# NMLTT NEWSLETTER

Issue 2 | Volume 2 April 2023

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# EDITORIAL

Since 1995, March has been designated by various governments as Women's History Month. I love the scheduled reminder of the collective contribution women continue to make to enhance the development of nations and the continuing challenges they face every day. We know that women leaders in sub-Saharan Africa face unique challenges, including cultural biases that reinforce gender stereotypes, lack of access to education (including education support), lack of access to quality healthcare, and entrenched discriminatory policies and laws. Additionally, women leaders often struggle to balance their personal and professional lives, as they are expected to fulfil traditional gender roles and responsibilities.

For women leaders to continue leading with courage and positive intent, more efforts are needed to create safe spaces to articulate known challenges and elevate each other. These spaces allow women leaders to share their experiences and learn from one another, providing encouragement and motivation. Women leaders can also mentor younger women, sharing their knowledge and expertise, and helping them to develop executive leadership skills.

In this editorial, I want to specifically focus my reflections on a critical group of women leaders: those in the health sector. Although leadership challenges facing women are shared across disciplines, I have been reflecting more intently on how the health sector can continue to create enablers to uplift health professional women in their career and leadership pursuits. For example, Health systems strengthening, and achieving Universal Health Coverage in Uganda can both benefit from a growing number of nurses and midwife leaders who have attained advanced training and expertise by earning a PhD. Women leaders in the health sector (the majority of whom are nurses and midwives) are being called upon every day to take a proactive approach to leading change and transformation.

However, Uganda, like many other developing countries, faces a critical shortage of skilled nursing and midwifery leaders and policymakers with this level of education. Indeed, the

number of PhD-prepared nurses and midwives at last count is less than 18 in the whole country. To address this shortage and strengthen nursing and midwifery leadership and policy, doctorally prepared nurse/midwife leaders can play a vital role and they will remain critical in the future of our healthcare. Advanced education provides nurses and midwives with the knowledge and skills necessary to lead and transform healthcare systems, translate evidence into best practices, improve patient outcomes, advance the nursing and midwifery curriculum, and promote and engage proactively in designing and implementing relevant policies and regulations at the national level.

PhD programs, among other things, focus on research and evidence-based practice, teaching nurses and midwives how to analyze complex data, develop research protocols, think strategically, and evaluate and navigate complex healthcare systems. These skills are essential for nursing/midwifery leaders, enabling them to lead with confidence, inspire others, and create positive change within their organizations and communities.

Moreover, advanced education can also enhance the professional development and career prospects of nursing and midwifery leaders. With a PhD, nurses can pursue advanced leadership roles, such as executive director or chief nursing officer, or pursue academic careers, conducting research and teaching the next generation of nursing and midwifery leaders. This can create a pipeline of skilled nursing leaders and policymakers, who can contribute to the development of the nursing and midwifery profession and the country in general.

However, there are several challenges to advancing nurses and midwives to this level of education in Uganda. These include a lack of funding for advanced education, limited access to educational resources, challenges with transformative pedagogy, restrictive regulatory frameworks, and an alarming shortage of qualified faculty. To fully realize the potential of advanced education, stakeholders must prioritize investing in nursing and midwifery education and training, creating a pipeline of skilled nursing leaders and policymakers, who can drive positive change and improve patient outcomes. To lead with positive intent and courage, women leaders including our nurses and midwives need our collective and intentional support including the establishment of enabling structures. In this edition of the NMLTT newsletter, we caught up with two recently graduated PhD nurse and midwife leaders respectively. Their experiences provide a window into some of the challenges as well as emerging opportunities. We invite you to celebrate them and challenge you to take deliberate steps in supporting the future of nursing and midwifery education and leadership.

**Rose Clarke Nanyonga (PhD)**
**Chief Editor NMLTT Newsletter | Associate Professor | Vice Chancellor, Clarke International University**
**@RoseNanyongaCla**

# MY PHD JOURNEY: DR ELIZABETH AYEBARE (PhD HEALTH SCIENCE)

Dr. Ayebare studied Birth Asphyxia in Northern Uganda. She investigated birth asphyxia in northern Uganda with a focus on the associated factors, practices during labour and childbirth and the predictive value of umbilical artery lactate. The prevalence of birth suffocation was high at 5.3%. She found that birth asphyxia was more likely to occur if the newborn mother was an adolescent or unemployed. Other factors included referral, a raised maternal white blood count, syphilis infection and complications of labour and childbirth. We caught up with her after her graduation to learn a little more about what inspired this incredible work and her PhD Journey.

***What inspired you to pursue a PhD? Did you always know you wanted to get a PhD? Why do a PhD? Some people think it's over-ambitious, share with us a few of the benefits of having a PhD in Uganda.***

Starting the PhD journey was not by plan. When the opportunity came, I had just given birth to my daughter 6 months back and was not ready to pursue any further studies until she was at least 2years. Then an opportunity came through my mentor Dr Rose C. Nabirye who was part of the team that had written a grant to build capacity for midwives as an avenue to accelerate a reduction in maternal and neonatal mortality. Dr Nabirye told me about the project, the PhD opportunities, and that I was one of the potential people to undertake a PhD on this project. Of course, I had my reservations about starting the program at that time, but I could not bring myself to disappoint my mentor and the project lead Prof. Tumwine. That is how the PhD journey began. So, I decided to start a study in the area of

newborn health, specifically the care for preterm newborns that later changed to Birth asphyxia after sufficient literature review and guidance from my supervisors. I always wanted to further my research on newborns; trying to tackle the three major causes of death which are birth asphyxia, preterm birth complications, and neonatal sepsis. Being a midwife, I wondered if we could do something to prevent asphyxia from happening since our newborn units were not advanced to manage severe asphyxia.

I also always knew that I wanted to do a PhD since I am in academia, but my plan was to first settle, focus on the family and then do it around 2018 which would be 5 years after the master's program.

Why do a PhD? I think a PhD really opens you up to so many possibilities. Firstly, during the PhD program, I learnt a lot of things that I didn't know about our healthcare system and especially midwifery care. I was also able to extensively read about birth asphyxia and related topics. I cannot say that I know it all, but the PhD studies just opened my eyes to how many gaps exist in this area, especially regarding nursing and midwifery research.

Secondly, during the PhD program, I was able to network not only with nurses and midwives but also with other health professionals. For example, my supervisory team included a Paediatrician, obstetrician/gynaecologist, neonatologist, midwives, and an epidemiologist. This team brought a lot of experiences and connections that have helped me go forward.

Thirdly, PhDs are very important for professional growth. The main reason for PhDs is to make one an established researcher. And we know that no profession grows without research. I believe that for us to grow as midwives and nurses, more of us must engage in clinical research to promote evidence-based practice.

The other benefit of the PhD is the title. This title can bring you before great men/women. It gives you the authority to speak about your area of research. The public can trust that you know what you are talking about.

***Help take us through the process of application, how does it actually work and how does one start?***

I will take you through the PhD process at Makerere University. So definitely as a prospective student, you must have a concept or synopsis. This means an idea that is written down in 3-4 pages. It is also important to share your ideas with some mentors and get guidance about the best possible supervisors, get to know people who have done work in your sea of interest and even ask about the best University, and funding opportunities.

If you plan to do a PhD by research only, you can apply to Makerere University any time of the year but if you plan to do the PhD by course work and dissertation, you have to apply when admissions for graduate programs are open usually from January to March of each year.

After application, the directorate of research and graduate training will send your application to a school that suits your topic area, and they will invite you for a presentation. Then the journey begins. If your synopsis is accepted, you are given supervisors and a doctoral committee. The second level is to present to the higher degrees research and ethics Committee of the school which is chaired by the Dean. This meeting recommends you for provisional admission.

***In terms of career growth, are there things you could not do but will now be able to do with this new qualification?***

Career growth is relative after the master's degree but yes, I believe that the PhD is a big part of one's career progression. At Makerere University, a PhD is becoming a mandatory qualification for people to be promoted beyond the Senior Lecturer level. Then someone without a PhD cannot be a main supervisor for a PhD student and cannot examine students even if you are a technical person in the subject area. With this qualification, I can be able to supervise other PhD students, apply or compete for grants, examine PhD students, champion the starting of Master's programs in nursing and many other hidden opportunities.

***Now this is a popular question: Is it true PhD candidates are paid for studying? How do people who want to pursue a PhD but feel inadequate in the areas of finances, time and research skills go about doing so?***

It is not true that you are paid to do a PhD. Some PhD study grants may have a stipend (living expenses) for the PhD student which I wouldn't call pay. In my case, the funding provided me with tuition fees and money to conduct the research. There was no stipend or additional payment. But I also know of people who have funded their own PhD studies. It is expensive and can be difficult to fund yourself, so I encourage prospective students to try and look out for funding opportunities. These opportunities are still available, especially for nurses and midwives.

***We have only 18 PhD nurses and midwives in Uganda, as part of the pioneers in this field, what are your plans to help recruit more people to further their education in this way?***

What I do is to encourage every nurse/midwife who expresses their desire to do a PhD. I have supported several people with letters of support or recommendation, I have looked through some concept papers and helped others find potential areas for research.

***What is your advice to potential PhD candidates or current PhD candidates?***

Potential PhD candidates and those already in the journey should keep moving. The journey is unique for every individual so map out your own route and follow it. I should say that many times family and social demands make it difficult to progress, and sharing challenges with fellow candidates and supervisors can be helpful. PhD is not a personal affair, sharing and finding a few friends to move with along the journey is helpful. Your supervisors must be part of nearly all aspects of your life including the social aspect. If you can share with them when things are tough, the better. If not, find a mentor who can support you. The journey is usually 3 or 4 or 5 or more years, so no one should underestimate it.

***Where can aspiring students apply and what are the PhD programs you advise Nurses and Midwives to consider?***

If one is interested in a PhD, any area of interest is okay. Nurses and midwives can do a PhD in clinical topics or areas, policy, health system, education, and many others. An area

of interest can be guided by one's master's specialty but it can also emerge due to demand. E.g., there have been funding opportunities for PhD in Alzheimer's disease, so one could tailor their interest based on the funding. Bottomline, do your research in an area that you are excited about. Otherwise, three years down the road, it may be hard to continue if you were not interested in the topic from the beginning. I am grateful to my supervisors who made the journey worthwhile, they include Professor Ndeezi Grace, Professor Claudia Hanson, Dr. Jolly Nankunda, Dr. Wibke Jonas, and Dr. Anna Hjelmstedt. Last words: A PhD is possible, go for it.

## CONGRATULATIONS

### Other graduates from various universities

**Though this is not an exhaustive list, we congratulate the following nurses and midwives on their new qualifications.**

**Master's Degree**

Dan Muramuzi, School of Public Health

Laban Muteebwa, School of Medicine

Martin Lubega, Education

Elizabeth Pearson, MBA Health and Social Care

**Bachelor's Degree**

Mpamize Herbert, Education

Anitah Kusaasirah - BSc Midwifery (CIU)

# MY PHD JOURNEY

# RICHARD MUHINDO (BSN, MPH, PhD)

**A Focus on Career, Leadership Growth & Inspiration:**

Richard Muhindo (BSN, MPH, PhD)

**Title:** Senior Lecturer Department of Nursing, College of Health Sciences, Makerere University-Kampala, PPM, Fellow Global health leadership.

**Dr Richard Muhindo** (PhD Public Health) is one of 20 PhD graduate from Makerere University in February 2023, who studied Regular Sexually Transmitted Infections (STIs) and HIV screening intentions and practices among sex workers in Uganda. He investigated the influences of regular STI and HIV screening intentions and practices among sex workers, and whether text message reminders and peer education would improve the uptake of facility-based STI testing. He observed that relative to female sex workers, heterosexual male sex workers had low syphilis and HIV testing intentions and practices owing to negative testing attitudes, low self-efficacy, and non-accepting norms. We caught up with him to learn about his inspiration and what advice he had for nurses and midwives who might be thinking about a PhD but are still somewhat undecided.

## *What led to your decision to pursue a PhD in your field of study?*

Joining Makerere University in 2000 to pursue a degree of science in Nursing was very exciting for me as a young man from the Rwenzori mountains in the Kasese district. In our year, there were 11 (Bachelor of Science in Nursing) BSN students and only 4 were male. For the first two years, we studied biomedical sciences with medical, dentistry and pharmacy students. We did not know what we were being prepared for until we started our clinical rotations in year III. I

was somewhat demoralized by nurses and midwives whom I felt were colleagues, but constantly asked us why we were studying nursing, and what we would do after qualification.

I still remember many times when nurses and midwives would support medical students but not us in the clinical area. I felt so bad, but I was not overly bothered because of my childhood belief that I am not defined by what others say about me. I also received encouragement from some of the nursing lecturers who often told us that “with nursing, the sky's the limit! Meaning that in Nursing the opportunities were limitless.

This was hard to see during the ward rotations because the nurses and midwives kept questioning us, and this dampened my passion for clinical work. During my internship at Masaka regional hospital, this love was resurrected, and I successfully completed my internship.

For newly graduated BSNs at that time, the opportunities for clinical practice were limited. I was lucky to receive a job offer from Reproductive Health Uganda (RHU) formerly the Family Planning Association of Uganda (FPAU) as a service provider in charge. At RHU, I honed my management and leadership skills, especially in reproductive health programs.

That was when I decided to pursue a career in public health. Luckily, in 2009, I received a Nuffic scholarship to study master's in public health at the University of Maastricht in the Netherlands, and in 2011, I received a fellowship with the Afya Bora consortium in Global Health Leadership. After my training, I continued working in the reproductive health and HIV programs, serving with the AIDS Information Centre Uganda. I decided to join Makerere University to pursue a career in teaching and training Nurses and Midwives. I had a dream of becoming an independent leader and researcher in nursing, Reproductive Health, STI/HIV and health systems, and this was my motivation for pursuing PhD training. In 2017, I enrolled for doctoral training in Public Health specializing in Epidemiology and Biostatistics at Makerere University College of Health Sciences, School of Public Health.

***How will this PhD propel your career forward?***

It is difficult to compete for research grants globally and locally unless you have a PhD qualification. With this qualification, I am hopeful I will be able to secure research grants to enable me to realize my dream of becoming an independent researcher and leader in Nursing, STIs/HIV and the health systems. My immediate next step is to enroll for postdoctoral training and mentorship.

***Many people fear PhDs, they think they are difficult, expensive, and time-consuming; Please share with us your experience, the good, the bad, the ugly or the beautiful - it could inspire some nurses and midwives that read this letter.***

I wouldn't say studying for a PhD is difficult, but rather an undertaking that requires personal dedication and determination. You need a personal conviction. The experience is highly personal and may depend on the nature of the PhD program, the personalities of your supervisors and doctoral committee, and the university systems where you are enrolled. Usually, PhD programs may be taught (coursework and dissertation) or non-taught (research only). I enrolled in the non-taught program, where unlike in the taught program no specific teaching structure exists. However, as a PhD student, you are required to determine your own learning needs (knowledge and skills) including actively seeking training courses to address those needs.

So, with my research concept, I applied to the university in the school where I wanted to be registered as a PhD student. In the concept, I had proposed to my main supervisor, whom I had consulted during concept development. I was then invited to present and defend my concept before the higher degree committee of the school. Note, there may be instances where a PhD student may be required to present his or her concept to the department before proceeding to the higher degrees committee. I received feedback on my concept and was referred to the PhD forum, a platform for PhD students at the school. I presented to this forum my concept and also, received peer feedback. I used the feedback to improve my concept and re-submitted it to a higher degree. At the second presentation, the concept was passed, and I was recommended for PhD provisional admission. At this stage,

the higher degree committee proposed supervisors and other members of my doctoral committee for an appointment. This process, from submission of an application to the university to receipt of a recommendation for provisional admission, took approximately seven months. With the higher degree recommendation, I obtained provisional admission from the university. A provisional admission

is a one-year contract, where you are expected to develop and obtain the necessary ethical clearance for your research proposal to obtain full admission as a PhD candidate. Within seven months of my provisional admission, I obtained full admission. This is now when field data collection starts.

Before data collection, as a PhD student, I incurred costs in the form of tuition fees, ethical clearance fees (local and national), and fees for courses outside the university. Expenses start to increase when you start data collection. My research focused on STI and HIV testing among heterosexual and female sex workers, and specifically, I researched whether mobile phone text messages and peer education would improve regular facility-based screening for STI and HIV. My research budget was USD. 32,000. I obtained a fellowship as a scholar with the Uganda Academy for health innovation and Impact based at IDI. However, this fellowship only covered university tuition fees and a stipend. I wasn't so sure where I would get the research funds. So, I decided that I would save every penny of my stipend to kick-start the formative phases as I look out for research funding. I started applying, and luckily, prior to the Uganda National Council of Science and Technology's approval of my proposal, I received research funding (USD. 34,000) from Nurture, a research grant by Prof. Nelson K. Sewankambo to support research training and mentorship of junior faculty. With this grant, I embarked on the journey of data collection and field experimentation, by August 2019, I had my first publication, my second publication by October 2020, and my third and fourth by April and August 2021 respectively. In December 2021, I submitted my thesis for examination but didn't receive the examination reports until September 2022. After receipt of the reports, I worked tirelessly, at times, and night, and successfully defended my PhD on 30th November 2022. On average doctoral studies take an average of between 3-5 years, but some people can take up to 10 years and more. This could be due to individual factors or factors outside the control of the student i.e., journal review processes, and examination processes to mention but a few. Personally, after receipt of the provisional admission (August 2017) to PhD defense, the process took me 5 years.

As a student, I had no study leave and no form of relief from my work duties, so, I worked almost all the time from Sunday to Sunday. During this period, my wife and children were very understanding and very supportive, sometimes occasionally reminding me of my study responsibilities. There will always be challenges related to delays, but I chose to take them as opportunities for learning. What

was important was my drive and belief that I will make it. But generally, along the journey, I was blessed with wonderful supervisors and mentors, whom today I consider my sponsors (people who say good things about me when I am not present in places where decisions are made).

***What is the actual structure or program like? (Courses and delivery etc.)***

As I have already mentioned above, PhD research is not structured like a taught program apart from the cross-cutting courses that all PhD students are expected to undertake. Once I received my provisional admission, I developed a personal study plan, which I shared with the supervisors. With this plan, we agreed on how often, where, and how to meet. It was my responsibility to initiate these meetings with the supervisors with specific aims. In this plan, I also outlined my desired learning needs. Quarterly reports signed by the supervisors were submitted to the head of the department and the directorate of graduate studies. Every 6 months I planned and scheduled meetings with the doctoral committees, where I presented research progress (proposal, research findings, progress including challenges). The minutes of these meetings were filed, a copy at the department and a copy with me. Certainly, apart from publication, I was expected to present at national and international conferences. I was lucky as a PhD student; I was associated with IDI as a research scholar and Nurture as a junior fellow. This enabled me to receive a lot of training in courses I felt I needed as a PhD student.

***What did you find most challenging and how did you overcome the challenges?***

There will always be challenges. The most important challenge was navigating the systems of the university. I navigated this by reading the PhD training guidelines and being an active member of the PhD forum. Being an active member of the PhD forum at IDI and the School of Public Health, received peer support throughout the training.

***What is your advice to potential PhD candidates or current PhD candidates?***

To potential PhD candidates, I would advise them to first be clear in their mind why they need a PhD. Secondly, to study a research topic they have passion for because when the going gets tougher, it is only the passion that will keep you going. Thirdly, to carefully select their supervisors. If possible, do some research about them including a chat with some of their prior students or sourcing out their CVs. Lastly, every journey is unique, but you need to have personal conviction and determination as the key driver. No one does a PhD for you, it is all about you, and you are the driver, but your family support will be paramount in the journey. To the current PhD students, join PhD fora irrespective of the university of enrolment. Be flexible and open to new ideas and alternatives. Look out for mentors, who are not necessarily your supervisors, but most importantly stay focused and determined.

***Who are the important people in your life who either inspired the PhD journey or provided crucial mentorship or support?***

My educational journey was mainly inspired by people's provocations. However, during my PhD journey, I met very inspirational supervisors and mentors. My mentors, Dr. Barbara Castelnuovo (head of research at IDI) and Dr. Andrew Mujugira (Research scientist and investigator at IDI), and my supervisors Dr Edith Nakku-Joloba, Prof. Nazarius Mbona Tumwesigye, and Dr Juliet Kiguli who were inspirational. But special mention goes to Dr Barbara who has

unbelievable confidence in me. She goes the extra mile to remind me of my next steps and plans in my career journey.

## NMLTT MONTHLY WEBINARS

The Uganda Nurses and Midwives Leaders' Think Tank is prioritizing key conversations this year that will be delivered via webinars. The conversations will tackle a wide range of issues. In January, we opened the series with Ag. Commissioner, MoH, Ms Chandia A Baku who presented an update on The Scheme of Service for the Nurses and Midwifery Cadres: Opportunities and Challenges. In February, the Registrar of the Uganda Nurses, and Midwives Council (UNMC), Ms Christine Nimwesiga presented updates on The Registration and Regulation of Nurses and Midwives: Closing the gaps and leveraging technology for improved services. We hope that these interactive conversations continue to address workforce challenges and that they result in appropriate actionable strategies for improving nursing and midwifery services across the country. We invite all nurses and midwives to continue to engage when the webinars are advertised. As usual, not every question gets answered during the webinar. Below, please find a follow-up Q&A of questions not answered during the Scheme of Service conversation. We are grateful once again to Ag, Commissioner Chandia Baku for taking the time to respond to these after the scheduled webinar time. See Table 1 below.

# THINKTANK MONTHLY SCHEME OF SERVICE QUESTIONS (NOT ANSWERED DURING THE WEBINAR) GUEST PRESENTER: - COMMISSIONER MS AGNES CHANDIA BAKU

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| **1. Most Nurses working in public service take a long to be promoted, and some end up not being promoted, what is the way forward?**<br>*Promotions are given according to available positions.*<br><br>**2. How can we help the increasing number of unemployed nurses out there?**<br>*All trained nurses can't be employed by public services hence they should be trained to suit various job markets/opportunities.*<br><br>**3. Are there opportunities for government scholarships at Bachelor's for those willing to upgrade but financially not doing well?**<br>*No scholarships but the Government offers education loans through the Ministry of Education to support individuals who can't afford to pay tuition.* | **Anthansius Ssonko** |
| **4. Thank you very much for this very informative Webinar. Is it true that a Diploma Midwife will not be allowed to pursue a bachelor's degree in Nursing and vice versa? Please, I request a detailed explanation of this since many people will fall victim.**<br>*Diploma midwives can pursue a bachelor's degree in any of the fields of nursing to attain the highest level of education in the profession (Nursing, Midwifery and Public Health Nursing)* | **Harriet Egessa** |
| **5. Many times, I have seen adverts for the position of Assistant senior nursing officer (salary scale U4) and nursing officer (salary scale U4) what is the difference between these two positions? and it's not a duplication of positions and affecting the promotion of nurses?**<br>*Assistant Senior Nursing Officers (U4) was a designation to align those who had been promoted to the position of Senior Nursing Officer (U4) without a degree to the scheme of service for nurses as per the circular by Public Service 2017. Therefore, any upcoming advert for U4 should be of a Nursing Officer who has obtained a bachelor's degree in the field of the nursing profession (These can be a Nursing officer –Midwifery, Nursing Officer-Nursing, Nursing Officer- Public Health Nurse)* | **Sebio Okwakol** |
| **6. Who's in charge of supervising the district service commissions because they continue to act in contravention of the guidelines? e.g., adverts by districts with old specifications.**<br>*District Services Commission are aware of the scheme of service for nurses some of their act is a deliberate move to offer opportunity for those known to them. However, information about such controversial act/advert can be shared with MOH, Health Service Commission* | **John Bosco Barebereho** |
| **7. Why worked on the National referral hospitals reintroducing enrolled nurse midwife cadres** | **John Bosco B** |

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| *Recruitment of enrolled nurses/midwives at National/ Regional Referral Hospitals will soon be history with time-based on the newly approved structure* | |
| **8. Where is the law that stops Males from practicing Midwifery as recently directed by Ps MoH** | **Not answered** |
| **9. I am trying to inquire, we are facing difficulty with registration for nursing extension, I wonder how we can be helped**<br>*Please get in touch with Uganda Nurses and Midwives Council for further discussion and clarification* | **Orech Bonny** |
| **10. Why are they pushing bachelor's nurses up to the health center three? Now who will be senior in management in regard to the clinical officer**<br>*Bachelor Nurse is U4 and therefore can effectively work at HCIII as a Nursing Officer which is a position that is available.* | **Eunice Kakai** |
| **11. Thanks to Madam CN for the presentation, however, I wanted to find out how far the restructuring has reached because it is through restructuring that people will get the opportunity of being promoted using the new scheme. Thanks**<br>*The new structure for all levels has been approved by Public Service pending the availability of funds from the Ministry of Finance for implementation which will be in a phased manner* | **Takali Sylvia** |
| **12. when will bachelor nurses and midwives be considered in public service recruitment?**<br>*There has been an ongoing issue for those already in services and with the newly approved structure for health workers opportunities are enormous.* | **James Komakech** |
| **13. More nurse leaders positions should be created at the district level and in hospitals. the issue of nurses being assistants most of the time is not good. my prayer is that health centre threes be manned by nurses**<br>*With the newly approved structure for health workers opportunities for various positions for nurses are enormous. The process may take time What need is to develop our careers and hence be ready to take up the positions.* | **Ahimbisibwe Esther** |
| **14. At this level in the district, promotions are not on merit. It is based on who has satisfied the district service commission by the most amount of money paid.**<br>*Please quote and share with the wider scope of the nursing platforms for further consultation and decision-making. However, fighting such corruption requires concerted efforts.* | |
| **15. Cognizant of the scheme now, why do we still see adverts even put by HSC for positions, not in the scheme e.g. SPNO etc.?**<br>*This position should be as PNO, not SPNO. In such cases, please share the information within the wider scope of the nursing platforms for further consultation and decision making* | **Yada** |

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| **16. Are we still considering specialization at the certificate or diploma level, OR we are aiming at promoting specialization at the master's level just like other noble professionals?**<br>*Advanced diplomas are still valid in areas of nursing care. These include; Public Health Nursing, Pediatric Nursing, and Palliative nursing among others.* | |
| **17. Thanks for the presentation, what is the fate of the post of nursing officer midwifery they scare us that we wasted time.**<br>*Nursing Officer- Midwifery requires a bachelor's in midwifery and once you have the qualification there are opportunities especially with the approved new structure for health workers at all levels* | **Sarah Mutesi** |
| **18. If the restructuring is in line with the scheme of service, I can assume therefore that there is a wage for it in the districts. I am therefore wondering why districts have continued to ignore it's implementation. I beg to be guided.**<br>*Implementation of the scheme of service is ongoing at various levels including districts BUT not comprehensive because of restricted structures. However, with the newly approved structure for health workers opportunities are enormous at all levels for all cadres. THOUGH this will depend on the availability of wages from the Ministry of Finance* | |
| **19. Appreciation: Madam commissioner, the positions of SANO/ PANO are personal to holder positions. Kindly help us and guide the responsible officers at MOH to use the current positions in their adverts. Thank you.** | **Pulkeria.** |
| **20. Appreciation: Thank you, Commissioner, for the arrangement. Some of us missed the opportunity of being promoted when we had read our books. My PRAYER is to Support the YOUNG Nurses and Midwives and Promote them so that they can serve diligently. Be Blessed Members** | **Mwesigwa Peruth Mbarara** |
| **21. Why wouldn't someone go back to do a diploma with much interest and be denied because they registered with the council just a year ago.**<br>*Practical competencies are the basis for effective practice and have to be emphasized to have confidence in patients care* | **Apio** |

# EVENTS

This year, - TT joined the rest of the world in celebrating International Women's Day. Women form the largest part of the nursing and midwifery profession. The Think Tank could not miss celebrating all women across the world for all the important roles they play in transforming today's society.

In April, dabbed as "Education Month", we are prioritizing a conversation on Education with our Chair of the Think Tank Dr. Safinah K Museene, Commissioner of Health Training and Education, MoES. The commissioner will be highlighting new developments in education policy and strategy for health professional education. Nurses and midwives are encouraged to attend and explore ideas for potential education reform and career enhancement through new opportunities. We invite you to join the conversation. Health Worker's Week April 3 - 7: TT we joined the world to celebrate Health Worker Week.

This year's Health Worker's Week ran from 3rd – 7th April. Several Health organisations are running Advocacy campaigns during Health Worker Week, notably the #Investinme campaign by FHWC, which featured 15-second videos of Health Workers all over the world telling funders why it's important to invest in health workers. If you want to participate you can still tweet using the hashtags #ProtectInvestTogether #WHWWeek Read more about the campaign here and submit your video still!

*Image courtesy of Frontline Health Workers Coalition (FHWC)*

At the same time, WHO is running the WHO Fifth Global Forum on Human Resources for Health from 3 to 5 April 2023 in Geneva, Switzerland. The Forum is the largest gathering of health workforce professionals, health policymakers and multisectoral partners focusing on the theme of Protecting, safeguarding, and investing in the health and care workforce. You can read more on how to participate in the forum here.

# IN THE NEWS

The NMTT joins the fraternity in congratulating **Dr Joseph Mwizerwa** (pictured Right) of Agha Khan University-Uganda upon his award of PhD in Nursing Education and appointment as Associate Vice Provost Aga Khan Uganda.

Under a multi-country midwifery initiative focusing on the model of midwifery-led care, six countries Uganda inclusive are in Sweden to share their initiative projects. The initiative project for the Uganda team is on Midwifery-led MPDR.

The Uganda 6-member team: Ms. Jane Frances Acam PNO - Midwifery, Ministry of Health Department of Nursing and Midwifery, Ms. Emily Likico Opuu ANO Women's and neonatal specialised hospital Mulago, Mr. Acheka Edmonton ADHO Lira district, Sr. John Barbara Nabatanzi St. Francis hospital Nsambya, Ms. Rachael Najjemba CHAI Uganda and Ms. Peninnah Kinconco Makindye Health Centre 111.

In other news, ICM Board member for Europe Trude Thommesen and ICM Young Midwife Leader Hadijah Nakatudde attended the World Health Organisation (WHO) Global

# THE NURSE WHO DEFIES ALL ODDS

In late February, social media was awash with videos of a young, enrolled nurse Ms Nambozo Agnes from Buluganya Health Centre III in Bulambuli District, Elgon Region in Eastern Uganda. The video showed Ms. Nambozo climbing a rickety 300-meter ladder up a treacherous terrain to deliver immunisation services to a remote hard-to-reach village in the hilly communities. Many applauded her courage, including

Nurses and Midwives, members of the Nurses and Midwives Leaders Think Tank, Nursing Now, and the Minister of Health of Uganda (Dr Jane Ruth Acheng). She was interviewed by NTV, New Vision and also featured in the Daily Monitor article on March 02, 2023: "I use the ladder because there is no other way I can reach there. At times I feel terrified," she says with a beaming smile.

Ms Nambozo climbs a ladder on her way to deliver services in Manyolo village, Bulunganya sub-county. Photo from Daily Monitor courtesy of Michael Woniala.

"Absolutely speechless and touched to see this dedicated and committed enrolled nurse, Ms. Agnes Nambozo from Buluganya Health Centre III. She is on her way to Masheluse Village in Nataba Parish, Young Child Clinic outreach to vaccinate children. Nurse of the Year," The Hon Minister of Health, Dr Jane Ruth Aceng tweeted.

# NURSES AND MIDWIVES' LEADERSHIP WORKSHOPS SERIES WITH NHCC

The National Health Care Conferences (NHCC) Uganda ran a series of workshops in February focusing on preparing Nurses and Midwives for Leadership.

LEADERS Vs leaders public lecture held on 14th February (2023) with guest speaker Dr Joan Myers OBE. Dr Myers is a strategic nurse leader from the United Kingdom. A consultant and educator in community children's nursing services. She has worked as an advisor to the NHS's Chief Nursing Officer for England for over ten years, including being the Chair of the CNO BME Strategic Advisory Group for five years up until 2017 and received an OBE for services to children and nursing in the Queen's Birthday honours' list in 2013. She is a Queen's Nurse and was voted among the top 50 most influential BME figures in the NHS by the HSJ in 2020 and 2021. Joan founded a children's charity in Kenya, providing education and support for over 25 vulnerable children and their families.

I attended the LEADERS Vs leaders Public Lecture with many members of the TT and attended the Mentorship and Coaching session at Mulago National referral hospital Conference Room. In attendance were several nurse and midwife leaders including the Asst. Commissioner of Nursing at Mulago Regional Referral Hospital, Commissioner Nursing Ministry of Health, Ms Agnes Chandia and Vice-Chancellor Clarke International University (CIU), Prof Rose-Clarke Nanyonga.

The lecture was opened with remarks from the Commissioner of Nursing in which she emphasized the need for leaders to be good decision-makers:

"Leaders must be good decision-makers in order to be good implementers. Leaders should have skills and knowledge to be able to deliver on their assignments".

In nursing, we are always stressed, and not respected but we should motivate ourselves, she added. “We will be able to ably fill the positions highlighted in the recently launched Scope of Practice because we have new structures and now, we have positions for leadership. We cannot excel if we do not embrace specialization.”

During the public lecture, Dr Joan QBE (Which means she was recognised by the British Crown as an outstanding Nurse and top 50 nurses in the whole world) led us through what it takes to be a Leader Vs leader; we learned about the characteristics of leaders, the importance of resilience and how to be assertive, all much-needed skills in the nursing and midwifery profession. Below are my Highlights:

- Arise, Ascend to the next level!
- Just because they say you can’t doesn’t mean you can’t!
- Don't listen to people who tell you it’s impossible.
- If you don’t know where you are going you will end up somewhere else.
- If you don’t write it down, you are less likely to do it.
- Take up your space in whatever you want to do at this time; self-leadership is managing yourself and your time -it’s a lot of hard work.
- Be up to date with recent nursing breakthroughs, nursing decisions and policy.
- Do you read a research article a day? You should download the Nursing Research App and read one every day, you will stay on top of your field and contribute meaningfully to conversations and stand out in job interviews.
- You have to be persistent, insistent and consistent.
- When you get resistance, seek assistance (Joan seeks assistance from God above)
- Just because they said no, doesn’t have to be no. It can be yes!
- Nurse Leaders must be confident, and able to speak about their skills.

- Nurses from Uganda are more skilled than others in the UK because of the nature of our training, we can perform episiotomies, cannulate, and do lobotomies, these are all specialties in the UK.
- Nurses in the UK are more used to looking at machines than interacting with actual patients/people. So, they have less experience with people and more with machines.
- You have been placed in the position you are in because you have authority.
- If a nurse is not at the decision-making table, then the decisions are going to be made about you without you.
- Emotional intelligence is more important than intellectual intelligence because some people with intellectual intelligence have no common sense.
- The people that try to put you down are usually lower, and insecure about your ability. No matter their official title or position, they try to drag other people down - it just shows that in their minds they are lower than you.
- Just because it has never been done before doesn't mean it can't be done.
- At the management level, it is better to have soft skills, have wisdom on what to speak, when to speak and what to say.
- Some people need coaches, others need mentors, and others need both.

*Learning material is available on their website [www.nhccuganda.com](http://www.nhccuganda.com)*

# USEFUL CONTACTS

Please find below a list of useful contacts to forward your concerns appropriately.
UNMC queries:- info@unmc.ug
UNMU:- info@unmu.ug
CPD APP concerns: martin@unmc.ug

National organisations
Education and training Standards:- Department of Nursing at Ministry of Health

Health Education Training (HET) (Min of Education and Sports) QUESTIONS? CALL: 0417 893600 (PRO) Mobile 0777108170
Benevolent fund: - Department of Nursing at Ministry of Health, Uganda
Some of the associations
AGNMU: graduates@agnmu.org
Critical Care Association:president@ccnau.org
Midwifery Association: nationalmidwivesassociationug@gmail.com
Nursing and Midwives Society: info@nursesandmidwivessociety.org
Emergency Care Society of Uganda:- admin@ecsuganda.org
Palliative Care Association of Uganda:- pxau.admin@pcau.org.ug

Others
NMLTT (Think-Tank Leaders):- uganursemidwife.leaders@gmail.com
Writing articles for publication on the NHCC Uganda website:- editors.nhccuganda@gmail.com

Global networking
Nursing Now Campaign Uganda:- nursingnowuganda@gmail.com

# ACADEMIC RESOURCES

Access to Health Care journals (Discounted at 30%)

In partnership with UGANDA NURSES and MIDWIVES ASSOCIATION UK (UNMA-UK), Markallen Group UK (https://www.markallengroup.com/ma-healthcare/) has offered a 30% discount on their online subscriptions (MA Healthcare titles only) for UNMA-UK members. This has also been extended to Nurses and Midwives in Uganda as per UNMA-UK mission.

Use the confirmed discount code [UNBA30] to access a range of healthcare journals.

The Think Tank Newsletter editing team accepts articles on a rolling basis under the sub-themes below.

- Research and Innovation
- Continuing Professional Development (CPD)
- Policy Leadership/Governance
- Clinical Practice
- Covid Response.

The Think Tank is committed to supporting nurses and midwives through strategic advocacy. Advocate for Nurses and Midwives. Please send us your current email address to be included on our mailing list.

Our faith in you is steadfast. May you continue to rise up to the challenge in this international year of the Health and Care Workers by WHO - 2021. More than ever, this nation needs you. We thank you, and May God bless you.

**Copy to:** The Hon Minister for Health
The Permanent Secretary, Ministry of Health
The Permanent Secretary, Ministry of Education and Sports
Commissioner, Nursing Services, Ministry of Health
Commissioner, Health Education & Training, Ministry of Education and Sports
The Chairperson, NATIONAL TASK FORCE COVID 19
The President of the Uganda Medical Association
All Nurses and Midwives in Uganda

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