



THE AGA KHAN UNIVERSITY



STRENGTHENING NURSING AND MIDWIFERY ASSOCIATIONS IN EAST AFRICA

SUCCESSES CHALLENGES AND
LESSONS LEARNED

Eunice Ndirangu-Mugo, Isabel Kambo,
Joseph Mwizerwa, Eunice Siaity-
Pallangyo, Martie Mtange, Stephen
Ruhmel, Matt Reeves, Amanda Sullivan,
Cynthia Onyango, Jameel Manji



AGA KHAN FOUNDATION

Johnson & Johnson

FOUNDATION

Ndirangu-Mugo, E., Kambo, I., Mwizerwa, J., Pallangyo, E.S., Mtange, M., Ruhmel, S., Reeves, M., Sullivan, A., Onyango, C., & Manji, J. (2020). Strengthening Nursing and Midwifery Associations in East Africa.

ISBN 978-9914-702-29-3



THE AGA KHAN UNIVERSITY

Strengthening Nursing and Midwifery Associations in East Africa

A report that evaluates the impact of providing support to nursing and midwifery associations in East Africa from 2014 - 2019

Johnson & Johnson

FOUNDATION



AGA KHAN FOUNDATION

ISBN 978-9914-702-29-3

Table of Contents

Glossary of key terms	4
Abbreviations.....	6
Note regarding involved institutions.....	7
AKDN AND JJF FOREWORD	8
ACKNOWLEDGEMENTS.....	9
Associations	10
Executive Summary.....	12
CHAPTER 1: PROJECT OUTLINE AND PARTNERS	13
Purpose and Aims.....	13
Figure 1: Objectives of the Strengthening programme.....	13
Timelines and What Was Done	16
Funding description and acknowledgement.....	18
Profiles of the Johnson & Johnson secondees.....	22
CHAPTER 2: WHAT WAS DONE	22
Strategic Planning	22
Organisational Capacity Assessment (OCA).....	22
Institutional Strengthening Plans (ISPs)	22
Virtual Resource Platform (VRP).....	23
Regional Knowledge Sharing	23
Development of Association Websites	24
Membership Satisfaction	24
Media Training/Improving the Image of Nursing and Midwifery	25
Marketing/Communications Plan Development.....	25
Resource Mobilisation Training.....	25
Monitoring and Evaluation Training.....	25
Financial Management Training.....	26
CHAPTER 3: EVALUATION	27
Programme Evaluation	27
Methods.....	27
Membership Satisfaction Survey.....	28
Qualitative Interviews	28
OCA Tool.....	28
Impact.....	30
Omar Abdalla Ali.....	30
Naftali Chesire Chebii	30
Fatia Nassaka.....	30
Results.....	31
Capacity Strengthening	35
Collaboration and Partnerships.....	36
Image.....	37
Programme Challenges and Feedback	38
CHAPTER 4: SUSTAINABILITY	41
Additional Areas of Support.....	41
Sustainability Measures	41
Recommendations Going Forward	42
APPENDICES.....	43
SURVEY RESULTS.....	43

GLOSSARY OF KEY TERMS

Blended learning	A style of education in which students learn via digital media as well as traditional face-to-face teaching.
Chi-square test	A chi-square test is intended to test how likely it is that an observed distribution is due to chance. It is also called a 'goodness of fit' statistic because it measures how well the observed distribution of data fits with the expected distribution if the variables are independent.
Cross-sectional study	A one-off study conducted using a representative sample from the relevant population. It provides a snapshot of the present with findings that are limited in scope.
Detractors	A term used when assessing Net Promoter Scores. Detractors are customers who have had a negative experience with your organisation.
Hypothesis	A formal statement made about the predicted relationship between variables in a research study, which is directly tested by the researcher.
Institution Strengthening Plans	A set of principles, minimum standards, best practices, business processes, references and tools used to improve organisational systems.
Mapping exercise	A methodical review of particular issues/subject areas within a local area to inform the design and development of effective interventions.
Mixed methods research	A methodology for conducting research that involves collecting, analysing and integrating quantitative (e.g. experiments, surveys) and qualitative (e.g. focus groups, interviews) data.
Multi-path mechanism	The exploration of numerous routes from a particular source to a particular destination.
Net Promoter Score	An index ranging from –100 to 100 that measures the inclination of customers to endorse a company's products or services to others. It is used as a proxy for gauging the customer's general satisfaction with a company's product or service and the customer's loyalty to the entity.
Organisational Capacity Assessment tool	A structured tool for assisted self-assessment of an organisation's capacity followed by action planning for capacity improvements.
Promoters	A term used when assessing Net Promoter Scores that typically refers to loyal and enthusiastic customers.
Purposive sampling	A sample made up of cases or individuals who meet the requirements of the study's design and possess the required characteristics.
R Framework	A programming language/tool for statistical computing.
Regulatory Function Framework	A capability maturity model used to evaluate progress in crucial regulatory functions. It contains seven regulatory functions: nursing and midwifery legislation, registration systems, licensure process, standard operating procedures, continuous professional development, pre-service education accreditation and professional conduct and discipline.
Results-based management approach	A participatory and team-based management approach to programme planning that focuses on performance and achieving results and impacts. It is designed to improve programme delivery and strengthen management effectiveness, efficiency and accountability.

Semi-structured interview	An interview in which the interviewer does not stringently follow an official list of questions. Instead, they ask more open-ended questions, allowing for a discussion with the interviewee rather than a straightforward question and answer format.
Thematic analysis	A method for identifying, analysing and reporting patterns within qualitative data.
Triangulation	Using more than one method to collect data on the same topic for cross-verification purposes.
World Bank Capacity Development Results Framework	A tool used to assess the feasibility and coherence of proposed development projects, monitor projects during implementation or assess the results and design of completed projects.

ABBREVIATIONS

AGM	Annual General Meeting
AGNMU	Association for Graduate Nurses and Midwives of Uganda
AKDN	Aga Khan Development Network
AKF	Aga Khan Foundation
AKU	Aga Khan University
AKU-SONAM EA	Aga Khan University School of Nursing and Midwifery East Africa
CONAMA	Confederation of African Midwives Associations
CPD	Continuous professional development
EMEA	Europe, Middle East and Africa
GHN	Global Health Network
HCC	Healthcare compliance
ICM	International Council of Midwives
ISPs	Institutional Strengthening Plans
JJF	Johnson & Johnson Foundation
MAK	Midwives Association of Kenya
MAT	Medical Association of Tanzania
NMAU	National Midwives Association of Uganda
NNAK	National Nurses Association of Kenya
NPS	Net Promoter Score
OCA	Organisational Capacity Assessment tool
SSA	Sub-Saharan Africa
Strengthening programme	Strengthening Nursing and Midwifery Associations in East Africa Programme
TAMA	Tanzania Midwives Association
TANNA	Tanzania National Nurses Association
TUGHE	Tanzania Union of Government and Health Employees
UNMU	Uganda Nurses and Midwives Union
UPMA	Uganda Private Midwives Association
VRP	Virtual resource platform
ZANA	Zanzibar Nurses Association

NOTE REGARDING INVOLVED INSTITUTIONS

Founded and guided by His Highness the Aga Khan, the Aga Khan Development Network (AKDN) brings together several development agencies, institutions and programmes that work to design and implement strategies to help those in need to achieve a level of self-reliance and improve their quality of life. These agencies operate in different parts of Africa and Asia and include the Aga Khan School of Nursing and Midwifery East Africa (AKU-SONAM EA) and the Aga Khan Foundation (AKF). In the report, AKDN represents AKU-SONAM and AKF; however, these two agencies are also referred to independently in specific cases.

Johnson & Johnson Foundation (JJF) was previously known as the Johnson & Johnson Corporate Citizenship Trust (JJCCT). It was founded in 2007 as JJCCT and is responsible for managing Johnson & Johnson's Global Community Impact programmes and activities across Europe, the Middle East and Africa. As the Strengthening programme had been running for 5 years, there may be references to JJCCT in the report. Therefore, JJF and JJCCT refer to the same organisation.



The Aga Khan Development Network and Johnson & Johnson Foundation Foreword

‘Strengthening Nursing and Midwifery Associations in East Africa Programme’

For 19 years, the Aga Khan University School of Nursing and Midwifery, East Africa (AKU-SONAM EA) and Johnson & Johnson have partnered to promote and develop quality nursing and midwifery education in East Africa. The Johnson & Johnson Foundation (JJF) is dedicated to building skills and resilience of midwives, nurses and community health workers to ensure that even the most remote and vulnerable populations have access to quality healthcare. This longstanding partnership with AKU-SONAM EA led to the graduation of nearly 2,200 nursing and midwifery leaders across Kenya, Uganda and Tanzania, creating a ripple of positive impacts across the entire region.

Over the last five years (2014–2019), JJF, Aga Khan Foundation (AKF) and AKU-SONAM EA have partnered on the *Strengthening Nursing and Midwifery Associations East Africa Programme* (Strengthening programme). This initiative sought to comprehensively strengthen and improve nine associations across Kenya, Uganda and Tanzania. The main objectives of the programme were to increase internal capacity across a range of fields, increase inter-regional collaboration, improve the image and reputation of nurses and enhance the quality of services provided.

The importance of nurses and midwives in the East African health context cannot be overstated. They comprise 80 per cent of the overall health workforce, meaning they are often the first and only point of care. They work in remote regions providing care to those who would otherwise go without, and venture into their communities to treat patients and share knowledge, providing both preventative and curative care. In other words, nurses and midwives are the backbone of the healthcare system, supporting their communities and countries in the pursuit of Universal Health Coverage. Therefore, it is essential to develop and strengthen nursing and midwifery capacity as well as to provide resources to support these capacity-building efforts.

As a result of the *Strengthening programme*, the associations cited strengthened capacities in areas such as strategic and financial planning, reporting and evaluation. Inter-regional collaboration between associations increased through knowledge sharing and partnerships at conferences, and leadership of the organisations improved. In addition, the results also showed a positive change in the image of nurses among doctors, the public, government and in the media. Participants also noted that they had made progress in improving their self-empowerment, self-awareness and visibility as a result of participating in the programme.

On behalf of AKU-SONAM EA, AKF and JJF, we are thrilled to present this report. This initiative marks a milestone in our partnership and represents so much of what we strive for.



Eunice Ndirangu-Mugo
Dean, AKU-SONAM EA



Benjamin Davies
JJF Global Community Impact Lead EMEA

ACKNOWLEDGEMENTS



This report was made possible by the participation and assistance of many individuals and organisations. Their contribution and expertise is greatly appreciated and was critical to the success of this project. We would like to formally acknowledge those who played a tremendous role in the production of the report, particularly those noted below.

Aga Khan University School of Nursing and Midwifery, East Africa (AKU-SONAM EA)

Dr Eunice Ndirangu, AKU-SONAM EA Dean, supported the evaluation study by leading and guiding the team in the ethical approval process for Kenya, completion of the project and subsequent finalisation of the report.

Professor Sharon Brownie, former AKU-SONAM EA Dean, provided guidance in the initial design of the overall programme structure and continuous monitoring and evaluation of project activities.

Isabel Kambo, Academic Head in Kenya, aided in operationalising the project following its inception, including recruitment and operations planning in Kenya.

Joseph Mwizerwa, Academic Head in Uganda, assisted in obtaining ethics approval in Uganda and arranging meetings with nursing and midwifery associations.

Dr Eunice Siatiy-Pallangyo, Academic Head in Tanzania, helped in attaining ethics approval in Tanzania and organising meetings with nursing and midwifery associations. She also provided oversight for the translation of transcriptions from Kiswahili to English.

Yvonne Mathu, former Executive Officer, provided oversight of project activities, assisted in the process of preparing ethics applications and worked closely with the Academic Heads to secure approvals across East Africa.

Sospeter Ndaba, former Project Manager, facilitated workshops, managed the project schedule and deliverables and coordinated programme activities.

Aga Khan Foundation (AKF)

Matt Reeves, AKF Global Lead, Civil Society, contributed to the design and implementation strategy for the initiative, provided technical guidance on organisational strengthening, supported Johnson & Johnson Foundation secondees and worked with AKF UK to manage the programme budget and deliverables.

Amanda Sullivan, Global Platforms Manager, managed project activities, workshops and trainings throughout the duration of the project.

Cynthia Onyango, Regional Civil Society Advisor, helped with final year management of programme activities, workshops and trainings.

Johnson & Johnson Foundation (JJF)

Executive members of the foundation fully funded the 5-year project and contributed to the review of the final product.

The following secondees were central to the implementation and delivery of project activities.

- Elena Chernychevich completed a landscape analysis of East African nursing and midwifery associations and created a strategic plan for their development throughout the duration of the programme.
- Victoria Holekamp surveyed and interviewed the associations to define perceptions of nursing and midwifery, conducted capacity building workshops and created an assessment to evaluate each association.
- Mariana Xavier conducted additional workshops for capacity building in communications and marketing to assist the associations in improving their professional images and growing memberships.
- Sara Leitao collaborated closely with the associations to review, develop and strengthen their strategic plans, and assess their internal capacity with a focus on long-term sustainability and growth.
- Ramiz Allafi defined and managed the development of the virtual resource platform to be used across all association members.
- Stephen Ruhmel led the programme evaluation, conducted interviews and surveys, analysed data and prepared and reviewed report text.

Associations

This project would not have been possible without the commitment and participation of the nine nursing and midwifery associations, especially the presidents, treasurers, vice secretaries and members who engaged in capacity building activities and the programme evaluation process.

Midwives Association of Kenya (MAK)



Launched in 2016, MAK is focused on championing the interests of midwives in Kenya. MAK works in partnership with the Government and all stakeholders to achieve world-class midwifery services in the country. The association advocates for midwifery to become a more autonomous profession and for the overall strengthening of the midwifery profession.

National Midwives Association of Uganda (NMAU)



NMAU was formally registered in 2018. It aims to: contribute to the improvement of midwifery standards and competence in Uganda; maintain, facilitate and develop midwifery networks; encourage innovativeness among midwives; and influence and contribute to the development of health policies favourable to midwifery in Uganda.

Association for Graduate Nurses and Midwives of Uganda (AGNMU)



AGNMU was established in 2019 to ensure that nursing and midwifery professionals in Uganda are considered equal and integral in decision making practices and health policy formulation. The association also advocates for policy that promotes care through evidence-based practice.

National Nurses Association of Kenya (NNAK)



NNAK is a professional association representing all cadres of nurses in Kenya drawn from practice settings, education and research institutions. Established in 1968, the goal of the association is to empower nurses and midwives, and promote excellence in nursing and midwifery.

Uganda Nurses and Midwives Union (UNMU)



UNMU is an independent, non-partisan, non-discriminatory and professional union representing nurses and midwives in Uganda. Founded in 2003, it is both a professional body and a labour organisation that works to guarantee the nursing and midwifery professions are practised at the highest possible standard.

Tanzania National Nurses Association (TANNA)



TANNA was established in 1971 under its previous name Tanzania Registered Nurses Association. The mission of the association is to advocate for nurses, promote excellence in nursing and influence overall health policy in the country.

Uganda Private Midwives Association (UPMA)



UPMA is a membership-based non-governmental organisation founded by midwives in 1948 that empowers midwives to provide quality reproductive health and maternity services as well as primary health care. UPMA works in partnership with its members, private midwives and private maternity homes for the well-being of women and their families.

Tanzania Midwives Association (TAMA)



TAMA is the national professional association for midwives in Tanzania. It is an independent, volunteer-led organisation founded in 1992 that works to advance midwifery by promoting independent, skilled midwives working in a coordinated healthcare system, as the main caregivers for childbearing women, newborns and children.

Zanzibar Nurses Association (ZANA)



ZANA is a non-governmental organisation that supports professional nurses and midwives to improve nursing and midwifery professionalism and community health. Since 1992, the association has aimed to improve the professional standard of nursing care and services that promote the well-being of the community, particularly women and children.

We also acknowledge the nursing councils of Kenya, Tanzania and Uganda for their leadership, support and guidance in executing this programme, as well as advancing nursing and midwifery more broadly across the region.

Finally, thank you to the many nurses and midwives who contributed to the programme throughout its duration and provided their time during the evaluation process.

Other

Designers: Chrome Partners Ltd. - sales@chromepartners.co.ke

Reviewed and compiled by Martie Mtange, edited by Audrey Holmes, Jameel Manji and Megan Robleh.

EXECUTIVE SUMMARY

Nurses and midwives play a significant role in the healthcare workforce in East Africa and empowering them improves the quality of care for patients in the region. One way of achieving this is by strengthening nursing and midwifery associations.

This impact evaluation study provides evidence-based suggestions on the potential impact of strengthening nursing and midwifery professional associations. It is based on the Strengthening Nursing and Midwifery Associations in East Africa programme, which was a collaborative effort that began in 2014 between the Aga Khan University School of Nursing and Midwifery East Africa (AKU-SONAM EA), the Aga Khan Foundation (AKF) and Johnson & Johnson Corporate Citizenship Trust (JJCCT; now the Johnson & Johnson Foundation [JJF]). The five-year project concluded in 2019 and sought to strengthen the capacity of nine nursing and midwifery associations in Kenya, Tanzania and Uganda to improve the quality of health services delivered in East Africa. Activities carried out during the programme sought to improve internal capacity, quality of services, inter-regional collaboration and the image/reputation of nurses and midwives.

The evaluation used a mixed methods cross-sectional descriptive study design. Semi-structured interviews were conducted with the president, treasurer and secretary plus four members of each association and the nursing council registrars of Kenya and Tanzania. A membership survey was also distributed to association members from the

three countries, which yielded a total of 1,266 responses. Existing data were captured via an Organisational Capacity Assessment tool in 2017, and used to further inform the study.

The findings provided evidence that there is potential for developing the capacity of nurses and midwives by strengthening their professional associations. After completing the programme, the associations cited increased focus/ability for sustainable funding, improved budgeting and reporting ability, and had established bank accounts and payment systems. In addition, the programme enhanced their confidence in forming strategic plans and reinforced their commitment to track and report association activities. Interviews with association members revealed that the most common reason for joining these associations was to support the profession, whereas the most valuable service was continuous professional development programmes. Nurses and midwives were keen to support initiatives directed towards empowering them and their professions. Additional areas of support included education in the form of scholarships, funding to conduct research projects, tools to develop financial management and mentorship as well as advocacy for their careers.

There is certainly a robust case for improving the capacity of nursing and midwifery associations in the hope that this will in turn build the capacity of nurses and midwives in East Africa, and ultimately translate to a better quality of care for patients.



CHAPTER 1: PROJECT OUTLINE AND PARTNERS



Purpose and Aims

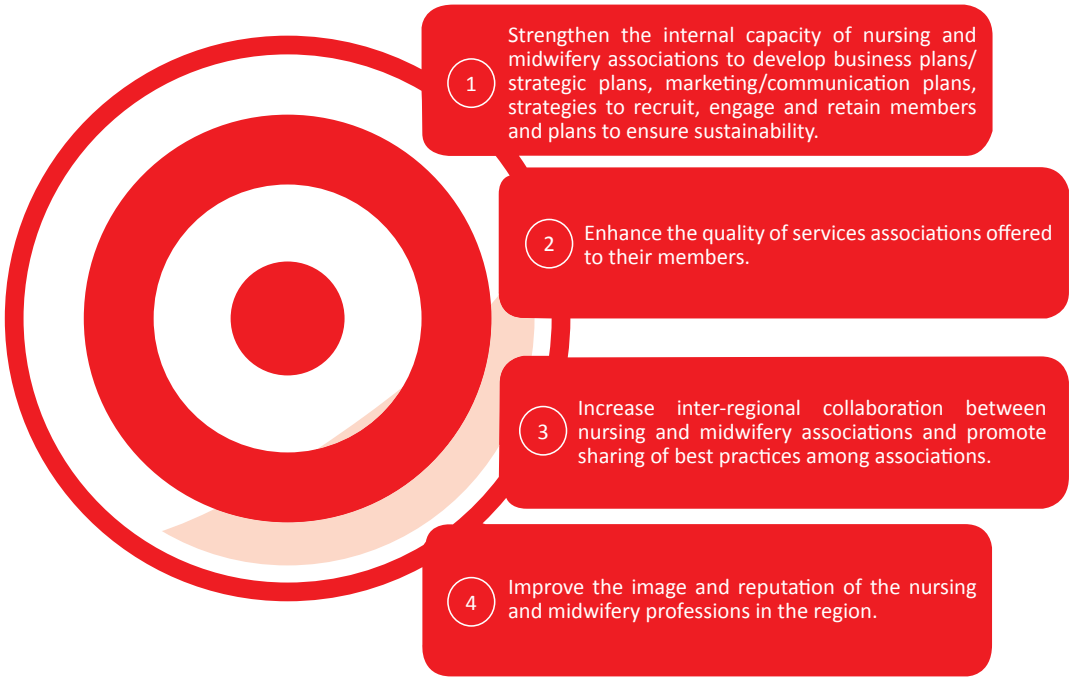
Nurses and midwives represent a significant portion of today's global healthcare workforce; however, they remain few in number, with further reductions expected from 9 million to 7.6 million by 2030.¹ This capacity challenge is particularly pertinent in sub-Saharan Africa (SSA), where 35 countries are experiencing considerable health workforce shortages.² Similar to other SSA countries, nurses and midwives in East Africa face poor working environments, limited opportunity for continuous professional development (CPD) and a lack of respect for their professions. As a result, many qualified professionals emigrate in search of a better quality of life in higher-income countries.³ This 'brain drain' exacerbates health workforce shortages and contributes to the low quality of care that has been widely reported in previous studies.^{4,5} Improving the quality of care in health institutions is critical, and remains on the global agenda.⁶ Professional associations for the healthcare workforce have proven successful in building capacity and improving quality in other countries, and are therefore of great interest to

researchers.⁷ Professional associations support members of specific healthcare professions with their professional and personal growth, and connect them with a network of peers that promotes excellence in practice, consequently improving the quality of their services and enhancing public perceptions.⁸

Strengthening Nursing and Midwifery Associations in East Africa Programme

The Strengthening Nursing and Midwifery Associations in East Africa programme (hereinafter referred to as the Strengthening programme) was a collaborative effort that began in 2014. Programme partners were the Aga Khan University School of Nursing and Midwifery East Africa (AKU-SONAM EA), the Aga Khan Foundation (AKF) and the Johnson & Johnson Foundation (JJF). The five-year project concluded at the end of 2019. The programme sought to strengthen the capacity of nine nursing and midwifery associations in Kenya, Tanzania and Uganda to improve the quality of health services delivered in East Africa. The specific objectives of the programme are detailed in Figure 1.

Figure 1: Objectives of the Strengthening programme



¹WHO | Density of nursing and midwifery personnel (total number per 10 000 population, latest available year). Available at: http://www.who.int/gho/health_workforce/nursing_midwifery_density/en/. Accessed Mar 6, 2019.

²McCarthy CF, Riley PL. The African health profession regulatory collaborative for nurses and midwives. *Human Resources for Health*. 2012;10:26.

³Brownie S, Robb W, Hunter L, et al. Supporting healthy futures for East Africa: Celebrating 15 years of partnership in nursing education. School of Nursing and Midwifery in East Africa, Aga Khan University, Nairobi, Kenya. 2016.

⁴Bergström A, Peterson S, Namusoko S, Waiswa P, Wallin L. Knowledge translation in Uganda: A qualitative study of Ugandan midwives' and managers' perceived relevance of the sub-elements of the context cornerstone in the PARIHS framework. *Implementation Science*. 2012;7(1):117. <https://www.ncbi.nlm.nih.gov/pubmed/23206670>. doi: 10.1186/1748-5908-7-117.

⁵Pallangyo E, Mbekenga C, Olsson P, Eriksson L, Bergström A. Implementation of a facilitation intervention to improve postpartum care in a low-resource suburb of Dar es Salaam, Tanzania. *Implementation Science*. 2018;13(1):102-11. <https://www.ncbi.nlm.nih.gov/pubmed/30055638>. doi: 10.1186/s13012-018-0794-x.

⁶Tunçalp Ö, Were W, MacLennan C, et al. Quality of care for pregnant women and newborns—the WHO vision. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2015;122(8):1045-1049. <https://onlinelibrary.wiley.com/doi/abs/10.1111/1471-0528.13451>. doi: 10.1111/1471-0528.13451.

⁷McQuide P, Millonzi K, Farrell C. Strengthening health professional associations. IntraHealth International, Inc. World Health Organization; 2007. Available from: <https://www.who.int/workforcealliance/knowledge/toolkit/27/en/>. Accessed Feb 25, 2019.

⁸McQuide P, Millonzi K, Farrell C. Strengthening health professional associations. IntraHealth International, Inc. World Health Organization; 2007. Available from: <https://www.who.int/workforcealliance/knowledge/toolkit/27/en/>. Accessed Feb 25, 2019.

Current literature highlights significant challenges in measuring results, impact and return on investment in capacity building ventures.⁹ Calls have been made for new, multi-path mechanisms for capturing changes.¹⁰ The World Bank Capacity Development Results Framework further highlighted the need for a multi-pronged mixed methods approach when evaluating impact.¹¹ This information provided the basis for the mixed method design used in evaluating the Strengthening programme. This is the first known study to assess the impact of strengthening professional nursing and midwifery associations in the East Africa region.

Rationale

The majority of existing literature is focused on the regulatory impact of professional associations. The Regulatory Function Framework was created to evaluate seven functions across five stages, which spanned development of legislation, registration and licensure, professional development and conduct and scope of practice. This was used to evaluate the African Health Profession Regulatory Collaborative, which demonstrated improvement in regulatory influence among participating countries.^{12,13,14} Other studies found that nursing and midwifery professional associations successfully built capacity via flexible classes for CPD as well as mentoring and supervision from experienced midwives.^{15,16} Nursing education has also been linked to improved empowerment for women, intergenerational mobility, improved family economic and health status and improved community empowerment.¹⁷

Despite being limited, research on nursing and midwifery professional associations in East Africa is promising. The AKU-SONAM EA, AKF and JJF partnered to conduct numerous exercises with nine of these associations over the past five years. These exercises sought to increase and improve: a) membership, b) internal capacity, c) quality, d) external perceptions and e) collaboration among these associations.

This study provides evidence-based suggestions on the potential impact of strengthening nursing and midwifery professional associations. Specifically, these suggestions covered how to:

- improve the internal capacity of nurses and midwives;
- improve regional collaboration among associations of nurses and midwives;
- improve the quality of nursing and midwifery professional associations; and
- improve the image of nurses and midwives.

These suggestions may inform future research in similar contexts, and may also be leveraged to improve on related medical practice. Patients stand to gain the most from these programmes, as they are likely to experience better access to and quality of care.

⁹Vallejo B, Wehn U. Capacity development evaluation: The challenge of the results agenda and measuring return on investment in the global south. *World Development*. 2016;79:1-13.

¹⁰Vallejo B, Wehn U. Capacity development evaluation: The challenge of the results agenda and measuring return on investment in the global south. *World Development*. 2016;79:1-13.

¹¹http://siteresources.worldbank.org/CSO/Resources/228716-1369241545034/The_Capacity_Development_Results_Framework.pdf

¹²McCarthy CF, Riley PL. The African health profession regulatory collaborative for nurses and midwives. *Human Resources for Health*. 2012;10:26.

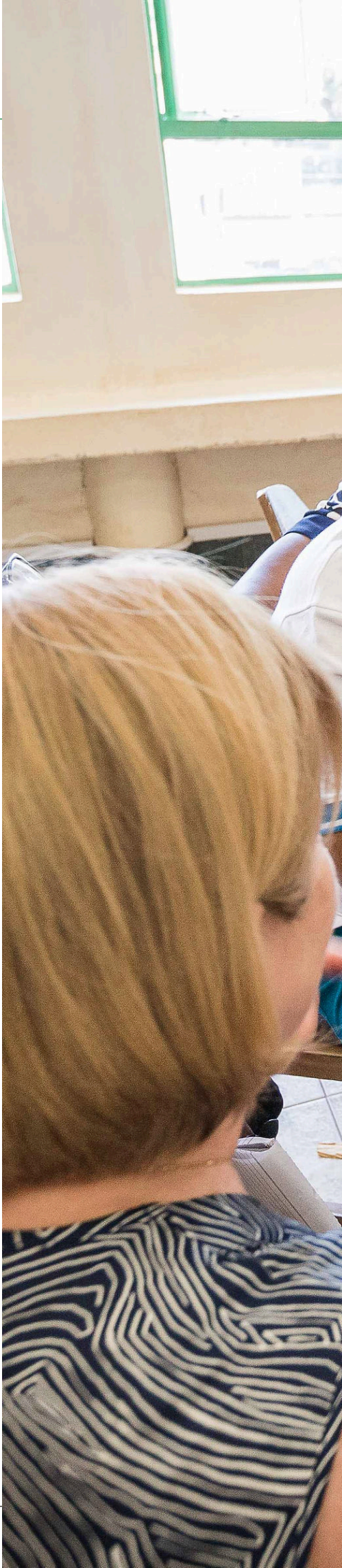
¹³Gross JM, McCarthy CF, Verani AR, et al. Evaluation of the impact of the ARC program on national nursing and midwifery regulations, leadership, and organizational capacity in East, Central, and Southern Africa. *BMC Health Services Research*. 2018;18:406.

¹⁴Dynes M, Tison L, Johnson C, Verani A, Zuber A, Riley PL. Regulatory advances in 11 sub-Saharan countries in year 3 of the African Health Profession Regulatory Collaborative for Nurses and Midwives (ARC). *The Journal of the Association of Nurses in AIDS Care*. 2016;27:285-296.

¹⁵Brownie S, Wahedna AH, Crisp N. Nursing as a pathway to women's empowerment and intergenerational mobility. *Journal of Clinical Nursing*. 2018;27:4050-4057.

¹⁶Dawson A, Killilo M, Geita L, et al. Midwifery capacity building in Papua New Guinea: Key achievements and ways forward. *Women and Birth*. 2016;29:180-188.

¹⁷Brownie S, Wahedna AH, Crisp N. Nursing as a pathway to women's empowerment and intergenerational mobility. *Journal of Clinical Nursing*. 2018;27:4050-4057.





Timelines and What Was Done

Figure 2: Timelines

In 2014, AKDN and JJF created Strengthening programme, which built on an existing 15+ year partnership. Understanding the importance of these professions and their need for support, the partnering organisations formed the initiative with the goal of holistically improving nursing and midwifery practices in East Africa. The programme began with foundational research to define the challenges and priorities for nursing and midwifery associations in the region, thereby creating a road map for the duration of the programme. Efforts focused on providing numerous capacity building workshops, trainings, hands-on support and assessments over the five-year programme time frame. The following summarises the programme activities by year.

2014

Upon inception, the AKDN and JJF teams completed a comprehensive mapping exercise to clarify the landscape of nursing and midwifery associations and unions across East Africa, including Kenya, Uganda, Tanzania, Rwanda and Burundi. In Uganda, both the Uganda Nurses and Midwives Union (UNMU) and the Uganda Private Midwives Association (UPMA) were surveyed to obtain a comprehensive understanding of the challenges for nurses and midwives as well as their expectations of such professional organisations. This mapping exercise enabled the creation of a strategic plan for the development of nursing and midwifery civil society organisations. This plan included key partners, priorities and overall guidance for the five-year programme.

2015

The programme continued to take shape throughout 2015, with a focus on seven professional associations in Kenya, Uganda and Tanzania. Interviews were conducted with association leadership and national nursing council registrars to further define the needs and challenges of these organisations. AKU alumni were also surveyed to assess the perceptions, attitudes and expectations of these associations among their target audience. These activities resulted in a three-year project plan to guide the programme through 2018. This plan was implemented through workshops on leadership capacity building, vision creation for the nursing and midwifery professions and country-specific action plan development.



2016

To build on the foundations of the participating organisations, each association developed and revised their strategic plans with support from the AKF. This provided specific direction for each association, and enabled them to prioritise and focus on the largest areas of opportunity. The AKU Graduate School of Media and Communications was engaged to develop understanding of the local media environment, resulting in many associations developing and beginning to implement marketing and communication plans. These plans were created with the goals of increasing membership and improving the image of nursing and midwifery in the regions. Finally, leadership from each association received online training in leadership and advocacy, with the intent of further strengthening their skillsets.

2017

As a result of the planning and marketing activities completed in 2016, many associations saw an increase in membership going into 2017.

They continued these efforts by creating websites, actively recruiting new members and disseminating communications via multiple channels. The associations began collaborating as they were brought together in regional planning and implementation forums. Support was provided to those organisations that had yet to develop strategic plans, enabling them to build and put such plans into action. Some of the associations completed the Organisational Capacity Assessment (OCA) tool, which was an AKF-created self-assessment tool that allowed an organisation to comprehensively evaluate their level of internal capacity across five categories.

These assessment results were later used by associations to influence their priorities, planning and formulation of Institutional Strengthening Plans (ISPs). Notably, the Association for Graduate Nurses and Midwives of Uganda (AGNMU) and National Midwives Association of Uganda (NMAU) were formed during this year, thereby increasing the scope of the programme to nine associations.

2018

In 2018, participating associations had seen considerable improvements. All associations had implemented strategic plans, completed the OCA and started implementing their ISPs. Seven associations had active websites and four had updated their membership databases. The associations had also attended training on financial sustainability and resource mobilisation, resulting in strengthened internal capacity and business models.

Finally, AKDN and JFF began to create a virtual resource platform (VRP) to provide networking, collaboration and learning resources to nurses and midwives via an online platform.

2019

In early 2019, the VRP was launched to all associations and their members, providing a centralised place for nursing and midwifery resources. The associations attended a workshop on how to strengthen media relationships, with the goal of improving the image of nurses and midwives through positive media coverage. This included the development of a media relationship guide outlining best practices when engaging with the media. Finally, the programme was evaluated to understand its impact throughout its five-year lifespan. The evaluation was conducted using in-person interviews, membership satisfaction survey and review of additional historical data. This evaluation is discussed in detail in Chapter 3.

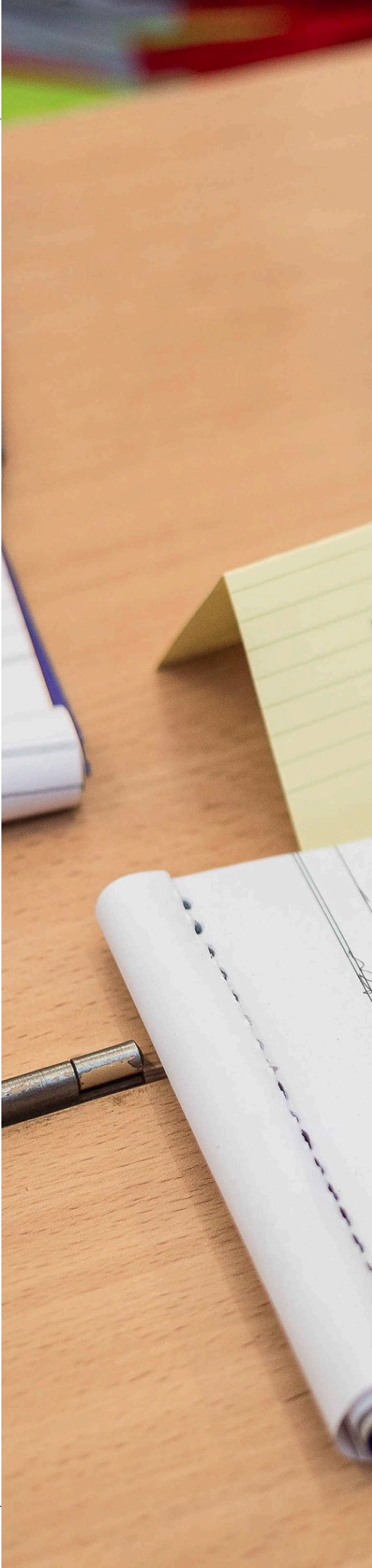
Funding description and acknowledgement

In a relationship lasting nearly 20 years, the Aga Khan Development network (AKDN) and JJF have made major progress in enhancing nursing and midwifery education in East Africa. The initiative supporting the professional associations of nurses and midwives was intended to propel the professions forward by focusing on developing nursing and midwifery associations in Kenya, Uganda and Tanzania. Professional associations can be a strong force for change and progress if they have credible, legitimate and skilled leaders.

Given the significant healthcare development needs in East Africa, having strong professional associations was deemed essential for improving the quality of health services and strengthening the healthcare workforce across the region. The project took a unique approach in focusing on strengthening the association leaders so they could better represent their members, advocate on behalf of their members and lead improvement efforts for their members and the profession as a whole. The project blended full-time AKDN staffing and regional infrastructure with technical expertise and financial support from JJF over a five-year timeframe.

AKDN and JJF share a fundamental belief in the power of professional associations to create change and be a powerful force for progress. JJF served as the primary funder for this programme, as well as guiding its strategy and design. The human capital commitment delivered through the secondment programme enabled six Johnson & Johnson employees to work in full capacity for 6 months each, creating a lasting impact in their wake. Examples include:

- The work of Mariana Xavier led to the development of a blended learning course in communication strategies that AKF now uses with civil society partners worldwide.
- The membership survey tool developed and implemented by Mariana Xavier and Sara Leitao has been adapted by AKF for use with other membership organisations with which AKDN works around the world.
- The online resource centre developed with the support of Ramiz Allafi is being rolled-out for long-term use by East African nursing and midwifery associations.
- The evaluation completed by Stephen Ruhmel will inform AKDN's work worldwide with other professional associations in nursing, midwifery and other professions.
- The project designed and implemented in collaboration with all Johnson & Johnson secondees will act as a model for future such initiatives.



A close-up photograph of a hand holding a green sticky note. The sticky note is lined and has the words 'LAMUL' and 'UPM' written in green marker. The hand is positioned on the right side of the frame, with fingers visible. The background is a solid orange color.

The image shows a close-up of a person's hand writing on a lined notebook. The handwriting is in cursive and appears to be a mix of English and Hindi. The text is written on a white notebook with blue horizontal lines. The person's hand is visible, with a gold ring on the ring finger. The background is a wooden surface.

The text written on the notebook includes:

- Handwritten in Hindi: "आपको पता है" (Do you know?)
- Handwritten in English: "I have a question for you"
- Handwritten in Hindi: "क्या आप जानते हैं" (Do you know?)
- Handwritten in English: "I have a question for you"
- Handwritten in Hindi: "क्या आप जानते हैं" (Do you know?)
- Handwritten in English: "I have a question for you"

Profiles of the Johnson & Johnson secondees



Elena Chernyshevich

- Assignment duration: April to August, 2014
- Location: Kampala, Uganda
- Current Johnson & Johnson role: Emerging Markets Pharma HCC Director

Elena served as the inaugural secondee to support the Strengthening programme. She joined at its genesis and laid the groundwork for the five-year initiative, most notably creating a strategic plan for the development of nursing and midwifery civil society organisations in East Africa. Elena started with a broad scope of the nursing and midwifery associations, unions and similar organisations across Kenya, Uganda, Tanzania, Rwanda and Burundi to assess the landscape and overall state of the profession. The results demonstrated that the professional associations required additional support, resources and partnerships to ensure success. Elena formulated key priorities, identified potential partners and ultimately defined much of the focus areas for subsequent secondees throughout the five-year programme.

Victoria Holekamp

- Assignment duration: June to September, 2015
- Location: Kampala, Uganda
- Current Johnson & Johnson role: N/A (employed elsewhere)

With the foundation laid and strategy drafted, Victoria's role focused on building capacity among the Ugandan, Kenyan and Tanzanian associations. She began by conducting individual interviews with key leaders of these organisations, including the nursing council registrars. She also surveyed attendees of a 200-person AKU alumni conference to qualify the current perceptions of nursing and midwifery in the region. Victoria convened the associations by country, and conducted multiple workshops to build leadership capacity, created a regional vision for the future of the nursing and midwifery professions, defined country action plans for implementation and gathered additional insights. Finally, Victoria formulated and employed an assessment to evaluate the needs and gaps of each association. The findings informed the detailed project plan and proposal for the Strengthening programme across the subsequent three years.



Mariana Xavier

- Assignment duration: May to November, 2016
- Location: Nairobi, Kenya
- Current Johnson & Johnson role: Regional Brand Leader, Oncology

Mariana joined the Strengthening programme as the first secondee situated in Kenya. She continued the collaboration with the nine professional associations across Kenya, Uganda and Tanzania to further build their internal capacity and develop strategic, marketing and communications plans with the ultimate aspiration of improving the image and perception of nurses and midwives across the region. Mariana held workshops and individual working sessions with each association to share marketing and communication concepts and support them in developing their strategic plans to recruit and retain new members, improve partnerships with different stakeholders and increase their visibility. This proved successful, as these professional organisations became more active and communicated more effectively with their members. Moreover, membership of the nine associations had increased on average by 32 per cent in 2017 and 25 per cent in 2018.



Sara Leita

- Assignment duration: July to December, 2017
- Location: Nairobi, Kenya
- Current Johnson & Johnson role: EMEA Commercial Strategy Director

Building on the accomplishments of the three previous secondees, Sara's overall focus was to improve the sustainability of the professional associations. She conducted multiple workshops to review, develop and strengthen their strategic plans, which defined each association's approach to recruiting members, managing financials and pursuing long-term goals. As a result, Sara delivered additional workshops on resource mobilisation and financial management, thereby further building the internal capacity of the associations. Additionally, Sara leveraged AKF's newly-developed Organisational Capacity Assessment (OCA) tool to assess the internal capacity of each association across various key areas. The results were used to further develop the associations' Institution Strengthening Plans (ISPs). She also assisted in the implementation of communication plans, which included the development of websites for most associations. Membership continued to increase throughout this period.



Ramiz Allafi

- Assignment duration: April to October, 2018
- Location: Nairobi, Kenya
- Current Johnson & Johnson role: N/A (employed elsewhere)

Ramiz delivered the final components of the Strengthening programme during his tenure in Nairobi. He delivered additional financial management and resource mobilisation training in a blended learning approach, whereby association leadership received both online and in-person training. Ramiz also delivered training in monitoring and evaluation using a similar model. In addition, Ramiz defined and delivered the first version of the virtual resource platform (VRP), an online resource supported by the Global Health Network (GHN) and accessible to members across the nine associations. Entitled AKU SONAM EA C.A.R.E., the platform provided news, e-learning short courses, documented best practices for delivering care and provided information on grants and scholarships.



Stephen Ruhmel

- Assignment duration: March to September, 2019
- Location: Nairobi, Kenya
- Current Johnson & Johnson role: Associate Director, Janssen Clinical Innovation

The culmination of the Strengthening programme called for critical reflection on its impact, understanding of lessons learned and definition of a future path. Stephen endeavoured to realise this through research with his peers at AKU and AKF. His assignment involved in-person, individual interviews with 65 members and leaders across the nine associations, including the Nursing Council Registrars for Kenya and Tanzania. A membership satisfaction survey was also completed involving 1,266 respondents, and compared with previous survey data to quantify the change. These learnings are presented in this report, and were also shared in workshops with each association and presented to JJF, AKU and AKF stakeholders in the interest of formulating the next iteration of the programme.

CHAPTER 2: WHAT WAS DONE



Strategic Planning

Strategic plans served as a foundational aspect for the nine associations. Upon inception of the programme, most associations had neither a basic plan nor the capacity to develop one. The first workshops conducted as part of this programme focused on enabling each association to create and refine their strategic plans, with emphasis on defining their vision, mission, core values and main functions. The associations also reviewed governance models, mapped stakeholders and defined their value proposition. Ultimately, this resulted in three-to-five-year plans with tangible goals. These plans were regularly refined as each association put them into action, starting in 2016 and 2017.

Organisational Capacity Assessment (OCA)

The sustainability of an organisation is partly a reflection of its internal capacity.

This programme sought to assess and improve the capacity of each association. To this end, AKF adapted their existing OCA tool to assess and identify organisational strengths and needs. The OCA methodology is a comprehensive and highly participatory approach to achieving organisational change, learning and development. OCA supports organisations to assess their capacity in terms of strengths and needs, prioritise organisational challenges by developing a plan for capacity development support and implement improvement strategies. Figure 3 presents the model used to strengthen the capacity of an organisation, based on OCA.

Figure 3: Organisational Capacity Assessment tool



The tool was used in 2017, wherein facilitators led discussions and activities with each association that supported self-assessment through an analysis of their practices in terms of capacity across five themes:

- systems (governance, internal management and financial management)
- activities
- relationships
- adaptability
- culture and organisational learning.

Each theme included capacity elements that detailed

four levels of ideal benchmarks and provided concrete examples. This resulted in a calculated score for each capacity area and provided key information for the associations as they drafted their ISPs. Discussion during the assessment provided an opportunity for the association to explore and build consensus on the level of capacity.

Institutional Strengthening Plans (ISPs)

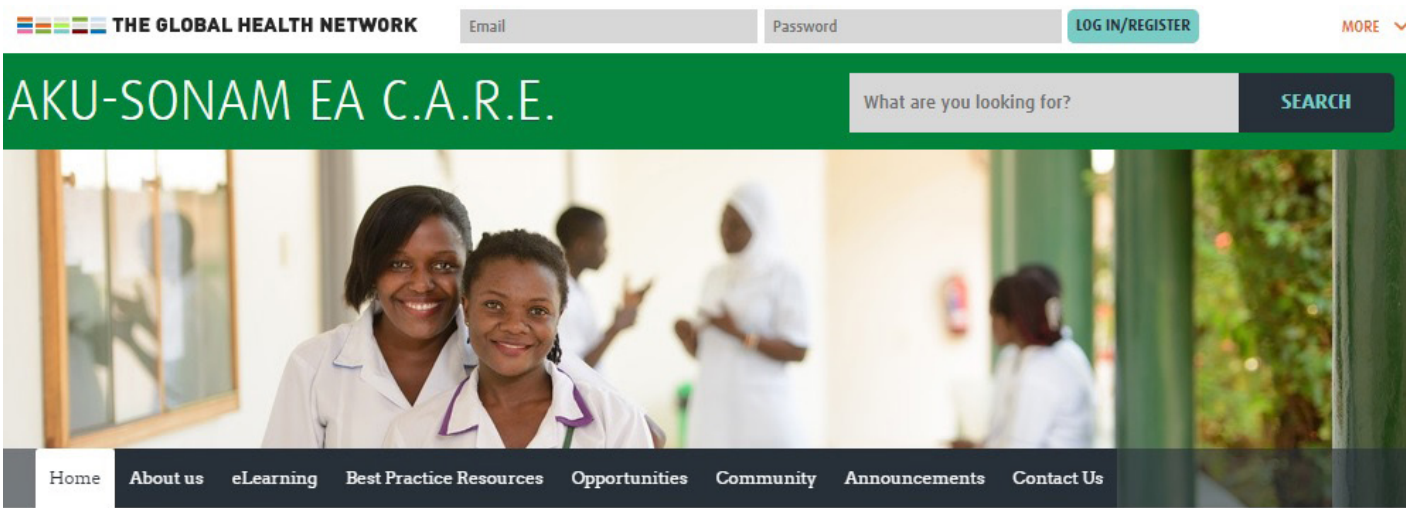
Each association developed an ISP as a direct result of the OCA, which captured both the challenges identified and the interventions proposed. This exercise allowed associations to create actionable plans to further increase their internal

capacity as they reflected on the OCA results. Participants first defined the overall activity and expected outcomes, and then outlined specific steps towards achieving those goals. This included detailing required stakeholders and resources, timelines and the owner of each step. Participants were encouraged to be resourceful and consider how they could build on the resources they already had, such as staff time,

consultants, in-kind resources, financial resources and training. The ISPs served as living documents that were updated with progress over time and adjusted as capacity areas changed. AKF and AKU provided continued support and mentorship throughout this period by reviewing the ISPs and addressing any challenges identified during the implementation process.

Virtual Resource Platform (VRP)
<https://akusonamcare.tghn.org>

Image 1: Virtual Resource Platform, AKU-SONAM EA C.A.R.E.



Home

Welcome to the Global Health Network C.A.R.E. site, a comprehensive virtual resource platform for the professional advancement of nurses and midwives working in East Africa and beyond.

In partnership with the GHN and with the support of JJF, AKU-SONAM EA developed a free VRP that provided educational and training materials for nurses and midwives across East Africa. The platform aimed to connect the nine nursing and midwifery associations throughout East Africa, potentially reaching up to 46,000 members with lifelong learning opportunities. This platform provided educational materials and video training covering topics across oncology, paediatrics, information technology, research and many other health and general topics. Additionally, it served as a community forum for nurses and midwives to share best practices as well as additional CPD opportunities, which created a much-needed support network. The VRP also benefited from the partnership with GHN, which is an online ‘science park’ that is already used worldwide by the global health community to disseminate research and training resources.

Regional Knowledge Sharing

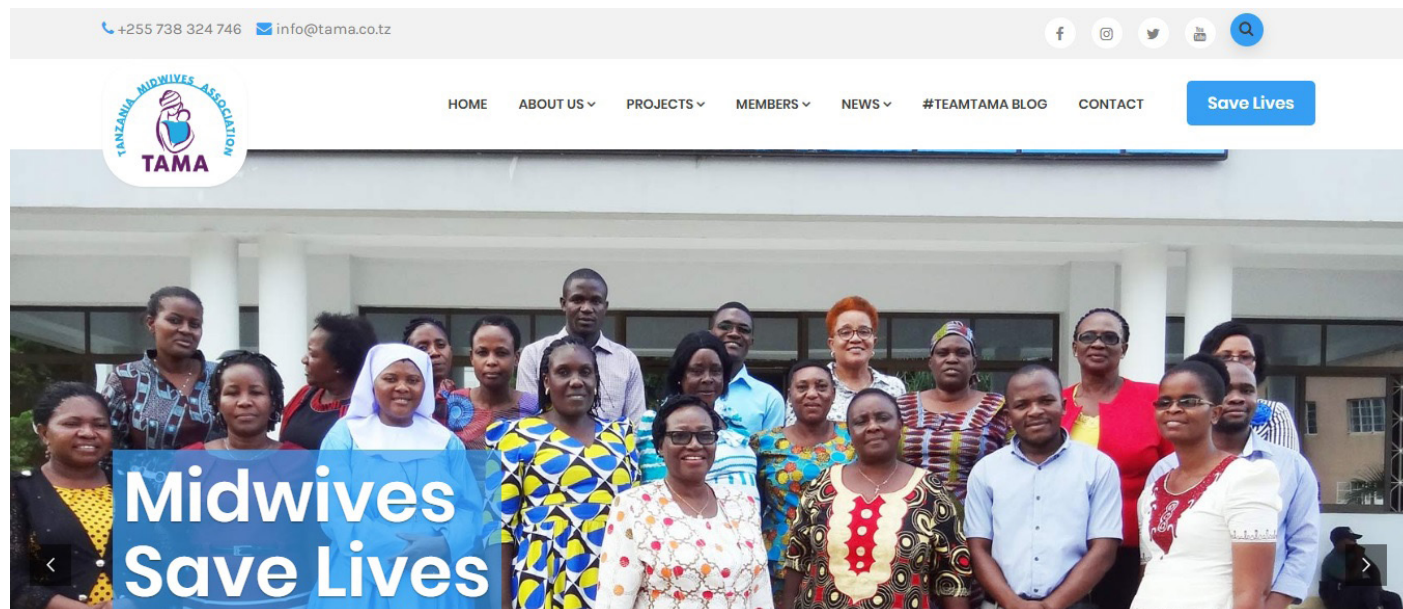
The Strengthening programme enabled participating associations to interact with one another in numerous

forums, including annual general meetings (AGMs), regional meetings and provided workshops. Financial support was provided to the associations to hold AGMs, which in turn provided an opportunity for association members and affiliates to present their research and engage in lively discussions on the state of their profession. Although a given association (e.g. UNMU) conducted an AGM, it was common for members of other associations in that country to also attend, further diversifying the audience.

The various workshops and capacity building activities performed by AKU-SONAM EA and AKF also brought the associations together in the same room, often those from the same country, but sometimes across national borders when all were invited to events in Nairobi. These events allowed association members and leadership alike to build relationships, collaborate, share best practices and act as a larger, unified voice for the nursing and midwifery professions. Furthermore, these opportunities provided a platform that fostered discussions on best practice and opportunities to implement collaborative initiatives.

Development of Association Websites

Image 2: Tanzania Midwives Association website



Multiple associations sought to launch their websites to improve their communications and online presence. Three associations had previously developed websites using consultant support; although this initially resulted in the desired digital presence, it was not a sustainable approach. The associations were not able to continue paying the fees charged to update and maintain custom websites. Therefore, the programme team conducted workshops and hands-on working sessions with four associations (TAMA, TANNA, ZANA and MAK) to build skills on developing and maintaining websites using easily accessible platforms such as Wix and Wordpress. For example, despite having a website created by an external consultant, UPMA's project coordinator developed a new website through Wix that is now managed completely in-house by the secretariat.

The programme team has since followed up with all associations to ensure their websites were managed effectively and provided quality information and communication to members and partners. This approach supported the overall sustainability of the communication plans, as the associations now have the skills in-house to develop and maintain websites and create content, removing reliance on third parties.

Membership Satisfaction

Surveys were administered to the associations, first in 2016/2017 and again in 2019, to gauge the success of the associations' efforts, the impact of the Strengthening programme and assist in future planning. Survey questions

covered the value delivered by the associations, satisfaction with the leadership and AGMs and general feedback for improvement. It also captured respondents' demographics, including education and work history. The survey was distributed in hard copy at general meetings and conferences, and was also available online, with a hyperlink shared via email and WhatsApp.

Media Training/Improving the Image of Nursing and Midwifery

The AKU Graduate School of Media and Communications led a series of workshops with participating associations on improving the image of nursing and midwifery in East Africa. Before the workshops, an analysis was conducted to understand how the nursing and midwifery professions were covered in the media. This revealed low coverage of stories on nursing or midwifery in the daily newspapers, with the few published stories often expressing a negative viewpoint.

During the workshops, the results of the analysis were shared and strategies to engage media and improve the image of nursing and midwifery were explored. Each association finished their workshop by developing action plans to engage the media. The strategies presented in the workshops were summarised in a Media Relations Guide to provide a reference document for the associations as they continued to strive to improve media relationships, interact with the public and ultimately improve perceptions of the nursing and midwifery professions in the region.



Image 3: Nursing and midwifery association representatives go through media training at AKU's Graduate School of Media and Communication in Kenya.

Marketing / Communications Plan Development

One of the key gaps for the participating nursing and midwifery associations was failing to effectively communicate with their members and external stakeholders. Therefore, workshops on communication were offered to support the associations to assess how to effectively reach different stakeholders, communicate the role and value of the association and engage members in association activities. Communication plans were developed to deliver key messages to different audiences through the most effective channels. Seventy-one direct beneficiaries (38 females, 33 males) received training in marketing and communications. The workshops delivered under the project received an average Net Promoter Score (NPS) of +94, which correlated to high satisfaction with this training.

Resource Mobilisation Training

All associations completed AKF's blended learning course on resource mobilisation. This course introduced the importance of having a resource mobilisation plan and shared various activities involved in securing additional resources. The associations were guided through the use of several tools to help them understand their financial needs and priorities in terms of people, money and ideas. The course further detailed how

to use this information to build a resource mobilisation strategy and plan. Finally, it enabled the effective monitoring and communication of successes. After completing the online modules, participants were brought together for face-to-face training in applying the skills they had learned in the course. Follow-up visits were conducted with each association to support the development of resource mobilisation strategies. The NPS for this training was +91, which was a favourable score.

Monitoring and Evaluation Training

All associations completed the AKF's blended learning course on monitoring and evaluation. This course introduced participants to the design and implementation of a robust monitoring and evaluation system for their organisation. It guided them through the process of defining results, applying a results-based management approach and using a results framework. It also detailed how to develop and select effective performance indicators. After completing online modules, participants were brought together for face-to-face training on applying the skills they had learned in the course. Follow-up visits were conducted with each association to support the development of monitoring and evaluation plans. The NPS for this training was +82.

Financial Management Training

All associations completed the online component of the AKF's blended learning course on introduction to finance. This course targeted the associations' programme staff. It aimed to enable them to correctly use standard financial procedures and 'speak the same language' as their colleagues working in finance. The course introduced learners to key financial concepts and procedures, such

as cash and bank reconciliations, cash advances, expense reports and procurement. It detailed how to design and monitor a budget for a project. The course also introduced key concepts related to internal and external financial reporting, cash flow and accounting. Throughout the course, learners were guided through the use of various standard financial templates, all of which were available for download.



Kenyan nursing stakeholders attend a session at the Aga Khan University Graduate School of Media and Communications.

CHAPTER 3: EVALUATION



Programme Evaluation

In its final year, the programme was evaluated through a formal research study to assess its impact on nursing and midwifery across the East African region. The overall objective of the study was to evaluate the extent to which the Strengthening programme had succeeded in achieving its objectives. The specific objectives of this study are detailed in Figure 4.

Figure 4: Specific objectives of the Strengthening study



Methods

The evaluation study used a mixed methods approach. A cross-sectional descriptive evaluation of membership satisfaction was conducted, along with in-depth interviews to explore the impact of the project from the perspectives of the nursing/ midwifery council and association leaders and association members in the East African region. Quantitative and qualitative data were collected concurrently, and the results compared and triangulated to enrich the understanding obtained from this study. Existing data on organisational capacity were also used to supplement the survey and interview data.

Table 1. Study Tools, Participants and Analysis Methods

Tools	Participants	Sample size	Data Analysis
Survey questionnaire	Members from nursing and midwifery associations	1,266 of 41,000 members	Analysis completed using R Framework
Interview guide	President of each association	9	Analysis completed using thematic analysis as described by Braun and Clarke
	Treasurer of each association	9	
	Secretary/Vice secretary of each association	9	
	Members from nursing and midwifery associations	36	
	Nursing Council Registrars for Kenya and Tanzania	2	
Organisational capacity assessment tool	National executive committees, secretariat and members of each association	~25 participants per association (~225)	Analysis completed using Microsoft Excel

Membership Satisfaction Survey

A membership satisfaction survey (in English and Swahili) was disseminated to a broad distribution of members across the nine associations via Survey Monkey and in paper forms over four months. The membership satisfaction survey had already been used by several associations and was redeployed to track changes over time. The survey provided insights on member demographics (e.g. age, sex and education level), level of satisfaction with the association, motivation for joining the association, key services expected by members and the likelihood of membership renewal. Survey responses were captured from 1,266 members, proportionate to the membership size of the associations. The study aimed to reach a sample of members who represented the demographics of the associations' membership base. Participants represented members who were nurses, midwives and those who were qualified as both. Statistical analysis of the membership satisfaction survey responses was completed using R Framework software. These results highlighted member demographics, key priorities for members, levels of satisfaction among members and changes in levels of satisfaction over the lifespan of the programme.

Qualitative Interviews

The evaluation study also involved one-on-one interviews with the president, treasurer and secretary/vice secretary of each of the nine associations. These interviews occurred over a four-month period. Four members of each association were also interviewed, including those who held leadership positions in the branch or executive offices where possible.

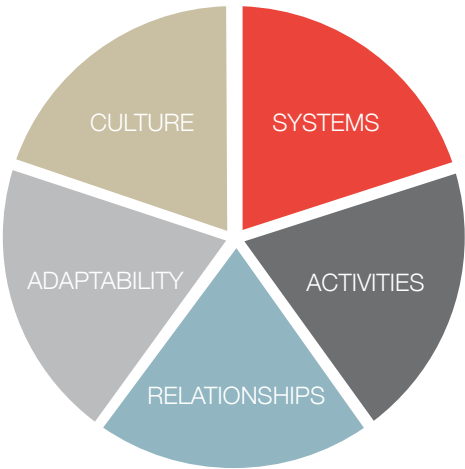
There was a particular focus on including a blend of urban and rural members, although the majority were from major cities. Interviews were also conducted with the Nursing Council Registrars of Kenya and Tanzania. The Registrar

for Uganda was not interviewed because they were new to their role and had no previous involvement with the Strengthening programme. The interviews involved nine presidents, nine treasurers, nine vice secretaries, 36 members and two nursing council registrars, forming a total of 65 semi-structured interviews. They were held by one research assistant per country; all research assistants were trained to ensure professionalism and uniformity of the interviewing process. All interviews in Kenya and Uganda were conducted in English. Nineteen of the 22 interviews in Tanzania were conducted in Swahili, and then professionally translated into English. Back translation was performed to confirm that meaning was not lost.

The interview guide was updated twice by the researchers during data collection. First, it was updated to include two specific questions covering the effect the programme had on the internal capacity of the organisation as well as its general value. These were presented toward the conclusion of the interview. Second, the guide was altered to reorder the questions to focus on all advantages and impacts of the programme, followed by challenges and then two questions on recommendations. The modifications of the guide enabled the interviewers to easily capture all essential feedback on the programme.

The study used purposive sampling to select interview participants from the associations and nursing councils in each country. Audio recorded data were transcribed verbatim and uploaded to NVivo version 12 to facilitate data analysis. Thematic analysis guided the process of recognising themes that were outlined in the interviews, as described by Braun and Clarke.¹⁸ Thoroughness was maintained through analysing the data systematically, obtaining a second view from research team members on the data interpretations, accounting for deviant findings and consistently comparing data within and between cases.

OCA Tool



¹⁸Clarke V, Braun V. Thematic analysis. The Journal of Positive Psychology. 2017;12(3):297-298. <http://www.tandfonline.com/doi/abs/10.1080/17439760.2016.1262613>. doi: 10.1080/17439760.2016.1262613.

AKF's OCA tool was used with all nine associations to assess organisational capacity and identify areas for institutional strengthening. Each association completed this assessment in 2017 guided by AKF staff. The OCA tool covers five capacity areas: systems (governance, internal management and financial management), leadership and culture, networking and relationships, activities and their impact and organisational learning and adaptability. The OCA tool supports organisations to identify strengths and weaknesses, prioritise organisational challenges and implement improvement strategies through a facilitated self-assessment and ISP process. It focuses on the outputs of capacity development, especially short-term internal

changes in organisational policies, skills, procedures and practices. The AKF's OCA approach seeks to inspire and catalyse organisational change. By facilitating OCA as a self-assessment rather than an external evaluation, organisations were provided with an opportunity to engage in critical self-reflection and set aspirations to strengthen their organisation. In each association, OCA participants included 20–30 staff and members who provided individual scores for each of the tool's capacity elements. Individual scores were then analysed in Microsoft Excel and average scores, levels of consensus and overall trends were shared with each association. This tool was developed for and is exclusively used by AKDN.¹⁹



¹⁹Analyse capacity. Civil Society Net Web site. <https://civilsocietynet.org/analyse-capacity/>. Accessed Jul 18, 2019.

IMPACT



Omar Abdalla Ali
Acting Secretary, ZANA

Resources are critical for the health and sustainability of any professional association, and for ZANA their resource mobilisation strategy was a key aspect. The workshops delivered were a ‘wake-up call’ for ZANA, and opened their eyes to additional means of funding their activities while creating new projects. ‘We are writing research proposals that are now being accepted and funded’, shared Omar, who plays a key role in maternal and child health projects run by the association. ZANA also benefits from a highly-dedicated and growing member base that pays dues, but the association cannot rely on this as a sole source of revenue. Following the training on resource mobilisation, Omar and his team developed and executed a resource mobilisation plan to enable both sustainability and operational growth of ZANA. Omar said, ‘Johnson & Johnson, Aga Khan, and other partners provided us with resources critical to our goal of improving health in Zanzibar. We are grateful for their support’.



Naftali Chesire Chebii
Chair, NNAK Elgeyo-Marakwet branch

When Naftali was elected as chair of NNAK’s Elgeyo-Marakwet branch in 2017, he became a champion for nursing in the county. He understood existing challenges with the local government; they lacked a connection with and overall understanding of the profession, resulting in little support for these healthcare workers. Policy was not designed to allow for a work-life balance, and nurses were expected to be available at any hour of the day. ‘We realised a clear need to advocate for the nurses of Elgeyo-Marakwet, and that began by building a relationship with the government’, shared Naftali. With knowledge about resource mobilisation and communication skills that was gained through the Strengthening programme, Naftali and colleagues were able to approach the government in an informed manner. They quickly formed a good relationship and clarified misconceptions about the profession. The branch achieved a milestone when the government established the position of County Director of Nursing, which will act as a singular voice to represent nursing across government activities. Additionally, the government regularly consults Naftali regarding policy development. Because of this rapid progress, NNAK advanced nursing in Elgeyo-Marakwet through improved policy, an enhanced image and stronger overall support for this cadre.



Fatia Nassaka
National Executive Member and Secretary for Youth, UNMU

As UNMU’s Secretary for Youth, Fatia is focused on providing support and guidance for young, upcoming nurses and midwives in Uganda. Her support takes many forms across numerous topics, and Fatia was keen to leverage the Strengthening programme to support her efforts. Through this programme and other efforts from JJF and AKDN, a large portion of nurses and midwives received scholarships to attend AKU. In addition, the Strengthening programme directly linked UNMU and other associations to a multitude of medical training resources, all of which Fatia funnelled toward these young professionals.

The programme also supported UNMU’s annual scientific conferences, which are attended by young and old alike and provide opportunities for new nurses to network and learn from their more experienced peers. Finally, Fatia identified numerous research opportunities through the programme, which often coincided with university degree programmes for this audience. ‘By supporting our youth nurses and midwives we create a brighter, healthier future for all of Uganda’, Fatia shared. She was excited to continue this support through future partnerships with the JJF and AKDN.

The programme also supported UNMU’s annual scientific conferences, which are attended by young and old alike.

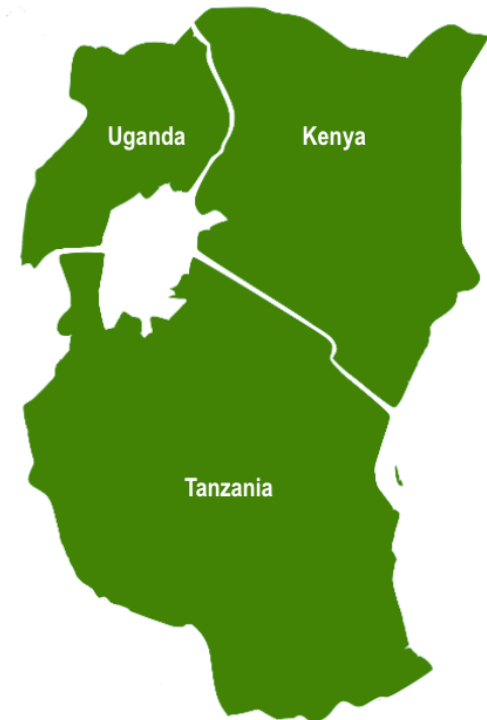
RESULTS

Survey respondents had a mean age of 37.6 years and 71.6 per cent were female. The majority had a diploma (54.9 per cent) and worked in public practice (82.2 per cent); however, the number of years of work experience was more evenly distributed. The most common reason for joining an association was to support the profession, and the most-valued service provided by associations was CPD programmes. The NPS varied across associations from –21 per cent to +86 per cent. This score was calculated by asking respondents how likely they were to recommend the association to a non-member (survey question 8). Promoters were considered those who scored a 9 or 10 while detractors scored 1 through 6. The proportion of detractors was subtracted from that of promoters to calculate the NPS.²⁰ All associations for which previous NPS data were available experienced a statistically significant change in score (chi-square test).

Table 2: Net Promoter Score Results

Organisation	Low	Mid	High	NPS 2019	NPS 2017
ZANA	8	1	10	11*	–36
UPMA	6	9	23	45*	62
UNMU	103	86	113	3*	–44
TANNA	141	99	126	–4	n/a
TAMA	37	38	18	–21	n/a
NNAK	91	137	139	13	n/a
NMAU	2	3	15	65	n/a
MAK	0	1	6	86	n/a
AGNMU	1	4	14	68	n/a

NPS, net promoter score; *Indicates a statistically significant difference (P<0.05) compared with 2017



Organisation	Low	Mid	High	NPS 2019	NPS 2017
Uganda					
UPMA	6	9	23	45*	62
UNMU	103	86	113	3*	–44
NMAU	2	3	15	65	n/a
AGNMU	1	4	14	68	n/a
Tanzania					
ZANA	8	1	10	11*	–36
TANNA	141	99	126	–4	n/a
TAMA	37	38	18	–21	n/a
Kenya					
NNAK	91	137	139	13	n/a
MAK	0	1	6	86	n/a

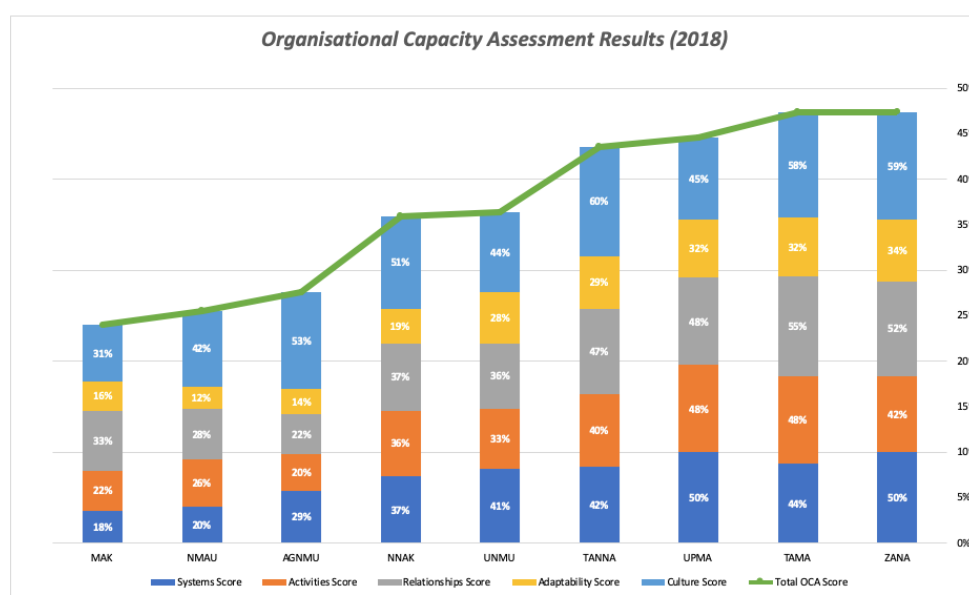
²⁰Reichheld FF. The one number you need to grow. Harvard Business Review. 2003 (December 2003). <https://hbr.org/2003/12/the-one-number-you-need-to-grow>. Accessed Jul 18, 2019.

Complete survey statistics are available in Appendix 2.

The OCA results from 2018 generated from interviews and survey questions revealed that most organisations were strongest in the ‘Culture’ category and weakest in ‘Adaptability’. Tanzanian associations scored higher on average than their Kenyan and Ugandan counterparts. Association size did not appear to be correlated with capacity, as two of the smallest organisations (MAK and ZANA) scored the lowest and highest, respectively. A summary of the OCA results is provided in Table 2.

Table 3: Organisational Capacity Assessment Results (2018)

Organisation	Total OCA Score	Systems Score	Activities Score	Relationships Score	Adaptability Score	Culture Score
MAK	24.00%	18.00%	22.00%	33.00%	16.00%	31.00%
NMAU	25.60%	20.00%	26.00%	28.00%	12.00%	42.00%
AGNMU	27.60%	29.00%	20.00%	22.00%	14.00%	53.00%
NNAK	36.00%	37.00%	36.00%	37.00%	19.00%	51.00%
UNMU	36.40%	41.00%	33.00%	36.00%	28.00%	44.00%
TANNA	43.60%	42.00%	40.00%	47.00%	29.00%	60.00%
UPMA	44.60%	50.00%	48.00%	48.00%	32.00%	45.00%
TAMA	47.40%	44.00%	48.00%	55.00%	32.00%	58.00%
ZANA	47.40%	50.00%	42.00%	52.00%	#34.00%	59.00%



Five main themes and eleven sub-themes emerged from the analysis of the interview, survey and OCA data. These themes detailed: the most impactful activities of the Strengthening programme; how they shaped the quality, capacity, collaboration and image of the associations; and where members felt they required additional support. The following section discusses these themes in detail.





CAPACITY STRENGTHENING

Resource Mobilisation

Resource mobilisation was one of the most commonly cited and impactful activities in which each association participated. This theme often referred to the financial sustainability of the association via various funding mechanisms. In particular, membership fees became increasingly important to the associations as a means of long-term sustainability. Through the training conducted in this programme, associations became aware of the challenges and potential pitfalls of relying on donors for revenue, especially as there is rarely a guarantee of ongoing funding. As such, the associations focused first on membership fees, and additionally turned to research and similar projects to fund their activities.

Older and more established organisations such as UNMU, TANNA and NNAK each had a substantial membership base, and were therefore more advanced in terms of resource mobilisation and overall financial sustainability. Regardless of age, nearly all associations reported significant increases in membership during the programme. However, smaller/newer associations reported ongoing challenges in resource mobilisation. Although all associations charged membership fees, the associated revenue in smaller associations was often inadequate for sustainability; therefore, the theme of resource mobilisation often overlapped with that of member recruitment and sensitisation. Financial systems were also used by some associations to ensure membership fees were tracked and collected regularly. However, all associations reported increased capacity or skills to mobilise resources, regardless of the extent to which they were currently undertaking these activities.

Despite being one of the most impactful activities, resource mobilisation was also cited as an area where the associations felt they still needed the most support. These organisations encountered challenges with funding activities they wished to execute including projects, conferences and trainings. They also wished to provide funding to their members for transportation, meals and accommodation to attend such events. As such, a lack of resources often remained a considerable barrier for associations.

Financial Management

Capacity in financial management was shown to have increased among all associations, resulting in notable changes in how they operated. These changes were discussed not only by the association treasurers, but also by other leadership and members. Associations reported increased capacity to create budgets, prioritise spending accordingly and maintain comprehensive and up-to-date records of finances (including membership dues), as well as an overall strengthened knowledge of finances and accounting. Newer organisations benefited from establishing their inaugural bank account and instituting payment options for members. Other organisations increased their financial management capacity by further

improving on areas in which they were already competent. In particular, TANNA established a 'check off system' wherein membership fees were directly deducted from the pay checks of the 4,000 members. This system was established in partnership with the government and further enabled the association to track active membership. TANNA noted that both the headquarters and their branches had increased capacity in financial management.

Similar to resource mobilisation, the associations consistently requested additional support for financial management. There was universal understanding of the importance of holding strong financial skills, and therefore, most associations wished to continue to strengthen this area. This included improving on their financial processes, reporting mechanisms and systems.

Strategy

Increased capacity in strategy or the development and execution of strategic plans was reported among the majority of associations. NMAU and TAMA claimed that through the programme, they were able to create their first strategic plans. MAK and ZANA had since completed their strategic plan, and were seeking support to create a new five-year plan. In contrast, AGNMU had drafted but not finalised their strategic plan, and continued to seek support in being able to do so. TANNA had exercised their capacity in strategy to the extent that their national leadership had gone on to support their branches in developing their own strategic plans. In Kenya, NNAK's strategic plan resulted in a work plan which led them to partner with the Ministry of Health and draft new nursing and midwifery policies.

The associations shared that the workshops on strategic planning were among the most impactful. The resulting strategic plans allowed them to set short-, medium- and long-term priorities and provided overall direction for the organisation. Some had also created annual action plans with timelines and deadlines. Strategic planning was shown to enable overall clarity for associations to understand where they wanted to focus and organise their activities accordingly.

Monitoring and Evaluation

Training on monitoring and evaluation was commonly shared as an activity in which associations participated; the associations stated that this training had considerable impact on their organisations. This practice had become a priority for many associations, and few stated that they required further support. One association specifically noted that their monitoring and evaluation officer had benefited from the training, despite already being well versed in the topic. This resulted in improved capacity and quality of the association as a whole, and many associations were tracking progress on their activities and accomplishments and sharing regular reporting. This reporting was sometimes on a project basis and often overlapped with financial reporting. Multiple organisations also reported an increase

in active projects as a result of their monitoring and evaluation capacity. Individuals were able to write stronger proposals by including compelling evaluation plans and methodologies, thereby improving the likelihood of being awarded financial support. Lastly, the associations had become more aware of their own weaknesses through the self-evaluation process, which allowed them to focus on improving identified areas of need.

Collaboration and Partnerships

The *Strengthening* programme sought to improve collaboration among the nine participating associations in East Africa as a by-product of convening them through programme activities. Information gathered via interviews indicated mixed sentiments on the impact the programme had on collaboration for these organisations. The most commonly-mentioned collaboration occurred at the trainings, workshops and conferences conducted or sponsored by the programme. In some instances, this was the first time the associations had come into contact with each other, even some that were located in the same country and had been aware of one another for an extensive period of time. Some associations extended their relationships to invite other associations in the same country to meetings, conferences and events, as well as correspondence over email and telephone. Very little collaboration occurred among participating associations outside of their own country; however, multiple individuals expressed interest in attending regional events, and suggested the location would rotate among East African countries.

When discussing this topic, the associations often detailed collaborations with other organisations that were not explicitly part of the Strengthening programme. In Kenya, these included the Confederation of African Midwives Associations (CONAMA), Kenya Progressive Nurses Association, and the International Council of Midwives (ICM). In Uganda, it included the Association of Obstetrics and Gynaecologists, Critical Care Nurses Association, Uganda Public Health Nurses Association, United Nations Population Fund, the Ministry of Health, United States Agency for International Development, Nursing Now, CONAMA, Uganda National Teachers' Union, ICM and the International Council of Nurses. In Tanzania, partners included the Africa Nurses Network, Tanzania Union of Government and Health Employees, the East, Central and Southern Africa College of Nursing, International Nursing Association, Medical Association of Tanzania and Zambia Union of Nurses Organisation. Such widespread collaboration suggested high shared value among healthcare organisations and aspirations to broaden their impact throughout the region.

The desire for and ensuing collaboration among healthcare organisations in East Africa was partly a result of a drive for unity among the professions. The associations wished to be an allied voice in advocacy for nursing and midwifery, and realised an increased ability to enact this

when partnered with one another. This is further detailed in the 'Advocacy and Empowerment' theme, discussed below. However, such harmony was not present among the associations in recent history. UNMU is uniquely positioned in that it is a labour union, whereas all other participating organisations are professional associations. As such, UNMU members are also commonly part of one or more of the three Ugandan associations. UNMU leadership and members noted previous conflict with these associations because of arguments that their work and purpose were duplicative. However, this subsided and all four organisations have begun partnering rather than competing. Similarly, some TANNA leadership members discussed their concerns with the duplicative nature of TAMA and ZANA (two considerably smaller and younger associations) while expressing interest to dissolve them into TANNA. These individuals also sought a single voice in Tanzania, but wished to achieve this by unifying as one organisation. TAMA and ZANA did not share this sentiment.

Knowledge sharing emerged as an additional benefit of collaboration among organisations. Members noted in both interviews and surveys that they had benefited from knowledge shared by peers at various forums, such as conferences, trainings and meetings. This knowledge spanned from updates in research and medical practice to hands-on service delivery training. Furthermore, young professionals shared the latest information in the field whereas more seasoned nurses and midwives shared knowledge based on their years of experience. Some suggested that such knowledge sharing had improved the quality of care delivered by nurses and midwives, although this was purely anecdotal. The strong interest in knowledge sharing complemented the focus on trainings and education (discussed below), suggesting that this cadre of health workers had an innate desire for self-improvement.

Partnerships also served as a means of enabling collaboration, enhancing skills and education, and furthering the professions. Respondents most commonly cited the partnership with JJF and AKDN as well as partnerships with the aforementioned organisations. The associations benefited from these partnerships through their sponsorship of training, scholarships, conferences and international exchange visits. The partners also served as mentors, guiding these organisations as they grew. Finally, the partners enabled the associations to be viewed as more legitimate, thereby improving their image and respect among governments.

Members of the participating associations expressed a strong desire to build further partnerships, particularly with international organisations. Some individuals had participated in international exchange visits, and many others wished to do so in the interest of knowledge sharing and skills development. There was general consensus that people operate differently and they serve to learn a lot

from each other. Respondents noted previous exchange visits occurring in Africa (e.g. Malawi, Sudan, Kenya, Tanzania, Rwanda) and Europe (e.g. United Kingdom, France). Additionally, leadership of these associations sought to understand how other organisations were run in the interest of improving their own. Such exchanges can occur simply as conversations or shadowing, or be conducted as a proper benchmarking activity.

Image

The image of nurses and midwives among the public and doctors, which was often influenced by the media, remained a concern among associations in the Strengthening programme. This topic was explicitly investigated in the interviews and resulted in mixed responses. Some individuals felt there was no change in the image as a result of the programme, and others felt any change was minimal or not possible to measure. Those who declared an improvement in the public image of nurses and midwives noted recognition from the government, improved relationships with/respect from doctors, improved awareness and respect from the public and improved visibility overall. This was partly attributed to collaboration with the media to publish positive news stories on this cadre. However, many respondents also suggested it was a result of becoming a stronger organisation more broadly. The association reported they had improved internal capacity, enhanced the skills and education of their members, improved communications, bettered their self-awareness and held themselves to a higher standard. In turn, this garnered more respect from those with whom they interacted, thereby improving their image.

Doctors were commonly discussed when participants responded to inquiries on image, particularly in Uganda and Tanzania. Association members and leadership from these countries stated that doctors previously saw nurses as a threat, but now viewed them more as partners. Doctors were reportedly able to rely on nurses more than in the past and viewed them as a more valued part of the healthcare workforce. Additionally, nurses were seen as more credible and now 'sit at the same table' as doctors when serving patients.

Some respondents also suggested that the public had an improved image of nurses and midwives as a result of the programme. First, they mentioned overall improved awareness of the role of a nurse, whereas it was previously masked in uncertainty. Some nurses claimed that they had developed a professional identity, allowing for differentiation among doctors and numerous other healthcare professions. They also noted fewer accusations directed towards nurses, which increased nurses' self-confidence. One individual provided a poignant example of this improvement, stating that at a recent International Day of the Midwife conference, 'Mothers willingly came out to attest changes in quality improvement, in the services they were receiving'.

In early 2019, the Strengthening programme conducted



training focused on working with the media. This training intended to equip associations with the knowledge and skills to approach the media and influence the publishing of positive stories on nursing and midwifery, thereby improving the professions' image. The evaluation of the programme started shortly after this training; therefore, the associations had little time to use their new skills. However, some associations shared that they had already taken action. For example, TANNA involved the media during events surrounding the International Day of the Midwife as advocates for the work of nurses and midwives. AGNMMU had started calling press conferences and UNMU noted broader positive publicity. NNAK had made multiple media appearances that resulted in government recognition; the association was invited to speak at a government event and advocate for their profession, which in turn improved their image.

It is important to reiterate that despite many individuals suggesting the programme had a positive impact in the image of nurses and midwives, an equal number suggested that there was no change or that any change was circumstantial. One respondent noted that public perception had not changed, but how nurses perceived themselves had changed, suggesting improved self-awareness. However, respondents universally agreed that there remains opportunity to improve the image of this cadre.

Advocacy and Empowerment

Advocacy emerged as a commonly-referenced theme related to image in both survey and interview data. Associations were advocating for nurses and midwives, and these individuals were also advocating for themselves. This cadre reported increased self-confidence in their ability to deliver high quality care to mothers and babies, in part enabled through training offered by the associations. In terms of self-advocacy, they felt enabled to approach an argument with facts and in a confident manner, thereby impressing their audience. Lastly, their strong desire to further their education was indicative of their drive to improve patient outcomes and the overall health of the

population. These factors combined to boost the image of nurses and midwives among those with whom they interacted.

Via the survey, members shared that advocacy was one of the most valuable services provided by associations, but was also an area where support was still required. The associations had lobbied for nurses and midwives to successfully increase their wages, improve their working conditions and enhance the overall quality of their workplace. In particular, UNMU had successfully lobbied for a 33 per cent increase in salaries as well as a transportation allowance for nurses in Uganda. Multiple associations had defended nurses or midwives in court and against discrimination from the police. Members and leaders felt that this advocacy had helped to raise the image of nurses and midwives, and provided them with a stronger sense of identity and gaining more respect among numerous stakeholder groups.

While advocacy was recorded in the survey as one of the most valuable services provided by the associations, it remained an area where members continued to seek the most support. Respondents cited myriad issues on which they sought further advocacy, such as: increased salary, improved respect, equality among other healthcare workers, representation in government, reducing license and registration fees and defending and advancing the professions overall. Many members expressed desire for their association to do this on their behalf, whereas others sought guidance and training on how they could individually lobby for support. The Strengthening programme did not explicitly provide any training on advocacy or empowerment for the nine associations; however, the media training empowered the associations with skills to enhance how they approach the media and advocate for their profession.

PROGRAMME CHALLENGES AND FEEDBACK

Centricity

The most commonly discussed programme challenge in both the interview and survey responses was the centricity of the programme. That is, the programme activities almost exclusively occurred in the main metropolitan areas in each country: Nairobi, Kampala, Dar es Salaam and Zanzibar. Consequently, the programme was most accessible to individuals living in these cities and less accessible to others. The centralisation challenge was more pronounced among branches located a long distance from the main city, which required participants to plan for at least two days of travel for every trip.

As such, many branches were not able to participate in the programme, and some were not aware of it as a whole. Branches were also likely to share issues with Internet connectivity and bandwidth, which also made online training and resources less accessible. In-person training was suggested as the best method to include branches, but should be distributed across the country to allow maximum participation.

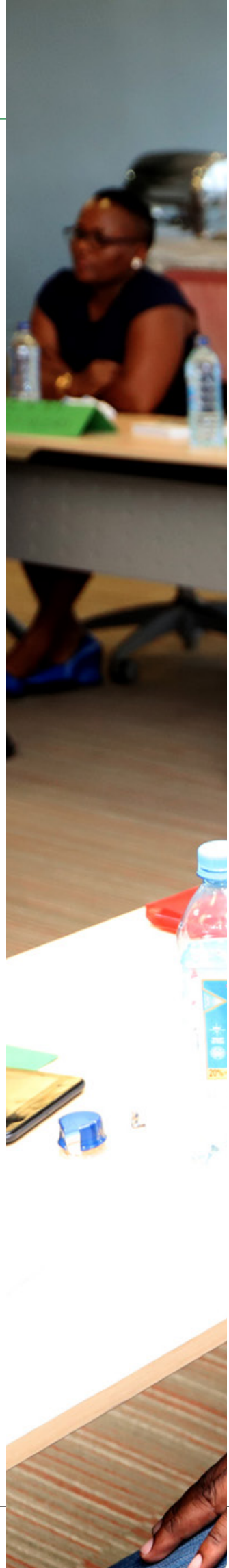
Limited Time

Numerous respondents mentioned a lack of time to participate in or complete programme activities. Some did not have support from

their employer to take time away from their job to attend training or had competing priorities, such as their own degree work. This challenge was exacerbated among branch members, as they required additional travel time. In contrast, respondents also cited that the duration of the in-person training sessions was sometimes too short and condensed, and therefore did not allow them sufficient time to fully understand the material before progressing. Considering these challenges, participants may benefit the most if courses were lengthened while ensuring support to take additional time away from their jobs.

Ongoing Programme Feedback and Follow-Up

In discussing additional feedback, interviewees across multiple associations shared a desire for follow-up from programme leaders after training was conducted. Although some follow-up occurred, many individuals felt that it was inadequate and that they often required additional support when initially putting their learning into action. Additionally, they requested ongoing monitoring and evaluation of the programme, including transparency. Association leadership and members wished to obtain feedback from programme leaders about their progress in the various capacity areas, along with as-needed coaching to ensure success.





- our community. Get the Public to appreciate the nurses. Like Hashtags for nurses
- #ChampionsOfHealth
 - #HeroesOfOurTime
- ✓ Have companies offer gift hampers for nurses like coffee tumblers from coffee houses, spa treats at high end hotels or a holiday offer from travel agencies
 - ✓ Offer awards of recognition for nurses
 - ✓ Mainstream Media at the Launch
 - ✓ Nurses coming up with a resolution for the achievement of **Health for all**.
 - ✓ Have this resolution sent out to media houses and have it on all our media pages.



CHAPTER 4: SUSTAINABILITY



Additional Areas of Support Education Support and Training

The near-universal desire of additional support for education and training was prominent among interviews and survey responses alike. Members expressed strong value in education as a service provided by the associations; this theme encompassed the top three responses in the associated question (see Appendix 2). However, survey and interview data rarely noted specifics of what existing support and trainings were provided to members. Healthcare delivery training was mentioned anecdotally by a few respondents.

The interest in education support was also the most common theme found in survey questions four and nine, as well as in the final interview questions. This support was often desired in the form of scholarships for nurses and midwives to upgrade their education at universities. Numerous respondents wanted to pursue specialty medical training in areas such as gynaecology, obstetrics and emergency medicine. In addition, members sought short courses for CPD on a variety of medical topics, as well as information and communication technologies and leadership skills. Many respondents wished these courses to be held in person, although others wanted the flexibility of online and distance learning. The medium by which training was delivered varied by location; those located in major cities had regular access to the Internet and were physically closer to in-person training. However, members at branches often noted lack of Internet access, inability to travel to training and overall lack of inclusion in such activities. This challenge of centralisation is discussed in detail below.

Research Support

Some organisations noted an increased capacity to conduct research and similar projects and specifically discussed their ability to write proposals, conduct research, present research at conferences and critique the research of others. However, both interview and survey respondents commonly expressed interest in additional support for research. Associations often viewed research as a means of resource mobilisation, where funding enabled them to conduct projects and also facilitated their operation and investment in strengthening their organisation. Furthermore, association leadership wished to support their own members in obtaining funding for and executing research projects. Specific support was sought in writing proposals and grant requests, conducting research and writing manuscripts and similar reports. Associations also directly requested funding for research.

Career Support

The request for additional career support was exclusive to survey responses. However, these responses rarely shared

details on specific support they sought in their careers. However, some suggested internships, mentorships and exchange visits as opportunities for additional areas of support. Notably, career support overlapped with advocacy for the professions as well as interest in furthering education. That is, advocacy results in increased support for nurses and midwives, thereby allowing them more opportunities to further their careers. Similarly, additional education and skills enabled these individuals to seek more advanced positions.

Financial Support

Various forms of financial support were also requested via the surveys. The desired form of this support varied, including reducing fees for conferences and association membership, and provision of reimbursement for transportation and food when travelling for association activities. Members also expressed interest in associations providing insurance and loans, potentially through Savings and Credit Co-operative Societies. Finally, many individuals wished for an increase in salary, which may be realised in part through continued advocacy by association leaders.

Sustainability Measures

The past five years resulted in tremendous growth for the nine participating associations. The continued mentorship and coaching in addition to numerous trainings and workshops meant that the associations were strategically applying organisational strengthening approaches. Strategies for resource mobilisation highlighted each association's transformation to strategic mobilisation of resources and financial sustainability through a number of approaches. Most notably, increasing membership subscriptions would ensure a stable flow of income and augment the financial base for the associations. To increase membership subscriptions, associations needed to demonstrate to members the value of subscribing to their entities. Another approach was research and project engagement with potential donors to address specific gaps in nursing and midwifery, including leadership capacity building and knowledge generation geared towards improving quality patient care. The associations present a good avenue through which donors could make an impact in health systems and positively impact the quality of care for the wider community through the funding of priority areas that nurses and midwives can champion. Cascading grant writing and grant management skills to members would therefore play a key role in ensuring a sustainable revenue stream from grant agencies and donations from potential partners.

Seven associations had developed strategic plans as part of the programme, which served to guide them for up to the next five years. AKDN will continue to support the associations to update their plans as they adapt their strategies. On the conclusion of this programme, all

associations participated in dissemination workshops to review the results and receive individualised data, insights and recommendations. The workshop also included action planning, whereby each association completed a plan to detail their strengths and weaknesses, and short-term strategies to address them. This further informed the strategic plans and enabled the organisations for future growth.

The AKDN and JJF will continue to champion nursing and midwifery in East Africa. This research contributes to the evidence base for healthcare professional associations and their impact on healthcare service delivery, and provides internal suggestions on where future programming may make the biggest impact.

Recommendations Going Forward

Nursing and midwifery professions remain an integral part of the healthcare system in East Africa and should continue to be supported and strengthened. Combined with results from the African Health Profession Regulatory Collaborative, this growing body of evidence suggests that strengthening these professional associations can build their internal capacity, influence policy, improve the collaboration and image among this cadre and improve the quality of these associations as a whole. There remains ample opportunity to further enhance these associations, both within and beyond the region.

Further iterations of this or similar programmes can benefit from the lessons learned and information gathered during this evaluation. Resource mobilisation, financial management, strategy and monitoring and evaluation were the most impactful training delivered through the Strengthening programme, and should be replicated for associations who require support in these areas. Most associations have branch locations spanning the countries, often well outside of major cities. Future programmes should consider means by which they can reach branches

and association members throughout the target population. Challenges with Internet connectivity and affordability were discussed by numerous individuals. Therefore, it may be best to repeat programme activities in different locations throughout the country, enabling members to attend with little impact on personal time or budgets. Despite being resource-intensive, this is arguably the best means by which the largest number of individuals could be directly impacted by the programme.

Professional associations of healthcare workers often vary dramatically in size, maturity, scope, goals and needs. Future strengthening programmes should be acutely aware of these differences and consider the individual needs of each association before enrolling them in the programme. By assessing needs, programme staff can focus resources on the most crucial areas for each association. The OCA serves as a readily-available tool to discover the gaps in capacity in individual associations. The programme should also explicitly measure requirements for education, financial, research and career support, as these were most commonly discussed areas requiring more support. Once underway, the programme team should consider regular follow-up and continued support across training activities. This will ensure the success of training and workshops, while further indicating areas of need for each organisation.

The *Strengthening* programme generated qualitative primary data to understand the detailed impact of its activities, focused on capacity, collaboration, quality and image. Following the hypotheses, this may lead to downstream improvement of healthcare delivery and overall population health. Future evaluations should consider designs that qualitatively assess the impact on healthcare delivery and outcomes of strengthening programmes, thereby providing a holistic view to complement qualitative data.

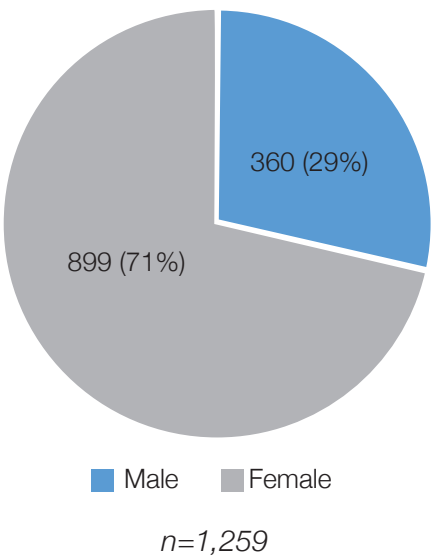
Some organisations noted an increased capacity to conduct research and similar projects and specifically discussed their ability to write proposals, conduct research, present research at conferences and critique the research of others.

APPENDICES

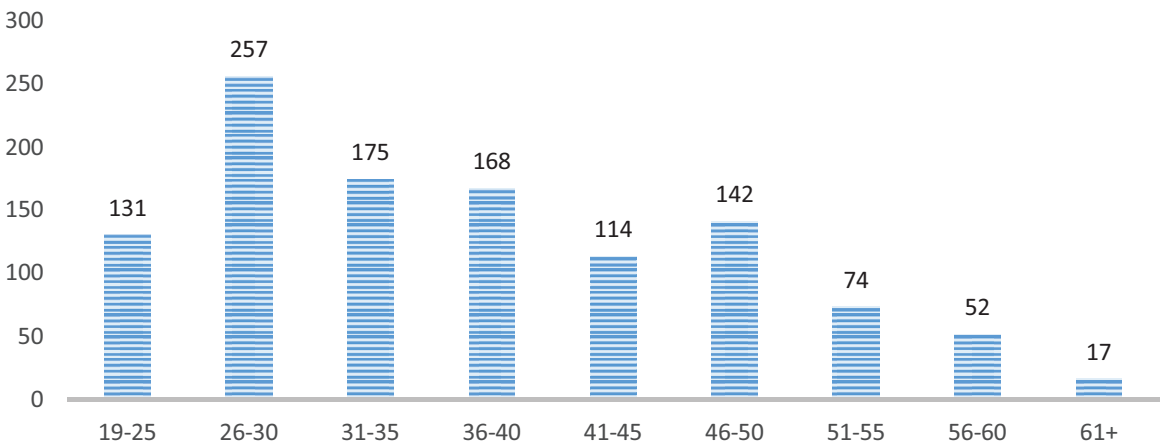
SURVEY RESULTS

The following statistics represent the combined results across all nine associations.

Gender



Age

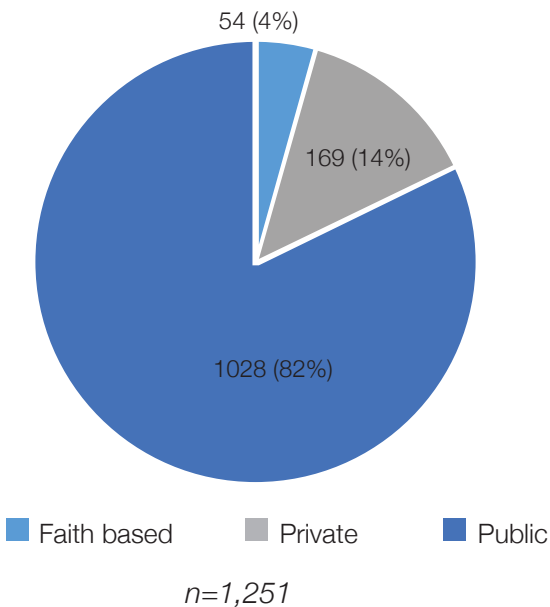


n=1,130, mean = 37.55 years, median = 36, mode = 30

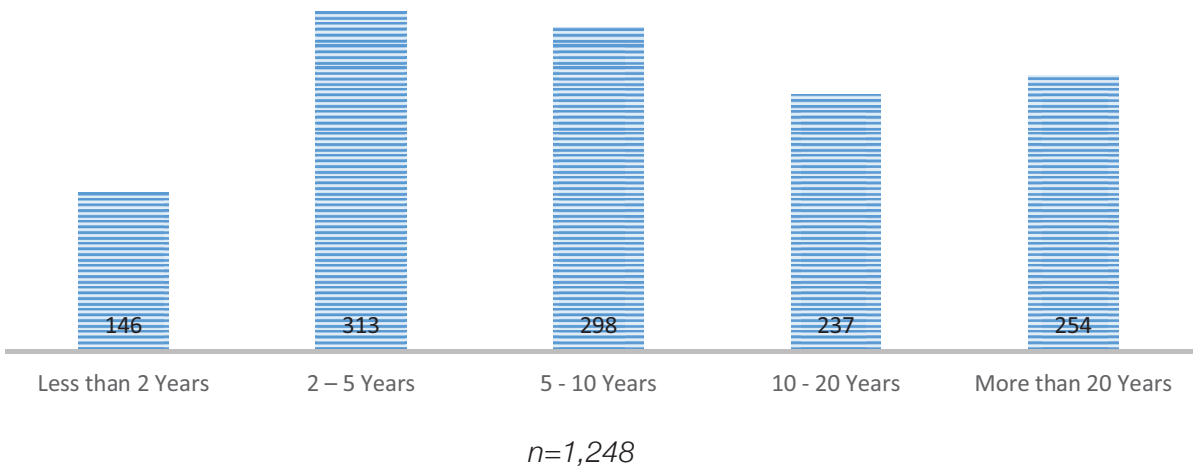
Highest Education Obtained



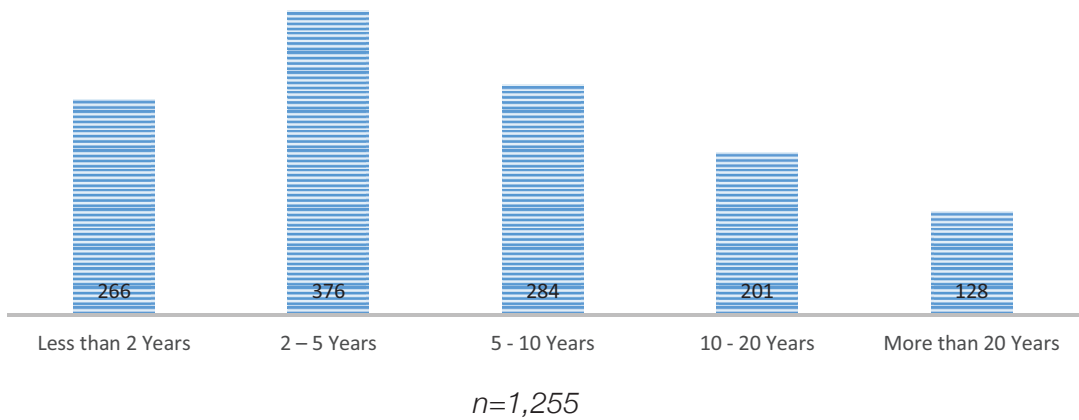
Workplace



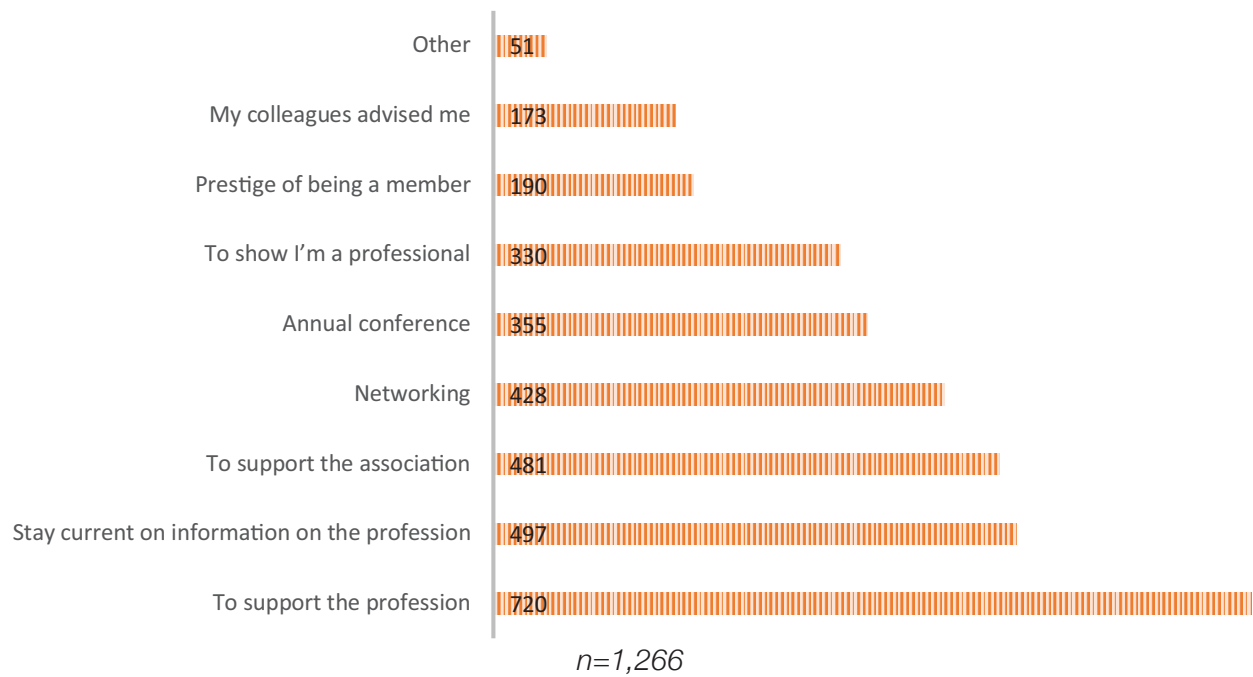
Work Experience



Years as a Member of the Association



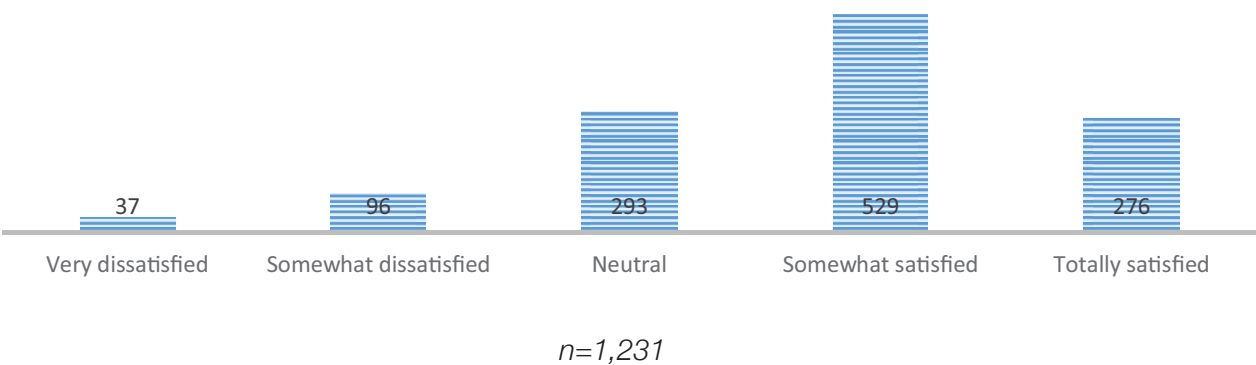
Reasons for Joining the Association



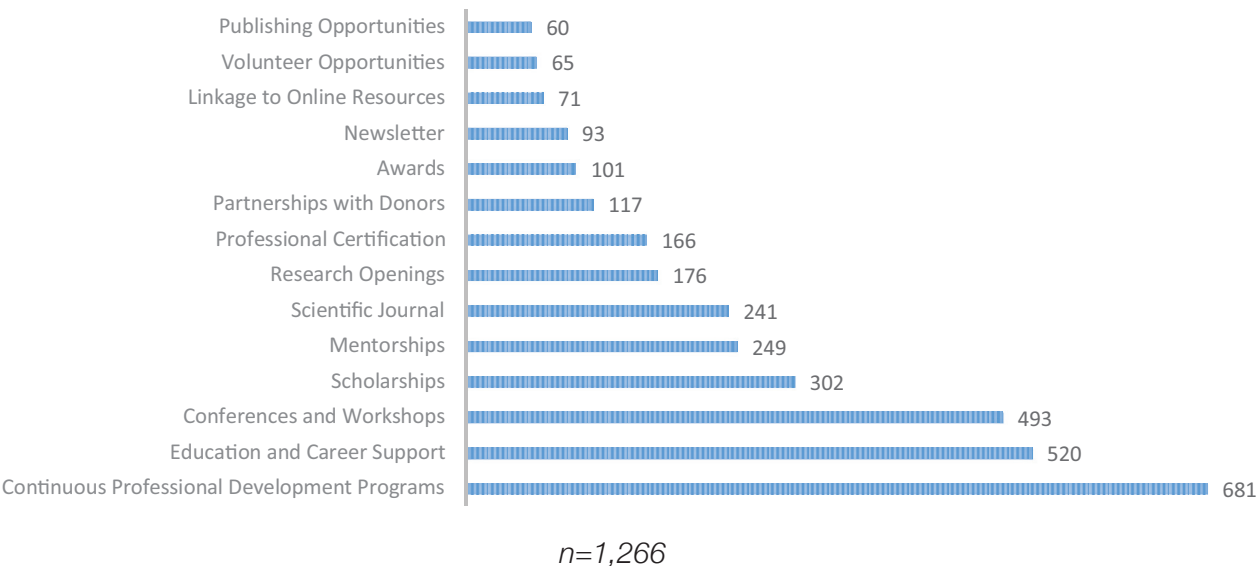
'Other' responses included:

- To advocate for the profession
- For job security
- For scholarships, trainings, and education support
- To provide or receive welfare

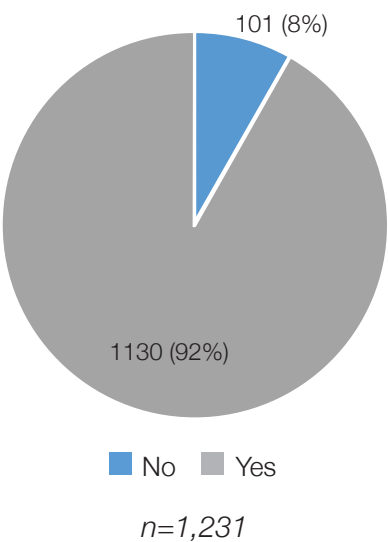
Satisfaction with Association's Leadership



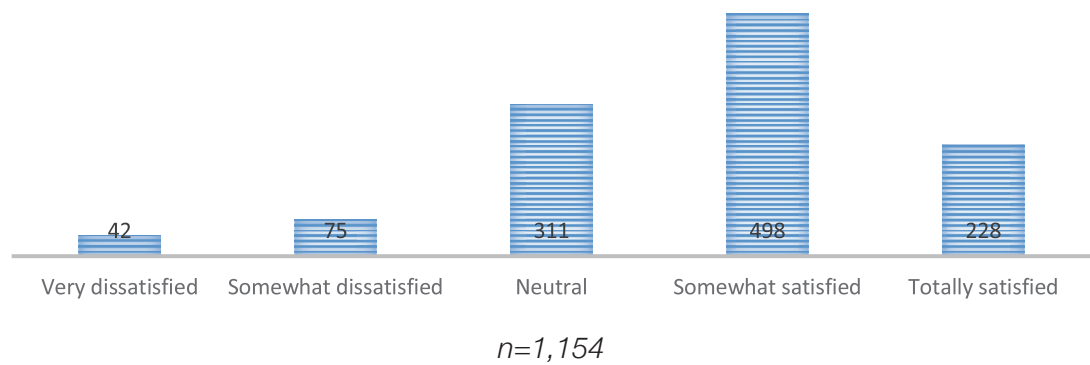
Most Valued Programs



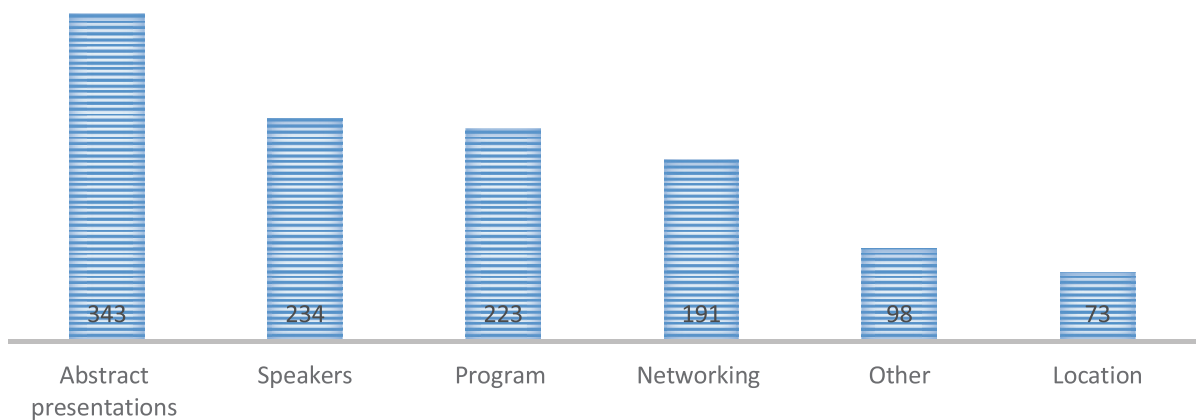
Did the Association Hold an Annual General Meeting in 2018?



Satisfaction with the Annual General Meeting



Most Impressed About the Annual General Meeting



The majority of ‘other’ responses noted they did not attend, were not aware of the event, or were never notified about it.

Net Promoter Score

Promoters (9-10)	Neutral (7-8)	Detractors (1-6)	Net Promoter Score
464	385	382	7%

The Net Promoter Score (NPS) is calculated by asking respondents how likely they are to recommend the association to a non-member. Promoters are considered those who scored a nine or 10 while detractors scored one through six. The proportion of detractors is subtracted from that of promoters to calculate the NPS. A score of 0% to 50% is considered ‘good’, 51% to 70% is ‘excellent’ and over 70% is ‘world class’. The NPS ranged from –21% to 86% when calculated for each individual association.



THE AGA KHAN UNIVERSITY

The Aga Khan University
3rd Floor, Sunny Plaza Building
Wangiapala Road, off 4th Parklands Avenue
P.O. Box 39340-00623, Nairobi, Kenya
Tel: +254 374 3276 / 5808 / 7483
Email: sonam.ea@aku.edu



AGA KHAN FOUNDATION

Johnson & Johnson
FOUNDATION

ISBN 978-9914-702-29-3



9 789914 702293