit, or for-profit), though these are not totally a win-win relationships.	The association is seen as credible and valuable resource by stakeholders.
The association does not have experience in working with other civil society organizations, either local or international.	The association networks and shares resources with other professional associations and civil society organizations in country.	The association works with local or international civil society organizations.	The association-stakeholder relationship is one of partnership for a common purpose.

4. FUNCTIONS OF THE ASSOCIATION

Membership Services

The association's members may or may not pay fees. There exists no structured process for collecting membership profile data.	The association's membership fees are collected, sometimes inconsistently, and limited membership profile data is maintained.	The association has limited processes in place to collect membership fees and membership profile data.	The association has comprehensive processes in place to collect membership fees and membership profile data.
Membership is not clearly defined and does not reflect the diversity of the practitioner community.	Membership is somewhat defined and there are some beginning attempts to have the membership reflect the diversity of the practitioner community, especially within the profession.	Membership is clearly defined, supported and promoted. Membership reflects the diversity of the practitioner community within and outside the profession (ex. allied health professionals)	Membership is clearly defined with their needs and views always considered in planning and decision making. Membership reflects the diversity and fees and programs are developed in accordance.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
The association links with the members are non-existent or weak.	The association carries out some outreach to members.	The association occasionally develops and implements strategies to outreach to members and include them in planning, implementation and evaluation processes.	Outreach activities to members are included in the association's comprehensive program design, implementation, monitoring, and evaluation.
Members seem to lack commitment and see little benefits from services and programs of the association.	Members recognize the benefits from services and programs.	Members recognize the benefits of and are involved in decision making for services and programs but continue to rely on assistance from the organization.	Members are committed and represent the diversity of the practitioner community. Members support the programs.
Promoting Quality and Standard of Care			
The association is not concerned with its role in the promotion of quality and/or standard of care.	The association is aware of its potential role in the promotion of quality and/or standard of care but has little capacity to see how it could contribute to it.	The association is committed to assume leadership in the promotion of quality and/or standard of care and has revised its mission, vision, etc. in support of this role.	The association has a comprehensive program and strategies related to its role as a promoter of quality and /or standard of care.
The association has little interest in promoting quality and/or standard of care through codes of ethics or practices.	The association develops a code of ethics and practitioner practice standards, but these may not be widely disseminated or adhered to.	The association has developed and ratified a code of ethics and practitioner practice standards, which are widely disseminated.	The promotion of a code of practice is integrated within the association's mission and vision and further, is integrated in programs and activities.
The association has no continuing medical education (CME) programs.	The association has some CME programs.	CME programs are promoted fully as a mean to maintain quality/ standard of care within the association.	The association has established CME programs which is recognized nationally as part of the certification process.

Stages of Professional Association Development			
Basic Level of Capacity	Moderate Level of Capacity	Intermediate Level of Capacity	High Level of Capacity
<i>Advancing Professional Practice</i>			
The association has no or little interest in promoting the practice environment.	The association builds relationships within the medical community and with stakeholders (e.g. other civil society organizations, educational institutions, professional associations, etc) for the purpose of promoting the practice environment.	The association develops professional development policy with consultation of the practitioner community and stakeholders.	The association disseminates position statements to advance professional practitioner practice.
Although aware of poor working conditions and practice environments for practitioners (i.e. low salary and benefits, unreasonable workloads, security issues, continuing education, etc), the association has no or little interest in getting involved in promoting improved working conditions.	The association promotes better working conditions and practice environments and has some success in improving conditions.	The association promotes and gains improvements in working conditions and practice environments.	The association is seen as an important and credible stakeholder in discussions/actions in support of workplace conditions and practice environments are routinely improved.
Overall, the association does little within the domains of practice, education, research, leadership, and policy.	The association recognizes the domains of practice, education, research, leadership, and policy and takes some actions in support of these.	The association recognizes the domains of practice, education, research, leadership, and policy and has plans to address aspects of these. Actions are generally on a project by project basis.	The domains of practice, education, research, leadership, and policy are an integral consideration in the association's strategic planning and its actions are focused on promoting these domains wherever feasible.
<i>Influencing Medical Practice and Advocating for Improved Health Policy</i>			
The association has limited or no ability to influence policy-making; never or rarely called in on substantive policy discussion.	The association is aware of its possibilities in influencing policy-making; reasonable readiness and skill to participate in policy discussion, occasionally invited to substantive policy discussions.	The association is fully aware of its possibilities in influencing policy-making and is an active stakeholder in policy discussions with government and policy makers at all levels.	The association pro-actively and reactively influences policy-making, in an highly effective manner, with government and policy makers at all levels. It is always ready for and often called upon to participate in substantive policy discussions and at times initiates discussions.

The association has limited supporters/ collaborators/partners to help it to influence medical practice and health policy.	The association has some supporters/collaborators/ partners to help it promote and influence medical practice and health policy.	The association knows key policy makers and is able to mobilize key stakeholders to support promotion and influence relevant issues.	The association has clear positions on relevant issues and uses networking and established alliances to promote and influence policy.
The association has no developed policy platform though may recognize specific issues (e.g. maternal and neonatal health, HIV/ AIDS, primary health care, education).	The association has clear ideas on issues (e.g. maternal and neonatal health, HIV/AIDS, primary health care, education) but has yet to develop them into a coherent policy platform and dissemination strategy.	The association has defined policy positions (e.g. maternal and neonatal health, HIV/ AIDS, primary health care, education) that are openly available and promoted by the organization.	The association has ongoing information disseminated about its policy platform (including for example maternal and neonatal health, HIV/AIDS, primary health care, education).
The association has little understanding of its role in advocacy or development of public policy.	Advocacy is undertaken, but often in an opportunistic versus proactive fashion.	The association undertakes advocacy activities, but results of efforts are not always evident.	The association contributes to and effectively advocates for healthy public policy, health care delivery and the support of quality care.
The association has no relationship with the media nor is the organization's work or purpose known to them.	The association has limited access to and use of the media to inform the public and influence thinking about its work and its issues.	The association has contacts in the media that it uses to inform the public and influence thinking about important issues. It has received some attention and has been consulted by the media on relevant issues.	The association has an ongoing strategy to work with the media and generates positive publicity about practitioners and their role and contribution in health care. Media routinely consult the association on relevant issues.

APPENDIX C

Completing the Capacity Analysis

Overview

After the initial assessment, the OCIF focuses on the analysis of the results. The objective of the analysis is threefold:

- To use the individual question ratings as a source of information to identify areas of strength and weakness that will contribute to the development of the organization's capacity improvement plan.
- To establish an overall capacity rating for the core dimensions of culture, operations, performance, external relations and perceptions, and association functions, and within each dimension, overall scores for each area of capacity.
- To establish the baseline data that will be used for comparison purpose in future assessments in order to measure capacity change and capacity development progress.

Conducting the Capacity Analysis

This section describes the steps in analyzing the results of the capacity assessment and provides an example on how to complete the tasks related to this element of the OCIF.

The data analysis consists of three distinct tasks:

- Task 1:** Determining the score for each area of capacity (i.e. the total score and as a percentage of)
- Task 2:** Determining the overall rating for each core organization dimension (i.e. basic, moderate, intermediate or high)
- Task 3:** Identifying the potential areas for capacity improvement

As mentioned previously, it is suggested that the first two tasks (the scoring and rating) be undertaken by the Capacity Building Team/Committee (or a few of its members) who, once they have completed the exercise will present the summary of the overall scores and rates to the larger group for review and discussion.

The scoring and rating exercise should take approximately 45-60 minutes, if the Team is well versed with the methodology.

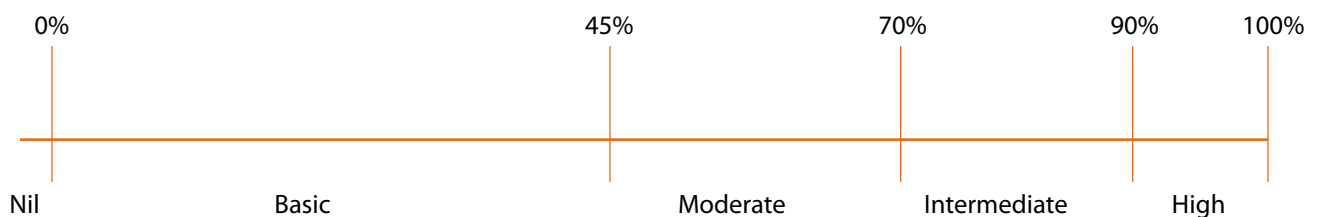
Task 1 – Determining the score for each area of capacity (the total score and as a percentage of):

1. In each area of capacity, add the points attained in the rating of questions exercise and calculate it as the percentage of points attained out of the number of points available. (See section “Capacity Analysis Example” for guidance on how to complete this task.)
2. Use template 2 entitled “Summary of the Overall rating of Organization Capacity Assessment” to document the score of each capacity area as shown in Table 7.

Task 2 – Determining an overall rating (i.e. basic, moderate, intermediate or high) for each core organization dimension:

1. Add the percentage of points for each capacity area and divide by the number of capacity areas to obtain the overall numeric average for the core competence.
2. Compare the calculated average to the overall capacity rating scale (see Figure 3) to determine an overall rating for the core organization dimension. (See section “Capacity Analysis Example” for guidance on how to complete this task.)
3. Use template 2 entitled “Summary of the Overall rating of Organization Capacity Assessment” to document the overall rating for each core organization dimension as shown in Table 7.

Figure 3: Overall capacity rating for the core organization dimensions



Task 3 – Identifying the potential areas for capacity improvement:

Using as a reference the completed “Summary of the Overall Rating of Organization Capacity Assessment” (template 2):

1. Identify the areas of strengths and weaknesses and further, prioritize those for action. This exercise should be completed in the workshop setting. It should also be done in consideration of the association’s goals and objectives, strategic priorities (if a strategic plan exists) and its current programs, projects and activities.
2. Once these decisions have been made, move to the next step, which is to develop an OCIP.

Example: Capacity Analysis

The following example demonstrates the application of the three tasks related to the data analysis element of the OCIF for a fictitious association. Table 6 provides the sample of data collected during the assessment phase for the “culture” core area of competence.

Table 6: Example - Fictitious Association’s OCAT completed for “Culture”

Assessment Questions	Assessment Score				
	0	1	2	3	4
1. Culture of the Association					
1.1 Vision and Mission					
1.1.1 Does the association have a clearly documented vision and mission statement?			2		
1.1.2 Is the vision understood by all members, giving a sense of purpose and direction to the association?		1			
1.1.3 Is the mission understood by all members, giving a sense of purpose and direction to the association?		1			
1.1.4 Do association members support the mission statement?		1			
1.1.5 Are the goals and actions of the association consistent with the mission statement?			2		
1.1.6 Are the vision and mission reviewed on a regular basis (i.e. is there a formal process to review the vision and mission)?		1			
Other Comments: Documented in Strategic Plan but not yet ratified by membership and poorly communicated, few are aware of it. Occasionally the plan drives internal planning/decisions. Association recognizes need to review strategic plans but has no formal process.					
1.2 Values (e.g. professionalism, justice, equity, excellence, etc.)					
1.2.1. Are the association’s values defined and promoted (e.g. in a document)?			2		
1.2.2 Does the association specifically value the equal participation of men and women in the organization? In positions of influence within the association (e.g. President, member(s) of the Executive Committee, Executive Director)?			2		

Assessment Questions	Assessment Score				
	0	1	2	3	4
1.2.2 Do most members of the association identify with the organization's values?			2		
1.2.3 Do association actions (i.e. projects, programs, statements, etc.) reflect its culture and values?				3	
1.2.4 Is there a positive attitude towards change within the association?				3	
<p>Other Comments: Culture is still mostly defined by management behaviour and varies depending on personalities. Common set of basic values in some groups within the association, but not clearly defined and ratified to create a sense of identity. Values generally align with actions but are not a prime consideration. Organization accepts change readily and on occasion seeks to make proactive changes.</p>					
1.3 Rewards/Incentives (e.g. reimbursement of expenses, honorarium, public recognition, award, etc.)					
1.3.1 Are the policies, rewards/incentives and compensation adequate for attracting, keeping and motivating members?				3	
1.3.2 Are the policies, rewards/incentives and compensation adequate for attracting, keeping and motivating volunteers?			2		
1.3.3 Are the policies and rewards/incentives adequate for attracting, keeping and motivating staff (if the association has any)?			2		
1.3.4 Are people within the association treated fairly and in the same way, regardless of gender, language, geography, qualifications, rank or position?				3	
1.3.5 Are people outside the association treated fairly and in the same way, regardless of gender, language, geography, qualifications, rank or position?			2		
<p>Other Comments: Compensation is reasonably competitive; policies are minimal but adequate for the association at this time; some planned efforts exist to keep and motivate staff, members, and volunteers. Don't always ensure information gets to all regions of the country. Sometimes there are language issues. Recent survey indicated that staff and members and volunteers felt they were treated fairly and equally when dealing with the association.</p>					

Completing the Capacity Analysis

Task 1 - Determining the score for each area of capacity (i.e. the total score and as a percentage of):

- Add the points attained in the rating of question exercise; and then
- Calculate the percentage of points attained out of points available for each capacity area considered.

For example, the capacity area "Organization Vision and Mission" has six (6) questions and a maximum score of 4. The points available are $6 \times 4 = 24$. The total points attained in rating the questions were 8. The percentage ratio is therefore $8/24 = 33\%$. This calculation is repeated for each capacity area considered, and recorded on template 2 "Summary of the Overall rating of Organization Capacity Assessment" (also see Table 7).

Task 2 - Determining the overall rating for each core organization dimension (i.e. basic, moderate, intermediate or high):

- Determine the overall numeric rate of the core competences by adding percentage obtained for each core areas and dividing by the number of core areas. For example: 33% + 60% + 60% = 153 divided by 3 core areas equals 51;
- Compare this rate to the overall capacity rating scale in Figure 3 to determine an overall rating for the core organization dimension. For example: 51 falls within the MODERATE section of the scale. The Association would thus record its overall rating for the major capacity perspective of Organization Cultural Factors as Moderate.

The scores and rates are recorded as seen in Table 7.

Table 7: Example - Calculating the Percentage of Points Attained for each capacity area and for the core organization dimensions

	Capacity Rating
1. Culture of the Association	MODERATE
1.1 Vision and Mission	8/24 (33%)
1.2 Values	12/20 (60%)
1.3 Reward/Incentive	12/20 (60%)

Task 3 - Identify the areas of potential capacity improvement:

The analysis of the scores and rating raises discussion and highlights potential areas for improvement. In this example, the Association would want to talk about how they could better share the mission, vision and values across the broader membership. The assessment scores also show a weakness in how the organization's values are displayed in their planning and actions.

The workshop participants and/or Capacity Building Team/Committee must identify specific capacities to be developed, but must also consider how these can best benefit the organization in achieving its goals and objectives for the proposed capacity improvement cycle.

As a further example, if one of the association's strategic objective is to improve its ability to advocate with the government for improved family planning, a critical component to this will be communication. If the capacity assessment has shown communication to be an area requiring improvement, then communication is a capacity area that should be improved, instead of another area that may not directly support the Association's strategic objectives.

This could result in a capacity improvement plan that focuses on strengthening communication capacity within the association. Specific activities might include forming a permanent communication's committee or arranging for training on developing effective communication strategies specifically addressing advocacy on family planning issues. Or, the association may wish to arrange training on generic tools and processes to create communication materials and establishing new communication avenues which can be used across the organization for other programs/projects. The capacity developed through forming committees, developing processes, tools, etc., linked to association programs and objectives becomes ingrained in the organization to strengthen overall capacity.

From experience, SOGC recommends that no more than 2 or 3 capacity areas should be selected for improvement per cycle, especially for the initial cycle where capacity is often basic and resources extremely limited.

Template 2: Summary of the Overall Rating of the Organization Capacity Assessment

Name of the Association: _____

Date of completion: _____

	Capacity Rating/ Scoring
1. Culture of the Association	
1.1 Vision and Mission	
1.2 Values (e.g. professionalism, justice, equity, excellence, etc.)	
1.3 Rewards/Incentives (e.g. reimbursement of expenses, honorarium, public recognition, award, etc.)	
2. Operational Capacity of the Association	
2.1 Governance	
2.4 Financial Management (e.g. Planning, Accountability, Monitoring and Resources)	
2.6 Program/Project Management Capabilities (e.g. Planning, Implementation, Monitoring and Evaluation)	
2.7 Communication	
2.8 Infrastructure	
3. Performance of the Association	
3.1 Effectiveness	
3.2 Efficiency	
3.3 Relevance	
3.4 Financial Position	
4. External Relations and How the Association is Perceived	
4.1 Environment within which the Association Functions	
4.2 Legal and Political Framework	
4.3 Linkages and Networks	
4.4 Ownership and Participation	
5. Functions of the Association	
5.1 Membership Services	
5.2 Promoting Quality and Standard Care	
5.3 Advancing Professional Practice	
5.4 Influencing Medical Practice and Health Policy	

APPENDIX D

Developing the Organization Capacity Improvement Plan (OCIP)

Overview

After the assessment and analysis elements, the OCIP foresees the development of an improvement plan which will guide the capacity improvement process for the 3-5 year cycle. The OCIP identifies areas for developing and strengthening capacity and provides the overall strategy and detailed actions, including the commitment of resources needed for its full implementation.

The process of developing the OCIP is much like any other planning exercise. Although a participative approach (in a workshop setting) is recommended for drawing the broad outline, determining the objectives and soliciting ideas for actions, a smaller team of individuals (i.e. the Capacity Building Team/Committee) will be needed to complete and polish the document before its presentation to the Board/Executive Committee for ratification and following, its full implementation.

The assessment results (i.e. the information and data emanating from the OCIP's steps 2 and 3) will be used to guide the association's decision about what areas of capacity development to focus on in the OCIP.

It is also important to remember that:

- The first OCIP is one of many in the association's commitment to grow and mature into a strong and sustainable association. Thus, it is recommended that the association focuses, in each capacity improvement cycle (3 – 5 years), on areas where changes are possible and progress achievable.
- In a first cycle, it is recommended that the association focuses on a maximum of 2 to 3 capacity areas in support of one strategic priority and/or priority projects/programs.
- To ensure the Board and/or Executive Committee's support, time must be factored in to have the planning document review and ratified.

Developing the OCIP

The following section provides a brief review of what should be included in the OCIP, including information on the selection of the performance indicators and accompanying means of verification which will be needed to measure progress in developing capacity. It further provides a template for the development of this document, and an example of a complete OCIP for a fictitious association.

As the capacity improvement cycle can be considered "a project", a modified project planning and management tool has been designed to help the association conceptualize their capacity improvement initiative as an objectives-oriented initiative.

The actual development of the OCIP will mostly be given as a task to the Capacity Building Team/Committee who will have collected most of the information needed to complete it from the assessment, data analysis and discussions of the workshop. Their main tasks will be to "fit" and/or summarize the information in the conceptual framework provided and further, finalize and polish the document for its presentation to the Board/Executive Committee.

Before submitting the OCIP to the Board / Executive Committee Members for ratification, the Capacity Building Team/ Committee should, if possible, have the document reviewed by a member or an outside person with experience in the use of project/program planning and management tools for feedback and comments.

Content of the OCIP

The OCIP document should include the following:

- **Context (or Background Information)** (1 page maximum) summarizing the reasons that brought the association to undertake the organization capacity building process, the goals and the objectives of the organizational capacity process, the proposed cycle length (3 – 5 years), the methodology selected for the assessment, activities accomplished to date. (The terms of reference of the Capacity Building Team/Committee and the roadmap of the capacity building process will be useful reference tools in the preparation of this summary).
- **The major findings of the organization capacity assessment and the analysis elements** (1 page maximum) for the purpose of highlighting the association's organizational strengths and weaknesses, priority capacity areas retained for improvement in this cycle (2 to 3 priority capacity areas) and the reasons justifying this choice (i.e. how they support the association's mission, objectives and/or strategic priorities or again its current programs and projects). A copy of the "Summary of Overall Rating of Organizational Capacity Assessment" (see template 2) should be added as an annex.
- **The completed project planning and management template** (see Template 3) which presents the initiative as per an objective-oriented project planning and management format. The management tool also includes "performance indicators" and for each, means of verification. The indicators will be used to assess change over the 3-5 year cycle and eventually from one cycle to the next.

Selecting Performance Indicators and Means of Verification

A performance indicator is something that tells us about an issue or condition. Its purpose is to demonstrate how well something is progressing.

A means of verification relates to where and in what form information on the achievement of objectives and results can be found, (e.g. reports of ministries, project reports, laws, statistics, assessments, etc.).

Performance indicators are as varied as the types of things they monitor. However, there are certain characteristics that good indicators have in common. Good indicators are:

- relevant and show something about the system that needs to be known;
- easy to understand, even by people who are not experts;
- reliable and trustworthy; and
- based on accessible data that is available or can be gathered while there is still time to act.

Table 8 provides a set of potential indicators reflecting capacity development for each capacity area of the core organizational dimensions retained in the OCIP. They include a mixture of quantitative and qualitative measures. These are suggested indicators which can be used to measure progress. Also included for each, are examples of means of verification.

Table 8: Examples - Indicators and Means of Verification

Capacity Element	Indicators	Means of Verification
1. CULTURE OF THE ASSOCIATION		
Vision and Mission	<ul style="list-style-type: none"> - Evidence of a clear vision and mission statement - Evidence of how the vision and mission statements are communicated - Evidence of membership acceptance of the vision and mission statement - Evidence that external stakeholders know the vision and mission - Evidence that the vision and mission are used to guide the association's activities, such as planning and decision-making 	<ul style="list-style-type: none"> • Ratified strategic plan document or other official association document which promotes the vision and mission statements; • Current promotional material produced by the association (ex. web page, pamphlet, newsletter, etc.); • List of participants re: annual meeting where the vision and mission statements were ratified; • Feedback from a sample of external stakeholders; • Minutes of Board/Executive Committee; list of programs/projects and activities.
Values (e.g. professionalism, justice, equity, excellence)	<ul style="list-style-type: none"> - Evidence of adopted values and ethics - Evidence of gender equity (ex. male/female ratio) 	<ul style="list-style-type: none"> • Feedback from a sample of members; • Gender disaggregated list of members of Board/Executive Committee and other committees;
Rewards/ Incentives (e.g. reimbursement of expenses, honorarium, public recognition, awards, etc.)	<ul style="list-style-type: none"> - Evidence of rewards/incentives to members (number and type) - Evidence of the existence of incentive/reward practices for staff (i.e. competitive salary, professional development opportunities, acknowledgement of performance, public recognition of support provided, etc.) 	<ul style="list-style-type: none"> • List of services /incentives/ rewards provided to members and evidence of their use ; Policies and procedures re: reimbursement for volunteers; • Review of salary and benefits (including professional development opportunities) provided to staff over 3-5 year cycle;

Capacity Element	Indicators	Means of Verification
2. OPERATIONAL CAPACITY OF THE ASSOCIATION		
Governance	<ul style="list-style-type: none"> - Evidence that the Board / Executive Committee is representative of membership (i.e. ratio M/F; urban – rural representation, etc.) and committed to the association’s mission and vision - Evidence that the Board/Executive Committee provides strong policy direction and oversight and creates an atmosphere of credibility and accountability - Evidence that the Board/Executive Committee’s nominating process ensures that the Board/ Executive Committee remains representative of its membership - Evidence that the association operates in accordance with its Constitution and by-laws - Evidence that the Board / Executive Committee executes its role of advocate for the ob/gyn community/profession - Evidence that the Board/Executive Committee executes its role of advocate for gender equity 	<ul style="list-style-type: none"> • List of Board/Executive Board members, including data re: gender, professional groups, etc.; • Board/Executive Committee members attendance sheet; • Minutes of Board/Executive Committee meetings; • Minutes of the Nomination / Election Committees/ survey or feedback from a sample of members re: nomination / election processes; • Minutes of the Association’s Business Meeting and /or Executive Committee meetings; Association’s constitutions and bylaws; • Meeting reports, position statements, press releases;
Leadership and Management	<ul style="list-style-type: none"> - Evidence that the Executive Director (and/or those responsible for day-to-day operational management) reports regularly to the Board/ Executive Committee - Evidence that the Board/Executive Committee and Executive Director promote the association’s mission, vision and values - Evidence that the Executive Director is highly energetic, respected, and passionate about the association and its vision, guides the association in achieving its social impact and financial efficiency, drives positive change, is effective in motivating staff and members, in building relationships, and in advancing the association - Proportion of male/female in senior management/ leadership roles (e.g. Board, Executive Committee, other committees) - Evidence of a system for setting and monitoring strategic objectives - Evidence of committees to support the Board/ Executive Committee and staff (number and type) - Evidence of appropriate conflict of interest policies 	<ul style="list-style-type: none"> • Executive Director’s contract/ job description ; Executive Director’s reports to the Board and/or Executive Committee; • Examples of letters, presentations made by President and/or Executive Director; • Annual performance evaluation of the Executive Director; • Lists of Board/Executive, other committees and/or staff; • Strategic plan annual work plans and progress reports; • List of committees, members and staff of the committees; Minutes of committees’ meetings; • Conflict of interest policy;

Capacity Element	Indicators	Means of Verification
Strategy	<ul style="list-style-type: none"> - Evidence that strategic planning is used to position the association to succeed in its environment - Evidence of a strategic plan accepted by members, with clear goals/objectives and integration of association's activities around a focused mission - Evidence strategies are realistic and clearly expressed in objective statements - Evidence of strategic commitment to gender equity - Evidence of internal and external communication of the strategic plan 	<ul style="list-style-type: none"> • Strategic plan; feedback from senior members and stakeholders; • List of participants of the ACM where strategic plan was ratified; • Ratified strategic plan; • Policies, specific programs, etc.; • Most current promotional material produced by the association which contains information re: its strategic plan (e.g. web page, pamphlet, newsletter, etc.);
Financial Management	<ul style="list-style-type: none"> - Evidence that the association follows accounting practices that conform to accepted standards - Evidence of ability to generate accurate and timely financial reports that support managerial decision-making - Evidence of a budget process, periodic review and forecasting - Evidence that all financial transactions (e.g. invoices, contracts) are documented properly - Evidence of internal financial controls including, handling of cash and deposits, approval over spending and disbursements, policy identifying authorized check signers and the number of signatures required on checks in excess of specified amounts, etc. - Evidence that all expenses are approved by a designated person before payment is made - Evidence of a plan of action in the event of a reduction or loss in funding - Evidence of an annual, independent audit of financial status by a certified public accountant - Evidence that financial statements/audits are made available to the Board/Executive Committee and other interested parties - Evidence that the association avoids deficit operations 	<ul style="list-style-type: none"> • Review of financial practices, including accounting system, policies and procedures by someone within accounting experience; • Minutes of the Board /Exe. Committee where financial information is presented and decisions are made ; • Report and other financial information circulated to the Board/Executive Committee; • Minutes of the Exe. Committee where financial information is presented and decisions are made; • Review of financial practices, including accounting system, policies and procedures by someone with knowledgeable in finances; • Minutes of Board/Executive Committee where issue was discussed; • Annual independent audit report; • Minutes of Board/Executive Committee where reports presented; • Annual reports presented to members;

Capacity Element	Indicators	Means of Verification
Human Resources (e.g. paid staff and members who provide technical expertise)	<ul style="list-style-type: none"> - Evidence that the Board and staff are able to manage the association from a human resources perspective and can identify and resolve conflict - Evidence that the association is able to attract the right people for the jobs that need to be done - Evidence of nondiscriminatory and gender equity hiring practices - Evidence of written personnel handbook/policy describing hiring, termination, job descriptions (including qualifications, duties, reporting relationships and standards of performance) - Evidence of adequate staff /members who provide technical expertise to support the association's work - Evidence of members who provide technical expertise (number and type and role) and how they are managed (training and orientation, expense compensation, recognition and reward) - Evidence of gender balance in staffing (number of staff and male/female ratio, levels occupied) 	<ul style="list-style-type: none"> • Minutes of Board/Executive Committee where human resource issues were discussed; turnover rate of staff within the association; • List of volunteers / staff with skills/competencies; • Policies re: non discrimination and gender equity; • Handbook/policies; • List of staff/ members who provide technical expertise, job descriptions and responsibilities within the association; • Master list re: contribution/ use of members who provide technical expertise • List of current staff
Program/Project Management Capabilities (e.g. planning, implementation, monitoring and evaluation)	<ul style="list-style-type: none"> - Evidence that the association has well understood and documented procedures to plan, implement, and monitor work - Evidence that programs are congruent with the association's mission and strategic plans - Evidence of documented management practices used consistently in all programs - Evidence of performance measurement for programs, as well as for the overall association - Evidence that members and other stakeholders, where appropriate, have the opportunity to participate in program development - Evidence that the association utilizes monitoring and feedback as essential tools in managing their work 	<ul style="list-style-type: none"> • Examples of Logical Framework Analysis (LFA) or Result Based Management (RBM) Framework developed and used; • List of current programs/ projects/ activities; • Examples of LFA/RBM developed and used; copies of progress reports; • Examples of LFA/RBM developed and used; • Minutes of meetings; reports of meetings/consultations • Progress reports / evaluations; annual work plans;

Capacity Element	Indicators	Means of Verification
Communication	<ul style="list-style-type: none"> - Evidence that the association understands the communication needs of stakeholders (internal and external) - Evidence that the association is clear about the messages they wish to communicate - Evidence that the association knows whom they must communicate with, and the most effective means to accomplish communication - Evidence that the association actively informs the public about its programs and services - Number and type of communication activities - Evidence that the association is receptive to hearing what others have to say and is responsive to them through the number and type of feedback sought from stakeholders 	<ul style="list-style-type: none"> • Promotional material developed for stakeholders; • Communication plan, if any; promotional material developed; • Communication plan, if any; promotional material developed; • Promotional material, including reports outlining outcome of work with media or others • Master list of communication activities; • Reports of meetings with stakeholders;
Infrastructure	<ul style="list-style-type: none"> - Evidence of adequate physical and technical infrastructure in place to enable the association to accomplish its work (i.e. building/office space, telephone, fax, internet; computers, applications, network, email, website, databases and management reporting systems) - Evidence of the ability to manage and maintain the necessary infrastructure, capitalize on advancements - Evidence of review and planning for capital needs and priorities - Evidence of upgrade/replacement plans to ensure maintenance of required infrastructure 	<ul style="list-style-type: none"> • Feedback from Board/Executive Committee/staff/ volunteers spending lots of time in the office/Visit of secretariat • Inventory of office equipment / furniture and maintenance/ replacement tracking sheet; • Minutes of Board/Executive Committee where issue was discussed • Inventory of office equipment / furniture and maintenance/ replacement tracking sheet;
3. PERFORMANCE OF THE ASSOCIATION		
Effectiveness	<ul style="list-style-type: none"> - Evidence of achievement of planned activities/ projects - Number of clients served by major activities/ initiatives of the association - Demand for association's technical support, expertise, and programs (number and type of requests) - Evidence of the quality of services/products (e.g. feedback from stakeholders) - Evidence that the association conducts a comprehensive evaluation of its programs and outcomes periodically 	<ul style="list-style-type: none"> • Tracking sheet re: activities / projects / programs; • Participants lists; other program data; • Letters or others re: requests for technical support • Feedback from stakeholders; evaluation reports; • Evaluation reports (internal and external evaluators)

Capacity Element	Indicators	Means of Verification
Efficiency	<ul style="list-style-type: none"> - Evidence that the association is able to fully cover the costs of services or programs provided - Program/activity completion rates - Timeliness of delivery of programs/projects/activities 	<ul style="list-style-type: none"> • Financial reports related to the services/programs; • Tracking sheet re: activities / projects / programs; • Progress reports of programs/projects;
Relevance	<ul style="list-style-type: none"> - Increased membership - Membership profile indicators (e.g. level of education, experience, and practice specialty) - Membership satisfaction - Stakeholder satisfaction (e.g. clients, government, international institutions, donors, etc.) - Number of new programs and services created - Evidence of changes in attitudes, by partners and stakeholders, about the organization - Evidence of changes in sources of funds (# of old and new sources, quality and quantity) - Changes in reputation among peer organizations - Evidence that the association's purpose and activities meet community needs 	<ul style="list-style-type: none"> • Membership Statistics (with male/female ratio, types/groups of members) • Membership statistics • Survey and/or feedback from a sample of members • Survey and/or feedback from a sample of stakeholders • Tracking sheet re: activities / projects / programs; • Feedback from a sample of stakeholders/partners • Tracking sheet: current funders • Survey / feedback from peer organizations • Survey/feedback from stakeholders
Financial Position	<ul style="list-style-type: none"> - Evidence that the association has strong financial health and can be relied upon to meet its annual operational plans - Evidence that the association is successful in gaining and diversifying financial support (e.g. both internal revenue generation and external fund raising) - Evidence of financial growth indicators in terms of number of funders, assets, capital, and revenues - Evidence that the association has established, or is actively trying to develop, a reserve of funds to cover at least three months of operating expenses. - Evidence that the Board has established a committee charged with developing, evaluating and reviewing fundraising policies, practices and goals - Evidence that the association is accountable to donors and other key constituencies and demonstrates their stewardship through annual reports 	<ul style="list-style-type: none"> • Annual audited financial report; • Annual audited financial report; • Annual audited financial report; • Annual audited financial report; • Minutes of established committee; • Financial reports to funders.

Capacity Element	Indicators	Means of Verification
4. EXTERNAL RELATIONS AND HOW THE ASSOCIATION IS PERCEIVED		
Environment within which the Association Functions	<ul style="list-style-type: none"> - Evidence that the association is effectively managing change (positive or negative) in the country and/or government rules/norms 	<ul style="list-style-type: none"> • Feedback from senior members, Board/Executive committee and stakeholders.
Legal and Political Framework	<ul style="list-style-type: none"> - Evidence of the legal position of the association within the country and the national health system - Evidence that the association functions as per its constitution and statutes and bylaws (ex. that when the Board makes decisions, a quorum is present, that minutes are maintained, legitimizing all decisions - Evidence of ongoing collaboration / support from the current document. 	<ul style="list-style-type: none"> • Registration documents with government; • Minutes of Board/Executive Committee Meeting / Association's constitution, statutes and bylaws • Meeting reports
Linkages and Networks	<ul style="list-style-type: none"> - Evidence that the association networks and/or collaborates with other stakeholders - Evidence that local and national authorities support the association's activities - Number and type of engagements with local, national, and international authorities - Number and type of engagements with women's groups - Evidence of both formal and informal networks through which the association works to foster the mission and goals 	<ul style="list-style-type: none"> • List of current partners and/or collaborators; • List of current partners and/or collaborators; • Tracking sheet re: activities / projects / programs; • Tracking sheet re: activities / projects / programs; • List of current partners and/or collaborators;
Ownership and Participation	<ul style="list-style-type: none"> - Perception of value of the association by stakeholders - Number and type of committees supporting organization activities - Evidence of member volunteer activities - Evidence of public support for the association 	<ul style="list-style-type: none"> • Feedback from / survey of stakeholders; • List of committees; • Master list re: contribution/use of volunteers • Examples of letters of support / media activities in support of association and/or one of its causes

Capacity Element	Indicators	Means of Verification
5. FUNCTION OF THE ASSOCIATION		
Membership Services	<ul style="list-style-type: none"> - Evidence that the association conducts regular membership needs/opinion surveys - Evidence that the membership is representative of the professional community, including under-represented groups - Evidence of strategies to increase membership - Evidence of services/incentives/ rewards and programs designed to meet membership needs - Evidence of promoting awareness of the roles and importance of ob/gyns among practitioners and the broader health care system - Evidence of up to date membership list and records re: fees, qualifications, etc. - Evidence of membership involvement in the association's activities (e.g. committees, annual general meeting, etc.) 	<ul style="list-style-type: none"> • Reports of surveys/discussions with members re: needs/ opinion; • Membership statistics with disaggregated data re: male/ female ratio; types/groups of members; place of practice, etc.); • Minutes of Board/Executive Committee meetings where issue was discussed; • List of services/incentives/ rewards and programs provided to members • Reports of surveys/discussions with members re: needs/ opinion; • Promotional material developed for the purpose (ex. web, pamphlet, position statement, etc.); • Membership statistics; • Master list re: contribution/use of volunteers.
Promoting Quality and Standard of Care	<ul style="list-style-type: none"> - Evidence of a code of ethics - Evidence of promotion of evidence-based practice - Evidence of a continuing medical education (CME) program 	<ul style="list-style-type: none"> • Code of ethics promoted by the association; • Position statement; Vision, mission, objectives of the association; other documents; • CME program;

Capacity Element	Indicators	Means of Verification
Advancing Professional Ob/ Gyn Practice	<ul style="list-style-type: none"> - Evidence that the association is involved in promoting issues of importance to the ob/gyn profession - Evidence of provision or promotion of continuing education opportunities - Evidence of initiatives to implement and/or support positive, quality practice environments for practitioners involved in maternal and infant health - Evidence of the association serving as a forum for discussion between the profession and other interest groups - Evidence of communication to inform ob/gyns about professional or other issues and enabling a free exchange of ideas and opinions - Evidence of encouraging, supporting and reinforcing international understanding among ob/gyns by affiliating with the International Federation of Gynecology and Obstetrics (FIGO) 	<ul style="list-style-type: none"> • Meeting reports; feedback from stakeholders; • CME program ; • Meeting reports; feedback from stakeholders; • Tracking sheet re: activities / projects / programs; • Bulletin, newsletters, position statement, etc.; • Affiliation to FIGO; participation rate of members to FIGO led forums / events.
Influencing Medical Practice and Health Policy	<ul style="list-style-type: none"> - Evidence of association promoting issues that influence health policy - Evidence of the involvement of the association with government committees, boards and councils of health services delivery bodies, teaching organizations - Evidence of effective influence, (e.g. effective and favorable policies adopted and/or enacted, changes in legislation, recommendations integrated into Ministries of Health) - Evidence of the association as an expert in health policy and/or medical practice (MNH) policy - Evidence of influence through the media 	<ul style="list-style-type: none"> • Meeting reports, media reports, feedback from stakeholders; • Tracking sheet re: activities / projects / programs; • Media reports, MOH documents recognizing contribution of association; etc. • Meeting reports; Policy statement, etc. • Media reports; Meeting reports with journalists.

Template 3: Organization Capacity Improvement Plan (OCIP) Planning and Management Tool

Name of the Association: _____

Cycle Period (*Start and end date*): _____

Members of the Capacity Building Team: _____

Date OCIP completed: _____

Date OCIP ratified by Board/ Executive Committee: _____

Context (Background Information):

Short summary describing the reasons that brought the association to undertake the organization capacity improvement cycle, the goals/objectives of the organizational capacity cycle, proposed cycle length, the methodology selected, the activities accomplished to date. (The terms of reference of the Capacity Building Team/Committee and the capacity improvement process will be useful tools for the preparation of this summary)

Major Findings of the Organization Capacity Assessment and Analysis Phases of the OCIP:

Short summary of the outcome of the capacity assessment (i.e. association's strengths and weaknesses) and priority capacity areas retained for improvement in this cycle (2 to 3 max.) and the reasons justifying this choice (e.g. how they support the association's mission, objectives and/or strategic priorities or again its current programs and activities). A copy of the "Summary of Overall Rating of Organizational Capacity Assessment" should be added as an annex.

Organization Capacity Improvement Plan

<p>GOAL:</p> <p>The overall goal should describe, in a broad way, the long-term changes that will result from the capacity improvement cycle on the problem (or part of the problem) outlined in the major findings of the capacity assessment. The goal often answers the question “why” we are doing something.</p>	<p>INDICATORS:</p> <p>The indicators tell you something about an issue or condition. Their purpose is to demonstrate how well something is progressing.</p>		<p>ASSUMPTION:</p> <p>Event, condition or decision which is necessary for project success, but which is largely or completely beyond the control of project management.</p>
<p>OBJECTIVE 1:</p> <p>Objectives relate to the problem statement and describe anticipated results that represent changes in, for example, knowledge, processes, attitudes or behaviors. They should be SMART, that is:</p> <ul style="list-style-type: none"> * Specific - to avoid differing interpretation; * Measurable – to allow for monitoring and evaluation; * Appropriate – to the problems, goals and strategies; * Realistic – achievable, challenging and meaningful; * Time-bound – with a specific time period for achieving them. 	<p>INDICATORS:</p>		<p>ASSUMPTION:</p>
<p>OUTPUTS:</p> <p>The results that can be guaranteed by the project as a consequence of its activities.</p>	<p>INDICATORS:</p>	<p>MEANS OF VERIFICATION:</p> <p>Relates to where and in what form, information or the achievement of objectives and results can be found.</p>	<p>ASSUMPTION:</p>
<p>ACTIVITIES:</p>	<p>INPUTS:</p> <p>The funds, personnel (volunteer/staff/consultants), material, etc. of a project which are necessary to produce the intended outputs.</p>		<p>ASSUMPTION:</p>
<p>OBJECTIVE 2:</p>	<p>INDICATORS:</p>		<p>ASSUMPTION:</p>
<p>OUTPUTS:</p>	<p>INDICATORS:</p>	<p>MEANS OF VERIFICATION:</p>	<p>ASSUMPTION:</p>
<p>ACTIVITIES:</p>	<p>INPUTS:</p>		<p>ASSUMPTION:</p>
<p>OBJECTIVE 3:</p>	<p>INDICATORS:</p>		<p>ASSUMPTION:</p>
<p>OUTPUTS:</p>	<p>INDICATORS:</p>	<p>MEANS OF VERIFICATION:</p>	<p>ASSUMPTION:</p>
<p>ACTIVITIES:</p>	<p>INPUTS:</p>		<p>ASSUMPTION:</p>

EXAMPLE: Organization Capacity Improvement Plan

The following section provides an example of an OCIP developed for a fictitious association with some organization capacity (e.g. a functional secretariat, some paid staff and a core group of volunteers committed to increasing the contribution of the association in the maternal and infant health field).

The association has retained as one of its strategic priorities to involve itself in the upgrade of skills of health professionals involved in Emergency Obstetric Care (EOC) as a means to increase their contribution to national MNH efforts. This priority was retained further to the completion of a “Strength, Weaknesses, Opportunity and Treats” exercise (also known as a SWOT exercise) which showed a real opportunity for the association to contribute at this level.

Based on the OCIT, the Association has confirmed the following organizational weaknesses at the capacity areas of “rewards/incentives” and “communication” of the core dimensions of CULTURE and OPERATIONAL CAPACITY respectively (see table 9). From discussion it was agreed that weaknesses in these areas could impact the association’s capacity to reach its strategic priority of being recognized as the provider of choice of CME activities related to EOC in the country.

Table: 9 Example - Organizational Weaknesses Identified by the Data Analysis Element of the OCIF

	Capacity Rating
1. Culture	
1.3 Rewards/Incentives	6/16 (37.5%)
Comments: The association experiences difficulties recruiting and keeping its volunteers. This is partly due to the existence of no clear policies related to roles and responsibilities of volunteers, reimbursement of costs incurred and recognition. Some members also complain that preference is given to some members over others.	
2. Operational Capacity	
2.7 Communication	10/40 (25%)
Comments: The association’s communication with members is poor, and when done, the means of choice is through “word of mouth”. Members are rarely made aware of upcoming opportunities where their knowledge, skills and experience could be used in support of an association’s initiative. Furthermore, the association has little experience communicating its vision, mission and unique role and position to stakeholders in the field of maternal and infant health.	

The following proposes an OCIP which could assist the association in strengthening its organizational capacity in the two areas identified for improvement.

Table 10: Example - Proposed OCIP

GOAL:	INDICATORS:		ASSUMPTION:
<p>Increased capacity of the Association to be recognized as the provider of choice of “in service” training of health professionals involved in the provision of EOC</p>	<p>Number of stakeholders interested in acquiring the Association’s training program has increased by 100%</p>		<p>National government and other stakeholders recognize the potential contribution of the Association in this field and are supportive of the Association’s efforts related to the training program.</p>
<p>OBJECTIVE 1: Enhance the organizational capacity of the Association to recruit, train, manage and retain a core group of instructors committed to the development and conduct of the training program.</p>	<p>INDICATORS: Number of members involved in the EOC training initiative at the development stage and/or as instructors.</p>		<p>ASSUMPTION: Board/Executive Committee and Capacity Building Team/Committee committed to support and ensure the full implementation of the capacity improvement plan.</p>
<p>OUTPUTS:</p> <p>1.1 Policies and procedures related to the overall management of volunteers involved in the Association</p> <p>1.2 Specific procedures related to the recruitment, training and management of volunteers involved in the EOC in-service training initiative; qualifications needed, expected time commitment, reimbursement and honorarium</p> <p>1.3 Group of members, meeting the selection criteria, and interested in becoming instructors of the training program</p>	<p>INDICATORS:</p> <ul style="list-style-type: none"> • Developed policy ratified by the Board/Executive Committee • Developed policy ratified by the Board/Executive Committee • Number of members retained for instructor training • Evidence that the members retained for the training meet the selection criteria and are representative of the membership 	<p>MEANS OF VERIFICATION:</p> <ul style="list-style-type: none"> • Copy of the policy; proof of ratification in Board/Executive Committee’s minutes • Copy of the policy; proof of ratification in Board/Executive Committee’s minutes • List of members selected and invited to participate in the instructor training workshop. 	<p>ASSUMPTION: The association will be able to mobilize the necessary resources (financial and human) to lead this activity.</p>
<p>ACTIVITIES:</p> <ul style="list-style-type: none"> • Development of a general policy and procedures related to volunteer-members; • Development of specific procedures related to volunteer-members involved in the EOC training initiative; • Call for instructors from the general membership; 	<p>INPUTS:</p> <ul style="list-style-type: none"> • Volunteers/staff to sit on the committee mandated with this task; • Examples of policies from other associations • Specific information from the EOC training Committee re: selection criteria desired, etc. 		<p>ASSUMPTION: Ad hoc committee members have the capacity, time and interest to proceed with the task</p>

<p>OBJECTIVE 2: Increased capacity of the association to communicate effectively with its members.</p>	<p>INDICATORS: Members' awareness of association's activities, projects/programs and opportunities for their contribution has increased by 50%.</p>		<p>ASSUMPTION: Board/Executive Committee and Capacity Building Team/Committee committed to support and ensure the full implementation of the capacity improvement plan.</p>
<p>OUTPUTS: 2.1 Diversified means of communication with members; 2.2 Updated membership data management system permitting to update members' contact information and preferred way of receiving association related information</p>	<p>INDICATORS:</p> <ul style="list-style-type: none"> • Number of means of communication used; • Number of participants at association events; number response to call for volunteers; 	<p>MEANS OF VERIFICATION</p> <ul style="list-style-type: none"> • Examples of these (i.e. emails, letters, newsletter, etc.) • Participants lists 	<p>ASSUMPTION: The association will be able to mobilize the necessary resources (financial and human) to lead this activity.</p>
<p>ACTIVITIES:</p> <ul style="list-style-type: none"> • Survey members to enquire about their preferred ways of receiving communications from the association; • Update of member profile data to update contact information and preference; 	<p>INPUTS:</p> <ul style="list-style-type: none"> • Volunteers/staff for ad hoc committee; • Example of membership data management systems of other associations; • Funds to upgrade membership data management system; • Staff/member with skills re: input and management of membership data system. 		<p>ASSUMPTION: Ad hoc committee members have the capacity, time and interest to proceed with the task</p>
<p>OBJECTIVE 3: Increased capacity of the association to communicate effectively its unique role, position and newly developed EOC training program to the government and national stakeholders involved in the maternal and infant health field.</p>	<p>INDICATORS: Association has increased, by two fold, its participation / contribution to national efforts in the maternal and infant health field.</p>		<p>ASSUMPTION: Board/Executive Committee and Capacity Building Team/Committee committed to support and ensure the full implementation of the capacity improvement plan.</p>

<p>OUTPUTS:</p> <p>1.1 Communication strategy developed and implemented;</p> <p>1.2 Team of members/staff with upgraded skills related to communication/networking;</p> <p>1.3 Promotional material related to the association, including its newly developed EOC training program, developed and circulated.</p>	<p>INDICATORS:</p> <ul style="list-style-type: none"> • Developed communication strategy and evidence of implementation; • Number of meetings held with stakeholders for the purpose of presenting the association and the EOC training program; • Promotional material developed; number of packages distributed 	<p>MEANS OF VERIFICATION</p> <ul style="list-style-type: none"> • Copy of the communication strategy; work plan for implementation; • Reports of meetings held; • Log book of promotional packages distributed 	<p>ASSUMPTION:</p> <p>The association will be able to mobilize the necessary resources (financial and human) to lead this activity.</p>
<p>ACTIVITIES:</p> <ul style="list-style-type: none"> • Hiring a communication expert to assist with the development of the strategy, train the team of members responsible for the networking with stakeholders and develop the promotional material; • Training seminars for members involved in networking activities; • Printing and distribution of promotional material. 	<p>INPUTS:</p> <ul style="list-style-type: none"> • Volunteers/staff for the ad hoc committee; • Funds to hire communication expert(s); • Members / staff committed to work with the communication expert(s) to develop strategy, etc.; • Members / staff interested in networking; • Funds for printing and distribution of promotional material 	<p>ASSUMPTION:</p> <p>Ad hoc committee members have the capacity, time and interest to proceed with the task</p>	

APPENDIX E

Implementing the OCIP, Measuring and Reporting Progress

Overview

Within the OCIP, implementation and performance measurement completes the model for capacity development. This element basically consists of the main part of the capacity improvement process, as the work undertaken beforehand was basically preparatory to the launch of the capacity building cycle, whether it be a 3 or 5 year cycle. As with any other project, the success of the organizational capacity improvement efforts will be monitored/evaluated with performance indicators selected and integrated to the OCIP.

The following section provides information on how to plan and manage the implementation and performance measurement element of the OCIP. It also provides templates for the development of the annual work plan (see template 4) and progress reports (see template 5).

Implementation

1. To implement the OCIP, associations must have the capabilities and support mechanisms needed to achieve their objectives. This includes:
 - clearly defining roles and responsibilities for implementing and monitoring the improvement plan;
 - assigning the appropriate resources for implementation;
 - ensuring that staff/volunteers involved have the training and skills to contribute to the organizational improvement activities and tasks retained in the OCIP and its annual work plans;
 - developing good information for decision making; and
 - measuring and reporting progress.
2. With the support of the Board/Executive Committee, the association's Capacity Building Team/Committee should assume most of these responsibilities.
3. Once the OCIP has been reviewed and ratified by the Board/Executive Committee, it is recommended that the Capacity Building Team develop a work plan for the first year of implementation. Template 3 provides an example of a work plan format which can be used for this purpose. Table 10 provides an example of a proposed plan for the OCIP developed, as an example, in Table 9.
4. Once the OCIP's first annual work plan has been developed, the Capacity Building Team/Committee can then proceed with implementation, including the development of a tool for the collection of the OCIP's data.

Template 4 - Organization Capacity Improvement Plan (OCIP) Annual Work Plan

Name of the Association: _____

Cycle Period (*Start and end date*): _____

Work plan period (*Start and end date*): _____

Members of the Capacity Team: _____

Date the work plan was ratified by Board/Executive Committee: _____

GOAL:		INDICATORS:		
OBJECTIVE 1:		Indicator(s):		
Outputs Output 1.1 Output 1.2 Output 1.3	Indicators	Planned activities	Responsibility	Timelines
OBJECTIVE 2:		Indicator(s):		
Outputs Output 2.1 Output 2.2 Output 2.3	Indicators	Planned activities	Responsibility	Timelines
OBJECTIVE 3:		Indicator(s):		
Outputs Output 3.1 Output 3.2 Output 3.3	Indicators	Planned activities	Responsibility	Timelines
OCIP REPORTING RESPONSIBILITIES				
Outputs	Indicators	Planned activities	Responsibility	Timelines

Table 11: Example - Proposed Work Plan for Fictitious Association (refer to Table 10 for the OCIP)

GOAL:		INDICATORS:		
Increased capacity of association to be recognized as the provider of choice for in service training of health professionals involved in the provision of EOC.		Number of stakeholders interested in acquiring the association's training program has increased by 100%		
OBJECTIVE 1: Enhanced capacity of association to recruit, train, manage and retain a core group of instructors committed to the development and conduct of the training program.		Indicator(s): Number of members involved in the EOC training initiative at the development stage and/or as instructors.		
Outputs	Indicators	Planned activities	Responsibility	Timelines
1.1 Policies and procedures related to the overall management of volunteers involved with the association	Developed policy ratified by the Board/Executive Committee	<ol style="list-style-type: none"> 1. Establishment of ad hoc committee mandated to develop general policy; 2. Discussion with Board/Executive committee to review mandate and what the policy should include; 3. Contacts with like minded association(s) as to obtain copies of their policies and/or feedback re: management of their volunteers; 4. Draft of policy presented to Executive Committee for ratification; 5. Ratified policy disseminated to members. 	<ul style="list-style-type: none"> • Board /Executive Committee in collaboration with the Capacity Building Team/ Committee and Exe. Dir. • Board /Executive Committee in collaboration with the Capacity Building Team/Committee and the Exe. Dir. • Ad hoc committee members • Ad hoc committee members / Board / Executive Committee in collaboration with the Capacity Building Team/Committee and Exe. Dir. • National office staff 	<p>January 09</p> <p>February 09</p> <p>March/ May 09</p> <p>August 09</p> <p>October 09</p>

1.2 Specific procedures related to the recruitment, training and management of the volunteers involved in the EOC "in service training" initiative	Developed procedures ratified by Board/Executive Committee	Delayed until year 2		
1.3 Group of members/ volunteers, who meet the selection criteria, and are interested in becoming instructors of the EOC in service training initiative	Number of members retained for instructors' training; evidence that the members retained for the training meet the selection criteria and are representative of the membership	<ol style="list-style-type: none"> 1. Review and discussion of the qualifications / profile needed for the instructors of the EOC in service training initiative; 2. Development of a clear and transparent strategy to recruit potential members as instructors; 3. Launch of call for instructors to general membership; 4. Review of submissions received and selection of potential instructors. 	<ul style="list-style-type: none"> • EOC training initiative committee / Executive Director • EOC training initiative committee / Executive Director • EOC training initiative committee / Mandate national office staff • EOC training initiative committee 	<p>April 09</p> <p>June 09</p> <p>September 09</p> <p>October 09</p>

OBJECTIVE 2: Increased capacity of association to communicate effectively with its members		Indicator(s): Members' awareness of association's activities, projects/programs and opportunities for their contribution has increased by 50%.		
Outputs	Indicators	Planned activities	Responsibility	Timelines
2.1 Diversified means of communication with members	Number of means of communication used;	<ol style="list-style-type: none"> 1. Establishment of ad hoc committee mandated to develop general policy; 2. Discussion with Board/Executive committee to review mandate and what the policy should include; 3. Survey members to enquire about their preferred ways of receiving communication/information from the association; 4. Submission of a proposal to Board / Executive Committee re: means of communication with members. 	<ul style="list-style-type: none"> • Board /Executive Committee in collaboration with the Capacity Building Team/Committee • Board /Executive Committee in collaboration with the Capacity Building Team/Committee / Ad hoc committee members • Ad hoc committee / National office staff • Ad hoc committee / Executive Director 	<p>January 09</p> <p>February 09</p> <p>March – July 09</p> <p>October 09</p>
2.2 Updated membership data management system permitting to update members' contact information and preferred way of receiving association related information	Number of participants at association events; number response to call for volunteers;	<ol style="list-style-type: none"> 1. Contacts with likeminded association(s) to obtain information about their membership management data system; 2. Contacts with potential providers of computer software ; 3. Presentation to Executive/Board of a proposal re: strengthening current system; 4. Purchase of new software and build data system; 5. Training of staff re: its use; 6. Transfer/input of all membership data into new data management system. 	<ul style="list-style-type: none"> • Executive Director and/or his/her designate • Executive Director and/or his/her designate • Executive Director • Executive Director and/or his/ her designate • Executive Director • Mandated staff 	<p>January – February 09</p> <p>January – February 09</p> <p>April 09</p> <p>Mai 09</p> <p>June - July 09</p> <p>August – December 09</p>

OBJECTIVE 3: Increased capacity of the association to communicate effectively its unique role, position and newly developed EOC training program to the government and other stakeholders involved in the maternal and infant health field.		Indicator(s): Association has increased, by two fold, its participation / contribution to national efforts in the maternal and infant health field.		
Outputs 3.1 Communication strategy developed and implemented	Indicators Developed communication strategy and evidence of its implementation	Planned activities 1. Development of terms of reference for the consultancy; 2. Launch of call for proposal; 3. Review, interview and selection of communication consultant; 4. Draft communication strategy reviewed / discussed.	Responsibility • Board /Executive Committee / Executive Director • Executive Director • Ad hoc committee of the Board / Executive Committee • Consultant and Executive Director	Timelines April 09 May 09 June 09 November 09
3.2 Team of members/staff with upgraded skills related to communication/ networking	Number of meetings held with stakeholders for the purpose of presenting the association and its EOC in service training program	Delayed until year 2		
3.3 Promotional material related to the association, including its newly developed EOC in service training program developed and circulated	Promotional material developed; number of packages distributed	Delayed until year 2		
OCIP REPORTING RESPONSIBILITIES				
Outputs Monitoring and Evaluation responsibilities related to the OCIP met	Indicators Annual report submitted to the Board / Executive Committee	Planned activities • Preparation of annual report; • Preparation of next year's work plan; • Presentation to Board /Executive Committee.	Responsibility • Capacity Building Team/Committee • Capacity Building Team/Committee • Capacity Building Team/Committee	Timelines November 09 November 09 December 09

Measuring and Reporting Progress

Monitoring occurs at two levels in the Organization Capacity Improvement Framework:

1. Monitoring milestones and/or deliverables associated with the OCIP and its annual work plan; and
2. Monitoring to assess overall improvement in organization capacity.

Monitoring milestones and/or deliverables associated with the OCIP and more specifically its annual work plans, should occur annually with the outcome of this exercise being presented in the form of a progress report presented to the Board/Executive Committee. See annual work plan template (Template 5).

Monitoring to assess overall improvement in organization capacity should occur in mid cycle and be repeated at the end of the cycle. The mid-term assessment could be a shortened exercise undertaken only by the members of the Capacity Building Team/Committee and a few members of the Board/Executive Committee and considering only the OCIT sections retained for capacity development in the cycle. The end of cycle overall assessment could include a much larger group, following the methodology used for the completion of the assessment preceding the launch of the capacity building cycle. Both exercises will compare the outcome of the evaluation (scores and rating) to the findings of the assessment completed previous to the launch of the cycle.

It is important to remember that, although experience has shown that real positive change in capacity takes from 3-5 years or longer to achieve and that measurement of change in capacity may not be immediately obvious, it does not mean that improvement in capacity should not and cannot be measured.

Table 12 provides a summary of the suggested reporting activities to be included in the implementation and performance measurement elements of the association's organizational capacity improvement cycle. As each of these activities takes time and resources to produce, they should be integrated into the annual work plans.

Table 12: Example - Summary of Reporting Activities related to the OCIP

Timeline (3 year cycle)	Monitoring Milestones and/or deliverables associated with the OCIP	Monitoring overall improvement of organization capacity
End of year 1 of the organizational capacity cycle	Progress report	
18 months (mid cycle)		Abbreviated organization capacity assessment
End of year 2	Progress report	
End of year 3 / End of cycle	Evaluation report	Comprehensive organization capacity assessment

Template 5 - Organization Capacity Improvement Plan (OCIP) Annual Progress Report

Name of the Association: _____

Cycle Period (*Start and end date*): _____

Date of Annual Progress Report: _____

Members of the Capacity Building Team: _____

GOAL:		
OBJECTIVE 1:		Progress to date
Outputs Output 1.1 Output 1.2 Output 1.3	Indicators	
OBJECTIVE 2:		Progress to date
Outputs Output 2.1 Output 2.2 Output 2.3	Indicators	
OBJECTIVE 3:		Progress to date
Outputs Output 3.1 Output 3.2 Output 3.3	Indicators	
Other Comments / Information		

APPENDIX F

Other Resources

The following is a list of other resources and material (most of which are available electronically on the web) which might be of assistance to professional health associations embarking on organizational capacity work. It is hoped that the list will grow as the manual makes its way in different parts of the world within the professional health association network and people share resources which have been of particular assistance to them. If you are aware of resources, please let us know, so that we can share them with others with others.

IN DEVELOPMENT

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