



FIGO LOGIC INITIATIVE

United Nations Millennium Development Goals 4 and 5: Augmenting the role of health professional associations

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ABSTRACT

The present study aimed to assess changes in the organizational capacity of health professional associations (HPAs) before and after a structured capacity building intervention, which included strategic investment of resources at institutional and technical levels. Self-assessments of organizational capacity were conducted by seven HPAs from low-resource countries involved in the FIGO Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative in Maternal and Newborn Health. The self-assessment tool comprised a questionnaire focusing on five core organizational dimensions, completed through a participatory and externally facilitated process. Differences were assessed using the two-sided sign test. All seven HPAs made improvements, with gains in an overall index ($P = 0.017$) and in the specific dimensions of culture ($P = 0.016$), operational capacity ($P = 0.016$), performance ($P = 0.03$), and functions ($P = 0.016$). Increased capacity contributed to the ability of each HPA to enhance their credibility and assume leadership in national efforts to improve maternal and newborn health.

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1. Introduction

The global movement to accelerate progress toward reaching the United Nations Millennium Development Goals (MDGs) related to newborn, child, and maternal health (MDGs 4 and 5) mobilized a variety of new partners, including health professional associations (HPAs) [1]. The involvement of HPAs is most apparent in the Partnership for Maternal, Newborn and Child Health whereby relevant societies formed their own official constituency group and used this forum to define their specific contribution to the sector, share knowledge and skills, coordinate their activities, and, in some instances, pool resources. The HPAs recognized their unique leadership role in influencing clinical practice at a service delivery level and as advocates for policy and legislative changes, including increased priority and investment in maternal and newborn health (MNH) [2,3]. The HPAs also acknowledged that for many professional societies, the ability to assume a leadership role—especially in low-resource countries—was contingent on the ability to strengthen overall organizational capacity to achieve goals and objectives in support of their mission and strategic directions [2].

Although maternal mortality rates are declining, the rates in low-resource countries remain high, particularly in Sub-Saharan Africa and South Asia, which account for 85% of maternal deaths globally [4].

Consequently, the International Federation of Gynecology and Obstetrics (FIGO) resolved to accelerate its efforts and activities in the area of MNH. Recognizing the limited organizational capacity of some member HPAs, particularly those in countries where MNH outcomes were among the poorest worldwide, FIGO committed to support capacity building efforts as a means to enable them to assume leadership in the field [5].

In 2009, FIGO launched the Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative in MNH. Funded by the Bill and Melinda Gates Foundation, FIGO LOGIC aimed to contribute to the improvement of MNH policy and practice by strengthening the organizational capacity of member HPAs. The project was implemented in eight countries in Sub-Saharan Africa (Burkina Faso, Cameroon, Ethiopia, Mozambique, Nigeria, and Uganda) and South Asia (India and Nepal).

2. Methods

2.1. Organizational Capacity Improvement Framework

The capacity development process was guided by the Society of Obstetricians and Gynaecologists of Canada (SOGC) Organizational Capacity Improvement Framework (OCIF), a tool developed by SOGC to support its own capacity building efforts with peer obstetrics and gynecology associations from low-resource countries. The OCIF defines capacity as “the ability of an individual, an organization, or a system to perform planned functions effectively, efficiently and sustainably” and

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capacity development as the means by which “the abilities and elements to succeed are obtained, strengthened, adapted and maintained in a sustainable manner over time” [6]. The tool devised by SOGC employs a “learn as you apply” approach. Consequently, users acquire understanding of the basic concepts of capacity development and its link to strong and sustainable HPAs; at the same time, they initiate capacity building actions within their own organizations.

The OCIF includes four key elements: capacity assessment; data analysis; development of a capacity improvement plan; and implementation and performance measurement of the improvement plan in an integrated manner. The four OCIF elements are linked sequentially in 3- to 5-year cycles to enable managed capacity development that is aligned with the HPA’s goals, objectives, and strategic priorities. Each cycle builds on the previous one to incrementally progress the HPA toward a state of increased integrated capacity [7].

The OCIF enables HPAs to consider and take action on five core dimensions: culture; operational capacity; performance; external relations and how the HPA is perceived; and functions (Table 1).

Critical to the success of the OCIF are the organizational capacity self-assessment exercises completed at the beginning and end of each cycle by representatives of the HPA. These exercises permit each HPA to determine its level of capacity (rated basic, moderate, intermediate, or high) in the five core dimensions. In addition, self-assessment facilitates the identification of organizational strengths and weaknesses, establishes the priorities of the HPA, and aids the development of an improvement plan. The results from each exercise also provide baseline data that can be used for monitoring and evaluation throughout the capacity building cycle.

2.2. Application of the Organizational Capacity Improvement Framework

Within FIGO LOGIC, the OCIF was used to support the participating HPAs in the completion of a 3-year cycle of organizational capacity development. This approach was coupled with investment of technical and financial resources to strengthen capacity at both institutional and technical levels by:

- Facilitating the baseline organizational capacity assessments and the development of HPA improvement plans.

- Providing financial and technical support for the implementation of improvement plans to progress HPAs toward increased capacity.
- Providing financial and technical support for activities that were not immediately part of the implementation plan but allowed HPAs to undertake policy and practice initiatives in parallel with improvements made at the organizational level.
- Facilitating end-of-project organizational capacity exercises (Table 2).

The results of the initial and end-of-project self-assessments were used to evaluate organizational change developed during the program.

2.3. The self-assessment process

Self-assessments of organizational capacity at baseline (2010) and end-of-project (2013) were facilitated by SOGC among seven of the eight HPAs involved in FIGO LOGIC. Although the HPA in India did complete an initial assessment, it was not included in the study because it had already reached the target capacity from the onset of the FIGO LOGIC initiative. These exercises were completed through participatory two-day workshops that brought together members of each HPA’s Board and/or Executive Committee, other HPA leaders, and project staff. Assessment workshops were led by a SOGC consultant familiar with the OCIF and its tools and with experience in supporting the capacity development efforts of HPAs from low-resource countries. The workshops were designed to:

- Provide an opportunity for all participants to gain knowledge and understanding about capacity development and what makes HPAs strong and sustainable.
- Complete the OCIF self-assessment tool as a group.
- Use the results to inform the development of the HPA improvement plans.

The self-assessment tool comprised a questionnaire of approximately 150 items that were specifically designed to allow society leaders to consider their HPA across the core dimensions and capacity areas of the OCIF (Table 1). A combined score of 0–4 was attributed to each question and a short narrative provided to justify the score given.

Table 1

Core organizational dimensions and capacity areas.^a

Core organizational dimension	Description	Capacity areas
Culture	Focuses on what motivates an HPA to succeed, function, and survive	Mission and vision Values Rewards and incentives
Operational capacity	Represents a complex relationship of eight core areas that support the ability of an HPA to perform, remain relevant, to grow, and to survive	Governance Leadership in management Strategy Financial management Human resources Program and project management Communication Infrastructure
Performance	Examines four areas that relate to the ability of an HPA to meet its goals and objectives and remain viable	Effectiveness Efficiency Relevance Financial position
External relations and how the HPA is perceived	Addresses four areas reflecting the reality that HPAs are not isolated entities but are affected by their environment and context	Rules and norms Legal and political framework Linkages and network Ownership and participation
Functions	Addresses four essential functions of HPAs	Membership services Promoting quality and standard of care Advancing professional practice Influencing medical practice and health policy

Abbreviation: HPA, health professional association.

^a As defined by the Society of Obstetricians and Gynaecologists of Canada Organizational Capacity Improvement Framework.

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