

THE DANISH EMERGENCY RELIEF FUND

INTERVENTION APPLICATION FORM: COVID19 ON WATCH COUNTRIES

TITLE: COVID-19 AND NURSES AND MIDWIVES IN UGANDA.

Has your organization prequalified for DERF funding?

☒ Yes: reference no.: 18-418-OC
Financial ceiling: Above DKK 1 mio.
☐ No – if no, an OCA application must be submitted together

Do you plan to submit more than two applications under this call?

Applicants who intend to submit more than two applications in total for COVID19 funding under the currently open Calls must submit all applications at the same time.

✓ Yes. If yes, how many: 5

1. The humanitarian intervention

• **What is the overall purpose, including the objectives, activities, expected results and indicators?**

The overall purpose of this intervention is to consolidate and strengthen the organisational and operational COVID-19 response of the Ugandan trade union movement through National Organisation of Trade Unions (NOTU) and Uganda Nurses and Midwives Union (UNMU) as frontline workers in the current COVID-19 pandemic.

2020 is designated as “The Year of the Nurse” to celebrate nurses’ achievements and contributions to improving health care services. In Uganda, these achievements include a gradual increase in the number and quality of nurses and midwives serving local communities. However, 2020 coincided with the appearance of SARS-COV2 (COVID-19), putting more and more nurses and other health professionals under pressure and high risk of morbidity and mortality. Nurses represent the vast majority of health care workers and are on the frontlines of this threat. There is an acute need for time-critical action to sensitise and educate nurses and midwives about the COVID-19 virus, prevent spread among health care workers, patients, and the community and to boost national infrastructures to accommodate COVID-patient surges.

Uganda Nurses and Midwives Union (UNMU) is the government-recognised representative for nurses and midwives in Uganda. UNMU is a combined professional and labour organisation with over 10,000 members. A central comparative advantage of UNMU is its local branches (and professional committees) in the 7 regions that service its health care members country-wide. UNMU is tasked with equipping nurses and midwives with skills and competencies needed to face current and emerging health issues, advocating for nursing and midwifery quality of care, and improving the health of the citizens of Uganda. UNMU plays a central role during this COVID-19 crisis, ensuring that its nurses and midwives are adequately educated and have a safe working environment with clear guidelines, correct evidence-based information, and sufficient Personal Protection Equipment (PPE). UNMU works closely with the Ministry of Health in Uganda on this endeavour.

UNMU is an affiliated union to the National Organisation of Trade Unions (NOTU) that represents over 900,000 members in Ugandan labour market. The DTDA has supported NOTU and its affiliated unions since 2007 (see also below). The objectives of this action are four-fold:

Objectives:

- a. Provide evidence-based sensitisation and training about COVID-19 and CHS on quality and accountability to nurses and midwives.

- b. Establish a mentorship program for health care workers with local support groups that provide professional and psycho-social support to frontline nurses and midwives working directly with COVID-19 patients.
- c. Conduct community sensitisation by local health care workers with evidence-based information about COVID-19, targeting vulnerable segments in local communities.
- d. Provide PPE to health care workers in rural and hotspot areas.

Planned activities:

- a. 20 sensitisation and information events with evidence-based sensitisation and training about COVID-19 and CHS for nurses and midwives.
- b. Recruitment of 20 senior nurses as mentors, tasked to form local support groups for nurses and midwives working in environments impacted by the COVID-19 crisis.
- c. Produce and broadcast ten radio and TV events hosted by nurses or midwives to provide evidence-based information about COVID-19 from a public health care standpoint – preventive response and health promotive behaviour. Vulnerable segments of local communities will be targeted, as well as health care workers.
- d. Procurement and distribution of medical face masks/PPE to health care workers in rural and hotspot areas to decrease the virus spread and infection of health care workers.

Expected results:

- a. 600 nurses and nurse-midwives are familiar with evidence-based sensitisation related to the COVID-19 pandemic and CHS. Each of these 600 nurses and midwives have, on average, shared information about COVID-19 with five colleagues (a total of 3,000 colleagues) and ten family members (a total of 6,000 family members).
- b. Twenty local support groups are established by 20 senior nurse mentors for health care colleagues in their places of employment. Each support group will, on average, have ten members (a total of 200 health care workers reached). Local support groups will provide psycho-social counselling and support to its members.
- c. Ten radio and TV broadcasts with evidence-based information about COVID-19 (provided by nurses or midwives) will, on average, reach 10 – 15,000 community members during each broadcast. The target groups for these broadcasts will be vulnerable segments of the local population and health care workers (total numbers estimated at 125,000 people).
- d. Face masks, and other PPE are available at 40 hospitals or local health care centres in rural or hotspot areas. Quantities of deliverables are dependent on market prices.
- e. 3,000 nurses and midwives are informed and better protected from COVID-19. This will not only improve their own livelihood but also affect the care of the thousands of patients they attend.

Indicators:

- a. Signed participant lists are collected for each sensitisation event where smaller groups can physically gather (in line with social distancing guidelines). In the event of sensitisation being done virtually, the number of participants joining in on each session will be recorded. A participant survey (by telephone) of at least 5% of total participants (sample size≈30) will be conducted 3-months post-event to determine how many colleagues and family members have received information.

- b. A roster is kept at UNMU national headquarters of senior nurse mentors that have established local support groups. These mentors will report to UNMU national headquarters on the number and type of activities carried out by their support groups (incl. complaints).
- c. Radio and TV broadcasts are recorded (viewer/listener data will be sourced if available).
- d. Face masks, and other PPE are procured and distributed to 40 hospitals or local health care centres in rural or hotspot areas. Distribution reports listing types and quantities provided and names of recipient institutions will be collected.
- e. Qualitative interviews confirm if there is an effect (magnitude to be determined later).

• **How does your selected response consider the specific context within which you plan to implement an intervention etc.?**

The CHS' are a natural strategic foundation for the intervention. Nurses and midwives represent 70% of health care workers in the health care sector. As frontline workers facing the COVID-19 pandemic, they are relevant and appropriate (CHS 1) primary beneficiaries of this intervention. During previous pandemics, nurses and midwives were often ill-equipped to tackle challenges, both in terms of up-dated scientific knowledge and adequate preparedness levels – contingency plans, logistics, procedures, supplies, protocol for disease controls etc. Lessons learned are that UNMU needs to boost the health care infrastructure through training/awareness raising to ensure an effective and timely response (CHS2). UNMU is a democratic organisation elected by and representing nurses and midwives. NOTU and UNMU are guided by democratic constitutions and regular elections of leaders/treasurer every 4th year to ensure they manage and use external and internal resources in effective, efficient, and ethical manners. Reference is also made to DTDA policies on anti-corruption, whistle-blower, sexual harassment, staff security and safety (CHS9).

This intervention directly addresses the following GHRP strategic priorities:

- Strategic Priority 1: Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality

Related to Specific Objective 1.1 - Prepare and be ready:

Sensitising nurses and midwives with evidence-based information, WASH as well as PPE will prepare them to contain the spread of the virus at their workplaces and in their local communities. Nurses and midwives are regarded with trust and authority. They provide guidance and information to reduce infections, morbidity and mortality, both at workplaces and to vulnerable segments in their local communities.

Related to Specific Objective 1.3 - Prevent, suppress and interrupt transmission:

This intervention will assist local nurses and midwives in preventing, suppress and interrupt virus transmission to reduce the burden on health-care facilities.

Related to Specific Objective 1.4 - Provide safe and effective clinical care:

Sensitisation and training, coupled with the provision of PPE, will increase safety and effective clinical care at the workplace. There is need for updated scientific information on prevention strategies, risk reduction, protocols for disease control, current and potential hotspot areas etc.

Related to Specific Objective 1.6 - Ensure essential health services and systems:

This intervention will ensure that essential health services and systems are strengthened, providing continuity in the pandemic response. Local support groups for health care workers will provide mental health and psycho-social support services that can mitigate issues of stigmatisation and emotional trauma.

- Strategic Priority 2: Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods

Related to Specific Objective 2.2 - Ensure continuity and safety from risks of infection of essential services:

This intervention will aid in maintaining continuity and safety from risks of infection of essential services including sensitising nurses and midwives with proper scientific information about the virus to help support

awareness raising activities in reproductive health, mental health care and psycho-social support, gender-based violence services (partly using radio/TV awareness raising).

- **How the anticipated crisis is mitigated and/or how potential protection risks of particularly vulnerable people will be reduced etc.**

The crisis will be mitigated through a more informed and equipped health care workforce on the frontline. Infection risks among nurses and midwives will be reduced. Nurses will be better equipped to treat COVID19 patients and effective care for patients with other conditions/diseases. Public information events will assist in reducing risk to vulnerable segments such as the elderly, informal economy workers etc.

UNMU has a countrywide network of nurses and midwives that it can draw on to ensure that project activities targeting nurses and midwives and the general public are carried out in a timely and effective manner, even in remote rural areas. UNMU services its country-wide network of members such as nurses and midwives who enjoy a central mandate locally - together with doctors – to identify the most needed target groups with high infection risks.

NOTU (and UNMU) has established administrative and financial routines and has an established track record of project collaboration with national organisations and international donors such as DTDA. A separate bank account will be established for project funds. The UNMU National Executive Committee will regularly collect updated progress reports from local chapters (branches).

- **How you will start your activities within seven days of the Danish CSO receiving the first transfer?**

Once the funds are received from DERF, the funds will be released through the DTDA standard procedures and the funds will arrive in 2-3 working days. UNMU and the national partner NOTU, of which UNMU is an affiliate, will work closely with its collaborating Danish partner, DTDA (Ulandssekretariatet). Subject to approval, UNMU will be able to start planning activities immediately by engaging with UNMU members, health care centres, and local nurse chapters. In this way, activities can start as soon as funds are received.

** correct the number if the same persons are listed in more than one activity. Each person only counts once.*

Planned target population (direct target group only)							
Type of Activity	Female (by age)			Male (by age)			Total
	Under 18	Between 18-50	Over 50	Under 18	Between 18-50	Over 50	
Sensitisation and training events – participants	0	300	200	0	100	0	600
Sensitisation and training events – colleagues of participants	0	1500	1000	0	500	0	3,000
Sensitization and training events – family members of participants	500	2000	500	500	2000	500	6,000
Support groups – senior nurse mentors	0	15	5	0	0	0	20
Support groups - members	0	100	50	0	50	0	200
Media events – radio/TV	0	50000	12500	0	50000	12500	125,000
Total vulnerable persons:	500	53,915	14,255	500	52,650	13,000	134,820
Total adjusted for double-counting*:	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

- **How do you calculate the number of people who shall be assisted through the various activities?**

UNMU calculates the number of individuals reached – nurses, colleagues, family members, community members – based on experience from previous projects (regardless of union membership or not). Currently, Uganda is preparing for the surge in COVID-19 patients needing acute and intensive care in hospitals as cases continue to climb. Numbers of patients needing care are under-reported and un-certain.

- **Which particularly vulnerable groups are you specifically targeting amongst the crisis affected population?**

Nurses, midwives and other health care workers are vulnerable target groups operating in hot spot COVID-19 areas under significant stress due to the lack of safe working environment. Similarly, they target vulnerable segments of the population, i.e. COVID-19 patients, the elderly, reproductive health, and mental health segments of the local population.

- **Source of goods: Briefly explain how you plan to source your goods and tick the boxes that apply.**

☒ In country / local. Goods will be sourced locally.

- **Does the intervention include cash-based programming?**

☒ No

- **Financial localisation of the intervention**

% of DERF intervention funding spent by local or national partner CSO from the intervention budget: 73%

% Funding spent on activities & goods for crisis affected persons from intervention budget: 60 %

2. The implementing organisation

- **What is the capacity, experience and expertise of the proposed partner organisation(s) (CHS 8)?**

Uganda Nurses and Midwives Union (UNMU) has a decades-long organisational history. It is formally recognised by the Ugandan government as the official national organisation representing nurses and midwives in Uganda. UNMU has over 10,000 members countrywide and is the owner of a land title and 3-story building, housing its national headquarters, close to Mulago Referral Hospital, Kampala. UNMU also owns office space in Entebbe. UNMU has a countrywide network of members with local chapters that can be utilised during project implementation. UNMU has extensive experience working with the Uganda Ministry of Health and health care authorities at regional and local levels. Also, UNMU is competent in handling pandemics such as HIV/AIDS and Ebola. UNMU has close contact with its nurse/midwife members through their organisational structures in the 7 regions of Uganda. These local nurse chapters reach out to vulnerable segments of the population through their work at local health-care centres and via media.

- **Is the Danish CSO proposing to self-implement?**

☒ **No** (the practical implementation will be done by UNMU/NOTU).

- **Partnership:**

Since 2007, DTDA has had a local partnership agreement with the Ugandan trade union movement through a partnership with NOTU and its affiliated unions such as UNMU. Main features have been to build capacity of the affiliated unions in decent work and employment, informal economy and training of local shop stewards both from the private and public sectors in social dialogue with local authorities in city/municipality councils. Here, this action complements with the dialogue that UNMU and its members need to have with the local authorities (public employers) and public health care facilities in fighting COVID.

This application is based on a formal application developed by UNMU/NOTU and submitted to DTDA in April 2020.

Roles and responsibilities of all parties are defined in the contractual agreement between DTDA and the local partners NOTU/UNMU who has the executing responsibilities for all activities being implemented correctly and in time. DTDA has the responsibility towards CISU in accordance with this agreement (and in line with procedures laid down in Strategic Partner Agreement with DANIDA). Partnership meetings (digital) will be held between UNMU/NOTU and the DTDA sub-regional office in Arusha, Tanzania who is responsible for

monitoring and providing technical assistance to UNMU and NOTU as well as ensuring proper financial procedures, due diligence and complaint mechanisms.

3. Local strengthening

- **How does the intervention strengthen local capacities and avoid negative effects (CHS 3)?**

This intervention will enable and empower frontline nurses and midwives in local target areas to suppress transmission of the COVID-19 virus more effectively among health care workers and in vulnerable segments of the local community. Through its country-wide network, UNMU is well-positioned to strengthen the local capacities local health care centres with preventive and health promotive activities. By providing nurses/midwives with evidence-based scientific information and PPE, UNMU will contribute to prevent – and avoid - the negative impact of the virus and thus improve the resilience of local communities generally.

- **How are the local actors including the target group informed and involved (CHS 4)?**

During regular needs consultations between UNMU and its member corps, nurses and midwives have underlined the need for access to more safe local health care centres through COVID-19 information, protective equipment etc. UNMU have held regular participatory meetings and workshops with its members to strengthen them in their communication with – and feedback to - local communities, patients and citizens affected by COVID-19 pandemic. UNMU will, upon initiation of project activities, select target groups and have regular consultations with them on their needs and concerns. This will also involve contact with nurses and midwives countrywide, also contact with national and local health care authorities.

- **How have you applied a no regret approach ensuring that the intervention will be beneficial for the target group in the unexpected event that the anticipated crisis in the “on watch country” does not arise?**

This intervention aims to provide nurses and midwives in target areas with sensitisation and training related to the COVID-19 virus – particularly in short-term acute response to an anticipated immediate threat by a virus like COVID-19. Frontline staff such as nurses and midwives are generally the first ones to pick up early warnings of a virus threat on a no-regret basis and thereafter provide recommendations to mitigate or prevent an anticipated impact. But the intervention also provides a middle- to long-term response in the event of future second and third waves of transmission to the benefit of the community future resilience. UNMU produce regular back-ward and forward-looking analysis of the development of COVID-19 pandemic on the basis of feedback from its members in the local health care centres to announce early-warning signals indicating a potential accelerating COVID-19 pandemic.

Media events will target vulnerable segments of the local community, especially the elderly providing valuable public health messages presented by trusted health care workers. Regardless of the outcome as to COVID-19 virus spread, this will be a valuable intervention that will provide continuing education to UNMU members as well as generate interest for health promotion in local communities and among vulnerable population segments. In the unexpected event that the anticipated COVID-19 crisis does not arise, the intervention will nevertheless improve the general awareness and knowledge about pandemics in Uganda and potentially save lives and protect livelihoods from otherwise immediate shocks and potentially collapsing fragile public health care systems.

The above approach is founded on extensive knowledge about the context-specific situation in Uganda after years of partnership between DTDA and the Ugandan trade union movement through NOTU (and UMNU). Through the DTDA sub-regional office in Tanzania, forecasts and thorough situation analysis are conducted before and during interventions like this. This allows DTDA to be updated, to closely monitor and to rapidly act and react to crisis situations and developmental changes in a timely and efficient manner, thereby minimizing the risk of on-regret.

4. M&E, LEARNING AND ACCOUNTABILITY

- **How are risk management systems applied in the appropriate context?**

Local health care centres have established procedures for risk management and mitigation. UNMU and NOTU, as national organisations have the well-being of its nurse/midwife members as a foremost responsibility, also in the setting of this ongoing pandemic. Previous pandemics uncovered gaps in service delivery and crisis response by local and national health care authorities. The risk management system of this action will be applied by DTDA, NOTU and UNMU jointly, but UNMU will conduct risk assessments regularly and particularly work closely with local government to reduce risks, close gaps and to provide information and some PPE equipment to health care workers as a supplement to government preparedness and response efforts. To illustrate, the below risk management system indicates how to mitigate the highest risks:

1. **Risk:** Current travel restrictions may be further imposed by national and local authorities. **Mitigation:** NOTU and UNMU exchange information and coordinate with relevant authorities, community leaders, local trade union chapters to keep abreast on logistic challenges in relation to reach the targeted beneficiaries.
2. **Risk:** Looting and distribution of PPE: **Mitigation:** NOTU and UNMU collaborate with local authorities to ensure safety and security during operations, delegate responsibilities to local community and involve local trade union activists from UNMU and other relevant affiliated NOTU unions with their vast knowledge about the local areas and beneficiaries.
3. **Risk:** Safety of implementing trade union activists. **Mitigation:** UNMU ensures that implementing trade union activists have access to appropriate personal protection and ensure that trade union activists with solid knowledge about locale conditions are involved in the implementation.
4. **Risk:** Exclusion of non-trade union members. **Mitigation:** UNMU conducts information meetings with all trade union activists involved in the implementation to ensure that non-members of trade unions will also benefit from the support. UNMU carries out information campaigns in the targeted areas to ensure that all beneficiaries are aware about the possibility for support.

- **How do the implementing partners apply monitoring, feedback, and accountability systems (CHS 5), including a complaint mechanism that works in the specific context?**

From the outset, UNMU, NOTU and DTDA will use an already established system for monitoring and evaluation of project activities (as per contractual arrangement between DTDA, UNMU and NOTU)¹ with regular reporting and monitoring by UNMU and NOTU and DTDA. They will be supported by the DTDA monitoring and evaluation department in HQ in Denmark and the sub-regional DTDA office in Tanzania where qualitative and quantitative data will be collected and analysed as part of the monitoring system of DTDA prior to reporting to CISU. DTDA – in consultation with UNMU and NOTU – will ensure that data is accurate, adequate and accountable. Monitoring and feedback will firstly take place locally, where feedback from beneficiaries to UNMU will be ensured through consultation with actors such as public health care facilities, local authorities and nurses and midwives. At national level, UNMU/NOTU and DTDA will hold regular partner meetings and field visits (with face-time in case of travel restrictions) and monthly progress reporting.

The monitoring system is based on the listed indicators as formulated above. UNMU and NOTU report back to DTDA sub-regional office in Tanzania directly through photo documentation, short narrative reports and lists of complaints on monthly basis, which will feed into DTDA monitoring of results and progress of the intervention. Spot-checks of training and receipt of PPEs will be conducted through a participant survey of nurses/midwives.

As a DTDA presence is not possible during this action due to international and local travel restrictions, the complaint and accountability mechanism will be handled by UNMU and NOTU as first port of call. Complaints and concerns from local communities and stakeholders on non-compliance or misconduct by UNMU staff and members (verbally or in writing to UNMU focal points) will be addressed to UNMU local leaders and preferably handled within 2 weeks – serious complaints are escalated to higher levels of national leaders of UNMU and NOTU (phone numbers and email addresses will be public in case of complaints on distribution of PPE). Such compliance and due diligence system will keep the regional leadership accountable and

¹ See DTDA General guidelines, January 2019 (Chapter 6).

responsible towards beneficiaries and subsequently DTDA and CISU. The sub-regional office of DTDA in Tanzania will case-handle complaints in liaison with UNMU leadership.

- **How will learning and reflection be applied in terms of improving humanitarian action-CHS 7**

UNMU aims to use this initial project as a springboard to further action aimed at suppressing the immediate-short- to middle-term COVID-19 threat. At present, the country is in emergency mode, gradually coming out of national lockdown. Historical epidemiological data indicate that we can expect a second and third wave of virus transmission. Indeed, there is evidence that the presence of COVID-19 can become a permanent event/threat. In such an event, this project will provide a starting point for sensitisation and education of nurses and midwives as to how best to tackle this threat in future scenarios.

An end-of-project report with reflection and evaluation on successes and challenges will be prepared. Achievements and lessons learned on COVID-19 will be assessed and included into the on-going SPA collaboration after 2021 subject to approval by NOTU and its affiliated unions.

5. Coordination

- **Is the implementing organisation(s) involved in a coordination mechanism?**

Yes, sectorally the national leadership of UNMU collaborates with the Ministry of Health and - together with other NGOs – advises the minister how to enhance sanitary, WASH and hygiene practices in health-care facilities. However, on a national level, UNMU feeds its achievements and recommendations to the national confederation NOTU who is representing UNMU (and other affiliated unions) at the national task force on COVID-19 chaired by the prime minister of Uganda. Parallel, UNMU advises NOTU in its coordination with the Ministry of Labour and the employers' organisation Federation of Ugandan Employers (FUE) to ensure an appropriate response to the COVID-19 pandemic in the world of work in Uganda. Here, government, employers and workers seek to minimise the effects of the COVID virus on Ugandan businesses, access to public health services, and to mitigate the COVID-19 consequences for workers' and their family members' livelihood.

- **How does the intervention contribute towards coordination and complementarity of humanitarian assistance (CHS 6)?**

This action will strengthen UNMU capacity in its consultations with relevant stakeholders to enhance the coordinated response to the COVID-19 threat. This involves consultation and collaboration with Ministry of Public Health, health care authorities and facilities and relevant local CBO's (community-based organisations) and other interest groups representing vulnerable segments of the population, particularly the elderly and within reproductive and mental health. In addition, UNMU feeds into NOTU coordination with employers' organisation FUE and ministry of labour who all enjoy constitutional seats in bi- and tripartite labour boards and parliamentary and ministerial committees where government, workers and employers organisations coordinate deliberate on joint positions on how to mitigate the socio-economic and health consequences of the COVID-19 pandemic.

At local levels, the humanitarian assistance provided by the trade union movement – through UNMU locally - is highly complementary with the work of local authorities and health-care facilities/hospitals, companies and humanitarian organisations that all work jointly to ensure access to safe and healthy environment for COVID-19 (potentially) infected or affected citizens. In this manner, UNMU is applying a multi-level approach to coordination all interventions with a view to avoid duplication.