



# Organizational Strengthening of UNMU Project



## Mid-Term Evaluation Report for UNMU Collaboration with NNO

(December 2009- May 2013)

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## List of Abbreviations

AGM:	Annual General Meeting
FGD:	Focus Group Discussion
NNO:	Norwegian Nurses Organisation
NOTU:	National Organization of Trade Unions
TOR:	Terms of Reference
UNANM:	Uganda Nurses and Midwives Association
UNMU:	Uganda Nurses and Midwives Union
SPSS:	Statistical Package for Social Scientists

## Executive summary

This is a mid-term evaluation report of “Organisation’ strengthening of Uganda Nurses and Midwives Union (UNMU) project “. The project is a partnership between the UNMU and the Norwegian Nurses Organisation (NNO), with the overall goal of strengthening the capacity of UNMU. This evaluation covers a period from December 2009 to May 2013, which is the mid way age of the 6 year project targeting to end in 2015. The project was informed by the national nurses and midwives needs assessment survey conducted in Uganda in 2007. The survey depicted poor working conditions among nurses and midwives. These conditions were as well characterised by lack of a strong bargaining system to influence better conditions of Nurses and midwives and service delivery of the health care system.

The evaluation applied a participatory approach comprising of cross-sectional study design, as well as qualitative and quantitative techniques for data analysis. These included use of questionnaires; key informant interview guides document review, observations and picture taking. A total of 328 respondents participated in the survey from the Western, West Nile, Central and Eastern regions of Uganda. Quantitative data analysis was aided by use of SPSS<sup>1</sup>.

Findings depict that UNMU has an established structure to address conditions of nurses and mind-wives. It was also established that members are aware of their rights and approaches to have them addressed, especially at the national level. In addition, it was noted that delayed resolution of the matter regarding a leadership conflict led by Edith Nasuuna has contributed to depositing of 1% monthly subscriptions from salaries of some of the nurses in the suspense account. This was noted to be a key constraint to financial sustainability of the Union. Noted still was the fact that whereas UNMU has largely addressed erratic conditions that have affected members, including pre-judicial jailing, other conditions of nurses and midwives remain unaddressed, such as inadequate salaries, poor housing and long work hours. Finally, findings revealed that the Union has made attempts to partner with civil societies and international organizations to raise synergy for better conditions of nurses and mid-wives in Uganda and beyond.

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<sup>1</sup> Statistical Package for Social Scientists

The consultant therefore provides the following recommendations: UNMU should Expedite the process to have the withheld monthly subscription in the suspense account to be deposited on the UNMU bank account; Advocate for recruitment of more staff to reduce the number of patients per nurse/ midwife and long work hours; Raise more awareness in the media and conduct visitations to nursing and midwifery schools to attract members into the Union; Write more funding proposals to donors; Expedite completion of the wellness center and rent out some levels to other entities to raise funds for union activities; Develop a long range strategic plan, comprising organizational - wide budgets; Interest the Uganda Nurses and Midwives Council to publish a list of registered nurses and midwives in their website; and Publish a list of members and activities on the UNMU website.

## 1.0 Introduction

This report shows the findings of a mid-term evaluation of “Organisation’ strengthening of Uganda Nurses and Midwives Union (UNMU) project “. The project is a partnership between the UNMU and the Norwegian Nurses Organisation (NNO) with the overall goal of strengthening UNMU. The findings of this evaluation report cover the period from December 2009 to May 2013, which is the mid way age of the 6 year project targeting to end in 2015. The project was informed by the national nurses and midwives needs assessment survey conducted in Uganda in 2007, which depicted poor working conditions among nurses and midwives. These conditions were as well characterised by lack of strong bargaining system to influence better conditions of Nurses and Midwives and service delivery of the health care system. This evaluation report has 6 sections. These include:

1. Overview of UNMU;
2. Terms of Reference (ToR) for the evaluation;
3. Methodology and approach;
4. Findings;
5. Conclusions and recommendations.

### 1.1 Overview of UNMU

UNMU was formed in 2003 as an independent, non partisan, non discriminatory and professional Union representing nurses and midwives in Uganda. It is also an affiliated entity to the National Organization of Trade Unions (NOTU)<sup>2</sup> in Uganda. The formation of UNMU traces its background from poor service delivery of the healthcare system in Uganda. Whereas infant mortality in the country, though still high dropped from 122 to 97 per 1000 live births between 1991 and 1995, results from the 2000/2001 Uganda Demographic and Health survey suggested that these improvements had been stagnant.

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<sup>2</sup> <http://www.notu.or.ug/index.php?id=47>

The researchers suggested that one of the main reasons for this stagnation is poor quality of health services delivered. It is depicted that the dynamics of health care delivery is largely based on conditions of nurses and midwives who form the backbone of the healthcare delivery system<sup>3</sup>.

This was characterised by lack of strong bargaining system to influence better conditions of health workers and service delivery of the health care system. The Uganda Nurses and Midwives Association (UNANM)<sup>4</sup> which was in place could largely address professional performance but not working conditions of Nurses and midwives in Uganda. Based on these issues, in 2001, a resolution was made by the AGM of UNANM to form UNMU<sup>5</sup>. The formation of UNMU was therefore to safeguard nurses' and midwives' interests and to influence nursing and midwifery education and practice so as to effectively serve the population of Uganda. The specific objectives of UNMU as contained in its constitution are to:

- i. Promote and maintain a high standard of nursing and Midwifery in Uganda;
- ii. Bargain, lobby and negotiate for better terms and conditions of Service for its members;
- iii. Promote unity and solidarity among members;
- iv. Establish and maintain mutual understanding between nurses, Midwives and their employers;
- v. Safeguard the social and economic welfare of members
- vi. Cooperate and network with other organizations;
- vii. Ensure that the ethical code of conduct is observed by nurses and midwives.

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<sup>3</sup> Uganda Demographic and Health survey 2000/2001; Health Sector Strategic Plan II 2005-2010

<sup>4</sup> UNAM had been formed in 1964 with a mission to contribute to improvement of professional welfare of nurses and midwives so as to offer quality health services to the community through training, advocacy and information sharing for sustainable national development

<sup>5</sup> <http://unmu.ug/partners.html#>

- viii. Serve as the authoritative voice for nurses and midwives in Uganda;
- ix. Provide advice to government and other stakeholders on all issues affecting nursing, midwifery and public health;
- x. Purchase, lease, take on hire, exchange properties, land or effects, borrow, raise funds, invest monies, receive gifts, etc that serve to expedite the interest of UNMU and its members;
- xi. Carry out such other lawful actions as may be incidental or conducive to the attainment of the objectives of UNMU.

Following the formation of UNMU, in 2007 the Nurses and Midwives decided to belong to one legal entity that is strong enough to promote their professional Standards and conditions of work. UNANM which had been formed in 1964 operated concurrently with UNMU from 2003 to may 2009 when an extraordinary delegates' congress of UNMU made a resolution to dissolve the UNANM and transferred all assets, liabilities and members to UNMU.

In an attempt to realise the objectives of the Union as contained in the Constitution, the Union looked for development partners and entered into a partnership with NNO. This partnership had the overall development goals of enabling UNMU become a sustainable and effective trade union (combined professional and socio-economic organisation) for nurses and midwives in Uganda, and develop a national network of support groups for nurses and midwives there by supporting and empowering them to support each other and to function efficiently at their workplaces, providing quality care to the people of Uganda. The partnership agreed on several indicators as a basis of assessing its performance as explained here below.

## 1.2 Terms of Reference

The terms of reference required the consultant to conduct a mid-term evaluation of collaboration between UNMU with the NNO. This is with the view of determining the extent to which UNMU is fulfilling its mission<sup>6</sup> and vision<sup>7</sup> statements, and is performing within the framework of its constitution. The evaluation is informed by the success indicators of the UNMU and NNO Collaboration as contained in the contract agreement between the two parties and 2010, 2011, and 2012 annual annexes to the main contract. The success indicators include:

- 1) UNMU to represent at least three quarters of nurses and mid-wives of Uganda by end of the contract period;
- 2) UNMU being financially sustainable and cover at least 60% of annual operational costs from funds generated locally through membership fees and other revenue;
- 3) UNMU being with a well-functioning organisation at all levels: main office, regional branches, district branches and shop stewards, where at least 50% of elected or appointed officials will have been trained to carry out their duties;
- 4) Existence of mechanisms to ensure that at least 75 % of student nurses and midwives upon graduation become registered members of UNMU;
- 5) UNMU to have negotiated for and provided services to their members so that 75% of them experience that they are valued members of the organisation and that their living and working conditions have improved;

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<sup>6</sup> To promote members' socio- economic and professional welfare in order to offer quality health services.

<sup>7</sup> To be a strong and self-sustaining union that advocates for nurse's and midwives socio-economic as well as professional welfare in order to deliver quality health service.

- 6) UNMU having develop international, national, regional and local networks with key organisations and governmental agencies, contributing to a strong civil society, where UNMU will be an effective watch-dog and advocate in health-care related issues in Uganda;
- 7) UNMU to have strived to assist one other neighboring national nurses' organisation, helping them to more effectively address health care issues and member needs in their country.

## 2.0 Methodology and Approach

### 2.1 Study design

A descriptive cross-sectional study design was undertaken. Qualitative and quantitative approaches were used to answer questions as indicated in ToR presented in section 1.2 above.

### 2.2 Survey Population

#### 2.2.1 Survey Area

The survey was conducted in four regions of Uganda; Central, Western, Eastern, and West-Nile. Specific districts in the regions of study are presented in table 1.

**Table 1 Survey Area**

No.	Region	District	Hospital/ Entity
1	Central	Kampala	Mulago National referral Hospital , Kibuli Muslim hospital
		Wakiso	Entebbe hospital
		Mukono	Kawolo Hospital
2	Western	Kabale	Kabale regional referral Hospital
		Kanungu	Kihiihi Health Center IV and Kambuga Hospital
3	Eastern	Jinja,	Jinja regional referral hospital
		Mbale	Mbale regional referral Hospital, Jinja School of Nursing and midwifery
		Kumi	Atutur Hospital, Kumi Health Center IV
4	West Nile	Arua	Arua regional referral Hospital
		Nebbi	Nebbi Hospital

### **2.2.2 Selection of Survey Respondents**

From the six regions of Uganda including Central, Eastern, Western, Mid-western, Northern and West-Nile, four regions were randomly selected. Districts were also randomly selected. Major health units were purposively selected considering their classification as referral hospitals or with highest number of mid-wives/nurses in the districts. Respondents for the questionnaires were randomly selected considering their membership to the UNMU or were members of the UNANM. Key informant respondents were selected by consideration of their positions as regional chairpersons or members to the district executive committees or influential members at hospitals. Participants in the Focus Group Discussion (FGDs) were members of the district executive committees or and influential members at the hospital levels.

### **2.3 Sample Size Determination**

The target sample size for members was pre-determined by the Client. The survey therefore targeted 400 respondents distributed evenly in the 4 regions. However, given the busy schedule of the nurses in attending to patients, out of a sample of 400 that was targeted, those who responded were 328, constituting 82% of the target survey sample. Besides soliciting for the views of the nurses who were already in practice, the team also considered getting the views of the nurses in the training institutions, in order to broaden the scope of the survey. These were; Jinja School of nursing and midwifery and Uganda Christian University in Mukono. For this reason, the questionnaire survey covered more regions than had been predetermined.

### **2.4 Review of Study Tools**

The survey team consisted of a Lead consultant and 2 field data collection consultants. These formulated, discussed the tools, applied expert judgment and shared them with the Client before approval.

The tools included a questionnaire, key informant interview guide and FGD Guide. Copies of the tools are attached as annex 2 of this study.

## **2.5 Study Approach**

The consultants under the supervision of the Lead consultant administered survey tools to respondents in the survey areas. The survey applied both qualitative and quantitative approaches. Questionnaires were administered to registered members of UNMU. Focus Group Discussions (FGDs) were carried out with groups of 4– 8 participants per discussion. This was aimed at providing rich data through direct interaction between the researcher and the participants on the project. Field consultants were deployed separately to various regions, under the supervision of the Lead consultant. Debrief meetings were held with the study team upon arrival in Kampala. Debriefs were also held with members of the Client.

## **2.6 Data Entry and Cleaning**

All filled questionnaires were entered and processed using the Statistical Package for Social Scientists (SPSS) software. A team of highly trained and experienced data experts entered the data under the guidance of a highly qualified data manager. Observance of security and confidentiality of the data was at maximum. Qualitative data was consistently cleaned throughout the exercise through probing and tracing relationships between the responses generated.

## **2.7 Data analysis**

For qualitative data, content analysis was applied to capture respondents' views. Direct quotations and testimonies were the basis of the analysis. Interpretations and conclusions were made according to the number of occurrences on each item.

For quantitative data, the major analytical tool was application of frequencies and cross-tabulations of background variables and percentages. Graphs and tables were also used to present data accordingly.

## **2.8 Quality Control**

Consultants with experience in quantitative data collection procedures and eloquent in both English and the respective local dialects were identified and recruited. They were also oriented on the objectives of the survey and data collection techniques. The Lead Consultant doubled as an editor, checking for completeness and consistence of the questionnaire copies during debrief meetings. The Lead consultant handed over the checked tools to the data manager who then checked for completeness of the questionnaires, assign an index number to the questionnaire and handed over the questionnaires to the data entrants.

To ensure quality data entry, experienced data entrants were recruited and trained on data entry procedures. For consistence of the data, all data was double entered by different data entrants. The data entry process was closely supervised by the data manager of the team. After the data entry, the data was cleaned to ensure consistency.

## **2.9 Ethical Considerations**

Informed consent to participate in the exercise was sought from all respondents. Respondents were also requested not to write their identity on the research tools. In the event that consent was not granted, the interviewer thanked the respondent and moved on to the next one.

### 3.0 Findings

The findings are based on a total population of 328 respondents. The findings represent views from the questionnaires, key informant interviews and Focus Group Discussions (FGDs). Respondents to the questionnaire constituted 60 Males and 268 females as depicted in table 2 below.

No.	Sex	Frequency	Percent
1	male	60	18.3
2	female	268	81.7
	<b>TOTAL</b>	<b>328</b>	<b>100</b>

Majority of the respondents were married but a great section of them (24.1%) were living a single life. This could be attributed to many factors including staff transfers and could be a precursor of conflict at the places of work which could be translated into poor service delivery in the health sector. Composition of marital status is depicted in table 3 below.

No.	Item	Frequency	Percent
1	single	79	24.1
2	married	211	64.3
3	divorced	13	4.0
4	widowed	25	7.6
	<b>TOTAL</b>	<b>328</b>	<b>100</b>

Majority of these (225 respondents) joined UNMU as Nurses, 89 joined as Mid-wives and 14 joined as honorable members in line with the constitution of UNMU. This implies that composition of membership as per the constitution could promote cordial relationships and mitigate any likely conflict in a structured manner as per constitution and sustainability of the union. Details of membership entry are depicted in table 4a below.

No.	Item	Frequency	Percent
1	Nurse	225	68.6
2	Midwife	89	27.1
3	Others	14	4.3
	Total	328	100

Out of 328 members, 132 held certificates, 162 held diplomas, 30 held first degrees and 4 held post graduate qualifications. There is low proportion of members with first degree and above qualifications. This could imply lack of opportunities for further training as well as lack of mechanisms and incentives to attract and retain highly skilled personnel into the union membership. The effect of limited skills is poor service delivery in the various health facilities. A detailed description of respondents according to their levels of education is depicted in Table 4b

No.	Item	Frequency	Percent
1	Certificate	132	40.2
2	Diploma	162	49.4
3	First degree	30	9.1
4	Postgraduate	4	1.2
	<b>Total</b>	<b>328</b>	<b>100</b>

Concerning the age distribution of the union members that took part in the survey, results showed that majority of the respondents were in the age bracket of 8-35 years (35%), followed by 30% who were in the age category of 41-54 years, while those in the age category of over 55 years were least represented at 16%. This implies balanced sharing of information and experience among members for sustainable benefits to both the union and the patients. Details of the age composition are depicted in table 5 below.

No.	Age group	Frequency	Percent
1	18-35 years	114	35
2	36-40 years	64	20
3	41-54 years	99	30
4	55+ years	51	16
	<b>TOTAL</b>	<b>328</b>	<b>100</b>

In terms of regional representation, majority of the respondents (116/35%) were from the Eastern region. This was followed by the Central region, with 72 (22%) of the respondents, while West Nile had 67 (20%), Western had 54(19%) and Northern was least represented at 19(6%). Details are depicted in table 6 below. It took a lot of time to acquire mobilize and information from respondents in the central region, a factor that could be linked to their dissatisfaction with the

No.	Region	Frequency	Percent
1	Central	72	22
3	Eastern	116	35
4	Western	54	16
5	Northern	19	6
6	West-Nile	67	20
	<b>Total</b>	<b>328</b>	<b>100</b>

progress of events in the union and the confusion caused by the disgruntled group of one Ms. Nassuuna. The many respondents from the Eastern region were attributed to the easy accessibility and mobilization of members in the region. A similar trend was registered in West Nile, where the representation of respondents was also relatively high.

The consultant could not establish the data base of UNMU member registration in Uganda at the time of the evaluation. There are also no statistics on the total number of Nurses and midwives in Uganda, both in private and public sector.

These factors therefore constrained the establishment of the actual numbers of Nurses and Midwives constituting UNMU membership in Uganda. This implies lack of codified record management and information sharing both in government and in UNMU and could constrain management Information Systems (MIS), planning and implementation of activities if not addressed.

### 3.1 Sustainability of the Union

UNMU has made attempts to raise funds from various activities to attain financial sustainability. Key to these include 1% of members' net monthly salary subscriptions, rental from two office blocks one at Plot 4 Berkley Road, Entebbe and the other at Mulago- Ngapi house in Kampala- Uganda. UNMU only draws annual project specific budgets rather than organizational - wide annual and strategic plans as well as budgets. Notable of project budgets are the Organizational Strengthening of UNMU with an annual average budget of US\$ 303,600 (years 2011, 2012) funded by the NNO. The Nurses orphans Girl project also attracted funding from the International Council of Nurses (ICN). At regional levels, there are attempts to establish income generating activities including tendering cleaning services of public places. In west Nile region (Arua district) there are attempts to open a bank account so as to mobilize funds to run the union activities. The key financial raising activities known to members are presented in table 7.

**Table 7: Income Generating Activities**

No.	Activity	Frequency	Percentage
1	Annual subscription	195	59
2	Membership fees	103	31
3	Income generating activities E.g. office rentals.	17	5
4	Others ( e.g. Fundraising from Donors)	13	4
	<b>Total</b>	<b>328</b>	<b>100</b>

The Consultant also established that UNMU has not succeeded in receiving the 1% monthly subscriptions from members' salaries. Whereas the deductions from the members' salaries are effected, the funds are still withheld by the ministry of public service in a suspense account rather than being deposited on the account of UNMU. This was explained by the existing splinter group led by Ms. Nasuuna Edith and litigation against legitimacy of leadership to hold funds on behalf of members. And indeed, there is limited awareness among members on their participation in raising funds for the Union activities. For example, 52% of the members disagreed that they had contributed subscription fees and 48% of the members agreed that they had contributed their subscriptions to the Union.

The evaluation further established that court had set July 2013 to hear an application by UNMU to authorize depositing members' monthly subscriptions on UNMU bank account. Discussions with the General Secretary revealed that Nasuuna's matter has been running in courts of law and the process has greatly impacted on the financial strength of the Union. He further explained that the Union has not fully put in place a clear membership policy which would guide the recruitment of members to subsequently boost membership contributions for the Union activities. This poses a challenge for the Union in financing its programmes since the only available local revenue source is money from the rental fees. The GS further attributes the problem of limited local revenue sources to the absence of a clear mechanism to guide and regulate the collection of contributions from members in the private and public institutions.

### **3.2.0 Functionality of UNMU at Different Levels**

The organizational theory regards Organizations as 'complex adaptive systems' that use people, tasks and technologies to achieve specified goals and objectives. The complex organizations have a structure and interrelated facets that need coordination to be managed together to achieve efficiency and

effectiveness in achieving stated goals and objectives. Organizations also need to be 'adaptive', they need to respond to ongoing changes in the environments in which they operate e.g. the political, social, economic and technological conditions that together form the environment in which organizations operate, PHAST (2011)<sup>8</sup>.

UNMU has a 6 levels structure. This includes the Congress, Annual General Meeting (AGM), National Executive Committee (NEC), Regional Executive Committee (REC), District Executive Committee (DEC), Shop Stewards at workplace level.

Functionality of UNMU at the above 6 levels were measured in relation to:

- i. Holding regular meetings;
- ii. Conducting continuous Professional Development;
- iii. Advocating for members' welfare;
- iv. Networking with partners;
- v. Collection of subscription fees; and
- vi. Participation of members in UNMU activities.

### 3.2.1 Congress Level

At a Congress level, UNMU held only one meeting whose minutes could not be established. This is in line with Article 11 (5) of the constitution of UNMU which provides for convening a meeting once every 5 years during the last quarter of the year. The consultant could not establish the quality of the meeting since the record of the same could not be accessed for review and assessment.

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<sup>8</sup> Public Health Action Support Team- PHAST (2011): Understanding the internal and external organisational environments - evaluating internal resources and organisational capabilities. <http://www.healthknowledge.org.uk/public-health-textbook/organisation-management/5b-understanding-ofs/internal-external>

This implies limited access and sharing of information, a factor that could constrain timely decision making processes.

### **3.2.2 UNMU Functionality at National level**

At the national level, UNMU conducts regular meetings in which national matters of the union are discussed. This included AGMs and annual scientific conferences with themes from ICN. Abstracts on topical health issues are disseminated to members and the public. Participants to the conference are drawn from Hospitals throughout Uganda. This supports the evaluation of findings in which 71.3% of the respondents agreed that, at the national level; UNMU ensures participation of members in Union activities and, the level of disagreement was at 28.7%. The NEC has advocated for social, economic and political welfare of members. This has included:

- i. Introduction and recognition of Nurses scheme of service in the public services rather than being only recognized by the private sector;
- ii. Providing legal support to Members unlawfully jailed by patients or harassed by Doctors including rape cases. The case in point is at Olile Health Center IV in Arua district where a medical superintendent unlawfully interdicted a Nurse. This was handled by the Union and the Nurse was re-instated. In a related incident, another Nurse in Atatur Hospital in Kumi was accused by the RDC of having neglected a patient (one mother who died during labour) and she was consequently detained. When UNMU intervened, it was established that the patient had been referred to Atatur from another hospital in a very critical state and her chances of survival even with the best medical care were close to none. Following this, the detained nurse was released. This implies that the Union is fulfilling its obligations and if sustained could raise confidence among and potential members and promote efficiency of service delivery in the health sector. Statistical views on UNMU advocacy for members are presented in tables 8;

No.	Response	Frequency	Percentage
1	Yes	211	64
2	No	117	36
	<b>Total</b>	<b>328</b>	<b>100</b>

- iii. Empowered the members to advocate for their rights and report cases to the UNION for redress.

Response	Frequency	Percent
Yes	222	68
No	106	32
<b>Total</b>	<b>328</b>	<b>100</b>

Organizations that UNMU has networked with include ICU, NNO, and Ministry of Health. This has enabled the union acquire and share professional information including pharmacology, physiology, anatomy, and surgery skills. This is specifically with the mobile library scheme (*Figures 1 and 2*), the use of a book entitled “**Merck manual of medical information- Home edition**”<sup>9</sup>.

**Figure 1 Mobile Library**

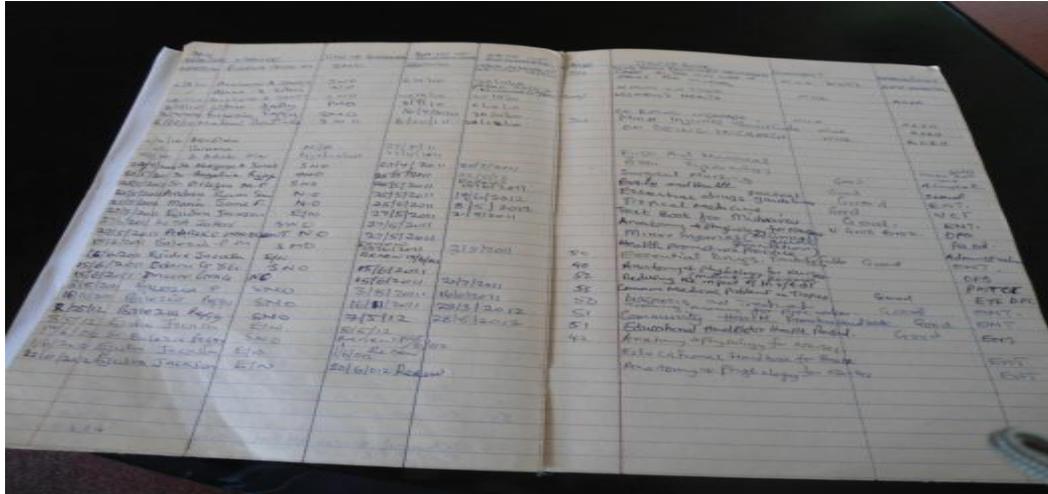


Other topics conducted in workshops included stress management, team building, change management and personnel management. This is in agreement with statistical findings as depicted in table 9 and could imply modern professionals and services to the clients. This is also supported by a view of one of the respondents in Mbale hospital who pointed out that:

<sup>9</sup> Robert B, Merck H, Robert M, and Andrew J, (1997): *The World’s most widely used medical reference in new and every day language.*

When we lost a mother and they arrested the midwives, UNMU came over with a lawyer, midwives were released. We hear of children being sponsored, but there is none in Atatur. The union provided copies of the code of ethics and Mac-manuals to the staff

**Figure 2 Borrowers Of Books**



**3.2.3 UNMU Functionality at Other Levels**

UNMU has faint functionality at regional, district and hospital levels. Activities at these levels include recruiting and advocating for wellbeing of members. In West-Nile region, activities of the Union include mobilization of members into the Union, and equipping an office with communication items including computers, photocopier and internet facilities<sup>10</sup>, the region has a mobile library which is functional though with few books for sharing in the entire region.

**Table 10 Regional Professional Development**

Response	Frequency	Percent
<b>Yes</b>	165	50.3
<b>No</b>	163	49.7
<b>Total</b>	<b>328</b>	<b>100</b>

<sup>10</sup> Minutes of regional meeting of Nurses and Midwives Union held in Arua on 16<sup>th</sup> April 2011

Other than Arua region, there are no minutes or report seen by the consultant regarding activities of the REC. This supports statistical findings as depicted in table 10 above in which the regional professional development by UNMU is just average and could constrain achievement of UNMU objectives.

DEC and shop stewards, participation of members is through admission to various scientific conferences and is in agreement with the statistical presentation as depicted in table 11 portrays 67% participation.

<b>Table 11 Participation of Members at Districts</b>			
No.	Response	Frequency	Percent
1	Yes	221	67
2	No	107	33
	Total	328	100

The above response trend could be attributed to the advocacy interventions conducted by the National Executive. These according to the GS include supporting the members affected in the course of their duties, the Newsletter which comes out twice in a year, regular mobilization visits to the regional and district branches, and regular use of the media to promote the image of the nurses and midwifery professions. In support of this view, Commissioner Health services in the ministry of health in Uganda, who is also a member of the Union noted that it is a global movement to form Unions so as to advocate better for the conditions of medical workers which could promote standard delivery of health services to the public. However, both at the district and hospital levels, the union lacks specific offices to implement its programmes and activities for sustained operations.

### 3.3 Recruitment of Members and Their Well-being

UNMU laid several strategies for recruiting of members into the Union. There is a set structure in which the shop stewards at the hospital level are trained to sensitize the populace on the benefits of the Union and recruiting the members. Mechanisms for recruitment of members including students are depicted in tables 12 and 13.

No.	Response	Frequency	Percent
1	Regular circulars	192	59
2	Branch meetings	109	33
3	regular supervision by secretariat	15	5
4	Issuance of health updates	12	4
	<b>Total</b>	<b>328</b>	<b>100</b>

From the above table, a bigger number of respondents indicated that they regularly communicate with the national office through regular circulars (59%), branch meetings (33%), regular supervision by secretariat (5%), and issuance of the health updates (4%). This trend is in agreement with the views of the treasurer who emphasized that the secretariat is mandated to communicate to the Union members on a regular basis through the use of circulars and field inspections.

No.	Response	Frequency	Percent
1	Visits to their schools	198	60
2	Sensitization in media	114	35
3	Reduced subscription	8	2
4	Incentives	6	2
5	Others	2	1
	<b>Total</b>	<b>328</b>	<b>100</b>

On the mechanisms used to recruit students in UNMU, respondents noted that it is largely done through visits to their respective training Institutions (60%), while 35% indicated that it is done through the use of the media. The GS explained that one of the strategic moves the Secretariat has adopted is to establish and support the Union Students Chapter as one of the ways of interesting them to join the organization. During the period under review, the Union supported the students' chapter with a donation of two Laptops, one desk top, and even sent two students representatives for an exchange visit to Norway.

UNMU has raised awareness among members on their work rights and obligations. The Members largely feel that they are valued workers and any abuse of their rights can be channeled to the Union for redress. The Union addresses members' concerns as depicted in tables 14 and 15 below.

**Table 14: Feelings That UNMU Addresses Members' Concerns**

No.	Response	Frequency	Percent
1	Yes	194	59
2	No	134	41
	<b>Total</b>	<b>328</b>	<b>100</b>

Majority (59%) of the respondents accepted that UNMU addresses the members' concerns, while the rest said no. This could be attributed to the views of the Coordinator for the wellness center who pointed out that the issue of inadequate salaries it is a national trend among all public servants in Uganda. This implies a greater task for the union to advocate for better payment of salaries to members in line with the market demands and risks of their job, other than risking the quality of health service delivery to the public.

**Table 15 Approaches through Which Members Feel Concerns Have Been Addressed**

No.	Response	Frequency	Percent
1	Regular professional updates	198	60
2	Representation at higher levels, including ministers	130	40
	<b>Total</b>	<b>328</b>	<b>100</b>

Whereas the Union has made attempts to improve the conditions of work of the Nurses and midwives in Uganda, remuneration, work hours, and number of patients attended to remain unfavorable. The highest number of work hours is 12 and number of patients attended to per day by the Nurses and midwives is 180. There were nurses who shared that their pay was 250,000 Uganda shillings per month, equivalent to about US\$ 3 per day. This is not sufficient to cater for transport to work, housing, providing for fees and other domestic obligations of the Nurses and mid-wives. Statistically this is portrayed in table 16.

<b>Table 16 Improvement in Remuneration</b>			
No.	Response	Frequency	Percent
<b>1</b>	Yes	139	42
<b>2</b>	No	189	58
	<b>Total</b>	<b>328</b>	<b>100</b>

These conditions have therefore left many in squalid settlements and psychological stress which could compromise the quality of service to patients. In one particular case, it was revealed that there are situations where two different families share one double-roomed house, with each family taking one room, regardless of the size of family. Such conditions only make the work of nurses even more stressful, as concluded by the members attending the FGD in Entebbe Hospital. The level of conditions of work of the nurses and mid-wives is depicted in table 17.

<b>Table 17 There is Improved Housing</b>			
No.	Response	Frequency	Percent
<b>1</b>	Yes	101	31
<b>2</b>	No	227	69
	<b>Total</b>	<b>328</b>	<b>100</b>

The results in tables 16 and 17 above clearly depict that that much as there has been some improvement registered in terms of the work conditions of the nurses, majority (58%) felt that in terms of remuneration, there has not been any significant improvement. Similarly, 69% noted that there has not been any meaningful improvement in their housing conditions. The team also observed that a significant number of nurses in many hospitals were housed in residences that could be best described as shacks some had to share even the tiniest places, while others had to grapple with looking for rental accommodation, despite challenges of meager pay and in some cases, delayed payment. This position was reiterated by a focus group discussion conducted in Mulago hospital, which observed that the accommodation and transport to the hospital almost consumes all the salaries earned and leaves the medical workers with virtually nothing for investment or even provide for fees for the children. This implies that the Union should advocate for increased pay for the nurses or come up with suggestions for alternative sources of income to augment the monthly remunerations and promote wellbeing of members.

### **3.4 Partnerships**

UNMU has partnered with various entities with a view of raising synergy to improve conditions of Nurses and Midwives in Uganda. These have included the NNO, ICN, Baylor Uganda, FIDA-Uganda, MoH in Uganda, Uganda Red Cross society as well as Uganda Midwives and Nurses Council. Among these entities is the ICN which supported UNMU to facilitate education of Nurses' and midwives' children orphaned by HIV/AIDS. The NNO strengthened the capacity of UNMU to raise awareness and address rights of nurses and midwives in Uganda. Other partnerships include; President's Emergency Plan For AIDS Relief (PEPFA) which contributed to construction of the wellness center. Results under this parameter could be attributed to the views of the treasurer, the Clinical Nurse councilor, and Assistant administrator of the Wellness centre and the accountant of the

Union, who observed that when the wellness center is completed, it could provide specified services to the members. But the informants pointed out that the wellness center would not easily be accessible to the members in upcountry districts. Therefore, success of organisation' partnerships largely depends on continued interaction including international exchange of ideas to keep members abreast with modern approaches to improving conditions of work and delivering services.

### **3.5 Support to Other Countries**

UNMU mentored Rwanda Nurses association to become a Union to better advocate for rights of the latter, including development of the constitution. This also enabled Rwanda to become a member of the International Council of Nurses. UNMU conducted a survey on east African community salary structure and established that Uganda pays the lowest salaries to medical workers. The UNMU has also conducted several consultative engagements with nurses and midwives Union of Zambia. This means that the UNMU is moving towards strengthening the nurses and midwives Union in the region and registering positive performance indicators of helping other neighboring countries in the area of conditions of work and service delivery in the health sector.

### 3.6 SWOT Analysis

<p><b>Strengths</b></p> <ol style="list-style-type: none"> <li>1) The Union has over 8,000 members with the potential to advocate for their rights. This also includes the potential to raise funds of 1% from subscriptions of members' monthly salaries as per constitution for their wellbeing;</li> <li>2) The Union has over 6 fulltime employed staff to run activities of the entity;</li> <li>3) It has office facilities both in Kampala and in Entebbe in Uganda;</li> <li>4) Website is a potential communication mechanism for the high level elite population.</li> <li>5) There is willingness of the union to partner with other entities to raise synergy to promote well-being of members.</li> </ol>	<p><b>Opportunities</b></p> <ol style="list-style-type: none"> <li>1) There is a potential for donor support to the union activities;</li> <li>2) The Uganda nurses and mid-wives council , unregistered nurses and midwives as well as Nurses and mid-wives institutions are a potential to bring on board more members;</li> <li>3) There is political support for the union activities. This is testified by attendance of t union meetings by the president and ministers in the Government of Uganda, and presiding over meetings to address activities of UNMU</li> </ol>
<p><b>Weaknesses</b></p> <ol style="list-style-type: none"> <li>1) The union has not yet resolved the leadership wrangle by the splinter group led by Edith Nasuuna;</li> <li>2) There is lack of optimum coordination of activities from top to lower structures of the Union;</li> <li>3) Lack of deposits of monthly subscriptions from members' salaries keeps the union with limited financial capacity of rentals to run activities.</li> <li>4) There is limited strategic planning arrangement.</li> <li>5) There is less vigorous mechanism to recruit members into the union.</li> </ol>	<p><b>Threats</b></p> <ol style="list-style-type: none"> <li>1) Low salaries for the nurses and mid-wives could be a factor for brain drain or switch off of carrier for better jobs;</li> <li>2) There is lack of awareness among some members on the demarcation of roles for UNMU and the administrative structure of Hospitals;</li> <li>3) The disgruntled group led by Edith Nasuuna continues to claim authenticity to conduct leadership activities on behalf of the union.</li> </ol>

## 4.1 Conclusions

- 1) Existence of UNMU structure to address conditions of nurses and midwives has provided a framework that has enhanced members' level of awareness of their rights and approaches to have their rights addressed, especially at a national level;
- 2) Internal and external misunderstandings in organisations affect the performance of the Union. Delayed resolution of the matter regarding leadership conflict led by Edith Nasuuna has contributed to depositing of 1% monthly subscriptions from salaries in the suspense account rather than the UNMU bank account. This is a key constraint for financial sustainability of the Union;
- 3) Whereas UNMU has largely addressed erratic conditions that have affected members including pre-judicial jailing, the Union lacks a clear mechanism for systematically responding to members' concerns in an organized way.
- 4) Adhoc responses to selected nurses and midwives concerns do not offer permanent and systematic frameworks to address concerns including inadequate salaries, poor housing and long work hours;
- 5) The Union has made attempts to partner with civil societies and international organizations to raise synergy for better conditions of nurses and midwives in Uganda and beyond. However without deliberate establishment of partnership frameworks and increased dissemination of work of the union through many approaches, intended benefits may not be realised.
- 6) UNMU has promoted the global trend of unionizing of health workers' associations both in Uganda and abroad to better conditions of work for the Nurses and midwives.

## 4.2 Recommendations

Based on the investigations made, the consultant provides the following recommendations:

- 1) The Union should as a matter of urgency develop a clear long term strategic working framework to harmonise the operations of the Union.
- 2) Expedite the process to have the withheld monthly subscription in the suspense account to be deposited on the UNMU bank account;
- 3) Develop an advocacy framework to facilitate advocacy for recruitment more staff to reduce the ratio of patients to nurses / midwives and long work hours;
- 4) Strengthen the students' chapter by raising more awareness in the media and visitations to nursing and midwifery schools to attract members into the Union;
- 5) Work out a framework through which government sponsored health workers can become automatic members of the Union to solve the challenge of subscription fees.
- 6) Write more funding proposals to donors
- 7) Expedite completion of the wellness center and rent out some levels to other entities to raise funds for union activities.
- 8) Interest the Uganda Nurses and Midwives Council to publish a list of registered nurses and midwives in their website;
- 9) Publish a list of members, activities and benefits on the UNMU website.
- 10) The Union should work out an arrangement with the nurses Council to encourage the registration of nurses.

## **Annexes**

### **Annex 1: TOR**

#### **UGANDA NURSES AND MIDWIVES UNION**



**GENERAL SECRETARY:** 0772 932 267  
**PRESIDENT/CHAIRPERSON:** 0712 84 5 181

**P.O. BOX 8322  
KAMPALA, UGANDA**

**19th Jan 2012**

**Our Ref: UNMU/ADM/2/2013**

**Re: Mid-term Evaluation of Uganda Nurses and Midwives Union (UNMU)  
collaboration**

**with Norwegian Nurses Organization (NNO)**

The Uganda Nurses and Midwives Union (UNMU) is an independent, non-partisan, non discriminatory and professional Union representing nurses and midwives in Uganda. UNMU invites interested firms to bid proposals for conducting a mid-term evaluation of their collaboration with the Norwegian nurses organization (NNO).

The objective for this evaluation is to perform a qualitative and quantitative survey of UNMU and its members at national, regional and local levels, to determine to which extent UNMU is fulfilling its mission and vision statements, and is performing within the framework of its constitution.

**Research tools:**

- I. Literature research (relevant documents which will be provided)
- II. Questionnaire
- III. Focus group discussions
- IV. Key people interviews

**Target group and target group size:**

- I. A random, representative selection of UNMU (n=400) members for questionnaire.
- II. 3 focus group discussions with UNMU officials in three regions
- III. 8 interviews with key stakeholders in Kampala
- IV. 8 interviews with UNMU employees based in Kampala
- V. 6 interviews with elected UNMU officials based in or near Kampala

**Evaluator qualifications:**

- I. Research competent
- II. References to be provided
- III. Prior experience or contact with health care systems
- IV. Two publications with similar objectives

Interested firms should submit their proposal and address sealed bids to:

The General Secretary

Uganda Nurses and Midwives union

P.O Box 8322 Kampala, Uganda, not **later than 30th Jan 2013**

Thank you,



Zakayo Masereka Black  
**General Secretary, UNMU**

## Annex 2.1: UNMU Survey Questionnaire

### QUESTIONNAIRE FOR UNMU MEMBERS (April 2013)

**This is a questionnaire by Mr. Bwanika Godfrey to conduct a mid-term evaluation regarding collaboration of Uganda Nurses and Midwives Union (UNMU) and Norwegian Nurses Organization (NNO). It is a 3 year period evaluation from December 2009 to April 2013 with the objective to determine extent to which UNMU is fulfilling its mission, vision and in framework of its constitution.**

UNMU was established to be a strong and self-sustaining union that advocates for nurse's and midwives socio-economic as well as professional welfare in order to deliver quality health services. The mission of UNMU is to promote members' socio- economic and professional welfare in order to offer quality health services. This questionnaire seeks to generate data on the performance of UNMU, so as to come up with suitable recommendations on how services can be improved. As a member of UNMU, you have been selected to be part of this exercise. All information will be treated with ultimate confidentiality and the identity of the respondent will not be disclosed.

**Please Fill In For Each Question As Appropriate**

#### **SECTION I: RESPONDENT'S BACKGROUND:**

<b>No</b>	<b>Question</b>	<b>Option Codes</b>	<b>Response</b>
1	Age-group	1=18-35 years, 2= 36-40 years, 3=41-54years , 5= 55+years	
2	Sex	1= Male, 2= Female	
3	Region	Region: 1=Central , 2 =Eastern, 3=Western, 4=Northern, 5= mid-western, 6=West-Nile	
4	District		
5	Hospital		
6	Marital status	1=single, 2=married, 3= divorced, 4= widowed	
7	Level of education	1= certificate, 2=diploma, 3=first degree, 4= Post graduates+	
8	Basis of Membership entry	1= Nurse, 2= Midwife, 3= others (please specify...)	
9	Membership category	1= Category A: Members who are employed and resident in Uganda, 2= Category B: Members who are not employed, but resident in Uganda, 3= Category C: Members who are resident outside Uganda, 4= Category D: Honorary members,	

No	Question	Option Codes	Response
		who may or may not also meet the criteria listed under Categories A, B and C, 5 =Category E: Nursing and midwifery students, excluding those students that meet any of the criteria listed under categories A, B and C.	
10	Highest Portfolio held in UNMU	1= congress member , 2= National Executive Committee (NEC) member, 3= Regional Executive Committee (REC) member , 4 = District Executive Committee (DEC) member , 5= Shop Stewards at workplace level member.	
<b>SECTION II: FINANCIAL SUSTAINABILITY</b>			
11	I have contributed membership fees in the previous 4 months	1= yes, 2= No	
12*	Activities in my region for strengthening UNMU financial capacity include:	1=Annual Subscription, 2= membership fees, 3= income generating activities, 4 others (please specify)	

### SECTION III FUNCTIONALITY OF UNMU AT DIFFERENT LEVELS

No.	Level	Question	Option codes	Response
13	At a National level, UNMU:	Regularly holds meetings	1=yes, 2= No	
14		Conducts Continuous Professional Development (CPD) for members.	1=yes, 2= No	
15		Regularly Collects subscription fees	1=yes, 2= No	
16		Advocates for members' welfare	1=yes, 2= No	
17		Networks with partners	1=yes, 2= No	
18		Ensures participation of members in UNMU activities	1=yes, 2= No	
13		Applies systems including Human resource policy, Finance policy,	1=yes, 2= No	

		constitution etc.		
14	At a Regional level, UNMU:	Regularly holds meetings	1=yes, 2= No	
15		Conducts Continuous Professional Development (CPD) support for members.	1=yes, 2= No	
16		Regularly Collects subscription fees	1=yes, 2= No	
17		Advocates for members' welfare	1=yes, 2= No	
18		Networks with partners	1=yes, 2= No	
19		Ensures participation of members in UNMU activities	1=yes, 2= No	
20		Has developed a strong policy framework i.e. Human resource policy, Finance policy, constitution etc.	1=yes, 2= No	
21	At a district level, UNMU:	Regularly holds of meetings	1=yes, 2= No	
22		Conducts Continuous Professional Development (CPD) for members.	1=yes, 2= No	
23		Regularly Collects subscription fees	1=yes, 2= No	
24		Advocates for members' welfare	1=yes, 2= No	
25		Networks with partners	1=yes, 2= No	
26		Ensures participation of members in UNMU activities	1=yes, 2= No	
27		Applies systems including Human resource policy, Finance policy, constitution etc.	1=yes, 2= No	
28	Hospital level (Work place/shop stewards), UNMU:	Regularly holds meetings	1=yes, 2= No	
29		Conducts Continuous Professional and Development (CPD) support for members.	1=yes, 2= No	
30		Regularly Collects subscription fees	1=yes, 2= No	
31		Advocates for members' welfare	1=yes, 2= No	
32		Networks with partners	1=yes, 2= No	
33		Ensures participation of members in UNMU activities	1=yes, 2= No	
34		Applies systems including Human resource policy, Finance policy, constitution etc.	1=yes, 2= No	
35*	During registration with UNMU, I received:	1= Copy of code of ethics, 2= registration number, 3= membership card, 4= copy of UNMU constitution.		
36	Communication within	1=Regular circulars, 2= branch meetings, 3= regular supervision by secretariat, 4 issuance of		

	UNMU is through	health updates	
37	Please mention the vision of UNMU		
38	Please mention the Mission of UNMU		
39	Please mention any two values of UNMU		
40	Please mention any 2 strategic objectives of UNMU		
41	Mechanisms for registering student nurses and midwives upon graduation into UNMU include;	1=Visits to Nurses/midwives schools, 2= sensitizations in media, 3= reduced subscription, 4= incentives, 5 =others (please specify).....	

#### SECTION IV BENEFITS

No.	Question	Option codes	Response
42	As a Nurse/midwife, I feel my concerns at work place have been addressed thru UNMU	1= yes, 2= No	
43	I feel services of UNMU have been adequately improved through:	1= Regular professional updates, 2=representation at higher levels including ministries	
44	With examples, please explain your answer above		
45	I feel services of nurses/midwives to patients at my work place have improved	1= yes, 2= No	
46	With examples, please explain your answer above		
	<b>The following conditions have improved as a result of UNMU activities in the recent years</b>		

<b>No.</b>	<b>Question</b>	<b>Option codes</b>	<b>Response</b>
47	Remuneration	1= yes, 2= No	
48	Housing	1= yes, 2= No	
49	Number of hours of work per day	1= yes, 2= No	
50	Patients per nurse/midwife ratio	1= yes, 2= No	
51	Facilities of use at work	1= yes, 2= No	
52	Risk issues	1= yes, 2= No	
53	Please mention your monthly salary in Uganda shillings		
54	Please mention your average hours of work per day		
55	Please mention the average number of patients you attend to every day		
	<b>SECTION V PARTNERSHIPS</b>		
56	Please mention organizations that UNMU partners with to become effective watch-dog and advocate for health care related services		
	<b>SECTION VI ISSUES</b>		
57	Please mention key management challenges of UNMU		
58	Please mention key recommendations to address management challenges of UNMU		

**Thank You Very Much for Your Response!**

## **Annex 2.2 UNMU Survey Interview Guide**

1. How many NEC, REC, DEC meetings have been held in the past three years?
2. What improvements have been registered, following the training of the accountant?
3. What activities do you have in place to ensure sustainability of UNMU programmes, in case donor funding ceases? How do you rate them in terms of their effectiveness?
4. How effective is information dissemination in UNMU? What are the challenges?
5. What were the activities conducted for sensitization of members, do you consider them to have been effective? Why or why not?
6. What is the average number of shop stewards that have been training? What skills did they get? What results have accrued from the training, in terms of their activities?
7. How many regional leadership training meetings were held in the past three years? On what issues? What are the benefits to UNMU, as a result of the training?
8. What skills were given to the junior female nurses during the training? How has the training impacted on the operation of activities within UNMU?
9. How effective was the recruitment of student nurses, during the student meetings?
10. How would you comment on UNMU's; strengths, weaknesses, opportunities and threats?

## **Annex 2.3 UNMU Survey FGD Guide**

### **Interview guide for FDGs(April 2013)**

- 1) Comment on the approach applied by UNMU to attract members
- 2) What have been the benefits of the union to the members
- 3) What have been the effects of UNMU on health care services in Uganda and beyond?
- 4) What have been the challenges of UNMU?
- 5) What are your recommendations for health care service delivery in Uganda?