



NORAD COLLECTED REVIEWS

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Closing the Gap: Sufficient, Competent and Motivated Nurses and Midwives in Malawi 2019 to 2023

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End Review
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Norad





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**Closing the Gap: Sufficient, Competent and Motivated
Nurses and Midwives in Malawi 2019 to 2023**

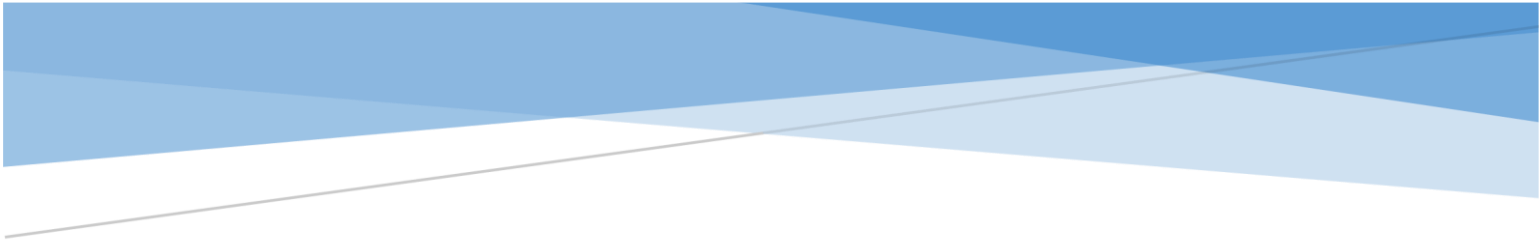
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END TERM EVALUATION OF THE
PROGRAMME “CLOSING THE GAP:
SUFFICIENT, COMPETENT AND
MOTIVATED NURSES AND MIDWIVES
IN MALAWI 2019 TO 2023

By Anne C. Conroy

2023

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Executive Summary

The National Organization of Nurses and Midwives in Malawi (NOMN) has been supported by sustained investments from both Norad and the Norwegian Nurses Organization (NNO) since 2006. Now, NONM is the fastest growing union in Malawi (Danish Trade Union, Malawi Labour Market Survey 2022). The End-Term Evaluation examines progress towards the programme's goal of "sufficient, competent and motivated nurses capable of addressing the population's current and emerging health needs."

Despite natural disasters, political unrest, the Covid-19 pandemic, and the deteriorating macroeconomic environment, NONM is on track to meeting virtually all the targets in the results framework. Targets for membership, continued professional development and gender equality have all been exceeded. With dedicated and high-quality technical support from NNO, NONM has become an increasingly effective advocate and watchdog. NONM lobbied government to hire more nurses under the Global Fund and PEPFAR grants. It advocated for the provision of personal protective equipment (PPE) and increased risk allowances during the Covid-19 Pandemic. NONM has also been a passionate defender of nurses' rights, never failing to speak out when nurses were subjected to harassment and violence. NONM is trusted by its membership of more than 6,500 nurses. As a representative organization, grounded at the grassroots level with sound systems of governance, NONM has the legitimacy to speak for nurses and patients and promote accountability. NONM therefore has an important role in protecting rights in the health sector and beyond. Despite the partnership's commitment to disability inclusion and NONM's capacity in inclusive health communication, targets for disability inclusion were not met in full. However, disability inclusion is an ambitious agenda that will require sustained investment in health, education, social welfare and governance in the medium term.

The NNO/NONM partnership and advocacy efforts have contributed to higher level impacts within the health sector and society. With the recruitment of an additional 2,697 nurses' vacancy rates have fallen contributing to improvements in care. With the investments in continued professional development (CPD), nurses are better able to respond to needs in sexual and reproductive health. Young female nurses are empowered and motivated to seek leadership positions and there has been steady progress in advancing gender equality. NONM is a trusted partner trying to promote evidence-based decision making and committed to better resource allocation in the health sector.

Despite the progress, the gains are fragile. Malawi's nurses remain underpaid and under-valued. The human resource constraint remains acute. While nurses are working double and triple shifts in an effort to make ends meet, 3,000 qualified nurses are unemployed. As the macroeconomic environment deteriorates and debt service obligations increase, the Malawi government cannot absorb more nurses within the public sector. Increasingly, the government is struggling to pay salaries for existing workers. Accelerating climate change suggests that there will be more disasters and pandemics in the future. The health sector is struggling to cope with the current needs. It is not prepared for future pandemics or disasters. This is not a lack of knowledge or political will, it is a lack of resources.

We advance the following high-level recommendations to the Norwegian and Malawian audience:

1. Sustain the partnership between NNO and NONM. It is cost-effective and delivering impressive results.
2. NONM should decentralize membership recruitment to the shop stewards and strengthen decentralized structures.
3. NONM should continue to invest in strengthening systems for financial management and monitoring and evaluation. It should continue to innovate in its training programmes and CPD.
4. NONM should continue to strengthen its credibility as a trusted partner for the Ministry of Health, participate in all Technical Working Groups, and continue to protect nurses' rights and speak out against violence.
5. Norad and NNO should increase funding for investments in disability inclusion and gender equality through a dedicated new programme.
6. There is need to move beyond disciplinary silos. Improving health outcomes, advancing gender equality and disability inclusion will require greater cross-sectoral collaboration.
7. Norad should increase funding to credible civil society organizations in Malawi including NONM who represent the needs of nurses who are the backbone of the health sector, and others who represent people living with disabilities. They have expertise that could be used to scale up the disability inclusion agenda in Malawi.

Introduction

The five-year programme “Closing the Gap: Sufficient, Competent and Motivated Nurses and Midwives” is co-funded by the Norwegian Agency for Development Cooperation (Norad) and the Norwegian Nurses Organization (NNO). The goal of the programme is to contribute to the presence of sufficient, competent and motivated nurses and midwives capable of addressing the population’s current and emerging health needs. Civil societies, represented by strong and independent organizations such as these, are an important driving force for development. Thus, NNO provides professional, technical and financial support to the National Organization of Nurses and Midwives of Malawi (NONM) in order for them to be:

1. A democratic and accountable organization for nurses and midwives in Malawi
2. Providers of relevant services to nurses and midwives in Malawi
3. Effective watchdogs and advocates

It is well known and empirically proven that nurses and midwives are the backbone of health systems. Yet they are overworked, underpaid and undervalued. Many also lack the skills, equipment and support to do their job effectively. This contributes to Africa’s limitations in health personnel. Malawi has one of the worst human resources constraints in the sub-Saharan region with 0.7 nurses and midwives per 1,000 population in 2020 (World Bank 2020).

Methodology for the Evaluation

The consultants analyzed the Malawi political and economic context, health indicators, health policy, health financing and human resources for health. This confirmed the critical shortage of health workers in Malawi and how this affects service delivery. We also reviewed the NNO/NONM programme of cooperation, reviewing all project documents since the inception of the partnership in 2006. We conducted in-depth analysis of all programme documents, progress reports, results reports and project audit reports to assess performance against project targets and submitted a paper outlining the progress achieved throughout the sixteen-year partnership. We conducted fieldwork in Ministry of Health and Christian Health Association of Malawi (CHAM) facilities. Notably, CHAM facilities provide around 40 percent of healthcare in Malawi. The fieldwork was conducted in Kamuzu Central Hospital (KCH), Mzuzu Central Hospital, Dedza District Hospital, Namitete Hospital (a CHAM institution) and Lilongwe Private Clinic (a private sector institution). We interviewed nurses who are members and nurses who are not members, shop stewards, NONM zonal leaders and stakeholders from the Ministry of Health. The insights drawn from the fieldwork and the NONM Membership Survey (2022) underpin the recommendations contained in the end-term evaluation (ETE). The paper is structured to address the terms of reference and Norad’s evaluation guidelines focusing on the development assistance (DAC) criteria of relevance, coherence, effectiveness, efficiency, impact and sustainability.

I would like to express our sincere appreciation to Kristin Iversen and Maren Olene Kloster at NNO and Shouts Simeza, Peter Mvuma, Beaton Ntchito, Emma Chunga, Harriet Chiomba and all at NONM for facilitating this evaluation. We appreciate their professionalism, dedication and responsiveness, sharing insights and providing constructive feedback to initial drafts of this ETE. In order to comply with the page limits, we were asked to cut the length and move some of the detail to the appendices. Thanks also to Thokozire Chilima, my brilliant young research associate for her dedication to this ETE. I have discussed all our initial recommendations with the NONM executive director and his team. NONM has already adopted some of our recommendations including liaising with the Ministry of Health for NONM to be included in all Technical Working Groups in the Ministry of Health, agreeing to integrated financial and programmatic reporting more, and agreeing to decentralize NONM more and focus recruitment through shop stewards. The final draft of the ETE is more tailored for the Norwegian audience¹ and focuses on higher level findings and implications and recommendations.

¹ The first draft of the ETE was more targeted to the needs of NONM. It was comprehensive and included detailed recommendations on financial management, monitoring and evaluation and risk management. It included all the tables which have now moved to the Appendix. It was 42 pages and provided a significant level of detail on programme implementation and financial management and detailed recommendations on how to improve project management. As the first draft was designed primarily for the NONM Management Team, it did not include some

I would like to express appreciation to the nurses, midwives and shop stewards for sharing their time and their insights despite being overwhelmed with work. These insights have guided our recommendations. I found the discussions very moving. I was both inspired by the dedication of the nurses working in such difficult situations, but also saddened and angry that the health sector is so under-resourced at the level of patient care. I believe that much more needs to be done to support nurses and all health care workers so that they can meet our expectations for the delivery of health care and work in environments that respect their dignity.

Relevance

The programme’s goal to “contribute to having sufficient, competent and motivated nurses and midwives capable of addressing the population’s current and emerging health needs” is highly relevant. Nurses interviewed during the fieldwork and the NONM Membership Survey (2022) confirmed that the nurse shortage compounded by their excessive workload is the principal constraint affecting their morale and service delivery for patients.

Core Constraints Cited During the ETE Fieldwork	Core Priorities for NONM Drawn from the Membership Survey (2022)
<ul style="list-style-type: none"> i. Excessive workload due to the human capital constraints ii. Shortage of resources including drugs, and personal protective equipment iii. Low salaries and inadequate locum allowances iv. Limited opportunities for career advancement and continued professional development² v. Constraints faced by nurse midwife technicians³ in transitioning to becoming registered nurses <p>Source: interviews conducted for the ETE</p>	<ul style="list-style-type: none"> i. Addressing the nurse shortage ii. Safety in the working environment iii. Decent pay for nurses iv. Addressing issues of promotion for nurses v. NMT phase out vi. Decent accommodations at the health facility vii. Other issues; including, the harmonization of licensure and health care management <p>Source: The 2022 NONM Membership Survey commissioned by the NNO/NONM partnership with technical support from NNO and NONM members based in academia.</p>

Constraints faced by nurses clearly compromise patient care. For example, there are often only one or two nurses working on a ward containing up to forty or fifty patients. This shortage was compounded during the Covid-19 pandemic when nurses were infected or forced to isolate. Further, as Malawi had begun to recover from the Covid-19 pandemic, a cholera epidemic began which has led to over 58,000 cases and 1,746 deaths (Public Health Institute of Malawi, April 2023). Overwork has contributed to exhaustion and burnout with nurses indicating that they are “continually expected to take on more work.” The overall shortage of nurses combined with low salaries and the increasing cost of public transport leads nurses to seek double shifts in order to get locum allowances. It is not unusual for nurses to work an eight-hour day shift, remain for a sixteen-hour night shift to get a locum⁴ allowance, and then commit to an additional eight-hour day shift. Inevitably the excessively long hours compromise patient care.

The human resources constraint is exacerbated by the shortage of resources. During our fieldwork interviews, one nurse from Dedza District Hospital noted that “It is virtually impossible to provide patient care. We are forced to improvise almost every procedure.” Dedza District Hospital is dilapidated with limited solar backup. There are frequent power cuts, these contribute to an unsafe environment for nurses and patients. Nurses “fall over” patients at night. Nurses in Dedza lacked the most basic resources including stationary to record patients notes. The institution’s

contextual information on Malawi, the health sector, the development of the check-off system and the development of the NNO-NONM partnership. These were covered in separate papers.

² Many nurses remain at the same employment level for years and are rarely promoted to senior positions within the Ministry of Health.

³ 80 percent of nurses in Malawi are Nurse Midwife Technicians (NMTs) with three years of training. Their qualifications are not recognized internationally. Registered nurses (Diploma) have four years of training in nursing, while Registered Nurses (Diploma) have degree level training which is internationally recognized.

⁴ Locums are temporary positions, including night shifts. They are increasingly used by nurses to supplement their meagre salaries.

senior nurse observed, “I bought a ream of paper using my own money, but now all my colleagues are asking me for paper.” Another observed that “We do not have what we need to do our job”. A nurse from KCH lamented that “We know that the cases are critical and that the patient needs to go to surgery immediately, but the theaters are over-stretched. The patients just die without help”.

The excessive workload faced by nurses in Malawi manifests in additional ways. First of all, it exacerbates inequalities within the health sector because nurses regularly face pressure from the guardians of wealthier patients to prioritize their needs. Secondly, the proper handover and transitioning of patients is compromised. For example, an elderly lady died alone, vomiting and convulsing, in the corridor of KCH during transfer. As the matron observed, “this should not happen”. Further, there were instances of discrimination and violence against nurses during the Covid-19 pandemic. There had been recorded instances, particularly in community health centers, of vandalized health posts and attacked nurses and other medical staff in Lilongwe and Balaka during the cholera epidemic. 22 percent of nurses have cited harassment or intimidation in their work (NONM Membership Survey, 2022).

Apart from their exhaustion, nurses believe that the profession is not being prioritized within the overall health sector. One nurse observed “We are with the patients all the time but our input is not acknowledged. Clinical staff are appreciated but we are not.” The NONM Membership Survey (2022) highlighted issues of lack of promotion of nurses, the lack of nurses occupying senior management positions in the Ministry of Health and the district level, the difficulties that NMTs face in advancing to the status of registered nurse and the lack of continued professional development (CPD). The NNO/NONM programme of cooperation is relevant. It addresses these (otherwise neglected) issues and prioritizes the welfare of nurses and midwives in Malawi.

The considerable investments by Malawi Government and its development partners have resulted in a reduction in the vacancy rate within the Ministry of Health. The third Malawi Health Sector Strategic Plan (HSSP III) reports a reduction of vacancies in national established nursing positions. In fact, there was a decrease in the overall vacancy rate of generalist cadres in public and CHAM facilities from 60 percent in 2017 to 51 percent in 2021. In terms of cadre specific changes, the vacancy rate for NMTs decreased from 65 to 54 percent. Advocacy by NONM contributed to the Ministry of Health hiring 1,700 additional nurses in 2019, and 700 nurses in 2020. Further, 166 nurses and 167 NMTs in 2022 to address the cholera outbreak. Despite these gains, the human resources constraint remains acute. The Ministry of Health estimates that the health workforce needs to be up-scaled by 460 percent by 2030 in order to meet the health service delivery expectations outlined in the Health Benefits Package (HSSP III 2022).

Coherence

The three objectives of the NNO/NONM partnership are fully coherent with the relevant policy frameworks in Malawi and Norway.

Malawi

- i. Malawi’s Constitution mandates the health sector “to provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care”.
- ii. Malawi’s Health Policy (2018) which is operationalized through the Health Sector Strategic Plans (HSSP). HSSP (III) which outlines the goal of “moving towards Universal Health Coverage (UHC) by improving health status, financial risk protection and client satisfaction”.
- iii. HSSP III includes objectives on human resources for health. Objective 4 is to “improve the availability of competent and motivated human resources for health (HRH) for quality health service delivery that is effective, efficient and equitable”. This implies a significant scale up in health personnel.
- iv. The National Decentralization Policy (1998) which seeks to create a democratic environment and institutions for governance and development at the local level.
- v. The National Gender Policy (2015) which seeks to mainstream gender in the national development process to enhance participation of women and men, girls and boys for sustainable and equitable development.

- vi. The National Disability Mainstreaming Strategy and Implementation Plan (2018-2023) which provides for an environment in which people with disabilities are able to achieve their fullest potential.

The SDGs, Norway's Global Priorities and Priorities in Malawi.

- i. Norway's development policy is based on the Sustainable Development Goals (SDGs) adopted by all United Nations (UN) Member States in 2015. The goals provide the global framework for efforts to promote sustainable development, peace and justice by 2030.
- ii. The two focal sectors of Norwegian development policy that are most relevant to this programme are support to global health, human rights and disability inclusive development.
- iii. The Royal Norwegian Embassy in Malawi provided support to the health sector and builds on the priority issues in health within the Norwegian development policy; maternal, newborn, child and adolescent health and reproductive rights, as well as system's strengthening through the training and deployment of health personnel.
- i. The Royal Norwegian Embassy supports democratic governance, gender equality and support to human rights. Norway believes that democratic governance and respect for human rights are fundamental for creating stable and peaceful societies and sustainable social and economic development.

The NNO/NONM Programme is fully with coherent with international, Norwegian and Malawian policy frameworks. The partnership supports the retention of nurses and the promotion of democracy, accountability and sound financial management within NONM. This is critical for NONM's growth as a credible advocate promoting accountability in the health sector. The NNO/NONM partnership provide services⁵ for nurses and lobbying and advocacy to improve conditions for nurses, in an effort to improve retention. Thus, the programme is directly relevant to the needs of Malawi's health sector, patients, nurses and midwives.

Effectiveness

This is the extent to which the programme achieves its objectives and measures the extent to which the intervention achieved, or is expected to achieve its objectives and results. We will summarize this across the three outcome indicators.

Outcome Indicator One: NONM is a Democratic and Accountable Organization for Nurses and Midwives in Malawi

Financial Management

The NNO/NONM partnership has focused on strengthening financial management throughout the programme period. Both partners recognize that NONM's credibility depends on sound financial management. There has been a significant focus on strengthening internal control systems throughout the partnership. In line with this objective NNO has provided significant technical support, spot checks, training and mentoring, introduction of an electronic accounting software and training, the movement to internet banking, bank reconciliations and follow up on audit results; particularly with regard to complying with the Malawi Revenue Authority (MRA) and pensions obligations.

The targets for financial management are "no serious deviations in the annual audit". This target is very ambitious and has not been met in full. The audit reports for the 2019 and 2020 financial years identified challenges with budgetary implementation including significant variances between budget and expenditure. The 2019 and 2020 audit reports also documented weaknesses in internal controls and highlighted the significant arrears to MRA and the pension fund. The 2019 and 2020 audit reports also highlighted issues of the lack of follow-up on prior audit recommendations.

Financial management improved significantly in the 2021 and 2022 financial years. This is mainly due to enhanced oversight and leadership by the new executive director and the appointment of a new accountant. The improvements

⁵ CPD, shop stewards training, leadership development focused on young women and legal services.

were also due to sustained and intensive technical support and follow-up from NNO, detailed monitoring of internal controls and the continuous efforts to strengthen the internal control environment. The 2021 and 2022 audits show significant improvements in budget implementation and oversight, reduced variances between the budget and expenditure and a progressive strengthening of internal controls.

The Norad Internal Audit and Investigation Unit reviewed financial management systems at NONM in November 2022. The internal auditors flagged a number of concerns related to insufficient disaggregation in the programme budget (lump sums) implying that it is difficult to monitor separate expenditures without referring to the journals, difficulties in budget execution, and limited follow-up on prior audit recommendations. The Norad internal audit report classified financial management as high risk and procurement as medium risk. In our view, this judgement was relatively harsh as it did not document the progressive improvement in the internal control environment, the reduction in adverse audit findings and improvements in follow-up of adverse audit findings.

NNO, LHLI⁶ and NONM followed up intensively on the Norad Internal Audit and Investigation Report leading to further strengthening of financial systems. The matters are now closed. The Norad Internal Audit and Investigations Unit noted that “LHLI and NNO have really taken the observations from the spot-checks we carried out in Malawi thoroughly, and their close follow-up is noted with satisfaction. The internal audit now no longer follows the conditions in NONM. The topics discussed in the spot checks are (from now) included as part of the regular agreement follow-up and are handled by Norad’s section for global health.”

From our experience in working across financial management in the Government, the Global Fund, international and local NGOs, we observe that financial management systems are rarely perfect. Credible internal and external audits will always flag issues of concern. Therefore, we assess financial management systems based on the significance of the adverse audit findings and the extent to which the management is committed to strengthen the internal control environment. We also look at whether the audit reports note that previous year’s findings are resolved. Based on our detailed analysis of the audits and expenditure returns, we judge that things are going in the right direction. All partners are committed to accountability and transparency in the use of resources. The internal control environment is improving, the audit reports identify fewer issues and not the resolution of prior issues. However, there is still need to address some issues, build capacity and continue to invest in strengthening internal control systems at NONM.

NONM is a Democratic and Accountable Organization

Significant progress has been made. NONM has a sound governance framework in place. NONM completed its first constitution in 1979. It was revised in 1994 following the transition to democracy, revised again in 2006 at the outset of the NNO/NONM collaboration and revised once more at the end of 2021. The process followed for the revision of the Constitution was inclusive and transparent. The elections for the new national executive council were credible, free and fair.

The NONM Membership Survey (2022) confirms that NONM is accountable to the membership. 78 percent of members noted that NONM endeavors to listen to and represent members. The same number of people agreed that it is possible to influence NONM’s advocacy priorities. 67 percent responded that NONM listens to local members. 66 percent confirms that the NONM local representative acts as a mediator between them and their leaders/workplace and 67 percent confirmed that NONM’s local representatives advocate on their behalf.

The NONM leadership and the National Executive Council (NEC) are accountable to the membership through the biennial general meeting (BGM). The NONM treasurer presents the financial statements and audits reports at the BGM. While progress has been made, there is still need for NONM to strengthen communication and be more responsive to enquiries by the membership. There is also need to publish more information and ensure that the website is operational at all times. Strengthening decentralized structures remains a priority for NONM.

The NONM Secretariat has invested considerably in strengthening systems and its policy framework over the last couple of years. Important achievements include publishing guidelines for travel, human resource management,

⁶ LHLI is a Norwegian NGO which supports Lung Health. It supports NONM and Paradiso through the Norad Funded Programme “Post TB Disabilities Programme: Finally Addressing the Gap. NONM implements the Inclusive Health Communication Component of the Project.

financial management, anti-corruption, code of conduct, advocacy, resource mobilization, policy on gender and inclusion and terms of reference. All are living documents and are updated to reflect international best practice.

Number of Female Nurses/Midwives in Senior Management Positions at NONM and the Ministry of Health

The targets were for NONM to achieve gender parity in the national executive council and to have 70 percent of leadership positions held by women at the local level. This target has also been met. The target was to increase the number of nurses/midwives in senior leadership positions in the ministry of health – that 1 out of 5 directors of the central hospitals would be a female nurse or midwife and 4/29 district health officers would be a female nurse or midwife. This target has not been met. However, it is important to acknowledge that women increasingly occupy senior leadership positions in the Ministry of Health. This includes the minister and deputy minister. In fact, the three ministers most relevant to the NNO/NONM Partnership, Health, Labour and Foreign Affairs are all dynamic and approachable women. Furthermore, the controller of health services, the director of nursing and the director of planning are women while Rose Nyerinda, a former nurse is the Director of HIV/AIDS. Significant progress has therefore been made towards this target.

Member Satisfaction with NONM

The NNO/NONM's target that 75 percent of members would be satisfied with NONM has been met. With high-quality support from NNO and within the NONM membership, NONM conducted a Membership Survey in 2022. Members generally have a positive impression of NONM. 87 percent of members agreed that NONM has a strong brand that is well respected, and 84 percent agreed that NONM has an authoritative voice. Further, 63 percent reported that it was easy to contact NONM, 56 percent stated that it is easy to obtain information from NONM; although, 36 percent stated that NONM did not respond quickly. 78 percent of respondents noted that NONM endeavors to listen to and represent members. 78 percent agreed that it is possible to influence NONM's advocacy priorities. 67 percent responded that NONM listens to local members. 66 percent confirms that the NONM local representative acts as a mediator between them and their leaders/workplace 67 percent confirmed that NONM's local representatives advocate on their behalf (NONM Membership, 2022).

Non-members also have relatively high approval ratings for NONM with 56 percent agreeing that NONM works hard to improve conditions of nurses and midwives, 54 percent agreeing that NONM strives to develop the nursing/midwifery profession. 76 percent agreeing that NONM defends nurses and midwives and 58 percent agreeing that nurses and midwives have an increasing level of confidence in NONM as their authoritative voice (NONM Membership Survey, 2022). NONM's Membership Survey (2022) demonstrates NONM's commitment to learning and evidence-based decision making (Result Area 2). The survey provides a wealth of insights that can be used to strengthen decision making within NONM.

We conclude that the NNO/NONM partnership achieved the first Outcome Indicator. NONM is a democratic and accountable organization.

Outcome Indicator Two: NONM is enabled to provide relevant services to members

NONM Membership

NONM's membership has grown from 1,873 members (353 males and 1,520 females) in 2018. The end-project target, with a total membership of 5,875 (353 males and 4,700 females), has already been exceeded (Appendix Table 1). By December 2022, NONM's membership had grown to 6,461 (1,781 males and 4,680 females) (Appendix 1). Of this, 58 percent were on the government check-off system⁷, 22 percent were on the CHAM check-off system and 20

⁷ The check-off system is the deduction of membership fees from the worker by the employer who remits to the union. This is under terms negotiated by the employees' exclusive bargaining agent (the union) and the employer. This mechanism is a critical internationally recognized trade union right. It allows unions to effectively represent their members by avoiding the lengthy administrative task of collecting subscriptions individually. Organizations are, thereby, assured of the regular receipt of the dues. NONM has put in place mechanisms to improve the understanding of the system among their members and their employers. These include recruitment and sensitization. The establishment of the check-off system is a major achievement from the NNO-NONM partnership. It required years of sustained technical support, effort and follow up to get it in place.

percent were paying cash as nurses employed in the private sector facilities and in non-governmental organizations (NGOs). NONM exceeded the targets for recruitment. The overall performance was 142 percent of the target. 4,540 members signed against a target of 3,200. The target for women joining NONM was exceeded by 30 percent while the target for men was exceeded by 91 percent. The target for people with disabilities, at 8 percent of the target, was not met. We will discuss this in the section on disability inclusion below. The data suggests that men are more willing to come forward and join NONM than women. During fieldwork we explored the challenges specific to female nurses. A significant number of young women are posted away from their husbands and families. A young nurse noted that “nannies are bringing up our children”. Young women want to be reunited with their husbands and children. Unmarried young women would prefer to be posted close to their families and home district. Senior nurses are also posted away from their husbands. A senior nurse in Dedza had been transferred more than eight times in a twenty-year career. Women have significant caring responsibilities outside the workplace. This might discourage them from taking additional unpaid responsibilities in the workplace, including those associated with NONM membership.

Training Shop Stewards

NONM also exceeded the targets for training shop stewards. The target was to train a total of 240 shop stewards. 328 shop stewards were trained (118 men, 210 women and 14 who identified as living with a disability). The targets for training men as shop stewards were surpassed more than women (Appendix Table 2). NONM has decided to decentralize membership recruitment to the shop stewards. This is the way forward. The Membership Survey highlights the critical role of shop stewards in driving membership recruitment. While shop stewards are critical in driving recruitment, The Membership Survey (2022) noted that 55 percent of nurses do not know their shop stewards. Our findings from the fieldwork showed that a significant proportion of nurses do not know their shop stewards. We met shop stewards who were dynamic and committed and others with less commitment. Motivating shop stewards will be a challenge going forward. Nurses are already overwhelmed, working double and even triple shifts and having significant responsibilities within their families and communities. NONM shop stewards work voluntarily. NONM does not have the resources to pay them allowances (which arguably would undermine their commitment) or reimburse their airtime. Well-motivated shop stewards will be essential for NONM’s sustainability, but the motivation must come from personal commitment.

Continuous Professional Development

NONM exceeded targets for CPD in the first four years of the project (Appendix Table 3). Following a relatively slow start in 2019 and the cancellation of CPD training in 2020 due to Covid-19 related restrictions, the trainings were moved online and the targets for 2021 and 2022 were exceeded significantly. A total of 661 men, 1,785 women and 55 people living with disability benefited from high quality CPD. This is a significant achievement given that there was slow progress in the first year, and all training was postponed in the second year due to Covid-19 related travel restrictions.

The CPD trainings cover a wide range of pertinent topics and are taught by specialists in the field. The trainings keep nurses abreast of the most recent information on a comprehensive range of topics. This allows nurses to keep their knowledge up to date. The CPD programme contributes to ensuring that nurses and midwives are aware of changing standards of practice. It also helps them to have the knowledge and skills to deliver a professional service to patients and communities. Successful participation in CPD courses also give the nurses/midwives the necessary points to renew their licenses at the Nurses and Midwives Council each year. Other successes from the CPD trainings included orientating older nurses on how best to support young people in sexual and reproductive health including referrals to ensure that they have access to modern contraceptive methods, addressing issues of sexual abuse and violence.

Legal and Social Cases

NONM did not achieve the target for legal and social cases (Appendix Table 4). 133 legal and social cases were handled against a target of 420. If 420 cases were presented, it probably would have overstretched NONM’s capacity and ability to handle the volume of cases. NONM’s handling of social and legal cases depends on issues faced at the time. NONM defends members when they face legal challenges at work, but the budget for the provision of legal cases is very constrained. It is important to recognize that one case does not mean a single nurse. NONM achieves its greatest impact when it addresses national issues. One such example was when NONM supported a nurse working

in KCH who raised the issues of locum rates. This was taken up by NONM on a national basis and led to a 67 percent increase in the locum rate. This has a major impact on nurses' standards of living.

Gender Equality

Promoting gender equality has been a major preoccupation of the NNO/NONM partnership since the inception. The Young Women's Leadership programme empowers young female nurses and midwives for leadership positions in the Ministry of Health and NONM. The high quality training programme covers labour laws, how to conduct a legal strike, leadership skills, professional development and conflict resolution. Programme targets for Young Women's Leadership were exceeded (173 young women were trained against a target of 120). 46 men were also trained in leadership (Appendix Table 5).

Women attending the Young Women's Leadership Course all confirmed the excellent quality of the course. Many have used the training to improve management at their workplace. Some of the young women were promoted to senior positions in the Ministry of Health and at the Quality Management Division. Others were inspired to enroll for MSc level training. Others used skills acquired in the training to assist their managers to manage local conflicts. Others felt empowered, they learned through the course that they could be leaders in advocacy and could speak up on behalf of nurses. This is clearly a successful and valuable programme.

As the partnership has evolved, there is more focus on gender equality to promote equal outcomes for women and men. Thus men were admitted to the leadership training course. Globally, inequality of opportunity, treatment and outcomes between women and men still persists in labour markets. Achieving gender equality in the workplace remains a challenge, but the programme met its objectives for gender equality.

Disability Inclusion

According to the 2018 Population and Housing Census, there are 1,734,250 people in Malawi living with disability. This represents about 11.6 percent of the population aged above five years old. People living with disability experience serious health inequalities. These are exacerbated by restrictive access to health care services. Targets for disability inclusion were not met in the 2019 to 2022 period. This issue will require sustained follow-up in a future programme.

The Norwegian Government, Norad, NNO and NONM are all fully committed to disability inclusion and leadership in the field. NONM has developed a high-quality programme for Inclusive Health Communication (IHC) with the support provided by Norad through LHLLI. The excellent quality training material demonstrates that disability inclusion is a very complex issue – and it takes a significant amount of time for people to digest the material. There is need for far greater understanding of issues of disability and impairment before you can even establish an accurate baseline and set and track targets for disability inclusion. We would further argue that making progress on disability inclusion requires a significant increase in funding across the health, education, social welfare and governance sectors. There is need to address the stigma surrounding disability.

With these caveats, it is important to recognize that the partnership increased their focus on disability inclusion starting in 2019. NNO provided capacity building for staff and elected representatives and developed policy guidelines and an action plan for integration/inclusion in mainstream activities by NONM. NNO and NONM also considered potential advocacy for labour policy and rights protecting nurses living with disability and acquiring disability at work. The partnership wanted nurses and midwives to be sensitive and inclusive when meeting patients with disability. The ambitious plans for disability inclusion were, unfortunately disrupted by the Covid-19 Pandemic which disrupted training and in-person meetings. Only one training was provided online. This was not sufficient for NONM to fully grasp the complex material. The IHC programme is provided by NONM over three days. This requires sustained investment within the existing programmes or possibly a separate programme encompassing existing Norad partners in the education, health and social welfare sector. We believe that addressing disability inclusion will require a significant increase in resources and a cross-sectoral and multi-stakeholder approach. Unfortunately, many of the organizations working in disability inclusion operate fairly independently. Their effectiveness and impact would be enhanced by more collaboration and coordination. NONM and Paradiso have unique expertise in disability inclusion. With nationwide structures, they could lead a cross-sectoral consortium of different partners to address disability inclusion in a more coordinated manner.

Overall, the NNO/NONM partnership achieved the outcome objective: NONM is enabled to provide relevant services to members.

Outcome Three: NONM as an Effective Watchdog and Advocate

The success of NONM's advocacy efforts depends on the extent to which Government is able to respond to advocacy priorities using resources from the government budget or from development partners. Development partners provide just over 60 percent of the health budget – and this share is probably growing as the World Bank is now providing significant funding to human resources and utilities. The Malawi Government's potential to expand the resource envelope for health or to increase the share of health in the national budget is very constrained due to the overall poor macroeconomic situation. Malawi is heavily indebted with domestic and external debt accounting for almost 70 percent of GDP. Statutory obligations, debt service and the public sector wage bill now accounts for 105 percent of revenue (Financial Statement, 2023). This implies that Government has very limited scope to increase wages for nurses or other cadres, invest in infrastructure or increase operating resources.

NONM's advocacy successes over the programme period include:

- i. Successfully lobbied for the recruitment of more than 2,697 nurses with funding from the Global Fund, Covid-19 funds and funds for cholera between 2019 and 2022.
- ii. Advocated for a revision in locum allowances. This was an increase in the day allowance from MK3,200 per day to MK4,800 per day, and an increase in the night allowance from MK3,600 to MK6,300.
- iii. Participated in the Ministry of Health functional review. Advocated for the inclusion of the chief nursing officer and other nurses to occupy senior management and policy positions in the Ministry of Health.
- iv. NONM withdrew nurses until Ministry of Health provided adequate PPE during the Covid-19 pandemic. The PPE was supported by the Malawi government and the development partners (notably the Global Fund and multilateral and bilateral donors).
- v. Made the transition from NMT to registered nurse status easier. Two institutions now provide courses to allow NMTs to upgrade their credentials to registered nurse status.
- vi. Provided a total of 493 CPD courses to 2,118 nurses and continued to advocate for the Ministry of Health to upgrade nurses' professional skills.
- vii. Condemned harassment and violence against nurses. NONM has defended nurses' rights by withdrawing nurses when they were abused or attacked during the Covid-19 Pandemic and cholera epidemic. NONM is also sending a consistent signal that violence is unacceptable in all circumstances. As Malawi approaches an election, this will be increasingly important (See Result Example 2)
- viii. NONM has strengthened its engagement with the Parliamentary Committee on Health and with the senior leadership of the Ministry of Health. Increasingly, NONM is seen as a trusted and credible partner by the Ministry of Health and other stakeholders within the sector.
- ix. NONM strengthened its media engagement in line with the objective of improving nurses' rights. NONM also strengthened engagement with senior politicians – including the Vice President, the Minister of Health and the Minister of Gender. NONM's positive and constructive engagement with Government and other stakeholders is increasing public awareness of the critical role that nurses play. NONM has also maintained political neutrality. This will remain important in a divisive political environment.

NONM has registered advocacy successes that have improved the lives of nurses and midwives in Malawi. But unfortunately, nurses' standards of living continue to decline. Despite all NONM's efforts nurses continue to be overworked, underpaid and overwhelmed. Some nurses lapse their membership because they are demoralized. Other nurses expressed frustration about the lack of career progression for nurses. "I have remained on the same grade for over ten years. Nurses are not promoted while a medical assistant with two years' experience is promoted over me." These observations show that nurses want improvements in their living standards. The lack of a career path for nurses, and the fact that they stay on the same grade for significant periods really affects nurses' morale. While NONM has

done everything in its power to advocate for better career paths for nurses, the need to contain the wage bill within the budget implies that the issue does not receive the attention it deserves.

Nurses are also demoralized in the current situation of high inflation. Nurses want higher salaries. This is not within NONM's control. Nurses want to work with the resources they need for quality patient care. Instead some are working double and triple shifts. They are improvising procedures, watching patients die and not getting recognition. This lack of recognition for the nursing profession also really undermines morale. All human beings want their work to be acknowledged and appreciated. There is clearly deep frustration within the nursing profession in Malawi. The injustices that weigh most on nurses are: i) the delay in recruiting nurses despite the critical human resources constraint in the health sector; ii) the fact that 3,000 nurses are unemployed while nurses are over-whelmed. This is why nurses are trying to leave Malawi for greener pastures; iii) the lack of career progression; iv) the lack of appreciation and v) the continued erosion of living standards. Despite this, the vast majority of nurses I spoke to remain committed to their jobs. Most have retained their passion for their profession and a deep commitment to patient care.

NONM is most successful in advocacy when their priorities align with those of the development partners. All gains (recruitment of nurses, higher wages, higher locum allowances and PPE) depend on adequate funding for the health sector. Other key priorities for nurses (including institutional housing) are unlikely to be met within the current or projected resources environment. In summary, while NONM is an effective advocate and watchdog, some nurses do not see the benefits of NONM; especially those working in the private sector. In Malawi and worldwide, nurses are overwhelmed and exhausted. Many are leaving the nursing profession. This is a threat to current and future health care. Universal health coverage will remain a mirage unless governments and the international community understand and address the concerns of nurses and other health care professionals. There is an urgent need to re-prioritize resources away from conspicuous consumption at the center to investment in healthcare at the periphery in Malawi. This should be a joint advocacy agenda.

Efficiency

Efficiency measures the extent to which the programme partnership delivers or is likely to deliver the results in an economic and timely manner. It measures cost-efficiency and timeliness. As noted in the section on Effectiveness, the NNO/NONM partnership is on track to delivering the results anticipated in the programme. This section examines the efforts by NNO and NONM to manage the programme in order to ensure that results are delivered in as cost effective and timely a manner as possible. We also document the innovations that the programme made in response to the Covid-19 pandemic; moving trainings online.

The results were delivered in a cost-effective manner. NONM's total budget for the five-year programme is NOK10,431,503 (Approximately USD1,000,000). NNO also contributed NOK5,999,104 between 2019 and 2022. This significantly exceeds the NOK3,701,663 which was budgeted. This demonstrates that NNO is a dedicated partner willing to go above and beyond requirements. NNO's financial contribution is in addition to their sustained and dedicated technical support, mentorship and training. In our view, the NNO/NONM partnership has achieved significant results for a relatively modest investment. As the project budget declined over the five-year period, NONM has innovated in an attempt to cut costs and seek efficiencies. They have registered successes, but the scope for cutting costs is now exhausted. We do not see any evidence of waste, conspicuous consumption or the abuse of allowances in this programme.

Programme Management

The programme management team addressed and responded to a very challenging environment for programme implementation. At the inception of the project, Malawi was struck by Cyclone Idai. This caused major disruption to infrastructure in the southern and lakeshore districts. Programme activities were disrupted for six months. There was also political unrest following the disputed presidential election in May 2019 and fears of violence. This led to the

constitutional court ruling that the presidential election should be rerun in May 2020. In January 2020, the Covid-19 pandemic hit Malawi. It resulted in the closure of the airport, and restrictions on internal travel and gatherings. This prevented NONM from meeting targets on training in 2020. The programme was also disrupted by three natural disasters. The repeated cyclones have damaged critical infrastructure – especially for electricity generation. The deterioration in the macro-economic environment in 2022 and 2023 has increased inflation and contributed to a shortage of essential commodities including fuel and drugs. Investment is declining and unemployment worsening. It is increasingly difficult for anyone to make ends meet.

NONM operates a very lean secretariat. The NONM organogram provides for an executive director (ED) is supported by an accountant, programme coordinator, professional membership services officer, a database officer, a nurse communication officer and media and communication officer. However, the full staff complement has not been in place throughout the project period. There were long periods without an ED in place and a short period without an accountant. NONM operates the programme with an ED, a programme coordinator and an accountant. To meet the gap in the organogram, NONM also has recruited three very well qualified and dedicated interns and support staff. This lean Secretariat coordinates the national programme, the activities outlined above and engages with the Ministry of Health and other stakeholders to promote better governance in the health sector. It also supports the five NEC Standing Committees, zonal, district and branch offices.

The secretariat operates on a very lean budget and salaries are relatively low compared with other NGOs operating with a similar budget. Inevitably, this has resulted in attrition of key staff members. There have been three EDs between 2019 and 2023. NONM operated without an ED for two extended periods. Harriet Chiomba was Acting ED for around eighteen months, combining this with her management of the LHLI Programme. Peter Mvuma was appointed ED in 2022. With a private sector background and very strong leadership qualities, he has strengthened management and oversight of finances. He is taking NONM in the right direction and it will be critical to retain him in his position. There was also instability in the finance department in 2019 and 2020, with the accountant resigning and an accounts assistant attempting to manage for over six months. NONM has a dedicated and effective team. The three interns are also making a significant contribution in the area of law, communications and the Membership Survey. There is probably need to revise salaries upwards. Attracting and retaining good people requires competitive salaries.

A key constraint is resources. The decline in the project budget is in line with the agreements with Norad to progressively reduce the budget to NONM as a long-term partner of Norad and NNO. However, in our view, the reduction in the budget should not have been so steep. Targets increased year-on-year while the budget declined. There is therefore a mismatch between the budget and the work plan. Future budgets should be more closely aligned to the programme of work. It is legitimate to decrease donor support for salaries and administration, but the programmes budget must be aligned to the work plan.

Table One: Budget for NONM over the Programme Period: All figures are in Norwegian Kroner

2019	2020	2021	2022	2023	Total
2,876,503	3,100,000	2,310,000	1,595,000	550,000	10,431,503

Financial Management

We have discussed financial management outcomes in the sections on effectiveness above. We noted an improvement in the internal control environment. Here we focus on the investments made by NNO and NONM to improve internal controls. In 2019, NNO supported the orientation of core management staff in NONM in the software QuickBooks. Other interventions to strengthen financial management included reforms to ensure that project activities were charged to personal accounts to promote accountability. NNO also supported the orientation of NONM's NEC on financial management systems so that they could analyze financial statements, bank statements, audit reports and management letters. The partnership supported training by the financial consultant on providing checks and balances

and the use of spot checks for NONM's National Treasurer. The partnership reviewed and strengthened the Financial Operations Manual to strengthen internal controls. NNO continued to provide supportive supervision of the finance department in NONM.

In 2020, NONM required the accounts department to produce monthly financial reports to track alignment of expenditure with the budget – this is in response to the major variances between the approved budget and expenditure in 2019. Monthly bank reconciliations were also introduced, along with tracking compliance with paying MRA and pensions on time. NONM introduced online banking and upgraded QuickBooks to the online version. Furthermore, NONM developed consolidated budgets to track overall financial position of NONM. Important reforms were introduced to segregate duties and ensure that the executive director approves all expenditure. The significant improvements in financial management in 2021 and 2022 (as confirmed by audit reports) is due to the continued investments in developing financial management capacity by NNO and NONM. The executive director provided leadership and strong oversight while the finance director worked to progressively strengthen the internal control environment. We recommend that NONM strengthens documentation of where documents are filed and keeps an electronic copy of all supporting documentation in order to be “audit-ready” at all times. We further recommend that NNO and NONM continue to invest in capacity building to strengthen financial management.

Monitoring and Evaluation

The project has reasonable systems for monitoring and evaluation. It tracks and reports on results in a timely manner. It also tracks the project work plan and documents when the plan is off-track and makes adjustments. The partnership also managed the excellent Membership Survey in 2022. There is need to integrate financial and programmatic reporting more. The initial detailed report targeted to NONM included a range of recommendations on how to restructure the Reporting Template, the inclusion of a sub-set of financial indicators in the reports, and a recommendation that the whole project management team should discuss budget variances, absorption rates and follow up on Audit Recommendations. Resources permitting, the M&E should commission a survey on the extent to which NONM's decentralized structures are operating effectively and the extent to which shop stewards are active.

Risk Management

The programme has comprehensive systems for risk management. The project developed a comprehensive risk matrix across all outcome and output areas. The risk matrix identifies risks including centralized organization, accountability to members, lack of transparency between different layers of NONM, weak financial management, legal or other conflict, possibility that salaries would be inflated, dependence on a limited number of staff, volunteers not fulfilling duties, difficulty in increasing membership income, high levels of corruption in the health sector and economy generally, NONM's legitimacy is undermined, new leadership, lack of documentation on NONM impact, the possibility that NONM's reputation could be undermined by bad publicity, the possibility that NONM is considered too political and difficult to deal with, changing government policy and laws limiting space for professional trade unions, lack of sufficient advocacy successes to motivate nurses, increasing demands within the health sector which could undermine the quality of care, pandemics and climate change.

The risk matrix is very comprehensive. NONM analyses and tracks the changing risk environment and reports each four months through the tertial reports. NONM is active in risk management and has a comprehensive set of risk mitigation strategies, which are tracked on a tertial basis. The only area which was under-developed in the risk matrix is macro-economic risks. No one anticipated the Covid-19 pandemic or the war in Ukraine. The Covid-19 pandemic undermined economic growth and programme activities in 2020 and 2021. The Ukraine War has caused untold human misery with worldwide ramifications. In Malawi, the combined effects of adverse weather, acute foreign exchange shortages, disruptions to electricity and the high rate of inflation mean that Malawi continues to face an economic slowdown (World Bank Malawi Economic Monitor 2022). Meanwhile, the impact of the crisis on the private sector is increasingly clear. According to the World Bank, a survey of 1,200 small businesses in Malawi showed that two-thirds report a decrease in sales compared to a year earlier, a fall driven by the increase in the threat to profitability

(World Bank Malawi Economic Monitor Report December 2022). Malawi remains a difficult environment where gains are fragile and can be reversed.

Technical Support by NNO

“NNO has helped us a lot. We would not have grown to this level without NNO. Because of NNO technical support, nurses are now able to lobby and advocate on issues. We have been trained to do so through NNO support.” Harriet Chiomba, NONM Executive Management Team.

This is a good partnership. The major advantage is that it has been long-term and sustained – and both partners have focused on their area of expertise. NNO commits to the long-term and addresses problems in a collaborative manner. When funding was suspended from Norad following the Forensic Audit in 2016, NNO paid NONM salaries and essential operating costs from within their own resources. They also worked tirelessly with NONM to strengthen financial systems. The partnership emerged stronger. NNO focuses on leveraging its whole organization and network in order to support nurses’ unions in Africa. NNO limits recourse to external consultants and uses its own unique expertise in a number of areas to support nurses’ unions. Examples of events and topics within the period include joint workshops and seminars (including other nurses’ organizations on strategic membership model, shop stewards, leadership, communication, monitoring and evaluation and member surveys, financial management and anticorruption, nursing education and others). NNO facilitated joint webinars on nurse leadership, strategic membership, financial management and anticorruption, gender and equality, disability inclusion, monitoring and evaluation. NNO also hosted local workshops for NONM only on financial management and anti-corruption, project management, monitoring and evaluation, good governance.

The partnership’s success depends on having the right people in place from both the Norwegian and the Malawian side. Both partners have dedicated, committed, technically sound officers who genuinely care about nurses and health.

Resource Mobilization

NONM has registered successes in raising income over the course of the partnership with total income growing from MK104,374,937 in 2019 to MK156,345,911 (Appendix Table 6). Membership fees increased from MK61.6 million in 2019 to MK106.5 million in 2022. The membership fee has not been adjusted upwards since 2016. Income from rentals declined from MK35.5 in 2019 to MK23.3 million as the rental market is over supplied. Income from other sources increased from MK6 million in 2019 to MK19.4 million in 2022. However, the increase in overall income was eroded by exchange rate depreciation and inflation. Income increased from USD142,200 in 2019 to USD167,393 in 2022. The resources raised by NONM fall far below the budget required for NONM to operate at its current level. The data confirm that NONM will struggle to operate at the current level of effectiveness without funding from NNO which has accounted for more than 50 percent of total income over the last four years.

Impact

Impact measures the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended higher-level events. The goal of the NNO/NONM Partnership is to contribute towards having sufficient, competent and motivated nurses and midwives capable of addressing the population’s current and emerging health needs. Significant progress has been made towards this objective over the programme period.

The WHO Global Strategy on Human Resources for health notes that “health systems can only function with health workers”. This is self-evident and was confirmed throughout the fieldwork. Malawi’s health system is overstretched and overwhelmed. We cannot afford to lose a single health worker. NONM has been an effective advocate both for increasing the number of nurses and midwives and for allocating them effectively across Malawi to improve universal health coverage.

WHO (ibid) has noted that “the mere availability of health workers is not sufficient, only when they are equitably distributed and accessible to the population, when they possess the required competency, and are motivated and empowered to deliver quality health care that is appropriate and acceptable to the sociocultural expectations of the population, and when they are adequately supported by the health system, can theoretical coverage translate into effective service coverage.”

Sufficient

The NNO/NONM partnership advocacy efforts contributed to the increase in the reduction in the vacancy rate for nurses and midwives. NONM worked behind the scenes continually to advocate for the recruitment of new nurses. The Government of Malawi, with support from development partners hired an additional 1,700 nurses over the Global Fund Grant (2019-2023). An additional 700 nurses were hired to address the Covid-19 pandemic in 2020, and 166 nurses and 67 NMTs were hired in 2022 to support districts most affected by the cholera epidemic. These additional nurses and midwives contributed to Malawi’s efforts to sustain the delivery of Essential Health Services throughout the Covid-19 pandemic and the cholera epidemic. The additional nurses hired also contributed to the improvements in health outcomes documented in the HSSP III.

Competent

The NNO/NONM partnership also contributed to ensuring that nurses and midwives have access to education and training. Over the programme period, the NNO/NONM partnership in collaboration with the Nurses and Midwives Council of Malawi provided CPD training to 2,466 nurses and midwives, leadership training to 173 women and 47 men and trained 328 shop stewards to support the rights of nurses and midwives and to advocate effectively for nurses’ rights. These are important achievements in a context where chronic under-investment in education and training contributes to poor patient care. Furthermore, the partnership’s focus on the upgrading nurses from Nurse Midwife Technician to Registered Nurses Status is important to upgrade the overall competence of nurses in Malawi. Due to NONM’s advocacy, two institutions now offer courses to allow nurses to upgrade from NMT to RN status and the first cohort graduated this year. The investments in CPD, leadership training and shop steward training all contribute significantly to Malawi having competent nurses, equipped with the latest knowledge to improve patient care.

Motivated

Developed countries recruit nurses from low-income countries. This trend has increased since the onset of the Covid-19 pandemic. Nurses are also recruited to meet the care crisis in high-income countries. The migration of nurses from Malawi to developed countries is less pronounced than other countries in the region, partly because the majority of nurses are NMTs and their qualifications are not recognized by many developed nations. However, NMTs are recruited to work in the care sector. If nurses are underpaid and demotivated at work, it increases the likelihood that they will seek greener pastures outside Malawi. The NNO/NOMN partnership has focused on motivating nurses and midwives to remain within the health sector in Malawi. NONM lobbied government to provide PPE during the Covid-19 pandemic, it also lobbied government to increase risk allowances and locum rates. These successes increase nurses’ wages and contribute to retaining nurses and midwives in Malawi. Further, the investments in CPD and leadership training also motivate nurses. Nurses are not recognized, and the lack of recognition is clearly a major factor demotivating nurses and midwives. The Best Nurse Award is clearly important to NONM members. Nurses also feel more motivated through their participation in a professional organization (NONM) that provided training. NONM members also appreciate the fact that NONM lobbies on their behalf. The successes including getting resources for uniforms are appreciated.

Other Impacts

NONM is becoming increasingly effective at quiet advocacy jointly seeking solutions with the Ministry of Health. As a trusted partner NONM is involved in advocacy for increased funding for the health sector and is included in international delegations to negotiate with development partners. NONM has already been invited to participate in all Technical Working Groups (TWG) within the Ministry of Health, and the National Gender TWG. These opportunities will allow NONM to increase its influence as NONM will have the opportunity to guide policy discussions and resource allocation within the health and social welfare sector. These are all important achievements. However, it will be important for NONM to go further and strengthen the overall quality of civil society input into the health policy dialogue. This space is dominated by a limited number of individuals and organizations, few of which have the membership base or credibility of NONM. There is an urgent need for credible civil society organizations to hold Government and development partners to account and advocate for a more rational allocation of resources in the health sector. There is need to prioritize patient care in the districts and the community rather than consumption, excessive travel and allowances at the Central level. There is also need to strengthen equity in health financing.

The successes registered during the partnership have undoubtedly contributed to improved patient care when compared to the counter-factual situation (fewer, less competent and less motivated nurses). The provision of PPE during the Covid-19 pandemic reduced deaths among medical and nursing staff, and reduced the number of new infections. The Covid-19 and cholera vaccination campaigns were mainly implemented by nursing staff. It is difficult to see how Malawi could have sustained the recent improvements in health outcomes without the reduction in the vacancy rates for nurses and other key cadres.

Capacity to meet Malawi's Current and Emerging Health Needs

The discussion above demonstrates the progress that has been made. However, it is important to assess the degree to which the overall health sector is capable of meeting the current and emerging health needs. Malawi has registered important successes: reduction in infant, child and maternal mortality, remarkable progress in reducing the number of new HIV infections and getting towards epidemic control, significant successes in preventing and treating malaria.

But public health systems worldwide are struggling to cope with the existing burden of disease, much less emerging pandemic threats. Non-communicable diseases are becoming more prevalent in a health system struggling to cope with infectious diseases and a cholera epidemic. Parts of the health sector are well resourced while others severely under-resourced. During the course of the fieldwork, we visited over-crowded and dilapidated facilities in Dedza District Hospital where nurses are clearly struggling to cope. We also saw the impressive investments in infrastructure in Mzuzu Central Hospital and had inspiring discussions with nurses, doctors and lab technicians in the well-funded ART clinic which is supported by Lighthouse⁸ with resources from Center for Disease Control (CDC).

In Dedza, the health system was clearly over-whelmed. Nurses in Dedza were absolutely exhausted and over-whelmed. They are criticized for lack of professionalism, but many had not slept in 24 hours or had a hot meal. One nurse had completed a day shift and then a night shift alone on a cholera ward and was still working at 11:00 am. Nurses in Dedza shared insights on how they utilized the training provided under this programme to improve the management of their ward and patient care. Some outlined how the Young Women's Leadership Course had strengthened their commitment to seek leadership positions or further training. Others shared information that was truly shocking. A midwife shared the fact that patients are not listening to medical advice. She reported several cases

⁸ Lighthouse is a registered as a public trust. It supports the Ministry of Health to provide high-quality care, especially for HIV and TB. It supports the four Central Referral Hospitals in the provision of advanced HIV care. Lighthouse also supports the District Hospitals and facilities and research and innovation to improve the quality of care. Lighthouse is mainly funded by the Center for Disease Control (CDC) through the President's Emergency Programme for HIV/AIDS in Africa (PEPFAR).

where labour advances too quickly, leading to complications during delivery and at worst hemorrhage and the death of the mother. Unscrupulous businessmen are selling a local drug “locopectocin” to accelerate labour. Despite all their efforts to counsel patients and their guardians, this contributes to maternal deaths. The discussions suggest that many who work at the central policy level do not fully understand what is going on at the periphery. NONM has an invaluable network that could be used to provide that information. Abuses are happening. Health care workers working at the facility level recognize the abuses and know who is responsible – yet their voices are rarely heard. NONM has a significant potential role to play in this – a nationwide network of people working at the ground level. Yet their voices are rarely heard. There is need for NONM to document the reality on the ground and testimonials from nurses. NONM should publish their findings and also include them in press briefings.

In Mzuzu Central Hospital we observed the difference where there are adequate financial resources, infrastructure and essential medical equipment. There were continual innovations at the Mzuzu Rainbow clinic. These included introducing new clinics from 6:00 to 7:30 am as a response to patients’ requests. This allows patients to collect their medications before going to work and it reduces congestion during the peak times. There were also innovations in record keeping and pharmacy management. The Head of the Clinic and his team were preparing for a one-day seminar to be held on advanced HIV diseases and liver complications with technical support from the Lighthouse Clinical Advisors. Where there are adequate resources, staff are motivated and there was a clear sense of progress, dynamism, energy and commitment – all reasons for hope.

The hospital director shared his insights and stressed the importance of advancing reforms in Hospital Autonomy. If hospitals are allowed to generate some revenue and retain it within the hospital, they can maintain infrastructure and hire more staff. We were struck by the differences in all the facilities we visited. Nurses are clearly struggling more in KCH and Dedza District Hospital. The newer Mzuzu Central Hospital has a clean environment and the progress in developing new infrastructure is visible and encouraging. Namitete Hospital appears to have on-going issues with the management of the hospital which are clearly contributing to undermine progress and nurses and patients’ welfare.

In order for the health sector to have the capacity to meet current and emerging health needs there is need to combine commitment and dedication with adequate resources and essential investments in infrastructure. Unfortunately, we are falling short. This is partly because of how health is financed in Malawi. The Ministry of Health Absorption Capacity Analysis (Ministry of Health 2021) notes that the Ministry of Health Budget represents a small fraction of health resources available in Malawi. Key sources of grant finance – for example from the Global Fund and PEPFAR are not reflected in the health budget. The Malawi government, Global Fund and United States government account for 74 percent of total funding. The top ten funding sources account for 90 percent of health resources. A further 105 separate funding sources account for the remaining 10 percent of resources. This demonstrates that health financing is donor dependent and highly fragmented. Some areas like HIV/AIDS and to a degree malaria attract significant resources while other areas (neglected tropical diseases, essential drugs and family planning commodities) are underfunded.

Investment in infrastructure is not keeping pace with the needs of a growing population. Malawi is losing tree cover as the population continues to rely on firewood and charcoal. This is driving the environmental degradation that is fuelling climate change and contributing to these annual disaster events. Malawi does not recover from one disaster before the next one hits.

The public sector has well-documented issues with absorbing funds for infrastructure and essential medical equipment. For example, the Absorption Capacity Analysis (2021) demonstrates that absorption rates for essential medical equipment through the Health Services Joint Fund were 5 percent in the 2019/20 Financial Year. The initial budget for infrastructure was US\$6 million. It was reduced to US\$3 million, and the absorption rate was 51 percent. There were similar problems with absorbing funds for essential medical equipment and infrastructure in other donor funded grants. Spending on infrastructure financed through the Government budget was over-fragmented and many project remain unfinished for several financial years. This demonstrates the enormous variability across the health

sector in Malawi. Some areas are under-funded and struggling to cope and other areas show Malawi's potential to build a resilient health system where adequate resources are in place.

Norway channels most of its funds through the Health Services Joint Fund. This demonstrates Norway's commitment to the aid effectiveness agenda (national ownership, alignment, harmonization, managing for results and mutual accountability). This commitment is commendable. However, it is important to acknowledge that there are areas where the Ministry of Health struggles to fully absorb donor funds – especially essential medical equipment and infrastructure. These challenges are partly due to the procurement processes in the Government system and the annual programming cycle. In this context, it is appropriate to explore other options for channeling resources – especially for investments in infrastructure and essential medical equipment. These might include channeling more resources through the private sector, Norwegian partners or credible local organizations which often have a better track record at fully absorbing funds. Norway and other development partners should continually review the effectiveness of different aid modalities and channel resources to address critical health needs.

Sustainability

This measures the extent to which the achievements will be sustained. We address by examining the internal and external gains achieved during the partnership period. NONM has achieved significant successes in becoming a more democratic and accountable organization. It has strengthened systems and financial management. NONM is also viewed as a credible partner by the Ministry of Health and other stakeholders and it is trusted by its members. We conclude that these internal gains will be sustained. However, it will be important for NONM to increase domestic revenue generation and broaden and diversify its donor base to ensure that it is able to sustain its critical programmes (membership recruitment, shop steward training, CPD, the leadership programme, advocacy and legal services).

With regard to the sustainability of NONM's impacts on the health sector in terms of the programme goal “sufficient, competent and motivated nurses”, sustainability will depend critically on the performance of the Malawian economy. In theory, all nurses and midwives who were recruited over the last four years should be retained in public service. The Global Fund and PEPFAR grants financed most of the recruitment of nurses and midwives over the programme period. The Ministry of Finance has to sign an agreement that all nurses hired under Global Fund or PEPFAR funding should be transferred to the Government payroll at the end of the grants. So the nurses hired should be included on the Government payroll. However, there is grounds for concern given the overall macroeconomic situation – high inflation, and unsustainable growth in the level of public debt. The 2023 Financial Statement demonstrates that projected revenue is less than debt service obligations, statutory expenditure and the public sector wage bill. This threatens the sustainability of the programme's benefits. The budget is financed by a very high fiscal deficit (officially MK1.8 trillion) and the Ministry of Finance is struggling to raise this from the domestic market. Unless Malawi promotes economic growth and prudent management of the national budget it will be difficult to increase resources for the health sector and retain all health personnel on the Government and CHAM payroll. Equally, it will be important to prioritize investments in the health sector carefully as donor funding is projected to decline.

The situation for unions is also challenging. Gains in workers' rights can be reversed. Despite the fact that Malawi has ratified all the International Labour Organization (ILO) conventions protecting labour, repeated trade union rights violations have persisted. In 2020, the government started to reform the legal labour framework to better sync with international standards and several central laws were signed in 2021.

After a review process since 2017 the Labour Relations Amendment Bill was passed in Parliament in July 2021. It was approved into law in October 2021, which gives employers the right to deduct wages of striking employees (Danish Trade Union 2022). Employees will be paid for only three days of strike per year, thereafter, wages will be deducted from the employees. The bill also clarifies the categories of essential workers to which the right to strike and lockdown does not apply. The new law further does away with the requirement of employer and employee panellists in the Industrial Relations Court. Generally, the law has been considered controversial. Both the Malawi

Congress of Trade Unions (MCTU) and the Employers Consultative Association of Malawi (ECAM) and the Centre for Human Rights and Rehabilitation (CHRR) have criticized the law (Danish Trade Union 2022) For example, CHRR argued that the Act poses a severe threat to workers' rights including the right to take industrial action and violating constitutional rights. It called for an interim relief pending a judicial review on the constitutionality of the amended act (Danish Trade Union 2022)

Clearly, all gains are fragile. Malawi remains an exceptionally vulnerable, highly indebted economy. It appears that the health sector is becoming even more dependent on donor support. The significant increase in debt service obligations have forced Government to reduce funding to the health sector through the national budget. The continual erosion in Malawi Government's capacity to finance anything beyond the public service wage bill, debt service obligations and statutory obligations. Sustainability depends on economic growth, but Malawi remains very vulnerable to climate change and frequent natural disasters. These destroy infrastructure at an alarming pace. The health sector struggles to cope with current needs much less emerging needs.

The impressive gains made during the NNO-NONM Partnership also remain fragile. NONM has dynamic and effective leadership. In Malawi as elsewhere, the best people are attracted into well-financed organizations. NONM is under-funded so losing their best staff members remains a risk. NONM's membership has grown impressively. But all the gains (higher wages, improved risk allowances, PPE) etc. could be reversed any moment if Government cannot afford to meet its obligations. Nurses indicated that they could not take an increase in the NONM Membership Fee. This is understandable, but failing to increase revenue in line with costs compromises efforts to increase revenue. There are other risks on the horizon. The next Election is approaching, and it is likely to be very divisive. NONM needs to maintain political neutrality. If NONM is perceived as partisan, or in favour of a specific political party, it will be difficult for NONM to continue to command respect at the national level.

The World Health Organization (WHO) has just released an updated "WHO health workforce support and safeguards list" identifying 55 countries as vulnerable for availability of health workers required to achieve the UN Sustainable Development Goal Target for universal health coverage (UHC). The Code of Practice for International Recruitment states that some developing countries should not be targeted when actively recruiting health care professionals. The red list includes 55 countries where the UHC Index is less than 50 and the density of doctors, nurses, and midwives is below the global median (48.6 per 10,000). Malawi, Mozambique, Rwanda, Tanzania, Zambia and Zimbabwe are all on the "red list".

The issue of nurses' migration is a difficult and complex policy issue. The WHO Convention suggests that countries should not actively recruit from red list countries, while the Governments of countries "red-listed" by WHO should not participate in formal arrangements for the migration of nurses. Dr. Tedros Ghebreyesus, the WHO Director General notes that "Health workers are the backbone of every health system, and yet 55 countries with some of the world's most fragile health systems do not have enough, and many are losing their health workers to international migration". (WHO Press Release, June 2023) WHO is working with those countries to support them to strengthen the workforce, and we call on all countries to respect the provisions in the WHO health workforce support and safeguards list. This list should be used to inform advocacy and policy dialogue at all levels and financing efforts in support of health workforce education and employment in these countries.

The Malawi Government is chairing a Task Force to address the issue of nurses' migration. There were proposals for Malawi to send 1,000 nurses to Saudi Arabia. The Task Force includes all relevant stakeholders and we await the deliberations and resolutions on this complex issue. Many nurses want to migrate – anywhere they can get a job in nursing. As one nurse in Mzuzu observed "3,000 nurses remain unemployed. They have studied for maybe five years, all at their own expense. And yet they are not hired in Malawi. They are sitting at home unemployed after all that studying. Yet those of us working are overwhelmed. Why shouldn't they go wherever they get a job in nursing?" This presents a difficult dilemma for us all. How do we best support the Malawi Government to employ more nurses in Malawi to meet the critical needs identified in this paper?

Recommendations to NONM Management

1. NONM should conduct a survey of Shop Stewards to confirm whether they are all active and committed to NONM's work. Gaps should be addressed. Training shop stewards is the top priority in the training budget.
2. Shop Stewards should take the lead in membership recruitment in the Ministry of Health and CHAM. NONM zonal structures should take the lead in working with the Ministry of Health HR personnel to ensure that the membership forms are processed, and that there is follow-up when nurses are transferred. The NONM Secretariat should lead membership recruitment in the private sector and in projects. NONM should investigate why senior nurses are less willing to join NONM and address the issue of professionalism.
3. NONM should establish transparent criteria to prioritize the allocation of resources to legal cases – focusing on those cases that have national impact. These priorities should be communicated to members.
4. Norad and NNO and their partners should explore options to develop an online leadership training course and accredited CPD online courses. They should also explore options to frontload all their systems strengthening and capacity development training online in accredited best-practice courses in financial management, programme management and monitoring, evaluation and research. Once the programmes are developed and accredited by a university, the partnership can invite other organizations to participate on a full cost-recovery basis – thereby generating a future revenue stream.
5. NONM should continue to strengthen its credibility as a trusted partner for the Ministry of Health. It should participate in all Technical Working Groups so that it is “in the room” when the key policy discussions are taking place and the decisions about resource allocation are being made.
6. NONM should expand advocacy in the following areas: i) misallocation of resources within the health sector, ii) misallocation of human resources in the health sector. NONM should ensure that all advocacy efforts by the President and NONM Board are documented. Finally, NONM should publish testimonials from nurses so that policy makers within Government and the donor community understand the situation on the ground.
7. Strengthen financial management by designing a comprehensive accredited financial training module to be implemented in the first six months of the next grant. Improve budget design by refining the unit cost of delivering each service and strengthening the alignment between the budget and the work plan and programme targets. NNO, NONM and other partners should ensure that programme targets are aligned to the budget.
8. NONM should include indicators on financial management in quarterly reports, and significant variances between the budget and expenditure should be discussed by the whole programme management team. NONM should also report on compliance with MRA and Pensions on a Quarterly Budget, and document follow up on prior audit recommendations and preparations for upcoming audits. Further training on financial management and audit should be extended to the NONM Board. Finally, NONM should utilize free training resources including from Utube.
9. We have suggested modifications to the results framework to include indicators to track governance under Outcome One. We propose moving the indicator on number of nurses/midwives in leadership positions in the Ministry of Health to Outcome Three. We suggest modifying the output indicator on financial management to “Evidence of progressive improvements in the internal control environment.” The Quarterly Reports should include a summary on performance of all indicators against targets using a dashboard approach (red, orange and green) to facilitate easy tracking of whether or not the project is on target.
10. The Risk Register should include indicators on financial risks (including arrears to MRA and Pensions) macro-economic risks and the risk that NNO's revenue generation will not fully compensate for a decline in funding from NNO.
11. NONM could strengthen resource mobilization: i) assess whether to increase membership fees, ii) assess options for renting all or part of the NONM building to a donor funded project, iii) strengthen resource mobilization with other development partners.

Conclusions

The partnership between NNO and NONM has ultimately been a success. At the start of the partnership, in 2006, NONM had less than 50 members and virtually no influence. Nurses were, consequently, voiceless. With NNO's support, NONM has become the fastest growing union in Malawi. This is with a membership of over 6,500 and over 80 percent of members paying their subscriptions through the check off system. NONM is now a democratic, accountable and representative organization that supports causes like gender equality and disability mainstreaming within Malawi's medical sector. NONM supports nurses in continued professional development. Through all this, NONM is increasingly well respected in the health sector.

Nurses in Malawi, as elsewhere, need an effective union. Despite the successes achieved by the NNO/NONM partnership, nurses continue to be over-worked, under-paid and demotivated. Despite the acute human resource constraints in the health sector, over 3,000 trained nurses paradoxically remain unemployed. Experienced nurses stay on the same grade for years, sometimes decades. The lack of career progression for nurses and the limited success in promoting nurses to management positions in the Ministry of Health remains a priority for future engagement.

In such an environment, there exist the looming risk of significant brain drain within the nursing profession in Malawi; a situation that would exacerbate the already acute human resource constraint. Despite this, there were a total of 10,449 officers working for the Ministry of Health in 2022. Of this, 6,259 were nurses (HSSP III, 2022). The Ministry of Health estimates that it will need a health workforce of 25,043 in 2030 to maintain the same level of coverage and improve quality of services (HSSP III, 2022). The nursing workforce needs to scale up to at least 9,019 officers by 2030, and nurses are will have to account for around 36 percent of the total Ministry of Health workforce (HSSP III, 2022). These needs imply the necessity of further investment in training, motivating and retaining qualified staff. The gains made to date are extremely fragile and could be reversed.

The NNO/NONM partnership has achieved significant progress towards the programme objective: "sufficient, competent and motivated nurses capable of addressing the population's current and emerging health needs". The programme met or exceeded all its objectives with the exception of disability inclusion. Addressing disability inclusion needs new thinking and a significant scale up in resources directed to a multi-sectoral, multi-stakeholder consortium.

There have also been sustained improvements in programme and financial management, especially in the last two years. NONM has a strong management team, led by the new executive director. NONM also has strong leadership from the president and the National Executive Council. NONM is increasingly effective at advocacy and has registered significant advocacy successes over the past five years. Increasingly NONM is viewed as a trusted partner for the Ministry of Health and NONM has credibility with the Parliamentary Committee on Health and the broader community.

We believe that NONM meets an important gap in civil society working in the health sector. The discourse between civil society and Government tends to be dominated by individuals, based in the urban areas, who do not represent a significant constituency base. As a result, the policy dialogue is not sufficiently informed by an in-depth understanding of field level constraints. NONM is one of the few credible membership-based organizations with national coverage and an in-depth understanding of the situation on the ground. NONM represents the largest workforce in the health sector and NONM therefore has an important role in highlighting constraints and defending the rights of workers in the health sector. NONM should advocate for a more rational allocation of resources in the health sector with more resources dedicated to patient care and less spent at the centre on travel and allowances.

One of the main reasons that the NNO-NONM partnership has been successful is that both partners are exceptionally dedicated to the cause of promoting nurses in Malawi and worldwide. NNO supported NONM to increase membership, establish the check-off system and strengthen financial management. These are critical for the long-term sustainability of NONM. The partnership has focused on its core business and addressed challenges in a constructive and collaborative manner. NONM has increased income from its own efforts (membership subscription

and other income). Unfortunately, these gains have been eroded by inflation and the devaluation of the Kwacha. This implies that NONM will struggle to attain sustainability without the support of NNO and other partners.

As WHO deliberates on how best to address brain drain and the migration of nurses from developing countries, we recommend that Norad scales up support to the successful, cost-effective partnership between NNO, NONM and other partner countries in Africa. We note that this cost-effective partnership has registered significant achievements and met virtually all the targets outlined in the results framework. Nurses will continue remain the backbone of the health sector in the medium to long term. There is need for all partners to support Malawi to achieve the human resource goals outlined in the HSSP III. Without quality, dedicated professionals working in the health sector, none of the national or international health targets can be met. Unless Malawi manages to scale up human resources for health in line with the HSSP III targets, universal health coverage will remain unattainable and the poorest will continue to suffer.

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