



Ministry of Health

THE FIRST UGANDA NATIONAL NURSING AND MIDWIFERY POLICY

DRAFT

Prepared by MOH Nursing Department in Consultation with:
Brian Katungi (PhD, MPH, MA, BASS, DiP Edu); Erejo Alex (MSc. HSM, RN, BNS;
Muhindo Richard (MPH, PGD PPM, BSN); Muwanguzi Patience (PhD, MSN, PGD PPM,
BSN); Rose Chalo Nabirye (PhD, MPH, BScN, ADHSM, RN/M); Mwizerwa Joseph, (MSN,
BSN, RN) and Baguma Joseph (MPH, MBChB)

FOREWORD

DRAFT VERSION

Uganda National Nursing And Midwifery Policy

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ACRONYMS / ABBREVIATIONS

CCF/M	Country Coordinating Facilitation/Mechanism
CNEs	Continuous Nursing Education
CPD	Continuous Professional Development
ECSACON	East, Central Southern African College of Nursing
HPAC	Health Policy Advisory Committee
ICM	International confederation of Midwives
ICN	International UNMC of Nurses
MoE&S	Ministry of Education and Sports
MoH	Ministry of Health
MDGs	Millennium Development Goals
NGO	Non-Government Organization
TWG	Technical Working Group
UNMC	Uganda Nurses and Midwives Council
UNMEB	Uganda Nurses and Midwives Examination Board
UNMHCP	Uganda National Minimum Health Care Package
UNMU	Uganda Nurses and Midwives Union
WHA	World Health Assembly
WHO	world Health Organization
ICM	International Council of Midwives
ICN	International Council of Nurses
NCDs	Non Communicable Diseases
UCPDAA	Uganda Continuing Professional Development Accreditation Agency

1. INTRODUCTION

Like elsewhere in the world, nurses and midwives form the backbone of the health service delivery, constituting more than 60% of the health care work force in Uganda, (MOH, 2007). The quality and satisfaction with care largely depends on nurses and midwives in the health care system, (World Health Assembly, 2002).

The realization and recognition of the critical role of nurses and midwives in health care organizations and systems has led to international, regional and national calls for strengthening country nursing and midwifery services (WHO, 2002–2008 and 2011-2015). The Uganda National Health Policy, 2010 and Uganda National Development Plan, 2010 further allude to the need for quality and skilled human resource as an engine for a healthy and prosperous population.

By 2040, literacy and life expectancy rates in Uganda are projected to increase to 95% and 85 years respectively against annual population growth rate of 3.3%, (Uganda Vision, 2040). The population demand for quality and accountability in service delivery is expected to continue to increase. This is expected to be so in nursing and midwifery services as well.

Since its inception in the 1920's owing to the works of Sir Albert Cook and Katherine Timpson, Nursing and Midwifery training and practice in Uganda has witnessed fundamental changes. These changes have been noted in training, practice, regulation, a few to mention.

Despite the establishment of Uganda Nurses and Midwives Council (UNMC) in 1956, the enactment of Uganda nurses and midwives act in 1960s and revised in 1966, the country has never had a nursing and midwifery policy, i.e. the mother board that should provide the strategic direction for the profession on most issues. As a result, Nursing and midwifery profession in the country is embroiled with a number of challenges ranging from

outdated laws, unclear scope of practice, weak institutions, inequitable representation, weak leadership, all these affecting the quality of Nursing and Midwifery services.

1.1 Policy Development Process

The process of developing the Nursing and Midwifery Policy involved extensive consultations through workshops and meetings with senior officials (past and present) of Ministry of Health (MoH) and representatives of several stakeholder institutions, development partners, as well as Nursing and Midwifery practitioners and educators at different levels of the health care system.

A review and analysis of the Nursing and Midwifery professional trends at international, regional and national levels was done to identify policy gaps, best practices, strategies, standards, policy recommendations and guidelines to inform the drafting of this policy.

The issues that emerged from literature review and consultations were presented for validation to a task force constituted by MoH, prior to drafting this policy. The policy draft was further presented to a broad spectrum of stakeholders for final inputs and consensus building.

2. SITUATIONAL ANALYSIS

2.1 Social and Health Indicators

Since gaining independence in 1962, several major transitions have shaped all aspects of economic and social life in Uganda, leading to improvements in many sectors. Classified as one of the 49 least developed countries, Uganda's population growth is one of the highest in the world, at 3.3 percent¹. The population is

¹ State of World Population 2010. From conflict and crisis to renewal generation of change – UNFPA 2010.

young and presents a high economic dependency ratio with 50 percent of the population under 15 years of age².

With slight improvements, the maternal mortality ratio has remained high at 430 deaths per 100,000 live births in 2008³. This is largely attributed to low coverage of skilled attendance at birth⁴.

2.2 Human Resources for Health (HRH)

The health sector is labor intensive and availability of adequate and skilled human resource is central to the achievement of the health sector objectives. Nurses and midwives constitute more than 60% of the skilled health work force and as such lack of policies, guidelines and strategic directions at country level for such a big percentage of the health human resource can greatly compromise current and future delivery of quality health services. This is already happening as alluded to in the Uganda Health System Assessment report of 2011.

Recognizing the importance of skilled birth attendance, the Government of Uganda made this a priority in the Reproductive Health Strategic Plan and Roadmap. The Health Sector Strategic Plan III, 2010/11-2014/15 aims at increasing deliveries by skilled attendants from 44 percent in 2010 to 60 percent by 2015⁵.

The 1997 Health Sector Reform, which mandated decentralization of health services in Uganda, necessitated the

² Millennium Development Goals Report for Uganda 2010. Special theme: Accelerating progress towards improving maternal health, Ministry of Finance, Planning and Economic Development, September 2010

³ Trends in Maternal Mortality: 1990 to 2008. Estimates developed by WHO, UNICEF, UNFPA and the World Bank. WHO 2010.

⁴ The State of Midwifery Training, Service and Practice in Uganda, Assessment Report, 9th July 2009, UNFPA Uganda Country Office

⁵ Millennium Development Goals Report for Uganda 2010. Special theme: Accelerating progress towards improving maternal health, Ministry of Finance, Planning and Economic Development, September 2010.

Ministry of Health, Health Systems 20/20, and Makerere University School of Public Health. April 2012. Uganda Health System Assessment 2011. Kampala, Uganda and Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.

need for a cost effective and multipurpose cadre of a nurse, capable of delivering the minimum Health Care Package (UNMHCP). The majority of trained health personnel were deployed in the secondary and tertiary health facilities that are based in urban areas and were responsible for providing mainly curative services. This meant that the rural population had been left without access to services of skilled health personnel.

Comprehensive Nursing programs at Registered and Enrolled levels were introduced in 1993 and 2003 respectively. Training of nurses at degree level (Bachelor of Science in nursing) also started in 1993.

2.2.1 Nursing and Midwifery Practice

A lot of positive developments have or are taking place to improve Nursing and Midwifery practice in Uganda. Notable among these efforts is the revision of the scheme of services, ongoing efforts in the development of a scope of practice and revision of the Nurses and midwives Act and standards for practice.

Various stakeholders and practicing nurses and midwives indicated the following to be persisting challenges:-

- Health facility staffing approach i.e. facility based staffing rather than workload based staffing contributing to work overload.
- Lack of a national Nurse patient ratio, scope and standards of practice.
- Ill equipped and unsafe working environment. Nurses and midwives are highly exposed to occupational hazards with limited resources for protection.
- Low level of remuneration and motivation.
- Nurses, midwives and stakeholders are not aware of the developments with the scheme of service.
- Nurses and Midwives with bachelor's degree and postgraduate training are not recognized in the existing employment system of Health Care.

- Graduates of comprehensive Nursing programme have not been accepted by public service and other stakeholders or positions created for them in the scheme of services.
- Nurses and Midwives perform multiple roles over and above their job descriptions.
- Weak Labor and employee protection laws. Nurses and Midwives experience exploitation commonly in form of employment without contracts especially in the private settings.
- The culture of documentation is poor. This is further worsened by the lack of provision and guidelines for documentation of Nursing and Midwifery care in patient files (case notes).
- There has been lack of provision for professional progression within clinical practice (bed side nursing). Nurses and midwives are only promoted in administrative positions, depriving clinical care of experience, role models and mentors as well as discouraging specialization.
- It's further noted that there is no professional development plan for Nurses and Midwives in service. Obtaining resources and permission for further professional development is very difficult. Also noted was that access to scholarships for postgraduate nursing and midwifery training was difficult.

2.2.2 Nursing & Midwifery education & training

Nursing and midwifery training in Uganda has witnessed fundamental changes with proliferation of training institutions across the country preparing nurses/midwives at certificate, diploma, bachelors and postgraduate degree levels. However, the quality and relevance of all these programs is yet to be documented.

A recent study has indicated that both the content and the duration of the comprehensive nursing programs are inadequate

for providing the necessary skills and developing competencies in midwifery.⁶

General gaps in education and training include the following:

- High tutor-student ratios in both public and private not-for-profit schools of 1:60 in Uganda compared to the internationally recommended ratio of 1:10
- Training of Nurses and Midwives with the bulk constituted by certificate- level Nurses and Midwives. This level is noted as below the minimum professional level in the ECSACON Region. The trend is that this level is being phased out.
- No guideline for determining the carrying capacity of training institutions. Most schools admit more students than the available resources. The Evaluation report for Comprehensive Nursing program (2010) established Tutor student ratios as high as 1:200 with public schools most affected.
- At lower levels of Nursing and Midwifery Education, there is a standard curriculum. There is none at Bachelors and post graduate levels.
- The entry requirements and duration of training for the same academic programmes vary among institutions of higher learning such as the degree in Nursing.
- No mechanisms in place to assess the competencies of graduates at higher levels of training to ensure that they meet a common minimum level.
- While globally Nursing and Midwifery specialist education is offered after baccalaureate degree, there is still lack of clarity on levels and priorities for specialist nursing education in Uganda. Nurses and midwives with additional diploma training are considered to have 'specialized'.
- Training institutions and partners tend to take lead in introducing new academic programmes in Nursing and

⁶ Millennium Development Goals Report for Uganda 2010. Special theme: Accelerating progress towards improving maternal health, Ministry of Finance, Planning and Economic Development, September 2010.

Midwifery with limited consultation and agreement of major consumers of the graduates.

- Majority of tutors in the training institutions are professionally at the same level of qualification like the students they are instructing. This contravenes a general principle of education requiring that a teacher be professionally a step above the student.

2.2.3 Nursing & Midwifery Research & Dissemination

While research is the cornerstone of evidence-based practice, there is very limited attention paid to research and little evidence generated locally to inform policy and practice for Nursing and Midwifery. A number of gaps have been identified:

- It has also been noted that nurses and midwives especially those in practice do not appreciate the importance of research and hence do not have the time or the will to conduct research.
- Lack of a research agenda for Nursing and Midwifery.
- Lack of leadership within the profession to drive Nursing and Midwifery research.
- Lack of capacity among Nurses and Midwives to do research.
- Absence of specific funding for research into Nursing and Midwifery practice.

2.2.4 Social positioning & professional image/status

There is a general acknowledgement of the important role played by Nurses and Midwives that is; the professional mandate to preserve and protect life; however, the social positioning and professional image remains largely poor.

The nature of the health care system has been noted to have significantly contributed to the poor public image of Nursing and Midwifery. Being frontline care providers, nurses and midwives face the public outrage at the healthcare system. For example, unskilled attendants offering health care due to understaffing, delays in receiving care, shortages of medicines and other supplies etc. are blamed on nurses and midwives.

The following have also been noted:

- Historically and to date the profession is predominantly seen to be a profession for females.
- The media has in most cases cast the profession with a belittling image.
- It is still erroneously believed that Nursing and Midwifery are largely careers pursued as last resort options; enlisting also academically weak candidates.
- The terms and conditions of service for most Nurses and Midwives have been noted to be quite low and unattractive, lessening admiration for the profession.
- Ugandan Nurses and Midwives are at risk of becoming uncompetitive in the ECSACON region due to the country's priority favoring training and employment of lower cadres of Nurses and Midwives.
- Increased cases of unprofessional conduct have also affected the professional image.
- While there are standard uniforms for Nurses and Midwives in the public sector, the private health care providers do not adhere to these norms. Therefore, the public cannot distinguish the professional nurses and midwives from unskilled attendants.

2.2.5 Leadership & Representation in the Health Sector

The patient/client experience is shaped by the quality of nursing and midwifery care. It is therefore vital that nurses and midwives engage and play a central role in improving health care. This requires strong leadership, nurturing of nurse and midwife leaders at every level of the health care system.

One of the great challenges affecting Nursing and Midwifery profession has been noted to be leadership. This emanates from the fact that Nurses and Midwives have traditionally not been prepared for leadership roles in the health sector. Additionally, the slow pace of professional growth and transformation greatly contributes to these leadership challenges.

Whilst constituting the main workforce in the health sector,

Nurses and Midwives are minimally represented at levels of decision making in the health sector.

2.2.6 Professional Regulatory framework for Nursing and Midwifery

The regulation of Nursing and Midwifery practice in Uganda started way back in the 1950's. The current legislation, the Uganda Nurses and Midwives Act was enacted in 1996. The purpose of the current Act is stated as "to provide for the regulation of training, registration, enrollment and discipline of Nurses and Midwives of all categories and for other matters connected to the professions."⁷

The Act also established the Nurses and Midwives Council (UNMC) as a body corporate with a mandate to protect the public from unsafe nursing and midwifery practices through regulation of the education and practices of nurses and midwives in Uganda. However, recent changes in the socio-economic, technological, and health service delivery environment have revealed important gaps in the 1996 Act that warrant its review.

The International Council of Nurses and the International Confederation of Midwives have separately issued documents to guide countries in developing nursing and midwifery regulations in 1996 and 2011 respectively after the promulgation of the current legislation.^{8,9}

These guidelines recognize that while the primary aim of regulation of the nursing and midwifery professions is to protect the public against harmful nursing and midwifery practices, regulation should also be geared towards developing and mobilizing the fullest potential of the professionals to respond to

⁷ Government of Uganda (1996): The Uganda Nursing and Midwifery Act, 1996. Kampala

⁸ Magretta Madden Styles and Fadwa A. Affara (1998): ICN on Regulation. Towards the 21st Century. Geneva, Switzerland

⁹ International Confederation of Midwives (2011): Global Standards of Midwifery Regulation. www.internationalmidwives.org

the needs and priorities of the societies. There were some general gaps noted and these include:

- The national priorities for professional regulation seem clear but in some instances like regulation of training have been usurped. For example it was not clear when, in what kind of issues and to what extent does the UNMC get involved in regulation of training.
- UNMC does not have some standards to guide professional regulation for example; scope and standards of practice.
- There is little awareness among professionals and stake holders about the regulatory guidelines used by the UNMC.
- Nurses and Midwives Act needs to be revised to reflect new professional developments and mandate changes.

3. POLICY DEVELOPMENT CONTEXT

This policy was formulated within the context of global, regional and national policies:

3.1 Global policy context

The World Health Assembly (WHA) 54.12 directed countries to strengthen Nursing and Midwifery, so as to maximize their contribution to the health of the population. Areas recommended for strengthening included:- management/administration, education, planning, legislation, regulation and practice in order to meet the needs of their population.

The Millennium Development Goals (MDGs) especially those aimed at health improvement (4, 5 &7). Reduction of child mortality, improvement of maternal health, and reduction/elimination of HIV/AIDS, malaria and other diseases recognizes the role of nurses and midwives in the attainment of these goals.

The ICN and ICM policies, standards and guidelines for both

nurses and midwives.

3.2 Regional policy context

Uganda is committed to regional efforts aimed at improving health and development in East Africa and Africa as a whole. More specifically, this policy draws upon the on-going efforts of the East, Central and Southern Africa Health Community (ESCA-HC) and East African Community. The Human Resources for Health and Capacity Building Program of ESCA-HC calls for strengthening of human capacity development within the health sector.

3.3 National Policy Context

The development of the Nursing and Midwifery Policy has been informed by the following regulatory frame works. These included:

- The National Development Plan (NDP) for the period 2010/11-2014/15; the Second National Health Policy (2010), Health Sector Strategic Plan III (2010/11-2014/15).
- The Second National Health Policy (2010) which under the policy objective for Legal and Regulatory Framework; calls for review and development of relevant Acts and regulations governing health in Uganda and to ensure their enforcement.
- The Human Resources for Health Policy which emphasizes the need to develop and maintain a health workforce that will equitably, effectively and efficiently support the delivery of the UNMHCP.

3.4 Policy Philosophy and Rationale

The underlying philosophy and rationale of this policy is that Nursing and Midwifery services are essential in the delivery of quality health care that should be made available to all the people of Uganda. Poor Nursing and Midwifery services can ultimately result into poor utilization of health services and loss of confidence in the healthcare system by the population. Moreover, poor Nursing and Midwifery services are also costly

in terms of high wastage of scarce resources on ineffective treatments, loss of economic productivity of the population due to chronic illness and loss of life.

Realizing that Nurses and Midwives play a very crucial and cost effective role in reducing excess mortality, and morbidity and disability, and promoting healthy lifestyles, the World Health Assembly (WHA) 54.12 directed countries to strengthen Nursing and Midwifery, to maximize their contribution to the health of the population. In the resolution, countries are urged to strengthen Nursing and Midwifery in areas of management/administration, education, planning, legislation, regulation and practice so as to meet the needs of the population they serve.

Despite the directive from the World Health Assembly for countries to strengthen Nursing and midwifery through dissemination of national policies and guidelines, the nursing administration under the Ministry of Health of Uganda has not been in position to disseminate a Nurses and Midwives Policy as this document was non-existent. The absence of a policy guiding the Nursing and Midwifery professions in the country was noted to have contributed to confusion within the Nursing and Midwifery profession and the wider health workforce.

This policy therefore lays down a framework to attain and maintain the highest possible level of standards of nursing and midwifery practice and education within the context of reforms, globalization, liberalization, and macroeconomic policy setting among others.

It also sets out a vision and direction for Nursing and Midwifery profession that will lead and support nurses and midwives to deliver quality healthcare in Uganda that will enable people to lead healthier productive and fulfilled lives.

4. POLICY VISION, GOAL AND GUIDING PRINCIPLES

4.1 Vision

Quality Nursing and Midwifery services for all.

4.2 Goal

The goal of the policy is to strengthen the Nursing and Midwifery profession so as to contribute more effectively in the management and delivery of quality health services to all.

4.3 Underlying Principles

The principles of the policy are critical factors on which the policy is premised. These principles are:

- Good quality Nursing and Midwifery education and training
- High standard and quality of nursing and midwifery practice
- An enabling environment for nursing and midwifery practice
- Strategic and ethical leadership
- Accountability and responsibility
- Professionalism among all stakeholders
- Professional autonomy
- Partnership, support and involvement of stakeholders
- Strong and independent professional regulatory body
- Respect
- Fairness and equity

6. POLICY OBJECTIVES AND STRATEGIES

6.1 Nursing & midwifery practice

6.1.1 Policy Objective

To attain and maintain highest possible standards in nursing and midwifery practice.

6.1.2 Policy Strategies

Scheme of service

Ministry of Health in collaboration with relevant stakeholders shall develop a scheme of service for all Nurses and Midwives.

Scope of practice

The UNMC in collaboration with relevant stakeholders shall develop a scope of practice.

Standards of practice

The UNMC in collaboration with relevant stakeholders shall develop standards for nursing and midwifery practice.

Code of conduct

The UNMC shall develop and disseminate guidelines on the code of conduct for Nurses and Midwives.

Uniform

The UNMC shall determine the national professional uniform for all nurses and midwives practicing in Uganda.

Entry into professional practice

Person/s intending to practice nursing and midwifery in Uganda shall be required to go through an assessment prescribed by the UNMC. The assessment shall be based on the scope of practice and level of entry the candidate has applied for.

The minimum level of entry into professional practice shall be diploma by 2025.

Specialist register

To promote specialist training in Nursing and Midwifery, the UNMC shall develop and maintain a specialist register for all Nurses and midwives who have attained post basic and postgraduate qualifications in relevant specialties of Nursing and Midwifery.

Working environment

Health service organizations providing nursing and/or midwifery services shall be required to provide a positive practice environment.

Terms of service

The minimum salary for nurses and midwives employed in private settings shall be benchmarked by that which the public service has set for the cadre.

6.2 Nursing & midwifery education & training

6.2.1 Policy Objective

To attain and maintain highest possible standards in nursing and midwifery education and training.

6.2.2 Policy strategies

Nursing/midwifery training priorities

MOH in consultation with MoEST&S and other relevant stakeholders shall regularly determine the priorities for nursing and midwifery training.

Levels of training

The minimum level of training in nursing and midwifery shall be diploma.

Government and all stakeholders shall make appropriate provisions to support nurses and midwives at certificate (enrollment) level to upgrade to the diploma (registration) level

by 2025.

Advocate for development of minimum courses of offer for degree level programs of nursing and midwifery.

Qualification and levels of nursing and midwifery educators. Tutors of Nursing and Midwifery training schools shall at minimum be one step higher in professional training above the award for the students in the programs they are instructing.

All Nurses and midwives from degree level programs shall undertake one year internship training. Guidelines and standards shall be developed and disseminated

6.3 Nursing & Midwifery Research

6.3.1 Policy objective

To build capacity for Nursing and Midwifery research.

6.3.2 Policy strategies

Department of Nursing MoH and other relevant stakeholders shall:

Develop a national agenda for Nursing and Midwifery research.

Advocate for conducting and use of appropriate research findings by nurses and midwives to improve their practice.

6.4 Professional Regulatory framework for Nursing & Midwifery

6.4.1 Policy Objective

To strengthen the existing professional regulatory framework for Nursing and Midwifery.

6.4.2 Policy Strategies

- Lobby for and Increase budget support to UNMC to enhance its functionality.
- UNMC to decentralize some of its functions to the

regional level.

- Develop guidelines and mechanisms to support Nurses and Midwives to document patient care.
- Dept of Nursing MoH and UNMC to strengthen enforcement to ensure that Nursing and Midwifery practice at all levels of the health care system in both public and private sector shall only be done by trained and duly certified (registered and licensed) personnel.

6.5 Leadership & representation in the health sector

6.5.1 Policy objective

To strengthen Nursing and Midwifery leadership at all levels of the Healthcare system.

6.5.2 Strategies

Strengthen leadership and visibility of nursing and midwifery at all levels of the Healthcare system.

Require and facilitate nurses and midwives in leadership positions to have training in Leadership and Management.

7. POLICY COMMUNICATION AND DISSEMINATION.

The Nursing and Midwifery policy shall be disseminated to all districts, regional and district hospitals, PNFP and PFP health establishments and nursing schools and universities and other relevant stakeholders.

The Office of the Commissioner Nursing at MoH shall periodically organize stakeholder meetings to disseminate the Nursing and Midwifery policy.

8. IMPLEMENTATION ARRANGEMENTS

This policy has been developed within the context of the Uganda National Health Policy, the Health Sector Strategic Plan, and regional and international health development goals. Therefore, its implementation will be in the same line within the existing government, NGO, and private sector structures.

9. POLICY MONITORING AND EVALUATION

The department of Nursing, Ministry of Health, shall undertake to monitor and regularly review the implementation of the Nursing and Midwifery policy.