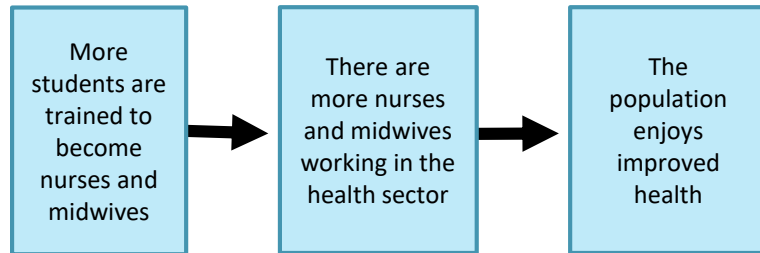


## Norwegian Nurses Organisation's (NNO) Theory of Change

There are multiple actors supporting healthcare personnel programmes. However, their approach is often too simplistic. They may assume, for example that:

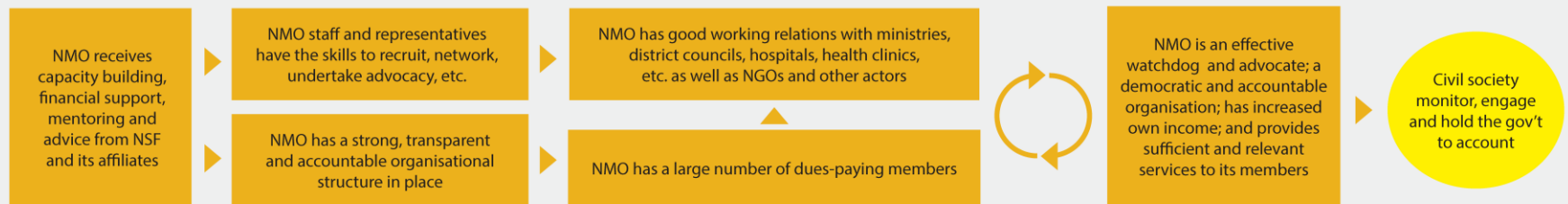
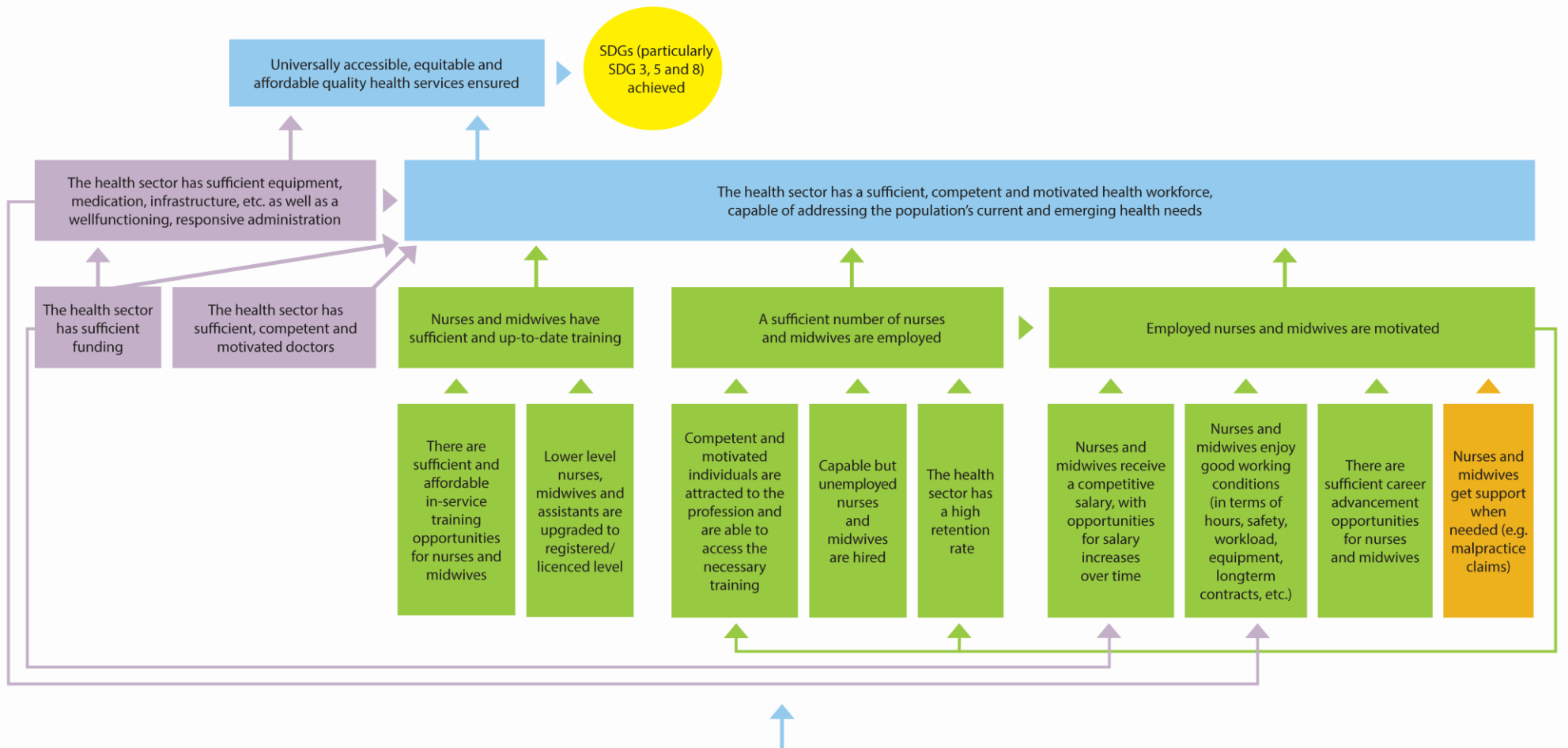


However, the problem analysis for Malawi and Rwanda reveal that this is not necessarily the case. For example, a number of graduated nurses and midwives have been unable to get a job in the health sector and a number of skilled nurses and midwives have chosen to leave the sector. A more holistic approach that addresses the root causes is needed.

NNO's theory of change shows how our programme intends to contribute to Malawi and Rwanda having universally accessible, equitable and affordable quality health services. It also shows how the programme will contribute to an active civil society in each country, that monitors, engages and holds the government to account.

### Legend for NNO's theory of change

- Orange boxes: results partly or directly attributable to the programme (activities, outputs and outcomes)
- Green boxes: results that the programme directly influences and in some cases contributes to
- Blue and yellow boxes: the long-term indented impact of the programme (sphere of interest)
- Purple boxes: external factors/conditions largely beyond the scope of the programme
- NMO = Nurses and Midwives Organisation



## The complexity behind the theory of change

NNO's theory of change is complex because it recognises that multiple factors are needed in order to bring about change.

For example: what does it take for a competent, capable, qualified and motivated nurse/midwife to a) apply, b) become hired and c) remain in the public health sector?

### ▶ All of the following:

- √ She/he has an education in line with current national standards
- √ She/he is licensed to practice
- √ The health sector has vacancies (and is able to maintain current posts)
- √ The health sector has the budget to fill vacancies (and maintain current posts)

### ▶ Plus enough of these factors:

- √ Desirable work location (urban vs. rural, distance from family, family post possibilities, security issues, whether there are other health professionals posted in the area etc.)
- √ Desirable employment package (salary, overtime pay, transportation allowance, housing allowance, duration of contract, timeliness of pay checks etc.)
- √ Desirable working conditions (work load, working hours, availability of equipment and medication to perform ones duties, availability of equipment to minimise the risk of transmission, the right to a private life when not at work etc.)
- √ Incentives to remain in the field (career advancement opportunities, continued professional development opportunities, higher education opportunities, salary progression opportunities, transparency around each of these processes)
- √ Inner motivation (legal protection, status and level of respect given to nurses/midwives, being assigned tasks that matches her/his competency, opportunities to influence decision making, feeling of comradery and being supported)