

CAPACITY BUILDING OF HEALTH PROFESSIONAL ASSOCIATIONS



IN THIS SECTION:

This section describes what is meant by 'capacity building' and explains its importance for health professional associations who are seeking to improve their impact and performance. It presents the SOGC's Organizational Capacity Improvement Framework (OCIF), the tool used throughout this document to guide professional associations in their capacity building efforts.

WHAT IS CAPACITY BUILDING?

Capacity building is a term that gained much prominence since the 1990s and is often linked to the development field. Although many definitions exist, the term 'capacity building' usually refers to the provision of support — offered to governments, institutions, communities or even individuals — that will help to gain or strengthen the skills and capacities needed to improve performance and overall impact.

The United Nations Development Programme (UNDP), a leader in the use of this development approach, defines **capacity** as 'the ability of individuals, institutions, and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner.'¹ They further define **capacity development** as 'the process by which individuals, groups, organisations, institutions and countries develop their abilities, individually and collectively, to perform functions, solve problems and achieve objectives.' Within the UNDP framework, the aim of capacity development or capacity building is to assist or support governments, organisations, and people to 'attain a level of self-sufficiency that enables them to effectively manage their own affairs.'²

CAPACITY BUILDING OF HEALTH PROFESSIONAL ASSOCIATIONS

In the last decade, health professional associations of all disciplines have gained prominence for their efforts to improve the health and wellbeing of people all over the world. Health professional associations working in the field of reproductive, maternal and newborn health (e.g. obstetricians–gynaecologists, midwives, nurses, paediatricians and pharmacists) have

been recognised for their important and essential contribution to the global efforts to improve maternal and newborn health, including efforts to achieve the United Nations Millennium Development Goals (MDGs). For example, in its latest strategic plan, FIGO has recognised the importance of achieving the MDGs and has committed to intensifying its efforts and actions to improve safe motherhood and newborn health in support of MDG 4 to reduce child mortality and MDG 5 to improve reproductive and maternal health. Similarly, many of its member associations are increasingly contributing to global and national efforts of improving maternal and newborn health.

Health professional associations and societies have vital roles to play in ensuring that health professionals are well prepared for their important role in achieving MDGs 4 and 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 depends on individual, organisational and institutional capacities at the country level. This is especially true in those resource-poor settings, where the vast majority of maternal, newborn and child deaths and morbidity occur.

(PMNCH - Health care Professionals: Joint Statement, 2007)³

The Partnership for Maternal, Newborn and Child Health (PMNCH), established for the purpose of ensuring progress on MDGs 4 and 5, recognises health care professionals and their associations as key contributors for their unique abilities to:

- Preserve health and treat illness in the areas of maternal, newborn and child health, including reproductive health;
- Teach and train health care professionals and personnel at all levels;
- Establish standards for evidence-based maternal, newborn and child health curricula, interventions, service delivery strategies and education at national, regional and global levels, as well as standards for monitoring health care practice and delivery;
- Provide leadership and assistance for planning, implementing and monitoring programmes;
- Advocate for improved maternal, newborn and child health and for increased attention to be given to strengthening health systems.⁴

For many health professional associations, the ability to take action and assume leadership in the field will depend on their ability to strengthen their organisational capacity in order for them to improve the association's performance and to expand the reach and impact of their activities. For example, an association may be required to improve governance practices; increase and strengthen links with their members; develop strategies to ensure a greater participation of their members in programmes, projects and activities; revise their structure in order to facilitate the management of their resources and programmes, projects and activities; or expand their partnerships. The process by which the association goes about doing these things can be considered as 'capacity building'.

BUILDING ORGANISATIONAL CAPACITY

National obstetrics and gynaecology societies could play a leadership role in promoting women's health in low- and middle-income countries if they have been given the capacities and resources to do so.

(FIGO Strategic Plan 2009–2012)⁵

Although it can initially seem overwhelming, building organisational capacity is possible and can be an invigorating experience for any association. Initiating capacity building actions requires leadership, time, patience and persistence. For specific issues (e.g. improving the association's financial management system or developing the first strategic plan), it may require external technical support. The actions may consist of occasional activities undertaken in light of identified needs (e.g. the association is recruiting a staff and needs to develop a job description and an employment contract) or may be part of a more guided process undertaken with the specific intent of building organisational capacity in a number of different areas over time. Whether small or large, the undertaking of activities or processes must be led by the association and adapted to the environment in which it functions.

Although no magic recipe exists for building capacity, there are an increasing number of resources available to assist or guide associations through capacity building efforts. A quick search on the Internet will reveal a number of tools and resources that have been developed to guide non-profit or civil society organisations through capacity building processes, which could be equally useful for health professional associations seeking to improve their performance and impact. A number of these have been listed in the section 'Other Useful Resources' of this chapter, and users of this tool are invited to refer to them for additional support.

In the late 1990s, the Society of Obstetricians and Gynaecologists of Canada (SOGC) became involved in capacity building initiatives with ob/gyn associations from lower resource countries. The Society's capacity building efforts are based on the premise that strong and vibrant 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 sufficient organisational and technical capacity to undertake their activities in a sustainable and planned manner.

SOGC's Organizational Capacity Improvement Framework (OCIF) focuses on internationally recognised organisational dimensions that must be built or strengthened to develop overall organisational capacity. SOGC's OCIF was designed specifically for the use of health professional associations interested in and committed to strengthening their overall capacity to promote women's sexual and reproductive health.

SOGC'S ORGANIZATIONAL CAPACITY IMPROVEMENT FRAMEWORK

For the purpose of this toolkit, FIGO has chosen to make use of SOGC's Organizational Capacity Improvement Framework (OCIF), as previously it used the OCIF methodology and tools within the FIGO LOGIC Initiative in Maternal and Newborn Health.

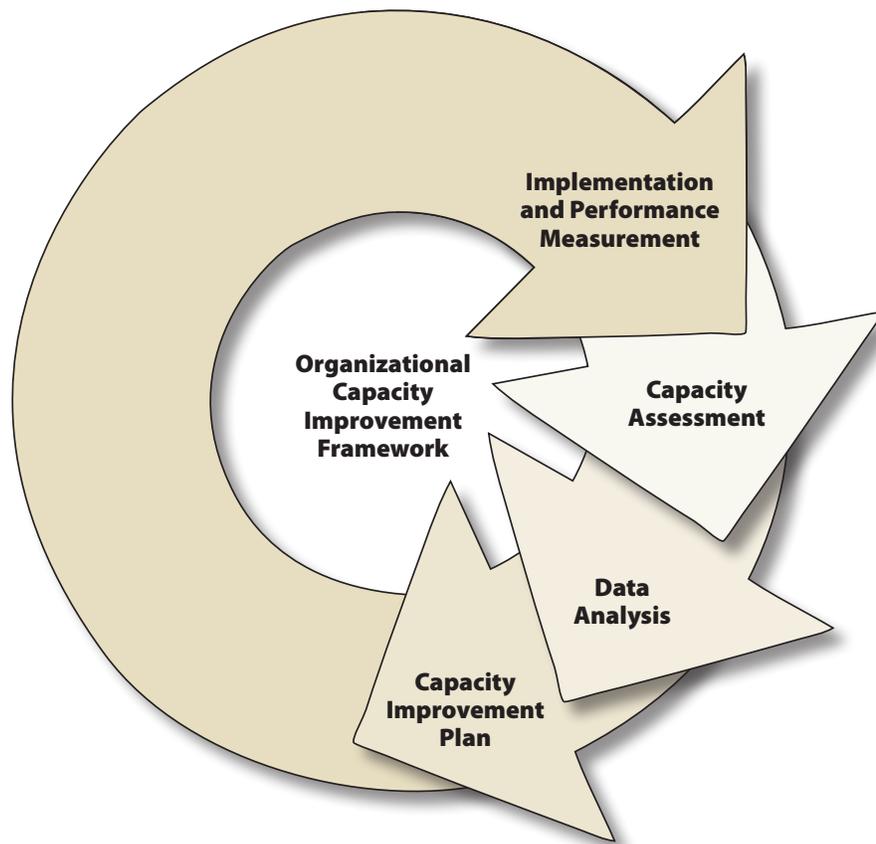
SOGC's OCIF defines **capacity** as 'the ability of an entity (a person, an organization, or a system) to perform planned functions effectively, efficiently, and sustainably'. **Capacity improvement** is therefore the means by which 'the abilities and elements to succeed are obtained, strengthened, adapted, and maintained in a sustainable manner over time'.⁶

The OCIF is designed to lead health professional associations through one cycle of the capacity building process, which usually lasts between three and five years. The OCIF links four consecutive phases of the capacity building process as follows:

- A **capacity assessment** that provides an opportunity for the association to obtain an overall picture of their organisational capacity, based on five core dimensions that are generally accepted in the organisational development field.
- A **data analysis process** following the assessment that allows the association to identify areas of strengths and weaknesses and to prioritise areas for improvement.
- The development of an **improvement plan**, which lays out the association's specific strategy or plan of action to enhance the organisational capacity areas that require improvement and which includes a strategy for monitoring progress.
- The implementation of the capacity improvement plan and the **monitoring and evaluation** strategy.

These phases are linked cyclically to enable the managed development of capacity and are in alignment with the association's mission, vision and strategic directions (if already developed). The first three steps are usually completed within a short period of time, around eight to twelve weeks, while the implementation and performance measurement phase is spread out over a three- to five-year period. At the end of the cycle, the process is repeated, so as to facilitate the association's continuous growth towards greater capacity (see Figure 1).

Figure 1. The OCIF framework



THE CORE ORGANISATIONAL DIMENSIONS THAT MAKE HEALTH PROFESSIONAL ASSOCIATIONS STRONG AND SUSTAINABLE

The OCIF presents five core organisational dimensions for action. Each of these is then subdivided into specific capacity areas considered necessary for the development of strong and sustainable professional associations. The following table outlines the five core organisational dimensions retained in the OCIF and their corresponding capacity areas.

Core Organisational Dimensions	Description	Capacity Areas
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 capacity 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 • Strategic Directions • Financial Management • Human Resources Management • Programme/Project Management • Communication • Infrastructure
Performance	Looks at four capacity areas that relate to an association's ability to meet its goals and objectives and to become viable	<ul style="list-style-type: none"> • Effectiveness • Efficiency • Relevance • Financial Position
External Relations	Reflects on the fact that associations are not isolated entities but are affected by their environment and by the specific context in which they work	<ul style="list-style-type: none"> • Rules and Norms • Legal and Political Framework • Linkages and Networks • Ownership and Participation
Functions	Addresses the essential functions of a health professional association	<ul style="list-style-type: none"> • Membership Services • Promoting Quality and Standards of Care • Advancing Professional Practice • Influencing Medical Practice and Health Policy

Whether a health professional association undertakes punctual capacity building activities or a more formal capacity building process, the OCIF can assist the association in understanding how their initiative will contribute to the overall enhancement of their association's organisational capacity.

► **FOCUS: Initiating an organisational capacity building process within a health professional association**

How to get started:

1. Familiarise yourself with the issue of capacity building by reviewing this toolkit, its accompanying tools and suggested resources.
2. Seek out other members in your association who are motivated to strengthen the impact and performance of the association and share your ideas with them.
3. Present the idea to the association's Board/Executive Committee and other important stakeholders to seek their support and buy-in (*see Tool 1.1*).
4. Establish a committee and develop a work plan.
5. Complete the organisational capacity assessment (*see Tool 1.3*) and, in light of the results and your association's priorities, develop the association's improvement plan (*see Tool 1.4*).

ACCOMPANYING TOOLS

- 1.1 – Tool: Presentation – Building Organisational Capacity of Health Professional Associations
- 1.2 – Tool: Booklet – Strengthening Organizational Capacity of Professional Associations (SOGC)
- 1.3 – Template: Organizational Capacity Assessment (SOGC)
- 1.4 – Template: Organizational Capacity Improvement Plan (SOGC)

OTHER USEFUL RESOURCES

Capable Partners Program, FHI 360, U.S. Agency for International Development. The essential NGO guide to managing your USAID award. Washington: FHI 360, MSI, USAID; 2010. Available: <http://www.ngoconnect.net/resources/ngoguide>.

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McKinsey & Company. Effective capacity building in nonprofit organizations. Washington: Venture Philanthropy Partners; 2001. Available: <http://www.vppartners.org/learning/reports/capacity/assessment.pdf>.

NGO self assessment through a SWOT exercise. Networklearning; 2008. Available: http://www.networklearning.org/index.php?option=com_docman&task=cat_view&gid=47&Itemid=52.

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2. Glossary of key terms. In: Governance for sustainable human development: a UNDP policy document. New York: United Nations Development Programme; 1997. Available: <http://mirror.undp.org/magnet/policy/glossary.htm>.

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5. *Framework for FIGO strategic plan: 2009 - 2012*. London: International Federation of Gynecology and Obstetrics; 2009. Available: www.figo.org/files/figo-corp/FIGO%20Strategic%20Plan.pdf.
6. Strengthening organization capacity of professional health associations. Ottawa: Society of Obstetricians and Gynaecologists of Canada; 2009.