



HEALTH POLICY ARTICLE

A FLUCTUATING POLICY: EXAMINING UGANDA'S FAILED ATTEMPTS TO PHASE OUT NURSING ASSISTANTS FROM THE HEALTH WORKFORCE



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Vol. 1(1):

<https://journals.cavendish.ac.ug/index.php/cjst/article/view/19/16>

August, 2024

Abstract

Background: This paper provides a historical basis for introducing the Nursing Assistants in Uganda arguing that the situation has not changed. It interrogates the arguments advanced for abolishing this cadre of health workers and examines the implications of this decision for health care delivery under the current circumstances. In 2013, the Uganda Government, through the Ministry of Public Service, issued a Circular abolishing the Nursing Assistants from the Health Workforce cadres in Uganda effective 2015, after a grace period of three years. Since then, there have been fruitless attempts to remove these cadres without closure.

Methods: This policy paper examines this policy fluctuation by digging into the history of Nursing Assistants in Uganda to establish if the conditions that led to their recruitment still exist.

Discussion: It examines the reasons advanced for their abolition, their contributions, and the implications of abolishing them at this point. It proposes a way forward for the Government on the matter of Nursing Assistants.

Conclusion: It should be clear to everyone of sound mind that any employee who is told to work while keeping the luggage packed, and ready for exit, is not motivated. The quality of work performed by such employees can only diminish as they are no longer investing in the job. That is the current situation of the Nursing Assistants in Uganda. The Ministry of Public Service should write to withdraw the circular that announced the abolition of the Nursing Assistants as a matter of urgency.

Keywords *Policy Fluctuation, Nursing Assistants, Health Workforce Cadres*

INTRODUCTION

Background

The human resource for health is the backbone of every health care system because it is the resource that organizes other resources to achieve desired goals. However, it has persistently faced gross shortages in developing countries attributed to inadequate pay, migration, death of health workers due to different diseases, poor working conditions and inadequate health financing system (Hongoro, McPake, 2008), among others. In many countries, these shortages are mitigated through task shifting, which is a situation where a task that is normally performed by a specific health professional is transferred to another health professional with a different or lower level of education or to a person trained to perform a limited task, without having a formal health education (WMA, 2009). In Uganda, Nursing Assistants have for long been utilised to assist with a number of tasks in nursing care under this arrangement.

The Ministry of Health (MOH) in 2011 observed that in the majority of health facilities, especially health centre IVs and general hospitals, health care services are provided mostly by the Nurses and Nursing assistants who by then constituted 20% of the human resources for health in Uganda (MOH, 2011). However, just a year after recognising this contribution, Uganda's Ministry of Public Service (MoPS) issued *Circular Standing Orders* announcing re-designation of the Nursing Cadres and declaring the phasing out of Nursing Assistants in 2015 (MOPS, 2012):

The post of Nursing Assistants has been phased; the incumbent holders shall be considered for appointment to a higher grade or redeployment else [where] in service in a position at the same level for which [he]/she is qualified. In case the above is not possible, he/she will be given a grace period of 3 years within which he/she will be considered for retention, failure of which he/she will be considered for retirement in accordance with the public service regulations (MoPS, 2012, p.16).

The three years of grace period elapsed in 2015 without seeing any efforts to redeploy the Nursing Assistants or develop them in preparation for upgrading. Neither did government implement the option of retiring them. This notwithstanding, in 2022, the MoPS in a letter dated 19th May 2022, reference MSD 135/306/01 Vol.47 informed Local Governments that the position of Nursing Assistants was phased out and the grace period of three years had long elapsed. Therefore, those who did not upgrade should be retired on abolition of office, paid gratuity and pension. To date, however, Nursing Assistants still exist in health facilities as implementation of the abolition policy kept being halted mainly due to lack of funds to pay their terminal benefits and recruit more qualified nurses to replace them, presenting a typical case of policy fluctuation. The Circular Standing Instruction (CSI) number 14 of 2024, which details salary structures of public officers still has Nursing Assistants in scale U8 under Medical Category (MoPS, 2024). One wonders whether all related questions had been posed or correctly answered in view of the likely effects of abolishing Nursing Assistants this study sought to identify the factors associated with consistent condom use and explore potential interventions to promote condom use among university students.

The paper provides a historical basis for introducing the Nursing Assistants in Uganda arguing that the situation has not changed. It interrogates the arguments advanced for abolishing this cadre of health workers and examines the implications of this decision for health care delivery under the current circumstances. The duties performed by the Nursing Assistants are discussed in view of task shifting and the implications of abolishing this cadre at this point in time on the provision and quality of care carefully examined. The paper proposes a model that seeks to transform Nursing Assistants into Certified Nursing Assistants (CNAs) with redefined roles that suit their training and skills in view of their relatively higher propensity to provide menial care that is shunned by more qualified cadres and to work in rural and hard to reach areas where attraction and retention of health workers have become endemic problems.

More specifically, this paper aims to achieve five study objectives:

- i) To review the circumstances that led to the introduction of Nursing Assistants in Uganda
- ii) To examine the arguments advanced for phasing out Nursing Assistants from the health workforce cadres in Uganda
- iii) To document the contribution of Nursing Assistants in Uganda and globally
- iv) To discuss the implications of phasing out Nursing Assistants in Uganda under the current circumstances
- v) To provide a way forward in respect of the Nursing Assistants' abolition

Historical background of Nursing Assistants in Uganda: Have the circumstances changed?

The training of Nursing Assistants in Uganda was started by Dr. Albert Cook and Miss Katherine Timpson in 1897 after opening Mengo Hospital (UNMC, *undated*). This marked the introduction of the Nursing profession in Uganda. Existing literature indicates that Dr. Cook and Miss Katherine Timpson, after establishing a medical center at Mengo became overwhelmed with indigenous Ugandan patients:

The Mengo Hospital, which Cook started, became so popular that the numbers of patients increased greatly and the work became too much for

the few. As it was difficult to get sisters and paramedical staff at the time to come to work here, Dr. Albert Cook decided to train natives to assist them. (Odonga, 1989).

It was against this backdrop that Dr. Cook and Miss Timpson (who later became couples) trained local women and men who worked as Nursing Aides. And although, later, the duo started training of professional Midwives and Nurses, they maintained Nursing Aides because the supply of health workers was still falling behind its demand. With the political upheavals of the 1970s and 80s in Uganda, the professional health workforce faced more critical shortages as many health professionals fled the country into exile leaving the less targeted Nursing Aides to dominate the health service delivery system (MoH, 1999). The Uganda National Health Policy of 1997 provided for the transformation of Nursing Aides into Nursing Assistants after a three-months intensive training (Matsiko & Kiwanuka, 2003).

The question to ask is: Did the country have sufficient numbers of more qualified nurses and midwives to replace the Nursing Assistants when government announced their abolition? The answer is no. Not then, not now, not even in the near future. The MoH itself had just reported that Nursing Assistants were managing Health Centre IIs and other levels of health care (MoH, 2011). Since Uganda had (and still has) several vacant positions for qualified nurses and midwives, the appropriate thing would have been for government to fill those first. It appears that mobilising resources to recruit and sustain human resources for health was a challenge then as it is now. Therefore, it is clear that the circumstances which led to introduction of Nursing Assistants still obtain in Uganda today. For this reason, abolishing them without clear strategies to fill the huge gap that this action will create appears irresponsible.

Arguments advanced for abolishing Nursing Assistants

Since 2012 when the intention to phase out Nursing Assistants was announced, the MoH has never issued any official document stating its position or clear reasons for their abolition. However, officials from the Uganda Nurses and Midwifery Council (UNMC) often spoke out in various forums including Parliament in support of this policy decision (The New Vision, 2014). This Council left out the Nursing Assistants from the nursing cadres on its official website (<https://unmc.org/cadres-of-nursing-midwifery-professionals/>) and often claimed that:

- 1) Nursing Assistants are not recognised health workers
- 2) Nursing Assistants are responsible for poor quality care

It is probable that such claims from the Nurses and Midwives Regulatory Body informed Uganda's policy decision to consider abolishing the Nursing Assistants cadre, although it has been unsuccessful. In this section, I examine and subsequently debunk the aforesaid claims one after the other and conclude that both arguments are invalid.

Are the Nursing Assistants recognised as health workers?

Whereas in Uganda, Nursing Assistants are not recognised by the Uganda Nurses and Midwives Act and Council, it should be noted that they are fully paid employees in health care facilities working on permanent and pensionable terms of service in salary scale U8 (Medical) and in no way confusable with traditional support staff. They are also recognised internationally. The WHO (2007) defines health workers as *all people engaged in the promotion, protection or improvement of the health of the population* (Adams et al., 2003: 276; Diallo et al., 2003). I recognise that this definition is problematic because as Dal Pozzi et al., (2007, p.2) observe, it could imply that family members looking after the sick and other unpaid caregivers who contribute to

the improvement of health would be counted as part of the health workforce. Given this controversy, I would suggest to consider all employees on the hospital payroll that are directly involved in patient care to fall within the scope of health workers. Moreover, the International Labour Organisation through its *International Standard Classification of Occupations* (ISCO), provides a coherent framework for categorising occupations by type and level of training required for each (Diallo et al., 2003; Hoffman 2003). Accordingly, ISCO classified Nursing Aides as health workers under Health Care Assistants and assigned code 5321 [see link](#). This category includes Nursing Aides, Patient Care Assistants, Birth Assistants in health facilities and Psychiatric Aides. These should be workers providing services in healthcare settings such as hospitals, healthcare facilities, rehabilitation centers, residential nursing care facilities, and other establishments with permanent medical or nursing supervision. This is also quoted in the OECD health statistics (2023) which recognize Nursing Aides as health workers ([link](#)). Given the foregoing, it is clear that Nursing Assistants (retrained Nursing Aides) are fully recognized as health workers internationally. The claim that they are not health workers is therefore fallacious and void.

Are the Nursing Assistants responsible for poor quality of care?

When assessing skills, the important question should be: skills to do what? Whenever the Nursing Assistants have been accused of lacking basic skills, often the skills being referred to are of higher level nursing cadres. Without linking the skills to their job description, we would be making a mistake. The three-month training that was conducted in 1997 by African Medical and Research Education Foundation (AMREF) to upgrade Nursing Aides to Nursing Assistants targeted to improve their knowledge and skills to enhance their contribution towards implementation of the National Minimum Health Care Package (MOH, 2000/01-2004/05). Their training covered extensive aspects of patient care activities such as bathing, dressing, feeding, and mobility support, monitoring vital signs, assisting nurses with medicines administration, infection control and record keeping, just to mention a few. But because enrolled nurses also perform almost similar roles, the Nursing Assistants were assigned to maintain a clean and healthy environment for patients and other stakeholders; participate in the preparation and serving meals to patients and staff; participate in ensuring effective laundry services; offer guidance to patients to service points within the health units and act as messengers within the health unit. Those activities constitute the official job description of Nursing Assistants (MOPS, 2011, p. 459).

Undisputedly, the Nursing Assistants have the required skills to competently undertake the above functions and even more that fall within their scope of training. However, because of persistent shortages of the more qualified health workers in the country, especially in the rural and remote areas, Nursing Assistants have been forced to undertake more technical functions over and above their competences. Some of these have been assigned officially through task shifting, usually after reasonable training while others have been assumed especially in situations where Nursing Assistants have found themselves the lone health workers at a particular health station. In some cases, the process of task-shifting has been abused and the Nursing Assistants abandoned to man health facilities or some units single-handedly. Therefore, to attribute poor quality of care to them is as unfair as it wrong. In Uganda, poor quality of care is generally attributed to gross understaffing of the professional cadres which in 2010 stood at only 56% (MoH, 2011) and poor supply of health commodities which in 2020 stood at a paltry 46% (UNICEF, 2023). Under such circumstances, the situation would probably be worse without the Nursing Assistants especially in the rural areas.

Task shifting and the contribution of Nursing Assistants to health care delivery

Task shifting is the practice of giving specific tasks to healthcare workers who have not typically done them as part of their scope of practice (WHO, 2008). In some cases, tasks normally performed by highly qualified professionals such as physicians are transferred to health professionals with a different or lower level of education or to people trained to perform limited task, without having a formal health education (WMA, 2009). Task shifting has succeeded in countries such as Mozambique and Malawi, where Clinical Officers perform surgical operations, (Nabudere *et al.*, 2010). In Uganda, task shifting has been employed in administration of antiretroviral therapy, where nurses are now offering services which were formerly for medical officers because of scarcity of the latter. The services range from clinical staging of patients with HIV and determination of eligibility for antiretroviral treatment to treatment of opportunistic infections like herpes zoster, oral thrush and diarrhea in people with HIV/AIDS (WHO, 2007)

Task shifting, if carefully managed, can enhance the quality of nursing care. Delegating some nursing roles to Nursing Assistants enables the more qualified nurses to concentrate on tasks requiring specialised skills and gives them time to supervise, mentor and train the lower cadres. Task shifting can reduce stress that results from heavy workload which in turn can improve health workers' motivation to offer quality health care. Moreover, task shifting can increase the number of health service providers who are usually scarce thereby also reducing costs since it involves utilising personnel that are cheaper to pay (WHO, 2007). A study commissioned by the WHO on Task Shifting observed that task shifting yields better outcomes where health workers are offered sustained and supportive supervision within the structure and functions of the health team (WHO, 2008).

In Uganda, Nabudele *et al.* (2010) established that task shifting was introduced as a pragmatic response to health worker shortages. However, it lacked a clear policy, planning, monitoring and evaluation. Partly for this reason and for fear of being undermined (professional protectionism), some professions were opposed to task shifting. Never the less, their study recommended expansion of task shifting to both Community Health Workers and Nursing Assistants as policy options to increase the time available for Doctors and Nurses to concentrate on providing care which requires more training.

Nursing Assistants, through task shifting, have been able to undertake several roles. They are essential members of the healthcare team and are supposed to work under the supervision of registered nurses or other healthcare professionals. Regardless of whether this supervision has been given, the Nursing Assistants have been trained to perform multiple roles, which include the following:

Basic Patient Care: Nursing Assistants have been providing basic care to patients, including assistance with activities of patients' daily living such as bathing, dressing, feeding, and mobility support. They ensure that patients' physical needs are met to promote comfort and well-being.

Vital Sign Monitoring: Nursing Assistants have been trained to measure and record vital signs of patients, such as weight, blood pressure, heart rate, respiratory rate, and temperature. These measurements are essential for monitoring patients' health status and detecting any changes or abnormalities for timely intervention.

Hygiene and Infection Control: Nursing Assistants are helping to maintain a clean and safe environment for patients in the health facilities. They ensure infection prevention measures are followed, which include hand hygiene, proper disposal of medical waste, dusting and adherence to standard precautions.

Support during Procedures: Nursing Assistants have been trained to assist healthcare professionals during various medical procedures by providing necessary support that includes preparing equipment and supplies. They clean and sterilise medical instruments such as kidney dishes, mouth gags and forceps, prepare swabs, clean bed pans and help as running nurses.

Patient Observations: Nursing Assistants observe patients undergoing treatment and report changes in patients' condition to the more qualified nursing staff. They therefore help to identify any signs of discomfort, pain, or unusual symptoms that may require immediate attention.

Mobility Assistance: Nursing Assistants help patients with mobility challenges to do physical walking exercise and reposition safely to prevent pressure sores and improve blood circulation.

Record Keeping: Nursing Assistants help in maintaining accurate and up-to-date records of patient care, including observations, vital signs, and activities performed during their shift especially in lower level facilities where there are inadequate records staff.

Emotional Support: Nursing Assistants are near the patients to provide emotional support through counselling and compassionate presence thereby helping to reduce anxiety and stress associated with illness and hospitalization.

Assistance with Medication: In some cases, Nursing Assistants do assist patients with the administration of medications under the supervision of registered nurses or other authorised healthcare providers. They supply contraceptives, antiretroviral medicine, vitamin A supplementation in children, administer vaccines and participate in diarrhea management with oral rehydration therapy plus zinc (Nabudere et al., 2010).

It is essential to note that Nursing Assistants in Uganda are executing the above activities outside their formal job descriptions but under task-shifting arrangements. Indeed, some of them are not prepared well enough to execute these tasks excellently. Indeed, some studies have queried the quality of care the Nursing Assistants are providing (Nabudere et al., 2010). But it is equally true that some Nursing Assistants are doing a great job within the tasks that they were trained to perform especially when working under supervision. Arguably, where better-qualified personnel are affordable, they perform a better job. In California, Franks et al, (2002) found out that there was a strong association between registered nurses and better patient outcomes. To perform a great job, Nursing Assistants need to restrict their work to specific tasks in line with their training and job description. They should work under the supervision of licensed healthcare professionals since their main role is to complement the work of more qualified nurses and other healthcare providers. This means the system needs to ensure that they are always under the supervision of more qualified health professionals.

Global perspectives of the roles of Nursing Assistants

It should be noted that Nursing Assistants exist in several countries including very developed health care systems such as the United Kingdom and the US. The UK abolished the Enrolled Nurses but retained Nursing Assistants who either study short courses or undergo apprenticeship training (see <https://www.healthcareers.nhs.uk/explore-roles/healthcare-support-worker/roles-healthcare-support-worker/healthcare-assistant>). However, they are given several names including but not limited to Certified Nursing Assistants, Patient Care Assistants, Birth Assistants and Psychiatric Aides. They are given basic training of hands on experience starting within the classroom or laboratory for a minimum of 80 hours, and later a minimum of 40 hours on clinical work in order to impart knowledge and skills to enable them work in a variety of health care centres (College of Dupage: see

<https://catalog.cod.edu/programs-study/nursing-assistant/certified-nursing-assistant-cna-certificate/>). When compared to the Nursing Assistants in Uganda, the three months training provided by the AMREF was in addition to six months hand-on training in health facilities, an overall training period that is longer than the aforesaid hours in the western countries.

Globally, the Nursing Assistants receive training in areas that include acute care, long term care, assisted living, home care, rehabilitation, knowledge on regulatory agencies and professional guidelines on delegation, rights of patients, time management, stress management techniques and concepts of ethical and legal behavior, care of patients with common mental problems which include: anxiety, depression, affective disorders, schizophrenia, substance abuse, eating disorders and potential for self-harm (National University: [see](#).

In addition, Certified Nursing Assistants (CNAs) are taught basic communication concepts; training in how to maintain a safe environment for the residents which include; ensuring safety, risk management, accident and incident reporting, infection control procedures, fire plan, evacuation plan for the residents in case of fire outbreak (College of Dupage, *op cit*).

Also CNAs are given basic nutrition training, personal care, measuring vital signs such as temperature, pulse, respiratory rate, blood pressure, and offering comfort to patients. Moreover, CNA also are trained to assist with diagnostic tests; specimen collection, testing specimens like dipstick and strain urine plus documentation of information (College of Dupage, *ibid*).

Depending on where they are meant to work, the CAN may be trained to identify mental health and social services needs of patients and clients, common causes of stress related to age, signs and symptoms of stress, common injuries in health facilities; sharp objects injuries and skin tears, bruises, falls and their management, how to provide basic emergency care, give pre-operative care, assist in admissions, transfer and discharge of patients (College of Dupage, *ibid*).

Study Aim:

The paper provides a historical basis for introducing the Nursing Assistants in Uganda arguing that the situation has not changed. It interrogates the arguments advanced for abolishing this cadre of health workers and examines the implications of this decision for health care delivery under the current circumstances.

Methods:

This paper used a document review method to achieve the study objectives

Discussion:

Positive implications

Because of their low level of training, which implies low levels of knowledge, skills, and competencies, there are some positive implications of phasing out the Nursing Assistants. These implications are based on the assumption that the health system is equipped with better-trained cadres to immediately fill the gap and that there is money to manage both the retirement benefits of the Nursing Assistants as well as pay the cadres that replace them. Assuming this were so, the benefits of abolishing Nursing Assistants would include:

- i) Improvements in quality of patient care if the Nursing Assistants get replaced with more qualified Nurses and Midwives;

- ii) Better and more rational use of medicines since more qualified health professionals are better equipped to prescribe medicines and advice patients on administration than Nursing Assistants who are sometimes forced to manage patients alone;
- iii) There will be increased employment opportunities for the qualified health workers who currently are not absorbed especially those who have failed to secure employment in the Public Service.

Negative implications

It appears, however, that the Government of Uganda neither has funds to pay the separation costs of phasing out the Nursing Assistants (e.g. gratuity) nor the salaries of better training cadres to replace them. Overall staffing level is at 74% and universal health coverage achieved to only 33.3% (MoH, 2024). Majority of the available health workers work from cities and towns leaving rural health facilities starved of key health personnel. This explains why the process of phasing Nursing Assistants out has been protracted for about ten years without success. In the current state of things, the implications of abolishing Nursing Assistants would be mainly negative as shown below:

- i) The quality of health service will be negatively impacted. Since Nursing Assistants have been occupying the gap created by shortage of qualified health workers, their abolition could create heavy workload that might result into patient neglect and poor quality of care resulting from burn-out and work fatigue.
- ii) The abolition will pause higher costs of health care provision to both the Government and the private-not-for-profit facilities because Nursing Assistants are easier to pay and retain than the more qualified cadres. Therefore, they are undoubtedly a more cost-effective choice for tasks that do not require the advanced clinical skills and decision-making abilities of nurses. This cost savings can be significant, especially for healthcare facilities with budget constraints.
- iii) The phasing out of Nursing Assistants will bring a financial burden to Government, which will have to pay retirement benefits since they are pensionable staff. The private-not-for-profit health facilities will suffer paying service gratuity as well as replacing the cheaper Nursing Assistants with more expensive and hard-to-find qualified staff.
- iv) Abolition of Nursing Assistants will cause shortage of care providers as they tend to be more patient-centered since they can devote more time to personal interactions with patients than the more qualified cadres, most of who engage in private practice around or in distant areas. Nursing Assistants help with activities of daily living, offer emotional support, and create a nurturing and comfortable environment. This patient-centered approach contributes to improved patient satisfaction and well-being.
- v) Last but not the least, abolishing the Nursing Assistants will reduce the number of staff known for quicker response. They are known to be readily available to respond to patient needs, such as assisting with toileting, repositioning, and ambulation. Their presence on the floor can lead to faster response times for routine tasks, which can enhance patient comfort and reduce the risk of complications. Moreover, the Nursing Assistants can be a valuable resource for filling staffing gaps or providing extra support during peak periods, such as shift changes,

mealtimes, or high patient census. Their flexibility can help healthcare facilities adapt to varying patient needs.

Whereas Nursing Assistants offer various advantages, it's important to acknowledge that they have limitations in terms of their scope of practice and cannot perform tasks reserved for licensed nurses. Any deployment decisions should align with the specific needs and regulations of the healthcare facility and prioritize patient safety and quality of care. Ultimately, any decision to phase out nursing assistants from the existing healthcare professionals in Uganda should be carefully considered, taking into account the country's specific healthcare needs, workforce dynamics, and available resources. A comprehensive workforce planning strategy should be in place to ensure that patient care remains of high quality and accessible throughout the transition process. Additionally, exploring options to enhance the training and capacity of nursing assistants or providing pathways for their professional growth could be viable alternatives to outright phasing them out.

Conclusion

It should be clear to everyone of a sound mind that any employee who is told to work while keeping the luggage packed, ready for exit, is not a motivated employee. The quality of work performed by such employees can only diminish as they are no longer investing in the job. That is the current situation of the Nursing Assistants in Uganda. The Ministry of Public Service should write to withdraw the circular that announced abolition of the Nursing Assistants as a matter of urgency. It is now clear that they can only be slowly phased out by letting them reach retirement without recruiting new ones. Abolishing them at once has failed and is not even reasonable. In the current circumstances, the system is keeping and paying workers who are unsettled, unhappy and looking elsewhere. There is need for Government to examine its financial ability to replace the Nursing Assistants with more qualified cadres who need more resources as they will be paid higher salaries. In a situation of limited resources juxtaposed with dwindling budgets, it might be wise to consider retaining Nursing Assistants and repurposing them to become Certified Nursing Assistants (CNAs) and Community Health Extension Workers (CHEWs) given their higher propensity to work in rural areas and provide mental patient care, when compared to the more educated nursing cadres.

Competing Interests

The author declares that there are no conflicts of interest related to this study.

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