

Helpdesk Research Report

Effectiveness of African regional professional associations

Evie Browne

08.08.2013

Question

Provide examples of African regional professional associations considered effective. What explains their success and what role does leadership play?

Contents

1. Overview
2. Examples of effective associations
3. References

1. Overview

This report provides examples of professional and academic associations which work across three or more African countries, and which have some evidence of success. The report aims to identify the characteristics of these organisations which enable their success.

This report takes an **evidence-based** approach, seeking to identify those organisations which have clear evidence of impact and effectiveness. It selects those which have some degree of **independent assessment of impact and effectiveness**, in order to identify replicable elements. Many organisations have not commissioned this type of evaluation. Few even have annual reports.

Key findings on the main characteristics of these associations are:

- Many regional societies are **scholarly**, rather than practitioner based. Universities and academics appear to be important nodes for international connections.
- Common activities of these societies are therefore producing **research publications** and holding **conferences** and meetings.

- There is a strong **bias in the literature towards healthcare**, with societies ranging from professional knowledge exchange networks to cross-border disease surveillance. The health sector appears to be the most developed for regional associations.
- There are a few legal regional associations.
- Most associations follow a **paid membership model**.
- Within Africa, most evidenced regional associations are in Southern Africa or Eastern and Southern Africa, with far fewer visible in West or Central Africa.
- South Africa and Kenya are strong **leaders**, with many network secretariats based in these countries due to their resources and capacities.

Types of impact are varied, but are usually identified as strong **membership, attendance** at national or international meetings, **awareness** of the organisation in the wider sphere, **dissemination** and uptake of publications, and connection or **influence on policy** and policy-makers. The report particularly tries to draw out any impacts on governance in the wider public sphere, however, most of the indicators of success **are input or output rather than outcome-focused**, and do not identify broader social or policy change. There are some indicators of influence on **improved professional practice** and development outcomes, but internal measures of success for networks are focused on **dissemination, credibility, and membership**.

Success factors identified in the literature include:

- The need for **strongly committed individuals** at the centre of the organisation. Many networks rely on personal commitment.
- **Personal leadership** is mentioned regularly as necessary in developing a network. Most networks rely on individual leadership rather than leadership of a particular country.
- **Connection or involvement of policy-makers** is often cited as a success factor or key need for influencing governance outcomes.
- The **quality of outputs** is mentioned often by the health organisations, as this contributes to **credibility** and their ability to engage policy-makers.
- The two law societies in this report both cite **independence** and **neutrality** as important values for them, allowing professional development free from politics.
- Regional structures are highly valued in this literature as a means to **share knowledge** and build capacity, particularly emphasised in the health literature because international collaboration is crucial in disease management.

2. Examples of effective associations

Regional Network on AIDS, Livelihoods, and Food Security (RENEWAL)

RENEWAL (<http://programs.ifpri.org/renewal/>) was launched in 2001. Facilitated by IFPRI, RENEWAL is a regional network-of-networks. Currently active in Kenya, Malawi, South Africa, Uganda, and Zambia, it comprises of national networks of food and nutrition relevant organisations (public, private, and nongovernmental), together with partners in AIDS and public health. It aims to enhance understanding of the worsening interactions between HIV/AIDS and food and nutrition security and to facilitate a

comprehensive response to these interactions. The core pillars are locally prioritised action research, capacity strengthening, and policy communications.

A comprehensive independent impact evaluation was conducted in 2011 (Frankenburger and Nelson, 2011), assessing activities from 2000-2010. The evaluation assesses RENEWAL as having a significant positive impact. It has positively influenced national capacity to **address gaps in understanding** the links between HIV/AIDS, nutrition and food security and in responding to these challenges. The capacity strengthening work helped strengthen national members in conducting **research** and **disseminating it to policy-makers**. RENEWAL's evidence of effectiveness mostly consists of written outputs; 41 peer reviewed journal publications; 32 policy briefs; a highly-cited book (*AIDS, Poverty and Hunger: Challenges and Responses*). Between 2006-2011, 100,000 PDFs were downloaded from the website. Workshops and conferences are also considered successful, measured through **influence on policy-makers and policy** – all five RENEWAL countries have developed HIV-sensitive policies, and have held National Advisory Panels (NAPs) bringing together researchers and policymakers, civil society, and community-based groups. Many livelihoods organisations have become aware of the importance of HIV/AIDS, and AIDS policy-makers are increasingly considering food and nutrition. Stakeholder interviews showed that the research component is considered **high-quality, relevant and evidence-based** and has contributed greatly to the body of knowledge.

Success factors

The policy communications arm of RENEWAL is the most focused on governance impacts. The production of 32 policy briefs based on RENEWAL research was considered critical in **developing policy-maker understanding** of the links between HIV/AIDS and livelihoods and nutrition (Frankenburger and Nelson, 2011, p.23). These were highly used by UN agencies and others. The National Advisory Panels (NAPs) were supposed to channel research into policy, but they suffered from a **lack of leadership** and the **absence of influential national decision-makers** in their memberships. Stakeholders felt the NAPs were static in their membership and did not evolve their agendas over time. Although the NAP governance structure was detailed in RENEWAL documents, no-one wanted to take responsibility for implementing this, leaving the NAPs unmonitored (Frankenburger and Nelson, 2011, p.25). RENEWAL had more success in its **presence and contribution at international conferences** and relationship-building with institutions than in its attempts to influence policy-making directly.

The RENEWAL independent evaluation (Frankenburger and Nelson, 2011) identifies five lessons learned which could further enhance impact:

- **Balancing the tensions between carrying out quality research and establishing national research capacity.** It was difficult to provide enough time and resources to train national researchers, and more IFPRI staff and international researchers were used, which increased quality of publications but disempowered national researchers.
- **Balancing national research priorities (locally demand-driven) with research aimed at filling a global information gap (supply-driven).** Research focused on national priorities had more buy-in from national stakeholders than gap-filling research.
- **Establishing a governance structure to ensure sustainable networks.** National Advisory Panels (NAPs) were not autonomous but reliant on IFPRI for resources. National chapters should be strengthened to allow sustainability.

- **Partnering with organisations with good capacity in linking policy to action.** It is unclear if policy changes have been operationalised; RENEWAL would benefit from partnering with institutions focused on policy outcomes.
- **Implementing a viable exit strategy.** RENEWAL finished in 2011, but NAPs wanted to continue as independent regionally linked bodies.

African Midwives Research Network (AMRN)

AMRN (<http://www.amrnkenya.org/>) was initiated in Tanzania in 1992 by midwives from Tanzania, Zimbabwe, Zambia, Mozambique, and Sweden at a Swedish Agency for Research Cooperation in Developing Countries sponsored Regional Reproductive Health Workshop. To-date, through SIDA support and by collaboration with Karolinska Institute, Division of Reproductive and Perinatal Health care, the Network has active participation from Tanzania, Zimbabwe, Zambia, Mozambique, Uganda, Kenya and Eritrea.

The Network aims to serve as a **base for sharing information, strategies and solutions** based on scientific evidence for provision of quality midwifery care in the region. The Network also aims at enhancing the expanded role of the midwife in **sexual and reproductive health and rights** by identifying the research evidence available and encouraging its use and more action-oriented research among midwives.

The main funders, SIDA, commissioned an evaluation in 2007 (Forss and Maclean, 2007), later published in a peer-reviewed journal in 2010 (Maclean and Forss, 2010). In the seven main countries, around 5-600 midwives had received training by 2007, and biennial conferences were held regularly, attracting up to 200 participants each time (Forss and Maclean, 2007). The conferences are considered successful as they **fill a gap** where there was no other arena for professional exchanges in the past, and they are highly valued by participants (Forss and Maclean, 2007). Workshops and training are more successful when they are run at the national rather than regional level (Forss and Maclean, 2007). Considerable impacts have been seen at **multiple levels**: improved practice in wards and clinics; improved Ministry of Health guidance; changes in nursing curricula; knowledge sharing. These changes have led to safer, more effective, at times cheaper services to mothers at delivery.

The governance structure of AMRN consists of a Constitution outlining regional organisation, but no guidelines are given at the national level (Maclean and Forss, 2010). Members appear to join in an individual capacity, rather than institutional (Maclean and Forss, 2010). In some places membership fees were enforced and in some places ignored (Maclean and Forss, 2010). The membership is thus maintained as an informal structure.

Success factors

AMRN is described as a **loosely coupled network**, which does not have strong or regular communication, partly because the administration of the network is performed by **volunteers** (Forss and Maclean, 2007). Despite this, it is considered successful, and held together by the Executive Board, the biennial conferences, and the regional trainings (Maclean and Forss, 2010).

One success factor appears to be the **relative simplicity** of programme design **and small number of activities**, allowing a strong core focus and high-quality programmes (Forss and Maclean, 2007). The biennial conferences have been implemented on time and under budget, with relevant and interesting themes attracting a large number of delegates (Forss and Maclean, 2007). AMRN does not have data on

participant satisfaction with conferences or workshops, so it is difficult to assess impact, but the evaluators conclude that the content of AMRN's activities is **high-quality and well presented**, but that training opportunities can be **spaced too far apart** (Forss and Maclean, 2007).

The **commitment of local members** in running the network is outstanding and this is key to AMRN's success. AMRN members are **recognised as experts** in their field by Ministries of Health in most of the member countries, enabling them to exert influence on national curricula and policy (Forss and Maclean, 2007). Limitations to success are mainly around **communications**, including technical and access problems.

The authors summarise lessons learned for planning similar networks (Maclean and Forss, 2010):

- **Interested, committed individuals** are fundamental to sustaining a network.
- The utility and effectiveness of a network will depend not only on the nature of the task but the personnel at different levels, therefore identifying **key leaders from each country** to form a core group is critical.
- Design the **constitution** setting guidelines for national governance and identify the rights and responsibilities of membership.
- **Co-operation** lies at the heart of network theory, therefore:
 - Establish and maintain ways of **communication** between members.
 - **Collaborate** with other professional organisations in the region having similar goals.
- **Consolidate a small regional network** before expanding it, whilst disseminating conference and other information more widely.

Regional Network for Equity in Health in East and Southern Africa (EQUINET)

EQUINET (<http://www.equinet africa.org/>) is a network of professionals, civil society members, policy makers, state officials and others within the region who aim to promote and realise shared values of **equity and social justice in health**. It connects members across Eastern and Southern Africa, and aims to share knowledge, shape effective strategies and influence policy (EQUINET, 2010). It currently covers 16 countries in the region.

An independent evaluation from 2010 (confidential) shows that EQUINET has an excellent reputation and wide relationships. Direct impact on social change, its main objective, is harder to ascertain. Members' perceptions of EQUINET's effectiveness is positive in their main areas of work on health equity, including partnerships and training.

EQUINET is seen as having **strong credibility** in the region and some **weight with decision-makers**. Members of the organisation have been invited to a number of high profile international conferences. EQUINET has been very effective in producing research, capacity building, communication and advocacy, as laid out in its strategic plans. **Research publications** have been particularly impactful in their dissemination and uptake. These have been used by WHO and Ministers to guide policy and planning.

Impacts are also felt at the national level, with members approached to undertake work because of their affiliation with EQUINET. National level projects by members have numerous examples of impact. Human Resources plans and participatory methods were cited as particularly effective – these tools, developed by EQUINET, are used by members at the national level. Impact on policy is harder to trace, with

respondents saying that there should be **better connections with decision-makers and/or civil society**. National chapters are considered desirable by members, but some experience problems of capacity and communication. In-country networks could be stronger.

This evaluation argues that EQUINET has impacted some members on an **individual level** in their work, particularly in the use of participatory research methods and in strengthened understanding of equity. Members are both individual and institutional, and this affects how they see their relationship with EQUINET.

Success factors

EQUINET's **flat organisational structure** is seen as a strength. Members did not have much knowledge of how appointments to the Steering Committee or broader organisational decisions were made, but no one considered this lack of knowledge and transparency particularly important or impacting on their work. The '**quietness**' of the **Steering Committee** is cited as a characteristic of successful networks in this evaluation and seen as a strong positive by EQUINET members. However, members also positively cited the responsiveness of the Secretariat over email; their commitment, drive and work ethic. The success of the network may **rely on one or two individuals** rather than institutional strength. Sustainability and institutional knowledge is therefore a concern.

EQUINET's strong **values-based stance** on equitable access to health has sometimes not been echoed by individual members' home institutions, creating division over recognition of the value of EQUINET. Some government institutions do not necessarily share EQUINET's values, which can inhibit members' ability to engage with EQUINET. However, on the whole, there is a strong sense of **shared values** among the membership, which contributes to a sense of **trust** and **common purpose**.

It is unclear to what extent Ministries of Health are formally involved in EQUINET, but forming **strong partnerships** was seen as a desirable goal, with MoHs as members rather than advocacy targets.

The research publications which are key to EQUINET's success are successful because they are **high-quality**, largely due to the excellent editing and peer review process. The materials are cited in other published work. Most of the communications and research work relies on having a **good and reliable website**. Capacity development efforts are described as effective because they are built throughout activities and offer a number of pathways, rather than, for example, standalone short courses. EQUINET **clusters members around themes of work**, which has been effective as a work structure but also provided psychological support and reduced feelings of isolation.

East Africa Integrated Disease Surveillance Network (EAIDSNet)

EAIDSNet (<http://bit.ly/19BpKae>) is a collaborative effort of the Ministries of Health of Kenya, Tanzania, and Uganda as well as national health research, and academic institutions. It was founded in 2000 to develop **cross-border disease surveillance and control** (Ope et al, 2013). An important aspect of the network is to improve the quality of data on communicable diseases and the flow and sharing of information to improve the health of the East African population.

An academic paper (Ope et al, 2013) traces the history and major accomplishments of EAIDSNet. EAIDSNet is hosted by the East African Community (EAC) intergovernmental organisation, and has become a central part of the mandate of the EAC health department. Since 2006, the focus has mainly been on prevention and strengthening preparedness to disease threats. EAIDSNet has successfully

brought together experts and governmental officials in the region to **strategise on cross-border disease surveillance**, achieving **consensus** on frameworks and information sharing. This facilitated the formation of **rapid response teams** along border areas. EAIDSNet conducted a **field simulation training exercise** to test the effectiveness of its setup, which demonstrated good disease control and effective cross-border working. The funder, Rockefeller Foundation, facilitated **exchange visits** with a similar network in Cambodia, which helped improve learning.

EAIDSNet is part of the Rockefeller Foundation's large-scale Disease Surveillance Networks (DSN) Initiative, which runs programmes in the Mekong delta and Eastern and Southern Africa. A peer-reviewed article presents the key findings of a comprehensive independent evaluation of the DSN Initiative (MacPherson et al., 2013). Overall, the initiative is considered successful, measured against its intended outcomes, with results in: global health diplomacy, One Health practice, capacity building, and trust building.

Success factors

The move to regional coordination in the early days of EAIDSNet created **demand** for a public health department within EAC. Resultantly, this department was created, as a direct response to the public demand visible because of EAIDSNet (Ope et al, 2013). One weakness is that regional meetings are attended by different national delegates each time, meaning previous resolutions have to be discussed again.

In the broader evaluation of the Disease Surveillance Networks (DSN) Initiative (MacPherson et al., 2013), the regional network structure of EAIDSNet is seen to promote **knowledge sharing**, improving country-level efficiency. It also **distributes capacity** in resource-poor settings and develops deeper ties at all levels. Key success factors were: **trust**; **transparency**; a **co-operative** spirit; and partners with a **sustained vision** of a strong informal network. Government ownership, leadership and political will are also essential for success.

African Field Epidemiology Network (AFENET)

Established in 2005 to help prevent and control epidemics and other priority public health problems in Africa, AFENET (<http://www.afenet.net>) supports African nations in building strong, effective, and sustainable capacity in field epidemiology, public health laboratory management, surveillance, disease outbreak response, investigation and prevention, and improves public health systems through training and networking. The Secretariat is based in Kampala, Uganda.

A correspondence piece in the *Pan African Medical Journal* describes the evolution of the network (Mukanga et al., 2011), while a peer-reviewed article in the same journal assesses some elements of its success (Gitta et al., 2011). The key tool is Field Epidemiology and Laboratory Training Programs (FELTPs), which offer a 2-year competency-based training in applied epidemiology and public health (Gitta et al, 2011), building and strengthening public health systems, while training future public health leaders (Mukanga et al, 2011). These are a **proven approach** for addressing public health challenges (Gitta et al, 2011). Aside from this, AFENET also implements public health programmes (Mukanga et al, 2011). This paper views AFENET as successful due to its growing membership, increased pool of trained epidemiologists, and regular funding. It has also established **strong links with Ministries of Health and universities**. 85 per cent of FELTPs graduates remain working in their home countries for at least three years after graduating, a significant improvement on the 40 per cent migration rate of graduates from medical schools in Africa (Gitta et al, 2011).

Success factors

Neither article describes clear reasons for success. One element seems to be **strong funder support** from USAID and the American Centre for Disease Control (CDC), which have provided excellent **technical assistance** and generous funding. The network structure is described in Gitta et al. (2011) as facilitating **information sharing and collaborations** across borders, which is particularly important in occurrences of cross-border disease outbreaks. Kenyan FELTP graduates were able to help investigate Ebola outbreaks in Uganda in 2008, which strengthened the public health response (Gitta et al, 2011). Its tripartite positioning, working with **government, academics, and development partners** is cited as a strength which gives AFENET particular ability to leverage resources, by-pass government bureaucracy; and network FELTPs graduates (Gitta et al, 2011).

Collaborative Africa Budget Reform Initiative (CABRI)

CABRI (<http://www.cabri-sbo.org/>) is a professional network of senior budget officials in African Ministries of Finance and/or Planning. CABRI's main objective is to promote efficient and effective management of public finances to foster economic growth and enhance service delivery for African people. It is a professional practitioner-led community of practice and knowledge exchange platform.

A World Bank Institute knowledge exchange case study (personal copy), written by an independent evaluator in 2012, describes the functioning of CABRI. It formed as a peer network in Mozambique, South Africa and Uganda, based on informal exchanges of professional experience and knowledge between budget officials. Institutional development was **driven by practitioners** and the South African Treasury, acting as Secretariat. It was formalised in 2009 with an international legal agreement to which African governments sign up, which brought on board the political heads of Ministries.

CABRI has different effects on policy in different countries. Most members state that the value of CABRI is in **learning new knowledge**, which in some countries help contribute to the policy-making process and in others only contribute to the better implementation of policy. All agree that CABRI has led to **learning and practice change**. CABRI is seen to directly contribute to **financial good governance**.

Success factors

CABRI does not have a specific results monitoring system. Assessing impact is difficult for a networking organisation. The following success factors are drawn from the 2012 evaluation, based on document review and interviews with key stakeholders.

Some of CABRI's success is due to its **deliberate exclusion of politics** from some discussions. It focuses on technical expertise and does not engage with the politics of budgeting, allowing budget officials to develop their technical skills and participate in an open and frank discussion with less risk. However, **informal political support** is also identified as a factor for success.

Leadership is also considered important; Neil Cole, the Executive Secretary, is credited with building the network through his **personal commitment**. South Africa plays a leading role as incubator of the network, including hosting the Secretariat and providing staff. Although the positive attributes of a champion leader and hub point are recognised, CABRI intends to begin distancing itself from the SA Treasury to increase its **corporate identity and independence**. South Africa does not chair the Management Committee, and a concerted effort is made to ensure that meetings are held in other countries, and that Secretariat staff are of other nationalities.

CABRI maintains **freely available knowledge products** and attendance at events are open to all African countries. Up to 40 countries attend the Annual Seminar, attributed to the technical practitioner focus. Processes, structures and operations have been kept **simple and flexible**, with an emphasis on **high-quality and high-relevance publications**, based on jointly identified practical areas.

The evaluation suggests that knowledge exchange networks are productive if they have a **narrow focus**, are **practical and useful**, and are driven and supported by a **strong member country**.

East Africa Law Society (EALS)

EALS (<http://www.ealawsociety.org>) was founded in 1995 by a group of lawyers with the support of national Bar Associations in Burundi, Rwanda, Kenya, Tanzania, Zanzibar and Uganda. It claims to be the **largest professional organisation** in East Africa, with 6,000 or more individual members. Despite this, information on impact is quite minimal. Its aims are to facilitate, enhance and harmonise the development of the legal profession, promote good governance, the rule of law and human rights through capacity building, advocacy and partnership in pursuit of improved human development. EALS activities include training and dialogue sessions, solidarity missions, the production of litigation manuals and briefs as well as a Community Law Digest and quarterly newsletters (Svensson et al., 2006).

SIDA, a main funder, commissioned an evaluation in 2006 of all their democracy and human rights programmes in the region, including EALS (Svensson et al., 2006). The organisation is **high profile** and meets with heads of state, for example, but the evaluation is unclear on what impacts the society has. The evaluation found that the digests of regional and national laws are **high-quality** and used by local universities as reference materials. EALS' report on election monitoring in Uganda in 2006 highlighted issues which other reports had failed to notice.

EALS has a **democratic structure** widely approved of by the membership. The evaluation notes that the society originally **subsidised members' costs** such as air travel and conference participation, which it can no longer afford but finds it difficult to rescind. The paper highlights that it is important for associations to 'start as they mean to go on' regarding member fees and subsidies, since expectations are now in place.

Success factors

The evaluation assesses EALS as being effective in its programmes, attributed to its ability to provide **neutral space** allowing discussion outside the public eye and without politics. Lobbying activities have allowed private discussion of difficult issues. The small Secretariat has also proved **efficient at managing resources**. Respondents in Uganda identified one impact of the society as creating a **conducive environment** for lawyers to contribute to the policy-making process, where previously lawyers' input had been considered 'a nuisance'.

3. References

EQUINET (2010). *EQUINET: Regional network for Equity in Health in east and southern Africa*. TARSC; EQUINET. Retrieved from: <http://www.equinet africa.org/bibl/docs/Equinet%20brief%202010.pdf>

- Forss, K. and Maclean, G. D. (2007) *The African Midwives Research Network*. SIDA, Evaluation 07/16. SIDA, Department for Democracy and Social Development. Retrieved from: <http://www.oecd.org/derec/sweden/41411052.pdf>
- Frankenberger, T.R., Nelson, S. (2011). *Ex-post impact assessment review of the Regional Network on AIDS, Livelihoods, and Food Security (RENEWAL)*. Washington, D.C.: IFPRI. Retrieved from: <http://www.ifpri.org/sites/default/files/publications/ia33.pdf>
- Gitta, S. N., Mukanga, D., Babirye, R., Dahlke, M., Tshimanga, M., & Nsubuga, P. (2011). The African Field Epidemiology Network-Networking for effective field epidemiology capacity building and service delivery. *Pan African Medical Journal*, 10(1). <http://www.panafrican-med-journal.com/content/series/10/1/3/full/>
- Maclean, G. D., and Forss, K. (2010). An evaluation of the Africa Midwives Research Network. *Midwifery*, 26(6), e1-e8. <http://dx.doi.org/10.1016/j.midw.2009.04.004>
- MacPherson, N., Kimball, A. M., Burke, C., Abernethy, N., Tempongko, S., & Zinsstag, J. (2013). Key Findings and Lessons from an Evaluation of the Rockefeller Foundation's Disease Surveillance Networks Initiative. *Emerging health threats journal*, 6. <http://dx.doi.org/10.3402/ehth.v6i0.19959>
- Mukanga, D., Tshimanga, M., Wurapa, F., Serwada, D., Pariyo, G., Wabwire-Mangen, F., Gitta, S., Chungong, S., Trostle, M. and Nsubuga, P. (2011). The genesis and evolution of the African Field Epidemiology Network. *Pan African Medical Journal*, 10(1). <http://www.panafrican-med-journal.com/content/series/10/1/2/full/>
- Ope, M., Sonoiya, S., Kariuki, J., Mboera, L. E., Gandham, R. N., Schneidman, M., & Kimura, M. (2013). Regional initiatives in support of surveillance in East Africa: the East Africa Integrated Disease Surveillance Network (EAIDSNet) experience. *Emerging health threats journal*, 6. <http://dx.doi.org/10.3402/ehth.v6i0.19948>
- Svensson, A., Salih, M., Mihyo, P., and Waern, S. (2006). *Evaluation of projects/programmes supported under SIDA's regional democracy and human rights programme*. Professional Management. Retrieved from: <http://www.professionalmanagement.se/artiklar/nairobiorg.pdf>

Key websites

- University of Pennsylvania – African Studies Center: http://www.africa.upenn.edu/About_African/ww_org.html
- African Business Guide: <http://www.loc.gov/rr/business/african/associations.html>

Expert contributors

Tito Byenkya, EALS

Neil Cole, CABRI

Kim Forss, Andante – tools for thinking AB

Rene Loewenson, Training and Research Support Centre; Regional Network for Equity in Health in East and Southern Africa (EQUINET)

Suggested citation

Browne, E. (2013). *Effectiveness of African regional professional associations* (GSDRC Helpdesk Research Report 983). Birmingham, UK: GSDRC, University of Birmingham.

About this report

This report is based on four days of desk-based research. It was prepared for the UK Government's Department for International Development, © DFID Crown Copyright 2013. This report is licensed under the Open Government Licence (www.nationalarchives.gov.uk/doc/open-government-licence). The views expressed in this report are those of the author, and do not necessarily reflect the opinions of GSDRC, its partner agencies or DFID.

The GSDRC Research Helpdesk provides rapid syntheses of key literature and of expert thinking in response to specific questions on governance, social development, humanitarian and conflict issues. Its concise reports draw on a selection of the best recent literature available and on input from international experts. Each GSDRC Helpdesk Research Report is peer-reviewed by a member of the GSDRC team. Search over 300 reports at www.gsdrc.org/go/research-helpdesk. Contact: helpdesk@gsdrc.org.