



**Managing Strengths and Weaknesses:
A Survey of Chinese Health Rights Groups**

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Introduction

In September 2011, Asia Catalyst invited Chinese NGOs working on health rights to apply for our new year-long capacity building program, the China NGO Leadership Cohort. We received twenty-six applications from nongovernmental organizations (NGOs) around the country. As part of our internal program selection process, we collected information about the NGOs and their management strengths and weaknesses. Drawing on these data, this report offers a non-scientific overview, or snapshot, of the current stage of development of Chinese health rights NGOs and their capacity-building needs.

China's civil society sector has grown rapidly over the past ten years, but it is still in an early stage of development. Because most grassroots NGOs are unable to legally register, and because most founders have little to no prior NGO or management experience, they face numerous challenges in the effort to professionalize operations while providing needed services and conducting policy advocacy.

The Application Process

To some degree, of course, applications were self-selecting. To better understand who applied, here is a brief overview of the application process.

In July, Asia Catalyst issued a call for applications in English and Chinese. We posted the application on our website, emailed it to our Chinese email list of 200 people, and posted the announcement on various listservs, including the China AIDS email list, China drug user network email list, and the China sex worker organization network email list. We also posted the announcement on the websites of NGO.CN and China Development Brief. Subsequently, applications were forwarded to other individuals, organizations, and email lists. Our experience has been that many international projects in China feature the same organizations over and over again, and we felt it was important to cast a wide net, encourage new partners to come forward, and make the process as fair and transparent as possible.

The application specifically stated that applicants should (1) be grassroots, community-based organizations working on health or health rights; (2) have interest or prior experience in conducting advocacy; and (3) have a core team of staff and/or volunteers. We specifically asked for groups with an interest in advocacy, since this is the central to Asia Catalyst's mission. We also required NGO applicants to demonstrate that their organizations have "core teams" of stable staff, because past experience has shown that the capacity building work we do is not sustainable without such a team in place.

NGO applicants completed a two-page application form that asked them to describe their organization's mission, staff and volunteers, main programs, areas of weakness and previous experience with health advocacy. In addition, we specified that the NGO Leadership Cohort would last one year and require participants come to a series of training sessions, and we asked for a copy of each organization's current strategic plan, budget, as well as two references.

Based on the quality of their written applications, twenty NGOs were selected for half-hour phone interviews. This report draws on those written applications and first-round phone interview notes. We later conducted more in-depth interviews with ten finalists.

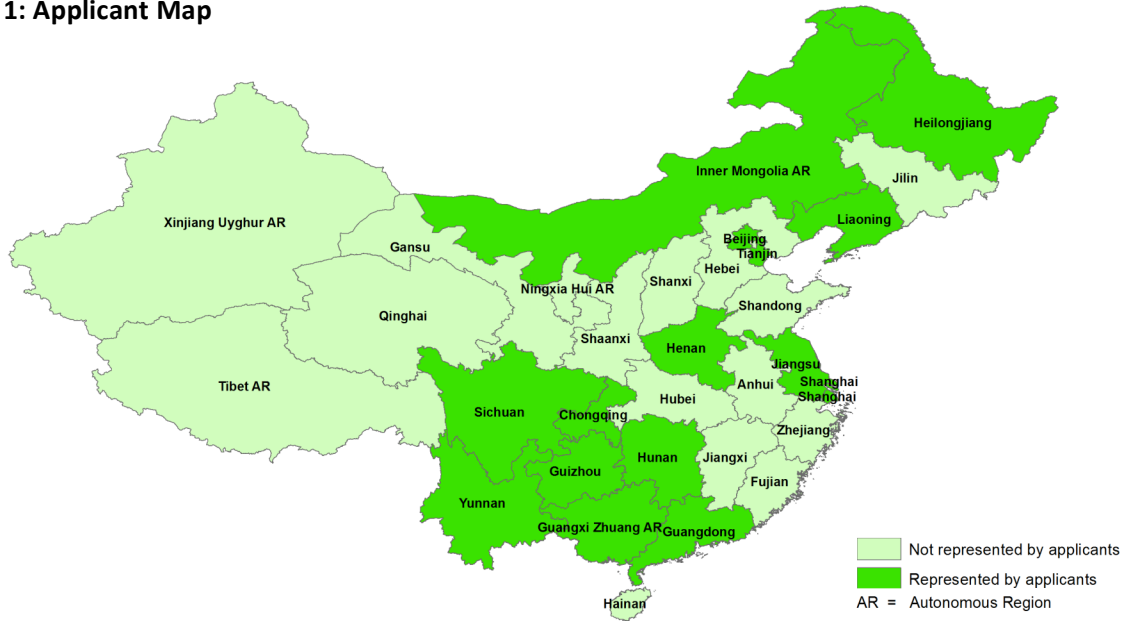
These twenty-six NGOs form a purposeful convenience sample comprised of the organizations that applied to Asia Catalyst's China NGO Leadership Cohort; thus data contained in this report are not necessarily representative of the larger population of Chinese NGOs working on health and health rights.

Who Applied?

Nine provinces, two autonomous regions and four province-level municipalities (Beijing, Shanghai, Tianjin and Chongqing) were represented by the thirty NGOs that applied for the program. Four applicants did not work on health issues and were excluded from consideration, leaving twenty-six groups for review.

Applicants were geographically diverse: they came from China's borders with Burma and Vietnam to Inner Mongolia Autonomous Region and Heilongjiang. The province with the most applications was Yunnan (7), followed by Henan (3) and Tianjin (3) (see Figure 1). Applications came from groups representing drug users, sex workers, women affected by HIV/AIDS, diabetics, people living with hepatitis B, disabled persons, people living with hemophilia, LGBTQ communities, youth, women seeking legal aid and persons working on environmental protection.

Figure 1: Applicant Map



Observations about the Applicants

Funding and Financial Management

NGOs reported receiving support from thirty-three different donors. Including foundations in Hong Kong and Taiwan, thirty percent of donors were Chinese foundations, while seventy percent were international or multilateral organizations (see Table 1). The three most-cited donors were the Global Fund (12), the Gates Foundation (7) and the International Treatment Preparedness Coalition (4). Only one organization reported receiving funding from the Chinese government.

These results reflect the fact that the majority of NGOs that applied to our program work on HIV/AIDS. Only three NGOs reported receiving support from more than five donors, and only five NGOs reported four to five donors. Among these eight relatively well-funded organizations, it is interesting to note that five were LGBTQ groups, suggesting that organizations serving this community may have access to more specialized funding sources. This may also reflect recent increased attention to HIV transmission among men who have sex with men in China by HIV/AIDS donor programs. Three NGOs said that they receive no outside financial support of any kind. These three unfunded NGOs work on HIV/AIDS prevention in southwestern China, two with ethnic minority communities in border areas. One of these groups was previously supported by the Global Fund.

We asked each NGO applicant to provide its annual organizational budget. Twenty-three NGOs provided a copy of their annual budget (fewer than ten were in spreadsheet format), while three organizations reported not having a budget or left this question unanswered. Among NGOs that provided a budget, many simply stated a single number without breaking the sum down into different programs or expense categories. Other NGOs reported amounts received by particular donors without any allocation breakdowns.

Overall, the responses indicated a great range of capacity in financial management and fundraising. Responses reveal both the weak state of domestic funding for Chinese health nonprofits as well as the intensive involvement of international donors. Given the Global Fund’s announcement that it will withdraw support from China, many of these organizations expect to face a funding crisis in the near future.

Table 1: Funding Sources

Donor Origin	No. Donors
Mainland China	6
International	23
Hong Kong	2
Taiwan	2

Strategic Planning

As part of the initial application, we asked organizations to provide a copy of their most recent strategic plan (if they had one) and to describe their strategic planning process. We found planning to be a key area of weakness.

Seven NGOs provided a full strategic plan, five detailed their process but did not attach a plan, and fourteen organizations reported no experience with strategic planning. Among organizations with strategic plans, most conduct strategic planning at yearly meetings in which participants (usually program staff) discuss projects for the next year. No organization reported starting strategic planning from a long-term vision and then working backward to determine outputs, outcomes, actions and resources (the specific approach Asia Catalyst recommends and teaches). Most of the NGOs that provided strategic plans simply listed goals or programs in narrative form, without describing actions or steps toward implementation. Several NGOs said that they incorporate SWOT (**S**trengths **W**eaknesses **O**pportunities and **T**hreats) analysis into their strategic planning. We found that the strongest strategic plans came from applicants

working on hepatitis B, indicating valuable groundwork done by Beijing-based health and public interest groups, including Yirenping Center (益仁平中心).

The majority of applicants candidly stated that they lack any form of strategic planning. One respondent described his organization's tendency to move from "program to program" in the absence of a strategic plan. Strategic planning is a core part of our work with the groups we coach, and is the starting point of our cohort program.

Staff and Volunteers

We asked applicants to describe their staffing situation. Most applicants reported that they were staffed with a mixture of full-time staff, half-time staff, and volunteers. Several organizations reported over one hundred volunteers, though this could simply reflect the number of people who have expressed interest in their work; some of these groups host large, national websites that have dozens of volunteer moderators and contributors. No organization reported more than ten full-time staff. In five organizations, the executive director was the only paid, full-time staff person.

Generally, applicants seemed to have relatively minimal structures for managing staff and volunteers. Most organizations reported organizing staff into project-specific working groups that operate alongside one another. In a few cases, applicants described more vertical management structures in which project-specific teams (sometimes staffed by just a single individual) work under an administrative supervising committee. Fewer than five applicants reported having a board of directors.

Many applicants cited high staff and volunteer turnover as significant obstacles to their work.

Advocacy Experience

We asked each applicant to describe their experience with advocacy, and found that they generally seemed to have different understandings of the term advocacy (倡导). Table 2 summarizes the different types of "advocacy" that applicant organizations listed.

Many organizations said they had worked with local media (newspapers, television and radio) to publicize issues or programs around major events such as World AIDS Day, or had worked with journalists to publish articles calling for non-discrimination against a specific disease such as hepatitis B.

The majority of organizations that listed some form of policy advocacy described working with Center for Disease Control (CDC) representatives on HIV/AIDS treatment and prevention issues, or on reducing stigma and discrimination facing marginalized communities. Stigma and discrimination was by far the most commonly reported advocacy topic. Aside from public

health institutions, NGOs did not mention other government partners, although a few described working in schools. Two organizations said that they have put forward recommendations to representatives of the National People’s Congress.

Several applicants recounted participating in surveys or compiling case studies for research programs directed by universities or international organizations as a form of advocacy.

No applicants reported engaging in community organizing, boycotts, elections, long-term media campaigns, international or regional advocacy (e.g., through regional networks such as the Asia-Pacific Network of People Living with HIV/AIDS, or APN+). None referenced conducting joint advocacy as part of a coalition—perhaps reflecting the generally fragmented nature of health groups in China.

Table 2: Reported Advocacy Strategies

Type of Advocacy	Times Cited
Media work	10
Public events/outreach	8
Policy change	7
Corporate change	3
Research/case collection	2
Documentary film	1

Self-identified Organizational Weaknesses

NGOs were asked to list one or two areas of weakness that they wanted to improve through our capacity-building program. Table 3 shows the ten most frequently cited issues.

Over half of the applicants listed staff and volunteer management as a priority concern. Many organizations also cited “communication skills” as a weakness, including writing ability and English language fluency. Many Chinese NGOs lack English skills, limiting their ability to participate in regional and international networks.

Related to this, six organizations considered the limited educational histories of staff as an obstacle; many of the NGOs who applied reported that they have volunteers and staff with little schooling beyond middle or high school.

Interestingly, two organizations mentioned the apparent tradeoff between democratic processes and efficiency as a challenge. As one executive director explained: “There are a lot of contradictions that seem inherent to ‘democratic management.’ A lot of people think that this

kind of democratic management leads to a loss of efficiency at work. Consequently, I too have thought a lot about how to develop work that promotes the joint development of democracy and efficiency.”

Table 3: Self-identified Areas of Weakness

Area of Weakness	Times Cited
Staff and volunteer management	16
Fundraising	9
Strategic planning	8
Communication skills	6
Program management	6
Education level	6
Advocacy skills	2
Financial management	2
Government relations	2
Democracy/efficiency	2

Overall Professionalism

For better or worse, the ability to complete an application form is a fundamental skill for non-profit organizations, which depend on donor and program support for their survival and growth. Our application was designed to be accessible to young organizations and to encourage groups to self-reflect on their organizational development. We found that the ability to complete an application was itself a measure of groups’ level of development.

We evaluated the quality and completeness of applications as a reflection of an NGO’s ability to present its work and needs to an outside audience. While several organizations submitted complete and comprehensive applications, many NGOs left one or more questions blank, answered questions with single word responses or failed to provide adequate detail when asked to describe various aspects of their programming. We required two references for each applicant, but many omitted this information. In a few cases, NGOs used the application to showcase their strengths and successes at the expense of articulating their existing needs and challenges.

Some groups also had trouble during the phone interviews. We asked groups to have two staff persons participate in each interview (as evidence of the core team mentioned above), but fewer than ten organizations complied with this request. Several people stopped interviews to answer their cell phones or conduct other business. Generally, we found that many applicants need to polish their professionalism when interacting with potential donors or allies.

CONCLUSION

This report explores the organizational and development challenges facing twenty-six Chinese NGOs working on health and health rights. Among organizations that applied to the China NGO Leadership Cohort, the vast majority reported dependence on international donors, and over fifty percent reported having fewer than five sources of funding.

Organizations also reported struggles with strategic planning, particularly connecting yearly program activities to long-term goals. A majority of applicants identified staff and volunteer management as a significant area of weakness.

Many applicants also appear to be in nascent stages of planning and have a limited understanding of policy advocacy and how to conduct it. While most organizations have worked with media and the Chinese Center for Disease Control, few have moved beyond these more receptive audiences to direct advocacy with other government agencies, policymakers, or relevant stakeholders.

Ultimately, we selected ten organizations that seemed serious about the need to improve their skills, and willing and able to work well with others. Through the NGO Leadership Cohort, we aim to develop tools and curricula that will help these groups to strengthen their own skills and train new trainers of others. At the same time, we hope to foster strong relationships between the groups that will sustain their development after the end of the training program.

Acknowledgments

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About Asia Catalyst

Asia Catalyst works with grassroots groups from marginalized communities in East and Southeast Asia that promote the right to health. We train our partners to meet high standards of effective and democratic governance, to establish a stable foundation for future growth, and to conduct rigorous human rights research and advocacy. We aim to help our partners become leading advocates at the local, national and global levels. For more information, see www.asiacatalyst.org.