



END OF NONM/NNO PROJECT EVALUATION REPORT



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SUBMITTED BY MARTHA KWATAINE
Team Leader

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It is sincerely hoped that this report will inform NONM's future programming, enhance its efficiency and effectiveness, and may provide some measure of baseline data in years to come. The findings and recommendations in this report call for reflection and action in the quest for continued effectiveness and growth of NONM.

Martha T. Kwataine (Mrs.)

Team Leader

GLOSSARY/LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CHAM	Christian Health Association of Malawi
CFC	Care for Caregivers
HIV	Human Immune-deficiency Virus
HSA	Health Surveillance Assistant
HTC	HIV Testing and Counseling
IGA	Income Generating Activity
KCH	Kamuzu Central Hospital
KCN	Kamuzu College of Nursing
MCHS	Malawi College of Health Sciences
MCTU	Malawi Congress of Trade Unions
MoH	Ministry of Health
NAC	National AIDS Commission
NGO	Non-Governmental Organization
NMCM	Nurses and Midwives Council of Malawi
NNO	Norwegian Nurses Organization
NONM	National Organization of Nurses and Midwives of Malawi
PLHIV	Person Living with HIV
QECH	Queen Elizabeth Central Hospital
RN	Registered Nurse
SWOT	Strengths, Weaknesses, Opportunities and Threats

1.0 EXECUTIVE SUMMARY

The year 2011 is the sixth and final year of implementation for the Care of Care-givers, and Lobby and Advocacy projects being implemented by the National Organization of Nurses and Midwives (NONM). Although NONM was formed as an association in 1979, in 2009 it changed its status into a union. Respondents to the evaluation exercise that this report emanates from expressed pleasure at having NONM as their union, and one whose objectives offer hope for a good future for the nursing profession.

Different stakeholders such as policy makers, policy implementers, nurses and midwives, NGO leaders, heads of institutions/health facilities took part in the evaluation exercise, and gave their perceptions on the achievements, strengths, weaknesses, opportunities, threats, and challenges of NONM. They also offered their recommendations for purposes of making NONM more efficient and effective in its work. By the nature of NONM's constituency, most of the participants were women compared to men.

Overall, all respondents agreed that NONM is making a positive difference in the nursing profession in terms of being their voice, supporting them in times of hardship including legal and moral support in times of disciplinary processes, facilitating the improvement of their socio-economic status and according to the professional dignity it deserves, including a dignified funeral ceremony whenever a nurse midwife departs. The above achievements and successes of NONM work are motivating nurses towards professional and diligent service.

The major issues that surfaced during the evaluation exercise were:

- Dissatisfaction with entry level grade and remuneration package for health workers graduating from Malawi College of Health Sciences campuses as compared among themselves and with other training institutions vis-à-vis duration of training, curriculum/content covered, and skill levels attained;
- Absence of Continuing Education Centers for upgrading of health workers without necessarily resigning from work or having to spend months upon months away from work;
- Very low salaries that are often not paid on time and which are not in keeping with cost of living;
- Inadequate monitoring and supervision of chapter work which results into laxity by chapter members and which could otherwise assist NONM respond to needs in a timely manner;
- Lack of clarity/inadequate consultation and information flow on some processes such as selection of award recipients and feedback on some critical work being undertaken by NONM on behalf of its members, especially as this relates to rural health facilities;
- Weak financial resource base for chapter work;
- Sour/ antagonistic relationship between NONM and the Nurses and Midwives Council of Malawi, and even the nursing department in the Ministry of Health.

The following were the key recommendations:

- NONM should consider scaling up to rural health facilities and the hard –to-reach districts for equity, ensuring knowledge gaps are minimized; clarity on reason for existence for NONM, its programming and respective processes is enhanced; and pertinent feedback provided in a timely manner.
- NONM should endeavor to intensify their resource mobilization efforts so that they are able to provide meaningful seed money for pertinent initiatives, and to replicate the project in a number of areas while providing comprehensive care to those in need.
- NONM should consider advocating for/facilitating a part time upgrading program for nurse/midwife technicians, and for a just grading system and fair remuneration packages.
- To address the disparities and misunderstandings on workers’ rights between employers and the nurses, NONM should partner with the Ministry of Labor; the Ministry of Labor could play a facilitative role towards bringing together the Ministry of Health and senior management members of health facilities to trainings on workers’ rights. This approach has worked with some unions.
- NONM, in partnership with other stakeholders, should lobby for justice in the way the Nurses and Midwives Council of Malawi handles disciplinary issues.
- NONM should lobby the MoH to put in place welfare policies that are non-discriminatory in nature.
- NONM should continue lobbying and advocating for allocation of more resources in the national budget towards training of nurses and midwives to address the problem of high nurse-to-patient ratio
- NONM Secretariat should work towards addressing the sour relationship it has with Nurses and Midwives Council. This will help remove the confusion/fear that some nurses have regarding their welfare bearing in mind that the government and not NONM is their employer.

2.0 BACKGROUND AND INTRODUCTION

2.1 Background

The National Organization of Nurses and Midwives of Malawi formerly known as National Association of Nurses of Malawi until December 2006 was founded in 1979. It is an independent, non-partisan, non-governmental organization and professional organization that represents nurses and midwives of Malawi. Its goals are to safeguard nurses and midwives' professional, organizational and socio-economic interests and to influence nursing education and nursing practice, thereby serving the population of Malawi. The organization confines its interests to nurses and midwives and the nursing/midwifery professions.

In order to fulfill its mandate, NONM with financial support from Norwegian Nurses Organization (NNO) has been implementing two major projects, namely, Care for Care -givers (CFC), and Lobby and Advocacy. The functions of NONM are guided by its three year strategic plan for 2008-2011

2.2 Introduction

The NONM end of project report emanates from a combination of primary and secondary data. NONM with financial and technical support from the Norwegian Nurses Organization (NNO) has been implementing two major projects namely: Lobby and Advocacy and; Care for the Care-givers.

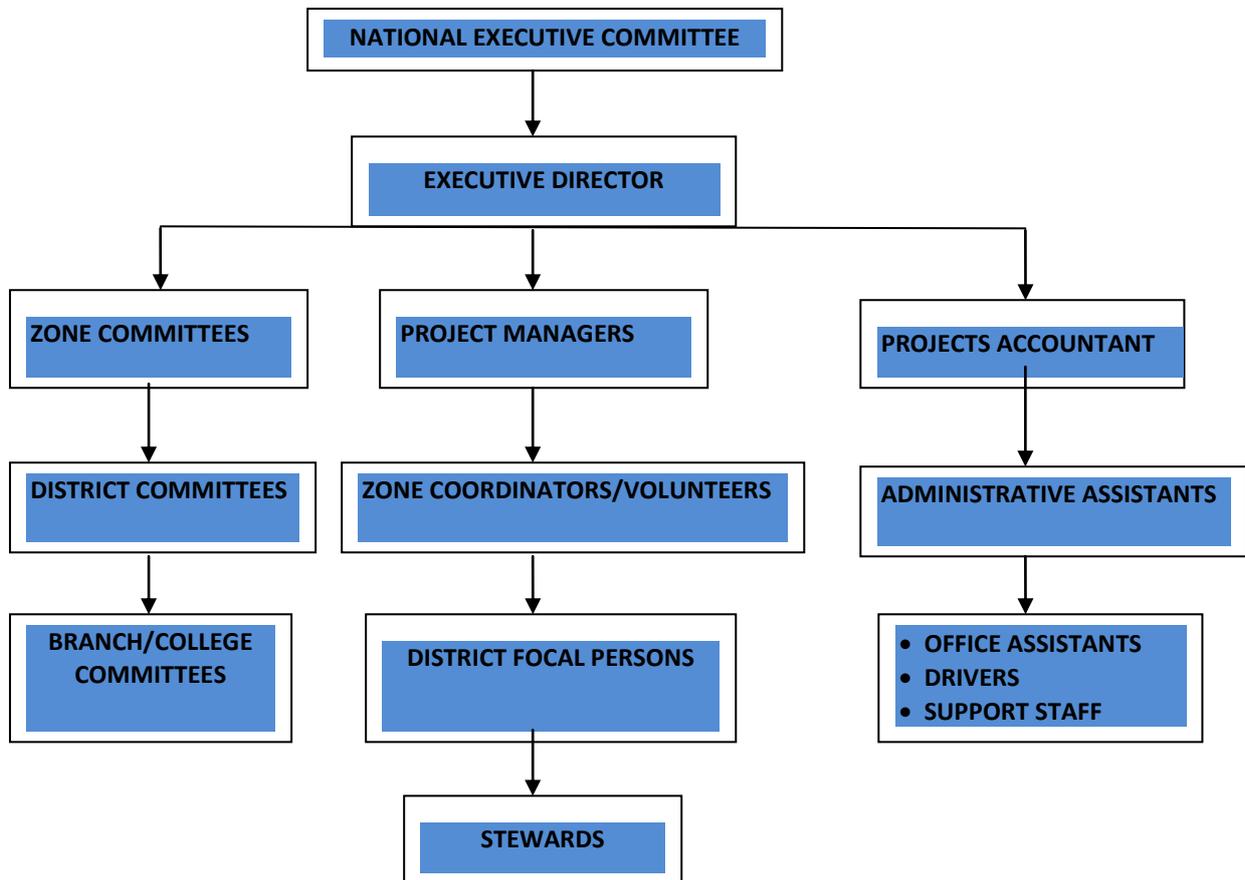
The report provides both the organizational as well project reviews of the activities implemented by NONM. It highlights both achievements and challenges, and makes recommendations based on the findings. The report also builds onto the mid-term review of the projects that were carried out in 2008.

2.3 Organization Overview

The National Organization of Nurses and Midwives of Malawi (formerly known as National Association of Nurses of Malawi until December 2006) was founded in 1979. It is an independent, non-partisan, non-governmental and professional organization that represents nurses and midwives of Malawi. Its goals are to safeguard nurses and midwives' professional, organizational and socio-economic interests and to influence nursing education and nursing practice, thereby serving the population of Malawi. The organization confines its interests to nurses and midwives and the nursing/midwifery professions. In 2007 the organization developed a 3-year (2008-2011) Strategic plan comprising the following eight (8) pillars/themes:

- Sustainability
- Caring for caregiver
- Professionalism
- Empowerment and capacity building
- Partnerships and Networking
- Lobbying and advocacy
- Information, Communication and Technology
- Social responsibility to the community and the environment.

2.4 Organogram for NONM



2.5 Vision, Mission and Objectives

The vision of NONM is to have a strong, vibrant and visionary organization that will result in a motivated and empowered nurse/midwife who will play an effective role in taking the responsibility for advancing their interests at the work place, within their organizations and in their communities. To achieve this vision, NONM is guided by the following objectives:

- a. Promote and maintain the highest possible standards of nursing and midwifery services for the well-being of the population of Malawi ;
- b. Achieve progress for nursing and midwifery in Malawi in the areas of practice, management, education, research, ethics, socio-economic welfare, and safeguard the historical heritage of the profession or any related matters;
- c. Foster a spirit of unity and solidarity among members;
- d. Safeguard and promote the dignity, rights and socio-economic status of individual members, and of the nursing/midwifery professions;
- e. Act as a liaison between the nursing/midwifery professions and the government, other non-governmental organizations and the public;
- f. Provide advice or assistance to victimized members;
- g. Serve as the authoritative voice for nurses and midwives in Malawi;
- h. Promote equal access to health care for the population of Malawi.

2.6 Study Overview

2.6.1 Objectives of the study

- The main objective of the study was to assess the impact of the project interventions to gauge the extent to which it managed to meet the intended bench marks.

The exercise also had specific objectives as follows:

- Conduct a SWOT analysis of NONM to feed into the next phase of the project
- To propose recommendations for the way forward

2.7 Study Report Outline

The outline of the report is as follows:

- Section 3: Methodology
- Section 4: Limitations
- Section 5: Findings
- Section 6: Challenges
- Section 7: Conclusion and Recommendations
- Section 8: Appendices

3.0 METHODOLOGY

The study used both primary and secondary data. The primary data was collected through key informant interviews and focus group discussions. Stratified sampling was used to identify respondents. Two health facilities were selected in each of the six districts from the 5 health zones of Malawi, in line with the Ministry of Health's (MoH's) classification. Of the total facilities visited, only one belonged to the Christian Health Association of Malawi (CHAM). A total of 200 respondents took part in the evaluation. Besides nurses and midwives, who are the major beneficiaries of the NONM interventions, student nurses were also interviewed. The following health facilities and training institutions were targeted:

PUBLIC INSTITUTIONS	CHAM INSTITUTIONS	COLLEGES
- Mzimba District Hospital - Kamuzu Central Hospital - Dowa District Hospital - Zomba Central Hospital - Zomba Mental Hospital -Queen Elizabeth Central Hospital	- St. John's Mission Hospital - Likuni Mission Hospital - Mtengo wa Nthenga Mission Hospital - Blantyre Adventist Hospital	- Malawi College of Health Sciences (MCHS) Zomba campus - Malawi College of Health Sciences (MCHS) Blantyre Campus

As indicated above, two facilities per district were sampled to reflect the level of health service delivery by government and the Christian Health association of Malawi (CHAM). Sampling also took into consideration the 5 health zones of Malawi as per the MoH's classification. To take on board the work of NONM among nurse midwife students, who are also key members of NONM,

key informant interviews and focus group discussions were held with student members from the Malawi College of Health Sciences (Blantyre and Zomba campuses). Key Informant Interviews with key stakeholders in NONM were also conducted. Among others, interviews were held with the National AIDS Commission (NAC), the Ministry of Health (MoH), and the Malawi Congress of Trade Unions (MCTU).

Secondary data was collected through desk review of NONM reports and other forms of documentation.

4.0 LIMITATIONS

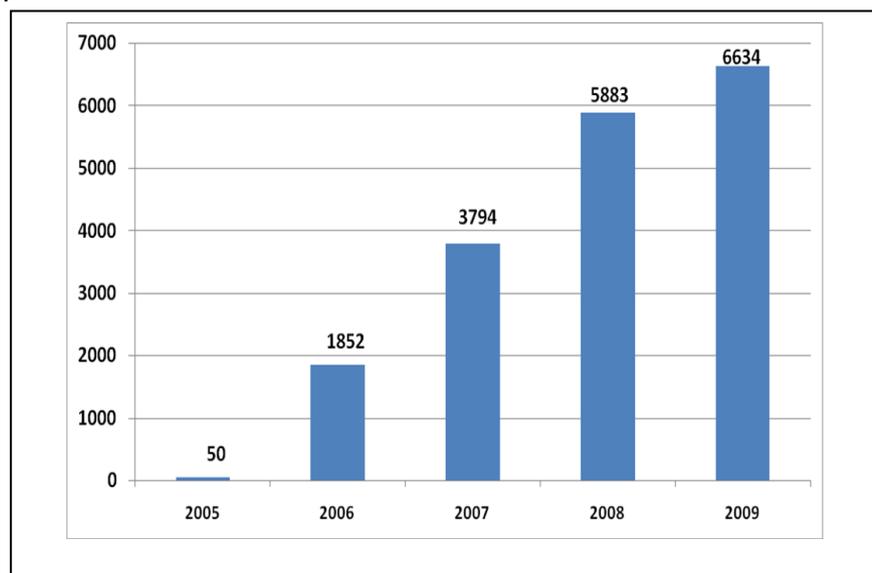
The major limitation during the study was fuel shortage. This affected the primary data collection exercise. On several occasions travel to project sites was cancelled due to inability to access adequate fuel to facilitate mobility. This led to delays in completion of the exercise.

The other challenge was lack of co-operation from hospital/facility management. In some facilities, the person representing management was reluctant to respond to the check list. Even in cases where agreements were made to leave the checklist for the management to respond on their own, they never returned the questionnaire, and follow ups yielded no fruit. We could not interview students from other institutions except for MCHS in Zomba and Blantyre because they were out in the field for attachments / practical work.

5.0 FINDINGS

5.1 NONM Membership

The NONM membership has been increasing over the years from 50 in 2005 to 6634 in 2009. Refer to graph 1 below. A data base for membership was established and each member gets an identification card annually.



The increase in the membership is largely attributed to the formalization of the membership fee through forms and cards and the recruitment campaign that NONM launched and it started with the facilities belonging to CHAM. Negotiations are underway with the Malawi Congress of Trade Unions (MCTU) to deduct the membership fee at source (salary deduction).

5.2 Lobby and Advocacy Achievements



There is a general consensus both from the nurse midwives as well as the employers that the NONM lobby and advocacy interventions have enhanced professionalism among nurses. From the union perspective, NONM members speak with one voice hence raising their solidarity and profile. Out of the institutions that were interviewed, 6 agreed that NONM's activities have led to enhanced professionalism amongst members. Some of the activities that have led to improved professionalism are the trainings on leadership; infection prevention; rights and responsibilities of health care workers and patients; and labor laws, negotiations and bargaining. Nurses were, however, quick to point out that at the facility level, there is more emphasis on the rights of patients than the rights of nurses and

midwives. Trainings on democracy in clinical areas and leadership skills have also contributed to the improvement in the professionalism by nurse midwives.



A group of nurses and midwives in solidarity saying the nurses pledge in their full uniform

"NONM lobbied that employers should be buying uniform for all nurses. Although CHAM employers do not buy uniforms for their employees, nurses from this institution are always in uniform. This is a sign that they understood the training on how dressing impacts on role modeling", comment from a leader at one of the CHAM health facilities

Institutions as well as nurses appreciate the impact of NONM lobby and advocacy initiatives in improving their welfare. For instance, introduction of locum, hot meals for nurses on duty, and access to hepatitis B vaccine are some of the outcomes from NONM's lobby and advocacy initiatives which have contributed to increased motivation of nurse midwives. The trainings on leadership and democracy in clinical areas have also changed the mindset of nurses on the need for role modeling. The number of health facilities providing vaccination against common infectious diseases such as hepatitis B increased from 6 in 2008 to 15 in 2010.

One major success of the lobby and advocacy interventions of NONM has been the raising of the public image of nurses in Malawi. Nurses have their own special wards when sick unlike previously when they could be hospitalized in the same wards with all other patients. This is a morale booster to nurses as they feel honored and respected. This is complemented by the Care of Care Givers interventions which emphasize on the need for nurses to be given the due attention in all aspects of their life.

"I like the combination of these two interventions. They complement each other. The challenges encountered in the Care for Care Givers project form the basis for lobby and advocacy by NONM Secretariat", remark from a nurse at one of the public health facilities.



Side ward reserved for staff at Dedza District Hospital

5.2.1 Workers' Rights and Responsibilities

The National Organization of Nurses and Midwives (NONM) is a relatively new union in the trade unions movement. Having recently changed its status from an association to a union, NONM worked hand-in-hand with the Malawi Congress of Trade Unions (MCTU) to build the capacity of NONM around workers' rights and responsibilities. A needs assessment for the new union was carried out by NONM to determine the training content. MCTU conducted trainings on Workers' Rights and Responsibilities; Skills in Workers Representation; and Negotiation, Grievance Handling Procedure and Collective Bargaining. The output of these trainings was the development of a draft copy of the Collective Bargaining Agreement for Nurses.



Some of the participants to one of NONM union leaders trainings in the North zone with MCTU and Ministry of Labour officials sitting on the far right who supported in the facilitation.

According to MCTU, there has been an improvement in the way NONM is handling issues. The firefighting is going down and cases of illegal strikes are on the decrease. It was also observed that there are disparities in knowledge on workers' rights between employers and the nurses. Most employers are not aware of workers' rights yet knowledgeable senior management on issues of workers' rights could play a critical role in reducing conflicts between management and workers. The MCTU recognizes that there are a lot of injustices within the Nurses and Midwives Council of Malawi (NMCM) in the way they handle cases for nurses. For instance, there is unequal representation thereby creating room for intimidation and unfair judgment.

Although NONM is a new union, MCTU has rated NONM as one of the highest unions in terms of welfare of workers due to interventions such as the Wellness Centre, Income Generating Activities for members and medication, in particular the lobby for provision of Hepatitis B Vaccine to health workers. NONM is a best practice in the union movement not only in Malawi but also at the regional level. NONM is the only union in Malawi with a Legal Counsel who provides legal advice to NONM members for free. Other unions that have been around much longer than NONM are learning best practices from NONM within the welfare, prevention and treatment programs, and the HIV and AIDS interventions of NONM.

"Our salaries are very poor as such we cannot afford legal services whenever there is a dispute with our employer. The centre has been very handy not only in accessing legal services but the advice on how to present one's case during disciplinary hearings at the Nurses and Midwives Council"- Quote from a nurse leader at one of the CHAM health



"We are proud of NONM. It is a new union but they have done much more than other unions who have been there for a long time. Illegal strikes have gone down since MCTU conducted trainings to NONM leadership and members- they are now able to discuss and resolve their conflicts. As MCTU, we encourage contact and dialogue", said Jessie Ching'oma from MCTU



5.2.2 NONM Work amongst Students

The membership of NONM is in three categories: Registered Nurses (RN) who graduate at level I, with degree or diploma; Nurse Technicians who graduate at level II with Certificate and Diploma from the CHAM training institutions and the Malawi College of Health Sciences (MCHS) campuses and nursing and midwifery students. Annual membership fee is MK2, 000.00 Mk1, 000.00 and MK500.00 respectively.

For all nursing students that have paid their membership fees, they are entitled to take part in NONM interventions. Through its lobby and advocacy project, NONM extended its operations to student nurses from both CHAM and public training institutions. For this exercise, students from Malawi College of Health Sciences were interviewed.

Just like all other qualified nurses, student nurses are motivated to join NONM because of the relevance of the interventions of NONM for its members. Commonly cited were following:

- The major highlight from the students' perspective was the re-introduction of tuition scholarships to student nurses after government withdrew funding for the same.



CRISIS

- ▣ No first year nurses in govt colleges
- ▣ Only 87 of 610 raise fees in CHAM colleges

By Vincent Phiri

Malawi risks having no nurses in its hospitals as no single first year student has reported for classes in government training colleges while only 87 of 610 candidates selected to CHAM colleges have made it this year following the hike of the school fees from K210,000 to K335,000 per year and the phasing out of government bursaries.

This is according to a research report from National Organization of Nurses and Midwives of Malawi (NONM).

NONM Vice president Abraham Gama confirmed on Tuesday most students who were interviewed in all nine Christian Health Association of Malawi (CHAM) colleges and Malawi College of Health Sciences have expressed interest to work outside the country after completing their studies, citing the salaries for most nurses at around K25,000 per month as falling far too low as compared to the exorbitant school fees of K335,000 per year.

Continued on page 2



ALREADY IN SHORT SUPPLY: But government not training any...

- The introduction of Hepatitis B Vaccine after NONM heavily lobbied for the same with Ministry of Health;
- The support that NONM provides to its members when they are in trouble such as scholarships, financial support given towards funeral ceremony expenses, and moral and legal support during disciplinary processes;
- The promotion of unity among nurses which gives nurse midwives a sense of belonging and the confidence necessary for them to discharge their duties professionally;

“NONM is more of a savior than a mere trade union. If it were not for its vigilance to lobby and advocate for the re-introduction of the tuition scholarship, I would have been languishing in the village now. It was not easy to convince the Ministry of Finance to allocate resources for scholarships but the pressure by NONM and her partners could not be ignored by government”- Remark from an MCHS student nurse.

The trainings on leadership have equipped nurse students with leadership skills. Thus, giving them an edge in leadership capability compared to those who got this training whilst already working.

5.3 Care of the Care Givers Project

The major achievement of the project has been caring and providing support to the care givers and breaking the myth that health care providers are not affected by the HIV and AIDS pandemic. This support to care givers has enabled some of them to live long and live quality lives, which has in turn enabled them to provide care to the patients. The HIV and AIDS aspect of the Care of Care-givers Project has contributed significantly to the following objectives of NONM (objectives c, d, e and g):

- Foster a spirit of unity and solidarity among members;
- Safeguard and promote the dignity, rights and socio-economic status of individual members, and of the nursing/midwifery professions;
- Act as a liaison between the nursing/midwifery professions and the government, other non-governmental organizations and the public;
- Serve as the authoritative voice for nurses and midwives in Malawi;

“It is more difficult for a nurse to access services such as bank or car loans than it is for a doctor. The Ministry Head quarters’ policy and management unit should come up with policies that are sensitive to the welfare of all staff for effective health service delivery. Care for health care workers should be shared equally despite differences in the cadres. Doctors do not work alone. They need support from nurses as well”, lamented one senior nurse at a district hospital

5.3.1 Support Groups

The different support groups within NONM are at various stages of development, with those from rural health facilities lagging behind. In total there are Fifty six support groups that are actively implementing support initiatives. It was observed that on average, most CHAM facilities are not doing well due to inadequate support from their employers as compared to those in public and urban health facilities.

Although the support groups are primarily for nurses and midwives, the reality is that they are open to all health care workers including support staff such as ward attendants, patient attendants, Health Surveillance Assistants (HSAs), guards and cleaners. This is a good model of unity among health care workers. During the interviews, nurses complained that although NONM is taking on board all other members of staff in its operations, the policies at the Ministry of Health headquarters encourage discrimination among staff in health service delivery with Doctors being more privileged than nurses even when they rise to senior management level.



5.3.2 Stigma and Discrimination

The HIV and AIDS support groups have led to reduction in stigma and discrimination. This is due to the trainings that members received and sharing of experiences and consequently led to an improvement in professionalism in the way nurses are handled.



Picture shows a training in progress in Karonga and inset picture, one of the staff sharing her experience on positive living with HIV and AIDS

Out of the facilities sampled, there was only one CHAM and one rural health facility that reported no records by members on the number of members who are positively living with the virus. Stigma and discrimination is still very high at this institution. The institution has not been able to come up with a support group purely for HIV and AIDS. It has rather focused on social welfare thereby making it difficult to gauge the extent to which HIV and AIDS interventions are part and parcel of their activities.

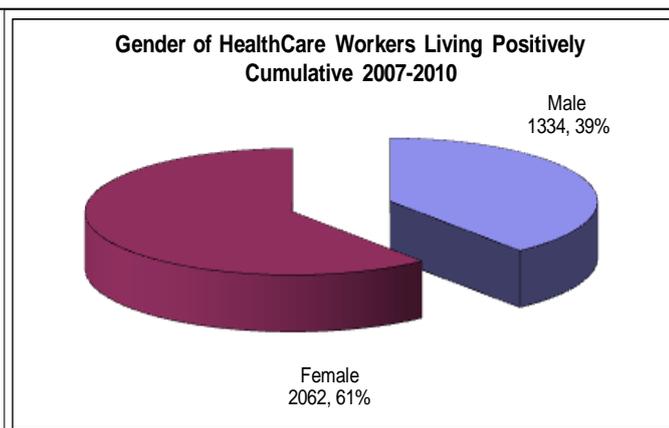
5.3.3 Access to HTC services

Due to the reduction in stigma and discrimination, more nurse midwives are now willing and able to access HTC services. This was not the case before NONM introduced this project. The trainings on HIV and AIDS have contributed to more nurses opening up and accessing HTC services hence the increase in the numbers being registered.

Table 2: Number of Health Care Workers Positively Living with HIV (and Benefiting from the Care of Care-givers Project)

Year	No. of Nurses	Other HCW Cadres
2007	4	0
2008	300	1870
2009	445	2823
2010	490	3396

“NONM has helped our nurses to access HIV treatment without fear of stigma and discrimination. It was very difficult for nurses to go for HTC and come out in the open to declare their status. This Care for Care-givers Project is a good model of how to take care of human resources for health who have for a long time been neglected.” - A member of management team from Dowa district hospital



It can be observed from the table, graph and chart above, that there has been cumulative increase in the number of health care workers that are positively living with HIV and are benefiting from the Care of Care-givers Project. This does not mean there is an increase in the new infections but rather because they are no more silent and are opening up more than previously. Females are more than males.

5.3.4 Support to Social Welfare

The Care for Care-givers Support Groups do not focus on HIV and AIDS services alone. One major impact of the support groups has been the improvement in the living standards of nurses and midwives. This is largely due to the Income Generating Activities (IGAs) such as tuck shops and loan revolving funds that were spearheaded by NONM through the provision of seed capital. In addition to nurses and midwives, other health care workers are also benefiting from this intervention.



At Mtengo Wanthenga, almost every health care worker is a beneficiary of this intervention. It was observed that NONM is the only institution for health care workers in Malawi that has interventions specifically targeting the welfare of its members.

"I thank God for NONM. Since I became a member of the NONM support group, I have managed to access the nutritional support for PLHIVs. The other cadres especially us at the lower level do not have a union to represent us and fight for our welfare"- A remark from a Ward Attendant positively living with HIV and AIDS

5.3.5 Wellness Centre Activities

The wellness centre has contributed to the overall goal of the project in that it has provided an enabling environment for care givers to be given the necessary support such as counseling and



advice in a good environment. Through the Wellness Centre, counseling services are provided to individual nurses, midwives, student nurses and student midwives. The centre provides psycho-social, spiritual, financial and legal support. Nurses appreciate the role that the wellness centre plays.

5.4 SWOT ANALYSIS

A summary of the SWOT analysis of NONM is tabulated below:

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Solidarity amongst the nurse midwives • Having membership in most health facilities in all the districts • Being registered as a trade union • Having a specific profession as a focus 	<p>Some rural areas not reached</p>	<p>Great appeal that NONM has among health workers makes it is easy for NONM to have a well-organized union as compared to other unions</p> <p>Possibility to expand to all districts; successes achieved by some chapters provide a learning ground and motivation for other chapters, and makes them resilient in the face of adversity</p>	<p>The current political climate - especially political leadership that treats critical views with animosity</p> <p>Sour relationship between NONM and Nurses and Midwives Council of Malawi</p> <p>Misconceptions about unionism by senior management members of health facilities, community members and some nurses themselves.</p>
<ul style="list-style-type: none"> • Wellness Centre and office blocks - good for sustainability because NONM does not have to pay office rentals. In cases of economic crisis, once the office blocks are completed, NONM could rent out some of the office blocks to raise income 	<p>Inadequate time allocated for pure trade union issues</p> <p>Weak financial base of members - some members struggle to pay NONM and council licensure fees</p>	<p>Room for the Care for Care-givers Project to be recognized as part of the PLHIV organization</p> <p>Willingness from employers to work with NONM</p>	<p>Sour relationship between NONM and the Nurses and Midwives Council - the two bodies look to be fighting all the time.</p>
<ul style="list-style-type: none"> • Secretariat had good fund raising 		<p>Good image of NONM - opportunity to raise funds from</p>	<p>Economic crisis may lead to scale down of</p>

skills through proposal development		donors easily	interventions
<ul style="list-style-type: none"> • Secretariat has well qualified staff 			
<ul style="list-style-type: none"> • Strong leadership that is pro-active, courageous, resilient, responsive, and has passion for nurses' issues 			Perceived over-emphasis on nurses benefits [rights] at the expense of their roles [responsibilities]
<ul style="list-style-type: none"> • Regular meetings amongst union members, and a general willingness to contribute personal resources towards chapter work 			
<ul style="list-style-type: none"> • Ownership of NONM - members own NONM interventions which is good for sustainability 			
<ul style="list-style-type: none"> • NONM has powerful interventions for its members 			
<ul style="list-style-type: none"> • Strong advocacy skills 			

6.0 CHALLENGES

Several challenges were encountered during the implementation of these projects as highlighted below:

- Inadequate time allocated during the trainings for Grievance Handling Procedures: Whilst the MCTU appreciated that NONM mainstreamed these issues in its trainings, there is need to allocate more time for Grievance Handling Procedures at the work place in the next phase. This topic is deemed to be very critical from the trade union perspective to avoid unnecessary lawsuits and penalties in the form of legal fees;
- Flow of communication between the NONM Secretariat and its members is weak. Information regarding invitation to events is always at the last minute making planning difficult. This, in some cases, has led to management selecting people that are not suitable for a particular event because there is no time to consult with the NONM chapter leaders;
- Clash between NONM activities and academic calendar: For activities involving nurse students, there is often a clash with the academic calendar. This could be a reflection of poor consultations with student chapter leaders in programming, and absence of a calendar of events for a given period from the NONM Secretariat;
- Inadequate funds amidst increased demands: The fact that the support groups are open to all other members of staff at an institution resulting into an increased number of beneficiaries is slowly reducing the amount of funds members can borrow from the loan revolving fund. This has the negative effect of compromising the intended impact on the welfare of the core beneficiaries, nurses and midwives. If not checked or addressed in a timely manner, members may be de-motivated, and the intended outcomes of the initiative may also be compromised. The relevance of the welfare of members through the support group is more critical now when it has become the order of the day that civil servants can stay for several months without pay, leaving them with the only option of borrowing from the loan revolving fund. Such a situation is likely to trigger defaulting in loan repayment hence crippling the services of the loan scheme. Cognizant of the need to take care of the welfare of the other staff members, NONM alone does not have the capacity to raise adequate funds for seed capital to cater for all the members. The need to bring along other health care worker associations/ unions cannot be overemphasized in the given context;
- Some employers believe that NONM rushes to make a position before verifying with the employer on the conduct of nurses. This is a challenge as it contributes to the defensive attitude from employers towards NONM;
- Some of the support groups do not have skills in financial management. This may lead to the collapse of the support groups in view of the loan revolving fund scheme and other IGAs that such groups may want to run;
- Lack of support from management in some institutions, especially those belonging to CHAM

- Institutions in rural areas such as Rumphi are not benefiting from NONM interventions;
- Irregular supervision from NONM leading to laxity and frustration in view of some of the teething problems that some of the groupings under NONM face;
- Some nurses have worked for several years at certificate or enrolled nurse level. They do not have chances to upgrade due to financial constraints. Nurses lamented the absence of Continuing Education Centers for upgrading without necessarily resigning from work. Such aspirations can be met with the presence of institutions offering part time courses for nurse technicians to upgrade to diploma and degree levels whilst earning their monthly salaries, and without creating additional shortage of health workers in the system;
- High nurse to patient ratio: some patients feel neglected if the nurse takes long to attend to them as a result some guardians resort to beating up nurses in addition to verbally harassing them;
- High knowledge gap on labor laws between rural and urban nurses.

7.0 RECOMMENDATIONS AND CONCLUSION

7.1 Recommendations

From the findings, SWOT analysis, and challenges, the study proposes the following recommendations to be considered in the next phase of the project:

- The level of understanding between rural and urban nurses and midwives is different. There are knowledge gaps between rural and urban nurses, with knowledge favoring the urban nurses. NONM should consider scaling up to rural health facilities and the hard-to-reach districts for equity;
- NONM should endeavor to intensify their resource mobilization efforts so that they are able to provide meaningful seed money for pertinent initiatives, and to replicate the project in a number of areas while providing comprehensive care to those in need;
- NONM should consider advocating for/facilitating a part time upgrading program for nurse/midwife technicians. NONM should explore partnerships with training institutions such as Mzuzu University and Kamuzu College of Nursing;
- NONM should conduct separate meetings with employers on a regular basis to help them understand NONM's reason for existence, and what is expected from NONM members and the respective institutions;
- To address the disparities on workers' rights between employers and the nurses, NONM should partner with the Ministry of Labor; the Ministry of Labor could play a facilitative role

towards bringing together the Ministry of Health and senior management members of health facilities to trainings on workers' rights. This approach has worked with some unions;

- NONM, in partnership with other stakeholders, should lobby for justice in the way the Nurses and Midwives Council of Malawi handles disciplinary issues. There has to be equal representation from NONM as well as the Council. The Council's procedures should be probed and adjusted to reflect the principles of natural justice in the context of workers' right and responsibilities;
- In the next phase, NONM should ensure that issues of Grievance Handling Procedures are given priority during trainings by giving the topic adequate time. Although it is commendable that NONM managed to mainstream labor issues in its programs, issues of Grievance Handling are of paramount importance in Workers' Rights and Responsibilities hence the need for due attention;
- NONM should develop specific trainings for members in the rural areas. MCTU has plans to reach out to rural districts on issues of workers' rights. NONM should take advantage of this opportunity to reach out to its structures;
- NONM should hold consultative meetings with the Medical Council of Malawi and representatives of other health care workers to address the increasing demand for resources in support groups. The current situation in the support groups is overshadowing the core beneficiaries of the intervention, in this case nurse midwives;
- NONM should lobby the MoH to put in place welfare policies that are non-discriminatory in nature;
- NONM should continue lobbying and advocating for allocation of more resources in the national budget towards training of nurses and midwives to address the problem of high nurse-to-patient ratio;
- NONM should introduce identity cards with photographs for members so that they are easily identifiable even in cases where they are away from their duty stations. In so doing, any health institution would be in position to provide them with the necessary care in the event that they fall sick;
- NONM should partner with other institutions to raise awareness to health service consumers on the challenges being faced by nurses/midwives;
- It is an open secret that the relationship between Nurses and Midwives Council of Malawi and NONM is sour. NONM Secretariat should work towards addressing the sour relationship it has with Nurses and Midwives Council even if it means getting external support to facilitate the reconciliation process. This will help remove the confusion/fear that some nurses have regarding their welfare bearing in mind that the government and not NONM is their employer;

- The general public/ health service consumers need to be helped to understand the role of NONM and what they stand to benefit if they work hand-in-hand with it. NONM should carry out awareness campaigns towards that end;
- NONM should come up with ways through which leadership transition in NONM Union branches could be made smooth. This is essential for continued growth/continuity;
- NONM should look into security concerns of nurses while on duty in view of high nurse-patient ratio and views of patient neglect that some guardians have. Also, nurses working in psychiatric institutions have to handle violent patients at times.

7.2 CONCLUSION

The evaluation exercise was worth the time and resources spent on it since respondents in all the facilities visited applauded NONM for undertaking the exercise. The respondents were pleased with the realization that NONM values their input into its programming.

"This assessment exercise has been an eye-opener; has assisted me to think through issues" –
Quote from a management team

7.3 LESSONS LEARNED FROM THE EVALUATION EXERCISE

The following lessons learned during the evaluation exercise need to be highlighted for NONM Secretariat to reflect and act upon:

- Almost all the respondents welcomed the evaluation exercise understanding it as a rare chance to contribute to the shaping of NONM, its programs and activities for the general benefit of NONM in its entirety. Others said it had motivated them towards increased commitment to NONM

"This assessment exercise has been an eye opener to me and has awakened in me the need to be keen on what is happening at this health facility and to learn more about NONM" – A male senior management team member at a government hospital

- Some respondents stated that the evaluation exercise enhanced their understanding of NONM hence they now appreciate NONM's work and commitment to the welfare of health workers much more than before. They requested for increased/regular interaction with representatives of NONM leadership at national level.
- Other respondents stated that the assessment exercise indicates that NONM seeks to be a dynamic institution that seeks to continuously improve its act.

8.0 APPENDICES

8.1 Appendix A: List of Checklists

8.1.1 Check List for Key Informant Interviews

INTRODUCTION

Since 2006, NONM with financial support from the Norwegian Nurses Organization has been implementing the Care for Care Givers project. 2011 is the final year for implementing this project. NONM has therefore commissioned an end of project evaluation to assess the achievements, challenges and come up with recommendations. The findings of the evaluation, among others, will inform the design of the next phase of the project.

Questions for Key Informant interviews

NONM Objectives

- (a) Promote and maintain the highest standards of nursing/midwifery services for the well being of the population of Malawi;
 - (b) Achieve progress for nursing/midwifery in Malawi in the areas of practice, management, education, research, ethics, socio-economic welfare, safeguarding of the historical heritage of the profession or any related matters;
 - (c) Foster a spirit of unity and solidarity among members;
 - (d) Safeguard and promote the dignity, rights and socio-economic status of individual members, and of the nursing/midwifery professions;
 - (e) Act as a liaison between the nursing/midwifery professions and the government, other non-governmental organizations and the public;
 - (f) Provide advice or assistance to victimized members;
 - (g) Serve as authoritative voice for nurses/midwives in Malawi;
 - (h) Promote equal access to health care for the population;
-
1. What do you know about NONM Care of the Care Givers Project?
 2. NONM has been implementing a project on caring for the care givers? To what extent were you involved in the project design, implementation and monitoring?
 3. What are the major achievements of this project against what it intended to achieve?
 4. One of the objectives of NONM has been to strengthen the secretariat and construction of a wellness centre? Do you think construction of the wellness center has contributed to the overall goal of the project?
 5. What are the objectives of NONM that this project has contributed to? Refer to NONM objectives highlighted above?

6. If NONM were to continue implementing this project, what should they drop and what should they continue doing?
7. If you were to do a SWOT analysis of NONM, how would you analyze the strengths, weaknesses,, opportunities and threats for this organization?
8. What recommendations would you make to NONM regarding this project and the institutional mandates?

8.1.2 Check Lists for Various Respondents

(a) CHECK LISTS FOR IN-DEPTH INTERVIEW

INTRODUCTION

In collaboration with the Norwegian Nurses Organization (NNO), NONM has been implementing the Lobby and Advocacy; and caring for the Care Givers Project for the past six years. NONM is conducting an end of project evaluation to inform the next phase of the project.

Please, respond to the questions below.

Questions for Support Group Chairperson

Section A

1. Name of Health Facility:
2. Location: Rural {1} Urban {2}
3. Type of Health Facility: Public/ Cham/private

Section B

1. How much training on HIV and AIDS have nurses from your institution received from NONM since the project started?
2. What has changed in the attitude to HIV and AIDS as a result of these trainings?
3. From a scale of 1-5 with 1 being the lowest grade and 5 excellent, how do you rate the improvement in the lives of the members as a result of the HIV and AIDS interventions being implemented by NONM?
4. For each rate, give an explanation.
5. From the time NONM started the care for care givers project, what has been the rate of utilization of HTC services
 - (a) Constant
 - (b) Decreased
 - (c) Increased

For any of these answers, give an explanation

6. How has involvement in HIV and AIDS interventions contributed to professionalism at this institution?
7. Has there been an increase in the uptake of HTC services as a result of NONM's interventions?
8. How has the NONM HIV/AIDS project contributed to reduction in stigma and discrimination?
9. The NONM project also has the lobby and advocacy component. How has the support group benefited from this aspect?
9. If NONM decides to stop supporting you, what measures have you put in place to sustain the interventions?
10. As in institution, what are the major challenges and successes that you have encountered since establishment of the support group?
11. What are the major successes and challenges of NONM? Are there any opportunities and threats that NONM needs to consider?
12. If NONM is to redesign the project, what should they continue doing and what should they discontinue?
13. What other recommendations do you have for NONM secretariat?
14. Any Other Comments?

(B) CHECK LIST FOR UNION COMMITTEE CHAIRPERSON

Section A

1. Name of facility:
2. Type of facility: Public/ CHAM/ private
3. Location: Rural/ Urban

Section B

1. For how long have you been a chairperson of this committee?
2. How has your institution benefited from being part of the union?
3. Are there any positive or negative changes in service delivery as a result of members being in the union?
4. How many members are in the union at this institution?

5. Does the leadership of this institution support the union activities?
6. If no, give reasons?
7. Is there a difference between nurses/midwives in the union members or not?
8. From your perspective, how has unionism contributed to the professionalism of nurses and midwives at your institution?
9. How has your institution benefited from the lobby and advocacy interventions of NONM?
10. Give examples of some of the lobby and advocacy interventions done by NONM.
11. If NONM is to expand its interventions, what should they continue doing and what should they drop from their interventions
12. How should NONM carry out its interventions if it is to be effective?

(C) CHECK LIST FOR UNION MEMBERS FOCUS GROUP DISCUSSION

Section A

1. Name of Facility:
2. Type of Facility: Public/CHAM/Private
3. Location: Rural/Urban

Section B

1. For how long have you been members of NONM?
2. What motivated you to be a union member?
3. Explain some of the benefits of being a union member?
4. How have you benefited from the Lobby Advocacy and Caring for Care Givers interventions? Please be specific?
5. How can you rate your professionalism since you became a member of NONM?
6. Do you think NONM is doing enough or there are some areas that need improvement?
7. What can you say are the major successes and challenges of your union branch?
8. How do you rate the support you get from NONM secretariat?
 1. Excellent 2. Good 3. Satisfactory 4. Average 5. Below average

9. What do you recommend to NONM secretariat to ensure effectiveness and efficiency of union work in branches?
10. What in your opinion are the strengths, successes, opportunities and threats of NONM secretariat and union work?
11. What measures do you have in place to sustain your activities here without necessarily looking unto the secretariat for support?
12. In its follow up phase, what should new things should NONM do and what should it not do?
13. Any other comments?

Thanks for your time.