
André B. Lalonde, MD, FRCSC,1 Vyta Senikas, MD, FRCSC,1 Douglas S. Bateson, MSc,2 Liette Perron1

1Society of Obstetricians and Gynaecologists of Canada, Ottawa ON
2D.S. Bateson Consulting Inc., Ottawa ON

Abstract

Through its partnership program with professional obstetrics and gynaecology associations in resource-poor environments, the Society of Obstetricians and Gynaecologists of Canada has developed a model for capacity assessment and development. The use of this model in Guatemala, Haiti, and Uganda has demonstrated its potential for facilitating cultural shifts in the perception of reproductive care, for providing clinical expertise in promoting educational activities, for enabling enhanced technical capacity, for political engagement, and for broad-based community and professional engagement.

INTRODUCTION

In the last decade, professional obstetrics and gynaecology associations have joined the global movement calling for the reduction of maternal and neonatal mortality and morbidity. National obstetrics and gynaecology and midwifery associations from both high-resource and low-resource countries are increasingly viewed by leaders such as UNICEF, WHO, UNFPA, and PMNCH as important stakeholders in efforts to promote safer pregnancy and childbirth.1–3

The SOGC CIDA-Funded Partnership Program has focused on building organizational and technical capacity in obstetrics and gynaecology professional associations in Uganda (AOGU), Guatemala, (AGOG), and Haiti (SHOG) in the belief that these professional associations can and do make significant contributions to improving health conditions in their countries.

ORGANIZATIONAL CAPACITY DEVELOPMENT

The SOGC defines capacity as the ability of an individual, an organization, or a system to perform planned functions effectively, efficiently, and sustainably in support of its mission and long-term goals. This definition is congruent with UNDP4 and ECDPM5 definitions of organizational capacity in terms of the linked performance-enabling attributes of assets, capabilities, and relationships.

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

For sustainable change, the core areas for organizational capacity development are well-defined.6–8 The SOCG believes that by strengthening aspects of these capacities, professional associations can enhance their abilities to support and accomplish a wide range of sexual and reproductive health objectives.
reproductive health and sexual and reproductive rights initiatives at a national level, contributing to the broader agenda of improved maternal and neonatal health.

**CHALLENGES IN MEASURING CAPACITY DEVELOPMENT**

The recent Commission for Africa identified capacity deficiencies as a key limitation in developing countries’ abilities to meet the Millennium Development Goals. The concept of capacity development is often not fully understood, and interventions in support of organizational capacity development are not taken into account in planning, monitoring, or evaluating programs. As noted in the Capacity Building in Africa report, many capacity-building projects focus primarily on individual skill development through training, and not on the development of organizational capacities to support program or national strategies. They further rely primarily on indirect, management performance measurements based on results to measure organizational capacity development.

Reviews of methods for assessing capacity have identified a number of limitations. Assessment tools that focus on the organization at only one moment in time do not encourage a comprehensive process of continuous improvement. Those that measure capacity as an add-on to other formal performance measurements do not address the full range of elements necessary for successful capacity development. Other assessment tools are limited by a reluctance to quantify capacity building. Evidence is mounting that results-based management outcomes and measures, by themselves, often ignore the underlying organizational capacities required for sustainable development.

**THE SOGC’S FRAMEWORK AND METHODOLOGY**

**The Organization Capacity Improvement Framework**

In 2006, the SOGC reviewed its partnership program to determine the efficiency of its capacity-development model and its impact in strengthening the organizational capacities of its partner associations. Throughout the partnership program, the SOGC relied on CIDA’s results-based management approach to monitor and evaluate its program and to measure organizational development capacities. It had identified certain results-based management measurements, such as number of members, gender distribution of members, and number of association committees, as indicators of organizational change. However, after almost seven years of intervention, the SOGC acknowledged that, while these indicators had grown somewhat, they did not in themselves convey the major changes, nor the quality of changes, that had occurred within the associations. Neither did they serve to identify either the underlying elements, or capacities, that had strengthened and facilitated change within the associations or those elements needing further development.

In an effort to gain a better understanding of the capacity-development process and the interventions needed to ensure the associations’ evolution and progress, the SOCG developed a more comprehensive model of capacity building. OCIF (Figure 1) integrates the core elements of capacity assessment, analysis, capacity improvement planning, and performance measurement.

**OCIF Methodology**

OCIF prioritizes four core processes: (1) organizational capacity assessment, (2) data analysis, (3) organization capacity improvement planning (i.e., capacity development actions), (4) and implementation and performance measurement.

Organizational capacity is assessed through an objective evaluation using a questionnaire and a set of criteria in the framework’s assessment tool, the OCAT. In keeping with recent trends, the tool is structured to include qualitative and quantitative assessments.

The OCAT considers the organization from four major capacity perspectives supporting sustainability (Table 1) and encompasses these core capacity areas of competence generally accepted in the development environment. For each core capacity area, a series of carefully developed questions elicit a comprehensive picture of the professional association’s organizational capacity.
Data collection and review is followed by analysis and capacity ratings for individual assessment questions. After assessing and rating the individual core area questions, overall ratings for each major capacity perspective (organization culture, operational capacity, organization performance, and external and perception factors) are assigned on the basis of clusters of individual responses calculated as a percentage of possible maximum points available for each area. Clusters of responses for each core capacity area are then compared to a rating scale to derive an overall rating of the major capacity perspectives.

Data analysis provides associations with the evidence necessary for developing capacity improvement plans to address areas of weakness. An overall strategy of priority improvement actions can then be developed to support the organization’s strategic plan and objectives within its operational environment.

The framework, methodology, and tools are derived from experience and provide a practical way for an organization to measure capacity development.

**ASSESSMENT OF THE IMPACT OF THE SOGC’S PARTNERSHIP PROGRAM**

In May 2006, the SOGC assessed its partner associations using the OCIF and its tools. Information was collected through a review of all relevant program documentation, interviews with CEOs and presidents of the partner associations, and interviews with key SOGC program personnel. Since this was the first application of the OCIF and its tools, the assessment included establishing comparative baselines of each association’s capacity through capturing historic perspectives.

The numerical assessment of each core capacity within the areas of organization culture, operational capacity, organization performance, and external and perception factors, expressed as raw scores and percentages of maximum possible points attained, is shown in Table 2. The numerical scores provided the basis for overall ratings of basic, moderate, or high for each of the associations in each of the four main areas.
Overall, the assessment confirmed that the partner associations had strengthened considerably the organizational development capacities of partner associations in internationally recognized core organizational areas of competence. It also highlighted areas of competence that needed to be addressed to ensure further growth and sustainability.

Interviews with partner representatives confirmed that at the start of the partnership program these associations had little or no strategic direction and essentially no capacity to undertake any significant initiatives. While they each had a significant history, they were, to a large extent, closed social organizations, inwardly directed and mainly concerned with enhancing the prestige of individual members. They lacked secretariats, permanent locations, or both, and association business was literally conducted from the presidents’ briefcases. Their main activities consisted of holding occasional scientific congresses to expose members to new technology in the field.

Responses to OCAT questions expressed achievements in terms of the partnership program’s capacity development. The improvement in the overall organizational capacity development derived from the OCAT evaluation process is shown in Figure 2.

**Organization Culture**
Each organization has a unique culture influenced by social and institutional norms that shape how it thinks and behaves. It reflects and responds to the shared attitudes and beliefs of its members. While the culture of an organization is enduring, it is not immutable. Successful organizations are built on a strong foundation of shared values and common norms of behaviour that are expressed in a common vision. They understand their role in society and operate accordingly.

Since 1998, the organizational cultures of the professional societies that the SOGC has worked with have shifted significantly from looking inward to looking outward to the society they serve. They have become more open and democratic through changes in association constitutions, statutes, and bylaws, and through broadening their memberships, moving from traditionally closed social clubs to organizations of leadership focused on SRH initiatives and SRR advocacy.

The underlying focus of these associations has shifted toward contributing to local, regional, and national health outcomes, and linking with global movements for improved maternal and neonatal health. Significantly, they have adopted codes of ethics (FIGO Professional and Ethical Responsibilities Concerning Sexual and Reproductive Rights); focused on advancing professional standards and training; and developed the capability to promote and deliver critical training such as the ALARM International Program, a capacity-building and mobilizing tool developed by the SOGC for health professionals delivering emergency obstetrical care in lower resource countries.
Good Practice: Cultural shift in mission and association activities.

The AGOG has been instrumental in lobbying and advocating for the passage of the Family Planning Law, guaranteeing universal and public access to reproductive health services for the Guatemalan population. This debate centred not only on health issues and women’s right to have control over their fertility but also on strong religious beliefs. The major cultural shift to unified, proactive support of a maternal and neonatal health agenda, backed by evidence-based thinking and not personal beliefs, was supported by the association’s enhanced cultural and operational capacities. This was a major factor in their successful advocacy and recognition as experts in this field.

The AOGU and the AGOG have achieved a moderate level of organizational cultural capacity, primarily through strategic planning used as a core process to drive the organizations’ objectives for maternal and neonatal health. A major challenge to this culture change is the need to enhance the organization’s capacity to communicate and reinforce the organization’s values and beliefs to its members through its actions. The SHOG has been greatly affected by a lengthy period of national political and social unrest. Its basic to moderate rating is a reflection of its being unable to complete organizational culture-changing processes, such as the strategic process to define vision, mission, and values, because of limitations imposed on the broader membership by the unrest. Nevertheless, this has not deterred the executive from promoting a cultural shift towards an association rooted in evidence-based interventions in SRH and SRR advocacy.

Operational Capacity

Operational capacity addresses a group of tangible and intangible areas of capacity development (Table 1). The SOGC has fostered an environment of dialogue and

### Table 2. Capacity assessment findings

<table>
<thead>
<tr>
<th></th>
<th>OCAT</th>
<th>AOGU</th>
<th>AGOG</th>
<th>SHOG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Organization cultural factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Organization vision and mission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Organizational culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Organization reward/incentive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Operational capacity factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Strategy and leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Structure (governance) and management (operations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Financial management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 Human resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 Systems and procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.6 Communications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7 Infrastructure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Organization performance*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Effectiveness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Efficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Organization relevance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 Financial viability*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. External and perception factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Rules and norms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Legal and political framework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Linkages and networks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 Ownership and participation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The overall rating of organization performance does not factor in financial viability, which is rated at basic for all associations. The moderate-high rating for organization performance reflects the significant achievements made despite the severe limitations that the associations face and the challenging environment in which they operate. All analysis reflects the environmental realities in which these organizations operate.
discussion encouraging and supporting partner association-driven capacity development at a pace managed by the associations themselves. While associations have moved forward in all aspects, they have been strongest in building operational capacity in the areas of governance, leadership, and strategy, as well as systems, procedures, and infrastructure.

Over the program period, the partner associations have been able to develop more effective executive bodies with strong executive leadership, and they have evolved adequate governance and management structures to support their association goals. These goals reflect a common vision that has been articulated through the development and implementation of strategic planning as a new core process to focus, guide, and coordinate the association’s business. This strategic planning capacity has brought a new level of internal and external input and buy-in, fostering a stronger, more unified association.

The partner associations have seen the value of improving planning and management practices related to membership and volunteers, resulting in new strategies to recruit and maintain diverse memberships (including general practitioners, nurses, midwives, residents, and medical students) to support the broadening strategic and leadership roles they are undertaking.

To strengthen overall association business practices, the partner associations have developed minimal program financial controls and reporting capabilities within the partnership program, which have added to their abilities to better manage overall association finances. The partnership program has instilled improved systems and procedures, such as planning skills, including results-based management, and basic project management capabilities, which have served as a basis for managing subsequent work. Weaknesses in monitoring and reporting were noted, especially as they related to measuring long-term association goals outside the partnership program. Strengthening overall performance measuring and monitoring to support the attainment of organization mission and goals is recognized,
but is reliant on and limited by financial and human resource constraints.

**Good Practice: Leadership and community engagement.**

Since 1999, AOGU has been involved in improving access to, and quality of, emergency obstetrical care in the district of Kiboga, Uganda. This has involved taking a leadership role in mobilizing activities to support community leaders in developing strategies to address barriers to care, including education activities in the schools, public forums with community leaders and the public at large, and activities to improve the relationship between community midwives and traditional birth attendants.

Basic infrastructure has improved, with each association having permanent office space, a receptionist, meeting room, Internet access (which may be variable depending on the ISP and power availability), email, and a limited resource library. Infrastructure, however, remains minimal and is highly dependent on program funding for continuity.

Over the program period, partner associations have also come to recognize and capitalize on both formal and informal communications opportunities, using television, radio, personal contacts, meetings, and print media, to convey the role and value of the associations. However, clearer communication strategies that target key stakeholders with focussed messages are needed to raise awareness and understanding of associations’ capabilities and their value within the health portfolio.

As a result of the capacity development improvements, associations are now being recognized as managerially and technically competent organizations in their respective countries by government, donor agencies, and NGOs.

**Good Practice: Recognized expertise.**

In the face of years of instability and insecurity in Haiti, SHOG has continued to offer its members and other professionals continuing medical education related to emergency obstetrics, and is working with the Haitian Ministry of Health and UNICEF/UNFPA on evaluation and training to upgrade the skills of health professionals and centers delivering emergency obstetrical care in three departments of the country.

The AOGU and the AGOG were assessed at the lower range of moderate for operational capacity development, with the SHOG assessed as basic-moderate. All associations have developed strong leadership supported by adequate governance and management structures contributing to more consistent decision making aligned with strategic plans, goals, and priorities. While some basic operational systems and procedures are in place, capacities in the areas of financial management and project/program planning, implementation, and monitoring must improve. All partner associations acknowledge that the transition from clinician to manager is challenging and requires new skills and capacity in order to support the association.

**Organization Performance**

Sustainable organizations need to be able to perform their work in an efficient and effective manner to meet their mission and goals within the resource constraints they face. Their performance must be relevant to those they serve. This still may not be enough to guarantee survival. To be sustaining they need to be in good financial health.

Through the capacity development of the partnership program, the AOGU, the AGOG, and the SHOG have moved along a continuum from being able to undertake limited actions, to conducting more project-oriented work, to having a more focused strategic approach to work, and to implementing specific strategies to achieve the objectives of their missions.

With the capacities they have developed, these associations are attaining greater professionalism and recognition and are now regularly engaged by government on SRH and SRR issues through committees to develop guidelines, protocols, and professional norms. They collaborate with other groups involved in various aspects of maternal and neonatal health, participate in seminars promoting women’s empowerment and in public education campaigns, and work with other associations (e.g., nurses and midwives) to reinforce training and key messages.

**Good Practice: Enabling enhanced technical capacity.**

Organizational capacity has been key to enabling the acquisition and retention of technical capacity within the associations. They have built and retained strong technical skills in the AIP, and are regularly sought after to provide training to government and international agency personnel. To date, the AOGU, the AGOG, and the SHOG have supported their governments’ maternal and neonatal health strategies by training 72 qualified instructors and over 500 health professionals in the AIP. Through this training, they have further strengthened skills in new, low-cost technologies, including those used in the active management of the third stage of labour and use of oxytocin to prevent postpartum hemorrhage, and in supporting maternal mortality audits with members and medical teaching facilities.
With minimal funding (an average of only US$79 200 per association per year over eight years for all program management, organization, and technical capacity-building activities), the growth in organizational capacity has generated a significant inventory of completed initiatives.

Despite their accomplishments, these associations still need to promote their organizational and technical capacities more proactively to governments, international agencies, and NGOs if they are to be recognized as key players and ensure that their value is understood.

The overall organization performance rating of moderate-high for all three associations is based on the assessment of effectiveness, efficiency, and relevance; it does not factor in financial viability, which would significantly skew the assessment and is in itself a special area of concern. Associations are developing strategies to address financial stability. Nonetheless, it takes time to build capacity and sustainability; continued support will be required for some years as associations work toward being self-sufficient.

**External and Perception Factors**

As a result of newly developed organizational capacities, associations are better linked to issues in law, rules, and policies that affect maternal and neonatal health, and thus they are better able to participate in discussions. Over the years, they have significantly increased their participation in this aspect of organizational capacity, and they are now seen as credible stakeholders by local and national authorities. However, international authorities have so far not recognized the capacity, influence, and capability that these in-country associations have and the contribution they are making.

**Good Practice: Political engagement.**

The AOGU has been invited directly by the President of Uganda to contribute to the discussion on the status of maternal health within the country. This strong political engagement is the result of the association being viewed as an expert and essential partner and has enabled the association to become a more effective advocate capable of influencing key officials.

Increased membership, more diverse programming, and increased voluntary activity provide evidence of the sense of professionalism, pride, and ownership within the associations that has developed over the years of the partnership program.

All three associations were rated moderate in the assessment of external and perception factors. The creation of more partnerships and collaborations has been recognized as a further capacity to be developed. No single organization can address a complex issue like maternal and neonatal health. Professional associations can be strong partners, complementing others on issues related to SRH and SRR. They will need to continue to promote and build stronger public support for their maternal and neonatal health agenda in order to remain relevant and influential.

**Good Practice: Broad-based professional and community engagement.**

The AOGU, in collaboration with the Ugandan Christian University, has supported the establishment of a two-year postgraduate program, Save the Mothers, designed to mobilize and educate a broad base of professionals, including politicians, teachers, social scientists, faith leaders, business leaders, nurses, lawyers, physicians, midwives, and other interested professionals to become advocates for safe motherhood in Uganda.

**DISCUSSION**

For professional associations to take an active part in strengthening the health system and contributing to the maternal and neonatal health agenda, they must first be healthy and sustainable themselves. This means they must have a certain organizational capacity to undertake their activities in a planned and sustainable manner to acquire and maintain knowledge, skills, processes, and technical capacity. Developing this capacity is not limited to training individuals; it encompasses a much broader range of development and management of core organizational attributes in organization culture, operational capacity, organization performance, and external and perception factors that are essential for an association to function effectively, efficiently, and sustainably.

Health professional associations and societies have vital roles to play ensuring that health professionals are well-prepared for their important roles in achieving MDGs 4 & 5. . . . [T]he ability of professional associations to make such contributions depends on individual organizational and institutional capacities at country level. This is especially true in those resource-poor settings, where the vast majority of maternal, newborn and child deaths and morbidity occur.¹⁵

From the SOCG’s work with professional associations in low-resource settings, it can be seen that for associations to succeed they must have capacity and sustainability in their operations and activities. Development of organizational capacity is essential for obstetrics and gynaecology associations if they are to become leaders and make positive,
sustained contributions to SRH and SRR programs that directly affect women’s health.

Like many organizations,16,17 the SOGC struggled with the concept of capacity development, how to measure it, and how to make it work in creating sustainable change. The OCIF is an experience-based model that provides a comprehensive and practical means to manage the development of organization capacity in alignment with association goals and objectives.

The SOGC recognizes the importance of understanding the core areas of organizational capacity that enable associations to change and evolve. The SOGC supports its partners in assessing their organizational capacities through the methodology and tools developed in OCIF, and it supports their development and implementation of improvement plans through the analysis of gathered baseline information. As a consequence of strengthening organization capacity, these associations have been able to enhance their technical capacity and support a wide range of SRH and SRR initiatives at the country level.

Capacity, developed first within individuals, becomes ingrained in an organization thorough shared learning, skills, and attitudes supported by appropriate processes.4,17,18 From the SOGC experience, the OCIF has shown itself to be simple enough to ensure the successful engagement of stakeholders in a process that provides a basic structure for assessing, improving, and managing capacity.

The SOGC’s focus on creating strong, sustainable organizations, capable of tangible outputs and outcomes, aligns with much current thinking about private sector organizations19 and public sector capacity development.5,16,18,20

Boesen and Therkildsen21 note that many outcomes of development have been enshrined in international agreements (e.g., MDGs) that subsequently drive official development assistance. This can create an incentive for short-term results and the use of measurements based solely on changes in project or program outputs and outcomes. Such short-term measurements may lead to false or overstated assumptions about capacity development, and furthermore may discourage the specific planning and long-term investment necessary to develop sustainable capacity.

Morgan16 notes that for organizations to perform better they “need to be nurtured and protected and given the chance to experiment and learn without the fear of immediate failure, interference or retribution.” He further notes that capacity development is a long-term investment, and that focusing on short-term results-based management outcomes may not enable the necessary effort in capacity development to occur other than incidentally. This supports the notion that organizational capacity development itself should be the main objective, with other program outcomes flowing from it.

Focusing solely on results-based management outcomes to measure achievement can be counterproductive to promoting organizational capacity development.10 Increasingly, the importance of qualitative and interpretive capacity findings is being recognized as an important adjunct to purely quantitative measurements.5,14

The OCIF offers a model that leads to the development of organization capacity improvement plans developed by stakeholders with knowledge of the organization’s strategy, goals, and objectives. This participatory approach extends to the selection of practical and meaningful results as performance indicators of changes that support day-to-day operations and contribute to the development of capacity.

CURRENT STATUS

The World Bank10 has noted that civil society is a key element in the overall fight for poverty reduction and improvement in all aspects of life, and has reaffirmed that “capacity development is a long process, rarely amenable to quick results through shortcuts.” Capacity development requires leadership, clear vision, and well-planned strategies; knowledge of existing capacity (i.e., baseline data) and the development environment (i.e., donor support); local ownership and commitment; good governance; the will to move forward through a continuum that builds from individuals to organizations to institutions; and the ability to learn from those efforts what works and why. The SOCG’s OCIF embodies the core elements to create a continuous improvement process and supportive environment to assess, analyze, improve, and measure organizational capacity in a manner that contributes to the success of associations in attaining their goals.

It takes time and investment, both financial and mentoring, to develop capacity that enables professional associations to achieve their planned objectives, to have an impact, and to fulfill their organizational purpose. Through the OCAT findings, development of organizational capacity has been demonstrated over the partnership program period 1998–2006, laying the foundation for improvement plans and future capacity growth. The SOGC’s experience suggests that making meaningful development in organizational capacity involves a cycle of approximately three to five years, and perhaps longer for some capacities.

In this process, it is essential that associations themselves drive capacity development and take ownership and responsibility for their evolution. They appear to be most successful when they integrate organizational capacity
development with an overall strategy for association evolution, with technical capacity development, and with the implementation and delivery of their initiatives. The performance results of the partnership program associations demonstrate the link between organizational capacity development and the ability to undertake and sustain a wide range of SRH and SRR initiatives.

However, associations in resource poor countries are challenged in establishing a secure and sufficient financial base to enable them to undertake activities. PMNCH, as part of its country-level action plan, has called for facilitating relationships between country-level professional groups and country-level ministries of health, UN agencies, NGOs, and donors. Associations need the support of international agencies and regional and national governments. No association can survive on membership dues alone, especially in resource-poor countries where salaries are minimal and basic survival is often a factor.

The World Bank makes the point that donor support for capacity development is not merely an issue of funding-enhanced technical capabilities; it is necessary to change the way support is provided to indigenous institutions. It is reasonable to conclude that the professional obstetrics and gynaecology associations in the SOCG partnership program are part of the indigenous institutions that contribute to the strength of their nations and the well-being of their people, and therefore that they should be funded so their capacity can complement that of the public sector.

The SOCG’s partnership model of peer-to-peer interaction and capacity developing methodology has proven to be effective in enabling professional associations to understand and develop organizational and technical capacity and to position themselves as recognized and respected stakeholders in strengthening their respective health systems.

THE FUTURE

A large part of national capacity building is recognizing and making better use of the local capacity and abilities of civil society organizations. Professional obstetrics and gynaecology associations, as part of civil society, are important in the maternal and neonatal health agenda, and governments and donors should extend support to these country-owned resources.

The Norwegian Agency for Development Cooperation outlines the positive role that civil society organizations can and should have in development activities, including policy discussion and formulation, advocacy, service delivery, monitoring for results, innovating new approaches, and raising awareness. The Norwegian Agency for Development Cooperation also notes that organizations that deliver services (such as obstetrics and gynaecology associations) have a significant competitive advantage in providing services to certain marginalized and hard to reach groups, have legitimacy as advocates and lobbyists, and are knowledgeable in their areas of focus. While capacity weakness is a major concern for civil society organizations, there is a need to strengthen the capacity of such organizations and to bolster support to civil society organizations so they can become partners with government in addressing health issues.

To be key contributors to the maternal and neonatal health agenda and to support an effective health workforce, professional associations need to be involved in discussions and the development and implementation of solutions at regional, national, and international levels. However, the current limitations and realities of associations must be recognized, and support must be made available to help them overcome the challenges they face.

The memberships of obstetrics and gynaecology associations encompass a range of health professionals, including doctors, nurses, and midwives, many of whom are the most overworked and lowest paid workers. To be full participants and to bring their expertise to bear, associations need continued support and investment from international, national, and regional agencies to enable them to continue to develop capacity and allow their membership to participate fully, without prejudice, in addressing the health concerns for which they are recognized experts and contributors.

The SOCG has shown through its OCIF and related tools that a modest investment, innovatively applied, yields significant outcomes and benefits, supporting the conclusion that it makes sense to invest in the capacity development of obstetrics and gynaecology professional associations.

REFERENCES


