

MIDTERM REVIEW REPORT

SECOND PHASE 2012 - 2017



Nurses and Midwives attentively listening to speeches – IND 12th May, 2014

Reported by Harriet
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Acknowledgement

The National Organization of Nurses and Midwives expresses profound gratitude to its development partner, the Norwegian Nurses Organization (NNO) and NORAD for the financial and technical support towards a project to build NONM's institutional capacity. This mid-term evaluation is supported within that broad project.

NONM management is indebted to Mrs. Martha Kwataine for undertaking the evaluation. Further, thanks are due to all those who participated in the study as respondents.

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EXECUTIVE DIRECTOR

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CHAM	Christian Health Association of Malawi
HIV	Human Immunodeficiency Virus
MSF	Medicines sans Frontiers
NNA	National Nurses Association
NONM	National Organization of Nurses and Midwives
NNO	Norwegian Nurses Organization
NORAD	Norwegian Aid for Development
SADC	Southern African Development Corporation
SANO	Southern African Nurses Organization
SPSS	Statistical Package for Social Scientist
SWOT	Strength, Weakness, Opportunity, Threat
WHO	World Health Organization

1.0 Background and Introduction

The National Organisation of Nurses and Midwives of Malawi (NONM) is a Non-Governmental Organization that represents nurses, midwives and student nurses/midwives in Malawi. It was established and registered with the International Council of Nurses in 1979 and by Government of Malawi the same year. The organisation promotes and maintains members' professional interests and socioeconomic welfare to effectively contribute to quality healthcare service for the nation.

NONM has a partnership with the Norwegian Nurses Organisation (NNO) and receives financial support from Norwegian Development Agency (NORAD). The first phase of the project focused on caring for carers whose evaluation recommended organizational strengthening and sustainability. Hence, second phase began in 2012 for three years to 2015 with provision for mid-term evaluation in mid 2014 so that it would inform the last half of the project period.

In 2014 therefore, an evaluation exercise was commissioned and this report is based on the review of available documents and primary data that were obtained through interviews with NONM staff members, union members and some of its stakeholders.

2.0 Contextual framework

The widespread shortage of nurses and midwives estimated at population to nurse/midwife ratio of 100,000 to 38 implies one nurse/midwife serves 3,000 people against World Health Organization (WHO) standard of 1,000 persons per nurse. According to a 2009 report by Global Health Workforce Alliance (GHWA) and WHO, 71% and 60% of nursing professionals and nursing associate professionals respectively are in urban areas. While limited training capacity is a factor, internal¹ and external brain drain has contributed to the acute shortage and uneven distribution. The role of advocacy for welfare of nurses and strengthening institutions that advocate for welfare of nurses cannot be over emphasized especially in recognition of how that advocacy may contribute to retention.

Studies confirm that job satisfaction is probably the most frequently cited contributor to staff retention and therefore merits attention (Cavanagh and Coffin, 2009; Blegen, 1992; Irvine and Evans, 1995). Herzberg and Mausner (1995) concluded that job satisfaction and dissatisfaction were two different and unrelated phenomena. Inherent factors which they classified as "motivators" (i.e. factors inherent to the nature and experience of doing work) were found to be job "satisfiers" and these included: responsibility, recognition, achievement and the work itself. On the other hand, they concluded external factors which they named "hygiene" factors were

¹ Occurs when professional nurses take up non-nursing roles

found to be job “dissatisfiers” and included; organization policy, administration, remuneration, interpersonal relations and working conditions. Given the above, job satisfaction is therefore the most influencing factor that may influence an employee’s feelings or moods towards his or her work (Price, 2001).

It is therefore not surprising that there has been an increase the world over, both developed and developing countries, in the establishment of national nurses associations (NNA’s). Building a sustainable, member led- professional association with the capacity to carry out a wide range of appropriate functions is best done in stable environment with a strong membership body (INC, 2005). Professional associations for front line health care workers can help set good standards of practice, advocate for the social welfare of providers and the needs of consumers, help form networks with other professional associations and help liaise with legislative and regulatory bodies (Chamberlain, 2003). Strengthening professional associations is therefore one strategy for ensuring efficiency and effectiveness of any health care delivery system.

3.0 Methodological approach

The study employed descriptive cross sectional design using mixed research methods. Quantitative data were obtained from members who responded to a structured questionnaire to give their perception and impression on sustainability and strengthening of the secretariat and leadership. Qualitative data were obtained from staff members and management who responded to a key informant interview guide. Quantitative data were cleaned and entered in SPSS for analysis. Descriptive statistics were generated to obtain measures of central tendency and dispersion on numeric variables and frequencies and percentages on categorical variables. Qualitative data were thematically analysed and used for triangulation.

The major limitation was lack of data from key stakeholders that work closely with NONM whose perception would provide useful insights regarding how others view NONM. All the same, the numerous reports and data from members and staff provide fair and reliable picture of the organization.

4.0 Main Findings

4.1 Background characteristics

A total of 176 members participated in the study of which 150 were female representing 85.2%. On professional qualification, 66 of the respondents reported to have certificates representing (37.5%), 82 (46.6%), had diploma 26 (14.8) had bachelor’s degree while only 2 (1.1%) respondents reported to have a Master’s degree. This implies that the general nursing population is dominated by non-degree holders and thus enhances the need for support for further training.

Figure 1 illustrates distribution of respondents by education level.

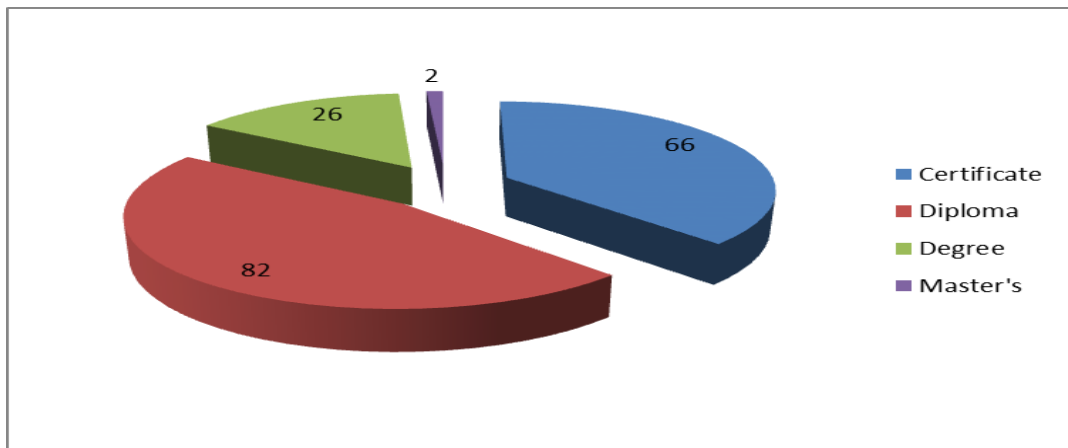


Figure 1: Distribution of education qualification (frequency)

Source: NONM Survey, 2014

The call for support for further training also takes into account that many nurses are in the youth group. A cumulative 56.3% reported to fall below 40 years. As expected, very few (3.4%) were in the age group of 60-70 years.

Major employers of nurses just like other health cadres are government (Ministry of Health) and Christian Health Association of Malawi (CHAM). National statistics show that government has the majority of health facilities seconded by CHAM. From the sample however, largest number of respondents were from CHAM facilities followed by government. This may reflect the skewedness of NONM membership – an observation that needs further verification. Figure 2 shows distribution of respondents by facility ownership.

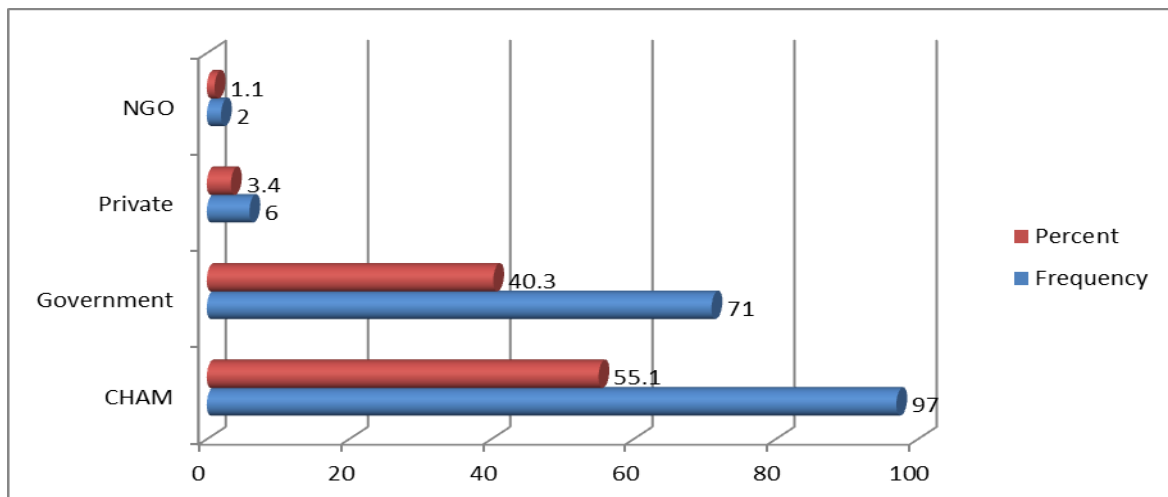


Figure 2: Distribution of respondents by facility ownership

Source: NONM survey, 2014

Close to one in every three (29.5%) had been a nurse for less than five years and close to two in three had served in nursing profession up to 15 years. The pattern is similar for reported period as NONM member.

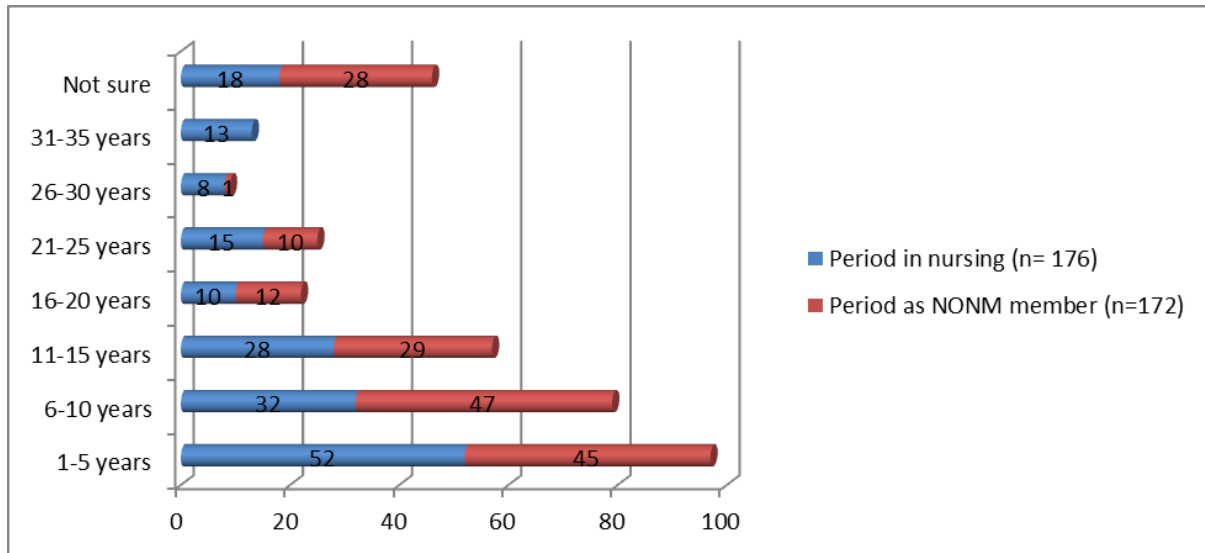


Figure 3: Distribution of period in nursing service and NONM membership (frequency)

Source: NONM survey, 2014

This section looks into various aspects of focus by the project. To the extent practically possible, information from reports is corroborated with primary data.

4.2 Membership growth

In 2006, NONM created the Strengthening and Sustainability Project in order to help it become a professionally competent, strong, bold and sustainable national nurses' organisation, serving the professional and socio-economic interests of nurses and midwives in Malawi (NONM, 2013). Since then, a number of achievements have been made and include; growth in membership from 50 in 2006 to 9,640 in 2013. Of particular interest to note is the fact that membership growth has been consistent over the years as shown in figure below.

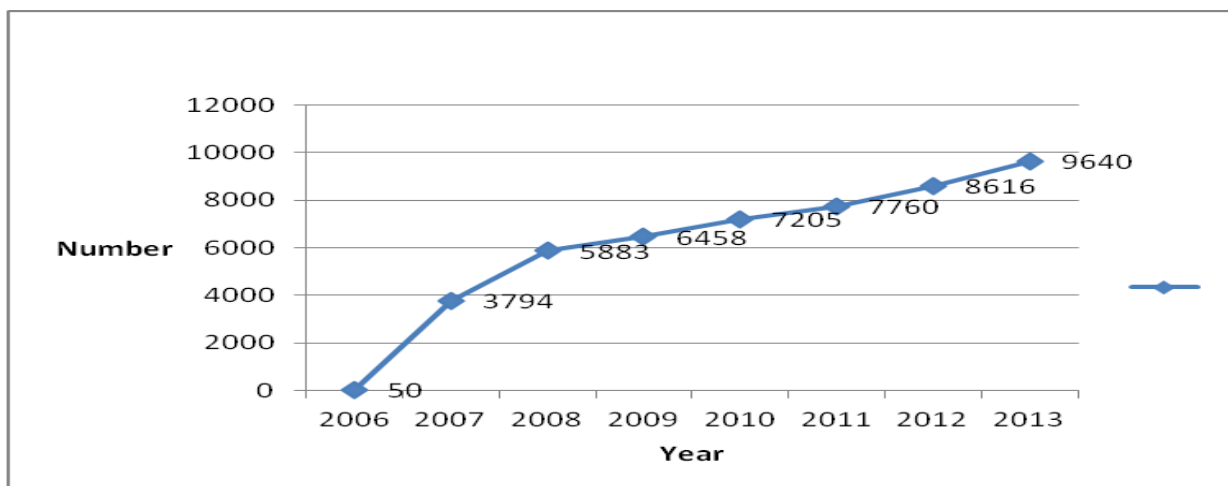


Figure 4: Trend in NONM membership growth

Source: Author's computation from NONM (2013) Annual report

Growth in membership is of high importance to NONM. It contributes to risk management by presenting itself and the positions it advances as really representing majority of nurse population thereby making collective bargaining effective. Further, big membership implies wide pool for NONM secretariat to collect membership fee as source of funds. On the flip side, membership growth means increased responsibility. Evidently, in 2013 alone, NONM assisted 50 ill nurses, 5 of which were referred to health facilities outside Malawi. NONM has also been providing legal assistance to some of its members.

Field interviews showed that members are satisfied and motivated to be a member because of benefits such as legal backing during industrial issue with employers and care of carers support that NONM provides among other motivators. They however observe that membership is skewed towards low level cadres and encourage secretariat to invite high cadre professionals.

4.3 Capacity building

Progress reports show that quite a number of activities were implemented to build capacity. In 2013 for example, 108 against a target of 100 shop stewards were trained in trade union issues, labour laws and related acts. Of these, 31% were male. There was also training of 211 management team members against target of 200. Of these, 52% were male. NONM secretariat further engaged 1,352 health care workers and their spouses in knowledge of HIV and AIDS. Of these, 57% were female. Additionally, 30 young female nurses were capacitated in leadership, skills and knowledge and 11 scholarships were awarded to female nursing students in Nursing Colleges.

Realizing the important role of the media in advocacy, NONM in 2013 organized a workshop which had 15 (12 male) media personnel to deepen their understanding of NONM activities in order to perfect their reporting.

Procurement related activities included 2 office desks, 3 laptops, 1 desktop computer, 11 board room chairs, 35 restaurant chairs and white board for the board room. There were also 3 external drives, A 3 in one printer, Digital camera, filing cabinet and office curtains. NONM built a guard house, paid city rates, drilled borehole and installed generator for emergency. These are long term assets and enhance sustainability.

4.4 Member satisfaction with NONM functions

The study investigated satisfaction of members with various aspects as a proxy of determining the extent to which NONM leadership and management has improved serving its membership with strengthened capacity. The following were commonly cited both in qualitative and quantitative approaches.

1. Handling of legal cases: Members see NONM's role (in siding with workers) in industrial dispute as satisfactory and helpful. Triangulating this with quantitative data shows that 80.7% (n=175) were satisfied and very satisfied while 15.9% reported not sure or neutral.
2. Care of carers- it was reported that NONM takes care of nurses when they have chronic disease conditions. For example, some respondents cited a nurse in Nkhotakota who had brain tumour and NONM assisted. NONM assists either directly or through lobbying Ministry of Health (MoH) to refer such patients to specialized hospitals within and abroad. Review of NONM reports corroborate with this assertion. Further, it was reported that NONM provides assistance to orphans of deceased members. Quantitative data showed that 70.4% (n= 176) reported satisfied and very satisfied while 20.5% were indifferent (neutral). This corroborates the qualitative data that placed care of carers as most satisfying.
3. Lobbying for good working conditions: Respondents cited specific examples in which NONM has played a crucial role. They include NONM's successful lobbying for provision of food to nurses on night duty; the successful lobby that registered nurses should not be receiving same pay as auxiliary nurses. Over and above working conditions, respondents also cited successful lobby for students' loan. Quite many (36.9%, n= 176) were not sure whether they were satisfied or not. Less than half (46.6%) were satisfied and very satisfied. Related to this was an aspect of whether members believed NONM management represents their interests. Slightly above a third (36.4%, n=176) were satisfied and very satisfied. Another issue that was considered was bargaining for registration fee. This component can be rated as least satisfying as merely 8.6% (n=175) reported satisfied and very satisfied. Many were very dissatisfied and dissatisfied (61.7%) combined and the rest were indifferent.
4. Training: This is another commonly cited satisfying role that NONM secretariat and management have played. It was reported that members derive satisfaction from training and workshops- this includes introduction of ICT. NONM facilitated refresher training could be rated as moderately satisfying. A

significant proportion (44.3%, n = 176) being indifferent while cumulative 34% were very satisfied and satisfied.

5. Career advancement: Provision of facilitation of scholarship was considered one of the satisfying roles the members have seen. From the quantitative data, 40.4% (n=176) were very satisfied and satisfied. A remarkable proportion was cumulatively very dissatisfied and dissatisfied (32.4%).

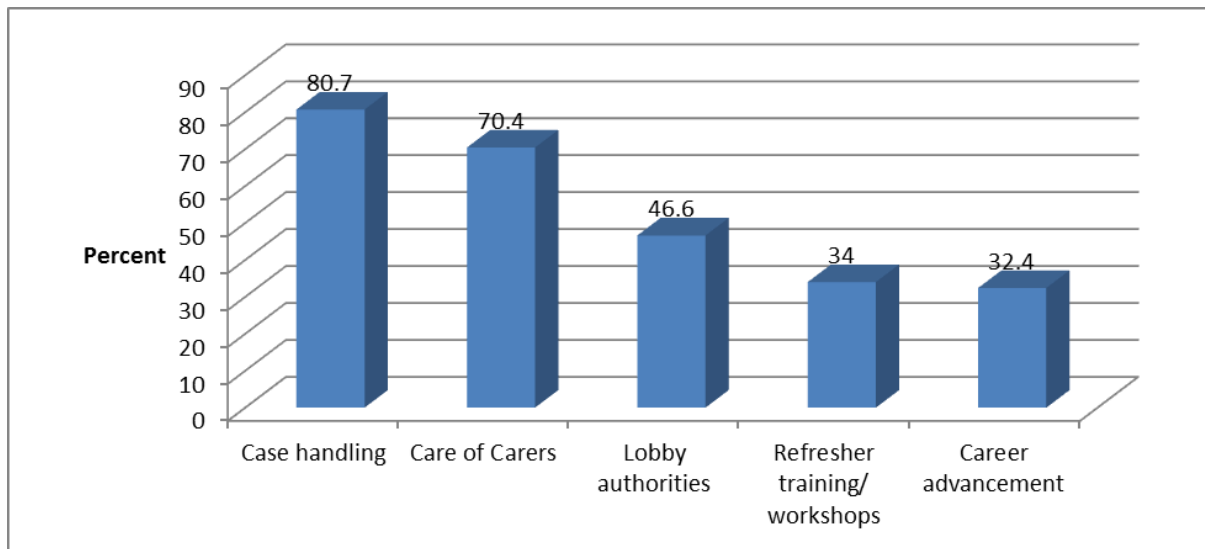


Figure 5: Member satisfaction with NONM roles

Source: Survey 2014

As can be seen from figure 4, except handling of cases for its members and care of carers, it would appear NONM management and leadership need to do more to be of relevance to the membership. It is worth noting that a relatively significant proportion of respondents were indifferent or neutral regarding satisfaction. Being a membership based organization; the low satisfaction level on member's perception that NONM represents their interest is a concern and needs attention. This may explain why when asked whether they ever encouraged non-member to join NONM, majority reported not to have done so (84.1%, n = 170). Male nurses are much less motivated to encourage non-member to join compared to their female counterparts. This may manifest gender specific expectation and motivation factors for female and male members.

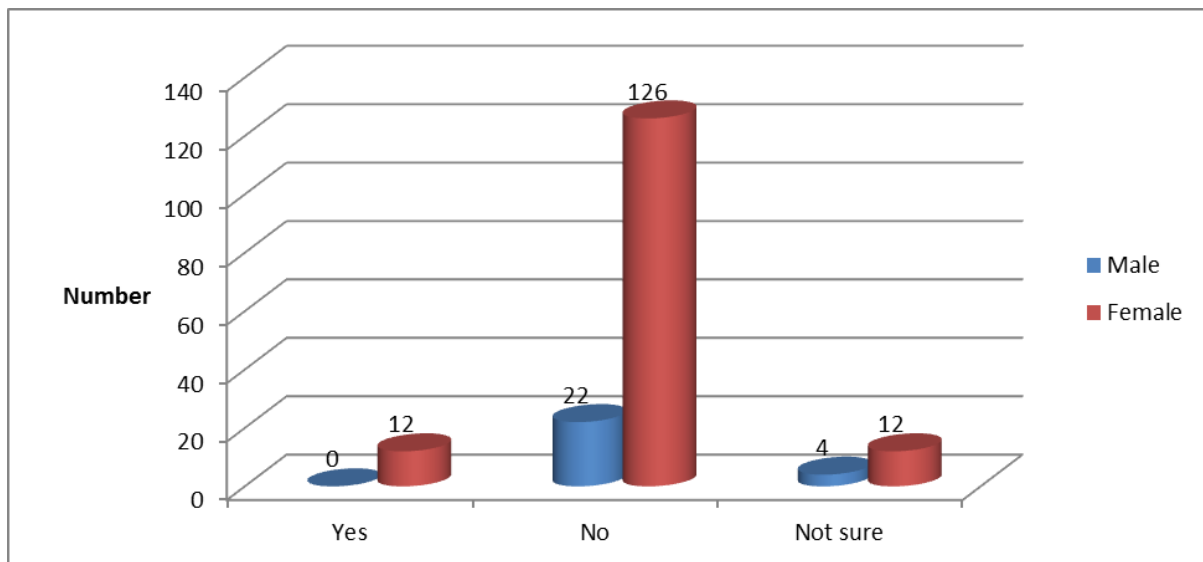


Figure 6: Whether respond could encourage non-member to join NONM

Source: NONM Survey, 2014

4.5 Motivation for being NONM member

The study investigated motivating factors for members of NONM. The materiality of this was to inform NONM management and its cooperating partners about the issues that matter to their constituents and areas that might need further improvement. The commonly cited motivation factors reflected in large part the satisfying roles. They included the following:

- a) Legal backing: It was highly reported that NONM provides legal backing in times of industrial dispute with employers. This provides sense of job security to nurses. Interestingly, some respondents related legal backing as a challenge from the perspective that some members have become reckless with work since they know NONM will support them when in the wrong. This substantiates claims from MoH that NONM is contributing to recklessness by nurses hence low quality care being provided by nurses and midwives. NONM should tread carefully on this as it has the ability to erode its image before the Ministry of Health and other key stakeholders.
- b) Care of carers: Members find this as assurance that they would get support when chronically ill or their children would be cared for if orphaned because they are a NONM member.
- c) Loan access: It was reported that NONM secretariat provides loans to its members and this is valued. Some respondents gave examples of a nurse who accessed loan to support her wedding.
- d) Education scholarship: It was reported that secretariat has lobbied with government to provide scholarship to student nurses.
- e) Awards and gifts: Some respondents indicated that NONM membership accords them a chance to win awards and receive gifts.

- f) College management: It came out that in some cases, college management encourage students to join NONM when they are in workforce. This is interesting and worth noting as it provides the secretariat with scope of it allies in building membership.
- g) Dress code: The restoration of nurses' dress code was also cited as a motivating factor.

4.6 Benefits from being NONM member

The study looked into membership benefits to assess the pull factors for nurses and midwives to be a member. Commonly reported benefits included the following: training in labour laws and leadership; computer training, and access to loan. Some of the reported benefits were also reported as areas that members perceive to have improved in the past two (2) years. Respondents highlighted several areas that they have noted improvement which include boosting care of care givers program; increased trainings; lobby for scholarship and upgrading of nurse midwife technicians to return to school; provision of smart phones and tablets on loan; improved speed to intervene in legal case involving nurses and midwives and national wide visit of NONM president to all district chapters.

4.7 Sustainability and Institutional Strengthening

According to the 2013 Strengthening and Sustainability Annual report, the project so far dwells on four main core project areas which seek to address the following; a strong secretariat with functional working systems and motivated staff; an organisation that operates within its mandate and budget; help reduce organisational risk and increase sustainability; and increase in trainings and member empowerment. A study to assess progress the project might have achieved on a number of areas between January 2012 and March 2014 showed that all aspects of organizational strengthening had improved. Documentation (documents and reports recorded the highest improvement of 32 percentage points from 45% to 77% followed by professional development with 30 percentage points. The least improved aspects were member benefits with an improvement of 12 percentage points followed by administration and staff with 14 percentage points. All aspects scored at least 75% implying that NONM is overall a strengthened organization. There are also initiatives to move towards a self-sustaining organization. For example, NONM has its own offices and rents part of the office complex to generate funds. It also runs a restaurant within the office complex as a means for resource mobilization. While the efforts so far are impressive, support from partners remain major source of finances. The graph below shows trend in aspects of organizational strengthening.

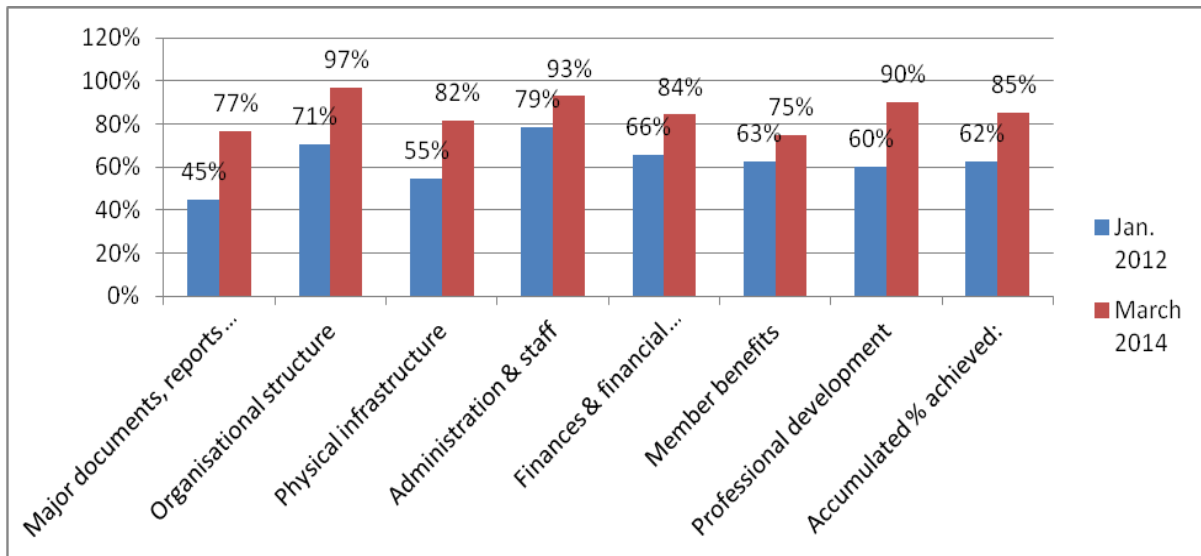


Figure 7: Trend in improvement in aspects of organizational strengthening

Source: NSF 2014, Development Matrix

Key aspects of sustainability include the ownership of own office complex which saves money that would otherwise be paid for rent; the part of office complex that is rented. In 2013, NONM generated US\$16, 273 (MK7,323,049.70) from office rentals and between September and December of same year, the restaurant generated MK346,770.00. While the resources remain inadequate, they contribute to pay operational costs of the organization. It is worth noting that besides working on sustainability from revenue generation side, NONM is also working on the same from cost reducing side. The drilling of borehole was for the purpose of reducing water bill.

Probably own office building is perceived to have multiple benefits to sustainability. Members share the view that having own office helps save resources and improve sustainability and in their view, having own office can attract donor support. Indeed, most members were of the view that NONM is moving towards sustainability citing own office building and rising membership as indicators of sustainability.

When asked areas that NONM leadership and management should improve, the commonly reported areas were the following: lobbying for welfare of nurses and midwives; lobbying for student scholarship; provide training support; and information dissemination and feedback. There was expression that NONM is more accessed by members in urban compared to those in rural. Some members were of the view that NONM leadership and secretariat get involved in partisan politics, which members believe is not helpful.

Members note that NONM leadership and management face challenges which include lack of adequate funds; poor relationship between NONM and the Nurses and Midwives Council of Malawi (NMCM) among others.

NONM secretariat can be considered as fair at retaining staff. Most senior staff members were found to have served between 7-9 years which is outstanding in non-

governmental organizations. Staff members reported staff welfare and conducive environment to unleash potential as satisfying aspects while salaries and job security are areas staff members are not satisfied with. For job security, staff members are of the view that dependence on donors present unpredictability challenge.

NONM is a functioning organization, it conducts staff meetings quarterly and staff members freely contribute. Staff-management relationship is reportedly good. However, management needs to improve on handling of staff issues. Some members of staff indicated management handles issues harshly.

Staff members were unanimous of improved procedures and systems and they have confidence in the systems and procedures. It was reported that senior staff members underwent capacity building training. Procedures and policies have been revised and drafted to improve efficiency and effectiveness. They were nonetheless quick to caution that NONM remains donor dependent such that if donors pull out, sustainability was at stake.

Further, members view renting part of office space; development of funding proposals; increased membership which means increased fees; bargaining to collect membership fee at source to improve collection; and loans for staff and members which attract interest as part of financial sustainability.

There have also been initiatives to improve human resource retention and they include; provision for further study with education loan support at competitive interest rate; a conducive working environment that allows expression of views and contributions for improvement; promotion of unity and togetherness at work; and soft loans that allows for personal growth in terms of development.

4.8 Areas for improvement

In sum, respondents cited the following areas that NONM management and secretariat need to improve:

- a) Predominant low cadre membership: It was indicated that the membership is dominated by low class cadres. Members view this as a challenge and asked the leadership to persuade highly trained nurses to join the union. This is consistent with finding presented in figure 3 above which shows majority to be holders of certificate and diploma.
- b) Inadequate accountability to its members: Some respondents are of the view that NONM management needs to improve on accountability to the membership. Some referred to decision for NONM to invest in financial securities such as shares which they claimed do not know whether it happened or not. One respondent stated:

"People go for strategic plan meeting but do not give us feedback." Another retorted, "the secretariat does not consult on many issues, we are only consulted when it is a strike."

- c) Poor relationship between NONM and NMCM: It was stated that there is a perceived poor relationship between NONM and Nurses and Midwives Council of Malawi, and the Ministry of Health. This is a challenge.
- d) Unfinished advocacy: Some members think that NONM starts many advocacy initiatives concerning welfare of nurses but fail to conclude them or show for results.

5.0 Recommendations

The recommendations are based on study findings as well as what actually respondents proposed as recommendations.

1. Members recommended NONM to distance itself from partisan politics; decentralize its offices to rural areas; introduce a program to look after retired nurses and orphans to nurses; provide sponsorship to students using its own resources; and scale up training. These are key recommendations from respondents.

Further, based on the findings, the following additional recommendations are made:

2. NONM leadership and secretariat should improve on a number of aspects that its members expect. Much as NONM is rated highly to be playing a useful role in championing welfare of its members, satisfaction levels indicate that the gap between expectation and what is done remains wide. Additionally, as a representative of its members, NONM leadership should desist from partisan politics considering the membership may align to different political groups. This is important for a strengthened union.
3. The office complex and restaurant are inadequate to help NONM become self sustaining but they provide foundation to move towards sustainability. NONM should look into other aspects of income generating that would help meet operational cost and offer competitive package to staff to improve retention.
4. NONM should capitalize on its professional membership and work with Doctors Association of Malawi to mobilize resources for establishing a state of the art clinic which will be generating substantial revenue to finance operational costs as well as serve their membership better.
5. Recruit a business development officer or enhance the terms of reference for marketing officer so that the officer plans for high return investment areas and provide technical analysis for viability. Meaningful sustainability will be achieved when NONM can meet all its operating cost (salaries, utilities, loans to members and staff) without eating up on donor funds. That will make NONM even more attractive to donors who will only fund project cost.
6. NONM should review its role in provision of legal backing to its members whenever they have lawsuits before the NMCM to ensure that they are not seen encouraging mediocrity and recklessness amongst nurses and midwives. In as much as NONM is a union, the need for a cordial working relationship

with MoH and NMCM cannot be overemphasized if their lobby and advocacy efforts for the welfare of nurses are to bear fruits

6.0 Conclusion

The mid-term evaluation has found that NONM leadership and management have performed well to move towards strengthening and sustaining the organization. The efforts so far are at far distance to a point where NONM can stand on its own. There is thus need for continued support and investment in high return ventures for NONM to be able to meet operational costs on its own and seek donor support just for projects in the medium to long terms. In the very long term, NONM should strive to finance some of its projects from its own resource. That requires strategic business thinking and necessitates recruitment of business development officer.

References:

1. Chamberlain J. The role of professional associations in reducing maternal mortality worldwide. *International Journal of Gynaecology and Obstetrics* 2003; 83:94-102. Available: <http://www.figo.org/default.asp?id=6123>.
2. International Council of Nurses (ICN). Regulations, roles and competency development. Geneva, Switzerland: The Global Nursing Review Initiative, International Council of Nurses, 2005.
3. Southern African Network of Nurses and Midwives. Caring for Carers to Care Annual Report. Johannesburg, South Africa, December 2010.
4. Hong Lu et al (2005); *International Journal of Nursing Studies: Job Satisfaction among Nurses: a literature review*, 2005.
5. Cavanagh, S; Coffin, D; 1992; Staff turnover amongst hospital nurses; *Journal of Advanced Nursing*, 17 Vol, 1369 – 1376.
6. Blegen, M., 1993. Nurses' job satisfaction: a Meta – analysis of related variables. *Nursing Research* 42 (1), 36 – 41.
7. NONM/NNO care for caregivers' project midterm report–2008.

8. NONM/NNO caring for care givers project annual report for 2012.
9. Irvine, D.M., Evans, M.G., 1995. Job satisfaction and turnover among nurses-integrating research across studies. *Nursing Research* 44 (4), 246 – 253.
10. Herzberg, F., Mausner, B., 1959. *The Motivation to Work*, 2nd Edition, Wiley, New York 1959.
11. Organisational Strengthening and Sustainability annual project report January to December 2013.
12. End of NONM/NNO project evaluation report, December 2011.
13. Price, M., 2002. Job satisfaction of registered nurses working in an acute hospital. *British Journal of Nursing* 11 (4), 275 - 280.
14. WHO (2012), *World Health Statistics*, Geneva.