



THE REPUBLIC OF UGANDA

## HEALTH SERVICE COMMISSION



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## CLIENTS' CHARTER

**FYs 2013/14 - 2016/17**



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**HEALTH SERVICE COMMISSION**

# **CLIENTS' CHARTER**

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## FOREWORD


The Health Service Commission Client Charter is a tool geared at enhancing accountability to clients and stakeholders, and facilitating clients and citizens to access information regarding the service standards and commitment of the Health Service Commission to its clientele. This is in recognition that client orientation is one of the important tenets of good governance and hence the need for the HSC to move in that direction.

The main objectives of our Client Charter are to:

1. Inform the clients about the services of the HSC, coverage, service quality, efficiency and effectiveness and its commitment; rights and obligations of the clients, and provide an accountability framework.
2. Enhance transparency in the Public Service.
3. Act as a tool for continuous performance improvement through addressing service delivery challenges and periodic revision of the Charter.

The Health Service Commission is committed to building a strong and competent Human Resource base of Health Workers for effective and efficient Health Service Delivery for our Country. This Client Charter is therefore, a very important management tool in the realization of this cardinal objective.

I therefore call upon all Staff and our stakeholders to support the implementation of our Charter by effectively playing their respective roles.

  
.....  
Prof. Pius Okong  
**Chairperson**  
**Health Service Commission**



## **LAMBLE**

principal objective of any client charter is to provide and monitor the quantity and quality of services and/or goods to its clients from the client perspective. The charter is about securing feedback on the clients' satisfaction with the services and/ products and to continuously improve service delivery

It could be appreciated that the bulk of the primary clients of the Health Service Commission are individual Health Professionals who directly interact with the Commission especially during the recruitment and selection process. These Professionals are part and parcel of the wider external labour market. Dealing with the clients and the labour market as a whole, requires appropriate client focus given the fragile, sensitivity and competitive nature of the market. Furthermore, decisions of the Commission have far reaching consequences and impact on health service delivery since they affect the most valued assets in the Sector; Human Resource for Health who, directly provide health services to the population. The development and implementation of the HSC Client Charter is therefore, not only a Public Service Reform intervention but also a strategic step in the streamlining of the delivery of health services and ultimately contributing to quality health services for our people.

To ensure internalization, acceptability, ownership and easy implementation of the HSC Client Charter, the principle of active involvement and participation of the key actors was invoked. A Taskforce was formed and it conducted extensive and intensive consultation with both internal and external individual stakeholders under the full guidance of the Ministry of Health service. All Staff of the Commission were then involved in the development of the Draft. The Draft was subjected to the scrutiny of the Commission's primary clients and their inputs were accordingly incorporated. The ensuing Draft was presented to the full Commission for approval. I extend my gratitude to all those who have contributed to the development of this client Charter.

Implementation of the Charter, which takes place with effect from 1<sup>st</sup> July 2016, requires full cooperation of the Commission's clients both at institutional and individual levels and all stakeholders to co-operate with the Commission in realizing the objectives of this Charter.



Ibrahim Katuramu

Secretary

Health Service Commission

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## **1.0 INTRODUCTION**

The Government of Uganda has the responsibility of providing services to steer economic growth of the country and to promote the welfare of its citizens. Government institutionalized client charters as mechanisms for monitoring the quantity and quality of the services it provides and to obtain feedback from the citizens, regarding their level of satisfaction with the services that are provided.

The Health Service Commission as a government agency, is responsible for providing the right quantity and quality of Health Workers in the Central Government, and guiding the recruitment process of Health Workers in Local Governments. It is therefore, a key and strategic partner in the provision of one of the key national services to the people of Uganda; the health services. Health service provision is both high quality and labour extensive; therefore the implementation of the Client Charter will ensure that the HSC plays its rightful role as a specialized Service Commission by employing appropriate standards for prompt, efficient and effective service delivery.

### **1.1 Mandate of the Commission**

The Mandate of the Commission is provided under Article 170 of the Constitution of the Republic of Uganda and is to:

- 1.1.1 Advise the President in performing, in relation to the health service, his or her functions under Article 172 of the Constitution;
- 1.1.2 Have powers to appoint persons to hold or act in any office in the health service, including the power to confirm such appointments, to exercise disciplinary control over those persons and to remove them from office;
- 1.1.3 To review the terms and conditions of service, standing orders, training and qualifications of members of the health service and matters connected with their management and welfare and make recommendations on them to Government;
- 1.1.4 Perform such other functions as may be prescribed by the Constitution or any other law.

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## **VISION, MISSION, CORE VALUES AND STRATEGIC OBJECTIVES OF THE HEALTH SERVICE COMMISSION**

**Vision:** To see a fully resourced health workforce that is responsive, efficient and effective in Uganda's socio-economic transformation process

**Mission:** To build a fundamentally strong and competent human resource base for efficient and effective health service delivery.

**3 Core Values:** The Commission's internal and external performance is governed by a set of institutionalized Core Values namely;

### **3.1 Independence**

We shall ensure that the Commission is free from internal and external influence peddling, bribery or anything that might interfere with this independence.

### **3.2 Merit**

The Commission shall follow order of merit in recruiting and selecting candidates.

### **3.3 Integrity**

Integrity shall be the cornerstone of all HSC operations as this propels the Commission's sense of moral and ethical standards.

### **3.4 Confidentiality**

The Commission shall not divulge confidential information to unwarranted third parties or without the express permission from the source of the information or in accordance with law.

### **3.5 Teamwork**

Tasks shall be accomplished through teams and consultations with one another and other stakeholders.

### **1.2.3.6 Professionalism**

The Commission shall accomplish its Mandate and its day to day business with the highest professional standards.

### **1.2.3.7 Transparency and Accountability**

The Commission shall operate in an open environment; where in its dealings, programmes and use of resources from various sources, it shall ensure their full accountability and scrutiny by relevant stakeholders.

### **1.2.3.8 Loyalty**

The HSC shall build a high sense of commitment, trust and faithfulness among its Members of Staff and stakeholders in all its dealings.

## **1.2.4 Principles**

### **1.2.4.1 Expeditiousness**

The Commission shall be expeditious in handling of recruitment, appointment, confirmation, promotion, approval of study leave and disciplining of health professionals.

### **1.2.4.2 Promptness**

The Commission shall be prompt in handling all matters relating to human resource management

### **1.2.4.3 Fairness and justice**

The Commission shall be fair and just in all its decision making process.

### **1.2.4.4 Responsiveness**

The Commission shall ensure timely response to the needs of Stakeholders in a way that meets their expectations.

#### **4.5 Quality**

The Commission shall ensure the production and dissemination of high quality HSC decisions, recommendations and actions.

#### **4.6 Feedback**

The Commission shall provide feedback on any correspondence on any issue that is brought to its attention

#### **4.7 Consultation and collaboration**

The Commission shall consult and/or collaborate with the relevant stakeholders in order to promote quality and acceptability of its actions, decisions and recommendations.

#### **4.8 Respect for client views**

All views and constructive criticism of the Commission's clients shall be received and respected.

#### **4.9 Research**

All actions and decisions of the Commission shall be evidence based.

### **PRINCIPAL SERVICES/KEY RESULT AREAS**

Advice to the President on the appointment, confirmation, disciplinary control and removal from office of Health Workers at Head of Department level and above.

Appointment of quality and suitable Health Workers.

Taking decisions of HRH matters such as approval of study leave, confirmation in appointment and disciplinary control.  
Recruitment Guidelines in respect of Health Workers in Districts and Urban Authorities provided.

Support Supervision of DSCs, National and Regional Referral Hospitals and specialized Health Institutions provided.

- 2.6 Technical support provided to DSCs in the selection interviews for posts in Salary Scale U2 and above.
- 2.7 Advice to Government on Terms and Conditions of Service, training and qualifications of Health Workers.
- 2.8 Annual Performance Report submitted to Parliament and other Key Stakeholders.
- 2.9 Promotion of observance of Code of Conduct and Ethics for Health Workers.
- 2.10 Resources, tools and services provided.

### **3.0 COMMITMENTS AND STANDARDS**

#### **3.1 GENERAL STANDARDS**

We shall at all times adhere to and continually improve the standards of services indicated below:

- 3.1.1 Answer all telephone calls by the third ring.
- 3.1.2 Be courteous to all our clients.
- 3.1.3 Attend to all our clients within 30 minutes from the time of arrival at our respective service points.
- 3.1.4 Respond to all written correspondences within five working days of receipt.
- 3.1.5 Provide information on new policies, reports, publications and circulars through the Commission website.
- 3.1.6 Adhere to timelines set for reporting outputs/outcomes and communicate any divergence from these norms to the relevant authority within 7 working days on identification of the bottleneck.



**In addition we shall;**

- 3.1.7 Provide services free of charge.
- 3.1.8 Provide services in a conducive work environment.
- 3.1.9 Wear name tags and/or identity cards.

**KEY RESULT AREAS / OUTPUTS**

**Advice to the President on the appointment, confirmation, disciplinary control and removal from office of Health Workers at Head of Department level and above**

We shall:

Advise H.E the President on appointments or any other HRH issues with maximum transparency, accuracy, professionalism and such advice shall be timely.

Prepare and submit Instruments to H.E the President within seven (7) days upon the decision (s) of the Commission.

Forward signed and sealed Instruments to the Responsible Permanent Secretary within five (5) working days upon receipt of the Instruments.

**Appointment of quality and suitable Health Workers**

We shall:

Acknowledge receipt of the declared vacancies from the user department within 5 working days.

Advertise posts within two and half months from the date of receipt of submission.

At all times involve Technical Representatives in the selection process who will fully participate in shortlisting and interview exercises.

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- 4.2.4 Display Shortlists and disseminate interview programmes within 14 days from the date of approval.
- 4.2.5 Inform shortlisted candidate(s) of the full programme of interviews at least seven (7) days before he/she is expected to attend the interview, using the most convenient and quickest means of communication available
- 4.2.6 Other options notwithstanding, openly and competitively recruit Health Workers of all cadres, ranks and categories.
- 4.2.7 Fill vacancies (gaps) of the user Institutions/ Departments as and when declared in any FY provided the labour market appropriately responds.
- 4.2.8 Release error-free decisions (Minutes) on appointments and promotions within three (3) months after the interviews.
- 4.2.9 Disseminate HSC decisions (Minutes) within seven (7) days from date of approval.
- 4.2.10 Inform successful candidates within fourteen (14) days from the date of release of the minutes.

**4.3 Recruitment Guidelines in respect of Health Workers in Districts and Urban Authorities**

We shall:

- 4.3.1 Disseminate the Guidelines to all the principal stakeholders; that is, the DSCs, CAOs, LCV Chairpersons, Town Clerks and DHOs.
- 4.3.2 Attend to concerns of users and accommodate their recommendations for review of any aspect of the Guidelines as it may be deemed desirable following all due consultations.
- 4.3.3 Review the Guidelines every five (5) years.
- 4.3.4 Respond to any Government policy that may necessitate review of any or whole of the Guidelines.

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### **Taking decisions on HRH matters such as approval of study leave, confirmation in appointment, and disciplinary control**

We shall:

Acknowledge receipt of all submissions within five (5) days upon their receipt.

Produce and disseminate high quality HSC decisions on all recommendations submitted by user Departments.

Provide HSC decision (s) and/or feedback on any recommendation within one (1) month upon receipt.

### **Support Supervision of DSCs, National and Regional Referral Hospitals and Specialized Health Institutions provided**

We shall:

Each FY, cover all the scheduled DSCs and RRHs.

Notify Districts of the Support Supervision Visits programme thirty (30) days in advance.

Provide support instruments such as Recruitment Guidelines at every visit as it may apply.

Send issues arising from the Districts' quarterly reports 30 days in advance for discussion during the next Support Supervision Visit.

Respond to raised issues during the visits with accurate and informed advice.

Attend to urgent issues immediately on return from the visits and disseminate appropriate feedback within one (1) month.

Prepare and disseminate Support Supervision Reports to all visited DSCs and RRHs and share the same with other stakeholders within three (3) months.

4.5.8 Follow up issues presented in the Report and disseminate appropriate feedback.

4.5.9 Replenish the Guidelines to any DSC which requests for them within two (2) months.

### **4.6 Technical support provided to DSCs**

We shall:

4.6.1 Acknowledge receipt of the request for a Technical Representative within two working days.

4.6.2 Provide Technical Support to all DSCs during the selection interviews for posts at scale U2 and above.

4.6.3 Acknowledgement of receipt of all technical issues within seven (7) working days.

4.6.4 Give a feedback within thirty (30) working days.

4.6.5 Provide appropriate advice, feedback or response on all technical issues concerning HRH raised by any DSC within sixty (60) days on receipt.

4.6.6 Produce a report within thirty (30) working days.

### **4.7 Annual Performance Report to Parliament and other Reports**

We shall:

4.7.1 Submit to Parliament Reports that are comprehensive, factual, and informative.

4.7.2 Submit the Reports within the set timelines.

4.7.3 Submit a Report in respect of our performance of our functions, to Parliament and other Stakeholders by 30<sup>th</sup> October of every year.

4.7.4 Every four (4) years review the Terms and Conditions of Service for Health Workers and submit recommendations to Government.



Every four (4) years review Training and Qualifications of Health Workers and submit recommendations to Government.

Identify restructuring issues and bring them to the attention of the relevant Authorities.

For any other Report, finalize within six (6) months from the date of conception of the idea.

### **Promotion of Observance of the Code of Conduct and Ethics (CCE) for Health Workers**

We shall:

Provide the CCE Booklets to every new Health Worker basing on the recruitment figures every Financial Year.

Attach the CCE Booklet on the Notification Letter to successful candidates.

Provide awareness to Health Workers on the Code of Conduct and Ethics at every Support Supervision Visit

Disseminate any other relevant literature on Code of Conduct and Ethics as and when received or developed by the Commission.

### **Resources, Tools and Services Provided**

We shall:

Produce FY Work plan and Budget by the 30<sup>th</sup> June.

Observe Financial and Accounting Regulations, Guidelines and Procedures

Adhere to Procurement Regulations.

Establish and use internal systems and procedures in all transactions regarding financial, human resources, record and IT, and assets management.

## **5.0 CLIENTS, RIGHTS, EXPECTATIONS AND RESPONSIBILITIES**

Our Clients are;

### **5.1 External Clients who include:**

- i. The President of the Republic of Uganda
- ii. Office of the President
- iii. The Parliament of Uganda
- iv. The Ministry of Health
- v. Ministry of Public Service
- vi. Ministry of Finance, Planning and Economic Development
- vii. Ministry of Education and Sports
- viii. Ministry of Local Government
- ix. District Service Commissions
- x. National Appointing Commissions
- xi. National and Regional Referral Hospitals
- xii. Specialized Health Institutions namely;
  - a. Uganda Heart Institute
  - b. Uganda Blood Transfusion Services
  - c. Central Public Laboratories
  - d. Vector Control Division
  - e. TB and Leprosy Laboratory
- xiii. Kampala Capital City Authority
- xiv. Professional Councils in the Health Sector
- xv. Prisons Health Department
- xvi. Health Training Universities and Institutions
- xvii. Health Professionals of all walks of life
- xviii. Other Ministries
- xix. Service Providers
- xx. Private Not For Profit Hospitals (PNFP)

- xxi. Institution under the Uganda National Health Research Organization;
  - a. Uganda Virus Research Institute (UVRI)
  - b. Uganda Cancer Institute (UCI)
  - c. Natural Chemotherapeutics Research Institute (NCRI)
- xxii. NGOs
- xxiii. The Public

### Internal Clients

These are the Members and Staff of the HSC.

### Client Expectations and Rights

The HSC Clients should expect and shall enjoy the right to:

Free services

Prompt and timely delivery of quality services and products.

Fair, socially just, non discriminative and transparent Commission decisions.

Timely and appropriate feedback on any transaction effected with the Commission.

Guidelines, recommendations or any undertaking of policy nature that are born out of intensive and extensive consultations.

Obtain a hearing or appropriate response on any justifiable matter relating decisions made by the Commission on appointments, disciplinary action or any other HRH issue.

Appropriate support and advocacy that is within the realm of the Commission e.g. on the improvement of the terms and conditions of service for Health Workers.

Request for the involvement of the Commission in stakeholders activities that are of mutual benefit.

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### 5.4 CLIENT OBLIGATIONS

Our clients are deemed as active contributors to any efforts the Commission will employ in providing the level of quality and quantity of services and products they expect from the Commission. In this vein, our clients have the following obligations:

- 5.4.1 Respect the independence of the Commission especially in regard to appointments, promotions and disciplinary control of Health Workers. Accordingly our clients have to resist any influence peddling and bribery.
- 5.4.2 Strict observance of standards, guidelines and checklists that are instrumental in the furtherance of uniformity and consistence in the provision of services.
- 5.4.3 Strictly “keep part of their bargain”; e.g. user departments need to plan recruitment, timely submit vacancies and expeditiously implement HSC decisions on appointments;
- 5.4.4 Professional Councils should promptly register their Health Professionals.
- 5.4.5 Observe confidentiality of classified information.
- 5.4.6 Technical Representatives must not divulge Commission proceedings.
- 5.4.7 Feedback on Commission transactions including constructive criticism
- 5.4.8 Readiness for and active participation whenever called upon to participate in the activities of the Commission
- 5.4.9 Without fear or favour bring to the attention of the Commission any corrupt tendencies or any deviant behaviour from the set standards, norms and values.
- 5.4.10 Maintaining high quality submissions and/or services in the transaction of business with the Commission.

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## FEEDBACK MECHANISM

### Importance of Feedback

Feedback from clients is very important because it provides information for assessment of performance of the HSC. The HSC will be pleased to receive and take action on constructive criticisms, innovations, ideas to the extent they are viable. If it is not able to implement your proposals, The Commission will provide an explanation.

### Communicate to the Commission using any or a combination of the following channels:

Write to the Secretary of the Commission on P.O. Box 7452 Kampala.

Should it be absolutely necessary and as a last resort, address your complaint to the Chairperson of the Commission using the same address.

Call 041-4-348501 and speak to any officer of the Commission including the Secretary him/herself.

Drop your message in the Commission Suggestion Box.

Call our Public Relations Officer using the same address.

E-mail your message through [info@hsc.go.ug](mailto:info@hsc.go.ug)

Use our website; [www.hsc.go.ug](http://www.hsc.go.ug)

## MANAGING COMPLAINTS AND THE APPEAL PROCESS

### General Standards

Complaints delivered in person and verbally communicated shall be attended to by a responsible officer.

- 7.1.2 Errors, oversights, omissions etc, identified at source shall promptly be handled and recipients informed.
- 7.1.3 Complaints received in writing shall be promptly attended to; and given the nature and magnitude of the complaint, at least acknowledgement of the same provided within five (5) working days of receipt of the complaint.

### 7.2 Written Communications and Appeals

- 7.2.1 All appeal cases should be addressed to the Secretary/HSC who should first study the appeal to determine its nature and then direct them to the responsible Head of Department or Board within three (3) days upon receipt of the appeal or provide a feedback within seven (7) days or response between thirty (30) days and sixty (60) days as the case might be.

Any appeal on recruitment related aspect should be lodged with the Commission within fourteen (14) days in respect of shortlisting from the date the shortlist is publicized; or thirty (30) days in respect of interview from the date of release of list of successful candidates

Whether in the opinion of the Secretary the appeal has merit or not, he/she shall accordingly inform the complainant.

- 7.2.2 If the appeal demands an investigation, the Commission shall institute appropriate measures to obtain necessary information for the resolution of the appeal and the appeal shall be disposed of within three (3) months from the date of lodging.

### 7.3 General Communication Mechanism

Any written communication from individual clients should be addressed to the Secretary/HSC.

## ACCOUNTABILITY, REPORTING PERFORMANCE, PERFORMANCE IMPROVEMENT

### Accountability

The Commission is accountable to the Government, its direct clients and all the people of Uganda for all its acts. To realize this accountability, the commission shall;  
Strive to deliver its services and products basing on the value for money principle

- 2 Report the performance of the client charter in its Annual Report and Policy Statement.
- 3 Conduct biennial review of the Performance of the Charter
- 4 Publish critical complaints as well as commendations (compliments) in Annual Reports
- 5 Regularly monitor and evaluate performance of the Charter and discuss emerging issues during extra-ordinary meetings of the Commission.

### Reporting Performance against the Charter

- 1 Monitor and evaluate performance against the charter;
- 2 Publish Performance against the charter in the Commission's Policy Statements and Annual Reports;
- 3 Report on performance to clients during the scheduled reviews of the strategic plan;
- 4 Solicit for wider participation of the clients when carrying out major reviews e.g. of the Recruitment Guidelines;
- 5 Publish summary complaints obtained from suggestion box or website or any other sources and corresponding HSC responses.

## 8.3 Performance Improvement

- 8.3.1 We are guided by the principle of continuous performance improvements and the measures to deliver, this are:
  - 8.3.1.1 Redesigning and re-aligning HSC Strategies;
  - 8.3.1.2 Proper prioritizing budgetary allocations;
  - 8.3.1.3 Adopting modern ICT;
  - 8.3.1.4 Adopting contemporary management methods e.g. E-recruitment; Just-In-Time practices, ROM, Performance Agreement;
  - 8.3.1.5 Tracking cycles of activities and removing identified bottlenecks;
  - 8.3.1.6 Addressing salient concerns raised by clients and tackling them there and then;
  - 8.3.1.7 Periodically addressing issues communicated through the suggestion boxes;
  - 8.3.1.8 Consistent institutional and HR capacity improvements;
  - 8.3.1.9 Rewarding Staff who excel and/or initiate new quality changes;
  - 8.3.1.10 Reward and recognize initiatives and innovations that stimulate qualitative improvements in the implementation of the charter.
  - 8.3.1.11 Regular review of internal systems, procedures and processes and updating them to meet improvement concerns.



## CONTACT MADE DETAILS

Contact the Commission using one or a combination of the following:

We are centrally located on Pilkington Road, in Workers House 3<sup>rd</sup> Floor Northern wing and 4<sup>th</sup> Floor, Southern Wing, Kampala Uganda.

Our postal address is;

Health Service Commission  
P.O. Box 7452  
Kampala, Uganda

Direct telephone lines are;

- General line, 041-4-348501
- Chairperson/HSC, 041-4-255056;
- Secretary/HSC, 041-4-237838
- Commissioner/B&E, 041-4-255316
- Undersecretary/F&A, 041-4344867

E-mail address, [info@hsc.go.ug](mailto:info@hsc.go.ug)

Website address; [www.hsc.go.ug](http://www.hsc.go.ug)