

# Zambia Union of Nurses

## Organization End-Term Review of Organisational Development Assistance

## Contents

1. Introduction.....	2
2. Sampling and Information Gathering Approaches .....	3
3. The Findings .....	5
4. Conclusion and Recommendations .....	14
List of Appendices .....	17
APPENDIX 1: ZUNO Population Distribution in North Western and Southern Provinces.....	17
APPENDIX 2: Sampling Framework .....	18
APPENDIX 3: checklist of Questions for ZUNO management .....	19
Appendix 4: Report on the Outcome of Other NNO Supported Programmes .....	21

## **1. Introduction**

The Zambia Union of Nurses Organisation (ZUNO) is the professional organization and a trade union for eligible of nurses and midwives in Zambia since 2007. Prior to that, the organisation was called the Zambian Nurses Association (ZNA) with the main aim being that of promoting the nursing profession by advocating for legislation, stimulating higher education, and caring for their wellbeing in their conduct of duty.

ZUNO's objective is to protect and promote high standards of professionalism; labour and industrial stability; quality care; and social-economic status of nurses and midwives, regarded to be critical issues to the total welfare of the nurses and midwives as well as uplifting their image and improving the public's opinion and perception of the nurses and midwives professions.

Since its transformation into a labour movement from a mere professional body, ZUNO had to undertake some organizational development initiatives that are consistent with its new role. In this regard, a set of objectives were set and their accompanying activities have been implemented since 2009 under the funding from one of their partners, the Norwegian Nurses Organization (NNO). The initiative comes to an end at end-December 2011.

### ***ZUNO-NNO Project Objectives***

The core objectives<sup>1</sup> under this initiative include:

- i. ZUNO signing and implementing recognition agreements with the government of the Republic of Zambia and other health care institutions that includes four (4) mining companies and two (2) private health institutions thus seven (7) in total by the year 2009.*
- ii. Training of leaders at various levels of the organisation's structure in matters relating to labour laws, professional issues and collective bargaining skills by December 2011 as follows; 25 national leaders, 30 provincial leaders, 330 branch leaders and 300 shop stewards, with 225 individuals being trained each year.*
- iii. ZUNO successfully negotiates with public and private sector employers for improved salaries and conditions of services, including rural retention packages, allowances and free uniforms to nurses and midwives.*

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<sup>1</sup> Source: ZUNO/NNO Contract Agreement 2009-2011

- iv. Establishing nine (9) provincial offices, where three (3) of these offices have at least one paid staff member by December 2009, another three (3) have at least one paid staff member by December 2010 and the final three (3) have at least one paid staff member by December 2011.*
- v. At least one hundred and ten (110) ZUNO branches are established by December 2009 with elected office-bearers, where 90% implement activities in accordance with ZUNO's three-year strategic plan (2009 – 2011) and annual work plans.*
- vi. ZUNO's paying members increase from 5,000 as at December 2008 to 7,500 by December 2009, 10,000 by December 2010 and to 11,000 by December 2011.*

### **Terms of Reference of the Consultancy**

The assignment was guided by the following terms of reference as provided by the client (ZUNO):

- a) To review outputs and outcomes of the projects supported by the Norwegian Nurses Organization<sup>2</sup>;
- b) To assess organizational strengths and weaknesses;
- c) To give recommendations on future areas of collaboration; and
- d) Submit a report.

The rest of the report is structured as follows: Section two presents information on the sampling procedure while section three presents the results. The conclusion and recommendations are in section four.

## **2. Sampling and Information Gathering Approaches**

The end-term review was conducted in the NorthWestern and Southern provinces of Zambia and the sample size was given by the client as 200 participants drawn among the ZUNO membership in the two provinces and largely made up of people from the Government sponsored institutions. Our approach to sampling was guided as follows:

- a) The total population in the two areas is 1,446 (NorthWestern Province, 459 and Southern Province, 987);

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<sup>2</sup> This also includes reporting on the outcomes of other NNO supported activities which were not under the Organisation Development Assistance. The outcomes under this are presented in Appendix 4.

- b) The figures above give a ratio of 32% and 68% for the NorthWestern and Southern Provinces, respectively. This clearly indicates that Southern province should get the largest sample size in the review study;
- c) The two provinces are largely rural based and the client indicated that the choice of the two was aimed at understanding the effects of the organizational development initiatives have had on the rural membership. In view of this, three towns were targeted in each province of which one was urban, and by default this was the provincial headquarters, and the other two were typical rural towns;
- d) The rural towns were purposely sampled based on convenience and size. One rural town in each province has a relatively bigger population size of the ZUNO members and the other is relatively smaller. The rationale was to pick, if any, some variation in the treatment of ZUNO membership by the head office based on size of membership;
- e) The rural towns sampled were Kabompo (small sized, 60 members) and Kasempa-Mukinge (large sized, 89) from the NorthWestern Province (totaling 281 members including Solwezi) and Kalomo-Zimba (small sized, 79 members) and Monze (big sized, 141) from the Southern Province (totaling 347 members including Livingstone), see Appendix 1; and
- f) We targeted 80 participants from NorthWestern Province and 120 from Southern Province, guided by the 32%-68% ratio although not in a strict sense otherwise NorthWestern Province was going to get a much smaller sample size.

The sampling ratio applied to each district given the numbers above was  $80/281$  (0.28) for the NorthWestern Province and  $120/347$  (0.35) for the Southern Province. This procedure yielded the results indicated in the Table in Appendix 2.

The main methods used to gather the information for this assignment were the focused group discussions with the ZUNO members, that is the nursing and midwifery cadres, as well as a check list of questions presented in a tabular form to ZUNO management (see Appendix 3). The main rationale for opting to use the focused group discussion was to get an indepth insight into the members understanding/perception of the outputs/outcomes as well as the strengths and weaknesses of ZUNO.

### 3. The Findings

#### 3.1. Data Collection Challenges

The field review programme coincided with the national child health week campaign; as a result nurses and midwives from the district health management boards/offices were not part of the participants during the focused group discussions in all the districts visited.

#### 3.2. The Results

The results presentation is structured along the terms of reference as detailed below.

##### 3.2.1 Outputs and Outcomes

These are presented along the strategic objectives as follows:

- i. *ZUNO signs and implementing recognition agreements with the government of the Republic of Zambia and other health care institutions by 2009 (see Table 1).*

The outcome against this objective shows that ZUNO has signed the recognition agreement with four (4) institutions out of the targeted seven (7) which includes the Government of the Republic of Zambia (through Ministry of Health), two mining companies and one private health institution. This achievement, notwithstanding the failure to meet the set target, has placed ZUNO on a sustainable path in the sense that it can use this to leverage itself when negotiating with other employers.

**Table 1: Signing of Recognition Agreements**

<b>Description</b>	<b>Target</b>	<b>Actual</b>	<b>Explanation</b>
With Government	1	1	This is the largest employer and therefore it is strategic to sign a recognition agreement with it. This was done in 2008
With the Mines	4	2	Signed with Mopani Copper Mines Plc in May 2011 and Chibuluma Mines Plc in 2010. Process has started with the third mining company, Konkola Copper Mines Plc the largest mining employer and negotiations have reached an advanced stage.
Private health Institutions	2	1	Signed with Lusaka Trust Hospital in 2009.
<b>Total</b>	<b>7</b>	<b>4</b>	<ul style="list-style-type: none"> <li>• The target has not been reached because most private health institutions do not have the critical mass required by law to set up a labour movement at a work place.</li> <li>• With regard to the mines, the failure is largely due to bureaucracy associated with the process of being recognized as a labour organisation.</li> </ul>

- ii. *Training of leaders at various levels of the organisation's structure in matters relating to labour laws, professional issues and collective bargaining skills by December 2011 (see Table 2).*

The outcome against this objective is less satisfactory largely due to high staff attrition mainly as a result of transfers and going for further long term training among its cadres. Although the current strategy of focusing on training the elected leaders is good, training of the pool from which elected leaders are drawn is very critical with regard to ensuring sustainability in the quality of labour representation of the nursing staff at places of work. Therefore, it is imperative that those who are trained share the information with others. This will ensure that even those who have not undergone training understand basic labour related matters so that in case of one of the offices at the branch level becomes vacant any member can step in to fill the vacancy.

**Table 2: Training of Leaders**

<b>Description</b>	<b>Target</b>	<b>Actual</b>	<b>Explanation</b>
National Leaders	25	25	All trained.
Provincial Leaders	30	30	All trained.
Branch Leaders	330	400	Target was met. However there is high turnover of trained Branch leaders due to transfers and going to school for further studies. This led to training of leaders appointed to fill left vacancies.
Shop Stewards	300	180	Likely to meet the target by end-December 2011.

- iii. *ZUNO successfully negotiates with public and private sector employers for improved salaries and conditions of service, including rural retention packages, allowances and free uniforms to nurses and midwives (see Table 3).*

Given that ZUNO is relatively a new trade union in the labour movement, the act of signing and 2010 is an achievement. The fact that the members it represents collective agreements, regardless of the frequency, with three employers between 2009 have not rejected the new conditions of service and new salary packages point to the successful negotiations by the union under the prevailing circumstances. The absence of strikes among its members at various institutions related to poor conditions of service is such an indicator of the acceptance of the collective agreements by the general membership at various institutions.

With regard to the collective agreement with the Government of the Republic of Zambia, some benefits that nurses have appropriated, according to the views expressed by most of the participants during the focused group discussions in many of the areas visited, includes the provision of uniforms (two pairs each) and one pair of shoes per nurse. Other benefits pointed out include increased allowances in respect of uniform maintenance/upkeep, night duty and housing. Although, the general feeling among the members during the focused

group discussions was that the amounts involved are little they nevertheless appreciate the effort as they stated that these allowances have not been improved upon for the past 10 years. For those of its members based in rural areas, they indicated an appreciation of the introduction of the rural and remote hardship allowances by the employer.

**Table 3: Negotiations and Outcomes**

Description	Frequency			Explanation		
	2009	2010	2011	2009	2010	2011
Negotiations participated into since 2009						
GRZ	1		Not yet	Collective Agreement to run up to two years (2010 -2011) signed for improved salaries and conditions of service for members		- call for submissions for negotiations done - negotiators identified
The Mines	Nil	1	Not yet		Collective Agreement signed with improved salaries and conditions of service for members at Chibuluma	- call for submissions for negotiations done - Mopani and Chibuluma are the mines involved
Private Institutions	1	1	Not yet	Collective Agreement signed with improved conditions for members for Lusaka Trust Hospital.		- call for submissions for negotiations done - Lusaka Trust Hospital is involved

*iv. Establishing provincial offices with full time ZUNO staff members between December 2009 and December 2011(see Table 4).*

As at mid-2011, four (4) offices were established, furnished and have fulltime staff (Office Assistants) manning them in Central, Southern, Northern and Western Provinces. The offices will be headed by Provincial Organizing Secretaries who have not yet taken up their full time roles. Failure to set up these offices in 2009 and 2010 has grossly hampered the realization of the strategic objective number (iv).

**Table 4: Setting up of Provincial Offices with at least one paid up staff**

Description	Target	Actual	Explanation
2009	3	0	The inability by provinces to find office space to rent contributed to not meeting the target. Secondly, ZUNO was still having problems of membership subscription due to bottlenecks of the P MEC system.
2010	3	0	The inability by provinces to find office space to rent contributed to not meeting the target. Secondly, ZUNO was still having problems of membership subscription due to bottlenecks of the P MEC system.
2011	3	4	Four offices operational. Two under way.
<b>Total Provincial offices</b>	9	4	

- v. *At least one hundred and ten (110) ZUNO branches are established by December 2009 with elected office-bearers where 90% implement activities in accordance with ZUNO's three-year strategic plan (2009 – 2011) and annual work plans. (see Table 5).*

ZUNO is on target with this objective however, some branches are not effective as most of the members expressed negative sentiments about the leadership qualities of branch leaders except for Zimba, Mukinge and Monze Mission Hospitals as well as Kabompo District Hospital. Probably the question of size matters but also the personal capability of the branch chairpersons is a contributing factor. The chairpersons at the four mentioned branches projected good leadership qualities and members spoke well of their leadership styles anchored on giving members constant feedback on issues of interest. This is a valuable lesson to all the branch officials within the ZUNO network.

**Table 5: Establishment of Branches**

Description	Target	Actual	Explanation
Branches established with elected officials	110	110	Branches established but not very effective due to inadequate of resources as result of challenges with membership deductions from source. As a result ZUNO has not been able to meet its constitution obligation of remitting 5% of the collected amount to branches

- vi. *ZUNO's paying members increase from 5,000 as at December 2008 to 7,500 by December 2009, 10,000 by December 2010 and to 11,000 by December 2011.*

The outcome under this strategic objective is unsatisfactory. Out of a target of 10,000 members at end-December 2010, less than 7,000 were recruited and only 37% of these make regular contributions (paid up). The major problem is attributed to competition for membership from other trade unions in the labour movement, inadequate resources for ZUNO to carry out sensitization exercises and delays by Human Resources (HR) Departments at various institutions to

effect payroll based monthly deductions of the statutory 2% of one's basic salary.

As at Mid-2011, there was a slight improvement in the membership recorded as the number recruited increased but was still below 7,000. However, the ratio of contributing members has increased to 57%, reflecting efforts ZUNO is putting in place to ensure as many of its recruited members begin to make statutory monthly contributions.

**Table 6: Membership Recruitment**

Description	Target	Actual	Paid up	Explanation
As at end 2009	7,500	5500	0	Reasons for not achieving target are: - competing unions - bureaucracy in implementing ZUNO deductions by Human Resource officers in institutions - inadequate resources by ZUNO to carry out sensitization and verifications
As at end 2010	10,000	6,556	2,431	As above
As at mid-2011	>10,000	6,878	3,950	As above

The general comment by the members in all the areas visited during the focused group discussions was that ZUNO is not well known and that there is need to publicize its activities to potential members. Most members lamented that there was nothing much to show for being a member of ZUNO. They singled out the issue of ZUNO branded items/souvenirs such as t-shirts, wrappers etc. and complained that getting such items required one to pay, which is not the case with other unions that offer their members union branded materials/souvenirs free of charge. As a result, the members expressed that they found it difficult to convince their nursing and midwifery colleagues belonging to other trade unions to join them in ZUNO.

“...our friends boast of getting t-shirts and chitenges free of charge from their unions as one of the benefits from the monthly contributions made to the union. Getting a chitenge or t-shirt for free from ZUNO is a small thing but very motivating and will go a long way in marketing ZUNO to our friends belonging to other unions...” one participant commented.

### **3.2.2 Organizational Strengths and Weaknesses**

This sub section is divided into two parts as detailed below:

#### ***Organizational Strengths***

ZUNO's strengths include:

- a) *Registration as a labour organization with eventual signing of the recognition agreements with Government, which is the largest employer, two mining companies and one private hospital organization.*

The organization has the mandate to undertake its activities legally and can therefore leverage itself to levels of sustainability from members' monthly statutory contributions when a critical number of paid up members is realized.

There is however, need for ZUNO to expressly work out the critical number of paid up members needed in order to achieve self-sustenance on critical operational matters throughout its network of branches. [is it possible for ZUNO to do this? Is there not a direct correlation between revenue and activity levels, or the extent, amount and quality of activity carried out by ZUNO? The issue to be commented on is whether ZUNO feels it will attain financial sustainability when the larger majority of its registered members are also paying members] This will ensure sustainability of the organization at the lower tier of its set up.

- b) *Affiliations and collaborations with local, regional and international organisations.* ZUNO has a formal relationship with international and regional organisations that includes; the Norwegian Nurses Organization, CORDAID, International Council of Nurses (ICN), Commonwealth Nurses Federation (CNF) International Institute of Communication Development (IICD), Southern African Network of Nurses and Midwives(SANNAM). At local level Zambia Congress and Trade Union (ZCTU) and Non-Governmental Coordinating Council (NGOCC)
- c) *Being both a trade union and a professional organization with a long history that goes back to the 1950s.* The goodwill it established as ZNA can be exploited to leverage itself and compete favourably with other unions representing nurses and midwives. Its unique combination of a labour movement and a profession[al] organization with interest groups can help to get more members especially from the nursing and midwifery schools; and universities, such that upon joining the Government they will naturally opt for ZUNO representation on their labour and professional matters.
- d) *Having a functioning 110 network of branches throughout the country, provincial committees in all the nine provinces and the national leadership as well as a functioning national secretariat.* The critical organizational structures are in place and therefore ZUNO is in a position to reach out to the nursing and midwifery cadres and also use its vast network to engage into collaboration with many stakeholders for its sustainable operations.

- e) *Having a comprehensive website:* ZUNO has a web page rich of information although we are not sure on how regularly it is updated.[has this task of updating the web site been delegated to the new information officer? Can ZUNO begin to compile a list of member email addresses so that it can transmit electronic information to those that have email?] It can use this to leverage itself especially in communicating its activities to various stakeholders.
- f) *Negotiation and advocacy skills:* ZUNO has demonstrated the negotiation prowess by successfully concluding negotiations and signing collective agreements with four organisations as stated above.

Also during the focused group discussions, it was revealed that ZUNO successfully advocated for the easing of the process required for an Enrolled nurse to convert to a Registered nurse. This was after ZUNO advocated to Government to let enrolled nurses not to be treated on the same level as school leavers when applying for the place at a registered nursing school since they have some basic knowledge of nursing and work experience. Consequent to this, the General Nursing Council of Zambia, (GNCZ) a statutory body that regulates the nursing and midwifery schools and practice in Zambia eased the requirements to convert and shortened the period for enrolled nurse conversion training to two years from three years.

### ***Organizational Weaknesses***

The major weaknesses about ZUNO, identified during the focused group discussions, include:

- a) *Ineffective communication:* This issue was identified at most of the branches visited and it is at two levels. The first one relates to the intra branch communication where members bemoaned lack of information flow from the branch leadership on ZUNO activities. This factor is so serious that at one Branch, members confessed of not even knowing their union branch officials. As a result of intra branch poor communication, members intimated that they do not see the necessity to attend union meetings, which in turn also has resulted in the irregular holding of meetings. This issue was raised at all the branches visited except Zimba and Mukinge.

The second level involves poor communication between the branches and the secretariat. This matter is so serious that at the Kalomo, Solwezi and Mukinge branches members were not sure whether the uniforms they received from Government were as a result of ZUNO's collective

bargaining negotiations outcome. They did not rule out this to be the Ministry of Health's initiative to promote the image of Government as an election campaign strategy. The members lamented that lack of feedback on the outcome of negotiations even by way of a memo makes them believe that some of the achievements ZUNO claims may not be as a result of their advocacy, lobbying and or negotiations.

Another issue that came out strongly was that of lack of information on what is happening in other provinces among the ZUNO branches. The members felt that knowing what other branches/provinces were doing could act as source of knowledge/incentive for them to do things needed to make the union at their branch levels active and sustainable. They felt ZUNO secretariat needed to give them an update on this matter at an appropriate frequency of either quarterly or monthly. To this effect, the issue of a newsletter/magazine/flier was suggested as something that should be initiated as one of the means to improve information flow within the ZUNO network.

- b) *Irregular visits to the branches by the national leadership:* In all the branches visited, the general membership complained of the lack of visits to the branches by the national leadership. The general feeling was that regular visits to the branches by the national leadership will not only add impetus to the membership recruitment drive but will also afford the leadership to know what was happening at each branch and will also afford an opportunity to the new nurses and midwives to understand more about ZUNO. There was a general appreciation of the president's visits to the branches and many confessed that they largely came to know more about ZUNO during the president's visit. However, they bemoaned that he has never gone back and none of his colleagues in the national leadership has been to the branches. It is imperative therefore that NEC members share this responsibility among themselves in such a way that, one NEC member visits one province per year.
- c) *Lack of office space at branch level:* This has made it difficult for the branch officials to operate effectively as they face difficulties to meet members on various issues that affects and or concerns them. This factor has contributed greatly to the ineffectiveness of the branches as indicated in section 4 (a) (v). In most of the branches visited the message was that a branch office is important for the purpose of facilitating contact between officials and the general membership since nurses and midwives do shift work. This makes it impossible for some nurses and midwives to have an opportunity to meet union officials. However, if there is a known premise where one can go to this will ease matters as opposed to the current situation.

- d) *Lack of resources to sustain branch activities:* Branch officials bemoaned lack of resources to undertake or facilitate activities for ZUNO. This includes resource mobilization, phone calls and transportation to and from Provincial Health Offices as well as renting for office space.
- e) *Lack of training in labour related matters among most of the branch officials:* In some of the branches visited only a few number of officials were trained in labour or industrial relations matters. Particularly for Kalomo and Mukinge, there are new branch officials in place and none is trained in labour matters. This poses a risk of union officials not acting in the best and sustainable interest of its members at the branch level. For instance at Kalomo and Mukinge, one of the issues that came out with regard to the working relationship between union branch officials and management of the two health institutions was that of not being cordial. With regard to Kalomo, the information gathered was that ZUNO is not very much recognized while at Mukinge what came out was that there was a poor relationship with the hospital management. Hence no meeting has ever taken place between management and union officials.
- f) *Lack of ZUNO student chapters at nursing schools:* Some nurses joined ZUNO because whilst at the nursing school they were visited by the president to explain the transformation of ZNA into ZUNO. Using its status as a professional organisation, ZUNO can set up student chapters and provide information booklet on how to form student chapters. When these students graduate they will most likely opt to be represented by ZUNO under its status as a labour organisation. This will ensure sustainability given the competition from other trade unions
- g) Weaker ZUNO brand. The complaints that ZUNO is not well recognized or known at some branches implies the ZUNO brand is weak and needs to be strengthened so that it becomes appealing to both the members and management teams of various health facilities in Zambia.
- h) *Poor internet literacy among the general membership:* Most of the members expressed lack of internet skills and they attributed this to lack of access to the internet. All the members, except one, in all the branches visited confessed they have never seen the ZUNO website. In our view this partly explains their general complaint of not knowing what ZUNO is doing despite its website being very rich with information and with so many creative links such as the one involving facilitation for registration as a member. This poses a challenge for ZUNO to effectively update its members on the activities and issues that concerns them. As long as this situation continues to prevail, communication between any of the three tiers of ZUNO's organisation structure - that is the secretariat, the provincial and branch leadership - and its members will

be a persistent problem. This is because one of the effective ways to communicate with the masses is through the announcements placed on the organisation's web page and e-mails.

#### **4. Conclusion and Recommendations**

After transforming itself into a labour movement from a mere professional body, ZUNO undertook some organizational development initiatives in line with its changed mandate. Consequently, a set of objectives and their accompanying activities have guided its operations since 2009 with financial assistance from the Norwegian Nurses Organization. The initiative comes to an end at end-December 2011.

The performance during the period, according to our evaluation results, is fair as the strategic outcome includes the following achievements.

First, the signing of recognition agreements with four institutions out of the targeted seven; successful conclusion of negotiations which culminated into the signing and implementation of collective agreements with three institutions in the periods 2009 and 2010 which are the public and private sector employers. This resulted into improved salaries and conditions of service. Specifically with the public sector employer, the collective agreement included the awarding of rural and remote hardship allowances, retention packages and free uniforms to nurses and midwives. Currently the union is about to negotiate with four employers. Second, the setting up of one hundred and ten (110) ZUNO branches and third, the training of the entire national leadership and the majority of the provincial leadership including some branch officials as well as some shop stewards.

Notwithstanding the above, ZUNO has done well in the areas of training of the bulk of the branch leadership. This performance is attributed to NNO resources the union has had during the course of the strategic framework implementation. Secondly, in the area of establishing provincial offices with at least one full time employee at each established office. So far only four offices have been set up in the provinces, and all of them it has been during 2011. The plans were to set up three offices in each year from 2009 to 2011 and thirdly, in the area of recruitment of members who regularly subscribe to the union. The union is below target with the recruitments as only 3,950 out of a target of more than 10,000 are on its register as at end June 2011.

The evaluation also identified some organizational weaknesses associated with ZUNO namely:

- Poor communication across the ZUNO network;
- lack of resources at the branch level to sustain branch activities;

- lack of office space at branch level; irregular visitation to the branches by the national leadership;
- weaker ZUNO brand;
- poor internet exposure among its members with the consequence of not appreciating the information about ZUNO activities as placed on its web page;
- and lack of ZUNO student chapters at the nursing schools, which is the reservoir for the future members.

Even so, the evaluation identified the strong areas related to the union and includes:

- being registered as a trade union in the labour movement;
- recognized by the Government, which is the largest employer and also being recognized by two mining companies and one private health institution;
- successfully negotiating and signing the collective agreements with three organisations with increased salaries and improved conditions of service for its members;
- having a collaborative partnership with local, regional and international organisations;
- having a functioning network of branches, some provincial offices and the secretariat;
- and having a comprehensive website, which can be effectively used as a tool of communication to many stakeholders.

Given the achievements, challenges, strengths and weaknesses in its implementation of the organisation development strategies, ZUNO needs to undertake the following in order to be effective and realize sustainability in its activities as a matter of priority:

- i. Develop a communication strategy that should be able to achieve the following:
  - a) Market the ZUNO brand and make it appealing to the nursing and midwifery professionals and other stakeholders. This is for the purpose of ZUNO becoming the first choice for the nursing and midwifery professionals so as to rapidly increase the number of contributing members on the register. The strong ZUNO brand will also enable management teams of various health institutions to be aware of the union and its core values;
  - b) Identify the best media to market the ZUNO brand as well as the best promotion materials for the ZUNO brand marketing; and

- c) Disseminate the appropriate information to various stakeholders at an appropriate frequency.
- ii. Continue the training of shop stewards and female members in labour and professional related matters so as to ensure effective representation of the union members and back stopping the trained officials in the event they are unavailable, respectively. The training of female will help promote women to take up leadership roles
- iii. Help branches find office accommodation by entering into MoU with employers. A well-functioning and effective branch network will guarantee ZUNO's sustainability as that is the platform where the membership is drawn.
- iv. Regular branch visitation by the national leadership, one visit per NEC member per province per year. Since ZUNO is relatively new, the national leadership should invest time and resources in visiting the branches and articulate the values of ZUNO so as to strengthen the branches. All the branches visited revealed that they came to know about ZUNO and what its mandate is from the union president when he visited their respective branches.
- v. Initiate student chapters and market the ZUNO brand to the students so that they become part of the ZUNO family right from the start of their career.
- vi. Scale up the initiative of providing ICT resource centers in each district. The internet cafes should be used as IGAs and a venue for members to access internet. This will enable them draw the best from the use of internet generally and get information about ZUNO activities from its website and the electronic mails/brochures/newsletters that ZUNO may be sending to the general membership in future.

From the above recommendations, the future areas for collaboration between ZUNO and NNO should be in the areas contained under (i), (ii) and (vi) with some support for infrastructure at HQ and at provincial level. These areas need external assistance given the likely cost levels to be involved. However, the successful implementation is potentially going to favourably impact widely on the ZUNO activities and size of membership mobilised.

## List of Appendices

### APPENDIX 1: ZUNO Population Distribution in North Western and Southern Provinces

<b>SOUTHERN PROVINCE</b>	
CHOMA GEN HOSPITAL	58
CHOMA DHMT	69
MACHA HOSPITAL	73
CHIKANKATA HOSPITAL	75
MAZABUKA	43
KAFUE GORGE	26
SIAVONGA	32
ITEZHI TEZHI	29
GWEMBE	36
KALOMO	48
ZIMBA	31
CHIRUNDU	15
LIVINGSTONE GEN HOSPITAL	105
LIVINGSTONE DHMT	22
NAKAMBALA SUGAR	21
MONZE DHMT	84
MONZE MISSION	57
NAMWALA	52
SINAZONGWE	13
MAAMBA	79
KAZUNGULA	19
<b>TOTAL</b>	<b>987</b>
<b>NORTH WESTERN PROVINCE</b>	
CHAVUMA	33
KABOMPO	60
KASEMPA	24
MUKINGE HOSPITAL	65
MUFUMBWE	22
MWINILUNGA	58
SOLWEZI GEN HOSPITAL	78
SOLWEZI DHMT	54
ZAMBEZI	44
SOLWEZI HILL TOP	21
<b>TOTAL</b>	<b>459</b>

## APPENDIX 2: Sampling Framework

<b>Description</b>	<b>District</b>	<b>Population Size</b>	<b>Sub Sample Size</b>	<b>District Sample Size</b>	<b>Regional Sample Size</b>	
<b>North Western Province</b>	<b>Solwezi</b>	<b>132</b>	<b>37</b>	<b>37</b>	<b>80</b>	
	Solwezi Gen	78	22			
	Solwezi DHMT	54	15			
	<b>Kasempa</b>	<b>89</b>	<b>26</b>	<b>26</b>		
	Kasempa DHMT	24	8			
	Mukinge Mission	65	18			
	<b>Kabompo</b>	<b>60</b>	<b>17</b>	<b>17</b>		
Kabompo	60	17				
<b>Southern Province</b>	<b>Livingstone</b>	<b>207</b>	<b>43</b>	<b>43</b>	<b>120</b>	
	Livingstone Gen	105	35			
	Livingstone DHMT	22	8			
	<b>Monze</b>	<b>141</b>	<b>49</b>	<b>49</b>		
	Monze Mission	57	20			
	Monze DHMT	84	29			
	<b>Kalomo</b>	<b>79</b>	<b>28</b>	<b>28</b>		
	Kalomo District	48	17			
Zimba Mission	31	11				
<b>Total</b>					<b>200</b>	

## APPENDIX 3: checklist of Questions for ZUNO management

**Table 1: Recognition Agreements**

Description	Target	Actual	Year	Explanation for Favourable/Poor Outcome
<b>Signing of Recognition Agreements</b>				
With Government	1			
With Mines	4			
Private health Institutions	2			

**Table 2: Establishment of Structures and Training**

Description	Target	Actual	Explanation for Favourable/Poor Outcome
<b>1</b>			
<b><i>Training of Leaders and Ordinary Members</i></b>			
National Leaders	25		
Provincial Leaders	30		
Branch Leaders	330		
Shop Stewards	300		
Ordinary Members (225/year)	675		
<b>2</b>			
<b><i>Establishment of Provincial Offices</i></b>			
Provincial offices	9		
with at least one paid up staff as at 2009	3		
with at least one paid up staff as at 2010	3		
with at least one paid up staff as at 2011	3		
<b>3</b>			
<b><i>Establishment of Branches</i></b>			
Branches established with elected officials	110		
<b><i>Membership</i></b>			
As at end 2009	7,500		
As at end 2010	10,000		
As at mid 2011	>10,000		

**Table 3: Negotiations and Outcomes**

Description		Frequency			Achievements/Failures and give a brief explanation		
		2009	2010	2011	2009	2010	2011
<b><i>Negotiations participated into since 2009</i></b>							
1	With GRZ						
2	With Mines						
3	Private Institutions						
4	others						

Note: Kindly provide further information were necessary as foot notes on the issues in Table 3.

Appendix 4: Report on the Outcome of Other NNO Supported Programmes

## **The ZUNO-NNO Other Projects**

### **Introduction**

The NNO has supported ZUNO in the HIV/AIDS interventions under the Caring for Carers project between 2002 and 2008 through the creation of Support Groups among others, Wellness Center project from 2008 to date and the Solidarity Fund project from 2008 to 2010. This report presents information on the progress achieved under these projects.

### **The HIV/AIDS Support Groups**

Support Groups Performance: a 100 support groups were established under the ZNA-NNO HIV caring for the careers project. The activities of the support group include: running income generating activities, support to orphaned children, support to sick nurses and sensitization programs on issues of HIV and AIDS such as VCT. Following the transformation of ZNA into ZUNO, support groups are now under the auspices of branch executive committees. It was clear from branches visited that the support group activities are still being carried out. All the branches visited except for Mukinge, have viable support groups as evidenced by the Tuckshops they are still running as IGAs. The five support groups have active bank accounts. However, the challenges the branches are facing of inadequate funding means that the money raised from the IGAs is also used to support branch activities.

### **The Wellness Centre**

Wellness Centre performance: Wellness Centre concept is a nurses' initiative aimed at providing dedicated and comprehensive health care services to nurses and midwives, other health workers and their immediate family members. The Wellness Centre in Zambia was launched in 2008. Zambia Union of Nurses Organization (ZUNO) in partnership with the Norwegian Nurses Organization (NNO) constructed the Wellness Centre Building which was officially handed over to ZUNO on 14<sup>th</sup> October 2009. The proposed implementation phases were that; phase one would focus on construction of physical infrastructure, material and equipment acquisition and hiring of staff while phase two would focus on the programme being fully operational.

Other partners in the implementation of the Wellness Centre include; the International Council of Nurses (ICN). The ICN initiated the concept which was shared to member countries and linked ZUNO to Stephen Lewis Foundation (SLF) and Beckton Dickson (BD) for possible funding. BD in partnership with

ZUNO constructed the security wall fence while SLF was supposed to fund the equipping of the Wellness Centre and personnel emoluments.

However, funds from SLF through ICN have not been received despite efforts made to acquire the funds.

Despite the challenges, ZUNO through its existing structures and staffing has implemented the activities of the Wellness Centre and these include;

- Sensitization of nurses and midwives throughout the country
- Evaluation of the Centre by the Provincial Health Office
- Purchase of some equipment such Blood Pressure and Blood Sugar machines
- Counseling
- Information giving and,
- Referrals

Despite these efforts, it has been observed that this concept may not be the best for Zambia due to the fact that the HIV and AIDS care in the country are well established in all the health centres and hospitals where our members and families find it easy to access these services as opposed to coming to the wellness centre.

It is in this vein that ZUNO leadership and its members feel that the Wellness Centre concept make work well if the current wellness centre infrastructure can be utilized in the form of a private health centre that can provide health services to surrounding community at a fee and probably being made free of charge to paid up ZUNO members as a way of creating some level of sustainability to the project.

### **The Solidarity Fund**

This project was initiated in 2007 through a signed agreement between the Norwegian Nurses Organization and Zambia Nurses Association (now ZUNO). The funds in this project were meant to cover the following areas;

- i. financial support to orphans of deceased nurses and midwives
- ii. Seed money to nurses and midwives or their support group
- iii. Financial support to members experiencing acute financial crisis due to illness and/or death in their family
- iv. A small amount of financial support to student members who are also orphans
- v. Small loans to Nurses and Midwives

**The outcome of the interventions**

<b>Intervention</b>	<b>outcome</b>	<b>Explanation</b>
i. Orphan support	24	These are orphans of deceased nurses and midwives who had no financial capacity to continue with schooling
ii. Support groups funded	0	Most of the branches were managing support groups which were initially given seed money by NNO
iii. Support to members experiencing acute financial crisis	10	The financial support ranged from funerals, illness, purchase of medicines and loss of employment when the mines retrenched workers
iv. Support to student nurses	19	These are orphaned students nurses with no one to financially support them
v. Loan scheme	80	The big share (80%) of the fund was to support nurses and midwives with small loans. This helped them to establish small income generating activities to prepare them for retirement

These funds were utilized from 2007 to 2010 and proved to be very helpful to our members and their families.

Submission date: 29<sup>th</sup> September 2011

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