



FIGO

International Federation of Gynecology and Obstetrics

FIGO LOGIC Initiative in Maternal and Newborn Health

Strengthening Organisational Capacity of Health Professional Associations

TOOLKIT



ACKNOWLEDGEMENTS

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ACRONYMS



AGA	Annual General Assembly
AMOG	Associação Moçambicana de Obstetras e Ginecologistas
AOGU	Association of Obstetricians and Gynaecologists of Uganda
CEO	Chief Executive Officer
CME	Continuing Medical Education
FIGO	International Federation of Gynecology and Obstetrics
FOGSI	Federation of Obstetric and Gynaecological Societies of India
LFA	Logical Framework Approach
LOGIC	Leadership in Obstetrics and Gynecology for Impact and Change
MDG	Millennium Development Goal
MDR	Maternal Death Review
MOHFW	Ministry of Health and Family Welfare
MoPH	Ministry of Public Health
NESOG	Nepal Society of Obstetricians and Gynaecologists
NGO	Non Governmental Organisation
OB-GYN	Obstetrician-Gynaecologist
OCIF	Organizational Capacity Improvement Framework
PMNCH	Partnership for Maternal, Newborn and Child Health
RBM	Results-Based Management
SOGC	Society of Obstetricians and Gynaecologists of Canada
SOGO	Société des Gynécologues et Obstétriciens du Burkina
SOGOC	Society of Gynecologists and Obstetricians of Cameroon
SOGON	Society of Gynaecology and Obstetrics of Nigeria
SWOT	Strength–Weakness–Opportunity–Threat
TOR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

FOREWORD



The International Federation of Gynecology and Obstetrics (FIGO) was founded in 1954 and is the umbrella organisation for 124 national professional associations of obstetrics and gynaecology around the world. One of FIGO's seven commitments is "to strengthen the capacity of its associations to enable them to play a pivotal role in the development and

implementation of sustainable programmes aimed at the improvement of care available to women and newborns, especially for poor and underserved populations".

The FIGO LOGIC (Leadership in Obstetrics and Gynecology for Impact and Change) Initiative in Maternal and Newborn Health has been working to strengthen the organisational capacity of eight national professional associations in African and Asian countries, where maternal and neonatal mortality rates are high. LOGIC's main partner in organisational capacity improvement has been the Society of Obstetricians and Gynaecologists of Canada (SOGC). Initial levels of organisational maturity differed from association to association, but invariably the inputs into capacity building resulted in a more robust organisational environment, and a more effective and sustainable impact of the association. SOGC's Organizational Capacity Improvement Framework (OCIF) served as the foundation for the range of developmental processes that were introduced.

Realising the impact this approach could have on other health professional associations, be it in the framework of distinct activities or for a thorough capacity building process, LOGIC decided to organise the different tools and approaches used into an easily accessible web-based toolkit. Reflecting on LOGIC's and other earlier experiences and lessons learnt from organisational capacity building in health professional associations, this toolkit is intended to be a starting point and reference for other health professional associations that want to enhance their capacity.

Using the toolkit will lead to better understanding of what makes an organisation strong; what the different elements of organisational capacity building are; how a change process can be initiated; and how practical activities can be conducted to support such change processes.

FIGO wishes to thank SOGC for this collaboration and to encourage health professional associations, whether new or established, to access, modify and use these materials.

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INTRODUCTION



The FIGO LOGIC Toolkit brings together a collection of information, resources and tools for anyone interested in fostering organisational change within a health professional association, either through the conduct of occasional activities or by initiating a more thorough capacity building process. Designed specifically for health professional associations seeking to improve their overall impact and performance, this toolkit can assist these associations with the following:

- Gain insight as to what makes health professional associations strong, sustainable and capable of assuming leadership in the area of health promotion;
- Better understand what is meant by organisational capacity building;
- Initiate actions leading to organisational changes within their association;
- Learn concrete steps and actions that can be undertaken to improve the performance of their association;
- Access resources, tools and tips that will facilitate the integration of processes and systems into their organisational practice, such as strategic planning; effective management of human, material and financial resources; and improving the planning, implementation, monitoring and evaluation of programmes and projects.

This toolkit was designed to support the capacity building efforts of health professional associations initiating organisational changes within their association for the first time. It can also be useful for health professional associations who have already initiated the capacity building process and who are seeking additional support to enhance selected capacities and to fine-tune processes and systems within their organisation. The examples, tools and templates provided within the toolkit are for educational purposes and should be revised and adapted to each association's specific context.

The toolkit consists of seven chapters, which, taken as a whole, provides a comprehensive approach to enhance the impact and performance of health professional associations.

The following provides a summary of each chapter of the toolkit:

- 1. Capacity Building of Health Professional Associations:** 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.

2. **Enriching Culture:** This section focuses on culture, and more specifically, on what motivates an association to succeed, function and survive. It explores how an organisation's mission, vision, values and rewards and incentives used to recruit and maintain members can contribute to enhancing an association's culture.
3. **Strengthening Operations:** This section addresses the complex relationship of eight capacity areas that support the ability of an association to perform, to remain relevant, to grow and to survive. It addresses issues related to governance, leadership, strategic planning, human and financial resource management, programme/project management, communication and infrastructure.
4. **Enhancing Performance:** This section looks at the four capacity areas that enable an association to meet its goals and objectives and to move toward long term sustainability. Issues related to the association's effectiveness, efficiency, relevance and financial position are considered within this section.
5. **Building External Relations:** The focus of this section will be placed on addressing issues related to the environment within which the association functions and its potential impact on the association's performance and how it is perceived externally.
6. **Improving Functions:** This section addresses the essential functions of a health professional association as described by its goals and objectives. Capacity areas addressed include membership services; promotion of quality and standards of care; advancing the professional practice; and influencing medical practice and health policy.
7. **Managing Crises:** This last section, although not part of the OCIF, will focus on risk management and on how an association can be better prepared to respond if a crisis was to occur.

Each chapter is designed to provide the user with:

- An overview of the issue or concept addressed;
- Recommended practices to move the association toward improved capacity;
- Examples of concrete actions that can be undertaken in order to achieve the recommended practices;
- An in-depth focus on one or several particular issues or practices;
- Vignettes that describe some of the actions and processes implemented by member associations involved in the FIGO LOGIC Initiative, as part of their capacity building efforts;
- Accompanying tools to facilitate the initiation of change (accessible at www.figo-toolkit.org);
- Other useful resources that can be accessed online.

Finally, the FIGO LOGIC Toolkit builds on the work and experience of FIGO member associations involved in capacity building efforts. It is also informed by the collective experience of other non-governmental or civil society organisations that have undertaken similar initiatives worldwide.

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.

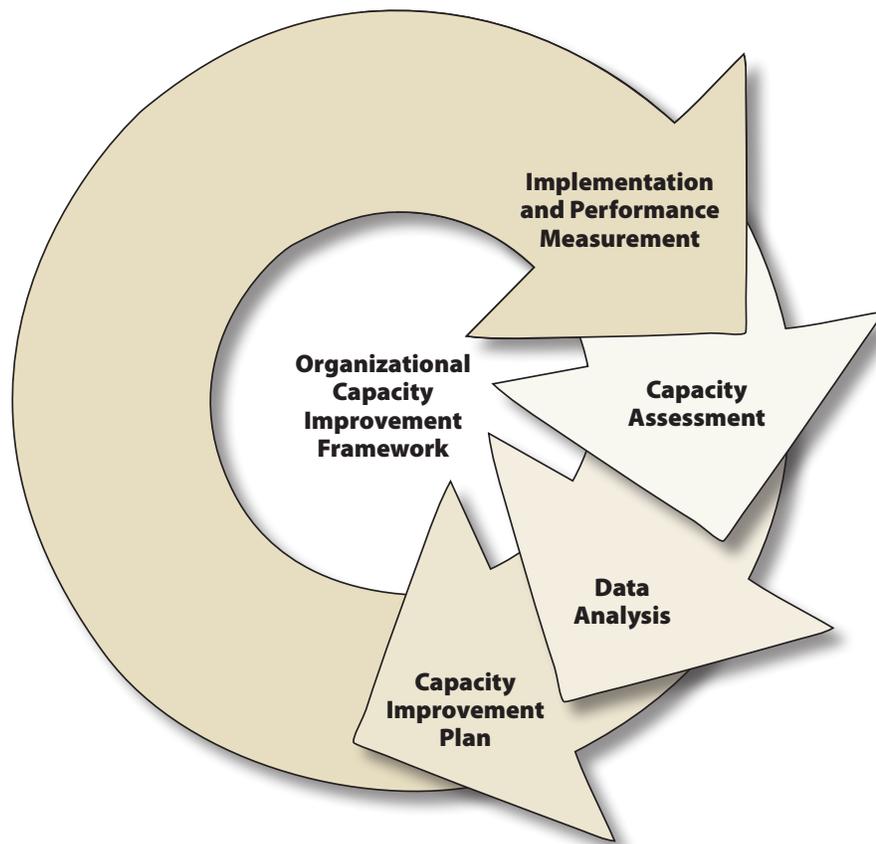
SOGC's OCIF defines **capacity** as 'the ability of an entity (a person, an organization, or a system) to perform planned functions effectively, efficiently, and sustainably'. **Capacity improvement** is therefore the means by which 'the abilities and elements to succeed are obtained, strengthened, adapted,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

Lusthaus C, Adrien MH, Anderson G, Carden F. Enhancing organizational performance: a toolbox for self-assessment. Ottawa: International Development Research Centre; 1999.

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.

BIBLIOGRAPHY

1. Wignaraja K, editor. Measuring capacity. New York: United Nations Development Programme; 2010. Available: http://www.undp.org/content/dam/aplaws/publication/en/publications/capacity-development/undp-paper-on-measuring-capacity/UNDP_Measuring_Capacity_July_2010.pdf.
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>.

3. International Confederation of Midwives, International Council of Nurses, International Federation of Gynecology and Obstetrics, International Pediatric Association, International Pharmaceutical Federation, Council of International Neonatal Nurses. *Health professional groups key to reaching MDGs 4 & 5: joint statement*. Geneva: Partnership for Maternal, Newborn & Child Health; 2007. Available: <http://www.who.int/pmnch/events/2006/HCPjointstaterev0102207.pdf>.
4. The role of health care professional organizations in The Partnership for Maternal Newborn and Child Health. Geneva: World Health Organization; 2006. Available: http://www.who.int/pmnch/events/2006/hcp_finalstatement.pdf.
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.

ENRICHING CULTURE



IN THIS SECTION:

This section focuses on the first core dimension of CULTURE, and more specifically, on what motivates an association to succeed, function and survive. It explores how an organisation's mission, vision, values and rewards and incentives used to recruit and maintain members can contribute to enhancing an association's culture.

WHAT IS CULTURE?

The **culture** of an association refers to the shared values, beliefs, customs, traditions and meanings that brings and keeps people together and, over time, distinguishes the association from others. In essence, it is what motivates an association to succeed, function and survive, and it is often most evident in the way the association 'does things' and 'treats people' both within and outside their organisation.

In the Organizational Capacity Improvement Framework (OCIF), culture is addressed through the following capacity areas:

- An association's **vision and mission**;
- An association's **values**;
- The **rewards and incentives** that are available and promoted in order to attract, retain and motivate members, volunteers and staff.

From the outside, an association's culture can be partially determined by statements related to its mission, vision and values as well as by other statements that define and guide the association's professional, ethical, economical and social responsibilities. For example, these could include a code of professional conduct, a policy related to conflict of interest or a policy related to the association's relationship with industry. Internally, clear and transparent policies and procedures can also offer insight as to the culture of the association, if consistently applied.

Vision, mission and value statements are often developed and revised at the same time as strategic planning exercises. The development of policies, incentives and rewards are usually done on a continual basis over time.

Finally, an association's culture can be changed over time, with leadership that is committed to improving or changing it.

RECOMMENDED PRACTICES

A health professional association with a strong culture:

- *Has defined and adopted mission, vision and value statements that are well understood and supported by its members (see Tool 2.1).*
- *Promotes its mission, vision and value statements broadly and consistently and ensures that the association's actions are aligned with these.*
- *Has defined and adopted a code of professional conduct and/or other similar statements (see Tools 2.2 and 2.3).*
- *Identifies, promotes and institutes rewards, incentives and compensation that meet the needs/expectations of its members, volunteers and staff.*

► **FOCUS: A few thoughts on mission, vision and value statements**

- *Vision, mission and value statements are important governance tools used to define and guide an association's work for the near future. They can be developed when an association is first established or at the time of its first strategic planning exercise. Vision, mission and value statements are not static and must be revised in light of changing environments.*
- *What is the difference between 'mission' and 'vision'? A simple and effective way of distinguishing between the two is using the following definitions:
VisionARY = someone who sees what is possible
MissionARY = someone who carries out the work
Put simply, 'vision' is what the association considers possible and what it commits to, while 'mission' is what it takes to make that vision a reality.¹*
- *Value statements provide insight into how an association will do its work. They are usually intrinsically linked to universally shared values that are prominent in the community where the association belongs. Some examples of values associated with health professional associations include competency, collaboration, diversity, equality, excellence, innovativeness, integrity, justice, leadership, learning, professionalism and teamwork.*
- *The process of identifying an association's mission, vision and values is more powerful when developed through a participatory process, where the input of everyone who is involved in the association is solicited.*

ACTIONS TO MOVE FORWARD

- Develop, adopt and disseminate widely the association's mission, vision and value statements.
- Modify or adapt and ratify the code of professional conduct of its international body (e.g. FIGO), if the association does not have its own, and disseminate widely via the association's website, newsletter and/or Continuing Medical Education (CME) activities.
- Identify and promote the association's rewards, benefits and compensation and promote via a website or other promotional material developed for the association's membership.
- Recognise the involvement of members who have contributed to the advancement of the association's activities during an annual scientific congress or other event.

► **FOCUS: Examples of rewards and incentives for recruiting, retaining and motivating members**

- *Free subscriptions to publications such as scientific journals or the association's newsletter;*
- *Eligibility to qualify for the association's grants and awards;*
- *Reduced cost for the association's scientific congress and other CME activities;*
- *An email address connected to the association's corporate account;*
- *Opportunities to participate in committees that explore areas of interest;*
- *Opportunities to participate in the implementation of the association's projects (e.g. as a consultant or trainer);*
- *Letters of reference for travel visa applications or for other purposes;*
- *Opportunities for public recognition as a specialist who meets the association's membership criteria;*
- *Opportunities to network with other professionals working in the same field;*
- *Opportunities to participate in social/family activities;*
- *Professional development opportunities beyond that of the profession (e.g. training in advocacy and project development).*

► **FOCUS: Good practices when working with pharmaceutical industry**

Collaborations between health professional associations and the pharmaceutical industry can be productive when the partnership is developed with the mutual goal of improving health. The following are examples of concrete actions that can be undertaken by associations to ensure that interactions with the pharmaceutical industry are free of actual or potential conflict of interest and are perceived by all (including the public) as being transparent and ethical. These 'tips' are intended specifically for health professional associations who function in an environment where little or weak regulations exist on this issue.

Health professional associations should:

- Recognise the potential for actual or perceived conflicts of interest in any interaction with pharmaceutical companies and develop codes of conduct, policies and procedures that will be used to guide their relationships with them. These documents should include a focus on the following issues: advertising, consulting, drug promotions, gift-giving, hospitality, medical education activities, guideline development and support for travel.
- Ensure that all collaborations and/or interactions are developed for the purpose of advancing scientific knowledge and best practice in the field of obstetrics and gynaecology.
- Assume leadership to establish the goals, objectives and activities of the initiative for which support is being requested before soliciting the support of industry. Formalise the agreement with a contract that outlines all details, including a budget and a description of how and where their support will be promoted within and outside the association.
- Ensure that all financial transactions related to the activity being sponsored by a pharmaceutical company are directed exclusively to the association. The association can then assume the responsibility to pay all expenses with financial transparency.
- Ensure that any office or audio/visual equipment received as a donation remains the property of the association and are clearly integrated into its fixed assets registry.
- Do not use industry funds for the production of documents that are developed for the purpose of informing stakeholders about the association, such as information pamphlets, annual reports, strategic or other organisational plans, etc.
- When developing and implementing these collaborative initiatives, ensure that all conflicts of interest are disclosed and noted (*see Tools 3.7 and 3.8*).

See also Tool 2.3

ACCOMPANYING TOOLS

2.1 – Example: FIGO Mission, Vision and Value Statements

2.2 – Example: FIGO Women's Sexual and Reproductive Rights: Rights-Based Code of Ethics

2.3 – Example: FIGO's Guideline on Ethical Aspects of Human Reproduction and Women's Health

See the following sections:

- General Issues in Women's Health and Advocacy
- Issues in Advertising and Marketing Health
- Ethical Issues in Medical Education

OTHER USEFUL RESOURCES

Bal V, Quinn L. The missing link: organizational culture and leadership development. LIA 2001;21(4):14-7. Available: <http://www.ccl.org/leadership/pdf/publications/lia/lia2104link.pdf>

BIBLIOGRAPHY

1. Gottlieb H. 3 statements that can change the world: mission / vision / values. Tucson (AZ): Hildy Gottlieb / ReSolve, Inc.; 2007. Available: http://www.help4nonprofits.com/NP_Bd_MissionVisionValues_Art.htm.

STRENGTHENING OPERATIONS



IN THIS SECTION:

This section addresses the complex relationship of eight capacity areas that support the ability of an association to perform, to remain relevant, to grow and to survive.

WHAT IS OPERATIONAL CAPACITY?

The **operational capacity** of a health professional association refers to the practices, strategies, processes and systems needed to ensure the effective functioning of an association at both governance and management levels. All are interlinked and connected and at times overlapping. Operational capacity is essential for the delivery of quality programmes and projects and, further, the future expansion of the association's activities in support of reproductive, maternal and newborn health.

In the Organizational Capacity Improvement Framework (OCIF), operational capacity is addressed through the following capacity areas:

- An association's **governance practices**;
- An association's **leadership at management level**;
- An association's **strategic directions**;
- An association's capacity to manage its **finances**;
- An association's capacity to manage its **human resources** (paid staff and volunteer members);
- An association's capacity to **develop, implement, monitor and evaluate its programmes/projects**;
- An association's ability to **communicate** with its members and outside stakeholders, including the public;
- An association's **infrastructure** that supports the capacity to ensure its operations.

Considering the importance of each of these capacity areas for building organisational capacity of health professional associations, the following chapter will expand on each individually.

Improving an association's overall operations takes time. It requires an investment in human and financial resources and is usually built incrementally. It may also require external expertise to assist an association in gaining greater capacity in areas that are new or for which outside assistance is required (e.g. developing a strategic plan for the first time). Building operational capacity is never totally completed as the implemented strategies or actions need to be revised or updated in light of the association's growth, its expanding programmes, projects and activities, the changing environment in which it functions, new emerging technologies and often new opportunities.

1. GOVERNANCE

Governance refers to the systems and processes needed to ensure the overall direction, effectiveness, supervision and accountability of an association.¹ These are usually laid out and made explicit in the association's governing documents, such as its constitution, rules and bylaws and other governance related documents.

A health professional association is generally governed by two separate entities: the General Assembly, its ultimate decision-making body that usually meets once a year, and a Board/ Executive Committee, the principal governing body that assumes the responsibility for protecting the interests of the association and its stakeholders between annual meetings.²

At the Board/Executive Committee level, governance activities usually include the oversight of the organisation's operations and its performance, and the development of its policies and strategic directions, including vision, mission and values. The Board/Executive Committee is also responsible for ensuring the association's compliance with laws and regulations set out by national authorities and by external funders; and should the association have one, is responsible for recruiting, supervising and evaluating its Executive Director/Chief Executive Officer. As Board/ Executive Committee members are legally responsible for the operations of an association, it is important that they exercise their governance role in a prudent manner. Board/Executive Committee members are volunteers and should not normally be compensated for their work, although they may be reimbursed for incurred expenses related to their services.

A Board/Executive Committee may be assisted in its roles and responsibilities by a number of standing or permanent committees. Their numbers may vary depending on the organisational capacity of the association, its strategic directions and its programmes/projects. Examples of standing committees that could be considered are: a Finance Committee, a Human Resources Committee and a Fundraising Committee. Terms of reference should be developed for all committees for the purpose of clearly defining their roles, responsibilities and reporting relationship to the Board/Executive Committee (*see Tools 3.1, 3.2 and 3.3*).

As a health professional association grows and expands its activities beyond the conduct of annual scientific congresses, it will need to reflect on the organisational structure to put in place to manage or operationalise its programmes and/or projects. The structure can vary according to the association's needs, resources and capacity. It may include:

- The participation of elected officials in the co-ordination of certain activities (e.g. organising the annual scientific congress).

- The recruitment of volunteer members for the implementation of specific activities (e.g. organising a CME activity supported by an outside funder).
- The establishment of other committees (Clinical Guidelines Committee, project committees, etc.) with the responsibility to lead the association's work in a specific area (e.g. develop and disseminate clinical guidelines) or to implement a larger and time-limited project (e.g. for a three-year community health intervention).
- The recruitment of professional and administrative staff for its core activities and/or time-limited projects. These might include but may not be limited to an Executive Director/Chief Executive Officer or other senior staff (i.e. an Office Administrator), project directors or co-ordinators and support staff such as an administrative assistant, a finance co-ordinator, etc.

Accompanying tools 3.4 and 3.5 provide sample organisational charts for health professional associations with and without an Executive Director/Chief Executive Officer assuming leadership at the management level. These are included to assist in discussions related to changes needed in organisational structure to facilitate the management/operationalisation of an association's programmes, projects and activities (*see Tools 3.4 and 3.5*).

Regardless of the organisational structure put in place, it is important that all involved at both governance and management levels clearly understand their respective roles and responsibilities as to ensure a clear distinction between governance and management practices. Board/Executive Committee members — the principal governing body of the association — are responsible for overseeing the organisation's operations and its performance, including the development of its policies, strategic directions and vision, mission and values. All other individuals involved in the operationalisation of the programmes, projects and activities of the association function at the management level.

In a smaller association relying mostly on the participation of elected officials and other volunteer members in the operationalisation of the association's activities, Board/Executive Committee members often find themselves wearing two hats: a 'governance hat' and a 'volunteer or operations hat' and, at times, switching these during Board/Executive Committee meetings. Their main challenge will thus be in clearly understanding when to wear their 'governance hat' and when to wear their 'volunteer or operations hat'.³ Their ability to clearly distinguish between and respect their dual responsibilities will ensure a better-functioning association, both at governance and management levels, and will assist in working toward greater transparency, accountability and integrity.

RECOMMENDED PRACTICES

A health professional association with good governance practices:

- Ensures its governing documents clearly define the decision making and oversight responsibilities of its governing entities.
- Ensures the regular rotation of its elected officials, as per the terms of its constitution and by-laws.
- Elects Board/Executive Committee members who fully understand and assume their roles and responsibilities (hold regular meetings, ensure there is quorum when decisions are made, document discussions and decisions in minutes and then circulate to all members, etc.).
- Ensures its Board/Executive Committee members understand and respect their governance and management responsibilities.
- Has a Board/Executive Committee who recognises the potential for conflicts of interest and implements transparent measures to manage such situations (*see Tools 3.7 and 3.8*).
- Has a Board/Executive Committee who establishes committees to assist with certain of its duties and responsibilities (e.g. Finance Committee).
- Ensures that the performance of its Executive Director/Chief Executive Officer, if the association has one, is evaluated annually by the Board/Executive Committee (*see Tool 3.15*).

ACTIONS TO MOVE FORWARD

- Hold an orientation session for newly elected Board/Executive Committee members for the purpose of familiarising them with the internal functions of the association and reviewing their governing roles and responsibilities.
- Provide a manual to Board/Executive Committee members, which includes documents and resources to orient officers to the association's current structure, processes and systems and which describe current programmes/projects and activities.
- Develop and make use of a conflict of interest policy to manage situations of conflict of interest (*see Tools 3.7 and 3.8*).
- Formalise the conduct of Board/Executive Committee meetings by determining well in advance the dates and locations of the meetings and adopting and using a pre-agreed-upon format for the meeting agenda and minutes (*see Tools 3.11 and 3.12*).
- Provide professional development opportunities to Board/Executive Committee members, such as financial management training.
- Develop terms of reference (TOR) for the association's committees that clearly define the mandate and scope of work of each committee (*see Tools 3.1, 3.2 and 3.3*).

► **FOCUS: Board/Executive Committee manual**⁴

A Board/Executive Committee manual is a useful tool for all officers but especially for newly elected ones. The following lists the documents that should be included in such a manual:

General information about the association: mission, vision and values; a brief history of the association; general information about its current programmes/projects and activities; an organisational chart outlining the lines of authority among the Board/Executive Committee, its committees, the Executive Director/Chief Executive Officer (if the association has one) and the staff; names of its staff and most active volunteer members who assume responsibility for the implementation of its programmes/projects and activities; contact information for the association (physical address of its secretariat, telephone/fax number and/or email addresses).

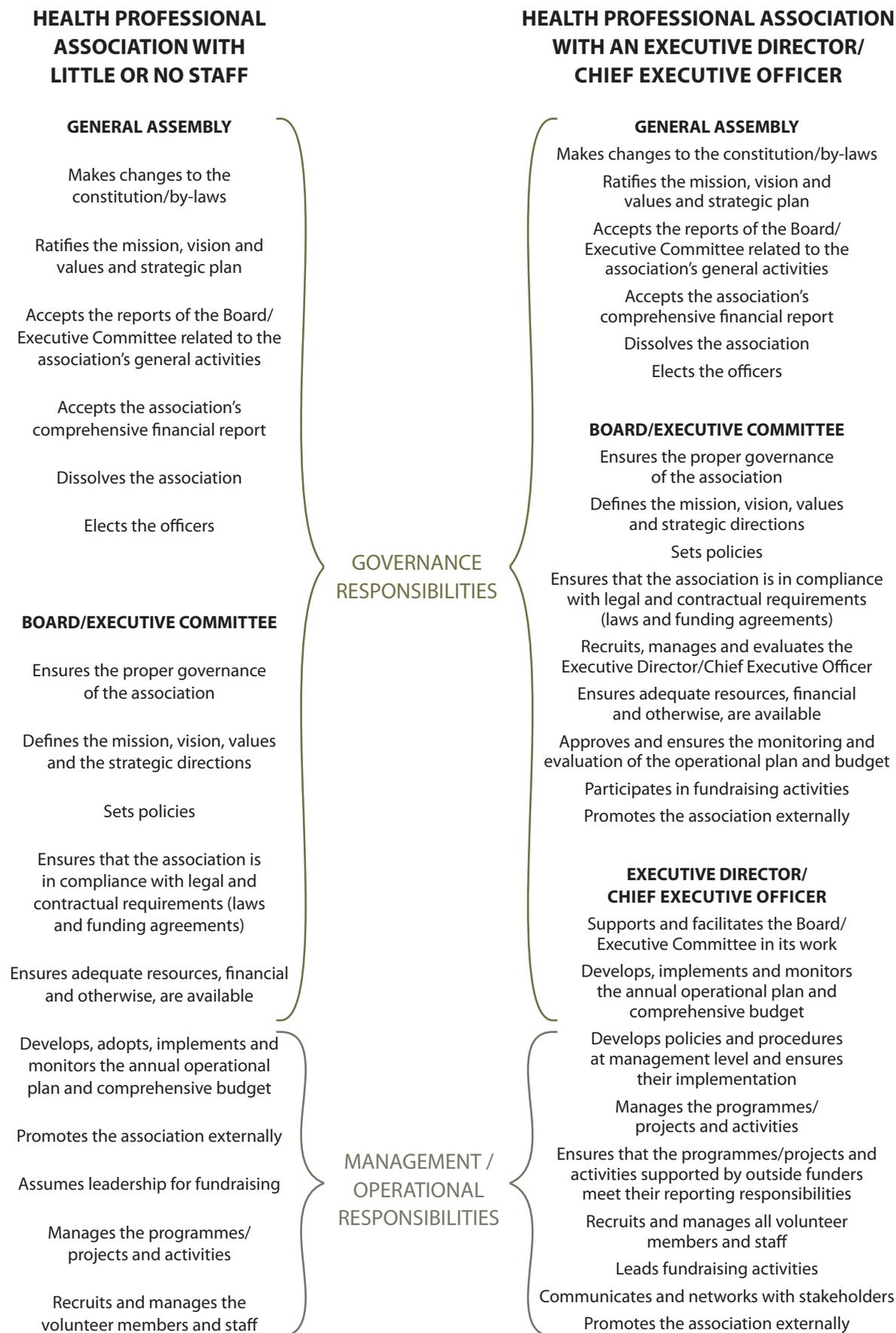
Official documents: constitution, rules and bylaws; strategic plan; approved policies (e.g. conflict of interest); annual operational plan and comprehensive budget for the current year; minutes from recent governance meetings (e.g. minutes of the last annual meeting and of the last three to four Board/Executive Committee meetings); most recent annual reports (narrative and financial).

Information about the Board/Executive Committee: names and contact information of Board/Executive Committee members; name and contact information of the Chairs of committees (Finance Committee, Human Resources Committee, etc.); terms of reference of committees; schedule of meetings and events for the year.

Roles and responsibilities of the Board/Executive Committee: a document that lists the roles and responsibilities of the elected officers.

► **VIGNETTE:** *In the last few years, the Association of Obstetricians and Gynaecologists of Uganda (AOGU) has taken proactive measures to strengthen their financial management system. This led the association to install a computerised accounting system and to develop a financial management policies and procedures manual for staff and volunteers. The association also provided an opportunity for the Treasurer and Executive Director to participate in a one week course on financial management for staff and board members of NGOs. This training enabled the key officers and staff involved in the management of the association's finances an opportunity to gain greater knowledge and skills in financial management and, further, to understand their specific roles and responsibilities in regards to ensuring good management of the association's financial resources.*

► **FOCUS: Good governance involves a clear distinction between governance and operations/management**



► **FOCUS: When should a health professional association recruit an Executive Director/Chief Executive Officer?**

As a health professional association grows, increases and diversifies its activities, it may consider recruiting an Executive Director/Chief Executive Officer to manage or operationalise its activities. The decision to recruit an Executive Director/Chief Executive Officer is not an easy one and can solicit many discussions within an association. The following discussion points are provided to assist an association exploring this very important issue:

- Do we need an Executive Director/Chief Executive Officer?
 - How will this individual assist with the association's work and commitment to meet its mission and progress on its strategic objectives? Is there enough to occupy their time on a full-time basis? On a part-time basis? What are the advantages of having an Executive Director/Chief Executive Officer? What are the disadvantages? Would a senior staff (i.e. an Office Administrator) better meet some of our needs at this time? If we were to recruit an Executive Director/Chief Executive Officer, what qualifications would we want this individual to have? Do they need to be an MD? An OB/GYN?
- Do we have the necessary financial resources to maintain an Executive Director/Chief Executive Officer?
 - How long would we be able to maintain the position? How much can we pay? Would this be sufficient to recruit an individual with the necessary qualifications and experience for the job? Are we able to support the position with our own funds? What are the risks of hiring someone whom we would have to let go in a few years because of lack of funds?
- Do we have the capacity to recruit, supervise and evaluate an Executive Director/Chief Executive Officer?
 - Who will develop the job description? Who will develop the employment contract? What process will we use to recruit the individual? How will we ensure that this individual is properly oriented to our association and its work? How will we supervise and evaluate this individual? If we proceed with the establishment of the position, do we need to review our statutes and by-laws and/or other governance documents? The job descriptions of other staff?

2. LEADERSHIP AT MANAGEMENT LEVEL

Management refers to the day-to-day operations of a health professional association.¹ In an association with no Executive Director/Chief Executive Officer or other senior staff, the association's business is usually carried out by elected officials who often recruit other association leaders to assist them with certain activities and/or projects, with the exception where consultants may be retained for specific activities. In an association with an Executive Director/Chief Executive Officer, the work is often done by a combination of professional and administrative staff, volunteer members and, at times, consultants. Whatever the management structure of the association, **leadership** is essential at the management level to ensure that the association establishes and maintains the necessary systems and processes to enable its volunteer members and staff to undertake the work of the association effectively and efficiently.

RECOMMENDED PRACTICES

A health professional association with sound leadership at the management level:

- Has an organisational structure that clearly outlines the lines of authority among the Board/ Executive Committee, the association's committees, the Executive Director/Chief Executive Officer (if there is one), volunteer members and staff (*see Tools 3.4 and 3.5*).
- Implements an annual operational plan and comprehensive budget that is aligned with the association's strategic priorities (*see Tools 3.17 and 3.18*).
- Makes regular use of the annual operational plan and comprehensive budget to monitor progress throughout the year.
- Ensures that there is a job description and an employment contract if the association has an Executive Director/Chief Executive Officer and that this individual participates in the Board/ Executive Committee meetings (*see Tools 3.13 and 3.14*).
- Develops and implements policies and procedures to guide the association's work (i.e. administrative, financial and human resources) (*see Tool 3.6*).

ACTIONS TO MOVE FORWARD

- Develop an organisational chart that outlines the lines of authority within your association and share it with all involved in the operationalisation of your association's programmes/ projects and activities (*see Tools 3.4 and 3.5*).
- Establish a Finance Committee and a Human Resources Committee to assist the Board/ Executive Committee and the Executive Director/Chief Executive Officer (if the association has one) with the management of the association's financial and human resources (*see Tools 3.1 and 3.3*).
- Make available to all staff and volunteer members the association's administrative, financial and human resources policies and procedures (*see Tool 3.6*).
- Hold events where elected officers meet and interact with staff and volunteer members.
- Celebrate and officially recognise the contribution of volunteer members and staff to the association's work at the annual meeting.

► **FOCUS: Basic administrative systems and processes to enable volunteer members and staff to undertake the work of the association in an effective and efficient manner**

- Centralised filing and record-keeping management systems that bring together the following:
 - The governance-related documents such as incorporation or registration documents, constitution, rules and by-laws, minutes of governing meetings (annual and Board/ Executive Committee and other committees), strategic plans and operational plans, etc.
 - Other organisational documents such as correspondence, policies and procedures, fixed assets inventory, etc.

- Programme-/project-related documents such as concept papers, proposals, contract agreements, work plans, narrative progress reports, etc.
- Financial documents such as annual comprehensive budgets, quarterly reports to Board/Executive Committee, annual comprehensive budget reports, project budgets and reports, auditors' reports, etc.
- Human resources documents such as job descriptions, contracts, performance evaluations, resumes, etc.
- Defined goals, objectives and accompanying work plans and budgets, narrative progress reports, financial reports, etc. for each programme/project.
- A computerised membership data management system.
- A financial management system, including written policies and procedures.
- A human resources management system, including written policies and procedures.
- A process by which to ensure the regular backup of electronic files/data either using an external drive (which is preferably kept off site) or an online data network.
- A fire-resistant filing cabinet (preferably with a lock) in which to store all original copies of important documents and the petty cash.
- Inventory of all physical assets of the association (office equipment, including computers, furniture, projector, vehicles, etc.), also known as a fixed asset registry.

► ***FOCUS: Evaluating the performance of the Executive Director/Chief Executive Officer***

When a health professional association has an Executive Director/Chief Executive Officer, the Board/Executive Committee is responsible for reviewing the individual's performance on an annual basis. Performance evaluation of an Executive Director/Chief Executive Officer is usually led by the President and assisted by at least one other Board/Executive Committee member. Annual performance evaluations are important to the association and to the Executive Director/Chief Executive Officer as they provide the opportunity to:

- Provide feedback on what the Executive Director/Chief Executive Officer does well and what can be improved;
- Define and agree on clear performance objectives that will be used to evaluate the individual during the year;
- Clarify issues related to the relationship between the Board/Executive Committee and the Executive Director/Chief Executive Officer;
- Identify the Executive Director/Chief Executive Officer's training or professional development needs.

The following provides tips for implementing a performance evaluation process for an Executive Director/Chief Executive Officer:

- Get everyone's support, the Executive Director/Chief Executive Officer's as well as all the members of the Board/Executive Committee.

- Consider using a participative process whereby the Executive Director/Chief Executive Officer first self-evaluates using the performance evaluation template and then review and discuss the results during the performance evaluation meeting.
- Before undertaking a performance evaluation, ensure the following:
 - i. Review with the Executive Director/Chief Executive Officer the agreed upon evaluation process;
 - ii. Schedule the meeting beforehand to allow the Executive Director/Chief Executive Officer a chance to prepare for it;
 - iii. Schedule enough time to properly complete the evaluation;
 - iv. Plan to conduct the meeting in a closed office or space to ensure confidentiality.
- At the time of the evaluation:
 - i. Implement the agreed upon performance evaluation process;
 - ii. Complete/review the evaluation document and ensure that it is signed and dated;
 - iii. Ensure that both the President and the Executive Director/Chief Executive Officer has a completed and signed copy of the document;
 - iv. Keep the completed and signed document in a safe and confidential place;
 - v. Share the outcome of the evaluation with the Board/Executive Committee;
 - vi. Plan to repeat the process in a year's time.

Remember: Feedback, positive and/or negative, should be provided on a continual basis; annual performance evaluations should hold no surprises and should focus on providing an opportunity for both the employer and employee to review the individual's work performance during the year and plan for improvements in the year ahead.

See also Tool 3.15

3. STRATEGIC DIRECTIONS

Strategic plans are the usual means by which health professional associations set their **strategic directions** for the near future. They can be considered the road map used by a health professional association to lead it from where it is now to where it wants to be in five to seven years. Considered an important capacity building exercise, strategic planning contributes to improving the overall results and impact of the association, building greater momentum and focus within the association and enhancing its overall credibility. The final product can also be used to promote the association to internal and external stakeholders. Although strategic planning methodologies vary, most lead the association through a process by which it can answer the following questions:

- Who are we?
- What are our capacities? What can we do?
- What problems are we addressing?
- What difference do we want to make?

- What critical issues must we respond to?
- Where should we allocate our resources? What should our priorities be?⁵

Strategic planning takes time and resources and is something that must be planned for greater results. The development of the strategic plan is only the first step of the process; the plan must then be implemented, monitored and evaluated in order to meet the goals and objectives of the plan and to progress toward fulfilling the association's mission.

RECOMMENDED PRACTICES

A health professional association with good strategic planning capacity:

- Designs a strategic planning process that is participative and inclusive, encouraging the participation of stakeholders within and outside the association.
- Ratifies its strategic plan at its Annual General Assembly.
- Develops and implements an operational plan once the strategic planning is completed, which is then used to monitor and evaluate progress (*see Tools 3.16 and 3.17*).
- Promotes the strategic plan widely (internally and externally) once it is ratified.
- Plans to revise the strategic plan at the end of the agreed upon duration.

ACTIONS TO MOVE FORWARD

- Establish a Strategic Planning Committee (on ad hoc basis) that will co-ordinate the strategic planning process.
- Enquire from other associations the process they used to develop their strategic plans and use this information to inform your strategic planning exercise.
- Consider retaining the expertise of an outside facilitator for part of the process, such as to facilitate the strategic planning workshop.
- Use your current communication means (website, newsletter, regional representatives, etc.) to solicit feedback from your members during the strategic planning exercise and, further, to disseminate a summary of your strategic plan once it is ratified.

► **FOCUS: The strategic planning process**

Developing a strategic plan is an investment in time and resources. Its development must be thoroughly planned to ensure that the plan meets the association's needs. The table below provides a summary of the steps that should be considered in a strategic planning process.⁶

Steps	Issues to consider
Make a plan to develop a strategic plan	<ul style="list-style-type: none"> • Are we ready to develop a strategic plan? Is this a good time? • Who will lead the process? Do we need outside help? If yes, for what and when? • What will be our process? Who will be involved? When will they be involved?
Assess the situation	<ul style="list-style-type: none"> • Where have we come from? Where are we now? Where do we want to go? • What are our country's current health issues? How can we assist in improving the health situation in our country? What can we bring that others cannot? • What are our strengths/weaknesses? What opportunities are open to us? What threats do we face?
Define/revise the mission, vision and values	<ul style="list-style-type: none"> • What do we dream that is possible to achieve in our field? What can we contribute to make this dream a reality? • What values guide our work?
Identify the priorities	<ul style="list-style-type: none"> • What are our priorities?
Write the plan	<ul style="list-style-type: none"> • What should be included in the plan? How long should it be?
Ratify the plan	<ul style="list-style-type: none"> • When should the plan be ratified? • What process should we use to facilitate the ratification of the strategic plan?
Implement the plan	<ul style="list-style-type: none"> • Who will develop the operational plan and budget for its implementation? • What process will we implement to ensure that the plan is monitored and evaluated?
Promote the plan	<ul style="list-style-type: none"> • What strategies will we use to promote the plan within the organisation? • What strategies will we use to promote the plan outside the association?

See also Tool 3.16

▲ **VIGNETTE:** In August 2011, the Nepal Society of Obstetricians and Gynaecologists (NESOG) initiated the development of its first strategic plan. The exercise provided an opportunity for the association to develop its mission and vision and define the association's organisational values.

NESOG wanted its strategic planning process to be transparent and participative. It also hoped that it would provide directions on the following four issues:

1. What are our members' aspirations for the association?
2. How can we better serve our members and communicate with them?
3. What should be NESOG's contribution to improving women's reproductive health?
4. How will we ensure our association's sustainability after the FIGO LOGIC Initiative (i.e. maintain the gains made)?

NESOG planned to have their strategic plan informed by the following information:

- Results of a survey to stakeholders (internal and external) soliciting their feedback on their perception of the association and suggestions for the way forward;
- An update of the organisation profile that highlights the association's history, goal and objectives, information about its current membership, structure, programmes and activities, etc.;
- The strategic plans of other health professional associations (e.g. FIGO);
- Other internal documents such as the constitution, the association's by-laws, the results of the FIGO LOGIC organisational capacity assessment, the annual reports of past officers of the association, financial statements, policies and procedures, etc.;
- Selected external documents providing insight to the country's current situation and challenges in the field of reproductive, maternal and newborn health.

The main content of the strategic plan was developed during a two-day workshop that brought together the current Executive Committee officers and other current and past leaders, including the association's pioneers.

NESOG's Executive Committee established an ad hoc committee to lead and facilitate the strategic planning process. This ad hoc committee also assumed the responsibility to circulate the draft to members before the annual meeting and finalise the document before the association's General Assembly. NESOG ratified its first strategic plan at its April 2012 annual meeting.

4. FINANCIAL MANAGEMENT

Financial management refers to the processes and systems that health professional associations establish to plan, organise, control and monitor the use of their financial resources. Financial management is not the responsibility of one governing entity nor one person (i.e. Treasurer, Executive Director/Chief Executive Officer, Finance Officer) but involves all within the association. At the basis of all performing management systems are the following:

- An organisational chart that clearly defines the lines of authority for all involved;
- Job descriptions that outline specific responsibilities of staff with regard to finances if the association has designated staff involved in finances (i.e. the Executive Director/Chief Executive Officer, the Finance Officer or others);

► **FOCUS: Financial management — Who does what?**

General Assembly: Accepts the association's annual comprehensive financial report and/or audited report (if one is produced).

Board/Executive Committee: Approves the annual comprehensive budget forecast and uses it to monitor revenues and expenses throughout the year; approves the annual comprehensive financial report; approves financial management policies.

Treasurer: Ensures that the Board/Executive Committee's oversight responsibilities related to finances are effectively discharged. This includes ensuring: the financial information presented to the Board/Executive Committee for review and approval is complete, accurate and clearly presented; the association's financial situation and financial management performance is being monitored on a regular basis against an approved annual comprehensive budget; adequate management systems and controls are in place to meet the different stakeholders' expectations.

Executive Director/Chief Executive Officer (if the association has one): Develops the annual comprehensive budget based on the anticipated operation of the national secretariat and the projects to be implemented during the year.

Individual (volunteer member or paid staff) responsible for the accounting: Records transactions in the accounting system and ensures timely handling of money and payment of bills.

Volunteer Members and Staff: Ensures all authorised purchases are receipted and that the receipts are submitted to finance staff.

► **FOCUS: Frequently asked questions about financial management**

1. Should a Treasurer have experience in finances?

When electing a Treasurer, it is preferable to engage an individual who has some experience with finances. This individual may have functioned as a Treasurer in another non-profit organisation or may have learned finance through experience as a business owner or as an elected official of another non-profit governing body. If the individual does not have experience with finances, especially that of non-profit organisations, consideration should be given in providing the individual the opportunity to seek training in this area. Increasingly, short training programmes for managers with no or little financial management experience are available especially in countries where a large NGO community exists.

2. When should we invest in a computerised accounting system?

For uncomplicated operations, financial records can be kept manually (e.g. in books of account) or electronically making use of a simple spreadsheet such as Microsoft Excel. Once the volume of transactions increase or the monetary values start to become significant, the use of accounting software should be investigated. The advantage of accounting software is that it permits you to carry out numerous accounting processes automatically. Also, accounting packages produce what is referred to as an 'audit trail'. This trail records all activity in the system and cannot be erased or altered, ensuring greater reliability in the financial results. The decision to purchase accounting software should be based on the following factors: the number of transactions you handle on a monthly basis, the number of currencies you work in, the number of programmes/projects or activities financed by outside funders,

etc. Before purchasing accounting software, explore what non-profit organisations are using and, if possible, try out the software before purchasing it.

3. Why is developing an annual comprehensive budget so important?

One of the ways to ensure that the association has the necessary resources to operate during the course of the year is to prepare an annual comprehensive budget and to use it to monitor the association's financial performance throughout the year. The annual comprehensive budget reflects the association's financial operations, including the revenues and all expenses related to programme/project, administrative and fixed costs (*see Tools 3.18, 3.19 and 3.20*).

4. Where should we go for assistance related to financial management issues?

When dealing with financial management issues, there are a number of sources you can turn to for assistance. Seek information and guidance from other professional or non-profit organisations that have more experience with financial management systems than yours and/or seek the services of experts in the field, if you have the resources to do so. Increasingly, resources related to the financial management of non-profit organisations are also available on the Web. The 'Other Useful Resources' section of this chapter lists several resources that can assist professional associations in strengthening their performance in this area. Finally, work with sponsors and partners to learn the best practices they employ and then modify their methodology for use within your association. This may reassure partners as they will better understand your financial framework. If this is not possible it may be prudent to work with an individual, either volunteer or paid, who has extensive financial experience.

5. What are financial audits and when should we seek one?

An audit is an independent look at the financial statements of an association. The auditors selected to complete the exercise should have no interest, either business or personal, in the association. Auditors examine the records of the association and investigate transactions, such as bill payments and bank deposits, to ensure that they are accurately reflected in the association's statements. Audits are usually performed at the end of an association's fiscal year. Their costs vary considerably from country to country, so it is best to investigate how much an audit will cost before requesting one. An alternative and potentially less expensive methodology of independently verifying the association's finances is to have a review done. A review is a less rigorous examination of the books. As such, an auditor will not offer as firm an opinion on the completeness of the financial statements as one would when an audit would be performed. Both audits and reviews usually produce recommendations to improve financial management practices. These should be reviewed by the Treasurer and/or Finance Committee and, if possible, acted upon.

6. Why would a funder request a financial audit?

In some cases one or more of your funders may insist on a full audit of your books. Funders will make this request to ensure that the money they have provided is being used for the purposes for which it was given. This should not be taken as a reflection of their opinion of

the association's financial management. As audits can be costly, enquire beforehand if it is an expectation of the funder and try to have the expenses included in the project's budget.

7. Is it possible to train administrative staff to complete financial management duties?

When first starting out, it is not always possible to hire all of the specialists you need for an operation, and staff that are hired may need to perform more than one role. Administrative staff should be able to pick up the finance functions fairly easily. If the Treasurer or senior staff of the organisation can provide a list of tasks and steps needed to perform the finance functions and provide adequate supervision, administrative staff should have no problems performing the basic tasks related to accounting. As the tasks become more complex, it would be important to engage individuals who have more financial experience.

8. What is the basic financial information that should be shared with our members annually?

At least once a year, your membership needs to be provided with a view of the financial operations of the association. The basic information would include three statements. The first would be the statement of financial position, which would detail the association's assets and liabilities at the end of the reporting period. The next would be a statement of operations, which would show the revenues and expenses of the association throughout the year and if there were any surplus or deficit at the end of the year. The last would consist of a cash flow document that shows how cash was used throughout the year for various activities. It would be possible for the association to annually prepare these documents without outside assistance. The documents should be presented as one report for acceptance at the Annual General Assembly.

9. What are the appropriate financial controls and approvals for receiving and spending money?

Some of the basic controls that should be put into place include:

- Where possible, not paying cash for anything and, whenever possible, using cheques or money transfers.
- In situations where a larger amount of cash is needed to complete a transaction or an activity, ensure the following:
 - At the time of withdrawing the needed funds, ensure that the advance is supported by the following documents: the bank receipt plus the pro formas (if available) and/or other documents outlining why the funds are requested (i.e. this document should indicate the activity, the date the activity will be held, its venue and, if possible, a brief budget detailing the expenses to be paid in cash).
 - When disbursing the funds, ensure that all disbursements are supported by at least one supporting document (an invoice or other supporting document that has been signed, such as acknowledgement receipts, attendance lists, etc.).
 - Immediately following the activity, ensure that a reconciliation of the advance is completed.
- Ensuring that the bank transactions match the financial ledgers each month.

- Ensuring, if possible, that the bank deposits and bank reconciliations are done by different individuals.
- Ensuring regular bank deposits so cash and cheques are not at risk in the national secretariat.
- Having at least two individuals authorised for the dispersal of funds (i.e. the President and the Treasurer; in an association with an Executive Director/Chief Executive Officer, the Treasurer and the Executive Director/Chief Executive Officer).
- Ensuring that all expenses are supported by appropriate supporting documents (receipts, contracts, etc.).
- Ensuring that all expenses are appropriate to the project or administration of the association and are budgeted.

10. What government regulations and taxes do we have to take into account when we set up our financial system?

Whenever you set up a financial system it is important to understand the regulatory climate in which you are situated. You may be required to deal with payroll taxes and remittances if you have paid staff. Goods and services may be subject to a value-added tax. The association may be required to pay tax on the value of funds and receivables at the end of the year. Other government regulations may include registration fees, upper limits on the amount of money you can have in reserve, the eligibility of those you are funding and the eligibility of persons working on your behalf.

11. How many bank accounts should an association have?

Bank accounts are an important tool for an association to have as it properly secures the association's cash resources. Where possible, an association should have a minimal number of accounts (i.e. one to two) and limit their activities to the receipt and utilisation of the financial resources related exclusively to the association's business. All accounts should be in the name of the association and not those of individuals.

A funder may request that a separate bank account be opened for their specific project. In such situations it is extremely important that all project banking transactions be done through this account, as the account's financial report (i.e. monthly statements and others) will probably be used by the funder for accountability purposes. If the amounts to receive are large and, if possible in your country, it might be wise to also open an account in the currency used by the funder. Before doing so, discuss the issue with the funder. Once the project is finished and no more funds are expected, the account should be closed.

5. HUMAN RESOURCES MANAGEMENT

Human resources management refers to the processes and systems needed to effectively manage people within an association. In a health professional association, human resources usually include volunteer members (i.e. members involved in the implementation of the association's programmes, projects and activities), paid staff (i.e. professional and administrative staff) and the occasional consultants. Human resources management involves issues related

- A financial accounts structure that is not too complicated and does not create unnecessary work for the individuals (staff or volunteer members) responsible for accounting but has sufficient detail to meet the reporting requirements of the organisation and its funders;
- Policies and procedures that are written to provide specific guidance to members, officers, volunteer members and staff in the association's financial operations;
- An annual comprehensive budget and monitoring process.⁷

In an effort to not duplicate resources and tools already readily available on the Web for non-profit organisations committed to strengthening their financial management capacities, the focus of this section will be placed on providing basic recommendations and actions that associations can undertake to strengthen their organisational capacities in this specific area. For associations wanting greater guidance and tools, we strongly recommend that they make use of the resources listed at the end of this chapter, all of which provide information and tools specifically designed to assist non-profit organisations improve their financial management processes and systems.

RECOMMENDED PRACTICES

A health professional association with good financial management capacity:

- Reviews its governance documents and organisational structure to ensure that the lines of authority related to financial management are well defined.
- Establishes a financial management system, including policies and procedures which permit the association to manage its financial resources effectively and efficiently (*see Tool 3.6*).
- Strives to implement an annual comprehensive budget and monitoring process as the cornerstone of the association's financial management system (*see Tools 3.18, 3.19 and 3.20*).
- Strives to engage volunteer members and staff that have some level of financial training or understanding.
- Seeks assistance from experts when needed.

ACTIONS TO MOVE FORWARD

- Integrate a review of the Board/Executive Committee's financial management oversight responsibilities and, if needed, basic training related to financial management into the orientation session for newly elected officers.
- Establish a Finance Committee formed of the Treasurer, the Executive Director/Chief Executive Officer (if the association has one), two to three other members and an external expert in finances (i.e. accountant) to support the Board/Executive Committee with its financial management responsibilities (*see Tool 3.1*).

to recruitment and selection, compensation, staff performance, staff development, health and safety, grievance and disciplinary procedures, etc.

RECOMMENDED PRACTICES

A health professional association with good human resources management practices:

For volunteer members:

- Develops a strategy that aims to encourage and facilitate the participation of volunteer members representing the diversity of the membership (male and female, those from rural/urban centres, from the public and private sector, etc.).
- Develops and implements a policy for the reimbursement of expenses of all involved in the association.
- Offers opportunities for professional development and training.
- Integrates within its Annual General Assembly and/or other events an opportunity to recognise and celebrate the contribution of its volunteer members.

For staff:

- Ensures that its human resources practices meets or complies with its country's labour laws and regulations.
- Strives to implement an 'open' recruitment and selection process that allows for the hiring of a person with the needed knowledge, skills and competencies for the position (advertises the job vacancy, sets up selection committees comprised of at least two persons, ensures that interviews are structured, checks references, etc.).
- Develops for each position a detailed job description and employment contract and ensures that these are updated. Establishes processes to ensure that employees are oriented to the association when they are first hired and supervised appropriately (*see Tools 3.14, 3.21 and 3.22*).
- Implements annual performance evaluations for its core staff (*see Tool 3.23*).
- Offers opportunities for professional development and training.
- Develops and implements policies and procedures related to human resources management to cover issues such as hours of work, annual holidays, sick days, performance evaluation, etc. (*see Tool 3.6*).
- Integrates within its Annual General Assembly and/or other events an opportunity to recognise and celebrate the contribution of its staff.

For consultants:

- Develops terms of reference that clearly defines the scope of work of the consultancy before recruiting a consultant (*see Tool 3.25*).
- Considers using a call-for-proposal process for the selection of the consultant(s) if the project is large enough (*see Tool 3.24*).
- Formalises the contractual relationship with a formal contract (*see Tool 3.25*).

ACTIONS TO MOVE FORWARD

- Especially for a health professional association with no Executive Director/Chief Executive Officer, establish a Human Resources Committee to assist the Board/Executive Committee with its human resources management responsibilities (*see Tool 3.3*).
- When developing human resource policies and other human resources documents (i.e. job descriptions, contracts, terms of reference), communicate with other medical associations or non-profit organisations in the field to explore what they have in place.

► **FOCUS: Tips on motivating staff and volunteer members**

1. Strive to create an organisational culture where staff and volunteer members are seen and treated as valuable contributors to the association's efforts to progress toward its goals and objectives and fulfill its mission.
2. Solicit their active participation in the development of the association's strategies, structures and processes.
3. Keep them informed and updated about what is going on in the association.
4. Develop and implement human resource policies and procedures and ensure that they have a copy of the document.
5. Ensure they are well aware of their roles and responsibilities and whom they report to.
6. Strive to ensure that staff salaries, benefits and insurance are competitive. Similarly, strive to ensure that reimbursements to staff and volunteers are fair.
7. Provide them with regular feedback on their performance. When issues related to poor performance need to be addressed, do so in a private environment and in a professional way.
8. Provide them with professional development and training opportunities.
9. Celebrate and publically recognise their contribution to the association.
10. Treat all fairly and equally.

► **FOCUS: Tips for implementing an annual performance evaluation of an employee**

- Promote annual performance evaluations among staff as a means for each employee to:
 - Obtain feedback on what the individual does well and what can be improved;
 - Define and reach agreement on clear performance objectives that will be used to evaluate the individual during the year;
 - Clarify issues related to the employer–employee relationship;
 - Identify the individual's training or professional development needs and clarify how the association can support these;
 - Review the job description to ensure that it is up to date.
- Ensure that the annual performance evaluation is conducted by the employee's supervisor.

- Ensure the following before undertaking a performance evaluation:
 - Schedule the meeting beforehand to allow the employee a chance to prepare for it;
 - Schedule enough time to properly complete the evaluation;
 - Conduct the meeting in a closed office or space to ensure confidentiality.
- Consider using a participative process whereby the employee first self-evaluates using the performance evaluation template and then review and discuss the results during the performance evaluation meeting.
- At the time of the performance evaluation:
 - Implement the agreed upon performance evaluation process;
 - Complete/review the performance evaluation document and ensure that it is signed and dated;
 - Ensure that both the employee and the supervisor have a copy of the document;
 - Keep the completed and signed document in a safe and confidential place;
 - Plan to repeat the process in a year's time.

Remember: Feedback, positive and/or negative, should be provided on a continual basis; annual performance evaluations should hold no surprises and should focus on providing an opportunity for both the employer and the employee to review the individual's work performance during the year and plan improvements for the year ahead.

See also Tool 3.23

6. PROGRAMME/PROJECT MANAGEMENT

In the last decade, the field of project management has developed considerably and become increasingly sophisticated. Developing programme/project capacities takes time and resources, and these are usually fine-tuned as they are applied and as greater knowledge and skills are developed. In a health professional association, the challenge is ensuring that programme/project management capacities are institutionalised and not held by one or a few individuals. The departure of these individuals could potentially mean that within a short time, the association could lose all its programme/project management capacities and would then need to rebuild them.

Programme/project management refers to the processes and systems applied to design, secure and manage the resources available to achieve the goals and objectives of an initiative (big or small). In the context of this toolkit, it includes monitoring and evaluation functions. Approaches in programme/project design and management vary considerably from discipline to discipline, and sometimes within disciplines from one group to another (e.g. from one funder to another).

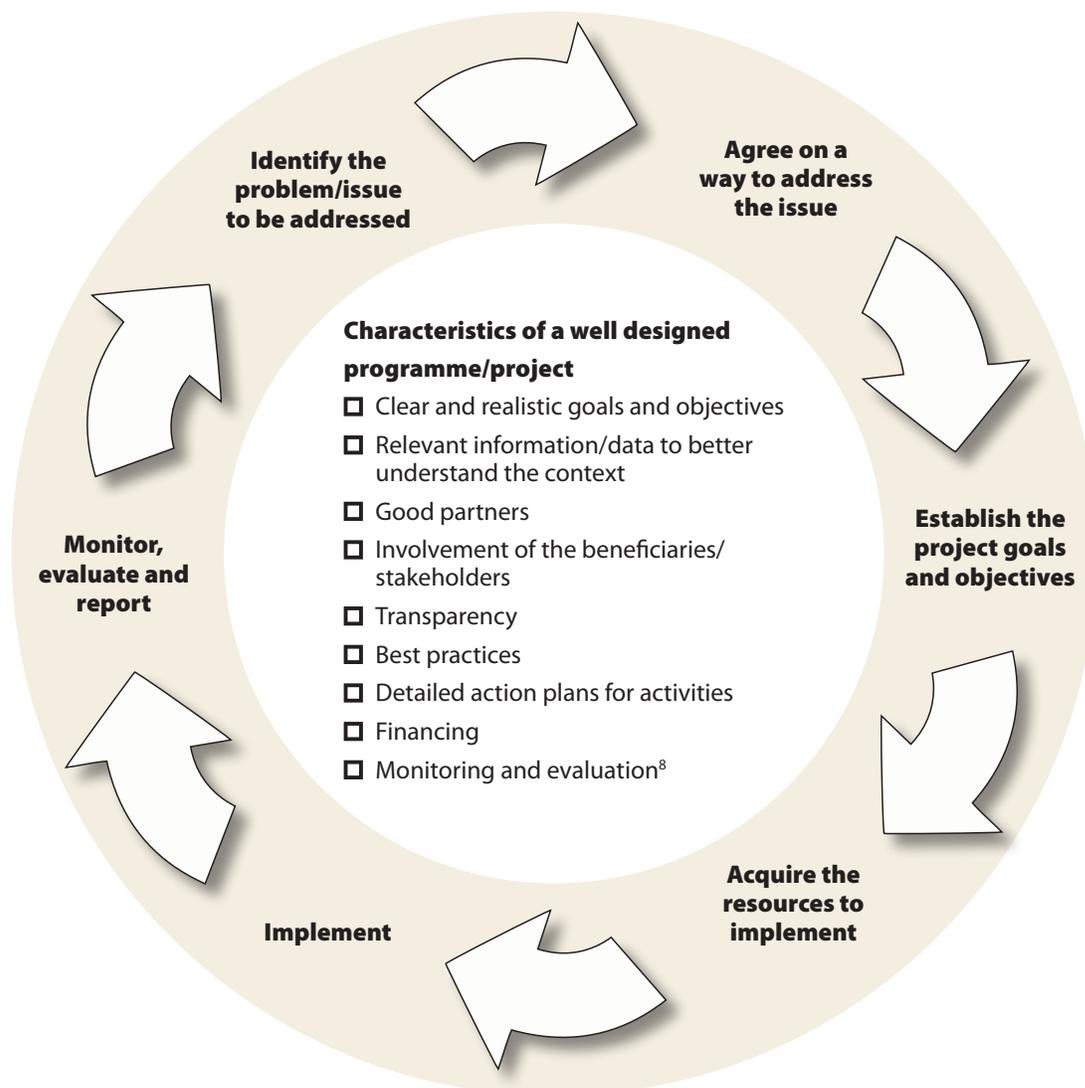
As for financial management practices, many useful resources exist that specifically aim to enhance the capacity of non-profit organisations and other civil society actors with regard to programme/project management. In the spirit of not reproducing resources already available, the focus of this section will thus be put on providing basic recommendations, actions and tools that can be used by a health professional association in its efforts to strengthen its programme/project management capacities. References to comprehensive programme/project management resources can be found in the 'Other Useful Resources' section of this chapter.

RECOMMENDED PRACTICES

A health professional association with good programme/project management practices:

- Strives to incorporate programme/project management practices within all its programmes and projects. Consequently, all programmes and projects should have well defined and supported goals and objectives as well as work plans and budgets, all of which are used to monitor progress (*see Tool 3.28*).
- Invests in professional development opportunities for staff and volunteer members in programme/project management and ensures that the knowledge and skills acquired by these are integrated into the association's management systems and processes.
- Is aware of its reporting requirements for performance to its different funders and establishes a system or process to meet these.

► **FOCUS: Programme/project management cycle**



ACTIONS TO MOVE FORWARD

- Identify within your membership individuals with programme/project management capacities and recruit them to act as mentors to volunteer members and staff seeking assistance in programme/project management.
- Inquire before responding to a call for proposals and/or an invitation to submit a proposal if the funder makes use of a specific programme/project management tool and if it has resource information to guide the proposal development process. If yes, review the resources provided and use them to develop your proposal.
- Consider developing project proposals in partnership with other NGOs with experience in project management in order to gain experience, with the intent to gradually develop your own capacity in this area.

► **FOCUS: Frequently asked questions about programme/project design and management**

1. What is the difference between ‘programmes’ and ‘projects’ and why are they linked in this document?

A ‘programme’ refers to a group of projects and initiatives undertaken over time to meet an association’s broader objective or strategic priorities (e.g. a professional association’s continuing education programme). A ‘project’ is much more limited in time, usually has a beginning and an end (and sometimes a specific funder), and is intended to meet a more limited objective (e.g. within a professional association’s CME programme, the postabortal care training project). In this toolkit (as in many other similar resources), both terms are linked, as the capacities needed to design, implement and manage a programme or a project are basically the same.

2. What is a concept paper? What are the major components of a concept paper?

A concept paper is a summary of a project or an initiative for which support is sought for its implementation. It is usually developed before a full proposal as a way of exploring potential funders’ interest and obtaining informal feedback about the initiative. Usually three to five pages long, a concept paper will provide information on the following:

- Project Title
- Project Executing Agency(ies)
- Introduction/Purpose/Context
- Project Goals and Objectives
- Project Length
- Project Beneficiaries (direct and indirect)
- Project Expected Outcomes/Results
- Project Budget

Before you start:

- Enquire about the funder’s criteria and ensure that the proposed initiative meets these.

- Enquire if the funder has its own template and/or guidelines for the development of concept papers. If yes, ensure to use these for the development of the concept paper.
- Review Tool 3.26 – How to develop a concept paper.

3. What is a project proposal? What are the major components of a proposal?

A proposal is usually a lengthier document that outlines a proposed initiative in greater detail. Although formats may vary from funder to funder, it usually includes:

- Project Title
- Project Executing Agency(ies), including information on their interest/capacity in the issue and names of key contact persons
- Introduction - Project Summary/Purpose/Context - including how the project meets the funder's criteria; issue(s) the project will address; how the proposed initiative supports the country's/region's priorities; etc.
- Project Goals and Objectives
- Project Beneficiaries (direct and indirect), identifying ratio of males and females reached
- Expected Results (outputs and outcomes)
- Project Design/Methodology
- Project Length
- Project Budget
- Annexes, such as the programme/project management tool (i.e. Logical Framework Approach or Results-based Management), detailed budget, project schedule, etc.

Before you start:

- Enquire about the funder's criteria and ensure that the proposed initiative meets these.
- Enquire if the funder has its own template and/or guidelines for the development of proposals. If yes, ensure to use and/or follow these for the development of the proposal.
- Review Tool 3.27 – How to develop a project proposal.

4. What should be considered when preparing a project budget?

A budget forecast is an essential component of a project proposal and can add credibility to the proposed initiative if it is well thought out, realistic and accurate. It essentially provides an estimate of all the financial resources needed to implement a proposed initiative and reach its intended results. Its format and length may vary from funder to funder, depending on the amount of details requested. Regardless of the amount of details requested in the proposal, it is important to develop a detailed and itemized budget at the time of developing the initial proposal and once completed, to summarize the information in broader budget categories for the document. This exercise will permit you to ensure that you have taken into account all costs and will place you in a better position to defend and/or modify the budget

in light of requests from the funder. Broad budget categories may include: staff/personnel; travel/accommodation costs; equipment and supplies; training costs; material and/or resource development; administrative costs. As funders may not support certain expenses (e.g. the purchase of a project vehicle), it is important to check with the funder beforehand to clarify what expenses it will support.

The detailed project budget should be developed conjointly by the project team and others (e.g. the Finance Officer) who can provide accurate estimates of expenses (e.g. the costs related to renting a training venue). All itemized expenses should be based on actual costs and should include notes to explain the resulting calculations. If the proposed initiative will be implemented over a longer period (e.g. a 3 year period), ensure that the detailed budget forecast reflects this reality. It is also essential to ensure that there is a clear link between the proposed budget and the proposed initiative's narrative, especially the project's proposed activities. Finally, as budget forecasts are very time-sensitive, be sure to clearly indicate the date on your budget documents in order to facilitate any future updates and/or modifications.

Before you start:

- Clarify with the funders: the types of expenses they support or do not support, the amount of details that should be included in the budget forecast, the format desired, the currency the budget should be presented in, etc.
- Enquire with the funders if they have a template, specific directions or resources which can be used for the development of the project budget.
- Ensure you have access to individuals who can provide you with the accurate information needed to prepare the budget.

5. Who should be involved in the design of the project?

Although a smaller team should assume the lead for the proposal development process, all involved in the project, including the beneficiaries, should participate in its design. A participatory approach in the design phase will ensure greater buy-in from all involved and greater likelihood that the proposed initiative will meet the identified needs and reach the expected results. At the minimum, participants could include:

- Project team
- Other partners
- Decision makers — at community, regional or national level
- Representatives of the target communities/target groups

Before you start:

- Make a list of all stakeholders (internal and external) and identify those who should be involved in the design process.

6. What are funders looking for when reviewing a concept paper or a proposal?

Although all funders have their own criteria for assessing concept papers or proposals, the following are characteristics of a good concept paper or proposal:

- Meets the funder’s own funding criterion and follows the guidelines provided for the development of the proposal;
- Is from an executing agency who is credible and has expertise and experience in the field;
- Has involved all major stakeholders, including main beneficiaries, in its design;
- Proposes an initiative that meets an established need, fits within the priorities of the government/community and does not duplicate something already done;
- Is presented in a clear, concise and coherent manner, clearly outlining the expected outcomes and how these will be monitored and evaluated throughout the life of the project;
- Presents a budget that is realistic and is congruent with the project’s narrative description;
- Is supported by all partners.

Before you start:

- Obtain as much information as possible as to what the funders are expecting in the proposal.

7. What is the difference between the Logical Framework Approach and the Results-based Management Approach in project design and management?

The Logical Framework Approach (LFA) and the Results-based Management Approach (RBM) are two project management tools used for the design, monitoring and evaluation of development projects. Without getting into a long discussion about the similarities and differences, suffice it to say that both intend to summarise, in a clear, concise and systematic way, basic information about the project. The LFA generally ‘looks at the goals, purposes/objectives, outputs/outcomes and activities/impacts of a project, and requires information on indicators and means of verification (or monitoring/evaluation) of these project dimensions’, while the RBM ‘may use similar terminology, but is more focused on the results of the project.’⁹ Major funders in the development field have adopted one of these methods for project design and have further developed resources to assist their potential partners with their proposals.

Before you start:

- Clarify with the funder if they use a specific project management tool. If yes, which one? Ask them if they can provide you with the resource material on the tool they use.
- If you are unfamiliar with the project management tool used by the funder, look for someone who can assist you with your proposal (especially with the development of the log frame or framework).

8. What should I look for before signing a funder contract?

- The goals and objectives of the proposed initiative are clearly indicated in the contract agreement;
- The roles and responsibilities of both the funder and your association have been outlined as discussed;

- The contract contains a clause that clearly identifies the beginning and end date of the project and the terms under which the project may be extended;
- The contract clearly indicates the total amount of funds being committed to your initiative, including how (e.g. bank transfers) and when the funds will be provided (according to a pre-established calendar of activities, following submission of reports, certain deliverables, etc.);
- The contract contains clear information about other terms you will need to respect (opening of a bank account dedicated to the project, use of specific templates to prepare the financial reports, etc.);
- The individual who is to sign the contract on behalf of the association has the authority to sign;
- The contract specifies under what terms the project funding may be terminated.

9. What is a 'gender analysis' and why is it important in women's health initiatives?

In the last decade, major stakeholders in the development field have strengthened their commitment to promote gender equality and the empowerment of women in their efforts to eradicate poverty worldwide. This is supported by evidence showing that development initiatives, that is, initiatives implemented with the intention of improving the wellbeing of specific communities and/or populations, do not necessarily have the same intended impacts on all and can at times be especially detrimental to women and girls.

The links between gender inequality and discrimination, as they relate to women's health, are well documented. The continual high rates of maternal and neonatal mortality that persist in many parts of the world are but one example that attest to this reality.

Gender analysis 'refers to the variety of methods used to understand the relationships between men and women, their access to resources, their activities, and the constraints they face relative to each other'.¹⁰ The results of the analysis are then used to inform the project design process and to ensure that the actions implemented will have the intended impact and, further, contribute to the promotion of gender equality and the empowerment of women.

Certain funders may request that a gender analysis be part of the project proposal.

Before you start:

- Enquire if a gender analysis is expected.
- Recruit to the project team a member with expertise on the issue of gender analysis.

7. COMMUNICATION

Effective communication is the cornerstone of a successful health professional association. Good communication practices enable the association to remain accountable and transparent, progress on its strategic priorities and successfully implement its programmes/projects and activities. They also contribute to increasing the efficient and effective use of resources, strengthening the working relationship within and between elected officers, committee members, volunteer members and staff and mobilising greater support from the wider membership. Further, effective communication aids in gaining the support of external stakeholders, building new alliances and fundraising.¹¹

Good communication practices involve not only sharing information but also being open to receiving information. It requires: being able to identify your different audiences and tailoring your message to each; limiting your message to key essential points; using clear, concise and simple language to pass on your message; communicating your message via the most appropriate channel for each audience group. For example, using email to communicate with your Board/Executive Committee members about an upcoming meeting may not be the best means if they do not check their emails regularly; communicating with them by telephone or text messaging might be more effective. Using your website as the only channel of communication to announce your upcoming annual scientific congress to members might not reach everyone if many do not access the Internet regularly or visit your website when online. Sending announcements via text messaging, using your regional representatives to share the information verbally and posting announcements on billboards of larger hospitals and at universities may ensure that you reach a larger audience.

Also see the chapter “Building External Relations” for tools and resources related to communicating with the media and the chapter “Improving Functions” for tools and resources related to advocacy and influencing policy makers.

RECOMMENDED PRACTICES

A health professional association with effective communication practices:

- Establishes processes by which communication is shared between the different levels of authority within the association in an effective and timely way.
- Integrates to its communication practices the promotion of its mission, vision, values and strategic priorities within and outside the association.
- Evaluates its communication practices regularly to ensure the needs of their different audiences are met (*see Tool 3.29*).
- Develops an annual communications strategy and monitors progress.

ACTIONS TO MOVE FORWARD

- Establish a committee who will evaluate the association’s current communication practices (within and outside the association) and present a plan to improve the practices.
- Survey members to find out what kind of information they would like from the association and the channel of communication they would most prefer (newsletter, monthly updates via email, website etc.).

► **FOCUS: Summary of key information/messages and the different means that can be used to share them**

The following provides selected examples of key information/messages that health professional associations may want to use to improve their communication, internally and externally.

Key information/ messages	Intended audience	Means used to share the information/ messages
Within the association		
Constitution and by-laws	Members	<ul style="list-style-type: none"> • Website • Booklet provided to new members or upon request
Association's vision and mission / strategic plan / code of professional conduct / position statements	Members and staff	<ul style="list-style-type: none"> • Summary disseminated via the website, at the office or at an event • Special presentations at CME activities and other meetings (e.g. staff meeting) • Summary included in a newsletter or electronic newsletter • Vision and mission displayed on a banner in national secretariat • Summary included in annual report
Main decisions of the Board/ Executive Committee	Committee members and staff	<ul style="list-style-type: none"> • Committee meetings • Staff meetings • Memos
Administrative, financial and human resources policies and procedures	Committee members, volunteer members and staff	<ul style="list-style-type: none"> • Policies and procedures manual or volunteer members/staff handbook
Updates on programmes/ projects	Members and staff	<ul style="list-style-type: none"> • At each Board/Executive Committee meeting include an agenda item related to programmes/projects update • At staff/volunteer members meeting, provide a programmes/projects update • In a newsletter or electronic newsletter include an article dedicated to programmes/projects update • Include updates in 'programmes/projects' section of website
Upcoming events including Annual Scientific Congress, CME activities or others	Members	<ul style="list-style-type: none"> • Announcement made via email, website, newsletter or electronic newsletter • Publicity on notice board of the secretariat or other strategic venues where members circulate (hospital, university, etc.)

(continued on page 47)

Key information/ messages	Intended audience	Means used to share the information/ messages
Outside the association		
Association's vision and mission / strategic plan / position statements	External stakeholders, including partners, collaborators, and the general public	<ul style="list-style-type: none"> Disseminated via the website, at the office or at events/meetings Summary included in annual report disseminated via the website, in the mail, at the office or at events/meetings Integrated into presentations made outside the association (include one or two slides that presents the association and that mentions the mission, vision, values and strategic directions)
Position statements	Identified stakeholders from which you seek support	<ul style="list-style-type: none"> Mail or email a formal letter with a copy of the position statement Meeting(s) with representatives of the stakeholder group for the purpose of presenting and discussing your statement Follow-up phone calls
Association's annual reports	External stakeholders, including partners, collaborators and the general public	<ul style="list-style-type: none"> Disseminated via the website, at the office or at events/meetings
Position statements / results of research projects	External stakeholders, including partners, collaborators and general public	<ul style="list-style-type: none"> Disseminated via website, newsletter, and the media (i.e. press release, press conference)
Key advocacy messages	Decision makers, government, external stakeholders	<ul style="list-style-type: none"> Disseminated via website, newsletter, and the media (i.e. press release, press conference)

8. INFRASTRUCTURE

In the OCIF, **infrastructure** refers to the physical space and the communication/technological infrastructure (telephone, fax, computer, computer applications, network, databases, etc.) used by the health professional association to support its work. Usually both converge in what is known as the association's national office or secretariat, the physical space where an association locates its staff, establishes its administrative and management systems and basically runs its business. An association with a well furnished, equipped and organised national secretariat is in a better position to support its elected officials in their governance role and responsibilities, support the work of its volunteer members and staff, respond to the needs of its members and maintain their relationships with outside stakeholders, including partners and funders. A well organised and run national secretariat further reflects on the association's credibility.

RECOMMENDED PRACTICES

A health professional association with a functional infrastructure:

- Evaluates its infrastructure needs regularly and incorporates the activities to move forward on these within its annual operational plan and budget.
- Ensures to provide a healthy, secure and safe work and meeting environment for its members and staff.
- Ensures that when it introduces new information technology in the office, training and support is provided to those who will most likely use this technology.
- Ensures that all funded programmes/projects include a contribution to the maintenance of the association's infrastructure (rent, communication costs, office supplies, etc.).

ACTIONS TO MOVE FORWARD

- Visit a well established professional association or NGO to learn about the infrastructure it has implemented and to gain insight of what could be done for your association.
- Complete the included infrastructure assessment (*see Tool 3.32*) and prioritise actions to be integrated into your association's next annual operational plan and budget.

ACCOMPANYING TOOLS

- 3.1 – Example: Terms of Reference – Finance Committee
- 3.2 – Example: Terms of Reference – Fundraising Committee
- 3.3 – Example: Terms of Reference – Human Resources Committee
- 3.4 – Example: Organisational Chart without Executive Director/CEO
- 3.5 – Example: Organisational Chart with Executive Director/CEO
- 3.6 – Tool: Content of policy manuals
- 3.7 – Example: Conflict of Interest Policy
- 3.8 – Example: Conflict of Interest Form (FIGO)
- 3.9 – Template: Agenda of Annual General Assembly
- 3.10 – Tool: Minutes of an Annual General Assembly
- 3.11 – Template: Agenda of a Board/Executive Committee Meeting
- 3.12 – Tool: Minutes of a Board/Executive Committee Meeting
- 3.13 – Example: Job Description – Executive Director/CEO
- 3.14 – Template: Employment Contract
- 3.15 – Template: Performance Evaluation – Executive Director/CEO
- 3.16 – Example: Strategic Plan (AMOG)
- 3.17 – Example: Operational Plan (AMOG)
- 3.18 – Template: Annual comprehensive budget
- 3.19 – Tool: Developing and implementing an annual comprehensive budget
- 3.20 – Template: Annual comprehensive budget – Monitoring performance
- 3.21 – Example: Job Description – Finance Officer
- 3.22 – Example: Job Description – Receptionist/Administrative Assistant
- 3.23 – Template: Performance Evaluation Form – Staff
- 3.24 – Example: Consultant – Request for Proposal
- 3.25 – Example: Consultant – Contract and Terms of Reference

- 3.26 – Tool: How to develop a concept paper
- 3.27 – Tool: How to develop a project proposal
- 3.28 – Template: Annual project work plan
- 3.29 – Template: Assessing your association's communication practices
- 3.30 – Tool: Basic content of a website
- 3.31 – Example: Newsletter (FIGO)
- 3.32 – Tool: Assessing the national secretariat's infrastructure

OTHER USEFUL RESOURCES

Abt Associates, Inc. Fundamentals of NGO financial sustainability. Washington: U.S. Agency for International Development; 2000. Available: http://www.pathfind.org/site/DocServer/Fundamentals_of_NGO_Financial_Sustainability.pdf?docID=12001.

Capacity areas: Strategic Directions, Human Resources Management, Financial Management

Alin F, de Boer S, Freer G, van Ginneken L, Klaasen W, Mbane JR, et al. *How to build a good small NGO*. [s.l.]: Networklearning; 2006. Available: http://www.networklearning.org/index.php?option=com_docman&task=doc_download&gid=10&Itemid=119.

Capacity areas: Governance, Strategic Directions, Leadership in Management, Financial Management, Human Resources Management, Programme/Project Management

AusGuide—a guide to program management. Canberra: AusAID; 2011. Available: <http://www.ausaid.gov.au/ausguide/Pages/home.aspx>.

Capacity area: Programme/Project Management

Cammack J. Project budgeting: how to guide. London: Bond; 2010. Available: http://www.dochas.ie/Shared/Files/4/BOND_budgeting_Guide.pdf.

Capacity area: Programme/Project Management

Capable Partners Program, FHI 360, U.S. Agency for International Development. Implementation tips for USAID partners. Washington: FHI 360, MSI, USAID; 2012. Available: <http://www.ngoconnect.net/implementation-tips>.

Capacity areas: Governance, Financial Management, Human Resources Management, Programme/Project Management, Communication

Capable Partners Program, FHI 360, U.S. Agency for International Development. NGOConnect.net [database online]. Washington: FHI 360, MSI, USAID; 2012. Available: <http://www.ngoconnect.net/library>.

Capacity areas: Governance, Financial Management, Human Resources Management, Programme/Project Management

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>.

Capacity areas: Leadership in Management, Financial Management, Human Resources Management, Programme/Project Management, Communication

Capacity building for local NGOs: a guidance manual for good practice. London: CIIR; 2005. Available: http://www.impactalliance.org/ev_en.php?ID=46705_201&ID2=DO_TOPIC.

Capacity areas: Governance, Strategic Directions, Financial Management, Human Resources Management, Programme/Project Management, Communication, Infrastructure

CIVICUS Affinity Group of National Associations. Resource guide for national associations: how to establish a national association. Johannesburg: CIVICUS; 2007. Available: <https://www.civicus.org/downloads/agna/ResourceGuideforNationalAssociations%20Howtoestablishanationalassociation.pdf>.

Capacity areas: Governance, Strategic Directions

Civil Society Programme. The learning materials. Aga Khan Development Network; 2007. Available: http://www.akdn.org/civil_society_learning.asp.

Capacity areas: Governance, Leadership in Management, Financial Management, Human Resources Management

Jensen G. The logical framework approach: how to guide. London: Bond; 2012. Available: http://www.bond.org.uk/data/files/The_logical_framework_approach_How_To_guide_January_2012.pdf.

Capacity area: Programme/Project Management

Mango's guide to financial management for NGOs. Version 6.11. Oxford (UK): Mango; 2010. Available: <http://www.mango.org.uk/Guide>.

Capacity areas: Leadership in Management, Governance, Financial Management, Human Resources Management

Results-based management. Ottawa: Canadian International Development Agency; 2009. Available: <http://www.acdi-cida.gc.ca/rbm>.

Capacity area: Programme/Project Management

Shapiro J. Writing a funding proposal. Johannesburg: CIVICUS; 2003. Available: <https://www.civicus.org/en/news-and-resources/toolkits/268-writing-a-funding-proposal->

Capacity area: Programme/Project Management

Strengthening your organization. Watertown (MA): Pathfinder International; 2001. Available: <http://www.pathfinder.org/publications-tools/publication-series/Strengthening-Your-Organization.html>.

Capacity areas: Governance, Strategic Directions, Leadership in Management, Financial Management, Human Resources Management, Programme/Project Management

Welcome on board: a handbook to help IPPF member associations improve their governance. New York: International Planned Parenthood Federation; 2010. Available: <http://ippf.org/resources/publications/Welcome-Board-governance-handbook>.

Capacity areas: Governance, Leadership in Management

Why work with the media? Guide to working with the media. London: Wellcome Trust; 2011. Available: http://www.wellcome.ac.uk/stellent/groups/corporatesite/@policy_communications/documents/web_document/wtx053692.pdf.

Capacity area: Communication

BIBLIOGRAPHY

1. Capable Partners Program, FHI 360, U.S. Agency for International Development. Implementation tips for USAID partners. Washington: FHI 360, MSI, USAID; 2012. Available: <http://www.ngoconnect.net/implementation-tips>.
2. Wyatt M. A handbook of NGO governance. Budapest: European Center for Not-for-Profit Law; 2004. Available: http://www.dochas.ie/pages/resources/documents/Governance_Handbook.pdf.
3. Lindsay H. 20 questions directors of not-for-profit organizations should ask about governance. Toronto: Canadian Institute of Chartered Accountants; 2006. Available: <http://www.cica.ca/focus-on-practice-areas/governance-strategy-and-risk/not-for-profit-director-series/20-questions-series/item12302.pdf>.
4. Welcome on board: a handbook to help IPPF member associations improve their governance. New York: International Planned Parenthood Federation; 2010. Available: <http://ippf.org/resources/publications/Welcome-Board-governance-handbook>.
5. Shapiro J. Strategic planning. Johannesburg: CIVICUS; 2003. Available: <http://www.civicus.org/new/media/Strategic%20Planning.pdf>.
6. Barry BW. Strategic planning workshop for non-profit organizations. Rev. St. Paul (MN): Fieldstone Alliance; 1997.
7. Lewis T. Course handbook: practical financial management for NGOs--getting the basics right. Oxford (UK): Mango; 2011. Available: <http://www.mango.org.uk/Guide/CourseHandbook>.
8. Moynihan M. *The project cycle: a teaching module*. [s.l.]: Networklearning; 2006. Available: http://www.networklearning.org/index.php?option=com_docman&task=doc_download&gid=72&Itemid=52.
9. Resource guide for project design. Washington: Search for Common Ground; 2004. Available: <http://www.sfcg.org/programmes/ilr/proj.pdf>.
10. Gender analysis. Ottawa: Canadian International Development Agency; 2011. Available: <http://www.acdi-cida.gc.ca/acdi-cida/ACDI-CIDA.nsf/eng/JUD-31194519-KBD>.
11. Why do organisations need to plan and manage their communication? In: EUGAD Manual. Brussels: EUGAD; 2011. Available: http://www.eugad.eu/wiki/index.php?title=Why_do_organisations_need_to_plan_and_manage_their_communication%3F.

ENHANCING PERFORMANCE



IN THIS SECTION:

This section looks at the four capacity areas that enable an association to meet its goals and objectives and to move toward long term sustainability.

WHAT IS ORGANISATIONAL PERFORMANCE?

Organisational performance relates to a health professional association's ability to be successful in reaching its intended results, that is, progressing toward its goals and objectives and fulfilling its mission. Overall, it is the manifestation of the association's enhanced capacity in the core organisational dimensions of culture, operational capacity, external relations and functions. An association who performs well in all of these is usually one with a strong performance.

In the OCIF, organisational performance is addressed through the following capacity areas:

- An association's **effectiveness** (i.e. its ability to meet its objectives and thus reach the intended or expected results at organisational and programme/project level);
- An association's **efficiency** (i.e. its ability to maximise or make the best use of its resources to obtain the intended results);
- An association's **relevance** to its members and external stakeholders as well as to the health realities of its country;
- An association's **financial position**.

Further, organisational performance is intrinsically concerned with the establishment and systematic use of organisational processes and systems that permit the association to set goals and objectives and to monitor progress toward achieving the intended results.

RECOMMENDED PRACTICES

A health professional association concerned with its organisational performance:

- Develops and implements an operational plan, which follows the development of its strategic plan and includes a monitoring and evaluation strategy to measure progress (*see Tools 3.16 and 3.17*).
- Establishes a financial management system, which will permit the association to manage its financial resources effectively and efficiently and will enable it to remain accountable to its members and external stakeholders, including funders.
- Strives to implement an annual comprehensive budget and monitoring process as the cornerstone of the association's financial management system (*see Tools 3.18, 3.19 and 3.20*).
- Strives to incorporate and apply programme/project management practices, including monitoring and evaluation, into the organisation.
- Strives to ensure that the programmes/projects and services offered by the association meet the needs of members and external stakeholders and, further, are relevant to the country's specific situation.
- Remains concerned of its financial position by developing a strategy to ensure its long term viability.

ACTIONS TO MOVE FORWARD

- Include in your strategic planning process a means by which to confirm the association's relevance with internal and external stakeholders (e.g. a Strength–Weakness–Opportunity–Threat (SWOT) exercise).
- Integrate into your strategic plan a priority related to working toward enhancing your association's long term sustainability (*see Tool 4.1*).
- Develop a financial sustainability plan or integrate into your strategic plan a financial component.
- Establish a Finance Committee to support the Board/Executive Committee with its financial management responsibilities (*see Tool 3.1*).
- Establish a Fundraising Committee (*see Tool 3.2*).

► **FOCUS: Working toward greater financial sustainability**

Building long-term financial sustainability is a major concern for many health professional associations seeking to expand their leadership and reach in support of improved reproductive, maternal and newborn health. The revenues traditionally generated from membership, scientific activities and occasional projects are no longer sufficient for many associations to cover their expenses, meet their financial obligations, strive to achieve their objectives and thus fulfil their mission.

Financial sustainability can be defined as the ability of an association to generate consistent revenues that are sufficient to cover its expenses, to meet its financial obligations as they become

due over time and to strive for financial independence while meeting its programming objectives and fulfilling its mission.¹ It is a process, not an end, and is intrinsically linked to its organisational capacity by the fact that the strategies and actions implemented to build organisational capacity contribute over time toward moving the association to fulfil its mission and ensuring its financial sustainability.

Key organisational elements contributing to enhanced financial sustainability include:

- A realistic strategic plan that is implemented as well as monitored and evaluated;
- Efficient and effective administrative management systems and practices related to finances, human resources and programme/project management;
- Strong technical capacities permitting the delivery of quality services and programmes/projects;
- Strong relationships with internal and external stakeholders (e.g. Ministry of Health, development partners, UN agencies) which contributes to the association's ability to remain responsive to the needs of the communities they serve.²

Further, Mango, a UK organisation dedicated to supporting the financial management efforts of developmental and humanitarian NGOs and their partners, promote the following actions that are also key to financial sustainability:³

- A diversified funding base (*see Tool 4.2*);
- Availability of unrestricted funds;
- Availability of financial reserves;
- Strong stakeholder relationships, including donors.

ACCOMPANYING TOOLS

4.1 – Example: A strategic plan for long term sustainability (AOGU)

4.2 – Tool: Diversifying our fundraising options – Think outside the box

OTHER USEFUL RESOURCES

Abt Associates, Inc. Fundamentals of NGO financial sustainability. Washington: U.S. Agency for International Development; 2000. Available: http://www.pathfind.org/site/DocServer/Fundamentals_of_NGO_Financial_Sustainability.pdf?docID=12001.

Bruty B. Fundraising from trusts, foundations and companies: how to guide. London: Bond; 2010. Available: http://www.bond.org.uk/data/files/trusts_foundations_and_companies_how_to_guide.pdf.

Financial sustainability. In: Mango's guide to financial management for NGOs. Version 6.11. Oxford (UK): Mango; 2010. Available: <http://www.mango.org.uk/Guide/FinancialSustainability>.

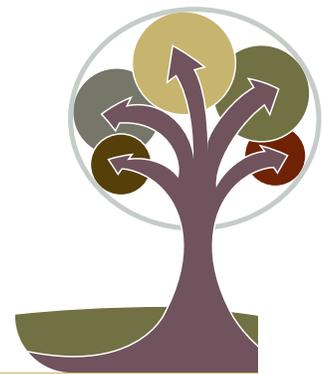
James A. Fundraising from institutions: how to guide. London: Bond; 2011. Available: http://www.bond.org.uk/data/files/Fundraising_from_institutions_How_To_guide_June_2011.pdf.

Shapiro J. Developing a financing strategy. Johannesburg: CIVICUS; 2003. Available: <https://www.civicus.org/view/media/Developing%20a%20Financing%20Strategy.pdf>.

BIBLIOGRAPHY

1. Samson and Associates, Society of Obstetricians and Gynaecologists of Canada. Building financial sustainability of professional health associations: workshop on building long term financial sustainability. Ottawa: SOGC Partnership Program; 2010.
2. Abt Associates, Inc. Fundamentals of NGO financial sustainability. Washington: U.S. Agency for International Development; 2000. Available: http://www.pathfind.org/site/DocServer/Fundamentals_of_NGO_Financial_Sustainability.pdf?docID=12001.
3. The secrets of financial sustainability. In: Mango's guide to financial management for NGOs [Top tips 4]. Version 6.11. Oxford (UK): Mango; 2010. Available: <http://www.mango.org.uk/Guide/TT4FinSust>.

BUILDING EXTERNAL RELATIONS



IN THIS SECTION:

The focus of this section will be placed on addressing issues related to the environment within which the association functions and its potential impact on the association's performance and how it is perceived externally.

WHAT IS 'EXTERNAL RELATIONS' AND HOW IS THE ASSOCIATION PERCEIVED?

A health professional association does not function in a vacuum. It evolves in an environment that, at times, may facilitate its ability to operate and, at other times, may challenge it. Its performance can also be influenced by the way the association is perceived by outside stakeholders. For example, an association with little credibility may face difficulties in developing partnerships with other stakeholders involved in reproductive, maternal and newborn health and may need to take action to enhance its credibility before being able to develop such collaborations. Although an association may not be able to control all the external factors it could face, remaining aware and attentive to these may enable the association to better manage the potential consequences.

In the OCIF, **external relations and how the association is perceived** are addressed through the following capacity areas:

- The **rules and norms** that regulate the environment within which the association functions;
- The **legal and political framework** within which the association evolves;
- The **linkages and networking** opportunities existing within the specific area the association functions;
- The stakeholders' sense of **ownership** and their **participation** in the causes supported by the association.

RECOMMENDED PRACTICES

A health professional association concerned with the potential positive and/or negative impact of external forces on its performance:

- Remains aware and plans for situations that may negatively impact on the association (political instability, social unrest, natural disasters, loss of the national secretariat due to fire, etc.) (*see Tool 7.1*).
- Maintains its legal registration with national authorities up to date and works toward ensuring compliance with its country's laws and regulations (labour, taxation, fundraising laws and regulations, etc.).
- Remains informed of the changes and shifts in the environment that may affect reproductive, maternal and newborn health outcomes in the country, the practice environment or its association.
- Builds and nurtures partnerships with other key stakeholders involved in the field at international, national and local levels.
- Builds and nurtures partnerships with the media to expand the reach and impact of the association's key messages and to enhance its public image (*see Tools 5.1, 5.2 and 5.3*).

ACTIONS TO MOVE FORWARD

- Integrate into the strategic planning exercise discussions of the external factors that could influence the association's goals and priorities (i.e. Strength–Weakness–Opportunity–Threat (SWOT) exercise) and consider these when developing your strategic plan.
- Integrate into the strategic planning exercise opportunities for major stakeholders to participate and provide feedback about the association's mission, vision, objectives and strategic priorities.
- Stay informed about the work of other partners in the field and explore all possibilities for collaboration on dossiers of mutual interest.
- Identify one or two allies in the media and initiate discussions with them on possible collaboration.

► **FOCUS: Building and nurturing partnerships**

Networks, coalitions and partnerships provide opportunities for a health professional association to better respond to the needs and expectations of its stakeholders, to progress toward its goals and objectives and to fulfil its mission. They permit the association to expand its impact and reach of its work beyond what it could have achieved on its own. Networks, coalitions and partnerships further enable an association to capitalise on the use of their resources, reach new audiences, develop new skills and knowledge, share their skills and knowledge and strengthen their voice and message. Finally, like other relationships, building, maintaining and nurturing

relationships take time and resources, and in order to be constructive they must be beneficial to all partners.

Successful networks, partnerships and coalitions are based on the following:

- A common purpose
- A clear purpose
- Shared values
- Shared benefits
- Effective communications
- Continuous learning
- Long term commitment¹.

► ***FOCUS: Transparency and accountability — Why it should be of concern to health professional associations***

Transparency and accountability are essential for health professional associations who are committed to strengthening their organisational capacity for the purpose of improving their overall performance. They are considered central pillars of good governance. When understood and practiced by associations, transparency and accountability contribute to enhancing their credibility, their public image and, further, their ability to meet the needs of their stakeholders, including beneficiaries. They also contribute to building and maintaining donor and public trust and confidence.²

Transparency and accountability are interconnected and mutually reinforced concepts. An association cannot be accountable without transparency, and its transparency efforts would have little value if the association was not accountable.³ Both are considered essential for associations, especially those managing public and external funds.

CIVICUS, an international alliance of civil society organisations, defines transparency as ‘the openness of processes, procedures and values [of an organisation] ... the proactive public disclosure and dissemination of information⁴ to its stakeholders and the general public. Transparency thus implies more than the sharing of timely and reliable information about the association’s goals, objectives, mission, vision, strategic directions, financial position, governance structure and political position. It also includes the establishment and application of clear processes and procedures that will guide the decision-making processes within an association and the way it manages its resources. The following are examples of actions that can be undertaken by an association striving for greater transparency:

- Share and promote widely its goals, objectives, mission, vision and strategic priorities (e.g. through its website and other promotional material);
- Provide information (e.g. through its website and other promotional material) about its legal status and governance structure, including the names of its elected officials and senior staff (e.g. Executive Director/Chief Executive Officer);
- Share its annual financial report (e.g. through its website or upon demand);
- Use a participative approach to develop programmes/projects;

- Use auditors, budgetary reviews and independent evaluations whenever possible.

Similarly, for CIVICUS, accountability relates to an organisation's answerability, responsibility and liability. It refers to the obligation of an organisation 'to act based on ... [its] own promises and subsequent justified expectations by various stakeholders.'⁴ It involves facilitating the participation of individuals and groups (within and outside the organisation) in decisions that may affect them and responding appropriately to issues of concern, criticism or grievance raised by any of these. The following are examples of actions that can be undertaken by an association striving for greater accountability:

- Develop and apply the systems and procedures promoted in its governing documents;
- Establish a financial management system (including policies and procedures) that permits the association to manage its resources effectively and efficiently;
- Integrate opportunities for major internal and external stakeholders to participate in its strategic planning process;
- Integrate a monitoring and evaluation strategy into all its activities.

► **FOCUS: The media as a partner**

The media can greatly influence how an association is perceived by outsiders. There is a risk that this influence can have a negative impact on the association's reputation, and for this reason, many associations choose not to associate with the media. But visibility through media can also positively impact the association's reputation and can be beneficial in many ways, including:

- Reaching out to a larger audience;
- Gaining visibility of the association's activities, projects, and events;
- Gaining recognition as experts in the field of reproductive, maternal and newborn health;
- Increasing public support for advocacy efforts aimed at influencing national health policies;
- Expanding the reach of public education on important health issues;
- Promoting informed debates about ethical issues that affect health practice;
- Recruiting new members;
- Gaining support for fundraising initiatives or public campaigns;
- Informing the public and outside stakeholders about the association's values, opinions, and positions.

▲ **VIGNETTE:** *In 2010, the Society of Gynecologists and Obstetricians of Cameroon (SOGOC) formalised its relationship with the country's Ministry of Public Health (MoPH) through the signing of a Memorandum of Understanding, which recognises the professional association as one of its technical partners in the field of reproductive, maternal and newborn health. This partnership has enabled the association not only to participate in high-level MoPH meetings, along with other key development partners, including UN agencies, but also to contribute to the Ministry's efforts to improve health outcomes by upgrading the skills of health professionals and by developing and disseminating clinical guidelines related to maternal and newborn care. The partnership has also enhanced the association's profile within the MoPH and has increased its credibility among other stakeholders. For example, SOGOC's current involvement in the implementation of facility-based Maternal Death Reviews in selected hospitals is serving as a platform for discussions related to the possible expansion of these reviews throughout Cameroon.*

Similarly, the Federation of Obstetric and Gynaecological Societies of India (FOGSI) has broadened its partnership relationships in an effort to improve standard of care in the field of maternal and newborn health in Uttar Pradesh and Rajasthan. FOGSI is currently assuming leadership for the development and implementation of a Near-Miss Review programme and the implementation of a model Maternal Death Review (MDR) programme with MDR software, which is hoped to influence the near-miss policy, set best practices of MDR and provide an internet-based tool for monitoring and evaluation for the Government of India. FOGSI has forged partnerships with the Ministry of Health and Family Welfare (MOHFW), Government of India; MOHFW, State Governments; Systems and Program Management; National Neonatological forum; Indian Association of Pediatrics; Anesthetics, Nursing, & Midwifery forum representatives; and seven leading medical colleges to develop contextual near-miss definitions and tools, guidelines for best practices in implementing MDR and use of a MDR software for capturing data for implementation as a pilot and hopefully across India over the longer term. The draft Near-Miss Review documents developed to date have been circulated nationally and have generated a lot of interest among new partners, including medical colleges in several other states, including Haryana, Madhya Pradesh, Tamil Nadu, Maharashtra and Himachal Pradesh. MDR implementation is in progress and MDR software is ready for National security audit by the Government of India before its implementation across India.

ACCOMPANYING TOOLS

- 5.1 – Example: Press Release
- 5.2 – Tool: How to respond to media requests
- 5.3 – Tool: How to organise a press conference

OTHER USEFUL RESOURCES

Compassion Capital Fund National Resource Center. *Partnerships: frameworks for working together* [Strengthening nonprofits: a capacity builder's resource library]. Washington: Dept. of Health and Human Services; 2010. Available: http://www.acf.hhs.gov/programs/ocs/ccf/ccf_resources/partnerships.pdf.

Mand K. Turning principles into practice: legitimacy, transparency and accountability (LTA). Johannesburg: CIVICUS; 2010. Available: <http://lta.civicus.org/component/content/article/30-news/49-new-turning-principles-into-action-a-guide-to-legitimacy-transparency-and-accountability-lta>.

Panos RELAY Programme. Getting into the kitchen: media strategies for research. London: Panos London; 2006. Available: http://panosrelay.org.uk/wp-content/static/getting_into_kitchen.pdf.

Panos RELAY Programme. Working with the media: a guide for researchers. London: Panos London; 2006. Available: http://panosrelay.org.uk/wp-content/static/working_with_media.pdf.

"Pathways to partnerships" toolkit. Brighton (UK): International HIV/AIDS Alliance; 2002. Available: http://gametlibrary.worldbank.org/FILES/459_Partnership%20Handbook.pdf.

BIBLIOGRAPHY

1. Austin JE. The collaboration challenge: how nonprofits and businesses succeed through strategic alliances. San Francisco: Jossey-Bass; 2000.
2. Mand K. Turning principles into practice: legitimacy, transparency and accountability (LTA). Johannesburg: CIVICUS; 2010. Available: <http://lta.civicus.org/component/content/article/30-news/49-new-turning-principles-into-action-a-guide-to-legitimacy-transparency-and-accountability-lta>.
3. Programme on Governance in the Arab Region (POGAR): transparency & accountability. New York: Regional Bureau for Arab States, United Nations Development Programme; 2004. Available: <http://www.undp-pogar.org/governance/transparency.aspx>.
4. Mand K. Turning principles into practice: legitimacy, transparency and accountability (LTA). Johannesburg: CIVICUS; 2010. Available: <http://lta.civicus.org/component/content/article/30-news/49-new-turning-principles-into-action-a-guide-to-legitimacy-transparency-and-accountability-lta>.

IMPROVING FUNCTIONS



IN THIS SECTION:

This section addresses the essential functions of a health professional association as described by its goals and objectives.

WHAT IS MEANT BY A HEALTH PROFESSIONAL ASSOCIATION'S FUNCTIONS?

The **functions** of health professional associations relate to their 'raison d'être' or the reasons for which they exist. They are usually described in the association's objectives, laid out in their governing documents, and may vary from country to country. Common functions may include: registration, licensure, continuing professional development, standards of practice, codes of ethics, advancement of the profession, fee schedules, disciplinary issues and others. Being membership-led, health professional associations usually have a dual role of assuring protection of the public's safety through the promotion of standards of practice while also representing the interests of their members.

In the OCIF, a health professional association's functions are addressed through the following capacity areas:

- **Membership services;**
- **Promotion of quality and standards of care;**
- **Advancement of professional practice;**
- **Influence on medical practice and health policy.**

RECOMMENDED PRACTICES

A health professional association that assumes its functions:

- Establishes and maintains a membership data management system that permits them to effectively and efficiently manage the information related to their members (*see Tool 6.3*).

- Strives to ensure that its programmes/projects and services meet the needs of their members.
- Recognises the importance of continuing medical education for the promotion of standards of care and implements activities in support of these.
- Develops and nurtures collaborations with other professional associations involved in women's health.
- Contributes to policy work at the national level.

ACTIONS TO MOVE FORWARD

- Integrate opportunities for members to participate and provide feedback during the strategic planning exercise, particularly in regards to the association's mission, vision, objectives and strategic priorities.
- Identify and promote the association's rewards, benefits and compensation as a means to recruit and maintain membership (*see Tool 6.1*).
- Adapt and ratify the code of professional conduct of its international body (e.g. FIGO) if the association does not have a code of professional conduct and disseminate widely.
- Invite the President of other health professional associations to your annual scientific congress. Similarly, respond to invitations by other health professional associations to participate in their meetings or events.
- Consider opening your scientific congress and CME activities to members of other health professional associations.

▲ **VIGNETTE:** *In an effort to contribute to improved standards and quality of care, la Société des Gynécologues et Obstétriciens du Burkina (SOGO) is currently involved in an initiative which seeks to improve the delivery of maternal and newborn care by sensitising health care workers to the importance of compassionate care. The association's decision to focus on this specific issue was informed by the results of a national forum, which identified the lack of compassionate care, skilled attendance at birth and essential newborn care as major barriers to improved maternal and newborn care in the country. Among the strategies adopted by SOGO and other key stakeholders to address these issues are the development and signing of a joint statement which recognises the importance of 'the caring behaviour', skilled attendance and essential newborn care and, in collaboration with Family Care International, the development and piloting of a training programme aimed at strengthening health providers' caring behaviours. Along with SOGO, this work is supported by WHO, UNFPA, UNICEF and l'Association des Professionnels de la Santé du Burkina Faso, an organisation which brings together the health professional associations of ob/gyns, midwives, pediatricians, anesthesiologists, pharmacists and nurses.*

► **FOCUS: Health professional associations as advocates for reproductive, maternal and newborn health**

Health professionals, and by extension their professional associations, are considered essential partners in the global movement to improve reproductive, maternal and newborn health. Their knowledge, skills and influential position facilitate their role as effective and powerful advocates for improvements in the field at national, regional and community levels. The following are a few examples of advocacy efforts that they can lead in support of improved reproductive, maternal and newborn health outcomes:

- Amendments, enforcement and new legislation (making maternal deaths a reportable event, ensuring the availability of midwives and skilled attendants at the primary care level, ensuring access to information, providing sexual and reproductive health services to adolescents, etc.);
- Amendments, enforcement and new policies (authorising midwives to administer core sets of life-saving interventions, prevention and control of malaria during pregnancy, etc);
- Amendments, enforcement and new clinical practice guidelines and protocols;
- Changes and updates to pre- and in-service training programmes (e.g. integration of new evidence-based interventions);
- Greater investment in reproductive, maternal and newborn health;
- Better access and quality of services to under-served groups, including adolescents, unmarried women and poor women;
- The scaling up of cost-effective interventions.

See also Tool 6.4

► **FOCUS: The role of health professional associations in influencing policy**

Health professional associations active within the Partnership for Maternal, Newborn and Child Health (PMNCH) have committed to play a vital role 'in ensuring that health professionals are well-prepared for their important roles in achieving MDGs 4 & 5'.¹ Among their many contributions to the field is their ability to influence policy in order to improve the health of women, newborns, children and adolescents.

Health professional associations can influence policy in a number of different ways by:

- Participating as informed stakeholders in health policy development processes;
- Initiating discussion or dialogue for the purpose of changing existing or developing new policies;
- Monitoring and evaluating the impact of health policies.

▲ **VIGNETTE:** *The Society of Gynaecology and Obstetrics of Nigeria (SOGON) is currently leading an initiative that seeks to introduce Maternal Death Reviews (MDRs) in the country as a means for improving access to quality maternal and newborn care. SOGON initiated its work in this specific area following consultations with the Federal Ministry of Health who intends to roll out this quality improvement programme throughout the country. To date, SOGON has carried out a comparative analysis of the different tools and processes used in MDRs both within Nigeria and in other countries (e.g. UK, South Africa and Ethiopia) and have used these findings to develop draft tools and processes for Nigeria. These are currently being reviewed by the National Maternal Death Review Committee, which brings together a broad range of key stakeholders involved in maternal and newborn health.*

ACCOMPANYING TOOLS

- 6.1 – Example: Promotional material to recruit members (SOGC)
- 6.2 – Tool: Development process and structure of a clinical guideline
- 6.3 – Template: Membership data management system
- 6.4 – Tool: Basics of advocacy
- 6.5 – Example: Position statement (FIGO/ICM)
- 6.6 – Clinical guideline development – Understanding and Finding Evidence

OTHER USEFUL RESOURCES

Advocacy and lobbying training manual Boston: Disability Rights Fund; 2005. Available: <http://www.disabilityrightsfund.org/node/502>.

ADAPTE Collaboration. *The ADAPTE process: resource toolkit for guideline adaptation*. Version 2.0. Berlin: Guideline International Network; 2009. Available: http://www.g-i-n.net/document-store/adapte-resource-toolkit-guideline-adaptation-version-2/at_download/file.

Broughton R, Rathbone B. What makes a good guideline? [What is... series vol 1, no 11]. London: Hayward Medical Communications; 2001. Available: <http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/whatareclinguide.pdf>.

Clinical practice guidelines. Open Clinical; 2012. Available: <http://www.openclinical.org/guidelines.html>.

Committee for Standards for Developing Trustworthy Clinical Practice Guidelines, Board on Health Care Services, Institute of Medicine of the National Academies. *Clinical practice guidelines we can trust*. Washington: National Academies Press; 2011. Available: http://www.nap.edu/openbook.php?record_id=13058.

Datta A. *Strengthening World Vision policy advocacy: a guide to developing advocacy policies*. London: Overseas Development Institute; 2011. Available: <http://www.odi.org.uk/resources/docs/7261.pdf>.

Development of RCOG Green-top Guidelines: consensus methods for adaptation of Green-top Guidelines [Clinical governance advice no 1d]. 2nd ed. London: Royal College of Obstetricians and Gynaecologists; 2010. Available: <http://www.rcog.org.uk/files/rcog-corp/CGA1dConsensusMethods.pdf>.

Fervers B, Burgers JS, Haugh MC, Latreille J, Mlika-Cabanne N, Paquet L, et al. Adaptation of clinical guidelines: literature review and proposition for a framework and procedure. *Int J Qual Health Care* 2006;18(3):167-76. Available: <http://intqhc.oxfordjournals.org/content/18/3/167.full.pdf>.

WHO handbook for guideline development. Geneva: World Health Organization; 2012. Available: http://www.who.int/iris/bitstream/10665/75146/1/9789241548441_eng.pdf.

Work Group for Community Health and Development, University of Kansas. Influencing policy development. In: *The community tool box*. Lawrence (KS): University of Kansas; 2012. Available: http://ctb.ku.edu/en/dothework/tools_tk_11.aspx.

BIBLIOGRAPHY

1. The role of health care professional organizations in The Partnership for Maternal Newborn and Child Health. Geneva: World Health Organization; 2006. Available: http://www.who.int/pmnch/events/2006/hcp_finalstatement.pdf.

MANAGING CRISES



IN THIS SECTION:

This section will focus on risk management and on how an association can be better prepared to respond if a crisis was to occur.

WHEN IS A CRISIS A CRISIS?

For the purpose of this toolkit, **organisational crisis** refers to an event, an action or a situation that 'poses genuine threat to the reputation or even survival' of an association.¹ It can include a number of scenarios, such as damage to the national secretariat caused by a natural disaster; the sudden death or disability of association leader(s) or staff; the loss of a major funder; the misappropriation of funds by an elected official or hired staff; allegations of malpractice involving a high profile individual; or a pandemic (e.g. H1N1). Although crises cannot be anticipated, actions can be undertaken to minimise the risks of one and, more importantly, effectively respond to a crisis, if one should occur.

RECOMMENDED PRACTICES

A health professional association that is aware of the potential impact of crisis situations on the association:

- Strives to strengthen its operational practices related to finance, human resources, communication and infrastructure as a strategy to minimise risks related to the association's financial, human resource and physical assets. For example, an association with good financial management practices could potentially prepare for the loss of a major funder or take action to make it more difficult for anyone within the association to embezzle funds or steal the association's physical assets; an association with a secure and safe national secretariat will be in a better position to safeguard its physical assets from theft; and an association who keeps copies of its critical documents, including backup copies of its electronic files, in a fireproof safe will be in a better position if a fire destroys the national secretariat.
- Develops a Board/Executive Committee policy (or formal statement) that provides directives for the management of potential crisis, especially regarding communication with media and others.

- Develops a crisis management plan informed by an assessment of potential crisis scenarios the association may face (*see Tools 7.1 and 7.2*).
- Reacts quickly in a professional manner and follows its crisis management plan when a crisis does arise.

ACTIONS TO MOVE FORWARD

- Assess your association's preparedness to face a crisis by completing the attached assessment tool (*see Tool 7.1*).
- Place the topic of crisis management on the agenda of a Board/Executive Committee meeting as a means to discuss the way forward.

► **FOCUS: Loss of a major funding source**

The loss of a major or long-standing funder can be difficult for any health professional association striving for financial sustainability. An association's ability to survive the situation will depend on its ability to plan for the end of financial support several months before it actually happens and on the association's overall financial position at the time.

The following are actions that can be undertaken to manage a situation related to the loss of a major funder:

- Implement an annual comprehensive budget and monitoring process to ensure a more effective and efficient management of the association's financial resources (*see Tools 3.19 and 3.20*);
- Remain vigilant about the potential ending of financial support when receiving funding from one major funder and plan accordingly (the sooner you know, the better it is);
- Develop a financial sustainability plan or integrate a financial component into your strategic plan;
- Maintain a cash reserve that will permit the association to continue its core activities for a period of at least six months;
- When the loss of a major funding source is sudden and unexpected, put into action an emergency budget strategy (i.e. a budget that focuses on maintaining a basic or core level of services and programs).

► **FOCUS: When the press is against us**

The media is an effective means of reaching a large audience. It can be useful for transmitting messages in order to create a positive impact or reaction, but can also be detrimental if the message is not properly communicated or results in a negative impact or reaction. It can be very frustrating for an association or an individual to be misquoted in a newspaper or to have their story twisted in such a way that results in the very opposite of the intended goal or meaning.

When it seems that the press is against you, remember to stay calm and don't panic. Before reacting, assess the situation by asking yourself how serious of a mistake is it and how likely is it going to damage the association's reputation. If the consequences are minimal, call the journalist and point out the mistake or misquote. If the consequences are more serious, explain it to the

journalist by pointing out the implications of the mistake and pressure the journalist and editor of the newspaper for a retraction (taking back what was written) and/or an apology. It may be quite a battle to get the newspaper or media to correct the mistake, as most often they do not want to admit any wrongdoing.

In order to avoid such situations from occurring, it is important to establish close relationships with the media. Get to know one or two key journalists and ensure they have adequate knowledge or history of the association. When you have a story to share with the public, ask them to write it. Whenever you approach the media, make sure that you are well prepared and that you give ample information, explaining it clearly and in the simplest terms. The best way to avoid a mistake or misquote in the media is to ensure that the journalist has understood your news item completely before having it go to print.

If your association's reputation takes a hit from a mistake or misquote in the press, consider strengthening your association's reputation by submitting a new press release with a positive focus or by hosting a public event to communicate the message you want to be heard.

ACCOMPANYING TOOLS

7.1 – Template: Annual Risk Assessment Review

7.2 – Tool: Basic elements of a crisis management plan

OTHER USEFUL RESOURCES

Compassion Capital Fund National Resource Center. Managing crisis: risk management and crisis response planning [Strengthening nonprofits: a capacity builder's resource library]. Washington: Dept. of Health and Human Services; 2010. Available: http://www.acf.hhs.gov/programs/ocs/ccf/ccf_resources/managing_crisis.pdf.

Herman ML. Surviving a crisis: practical strategies for nonprofit organizations. Santa Cruz (CA): Nonprofits' Insurance Alliance of California and Alliance of Nonprofits for Insurance, Risk Retention Group; 2003. Available: <http://www.oursharedresources.com/ResourceHelpers/GetAttachment/432>.

Internal controls. In: Mango's guide to financial management for NGOs. Version 6.11. Oxford (UK): Mango; 2010. Available: <http://www.mango.org.uk/Guide/InternalControl>.

Risk assessment. In: Mango's guide to financial management for NGOs. Version 6.11. Oxford (UK): Mango; 2010. Available: <http://www.mango.org.uk/Guide/RiskAssessment>.

BIBLIOGRAPHY

1. Crisis management. KnowHow NonProfit; 2011. Available: <http://knowhownonprofit.org/campaigns/communications/media-coverage/crisis-management>.

CONCLUSION



The FIGO LOGIC Toolkit was developed and designed for FIGO member associations and other health professional associations seeking to improve their organisational capacity, including their capacity to influence health policy and improve clinical practice. It is meant to be educational, as to demystify the capacity building process and provide an opportunity for associations to gain greater insight into what makes health professional associations strong and sustainable, but also practical, in order to support concrete and viable capacity building efforts within these associations.

Although organisational change can be a daunting task, it can also be an invigorating experience that can lead to enhanced credibility, growth and long term viability. It is hoped that this toolkit will provide those health professional associations interested in enhancing their performance and overall viability with the necessary incentive to initiate discussion and to follow through with specific actions, so as to move them toward greater capacity and long term sustainability.

APPENDIX 1



ADDITIONAL RESOURCES CONSULTED

Accountability and transparency. London: National Council for Voluntary Organisations; 2004. Available: http://www.ncvo-vol.org.uk/sites/default/files/Accountability__Transparency_report_June04.pdf.

Adringa R. *Board policies manual (BPM) template.* Anthem (AZ): Adringa Group; 2011. Available: <http://www.theandringagroup.com/servlets/DocumentDownloadHandler/291812/38060/65730/Andringa%20NPO%20BPM%20Template%20v3.pdf>.

Board committees and sample terms of reference. Singapore: Social Service Training Institute; 2009. Available: http://www.charities.gov.sg/charity/council/downloads/PnG/guides/Final_Sample%20TORs_Board%20Committees_v2_5%20Mar%202010.pdf.

Conflict of interest policy and annual statement for directors and officers and members of a committee with board delegated powers. Helene (MT): Montana Nonprofit Association; 2008. Available: http://www.mtnonprofit.org/uploadedFiles/Files/About/Conflict_of_Interest_Policy_and_Statement.pdf.

Example policy on conflict of interest: annotated version. Ottawa: Canadian Council for International Co-operation; 2008. Available: http://www.ccic.ca/_files/en/what_we_do/ethics_coi_policy_long_e.pdf.

FIGO Committee for the Study of Ethical Aspects of Human Reproduction and Women's Health. Ethical issues in obstetrics and gynecology. London: International Federation of Gynecology and Obstetrics (FIGO); 2009. Available: <http://www.figo.org/files/figo-corp/Ethical%20Issues%20-%20English.pdf>.

FIGO launches project to improve maternal and newborn health [news release]. London: International Federation of Gynecology and Obstetrics; 2009 Jan 20. Available: <http://www.figo.org/news/international-federation-gynecology-and-obstetrics-launches-project-improve-maternal-and-newbor>.

Getting the people right: job descriptions. Job profile - executive director. Ottawa: HR Council for the Nonprofit Sector; 2009. Available: <http://hrcouncil.ca/hr-toolkit/right-people-job-descriptions-executive-director.cfm>.

- Governance, management and the role of a board of directors. *NGOConnect eNews* 2009;(12):1-2. Available: <http://www.ngoconnect.net/documents/592341/749044/Governance+-+Governance%2C+Management+and+the+Role+of+a+Board+of+Directors>.
- How to organize a press event*. St. Paul (MN): Wellstone Action; 2009. Available: <http://www.wellstone.org/organizing-tools/onestopshop-improving-democracy/how-organize-press-event>.
- How to...hold a press conference* [Citizens' guide no 12]. Billings (MT): Western Organization of Resource Councils; 1996. Available: <http://www.npaction.org/resources/WORC/pressconf12.pdf>.
- Hume J. *International communication toolkit*. Johannesburg: CIVICUS; 2005. Available: <https://www.civicus.org/view/media/CIVICUSInternalCommunicationToolkit.pdf>.
- Hunt J. Introduction to gender analysis concepts and steps. In: Thomas P, editor. *Women and gender mainstreaming* [Women, gender and development in the Pacific]. Canberra: Development Studies Network; 2005. p.139-48. Available: http://devnet.anu.edu.au/GenderPacific/pdfs/23_gen_mainstream_hunt.pdf.
- International Confederation of Midwives, International Federation of Gynecology and Obstetrics. *Prevention and treatment of post-partum haemorrhage: new advances for low resource settings: joint statement*. The Hague: The Confederation; 2006. Available: http://www.pphprevention.org/files/FIGO-ICM_Statement_November2006_Final.pdf.
- Jawaid SA, Jafary MH. Relationship between the medical professional and the pharma-Industry: need for greater scrutiny, transparency and accountability. *Pak J Med Sci* 2004;20(4):283-91. Available: <http://www.scribd.com/doc/31273862/Relationship-Between-the-Medical-Profession-AND-THE-PHARMA-INDUSTRY>.
- Lee J. *NGO accountability: rights and responsibilities*. Geneva: Centre for Applied Studies in International Negotiations; 2004. Available: <http://www.isn.ethz.ch/isn/Digital-Library/Publications/Detail/?id=20327&lng=en>.
- Lindsay H. *20 questions directors should ask about building a board*. Toronto: Canadian Institute of Chartered Accountants; 2005. Available: <http://www.cica.ca/focus-on-practice-areas/governance-strategy-and-risk/directors-series/20-question-series/item60617.pdf>.
- Media briefing book: a guide for SOGC spokespersons*. Ottawa: Society of Obstetricians and Gynaecologists of Canada; 2001.
- Mission & vision statement. London: International Federation of Gynecology and Obstetrics (FIGO); 2009. Available: <http://www.figo.org/about/mission>.
- Organisational policy & procedures manual*. Aitkenvale BC (Qld): Volunteering North Queensland Inc.; 1999. Available: <http://www.volunteeringnthqld.org.au/volorg.pdf>.
- Performance appraisals. *NGOConnect eNews* 2011;(37):1-3. Available: <http://www.npi-connect.net/documents/592341/749044/Human+Resources+-+Performance+Appraisals>.
- Principles & practices for nonprofit excellence: a guide for nonprofit board members, managers and staff*. St. Paul (MN): Minnesota Council of Nonprofits; 2010. Available: <http://www.minnesotanonprofits.org/nonprofit-resources/principles-and-practices>.

Rights-Based Code of Ethics: FIGO professional and ethical responsibilities concerning sexual and reproductive rights. London: International Federal of Gynecology and Obstetrics (FIGO); 2003. Available: http://www.figo.org/files/figo-corp/Rights-Based_%20Code_of_Ethics_October%202003.pdf.

Sample policy and procedures manual for management & governance. Surry Hills (NSW): NCOSS Management Support Unit; 2005. Available: <http://ncoss.org.au/projects/msu/downloads/resources/other%20resources/PolicyProcedMSU.pdf>.

Sample board policy manual for non-profit organisations. Singapore: Social Service Training Institute; 2007. Available: http://www.charities.gov.sg/charity/council/downloads/PnG/guides/Sample%20Board%20Kit%20for%20NPOs%20_May%2009.pdf.

SOGC guidelines: information and development manual. Ottawa: Society of Obstetricians and Gynaecologists of Canada; 2011. Available: <http://www.sogc.org/guidelines/documents/manGuideInfoDevelopManual.pdf>.

Strengthening your organization: a series of modules and reference materials for NGO and CBO managers and policy makers - program design and management. Watertown (MA): Pathfinder International; 2000. Available: <http://www.pathfinder.org/publications-tools/Strengthening-You-Organization-A-Series-of-Modules-and-Reference-Materials-for-NGO-and-CBO-Managers-and-Policy-Makers-Program-Design-and-Management.html>.

The board and its functions [Guidelines for AKDN's work with CSOs no 4]. Geneva: Civil Society Programme, Agha Khan Development Network; 2007. Available: http://www.akdn.org/publications/civil_society_booklet4.pdf.

What you should know about the Society of Obstetricians and Gynaecologists of Canada (SOGC). Ottawa: Society of Obstetricians and Gynaecologists of Canada; 2010. Available: <http://www.sogc.org/about/documents/booWhatSOGC100812.pdf>.



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Access the FIGO LOGIC Toolkit, along with its accompanying tools, at:

www.figo-toolkit.org