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EDITORIAL: REFLECTING ON THE 3RD NATIONAL HEALTH PROFESSIONALS' EDUCATION, TRAINING AND HEALTHCARE

By Associate Professor Rose Clarke Nanyonga, Chief Editor

Dear readers, we are halfway through the year, and so much has already happened. Over the past few months, we have celebrated both the International Nurses' and Midwives Day. Both events featured scientific conferences and celebrations across the country. These annual checkpoints are important in anchoring our continued advocacy, spotlighting ongoing challenges, celebrating achievements, and inspiring needed policy reforms.

In terms of governance and standards, the TVET Act 2025 and the Gazette of Statutory Instrument No. 25 of 2025 established the Uganda Health Professions Assessment Board (UHPAB), which is now responsible for the Assessment and Certification of health



professionals under Technical and Vocational Education and Training. The ACT was assented to in February 2025 by H.E. the President of the Republic of Uganda, Gen. Yoweri Kaguta Museveni.

But in this issue, we want to highlight and reflect **on another key milestone**: **the 3rd National Health Professionals' Education, Training and Healthcare Conference**, which took place in Jinja from April 1 to 4, 2025. The conference took place at the Source of the Nile Hotel in Jinja, drawing around 400 participants, including policymakers, educators, students, researchers, health administrators, and institutional leaders, to discuss reforms in health professional training. Under the theme "A Transformed Health Education and Training for Better Health Outcomes and a Productive Population," the event was officially opened by Minister Janet Museveni, with President Museveni expected as the Guest of Honor.



The First Lady and Minister of Education and Sports Launches the Diploma in Pediatrics and Child Health Curriculum for Nurses

Key Takeaways

In her address, the First Lady and Minister of Education and Sports, Hon. Janet K. Museveni, underscored the importance of transforming health education to produce competent professionals who can meet Uganda's evolving healthcare demands. She emphasized that true transformation begins with a change in mindset among educators, students, and institutional leaders. Education, she reminded delegates, should be viewed as a service to the nation, not a business. The First Lady urged institutions to adopt innovative teaching methods, promote competency-based learning, and embrace digital tools and interdisciplinary collaboration to

enhance health training outcomes. She also highlighted new policy developments, including the implementation of the Technical and Vocational Education and Training (TVET) Act 2025, which brings significant reforms such as the formation of the Uganda Health Professional Assessment Board. The minister called on institutions to familiarize themselves with the law and align their practices accordingly. In her concluding remarks, she encouraged participants to generate



actionable resolutions from the conference and to work in close partnership with government ministries to build a robust health workforce. She officially opened the conference and launched several new diploma programs in emergency care, critical care nursing, medical records and informatics, and pediatric nursing, alongside announcing the upcoming nationwide Baseline Education Census.

A consistent theme among the speakers was the emphasis that quality healthcare education should be rooted in hands-on training, strong supervision, and competency-based assessment. The bridge between theory and practice must be strengthened. In her address, the Permanent Secretary at the Ministry of Education and Sports, Dr. Kedrace Turyagyenda, called on health training institutions to intensify practical, hands-on learning to ensure graduates enter the workforce with the necessary competence and confidence to deliver quality healthcare services. Dr. Turyagyenda underscored the importance of active skill-building. She noted that true mastery in health professions comes not from passively listening or observing, but from

continuous, supervised practice. "Skill acquisition is not a passive process; it requires doing," she stressed. "It's not enough to tick off hours in a logbook. Institutions must create robust supervision and follow-up systems to verify that students are gaining the skills they claim to have." She challenged institutions to go beyond the standard few weeks of clinical exposure and instead integrate practice throughout training. "Competence doesn't come from watching others; it is forged through repetition and accountability," she said, urging schools to recommit to hands-on learning as a cornerstone of health education.



Commissioner HET, Dr. Museene, Commissioner EMS, Dr. John Baptist Waniaye, and Other Dignitaries

There was strong momentum around integrating digital health tools into curricula and healthcare delivery systems. Digital transformation in training must be prioritized. Stakeholders agreed on the urgency of licensing all health training institutions to maintain standards and protect patient safety. In her address, Dr. Safinah Kisu Museene, Commissioner for Health Education and Training at the Ministry, pointed out that the sector still faces persistent challenges. "Limited funding, a shortage of specialist tutors, and inadequate infrastructure for training are major hurdles," she said. However, Dr. Safinah expressed optimism, noting that these gaps offer room for transformation. She highlighted the potential of digital tools, such as e-learning and telemedicine, as avenues to improve both training delivery and ongoing professional development. "We've adopted a competency-based curriculum focused on practical, problem-solving skills. This aligns well with the evolving demands of health service delivery."

During the event, various delegates shared papers and case studies on topics ranging from digital health solutions to competency-based curricula and community health strategies. The conference featured national-level practical competitions in areas like nursing, midwifery,

clinical medicine, and medical laboratory sciences, building on earlier regional rounds and culminating in some students being recognized.



Recognizing the best performing midwifery student at the National Skills Competition.

This conference overall marked a significant leap toward modernizing health education in Uganda. Through showcasing research, facilitating practical competitions, and addressing regulatory frameworks, it laid the groundwork for a health training ecosystem built on competence, innovation, and accountability, key pillars for improving national health outcomes.

FEATURE MIND THE GAP: BRIDGING RECOGNITION AND INVESTMENT IN NURSING

Authors: Rose Clarke Nanyonga (PhD) (Associate Prof of NLMP, Vice Chancellor, Clarke International University) and Tracey Kobukindo (Senior Manager, Last Mile Health)





Nurses are lauded across the globe as the *backbone of health systems*, a sentiment echoed in international campaigns, national commemorations, and even recent policy discussions. This year's International Nurses Day theme, "Our Nurses. Our Future. Caring for Nurses Strengthens Economies," conveyed a similar message. From providing frontline care during pandemics to advocating for maternal and child health in underserved and hard-to-reach areas, nurses remain central to improving health outcomes and enhancing community well-being. Their contribution to social and economic development is equally significant, as noted in the WHO (2020) report, which highlights the economic returns and societal benefits associated with a well-supported nursing workforce. (Underlined for emphasis) The implication here is that nurses can only be a backbone if they are well supported, yet, despite the well-documented value they add, there exists a troubling disconnect between the accolades they receive every year and the tangible investment in their education, jobs/employment, and leadership development. (WHO, 2020; ICN 2021).

Over the last two decades, numerous landmark reports (See Table 1) have documented the critical role of nurses in healthcare systems worldwide and made important recommendations for investing in nurses. The publications have also tracked evolving challenges, including chronic shortages, geographic maldistribution, educational standards, working conditions, and policy frameworks that shape the profession. A quick appraisal of these reveals both progress and patterns of persistent challenges (See Summary of Select Landmark Reports 2006-2025, Table 1)

 Table 1: Landmark reports on Nursing 2006-2025

Report	Year	Key Insights	Recommendation
The World Health Report 2006: Working Together for Health	2006	It established that 57 countries faced critical nursing shortages, with a global deficit of 2.4 million nurses, midwives, and physicians.	 ✓ Linked nursing shortages directly to the inability to achieve the Millennium Development Goals. ✓ Highlighted how workforce constraints limited the effectiveness of disease-specific global health initiatives ✓ Argued that health system strengthening must include substantial nursing workforce investments.
ICN's Global Nursing Shortage: Priority Areas for Intervention	2006	Examined the crucial issue of nursing shortages and identified priority areas for intervention	 ✓ Five priority areas of intervention for nursing: Macroeconomic and health sector funding policies. ✓ Workforce policy and planning, including regulation. ✓ Positive practice environments and organisational performance. ✓ Recruitment and retention, addressing in-country maldistribution, and out-migration; and Nursing leadership
Global Health Workforce Alliance Report (2008): Scaling Up Saves Lives The Lancet	2008	The 2008 GHWA report specifically examined bottlenecks in scaling up health workforce education, identifying nursing programmes as having the greatest potential for rapid expansion The report critiqued traditional, siloed	Introduced the concept of "transformative education" that could rapidly increase nursing graduate numbers while maintaining quality standards through innovative approaches. Highlighted the misalignment between nursing
Commission on Education of Health Professionals (2010): Educational Reforms		approaches to nursing education as inadequate for 21st-century health challenges, advocating instead for transformative learning experiences that develop leadership capabilities	education systems and population health needs Encouraged training nurses for primary care roles, community health management, and health system leadership

Nursing Now:	2019	The Triple Impact Report documented	Demonstrated that investing in nursing created jobs,
Unleashing the		how investing in nursing simultaneously	particularly for women, while generating significant
Power of the Triple		improved health, promoted gender	health and economic benefits, with returns of up to
Impact Report		equality, and supported economic	\$10 for every \$1 invested in nursing education.
		development	
State of the World's	2020	Revealed a global nursing workforce of	Called for increased investment in nursing
Nursing Report 2020:		27.9 million, but also identified a global	education, job creation, and leadership roles.
Unprecedented		shortage of 5.9 million nurses, with 89%	
Global Evidence		of these shortages concentrated in low-	
		and lower-middle-income countries	
Global strategic	2021	Four policy areas	Investing in nursing and midwifery is not optional; it
directions for nursing		✓ Education: improve capacity, quality,	is essential. Countries must act across these four
and midwifery 2021-		and relevance of nursing and	priority areas to strengthen their health systems,
2025		midwifery education.	accelerate progress toward UHC, and build resilience
		✓ Jobs—create, sustain, and support	for future public health emergencies.
		nursing and midwifery employment	
		✓ Develop nursing midwifery at all levels	
		✓ Optimize the contributions of nurses	
		and midwives to the health system.	
State of the Worlds	2025	✓ Identified a growing yet unequal	✓ Expand the education capacity of nursing training
Nursing report 2025			
		_	infrastructure
			✓ Strengthen job creation and retention
		_	
		,	
			·
			✓ Ensure fair remuneration and incentives
	2025		 ✓ Strengthen job creation and retention ✓ Invest in nursing leadership and governance ✓ Improve data for evidence-based workforce planning

But, as the adage goes, "No Health, No Wealth": if nurses are central to our health, healthcare delivery, economic growth, and stability (as is well established in all these reports), why are countries failing to fund the systems that sustain them? The paradox is undeniable: we celebrate nurses as heroes yet fail to match policy rhetoric with appropriate resources. Despite their contributions, nurses, although highly visible in practice, remain invisible in policy. This lack of visibility leads to the undervaluation of their contribution and persistent neglect in national health strategies. This contradiction is especially visible in LIMCs, where many governments continue to underfund nursing education and workforce strategies. The Global Strategic Directions for Nursing and Midwifery 2021-2025 (WHO, 2021) calls attention to this underinvestment, urging targeted policy action. Yet many national plans remain underfunded or poorly implemented. Even as nurses carry the weight of fragile health systems, their voices are frequently absent in policy development and budget negotiations.

Some policy makers argue that there are critical disparities between high-income countries and low- and middle-income countries (LMICs) which limit LMICs' capacity to deliver on their promise. Many LMICs continue to grapple with fragile health systems, inconsistent health financing, and chronic workforce shortages—all of which hinder their ability to implement annual priority recommendations effectively. The State of the World's Nursing Report (WHO, 2025) projects a global shortfall of 11 million nurses by 2030 and highlights a stark imbalance in workforce distribution: 78% of nurses are concentrated in high-income countries, which represent just 49% of the global population. This inequity leaves LMICs particularly exposed, not only due to insufficient staffing numbers (*Africa has only 1.3 nurses per 1,000 people, far below the 3 per 1,000 thresholds needed for effective health coverage*) but also due to limited capacity to translate global recognition into sustained, strategic investments where they are most needed.

All landmark reports indicate that underinvestment in nursing workforce development leads to high turnover, declining care quality, and rising long-term healthcare costs. Delays in treatment and preventable complications further strain health systems and reduce economic productivity. Addressing this requires a holistic approach that meets both professional and personal needs: fair and competitive pay, safe work environments with adequate supplies and mental health support, career advancement through education and leadership opportunities, and meaningful inclusion in policy and decision-making structures. (WHO, 2020).

Imagine waking up in a world where, for just one day, there are no nurses or midwives. No one to monitor ICU patients, administer life-saving medications, assist mothers in labor, respond to emergencies, or offer comfort to the dying and those grieving. On any given day, nurses are essential to the strength and functionality of the health system. They are a vital link, connecting patients with doctors, hospitals with communities, and preventive care with treatment (Hassmiller & Wakefield, 2022). Their absence, even for a single day, would send ripples far beyond hospital walls, impacting public health, economic stability, and societal well-being. This is no surprise, given that nurses represent nearly 59% of the global health workforce

(WHO, 2020), reminding us that behind every health statistic stands a nurse making it possible. In many LMICs, nurses are often the primary healthcare providers, especially in rural and underserved communities. Without them, hospitals and clinics would cease operations; emergency services would be paralyzed; maternal and child health would be jeopardized; and vaccination and public health programs would stall, increasing vulnerability to disease outbreaks.

The economic consequences of a single day without nurses would be immediate and measurable. Delayed or missed care would force millions of patients and informal caregivers to miss work, leading to significant productivity losses. Healthcare costs would rise as untreated conditions escalate into emergencies requiring prolonged hospitalization. Beyond the health sector, the impact would be felt across education systems, long-term care facilities, and community health programs, all of which rely heavily on nursing professionals. In the United States, nurses contribute over \$1 trillion annually to the economy (ANA, 2020). Extrapolated globally, a one-day disruption could cost billions in lost productivity and healthcare expenditures.

To yield powerful returns, countries must address the ongoing mismatch between recognizing the value of nursing and prioritizing policy actions that strengthen these professionals' capacity to deliver (Nanyonga & Kobukindo, 2024). The consequences of even a single day without a nurse highlight the urgent need to strengthen economies by investing in and supporting the nursing workforce.

Relatedly, a critical shift is needed from treating nurses as a staff cost to long-term investment in nurses, which directly contributes to economic growth through job creation, better population health, and increased productivity (WHO, 2020). Nurses help reduce the economic burden of illness by managing disease, promoting prevention, and providing cost-effective care, resulting in improved patient outcomes, reduced mortality, and fewer readmissions. (Aiken et al., 2014; Twigg et al, 2013). In LMICs, nurse-led interventions have improved maternal outcomes, raised immunization rates, and successfully managed chronic diseases at the community level (Massimi et al., 2017; Terry et al., 2024). These interventions reduce workdays lost, boost labor force participation, and mitigate poverty-related health shocks.

Moreover, nursing investment supports formal employment, particularly for women, reduces inequality, and advances gender equity, aligning with the Sustainable Development Goals (SDGs). (Bonio et al., 2019). In countries facing high youth unemployment, nursing education and deployment can provide pathways to dignified work and upward mobility, especially with the adaptation of digital learning tools and technologies. Well-supported nurses also reduce reliance on expensive hospital care by emphasizing prevention, early intervention, and health promotion, hallmarks of cost-efficient health systems (Liu et al., 2021).

Lastly, you can't invest in what you don't measure. In many LMICs, data on the nursing workforce is fragmented or incomplete, making it difficult to develop informed policy or budget decisions (WHO, 2020). Governments face multiple competing demands from infrastructure, security, to debt servicing. To facilitate incremental integration of nurses into health policy design and governance, leveraging evidence and workforce data to enhance strategic investment is essential.

Caring for nurses is an investment in the future of health, equity, and economic growth. In LMICs, where resources are stretched and health burdens are significant, nurses offer an impactful, scalable solution. They are not just caregivers—they are health innovators, community leaders, and economic enablers. One day without nurses would be one day too many. Their absence would not only endanger lives but also destabilize the systems we all depend on. But the pathway to stronger health systems and more resilient economies begins with closing the gap between accolades and bold policy action, and sustained investment in nurses, the backbone of health systems.

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SUPPORT THE HEALTH AND WELL-BEING OF NURSES AND MIDWIVES

Are you aware that caring for nurses and midwives not only improves patient outcomes and quality of healthcare but also strengthens economies? Well, nurses and midwives make up nearly half of the world's healthcare workforce and deliver 80% of the hands-on care. In lower and rural health facilities in developing countries, majorly, nurses and midwives are often the first and sometimes the only health professionals that people see (WHO,2024). Thus, nurses and midwives are a vital part of the healthcare workforce, and investing in their health and well-being could lead to increased productivity, reduced healthcare costs, and a healthier population, ultimately boosting economic growth.



Annually, 12th May marks International Nurses Day worldwide. This year's theme stated "Our Nurses. Our Future. Caring for nurses strengthens economies". Putting into consideration that the health and well-being of the carers, who are the nurses and midwives, matters globally, this theme emphasizes why the world needs to prioritize nurses; they are a vital health workforce, the key to strengthening health systems. Important to note, nurses and midwives face a wide range of challenges worldwide, from physical to social, emotional, psychological, and ethical. Such challenges should be addressed in a way that promotes their overall health and well-being.

This year's theme further provides an opportunity to governments, ministries, and all other relevant entities to bring actionable solutions to the forefront, that is to say, solutions that can be implemented immediately to support nurses and midwives in their day-to-day work, and also improve their long-term health. For example, addressing nursing shortages, improving their working conditions, and enhancing career advancement opportunities are crucial for retaining nurses and midwives and maximizing the economic benefits of nursing.

Therefore, I urge all governments, ministries, and relevant organisations to value, protect, respect, and invest in nurses and midwives for a sustainable future for nursing and health care at large.

The writer is: Lilian Nuwabaine Luyima (Worlds' Best Nurse Finalist 2024; Multi-Award-Winning Researcher 2023; Heroes in Health Award Winning Midwife 2021 & Dutstanding Woman of 2021)

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International Day of the Midwife celebrations



International Nurses Day celebrations

DR. EVA WANYENZE, A PHD JOURNEY SHE BELONGS HERE...HER WORK CHANGES LIVES!

We recently asked Dr. Wanyenze to tell us a little about her PhD journey. We hope that through her story of resilience and courage, many other nurses and midwives can be inspired to pursue graduate studies.

What inspired you to pursue a PhD, and specifically in midwifery? Was there a moment or experience that first planted the seed for this journey?

My desire to pursue a PhD was first sparked during an exchange program in Sweden while I was a graduate student in midwifery at Makerere University. There, I had the opportunity to witness and practice what I can only describe as textbook midwifery care delivered exactly as it is taught. The contrast with the realities back home was striking. Reflecting on the differences, I came to realize that while high-quality midwifery care often felt out of reach in our



resource-limited setting, I had the power to contribute to meaningful change. This experience challenged me deeply and inspired my commitment to improving birthing experiences for families. Although I wasn't yet sure of the specifics, I knew my future research would focus on intrapartum care. A midwife in Uganda conducts between 350 and 500 deliveries per year, more than twice the 175 deliveries recommended by WHO. With such numbers providing support, empathy, and friendliness to women is almost impossible, so I decided to study birth companionship, leveraging on friends and family to support women to improve experiences of childbirth in Uganda. Beyond my professional path in midwifery, this journey carried a deep personal purpose. My mother had to leave school as a teenager to give birth to me, and I've always felt a responsibility to carry forward the dreams she had to set aside. Her experience of giving birth alone, without anyone by her side, left a lasting impression on me. This work is a tribute to her resilience and to all the women who endure pregnancy and childbirth in isolation, without the support and respectful care every woman deserves.

How did your understanding of midwifery deepen or evolve through your PhD?

Midwifery is more than assisting with childbirth; it's about being present during one of the most sacred and transformative moments in a woman's and a family's life. Engaging with study participants offered me a deeper understanding of midwifery beyond the labor suite. I came to realize that practicing midwifery is a profound opportunity to walk alongside individuals on their journey to bringing new life into the world. Every detail matters; our words, tone, and attitude can have a lasting impact.

What were some of the most difficult or unexpected challenges you encountered?

The PhD journey can often feel isolating, with progress closely tied to my emotional and mental state. Personal challenges at times disrupted my productivity, and the writing process, which demands a calm and focused mind, was particularly affected. This, in part, contributed to delays in my progress.

How did you balance academic work with your professional and personal responsibilities?

I didn't have a rigid plan, but I made sure to make consistent progress each day, even if it was something small, like adding a subheading or downloading relevant articles. I also dedicated two days each week to focus on major portions of my PhD work. At times, I multitasked by working with my laptop on the kitchen table, combining research with daily activities like cooking.

In what ways did the PhD journey change you, not just as a professional, but as a person?

The PhD journey transformed me in ways I hadn't anticipated. It stretched me intellectually, emotionally, and spiritually. I became more patient, resilient, and selfaware. The process taught me how to navigate uncertainty, handle rejection with grace, and keep moving even when progress felt slow. I learned to trust my voice and value my ideas. Professionally, it sharpened my critical thinking, deepened my understanding of midwifery research, and gave me the confidence to contribute to policy and practice. I learned to advocate for evidence-based interventions like birth

companionship that directly impact maternal outcomes in Uganda. Spiritually, I drew closer to God; I found myself praying more. I grew in confidence and humility. I now see challenges not as barriers, but as opportunities for growth. Raising children while pursuing a PhD wasn't easy. I learned to manage time intentionally. It also deepened my empathy for other women juggling family and education. I became more intentional about maintaining harmony at home, especially given cultural expectations. Above all, the journey taught me that I am capable of more than I ever thought possible.

Were there moments of doubt? How did you keep going?

Yes, I struggled with my first publication. The initial journal I submitted to rejected the paper, and at the time, it felt like the worst kind of heartbreak. I began to question my potential as a PhD candidate. Fortunately, I had incredibly supportive supervisors who reassured me that rejection is a normal part of the academic journey and not the catastrophe I imagined it to be. With their guidance, I revised the manuscript and submitted it to another journal. That very paper is now the most cited work in my portfolio. In hindsight, the rejection pushed me to refine my work more carefully, and the result was a significantly stronger paper. Throughout the journey, especially in the later stages, I grew closer to God. I began to pray before writing, asking for His wisdom to help me shape the dissertation into a clear, meaningful, and well-structured story.

What does it mean to complete a PhD in Uganda, particularly as a woman and a midwife?

Pursuing a PhD requires immense determination, especially in midwifery, where finding a suitable supervisor can be particularly challenging due to the limited number of PhD-trained midwives. Currently, Uganda has no professor of midwifery, which makes in-depth engagement with theoretical midwifery models in research even more difficult. Despite these challenges, my supervisors walked the journey with me with unwavering support.

As a woman, the path demanded boldness and resilience. I am married, and during my PhD journey, I had two children and was pregnant just one year into the program. Thankfully, I had my research proposal approved before the baby arrived. Balancing academic ambitions with family life came with unique cultural dynamics. In an African context, striving for academic excellence as a woman can sometimes be misunderstood as if one is trying to outshine or dominate the home. I had to be mindful of these perceptions while staying true to my goals.

Did you face any unique barriers due to gender, profession, or institutional systems?

Not really. In fact, the scholarship was designed to support women who were unable to pursue their PhD studies abroad due to family commitments. I didn't encounter significant professional or institutional barriers, and for that I am grateful.

What is the core contribution of your research to midwifery or maternal health?

My PhD research demonstrated that when midwives provide structured orientation to birth companions, it has an immediate and positive impact on how women experience care during childbirth. The findings offer strong evidence for the practicality and value of birth companionship as a low-cost, high-impact intervention. By enhancing continuous labor support, birth companionship significantly improves the quality of maternal care. This approach should be actively nurtured and scaled up as a key strategy for reducing preventable maternal mortality and achieving Uganda's commitment to SDG 3.1 by 2030.

How do you hope your findings will influence practice, policy, or education?

Practice: I hope my findings will encourage health facilities to formally integrate birth companions into maternity care by providing them with orientation and clear guidance. Empowered birth companions can support women during labor, help recognize complications like postpartum bleeding, and assist in newborn care, such as breastfeeding and skin-to-skin contact. Birth companions are particularly valuable in settings like Uganda, where a limited number of midwives care for large volumes of laboring women, making it challenging to provide adequate support and non-pharmacological pain relief. Orientation can be delivered face-to-face or through materials like posters, videos, or take-home leaflets given during antenatal care, making it a practical, low-cost intervention to improve maternal and newborn outcomes

Policy: I anticipate my findings will inform the development of a national policy and clear guidelines on birth companionship. This includes creating a standardized training model for birth companions, integrating their names into antenatal care records, and improving maternity facility infrastructure, such as providing chairs, privacy dividers, and designated spaces for companions. These policy changes would help institutionalize birth companionship as a key component of respectful and supportive maternity care in Uganda.

Education: I hope my findings will influence education by encouraging the integration of birth companionship into midwifery and health training curricula. This includes teaching future midwives the value of continuous labor support, how to engage and orient birth companions effectively, and how to assess individual support needs during childbirth. Incorporating this evidence into training programs will help prepare healthcare providers to implement respectful, woman-centered care. Additionally, my research can inform the development of educational materials and modules for birth companions themselves, ensuring they are well-prepared to support mothers during labor and postpartum.

Who were your key mentors or champions on this journey?

My key mentors were my PhD supervisors, Dr. Gorrette Nalwadda, Prof. Byamugisha Josaphat K. Prof. Tumwesigye Mbona Nazarius, whose guidance, encouragement, and belief in my potential were instrumental throughout the journey. One of my key champions on this journey was

Florence Nakaggwa. She played a deeply meaningful role as my social support system and personal cheerleader. During the many moments when I doubted myself, whether overwhelmed by the workload, facing rejection, or trying to balance family and academic life, Florence was always there to remind me of my worth and capability. She offered not just encouragement, but also practical support and a listening ear. Her unwavering belief in me gave me the strength to keep going, especially during the most difficult phases of the PhD journey. In many ways, her presence helped me rediscover my own resilience.

What role did community—academic, family, or otherwise—play in your success?

Research peers provided invaluable guidance, critical feedback, and encouragement that helped shape the quality and direction of my work. My family offered emotional support, helped manage responsibilities at home, and their patience and belief in me made the journey possible. They offered encouragement, prayed with me, and reminded me of my strength in moments of self-doubt. That sense of community, of not walking the path alone, was deeply empowering.

What's next for you, now that you've crossed this milestone?

Crossing this milestone has opened up new possibilities, and I'm excited about what lies ahead. Moving forward, I aim to translate my research into real-world impact by advocating for the integration of birth companionship into national maternal health policies and guidelines. I also hope to

contribute to midwifery education, mentoring future practitioners, and incorporating evidence-based practices into training programs. On a broader level, I plan to continue engaging in research that improves maternal and newborn health outcomes in Uganda and beyond.

How do you plan to use your PhD to shape the future of midwifery in Uganda or beyond?

I plan to use my PhD as a platform to advocate for evidence-based, womancentered midwifery care in Uganda and beyond. My research on birth companionship has shown the power of low-cost, high-impact interventions that can significantly improve maternal and newborn outcomes. I aim to work with policymakers, educators, and health institutions to integrate such practices into national guidelines, clinical protocols, and midwifery training curricula. Beyond policy, I'm passionate about mentoring the next generation of midwives, helping them see research not as distant or intimidating, but as a powerful tool for change. I also hope to contribute to building local midwifery research capacity, especially in areas where academic leadership is still emerging. Ultimately, I want to be part of a movement that raises the profile of midwifery in Uganda, promotes respectful and dignified care for women, and ensures that midwives are empowered to lead, influence, and innovate in maternal health.

What advice would you give to a young midwife thinking about starting a PhD?



My advice to others is: believe in your journey, even when it gets tough. The PhD is not just an academic exercise; it's a test of endurance, identity, and purpose. There will be moments of doubt, delays, and discouragement, but stay focused on your why. Let your passion and purpose guide you. You don't have to walk the path alone. Lean on your mentors, peers, family, and community. Their encouragement can carry you through the hardest moments.

Stay flexible but committed; Life doesn't stop because you're doing a PhD. Many of us juggle family, work, and cultural expectations. Progress may be slow at times, and that's okay. What matters is that you keep moving forward. Finally, never underestimate the power of your voice and your story. Your research, your perspective,

and your presence matter especially in fields and spaces where representation is still growing. You belong here, and your work has the potential to change lives.

Looking back, is there anything you would have done differently?

Looking back, if there's one thing I would have done differently in terms of research, it would be planning more time for data analysis and writing. While I was well-prepared for data collection and fieldwork, I underestimated how much time and mental space the interpretation and synthesis of

findings would require. Starting the analysis and writing process earlier, even while data collection was ongoing, would have helped me manage the workload more smoothly. I also wish I had started writing more consistently from the beginning instead of waiting for the "perfect" moment. This would have made the final stages of the dissertation less overwhelming. That said, every challenge taught me something valuable, and I believe even the difficult moments were necessary for my growth. I wouldn't change the journey itself, only how I carried myself through it.



Congratulations Dr. Eva. Keep Moving Forward

MIDWIVES AS ACTIVE AND FIRST RESPONDERS OF THE CLIMATE CRISIS



The global climate crisis is intensifying, marked by rising temperatures, extreme weather events like heatwaves and floods, and increasing sea levels, necessitating an urgent identification of innovative practices and effective humanitarian preparedness and response for improved healthcare among affected populations. Women and girls are disproportionately affected, facing lifethreatening risks such as pregnancy-related complications and gender-based violence, alongside restricted access to essential health services.

Empowerment of midwives in disaster response program planning and implementation is one of the vital innovations. Midwives worldwide are not passive observers of the climate crisis, but they

are the most active and first responders. From delivering preconception and antenatal care, safe delivery, postnatal and newborn care, and family planning services, among others, during floods and heatwaves to educating families and communities about health risks. By doing all this, midwives are already adapting to the challenges posed by climate change.

The climate crisis significantly impacts midwives, leading to physical, emotional, social, and psychological effects such as stress, burnout, and displacement. Therefore, governments and policymakers worldwide must integrate midwives into climate preparedness and response planning processes. For example, to address climate-related health risks, it is crucial to involve midwives in the process. They should be equipped with the necessary training, tools, and resources, and have established referral pathways and transport systems readily available for use during crises.

Truthfully, the climate crisis is a public health issue and emergency that demands immediate and coordinated action. Thus, country-specific health strategies addressing climate resilience MUST recognize the vital role of midwives in the climate crisis. The theme for this year's International Day of the Midwife, 5th May, stated "Midwives: critical in every crisis". Hence, the time to act is now: for the midwives and the women, girls, and families they serve, and for a healthier and more resilient future.

The writer is: Lilian Nuwabaine Luyima (Worlds' Best Nurse Finalist 2024; Multi-Award-Winning Researcher 2023; Heroes in Health Award Winning Midwife

WELLNESS ON THE WARD! SMALL HABITS THAT MAKE A BIG ______ DIFFERENCE

By Judith Hope Kiconco, RN BSN, MPH

According to the 2022 Uganda Demographic and Health Survey (UDHS), the country currently has approximately 25.8 health workers per 10,000 people—a modest improvement from 22.5 the previous year. However, this figure combines doctors, nurses, and midwives. In reality, most nurses and midwives in both public and most private health facilities still operate under intense pressure, limited staffing, and overwhelming caseloads.

On any given day, a nurse may find themselves holding the entire ward together, with a colleague or two at best, and sometimes completely alone. Patients need attention. Phones are ringing. Supplies are running low. Breaks feel optional—if they happen at all. But here's the truth: **you can't serve from an empty cup**. And wellness doesn't require hours of free time or a spa retreat; it starts with the *small choices* we make in between the chaos.

In this issue of the newsletter, I'll be sharing a few of these choices—simple wellness practices you, too, can borrow or incorporate into your routine. They're small steps, but they can make a big difference.





3 Minutes to Reset

Overwhelmed? Step aside—even to the corner of the ward—for just three minutes. Close your eyes, inhale deeply, and stretch tall. Reset your rhythm. It may not fix the workload, but it quiets the tension.

Close your eyes, inhale deeply, stretch tall

Stay Hydrated, Stay Sharp. Long shifts and heat leave many of us reaching for a cold soda, but

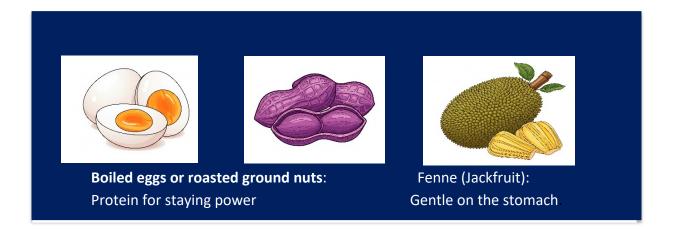
while it may feel refreshing, it's not the best way to hydrate. Soda, especially sugary or caffeinated kinds, can leave you thirstier and more fatigued later on. That reusable water bottle? That's your real secret weapon. Water improves focus, reduces headaches, and fuels physical stamina. Sip regularly—even small amounts count. And if you need a little flavor, try adding a slice of lemon or cucumber to your water for a refreshing twist.

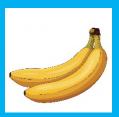


Water is your secret weapon—drink it regularly

Snack Like You Mean It

The mandazi-and-soda combo may be quick, but it crashes just as fast. Instead, pack a smart snack:





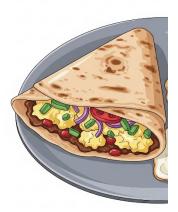




- Bananas, or watermelon slices: Gentle on the stomach and rich in energy.
- Millet porridge in a flask: A comforting and rich source of iron.
- **Gonja:** Whether roasted, boiled, or lightly pan-fried, it provides lasting energy without a sugar crash.

Lunch: Fuel, Not Filler

When you finally get a break, make it count. A healthy lunch doesn't have to be fancy:



A **Rolex** is a fantastic, quick-fix option for nurses and midwives on the move. It's warm, satisfying, and easy to eat between tasks. Packed with protein, carbs, and fiber, it gives you the fuel to power through a demanding shift. Even better, it's affordable, widely available, and portable—no fork or plate required. Customize it your way: add extra veggies or skip the oil for a lighter version.

Katogo with matooke and ground nuts, beans, or vegetables: A nourishing, one-pot option that's rich in complex carbs, plant protein, and healthy fats. It's warm, comforting, and keeps you energized through the second half of your shift. Prepare it the night before and

pack it in a food flask—it holds up beautifully.

Other great choices? **Posho with beans** or **matooke with groundnut sauce**—hearty, nutritious, and easy on the stomach.

Try to skip the greasy chips. Heavy oils can drain your energy and leave you sluggish just when the busiest part of your afternoon is kicking in.

And if possible, step away to a quiet corner while you eat. Just 10 minutes without ward noise can make a significant difference in your focus and mood.

Move While You Work. That walk down the corridor to the in-charge's office, the stairs to the records section, or a trip to the main store, those aren't just errands, they are opportunities.

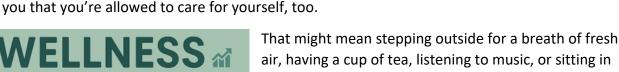
Transferring a client to another unit, escorting them to the lab, scan room, or even the pharmacy? Take a moment to stretch your back, gently swing your arms, or roll your shoulders. These micro-movements keep circulation flowing, ease stiffness, and help release the physical tension that builds during long shifts: little motions, significant impact.

Mind the Mind

Some days are emotionally heavier than others. If you're feeling drained, pause for a moment and name what you're feeling: tired, anxious, hopeful, discouraged. Recognizing the emotion is step one. Sharing it with a trusted colleague is the next step. And chances are, your

trusted colleague will be kind enough to nudge you toward that third step gently: reminding

quiet prayer.



In conclusion, wellness isn't something to "fit in." It's something to weave into the rhythm of your day. With micro-habits like stretching, smart snacking, hydration, and emotional check-ins, you're not just surviving the shift—you're building strength, stamina, and self-compassion. And trust me, before you know it, that week will have flown by, without leaving you feeling over drained. So, start small, stay consistent, and prioritize yourself.

Your well-being is essential. Own it.





CARE FOR THE CAREGIVERS: A MIDWIFE'S WAKE-UP CALL

By Alekat Sarah Gladys, Midwife – Soroti Regional Referral Hospital.

At 38, this seasoned midwife reflects on a journey that began at the age of 23, when she entered the nursing profession. She became a mother at 26 and has since welcomed five children. While her first three pregnancies were smooth, it was during her fourth and fifth that she encountered serious complications—specifically, preeclampsia. These experiences profoundly reshaped her perspective on maternal care, particularly for health workers like herself.

At age 33, stress within her marriage triggered fluctuating blood pressure levels. Though she managed the condition through diet and exercise, the risk escalated during her fourth pregnancy. Her blood pressure remained stable for the most part, but spiked just before delivery, resulting in postpartum preeclampsia. The diagnosis came as a shock—even with her clinical background, she was overwhelmed by the fear, stigma, and uncertainty that followed.



Her inner fears were real and haunting: • She feared being judged for her weight. • She feared assumptions about neglecting her diet or exercise. • She feared the unknown, despite her medical knowledge.

During her fifth pregnancy, she maintained stability until 36 weeks. Then, once again, her blood pressure surged. She was admitted—not by the ANC or maternity team—but by a colleague who happened to be on duty at the time. That experience taught her some complex but powerful lessons.

Here's what she wishes every health worker would understand:

- Health workers are human too. We're not immune to stress, illness, or complications. We deserve to be treated as clients, not as colleagues who can selfmanage or brush things aside.
- 2. **We must not self-treat or downplay our symptoms.** Seeking care is not weakness. We should always be attended to by another professional, without bias or assumption.

- 3. **Compassion among colleagues is vital.** During one of her admissions, some midwives hesitated to help, assuming she had come with "her midwife." In truth, it was simply a colleague on duty. That lack of empathy left her feeling isolated at her most vulnerable
- 4. **Compassion among colleagues is vital.** During one of her admissions, some midwives hesitated to help, assuming she had come with "her midwife." In truth, it was simply a colleague on duty. That lack of empathy left her feeling isolated at her most vulnerable.
- 5. We must stop neglecting ourselves. Many of us rush through ANC visits—if we go at all. She recalls being palpated in a ward while on duty, later filling out her own ANC card. It was a dangerous and unprofessional shortcut. Health workers must prioritize structured antenatal care, just as we insist on it for our clients.
- Special ANC clinics for health workers should be established. We need regular, tailored checkups—including emotional and mental health support—and it should be normalized.
- 7. **Cultural and religious pressures also affect us.** She sought another baby—not entirely by choice—but under societal pressure to have a boy. Even as a midwife, tradition weighed heavily.
- 8. We must avoid planning pregnancies during emotionally stressful periods. Mental wellness matters—before, during, and after pregnancy. She learned this the hard way.

Final Thought: Our lives as health workers matter just as much as the lives of the patients we serve. We cannot pour from an empty cup. It's time to treat ourselves with the same urgency, dignity, and empathy we extend to others.

Let's create systems that truly support the caregiver. Because when we are well, our clients are safer, too.

#HealthWorkersDeserveCare #PreeclampsiaAwareness #MidwivesMatter

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

HET (Min of Education and Sports) QUESTIONS? CALL: 0417 893600 (PRO) Mobile 0777108170

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):- <u>uganursemidwife.leaders@gmail.com</u>
Writing articles for publication on the NHCC Uganda website:editors.nhccuganda@gmail.com

Global networking

Nursing Now Campaign Uganda:- nursingnowuganda@gmail.com

PROFESSIONAL RESOURCES

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.

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Our faith in you is steadfast. May you continue to rise 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 President of the Uganda Medical Association

All Nurses and Midwives



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