

UGANDA NURSES & MIDWIVES UNION (UNMU)

ANNUAL SCIENTIFIC CONFERENCE AND INTERNATIONAL NURSES DAY CELEBRATION (2024)

THEME:

"Our Nurses. Our Future.
The Economic Power of Care"

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About UNMU

"A strong and reputable nurses' and midwives' organization that contributes to the socio- economic welfare of her members and delivery of quality health services"

UNMU Mission

"To promote members' socio- economic and professional welfare to offer quality health services"

UNMU Core values

UNMU's philosophy is driven by the following core values:

- **Unity:** is our strength
- **Honesty:** in our actions
- **Quality:** in delivering our promises
- **Confidentiality:** in our dealings
- **Learning:** to sustain our quest for better
- **Teamwork:** to mobilize professionals

UNMU Objectives

- To promote and maintain high standards of nursing and Midwifery in Uganda
- To bargain, lobby and negotiate for better terms and conditions of Service for its members.
- To promote and protect the social and economic welfare of members.
- To organize and recruit nurses and Midwives within the Nursing and midwifery fraternity into the union
- To promote unity and solidarity among member
- To establish and maintain mutual understanding between nurses, Midwives and their employers.
- To work together with government and other stakeholders on all issues affecting nursing, midwifery and public health practice.

Message from President Uganda Nurses and Midwives Union (UNMU)



Mr. Justus Cherop Kiplangat
President, Uganda Nurses and Midwives Union (UNMU)

Friends and colleagues in the nursing and midwives fraternity of Uganda and the world at large, I welcome you to this 2024 Scientific Conference. Today it's an honor to be hosted here at Immaculate Heart Girl's School in Rukungiri Municipality. The entire team of Uganda Nurses and Midwives Union wishes to thank you for your commitment to acquisition of new knowledge every day intended at improving nursing and midwifery practice. My dear colleagues last year I told you that my office was being overwhelmed with the need for scholarships to go back to school by our members. To rid ourselves of this challenge, Uganda Nurses and Midwives Union has established a University- The Nurses and Midwives Specialized University. This is because we realized we can't solve the educational challenges of our members by mere begging for scholarships but we have to invest heavily in it so as to recourse the future of health care delivery of this country which is going largely to be bestowed on nursing care. This also suits in our year's theme: Our nurses. Our future. The economic power of care. Once we have a well-trained but well facilitated nurse the systems of health will automatically unlock themselves to the benefit of the health care service consumers. Government will save money in heavy costs of treating her people in foreign countries

Remember the government of Uganda is in the systemic transition from the Certificate Nursing to Diploma. It has already done this to our sisters in the teaching profession, so it will come to us. The way to go now is for nurses and midwives to go back and pursue higher education. Such a platform is very fundamental for us to build confidence in us but also to be able to put into practice what we learn in class. Such knowledge acquired in such foras should not be kept in vein but used to transform how our profession is being practiced.

To the presenters of the day, I have no words to use to thank you but sincerely you are my heroes and heroines in the profession. No one shall love nursing more than us the nurses ourselves and such love can be exhibited by the desires to bring forward such impotent information that the future shall dwell on to make our practices better as we serve humanity

To the Research and Education Committee at National Executive level, I wish to thank you for your time devoted to ensure that you scrutinize the best out of the many to come and present these master class papers. Keep the spirit and focus to the best in the nursing profession.

To the member who contributes his or salary to UNMU, I wish to thank you beyond you can imagine- thank you so much.

I conclude by calling upon government to support us in this cause to ensure that in future such events are done not only at a cost of members but in a tripartite arrangement since the benefits are both to government, union and individual members

I thank you all and wish you a nice stay in Rukungiri as we celebrate our day of nurses.

To love and Serve,

Cherop Justus Kiplangat
President, Uganda Nurses and Midwives Union

Message from the TREASURER Uganda Nurses and Midwives Union



Brothers and Sisters in the profession I first of all congratulate you for the strides so far achieved together as a group. I also wish to congratulate you for having come to Rukungiri to celebrate with us this International Nurses day 2024. I wish also to thank God that you have reached this day when we can sit together as Nurses and reflect on our history to know how far so have we gone and where we should go. The theme of this year is: Our Nurse. Our future. The Economic of Care" this theme is the most interesting since I started celebrating International Nurses' days. This is because members; can you imagine the future of health care without a Nurse or Nurse-Midwife!

Sisters and brothers believe me you we are at a center stage where no one in the health care system beats our voice. We are no longer in the bedrooms that we talk in hiding but we are at the podium influencing policies and participating in key decisions of the sector.

What is still a challenge is that our numbers are still small in those offices where decisions are made- we must ensure that we are everywhere for us to be felt. We also have a challenge of divisions amongst ourselves even when we see that people are using our divisions as tool to keep us away from decision making. Me, I still believe the position of the future nurse should be that of decision making and recognition for the works done. For example to the presenters, if such works can be promoted supported we shall be able to create an array of knowledge that the future will know that nursing is not for the meek but the strong minded who focus to be the best in their profession.

I conclude by thanking government agencies present and others who may not be here for the chance to be in Rukungiri and for many other benefits that have come on table to the nurses.

I wish to thank all those who came and wish you a nice stay in Rukungiri as we celebrate the day of a Nurse.

To Love and Serve

Birungi Annet
National Treasurer- Uganda Nurses and Midwives Union

Our Nurse.
Our Future.
The Economic of Care"

Massage from Secretary for Research and Documentation, UNMU



Masereka Zakayo Black
Secretary for Research and Documentation
(UNMU)

Dear Colleagues,
Welcome to this 2024 scientific conference as we converge here I would love to thank the almighty God who has enabled us to reach Rukungiri – western Uganda. I would like to thank the nurses and midwives of Uganda for impressing research and the commitment they have shown towards improving nursing and midwifery practice through research .The intellectual contribution by the researchers who tirelessly managed to submit their abstracts and their willingness to present at this conference is a clear indication that we are advancing.

Every year the International Council of Nurses (ICN) comes up with a theme to guide the nurses and for this year it is "our nurses, our future, the economic power of care". This theme will direct our presentations during this Scientific Conference and International Nurse's Day celebrations. .Nurses and midwives constitute highest number of the world's health workforce, If all the nurses impress research at every point of their service delivery we would be having millions of text books written by them. Africa as you may know has been experiencing epidemics, in managing these some of these conditions; we have relied on protocols that are developed in Europe, USA and Asia. I call upon every member to invest seriously in research so that we provide care that is Evidence based. Nurses are very fundamental for economic power of care and if we can achieve this our country will steadily progress and will offer the desired incentives people look for elsewhere. Our desire as UNMU since 2003 has been that we should see many publications from Ugandan nurses being cited in studies done globally.

Lastly I would like to extend my appreciation to individuals and institutions that have enabled the nurses and midwives to participate in this conference for without their support it would be a night mare. I wish everybody a fruitful conference and a multiplier effect as you shall be sharing what you have benefited at this conference with your workmates.

Ready to serve,
Masereka Zakayo Black
Secretary for Research and Documentation UNMU (2018-2024)

Knowledge Attitude and Practice towards the Nursing Process among Nurses and Midwives at Karoli Lwanga Hospital Nyakibale Rukungiri District

Background . The nursing process is a five-part systematic decision-making method focusing on the identification and treating responses of individuals or groups to actual or potential alterations in health. The nursing process is an essential framework for implementing patient and health outcomes, but it is not adequately implemented in almost all hospitals. The study therefore intends to establish the knowledge, attitude, and practice of nurses and midwives towards the nursing process at Karoli Lwanga Hospital Nyakibale-Rukungiri district.

Methodology. A cross-sectional study design was adopted and employed a quantitative data collection method. A sample size of 63 respondents was used in the study. The questionnaires were written in English and administered by the researcher. Data was entered into Microsoft Excel without identifiers, analyzed quantitatively and presented in tables and figures (graphs and pie charts).

Results. The majority of the respondents 59(83.10%) understood the nursing process and most 55(76.39%) of the respondents supported the use of the nursing process in the care of every patient. The respondents had a poor and negative attitude towards nursing process this is because of time inadequacies, heavy workload and hospitals managers not including the nursing care on the assessment sheet.

Conclusion: Despite the nurses' and midwives' strong general understanding of the nursing process, the respondent's negative attitude was the main factor contributing to the poor practice of the nursing process. Inadequate understanding of the low cadre also has an impact on nursing practice.

The implications to nursing education, research, practice and management : Practice of the nursing process among the nurses should be emphasized by the facility managers by doing continued on job trainings and CMEs be emphasized for those in practice in order to improve its practice among nurses and midwives during their care for the patients, managers should also including the nursing care plan sheet in the patient files and continue doing supervision of its implementation.

> "....PRACTICE OF THE NURSING PROCESS AMONG THE NURSES SHOULD BE EMPHASIZED BY THE FACILITY MANAGERS...."

By
Akampurira Dan
(EN/RN)
Nyakibale hospital

Provision of Quality Maternal Services Using 5s at the Maternity Ward-Kambuga Hospital

5S is a workplace organizational tool that creates an environment that allows work to flow in safe, organized, intuitive and sustainable way.

The technique can be used at the local as well as in a broader context.

The maternity department of Kambuga Hospital was crowded with equipment, paper work from patients' records. Thus hard to access patient files, admission forms, and Referral forms as they were scattered.

Objective

To decrease waste while optimizing productivity through maintaining an orderly workplace and to attain more consistent operational result

Methods

The 5s strategy was implemented, sort,set, standardize, sustain ,shine. And this helped in organizing,cleaning, developing and sustaining a productive work environment at Maternity ward.

Results

The maternity ward as a department provided quality care by use of 5s. The RCA revealed lack of files for the patient's admission forms, lack of emergency trolley, unlabelled cabins, Files, un partitioned ward and labor ward for privacy.

Conclusion

5S could be applied to healthcare facilities regardless of locations in Uganda at all settings to ensure quality work at workplace.

Implications

5s brings the satisfaction of staff as well as the patients through improvement of working environment.

By Loyce Musimenta

Factors Influencing Male Involvement in Antenatal Care in Kawempe Division, Kampala, Uganda .

Background: Male involvement in antenatal care services is key for pregnant women to fully utilize and benefit from all the services offered. Globally, male involvement in maternal health care services remains a challenge to effective maternal health care accessibility and utilization Therefore this study was carried out to find out the factors influencing male involvement in ANC services in Kawempe Division.

Objectives:

The study was guided by four objectives: to find out the level of male involvement in ANC, to assess the socio-cultural, economic factors and health system factors influencing male involvement in antenatal care.

Methods: A descriptive cross-sectional survey research design involving both qualitative and quantitative data of data collection were employed. The study involved a sample of 226 respondents (males) from Kawempe Division and key informants who were health workers and leaders. Data was collected through the use of questionnaires and key informant guide. Data was analyzed by use of SPSS version 25. Data was presented in figures and tables.

Results: The study showed that 37.2% of the males had not involved themselves in ANC services. Furthermore, the level of knowledge on ANC services was not satisfactory (below average 50%). The socio-cultural factors influencing male involvement in ANC were: number of wives (p=0.000), marital status (p=0.000), education level (p=0.026) and cultural support (p=0.000); while the economic factors were: employment status (p=0.000), occupation (p=0.012), Income (p=0.000), Transport cost (p=0.041), affordability of transport costs (p=0.000) and financial difficulty (p=0.031) and the health system factors were: distance to the ANC facility and waiting time at the ANC clinic.

Conclusions and Recommendations: This study found out unsatisfactory level of male involvement in ANC services and therefore

recommends the government to pass laws compelling fathers to physically participate in ANC with their wives; employment of anti-corruption laws and monitoring teams to ensure ANC services are free for all. There should also be increased awareness to males in their respective places of work through media, TVs, radios and other advertising means so as to equip men with more knowledge on ANC services.

By Achola Jennifer

Perceptions and Practices about Diabetic Nutrition among Patients Receiving Health Care Services at Kitagata Hospital, Sheema District

Background: Diabetes mellitus (DM), a set of metabolic disorders, characterized by persistent high blood glucose level because of errors in insulin secretion, this exerts a huge societal burden by reducing quality of life and life expectancy. WHO recommends diabetic patients to maintain a healthy body weight, perform regular exercises or physical activity and eat a healthy diet (Ayele et al., 2018). However, the practice about diabetic nutrition shows the effects of unhealthy diet among people receiving health care services (Barrès & Zierath, 2016, Willett et al., 2016). Therefore, this study explored how the perceptions and practices among patients receiving health care services influenced their diabetic nutrition behaviors.

Methods: A descriptive phenomenological study was done in Kitagata hospital that serves the communities of Sheema district. A total of 18 (n=18) study participants were from the diabetic clinic and in wards, where study participants had at least spent two months and key informants had spent one year were selected purposively and subjected to in depth semi-structured interviews, recorded, translated, and transcribed to identify key themes and patterns where meaningful findings were discussed, organized and ready for dissemination.

Results: 1) perceptions about diabetic nutrition showed that diabetic nutrition as a balanced diet, taking restrictive diet, its importance and several sources of nutrition information. 2) Diabetic nutrition practices involved regular daily schedules, observing balanced diet, accessibility of recommended diet, adherence, copying and lifestyle patterns and its effectiveness of dietary practices viewed as good health implications or experiencing complications. Community involvement and engagement involved active and direct participation both at family and community level.

Discussion and conclusions: Our study shows the perceptions and practices about diabetic nutrition through effective sources of diabetic nutrition information, diet education on lifestyle patterns, observing diet and accessibility of good diet, more campaigns to increase their oversight about the diabetes and diabetic nutrition most especially the partners of the diabetic people to have effective management of diabetes

Implications of the study: To nursing research: To contribute to the existing knowledge and literature on the perceptions and practices about diabetic nutrition among people receiving health care services

To nursing practice: To create and establish understanding and awareness towards perceptions and practices on dietary management and its relevance on diabetes

To nursing management: To guide the management about the awareness of various challenges on people living with diabetes and the likely complications and effects

To nursing education: To help nurses to teach others about better diabetic nutrition practices.

Recommendations

Professional and recognized sources of diabetic, diabetic diet nutrition sensitization and direct involvement of partners, provision of financial and physical support, community trainings, further research on roles of opposite partners among married couples with one having diabetes .

By Aloysious Kamukama & Apuulison David

Factors Influencing Compliance to Infection Prevention and Control Measures among Nurses at Kagando Hospital-Kasese

Aim: To establish the factors influencing compliance to infection prevention and control measures among nurses at Kagando hospital-Kasese so as to identify the health workers' and health facility related factors influencing compliance to IPC measures among nurses.

Methodology: The study utilized a descriptive cross sectional where quantitative research method was employed and 30 respondents were selected using simple random sampling method where self-administered questionnaire was used to collect data from the participants.

Results: Findings revealed inadequate hand washing where 5(17%) of the respondents washed hands once in a shift 10(33%) washed hand only after the procedure, 16(53%) showed inappropriate use of PPEs, 17(40%) revealed that health education to patients is done every month instead of being done every day and 8(27%) indicated that it is not always done.16(53%) suggested having little knowledge about the use of waste disposal facilities, 20(67%) reported understaffing and 15(47%) conveyed that the work done by staff due to understaffing is too much, 5(17%) reported that supervision and training was done every month and 3(10) testified that it is not always done.

Conclusion: The researcher concluded that inadequate hand washing, improper use of PPEs, inadequate health education to patients and attendants, limited knowledge about use of waste disposal facilities, work overload and understaffing, limited special training and supervision as the major factors influencing compliance to infection prevention and control measures among nurses.

Recommendations: Health workers should conduct and attend continued medical education sessions on IPC measures, ensuring continuous adherence to hand washing in between patients, before, during and after procedures and advocating for refresher courses. The hospital administrators were also recommended to enroll more staff to overcome work overload, introduce IPC team to supervise departments and further research be done on a similar topic to utilize this study's findings as literature. Nurses are implicated in assuming their role of health education to patients and attendants about infection prevention and control measures and end ever to update their clinical knowledge and skills through continuous medical education.

By Bakulirahe John

Nurse Led Decision Making on Improving Nutritional Assessment and Reporting for Lessthan 5 Years at Kabale Regional Referral Hospital

Introduction At Kabale Regional Referral Hospital Outpatient Department (OPD), nutritional assessment was at 2% in January 2023, and this was attributed to, failure to have a sight based technical personnel, to maintain the Integrated Hospital Management Information System (IHMIS), non-use of OPD registers for data capture, lack of data performance review meetings at facility, and lack of nutritional reference charts. Nurse Incharge led a quality improvement (QI) project with an aim of increasing nutrition assessment and reporting for children under 5 years attending OPD to 80% by September 2023.

Method With support from USAID-UHA, the Kabale RRH Nutrition Work Improvement Team (Nursing staff) reviewed nutrition assessment data in OPD register, PDSA Cycle; we identified gaps in non-use of the OPD register and failure to use IHMIS for data compilation. Key changes included: withdrawal of the problematic IHMIS system and restoration of OPD registers, orientation of OPD staffs on use of weight for length Z scores, and HIMS reporting.

Results In January 2023, only 4/794 children under 5 years of age attending OPD were assessed for nutritional status. By August 2023, 326/335 (97.3%) were assessed. Of those assessed, 136 had severe acute malnutrition and 31 had moderate acute malnutrition. All the 167 malnourished children were linked to appropriate nutrition support.

Discussions: Lobbying for technical and financial support was much easier with support from Top Management Instituting an electronic system requires a dedicated technical support and should be used alongside a back-up hard-copy register.

Conclusion: Nurse led decision making increases nutrition assessment and reporting for children under 5 years Implications:

There was improvement in the nutrition national indicators. This achievement contributed towards creating a better nurses' image on practice.

The findings were presented to various meetings, QI conferences and seminars. During these opportunities, more inputs were made, this increased the knowledge base.

More research is needed on to investing and supporting nurses.

By Kamugisha P ,
Ganshanga E1, Filbert 1,
Niwamanya K1, Brian A2,
Katamba A2

Factors Influencing the Use of Multiple HIV Prevention services among Transport Workers in a City in South-western Uganda

Over the last three decades, there has been tremendous progress in curbing the HIV epidemic in Uganda, although the HIV prevalence remains high among transport workers. Using multiple HIV prevention services has been found to decrease the risk of acquiring HIV when tailored to individuals at risk of HIV exposure, including transport workers. Therefore, we assessed the uptake of multiple HIV prevention services (≥2) and associated factors among transport workers in a city in Southwestern Uganda. A cross-sectional study was conducted between November 2021 and February 2022. Transport workers comprising motorcycle taxi riders, and motor vehicle and truck drivers, aged 18 to 55 years were selected and responded to an interviewer-administered questionnaire. We conducted descriptive statistical and modified Poisson regression analyses to identify independent factors associated with the uptake of multiple HIV prevention services. Out of 420 participants, 97.6% were male, with a median age of 28 years and the majority were aged <34 years (84.6%). Overall, less than half (45.3%) of the participants had used multiple (≥2) HIV prevention services within a one-year period. Many participants had used condoms (32.2%) followed by voluntary HIV counseling and testing (27.1%), and safe male circumcision (17.3%).

Most participants who tested for HIV had ever used condoms (16.2%), followed by those who received safe male circumcision and had ever used condoms (15%), and those who tested for HIV and had started on antiretroviral therapy (ART) (9.1%). In the adjusted model, factors that were significantly associated with the use of multiple HIV prevention services included religion (aPR=1.25, 95% CI=1.05-1.49), the number of concurrent sex partners (aPR=1.33, 95% CI=1.10-1.61), prior HIV testing and awareness of HIV serostatus (aPR=0.55, 95% CI=0.43-0.70), awareness of HIV prevention services (aPR=2.49, 95% CI=1.16-5.38), and financial payment to access HIV services (aPR=2.27, 95% CI=1.47-3.49).

In conclusion, the uptake of multiple HIV prevention services among transport workers remains suboptimal. This study also suggests that individual behavioral factors influence the use of multiple HIV services compared with other factors. Therefore, differentiated strategies are needed to increase the utilization of HIV prevention services to curb the new HIV infections among transport workers.

Keywords: HIV prevention, transport workers, factors, determinants, association

By Benjamin Betunga -

Harnessing Emotional Intelligence in Nursing Practice: Empowering Nurses as Voices to Lead, Invest, and Respect Rights for Global Health

Background: Emotional intelligence (EI) plays a crucial role in nursing practice, influencing patient care, interdisciplinary collaboration, leadership, and advocacy. As nurses navigate complex healthcare environments and advocate for patient rights, the ability to understand and regulate emotions becomes essential. Against the backdrop of the Sub-theme "Our Nurses, Our Future, The Economic Power of Care," this abstract explores the significance of EI in nursing within the context of global health initiatives.

Objective: To identify the role of emotional intelligence in nursing practice and interdisciplinary collaboration within the context of global health initiatives.

Methods: A comprehensive literature review was conducted to examine the intersection of EI and nursing practice, drawing insights from empirical studies. Key databases including PubMed, Scopus, and Google Scholar were searched using relevant keywords such as emotional intelligence, nursing practice, patient rights, and health policy.

Results: EI competencies, such as empathy, self-awareness, and emotional regulation, were found to enhance patient-centred care, promote effective communication, and mitigate professional burnout. Furthermore, emotionally intelligent nursing leadership was identified as a catalyst for driving systemic change, advocating for equitable healthcare policies, and addressing social determinants of health on a global scale.

Discussion: The discussion underscores the implications of EI for nursing practice and global health. By integrating EI competencies into nursing education and practice, nurses can enhance their capacity to lead, collaborate, and advocate for the rights of marginalized populations. Embracing EI fosters a supportive environment that values resilience, empathy, and cultural competence among nursing teams, contributing to improved patient outcomes and the advancement of health equity worldwide.

Conclusions: Recognizing the connection between EI and effective nursing care enables stakeholders to build a workforce capable of addressing global healthcare challenges, promoting health equity, and advancing social justice. Embracing EI as fundamental to nursing practice not only improves patient outcomes but also fosters a more equitable and just healthcare system worldwide.

Implications: There is a critical need to incorporate EI skills within nursing education, an practice to foster resilient, empathetic, and culturally competent nursing teams. By prioritizing EI development, healthcare institutions can drive meaningful change and policymakers can strengthen and foster sustainable healthcare systems that uphold the rights and dignity of all individuals, ultimately advancing global health equity.

There is a critical need to incorporate EI SKILLS within nursing education,

By Kabanyoro Annet

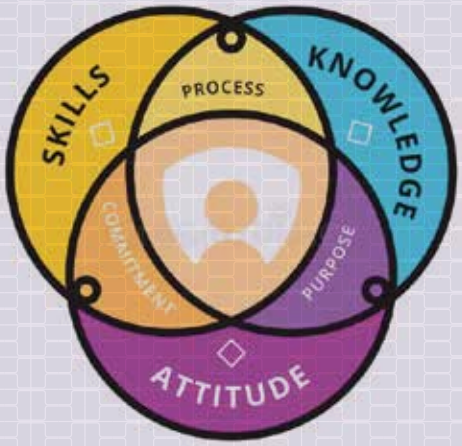
Knowledge, Attitude, and Practices Regarding Self-Medication among Students At Islamic University in Uganda, Kampala Campus

This study aimed to understand self-medication practices among students at Islamic University in Uganda (IUIU – KC). Self-medication, the use of drugs without medical advice, can reduce health expenses and waiting times but can be unsafe if misused. The study used a cross-sectional design with quantitative methods, analyzing data from 346 participants using SPSS version 27.0.1.

The results showed a self-medication prevalence of 67.3% among students, with a good knowledge score of 59%. Students generally had a positive attitude towards self-medication, with a mean score of 4.16 on a Likert scale, indicating a preference to consult medical professionals before medicating. The internet was the most common source of information about self-medication (56.8%), with painkillers being the most commonly used drugs (91.9%). Minor illnesses (69.7%) and symptom management (56.4%) were the main reasons for self-medicating.

The study concluded that self-medication rates were high, especially among females. It recommended health education strategies to prevent complications from poor self-medication. The findings have implications for nursing education, research, practice, and management, serving as a reference for health education, further studies, improving home-based nursing care, and implementing health policies for safe medication practices.

Globally, self-medication is a public health concern due to its link with antimicrobial resistance. Studies in Africa show a median self-medication prevalence of 55.7%, with the lowest in Eastern Africa (47.1%) and the highest in Western Africa (70.1%). In Uganda, it was 75.7%. A global review found an overall self-medication prevalence of 70.1% among university students, with females (76.6%) self-medicating more often than males (66.9%), and the highest prevalence among medical students (97.2%).



> ***Self-medication, the use of drugs without medical advice, can reduce health expenses and waiting times but can be unsafe if misused.***

By Sempogo Simon

Increase In the number of sexually active adolescents 15-19 years in the uptake of Family Planning services at Kakuka HCIII in Bundibugyo

Introduction At Kakuka HCIII, only 17 adolescents accessed family planning services and according to the second National family planning costed implementation plan 2020/2021-2024/2025 (FP-CIP II) recommends uptake of contraceptives in sexually active adolescents to avoid unintended pregnancies that may put their lives at risk.

Method TAhe facility staff, district quality improvement team with the support of USAID/FPA, through the Adolescent Sexual and Reproductive health program, pregnancy was occurring more between 15-19 years that accounted for 32%, developed a route cause analysis to establish the reason for low up take of FP services at the facility. The reasons were staff competences to deal with needs of adolescents, no adolescents friendly corner, adolescents not aware about when, where and how to obtain contraceptives and limited access to the health unit.

Using the PDSA Model the following changes were tested; Identified an adolescent friendly corner at the facility, allocating adolescent clinic days which run every Friday of the week, developed outreach schedules for adolescents only, VHTs linkage of adolescents to the health facility and monthly data reviews, collection and updating of primary tools.

Results Number of adolescents who accessed/received modern contraceptives increased from 72 August in 2022 to 250 May 2023. The decline in September 2022, December 2022 and March 2023 was because of stock out of commodities.

Lessons Learnt On site quality improvement mentorships and support supervision, capacity building of staff on care for adolescent needs, VHTs role is important in improving the quality of care; strong partner coordination and support in family planning activities facilitate the functionality of the facility. Conclusions and Recommendations

Client centered approach by using Continuous Quality Improvement approach enhances equity to access and uptake of FP among adolescents.

by Muhindo Z (1) Dr. Kiyita C (2), Ngwabusa C (3) Mbambu H (4), Suzan N (5), Philip B (5),

Male Involvement in Antenatal Care Services is Key for Pregnant Womento Fully Utilize and Benefit From all the Services offered

Background to the Study: Male involvement in antenatal care services is key for pregnant women to fully utilize and benefit from all the services offered. Globally, male involvement in maternal health care services remains a challenge to effective maternal health care accessibility and utilization Therefore this study was carried out to find out the factors influencing male involvement in ANC services in Kawempe Division.

Objectives: The study was guided by four objectives: to find out the level of male involvement in ANC, to assess the socio-cultural, economic factors and health system factors influencing male involvement in antenatal care.

Methods: A descriptive cross-sectional survey research design involving both qualitative and quantitative data of data collection were employed. The study involved a sample of 226 respondents (males) from Kawempe Division and key informants who were health workers and leaders. Data was collected through the use of questionnaires and key informant guide. Data was analyzed by use of SPSS version 25. Data was presented in figures and tables.

Results: The study showed that 37.2% of the males had not involved themselves in ANC services. Furthermore, the level of knowledge on ANC services was not satisfactory (below average 50%). The socio-cultural factors influencing male involvement in ANC were: number of wives (p=0.000), marital status (p=0.000), education level (p=0.026) and cultural support (p=0.000); while the economic factors were: employment status (p=0.000), occupation

(p=0.012), Income (p=0.000), Transport cost (p=0.041), affordability of transport costs (p=0.000) and financial difficulty (p=0.031) and the health system factors were: distance to the ANC facility and waiting time at the ANC clinic.

Conclusions and Recommendations: This study found out unsatisfactory level of male involvement in ANC services and therefore recommends the government to pass laws compelling fathers to physically participate in ANC with their wives; employment of anti-corruption laws and monitoring teams to ensure ANC services are free for all. There should also be increased awareness to males in their respective places of work through media, TVs, radios and other advertising means so as to equip men with more knowledge on ANC services.

The recommendations should point out the nurse's role in encouraging men to participate in ANC

By Jennifer Opuch

Prevalence and Factors Associated With Birth Asphyxia among Live Birth at Arua RRH

Introduction: Birth asphyxia is one of the most important causes of morbidity and mortality in neonates.

Objectives: This study was conducted to determine the prevalence and factors associated with birth asphyxia among neonates delivered in maternity ward, Arua Regional Referral Hospital. Methods: Hospital based retrospective cross - sectional study design was employed. The data was extracted from the maternity records such as delivery records, case files and admission registers from neonatal intensive care unit Arua Regional Referral Hospital using a structured checklist. The multivariate binary logistic regression, with a 95% confidence interval and a p-value < 0.05 was used to identify variables which had a significant association with birth asphyxia.

Results: The prevalence of birth asphyxia was 25.9%. The factors which were significantly associated with birth asphyxia included male sex of the fetus AOR =2.283(95% CI: 1.112 – 1.774), fetal birth weight ≥2.5kg AOR = 0.670 *(95% CI: 0.412 – 1.865), spontaneous vaginal* delivery AOR = 2.443(95% CI: 1.612 – 4.882), first time mothers AOR = 2.974(95% CI: 1.542 – 4.673), maternal age ≤30years AOR = 3.212(95% CI: 1.345 – 4.456) and married mothers AOR = 2.843(95% CI: 1.324 – 4.680).

Conclusion:

The magnitude of birth asphyxia in Arua Regional Referral Hospital was high

(25.9%). Male sex of the fetus, birth weight ≥2.5kg, spontaneous vaginal delivery, prime parity, maternal age and married mothers were the factors associated with birth asphyxia. Therefore, the results of this study show the need for better maternal care, creating awareness about the contributing factors of birth asphyxia to the maternity health professionals, careful monitoring of labor, and identifying and taking appropriate measures to reduce the occurrence of birth asphyxia.

Implication

The following recommendations have been drawn based on the study finding

Encourage nurses in the maternity ward to monitor mothers during labor closely so as to identify risk factors which may predispose the new born to birth asphyxia.

More attention should be directed towards young and primigravida mothers since they bear more risks of delivering babies with birth asphyxia

This study should be elaborated by assessing knowledge, attitude and practice of health nurses in maternity wards towards birth asphyxia.

By. Ojambo Simon Peter

Provision of Quality Maternal Services Using 5s at the Maternity Ward-Kambuga Hospital

Background: TB and HIV co-infection is a growing syndemic, with TB accounting for two-thirds of deaths among people living with HIV (PLHIV). A 6-month isoniazid preventive therapy course offers PLHIV four years of protection but there are still increasing cases of TB among PLHIV who completed IPT.

Methodology: The researcher used a phenomenological qualitative study design and recruited 5 participants selected through purposive sampling method and interviewed using the interview guide which was developed after pretesting. Each participant was given a unique identity and recordings kept by the researcher only for purposes of confidentiality and privacy. Data analysis was done using Colaizzi's seven step descriptive phenomenological approach.

Results: The key findings noted were; social isolation, weakness, failure to do activities of daily living, no food, increased side effects, lack of transport to access health care services, where one participant said, "I could nolonger walk to Lopedo for gold mining because I never had energy... my children and I could sleep hungry".

Discussion: These findings were similar to other studies like in a Qualitative study in India ackground: TB and HIV co-infection is a growing syndemic, with TB accounting for two-thirds of deaths among people living with HIV (PLHIV). A 6-month isoniazid preventive therapy course offers PLHIV four years of protection but there are still increasing cases of TB among PLHIV who completed IPT.

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Discussion: These findings were similar to other studies like in a Qualitative study in India resources were frequently exhausted by the time they began co-infection therapy. Patients described severe-incapacitating side effects from the medications, as well as the shame and care burden this placed on the household's capacity to function socially and financially. Although they reported high levels of stress and weariness, family caregivers were essential to preserving the patients' physical and mental health" (Isaakidis et al., 2013).

Conclusion: PLHIV go through a lot of difficult situations after contracting TB post IPT. I therefore recommend that critical assessment of clients by HIV health care providers should be adequately done before initiating IPT, there should also be continuous counselling of the clients before, during after initiating IPT. Additionally, more studies need to be conducted to investigate the efficacy and safety of Isoniazid tablets in the prevention of TB among PLHIV.

By Simon Ewalu

Knowledge, Attitudes, and Practices of Comprehensive Sexuality Education among Secondary School Teachers

Objective: To assess knowledge, attitudes, and practices of comprehensive sexuality education among secondary school teachers in Bufumbira South, Kisoro, Uganda.

Method: Analytical cross-sectional design was adopted, and a semi-structured questionnaire used to collect data. A sample of 80 participants was interviewed on different aspects of knowledge, attitude, and practice of comprehensive sexuality education. Collected data was cleaned, organized, and analyzed using Statistical Package for the Social Sciences (SPSS) version 26, and presented in tables, and elaborated narratively. Bloom's cut-off point was applied to determine the level of knowledge, attitudes, and practices of CSE.

Results: On Knowledge, most teachers (62.5%) scored 80-100% (good knowledge). Marital status (P= .038), level of knowledge (P= .000), and religion (P= .000) were significantly associated with knowledge. On attitude, most teachers (76.3%) had a poor attitude. Marital status (P=.009), subject taught (P= .018), level of education (P= .002), and having children (P= .011) were significantly associated with attitude. On practice, 65% had moderate CSE practices. Only religion (P= 0.033) was significantly associated with practice. Both knowledge and attitudes significantly influenced practices of CSE.

Discussion: Findings showed that teachers (62.5%) had good knowledge of CSE, though with gaps on attitude and practice. Training and empowerment of teachers and availing supportive resources are required for effective and efficient school-based sexuality education Recommendations: The study recommended prioritization and incorporation of sexuality education into school's learning program. Approach to sexuality education should be comprehensive, offering various healthy options to learners, but in line with Uganda's sexuality education framework 2018 and in respect of learners' religious beliefs.

Conclusion: Findings showed that teachers had good knowledge of CSE and recognized its importance in schools. However, there were gaps on various aspects of attitude and practices of CSE, perpetuated by lack of training, non-inclusion of CSE in the curriculum, shortage of updated teaching resources, and unsupportive school policy on CSE.

Implications: The study implied that it is what teachers know, believe, and do about CSE that they deliver to students. To nurses and other health professionals, the study implies that when designing outreach programs for schools, the target shouldn't be students alone, but their teachers too.

By Vicent Nemeyimana

Prevalence And Factors Associated With Transient Tachypnea Of The Newborn (TTN) Among Term Newborns Delivered By Caesarean Section at Kawempe National Referral Hospital, Kampala.

Objective: To determine the prevalence and associated factors of transient tachypnea of newborn among newborns delivered by caesarian section at Kawempe National Referral Hospital.

Method: Analytical cross-sectional design was adopted, and a semi-structured questionnaire used to collect data. A sample of 169 participants were randomly selected and interviewed. Data was organized and analyzed using Statistical Package for the Social Sciences (SPSS) version 26, and presented in tables. The prevalence of Transient Tachypnea of the Newborn was estimated from the proportion of newborns with signs to the total number of newborns in the study. Influencing factors were determined using Chi-square statistical test at 0.05 level of significance.

Results: Prevalence of transient tachypnea of newborn was 32%. Associated factors included the type of pregnancy (P-value 0.015), history of previous newborns treated with oxygen (P-value 0.000), baby crying at birth (P-value 0.042), APGAR Score (P-value 0.049), birth weight (P-value 0.049), number of pregnancies (P-value 0.034), previous pregnancies carried to term (P-value 0.015), skin to skin contact (P-value 0.038), hours of contractions prior to C/S (P-value 0.005), and developing hypotension during C/S (P-value 0.001). The type of caesarian section (P-value 0.113) had no significant relationship with TTN.

Discussion: Within the broader factor of delivery by caesarian section, other factors like type of pregnancy (twin or single), skin to skin contact, hours of contraction prior to caesarian section, and baby crying at birth influnce the prevalence of TTN.

Conclusion: The study concluded prevalence of transient tachypnea of newborn was relatively high at 32% and efforts should be made to reduce unnecessary caesarian sections and other pre-disposing factors.

Recommendations: To nursing education and research, there is need to research the specific causes or determinants of transient tachypnea of the newborn. To participating mothers and the public, efforts should be made for pregnant mothers to have antenatal care (ANC) and deliver in the hands of trained professionals always. To institutions like the hospital and the Ministry of Health, there is need to reduce unnecessary caesarian section and timely perform those that are necessary.

By Amulen Winfred

The UGANDA NURSES & MIDWIVES COUNCIL (UNMC)

The Governing Council and Secretariat of the Uganda Nurses and Midwives Council extend their heartfelt congratulations and join in celebrating Nurses in Uganda and cross the globe on International Nurses Day. As the authority entrusted with regulating nursing and midwifery standards, as well as licensing nurses and midwives, we acknowledge and honor the essential service you provide to the public and your significant contributions to the healthcare sector. Your dedicated efforts have been instrumental in promoting the health and well-being of Ugandans, empowering them to lead healthier lives while striving towards a better future.

The Uganda Nurses and Midwives Council functions as a professional regulatory and supervisory authority dedicated to ensuring the delivery of high-quality nursing and midwifery services to the public. The regulation of nursing and midwifery practices in Uganda dates back to 1922 when it operated as a department within the Ministry of Health. However, post-independence, the regulatory framework evolved. The Nurses, Midwives, and Nursing Assistants Act of 1964 were initially established, subsequently replaced by the Uganda Nurses and Midwives Council Act of 1996, which remains in effect today. This current legislation aims to oversee the regulation of training, registration, enrollment, and disciplinary matters concerning nurses and midwives across all categories, as well as other pertinent aspects related to the nursing and midwifery profession.

Throughout its existence, the UNMC has continuously enhanced its strategies and structures to bolster the regulation and registration of nurses and midwives in Uganda, prioritizing public safety. These efforts encompass various initiatives such as the Continuing Professional Development Framework for Nurses and Midwives, National Mentorship Standards for Student Nurses and Midwives, Guidelines for Private Practice for Nurses and Midwives, Scope of Practice for Nurses and Midwives, and the implementation of an Online Registration and Licensure system, among others.

Given the constraints of this publication, we wish to focus particularly on two recent developments that are especially beneficial to nurses and midwives: the Online Registration and Licensure System and the updated Scope of Practice guidelines. However, all relevant documents, including those not discussed here, are readily accessible on our website in digital format, and hard copies can be obtained from our headquarters.

In November 2022, the Uganda Nurses and Midwives Council (UNMC) introduced an online registration and licensure system, driven by several factors. Firstly, it aligned with the government's push for digitalization, reflecting a broader national trend. Additionally, the onset of the Covid-19 pandemic underscored the necessity of transitioning from physical to online processes, as many nurses and midwives faced challenges in registering and renewing licenses due to pandemic-related restrictions such as lockdowns and social distancing measures. Recognizing the logistical burdens placed on nurses and midwives traveling to Kampala for these services, the Council deemed online registration and licensure the prudent course of action.

The UNMC's online Registration and Licensure system is designed to be both timely and user-friendly, offering a range of services including professional registration, license renewal, booking assessments for competence to practice, online assessments, registration and renewal of private practice clinics, fee payments, and tracking of registration and licensure statuses. Notably, the system allows for the instant printing of provisional licenses.



Dr. Diana Atwine, the Permanent Secretary, Ministry of Health launching the UNMC Online Registration and Licensure System during the Celebrations of UNMC at 100 years in November 2022

As of April 29, 2024, a total of 42,323 nurses and midwives have utilized the system, with 27,146 successfully obtaining licenses (17,849 for registration and 9,297 for renewal).

The Uganda Nurses and Midwives Council urges all nurses and midwives nationwide to utilize the online registration and renewal services to ensure compliance and avoid complications. In cases of any challenges, the UNMC has established helplines and disseminated guidance materials across its digital platforms to assist users in navigating the system effectively.

Recognizing the longstanding absence of a defined scope of practice for nurses and midwives in Uganda, the UNMC took a pivotal step in developing the inaugural Scope of Practice for Nurses and Midwives in the country which was launched and operationalized in November 2022. This document serves as a vital guiding framework for practitioners, aiming to address the previous lack of clarity that led to nurses and midwives often operating beyond or below their levels of education and competence. This ambiguity in roles and responsibilities created challenges for the UNMC in fulfilling its regulatory mandates.

The newly established scope of practice delineates the comprehensive roles authorized for each level of nurse or midwife by the UNMC, as well as specifying the activities that individuals within these professions are permitted to undertake.

In its structure, the scope of practice delineates general responsibilities applicable to all nursing and midwifery cadres across all levels, alongside specific duties tailored to each cadre. For example, it outlines distinct roles for various levels of qualification, including enrolment level (certificate holders), registered level (diploma holders in nursing or



Dr Diana Atwine, the Permanent Secretary of Ministry of Health (Left), the Chairperson Governing Council, UNMC launching the Scope of practice in November 2022.

midwifery), and specialized categories such as registered public health nurses, pediatric and child health nurses, nurse tutors, palliative care nurses, and those with bachelor's degrees in nursing or midwifery, among others.

We strongly encourage nurses and midwives to familiarize themselves with the scope of practice, as it offers numerous benefits. It serves as a tool for self-regulation, enabling practitioners to uphold accountability, commitment, and responsibility in their professional conduct. Obtaining a copy of the scope of practice is essential for practitioners to ensure compliance with regulatory standards and to promote their own professional development and adherence to best practices.

ABSTRACT.

Factors associated with viral load monitoring in children and adolescents in Rukungiri district.

Institutions and affiliations.

1. Mountains of the moon university- Faculty of health sciences- Department of nursing and midwifery.
2. Rukungiri HCIV- Maternity department.

Background: Nearly half of the HIV population aged 0-19 years have no evidence of viral load monitoring, which equates to approximately 140000 and 89000 children and adolescents aged <15 years and 15-19 years, respectively and viral suppression rates among children and adolescents with a viral load done remain extremely low with only 72%.

Methodology: An analytical cross-sectional study was employed and a pretested interviewer-administered questionnaire was used to collect data from 211randomly selected caretakers from different stratified health facilities namely Nyakibale, Kisiizi, Rukungiri HCIV, Kebisoni HCIV and Bugangari HCIV in Rukungiri district. The predictors of the viral load monitoring were analysed using bivariate logistic regression analysis. Significant variables (p=0.2) were included in multivariate logistic regression model. Adjusted Odds ratios were presented. Data was analysed using STATA, version 14.

Results: This study revealed that about 90(42.65%) of the respondents were aged 49years and above. Majority 153(72.51%) of them were females. Viral load monitoring was associated with age of the caretaker (P=0.047), being a catholic (P=0.003), being HIV positive (P=0.027), age of the child (P=0.023), having >1000 viral load copies (p=0.052), receiving training on viral load testing (P=0.010) and waiting for more than two hours (P=0.047).

Conclusion: The present study concluded that the age, religion, HIV status of the caretaker, the age of the child, number of viral load copies, waiting time for services and receiving training on viral load testing were the factors associated with Viral Load monitoring among HIV positive children and adolescents in Rukungiri district . The findings of the study will provide vital information about viral load monitoring in HIV positiveHIV-positive children and adolescents that will be of help help in planning, , and re-evaluation of the initial preventive and health promotive strategies against HIV infection among the children and adolescents in the context of VL monitoring. It will also motivate other scholars particularly researchers to carry out research on the factors associated with VL monitoring among Children and Adolescents in other localities.



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UNMU ANNUAL SCIENTIFIC CONFERENCE and INTERNATIONAL NURSES DAY PROGRAM 16TH - 17TH MAY 2024 AT RUKUNGIRI WESTERN UGANDA

TIME	ACTIVITY/PRESENTATION	PRESENTER	MODERATOR
16/05/2024	**DAY ONE**	**Secretariat**	**Secretariat**
	Arrival and Registration of delegates & Administering of questionnaire	Secretariat	Secretariat
7:00-8:00 am	Breakfast and Registration	Welfare and Secretariat	Secretariat
8:00 - 8:30am	Administrative Remarks	Secretariat	General Secretary
8:30 - 9:15am	Arrival of Government officials , other delegates and introduction of development partners		President, UNMU
9:15 - 9:30am	Key note address and opening of the Conference	PS. MOH	UNMU
9:30 – 9:45am	Knowledge Attitude and Practice towards the Nursing Process among Nurses and Midwives at Karoli Lwanga Hospital	Akampulira Dan	Zakayo Black
9:45 -9.55am	Provision of Quality Maternal Services Using 5s at The Maternity Ward-Kambuga Hospital	Loyce Musimenta	Zakayo Black
9.55-10:10am	Poem	IDI- Mulago	Zakayo
10:10 -10: 25am	Factors Influencing Male Involvement in Antenatal Care in Kawempe Division, Kampala, Uganda.	Achola Jenipher	Habyarimana Peter
10:25 – 10:35am	Perceptions and Practices About Diabetic Nutrition among Patients Receiving Health Care Services at Kitagata Hospital, Sheema District	Alozious Kamukama	Habyarimana Peter
10:35-11:00am	**BREAK TEA**		
11 Am – 11 : 35	Plenary session		Cliff Aliga
11:35- 11: 45	Exbitors	UNMC & Pharmaceuticals	

11:45-12 :00 MD	Factors Influencing Compliance to Infection Prevention and Control Measures Among Nurses at Kagando Hospital-Kasese	Bakulirahi John	Agembe Stella
12:00 – 12:15 Pm	Nurse Led Decision Making on Improving Nutritional Assessment and Reporting for Less than 5 Years at Kabale Regional Referral Hospital	Pidson Kamugisha	Agembe Stella
12:45- 11:55am	Factors Influencing the Use of Multiple HIV Prevention services among Transport Workers in a City in South-western Uganda	Betunga Benjamin	Kadimala
11:55-12:10pm	Harnessing Emotional Intelligence in Nursing Practice: Empowering Nurses as Voices to Lead, Invest, and Respect Rights for Global Health	Kabanyoro Anet	Kadimala
12:10- 12: 25 pm	**Entertainment**		Rhoda
12:25 – 12: 55 PM	Graduation of Critical care Nurses	Health Carousel Foundation & Cliff Aliga	MOES
1:Pm - 2:15pm	**LUNCH BREAK**		
2:15-2:45pm	**Plenary session**		Mercy Kabene
2:25 - 2:35pm	Knowledge, Attitude, and Practices Regarding Self-Medication Among Students At Islamic University in Uganda, Kampala Campus	Ssempogo Simon	Nsabimana
2:35 - 2:45pm	Increase in the number of sexually active adolescents 15-19 years in the uptake of Family Planning services at Kakuka HCIII in Bundibugyo	Muhindo ,. Kiyita C Ngwabusa	Nsabimana
2:45 – 3:00 Pm	Male involvement in antenatal care services is key for women to fully utilize and benefit from all services	Jenipher Opuch	Peter Habyarimana
3:00 -3:10 Pm	Prevalence and factors associated with birth asphyxia among live birth at Arua RRH	Ojambo simon Peter	Habyarimana
3:00 – 3:30	Lived Experiences and coping strategies of Adult HIV positive clients who	Simon Ewalu	Owori Alice

	contracted TB post Isoniazid prevention therapy at Kabong		
3:30- 3:40Pm	Knowledge , attitudes and practices of comprehensive sexuality education among secondary school teacher	Vicent Nimeyimana	Owori Alice
3:40- 3: 50Pm	Prevailence and factors associated with transient tachypnea of the newborn among term new borns delived by ceaserian section at Kawempe NRH	Amulen Winfred	Kadimala Siasa
3:50 – 4:25	Plenary Session		Zakayo Black
4: 25- 5:00 Pm	Remarks from : ❖ Regulatory body - UNMC ❖ UNION Philosophy ❖ ECSACONM ❖ Commissioner Nursing Services		Amayo Irene
5:00 - 5:30 Pm	**Evening Tea**		Alex Twekwase
5:30 – 6 : 00	Entertainments		Alex Twekase
6: 00 – 8:00	Personal administration		

DAY TWO- INTERNATIONAL *NURSES DAY CELEBRATIONS 17th May 2024*

NB: Check and harmonize with the final International Nurses day as per invitation

TIME	*ACTIVITY*
8:30am	*Nurses and other Celebrants assemble at the venue*
830- 10am	*Flag off the match …… by Chairperson LCV*
10:30am	*Arrival of Invited Guests*
10:30am	*Arrival of invited Guest of Honor*
10: 30- 10:35am	*National Anthem , East African Anthem , Nurses Anthem and union Anthem*
10:35- 10:55 am	*Opening Prayer*
10:55- 11:30am	*Guest of Honor inspects the Nurses' Parade and Exhibitors' Stalls*
11:30- 11:35am	*Speech by Chairperson LC1*

11:35- 11: 45 am	*Speech by UNMU President*
11:45-11:55am	*Speech by Board of trustees – Hon.*
11:55- 12:05 pm	*Speech by LCV – Rukungiri*
12:05- 12:15 pm	*Speech by MP – RukungiriMunicipality*
12:15- 12:25	*Entertainment*
12:25-12:35pm	*Speech b*
12:35- 12:45pm	*Speech by Minister of Health*
12:45pm	*Speech by the Guest of Honor – H.E. The President of the Republic of Uganda*
	Anthems in reverse order

UNMU ELECTED LEADERS OF THE CENTRAL EXECUTIVE COMMITTEE

S.N	NAME	POSITION
01	CHEROP JUSTUS KIPLANGAT	PRESIDENT
02	BIRUNGI ANNET	TREASURER
03	TWEKWASE ALEX	ORGANISING SECRETARY
04	AJUNO EVERLYN TRACY	DEPUTY ORGANISING SECRETARY
05	CHEMUSTO MWANGA DOREEN	SECRETARY FOR GENDER & WOMEN AFFAIRS
06	OLINGA MICHEAL	SECRETARY FOR YOUTH
07	ADONG DORIS STELLA	SECRETARY FOR WELFARE, OCCUPATIONAL HEALTH & SAFETY
08	HABYARIMANA PETER	SECRETARY FOR RESEARCH, EDUCATION AND DOCUMENTATION
09	MUSIIMENTA DONOZIO	SECRETARY FOR SPECIAL INTERSET GROUPS
10	OCEN AMBROSE	VICE PRESIDENT- NORTHERN
11	ANDUA RAM SAMSON	VICE PRESIDENT- WEST NILE
12	OJOK PATIENCE	VICE PRESIDENT- NORTH EAST/ KARAMOJA
13	APIO GRACE	VICE PRESIDENT- CENTRAL EAST
14	MUGABO MICHEAL	VICE PRESIDENT – SOUTH EAST
15	KASIRYE ELEZABETH	VICE PRESIDENT- CENTRAL
16	TUMWESIGYE JOY	VICE PRESIDENT – MIDWEST
17	MUGABI JOAN	VICE PRESIDENT - WESTERN

UNMU REGIONAL COORDINATORS

REGION	SUB REGION	REC	TEL
BUGANDA	NORTH WEST BUGANDA	NDYANABO EVANS	0771593357
	SOUTH WEST BUGANDA	NAKANWAGI JACENTA	0771605466
	NORTH BUGANDA	NAMISANVU ALLEN	0778697936
	EASTERN BUGANDA	KULABAKO MARIA	0782805427

	CENTRAL BUGANDA	NASAKA FATIA	0774531882
	SOUTH BUGANDA	NAMULONDO HARRIET	0752598159
NORTH	LANGO EAST	ADONG PETUA	0782578541
	LANGO WEST	AKELLO MEDINA	0782295048
	ACHOLI EAST		
	ACHOLI WEST	ACIRO JOSEPHINE	0774927705
WEST NILE	CENTRAL WEST NILE	ANDEZU SALLY	0772361878
	NORTH WEST NILE	SIASA KADIMALA	0774500941
	SOUTH WEST NILE	AKUMU AGNES	0777709987
NORTH EAST /KARAMOJA	NORTH KARAMOJA	APIO FLORENCE	0782729444
	CENTRAL KARAMOJA	OWOR ALICE OYELLA	0774546379
	SOUTH KARAMOJA	AKELLO EVERYN	0774773497
CENTRAL EAST	NORTH TESO	ASIO DOROTHY	0782994251
	CENTRAL TESO	OKULLU SYLUS	0777772611
	EAST TESO	AMONGIN MARGARET	0774773497
	SEBEI	KARIONG MICHAEL	0773852374
SOUTH EAST	BUGISU	TAAKA EASTER	0772468831
	BUKEDI	AGEMBI STELLA	0777772611
	BUSOGA SOUTH	BUYINZA GODFREY	0753585136
	BUSOGA NORTH	BATANYI JOHN	0706136262
MIDWEST	SOUTH RWENZORI	KALEMBE BOGERE	0752347134
	NORTH RWENZORI	BARUGAHARE ROBENSON	0782272828
	EAST RWENZORI	AJOKU YONA	0775394774
	NORTH BUNYORO	AKELLO FLORENCE	0782717271
	SOUTH BUNYORO	MAGEZI JAMES	0773025633
WEST	NORTH ANKOLE	NATUHWERA CHRISPUS	0783104920
	SOUTH ANKOLE	KAMAHUNDE SHIFFRA	0751186999
	CENTRAL ANKOLE	ARINAITWE RODGERS	0784663940
	KIGEZI SOUTH	ARINAITWE B. EDWARD	0774205847
	KIGEZI NORTH	AKAMPURIRA DICKSON	0786180261

Notes:

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